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

Professional Competence Scheme Guideline for Registered Nurses and Registered Midwives

Consultation Report

About NMBI

The Nursing and Midwifery Board of Ireland (NMBI) is the statutory body which sets the standards for the education, registration and professional conduct of nurses and midwives. NMBI advises on how nurses and midwives should provide care to individuals with healthcare needs, their families and society.

NMBI is responsible for:

- setting the standards of education for nursing and midwifery in Ireland and anyone who wants to practise in Ireland must demonstrate how they meet those standards.
- maintaining the Register of nurses and midwives who have met these standards, allowing the public and employers to check that people are safe to practise in Ireland.
- supporting nurses and midwives in continuing to meet these standards during their careers through guidance and continual professional development.
- managing complaints against nurses and midwives when they arise.

Contents

Executive Summary

The Nurses and Midwives Act 2011, as amended, Part 11, Section 87, 88, 89, 90 (yet to be enacted) outlines the responsibilities for the Board, registrants and employers of registered nurses and registered midwives regarding the maintenance of professional competence.

In January 2022, the NMBI established the 'Monitoring the Maintenance of Professional Competence' (MMPC) project team. The objective of the MMPC project team was to develop a proposal for a NMBI scheme to monitor the maintenance of professional competence of registered nurses and registered midwives. The aim of the scheme was to ensure that it would:

- meet the legislative requirements of the Nurses and Midwives Act 2011, as amended
- focus on patient safety and care
- be based on best practice
- be developed in consultation with relevant stakeholders
- be flexible, proportionate, practical, and feasible.

A Steering Group of relevant key stakeholders was established in September 2023. The group consisted of a broad representation of subject experts which provided a supervisory and supportive role to the development of this scheme.

On 19 December 2023, NMBI launched a public consultation seeking feedback on the Draft Professional Competence Scheme Guideline for Registered Nurses and Registered Midwives. The public consultation was open for eight weeks and closed on 16 February 2024.

The survey included 18 questions including an opportunity to add comments on each question. The questions were broken down into four sections:

Part A: Demographics
Part B: Purpose and Guidelines
Part C: Maintaining Professional Competence
Part D: Auditing Professional Competence

The total number of valid responses included in the analysis was 1,989.

Between March and July 2024, NMBI held a series of stakeholder meetings with employers, trade unions and representative groups. These sessions enabled participants to contribute to discussions on the roles of employers in supporting nurses and midwives in meeting their professional competence requirements as outlined by the Act.

During these meetings, the project team shared a summary of responses from the public consultation survey, emphasising key themes that emerged from this feedback. Additionally, they outlined the framework for a proposed voluntary, employer-led scheme aimed at supporting nurses and midwives in maintaining their professional competence.

The purpose of this report is to provide a summary of the feedback from the different consultation processes which will inform the next stage of development of the NMBI Professional Competence Scheme.

The feedback is both quantitative and qualitative. The qualitative data is based on the open commentary boxes in the public consultation questionnaire, open-ended written submissions from individuals and organisations, and transcripts from the round of stakeholder meetings.

The following themes emerged from the qualitative data:

Theme 1 Engagement with the Professional Competence Scheme

Consultation feedback highlighted difficulties faced by registrants in meeting the professional competence requirements.

In response, NMBI has taken steps to make the professional competence scheme more accessible and practical. Recognising the concerns raised, NMBI has introduced several supportive measures:

- **User-Friendly Guidance**: NMBI has developed a user-friendly guidance document to ensure that fulfilling CPD requirements does not become a burdensome process for registered nurses and midwives.
- **Alignment with Broader Systems:** The scheme has been aligned with what is already in the wider nursing and midwifery systems, ensuring coherence with existing standards and practices within the professions.
- **Voluntary, Employer-Led Scheme**: In collaboration with key stakeholder groups, the NMBI will establish standards for a voluntary, employer-led scheme. This initiative will support registered nurses and midwives to record evidence of maintaining their professional competence as required under the Nurses and Midwives Act 2011, as amended, by providing a structured yet flexible framework for CPD that aligns with workplace practices and resources.

Theme 2 Continuous Professional Development (CPD)

Stakeholders requested clearer definitions and categories for CPD. NMBI responded by redefining CPD to encompass the knowledge, skills, and behaviours necessary for safe, effective care. CPD is now organised into four categories:

1. Work-based learning
2. Professional activities
3. Formal education
4. Self-directed learning

Registrants must engage in CPD across these categories, with examples provided in the revised guidelines. While mandatory training can qualify as CPD in cases that directly impact patient safety, registrants are expected to reflect on this learning and align it to the Code of Professional Conduct and Ethics.

Theme 3 Practice Hours

Concerns were raised regarding the interpretation of practice hours, especially for those in non-clinical roles. The NMBI has clarified the definitions of practice and practice hours to accommodate nurses and midwives across diverse work settings, ensuring inclusivity for both clinical and non-clinical roles.

Theme 4 Employer Facilitation

Respondents sought clarity on employers' responsibilities in facilitating CPD. NMBI will address this by proposing a defined set of employer responsibilities and seek legal advice to inform this structure. New guidance materials will support employers, including those in smaller organisations, to meet these obligations. Additionally, NMBI will outline recourse options for registrants if their employers do not facilitate professional development as required.

NMBI's voluntary scheme is designed to enhance collaboration between employers and registrants. This scheme will incentivise employers to support CPD, offering benefits such as NMBI accreditation, increased workplace appeal and recognition of the commitment to fostering professional growth. Stakeholder engagement will continue as this scheme evolves to ensure its effectiveness and value to all parties involved.

NMBI's professional competence scheme is designed to support nurses and midwives in fulfilling statutory requirements while providing flexibility. This consultation has enabled NMBI to make the scheme more accessible, thus supporting the professional growth of registrants and reinforcing the delivery of high-quality, safe care across nursing and midwifery roles. Analysis of the feedback is discussed in more detail in this report and has resulted in several recommendations which will support the development of the NMBI Professional Competence Scheme.

01

Legislative Context

The Nurses and Midwives Act 2011, as amended, outlines the responsibilities of the regulator, registrants and employers in relation to the maintenance of professional competence:

The Registrant

87.–

(1) A registered nurse and a registered midwife shall maintain professional competence on an ongoing basis.

(2) A registered nurse or registered midwife shall, whenever required by the Board to do so, demonstrate competence to the satisfaction of the Board in accordance with any requirement of the Board under section 88(1).

The Regulator

88. -

(1) The Board may require a registered nurse or registered midwife to demonstrate competence to the satisfaction of the Board in accordance with a professional competence scheme applicable to that nurse or midwife or otherwise.

89.–

(1) The Board shall, ... develop, establish and operate one or more than one scheme for the purposes of monitoring the maintenance of professional competence by registered nurses and registered midwives.

The Employer

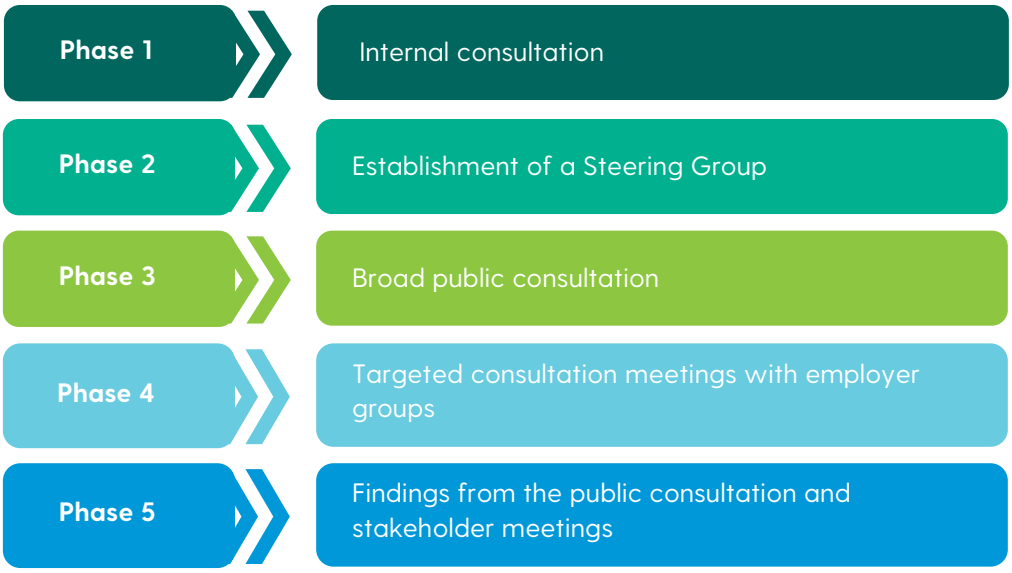
90.(1) –

The Nurses and Midwives Act 2011 (as amended), places a legal obligation on an employer to facilitate the maintenance of professional competence by the nurse or midwife employed by them with any professional competence obligations pursuant to a scheme established by NMBI. The employer may also facilitate the maintenance of professional competence by providing learning opportunities in the workplace.

https://www.irishstatutebook.ie/eli/2011/act/41/enacted/en/html

Methodology

The consultation consisted of five phases.



Phase 1: Initial consultation

The MMPC project team collaborated with an external research consultant to develop a professional competence scheme that would meet the legislative requirements of Part 11 of the Nurses and Midwives Act 2011, as amended, (Appendix 2). The legislation outlines distinct responsibilities for the registrant, the Board and the employer. In April 2023, a first draft version of a *Professional Competence Scheme Guideline for Registered Nurses and Registered Midwives* outlining their responsibilities as defined in Section 87 of the Act was developed.

Phase 2: Establishment of a Steering Group

In July 2023, invitations for steering group representation were issued to relevant key stakeholder groups. The first steering group meeting took place in September 2023 with a broad representation of subject experts.

Representing	Name	Title
The Board, NMBI	Richard Bruton	Board Member
The Board, NMBI	Louise Collins	Board Member
The Board, NMBI, previous Pharmacy Society of Ireland President	Muireann Ni Shúilleabháin	Board Member
Department of Health	Helen Corrigan	Nursing Project Officer, Nursing and Midwifery Policy Unit
Education, Training and Standards Committee, NMBI	Gráinne Gaffney	Committee Member
Education, Training and Standards Committee, NMBI	Judy McEntee	Committee Member
Education, Training and Standards Committee, NMBI	Steve Pitman	Committee Member
CORU - Regulating Health and Social Care Professionals	Claire O'Cleary	Head Of Education Quality Assurance, CORU
NMBI Executive	Sheila McClelland	Chief Executive (to March 2024)
NMBI Executive	Carolyn Donohoe	Director of Education, Policy and Standards. From April 2024 Interim Chief Executive
NMBI Executive	Karn Cliffe	Director of Professional Standards – Midwifery. From April 2024 Interim Director of Education
NMBI Executive	Mary Devane	Professional Officer, Education, Policy and Standards Department
NMBI Executive	Dee Mooney	Project Manager, Education, Policy and Standards Department

Table 1: *Steering group representatives*

The Steering Group met on the following dates to discuss the content of the guidelines and proposed professional competence scheme.

14 September 2023	29 February 2024
5 October 2023	4 April 2024
2 November 2023	4 June 2024
7 December 2023	29 August 2024
1 February 2024	7 November 2024

Table 2: *Steering group meeting dates*

Phase 3: Broad public consultation

On 19 December 2023, NMBI launched a public consultation seeking feedback on the *Draft Professional Competence Scheme Guideline for Registered Nurses and Registered Midwives*.

The public consultation was open for eight weeks and closed on 16 February 2024. The public consultation process was promoted through the following mediums:

- An email invitation to contribute to the survey was sent to 89,500 registrants via MyNMBI.
- The NMBI eZine newsletter (Issues 83 and 84) published a feature on the draft consultation and encouraged registrants to engage with the consultation process.
- The NMBI website published the draft guideline document with an explanatory note and online survey (see Appendix 1).
- Key stakeholders (106) were emailed directly, inviting them to participate in the consultation in the survey
- Social media platforms, such as LinkedIn, Instagram, 'X' (previously Twitter), were also used to promote engagement with the consultation process. The click through rate was 35,281.

Phase 4: Targeted consultation meetings with employer groups

Between March and July 2024, NMBI engaged in a series of stakeholder meetings with employers, trade unions and representative groups. These discussions aimed to clarify employers' roles and to shape a voluntary scheme supporting nurses and midwives in meeting professional competence requirements under the Act. The meetings encouraged collaboration and addressed challenges and enablers for the scheme's implementation. Emerging themes from the public consultation survey were integrated, covering topics such as employer facilitation, registrants' ability to engage with the Professional Competence Scheme, defining practice hours for non-clinical roles, and clarifying Continuous Professional Development (CPD) requirements, including whether mandatory training should count as CPD.

Consultation meetings held with representatives from:

1. Chief Nurses Office, Department of Health
2. Centres for Nursing and Midwifery Education (CNME) (HSE)
3. GP Practice Development Nurses (HSE)
4. Group Directors of Nursing and Directors of Midwifery Acute Services
5. Intellectual Disability Nursing
6. Mental Health Nursing
7. HSE National Human Resources Division
8. Older Person Services
9. Public Health Nursing
10. Irish Association of Advanced Nursing and Midwifery Practitioners
11. Irish Association of Practice Development Coordinators
12. Irish General Practice Nurses Educational Association

13. Irish Nurses and Midwives Organisation (INMO)
14. Irish Universities Association (IUA)
15. Nursing and Midwifery Medicinal Product Prescribing (HSE)
16. Nursing and Midwifery Practice Development Units (NMPDU) (HSE)
17. Nursing Homes Ireland
18. Office of the Nursing and Midwifery Services Director (ONMSD) (HSE)
19. Private Hospitals Association
20. Private Midwives Ireland
21. Psychiatric Nurses Association (PNA)
22. Services Industrial Professional and Technical Union – Health Division (SIPTU)
23. Technological Higher Education Association (THEA)
24. Child and Family Agency (TUSLA).

Phase 5: Findings from the Public Consultation

A total of 2,430 people engaged with the online survey (Table 3). Responses included in the analysis consisted of 1,971 from the online survey, 13 via email on behalf of organisations and five individual responses via email. As 459 online survey responses were not complete, they were not included in the analysis.

The rationale for not including the 459 incomplete online responses in the analysis was that these respondents only completed the demographic information of the online survey (i.e., Q1-Q4) and did not answer any questions related to the draft guideline document.

Source of responses	Number of respondents
Number of people who engaged with the online survey	2,430
Incomplete online surveys (not included in analysis)	459
Valid online survey responses	1,971
Written submissions on behalf of organisations (by email)	13
Written submissions by an individual (by email)	5
Total Valid Responses	**1,989**

Table 3: *Breakdown of respondents*

We received written submissions from the following institutions and organisations:

1. Children Health Ireland (CHI)
2. Department of Nursing and Midwifery University of Limerick
3. Health Information and Quality Authority (HIQA)
4. Ireland East Hospital Group (IEHG)
5. Irish Nurses and Midwives Organisation (INMO)
6. The Mater Misericordiae University Hospital
7. National Community IPC Nursing Team

8. National Orthopaedic Hospital Cappagh
9. Office of the Nursing and Midwifery Services Directors Office (ONMSD)
10. Psychiatric Nurses Association (PNA)
11. Saolta Hospital Group (SAOLTA)
12. Trinity College Midwifery Forum
13. University College Cork, School of Nursing and Midwifery

Therefore, the total number of responses combined from the online survey and written submissions was (n = 1,989).

02

Quantitative Findings

Part A **Demographics**

The following information represents the quantitative findings from Part A of the survey. This section details the demographics of respondents and represents answers to questions 1 to 4 of the survey (Appendix 1).

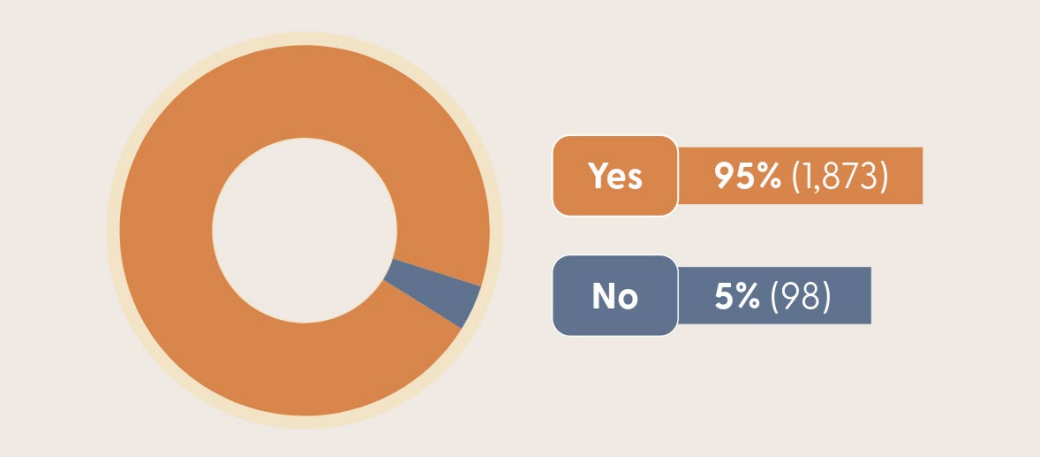
Q1. Who are you?

Of the 1,971 responses to the online survey:

- The professions of nursing and midwifery accounted for 99% (n=1,944) of the respondents
- Members of the public accounted for 21 respondents
- Six contributions were received from individuals on behalf of their organisations/groups:
    1. Nursing and Midwifery Planning and Development Southeast
    2. Nursing Homes Ireland
    3. Services, Industrial, Professional and Technical Union - Health Division (SIPTU)
    4. St James's Hospital Nurse Executive Team
    5. Tulsa, Child and Family Agency
    6. University Maternity Hospital Limerick.

Graph 1: *Representation of respondents from the online survey (n=1,971)*

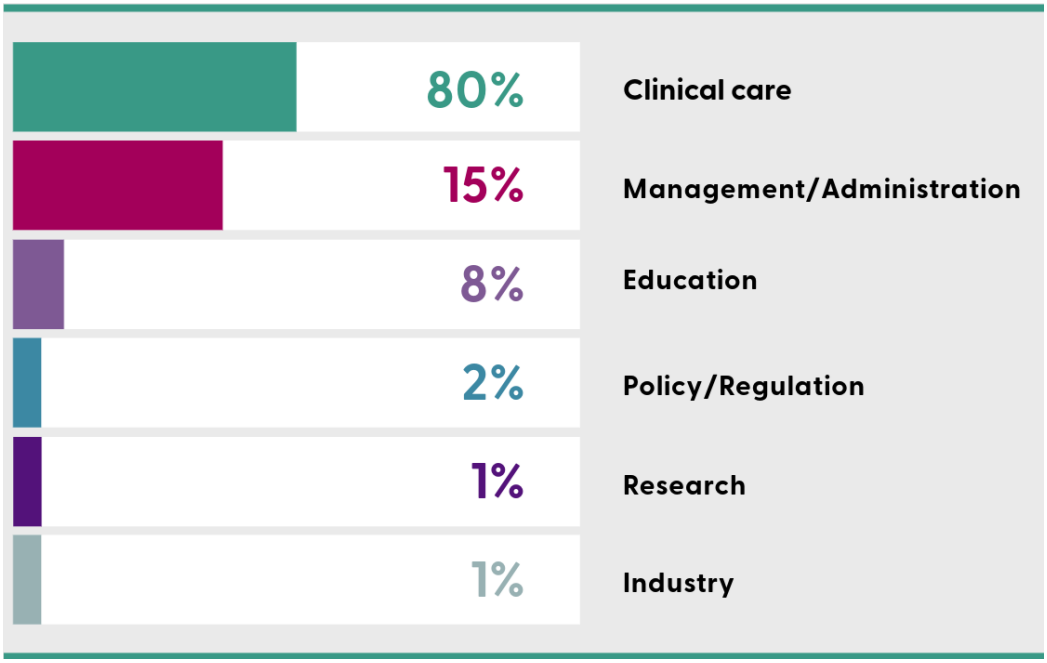
Q2(a). Are you currently practising in the profession of nursing or midwifery?



Graph 2(a): *Practicing as a nurse or midwife*

Q2(b). If you answered yes to question 2(a), please indicate your practice area.

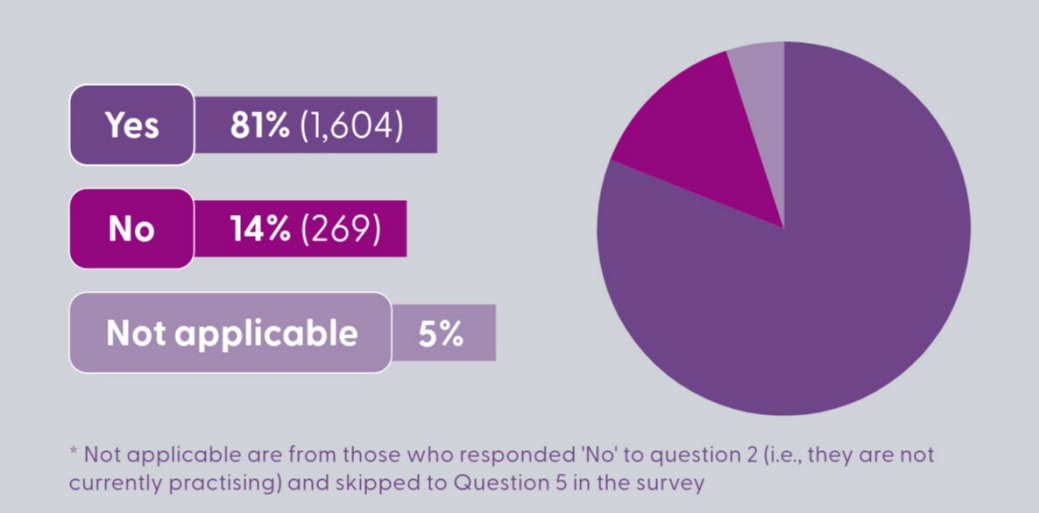
Respondents had the opportunity to select multiple areas. Graph 2b indicates practice areas, with 1,493 working in clinical practice.



Graph 2(b): *Practice area*

Q3. Are you patient-facing?

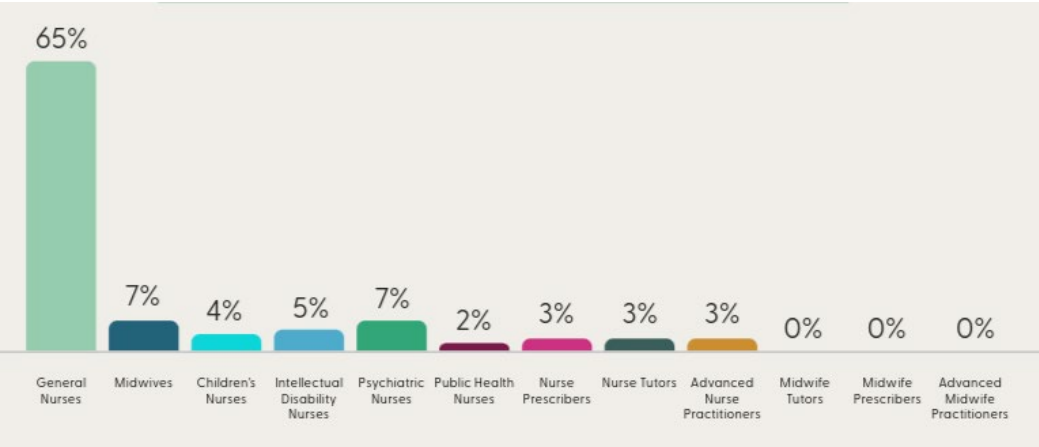
The majority of the respondents are patient-facing (1,604) and 269 indicated they are not (graph 3).



Graph 3: *Respondents who indicated whether they were patient-facing*

Q4. Which division(s) of the NMBI register are you registered in?

65% (1,552) indicated they are registered in General Nursing (graph 4).
This was a multiple-choice option as respondents can be on multiple divisions of the register (only one registration was counted).



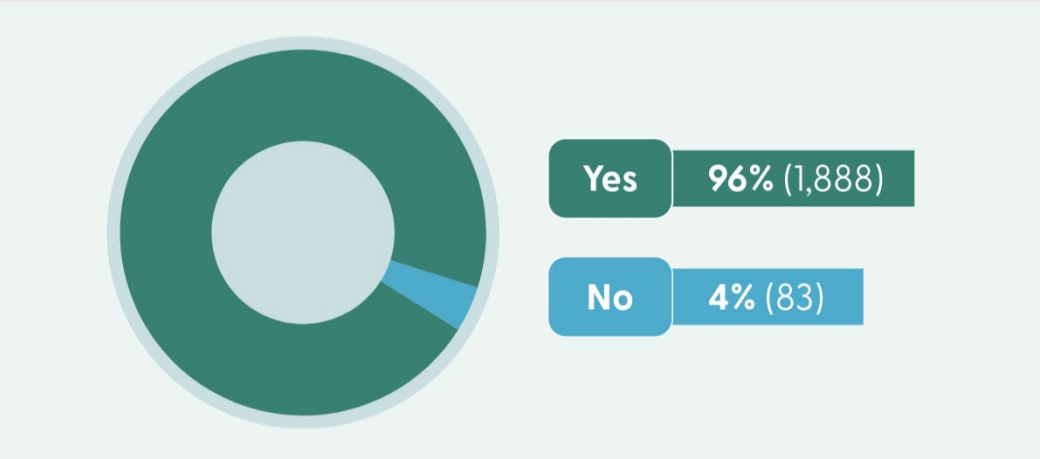
Graph 4: *Breakdown of respondents by division of the NMBI Register*

Part B Purpose and Guidelines

The question posed was: **The information outlined in this section is clear and easy to understand?**

Q5. Introduction and Purpose of the Document

n=1,888 Yes and n=83 No (graph 5).

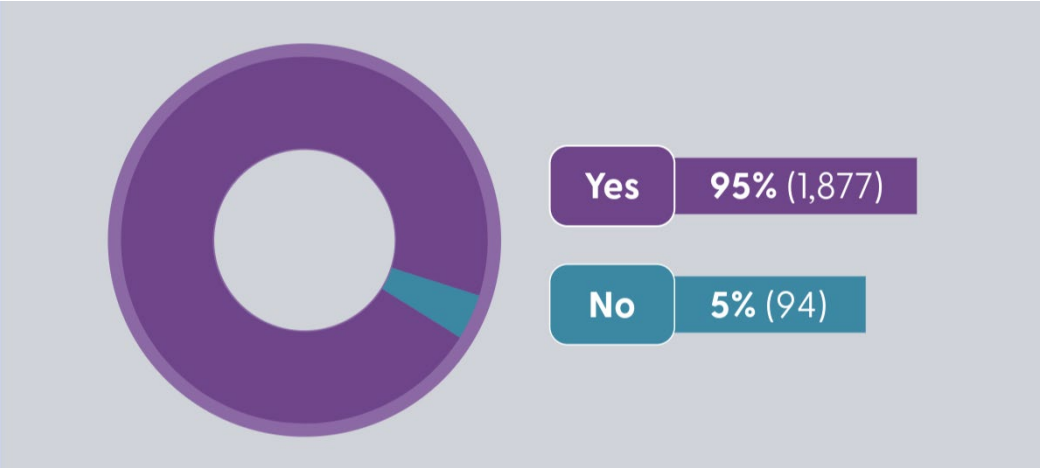


Graph 5: *Introduction and purpose of the document*

Q6. Legislative Frameworks and Key Responsibilities

n=1,877 Yes and n=94 No (graph 6).

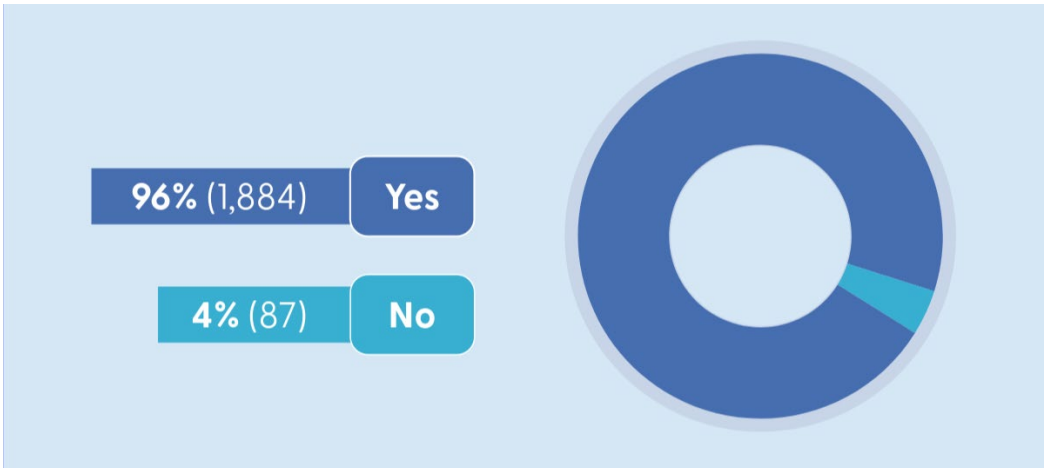
*62 respondents added a comment in relation to employers facilitating (see below under Themes)



Graph 6: *Legislative frameworks and key responsibilities*

Q7. Standards for NMBI Professional Competence Framework

n=1,884 Yes and n=87 No (graph 7).



Graph 7: *Standards for NMBI Professional Competence Framework*

Part C Maintaining Professional Competence

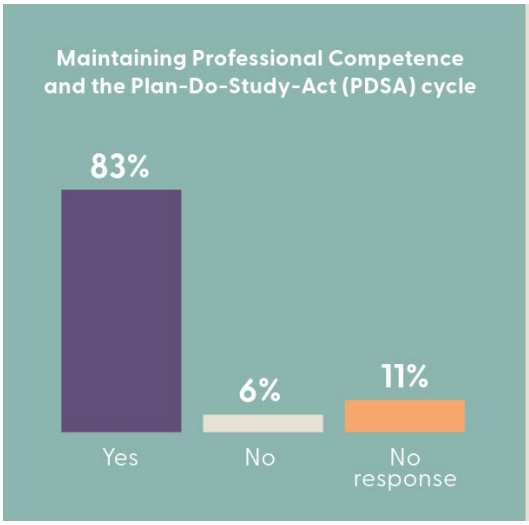
(a) Q8. Maintaining Professional Competence and the Plan-Do-Study-Act (PDSA) cycle

n=1,634 Yes and n=128 No (graph 8).

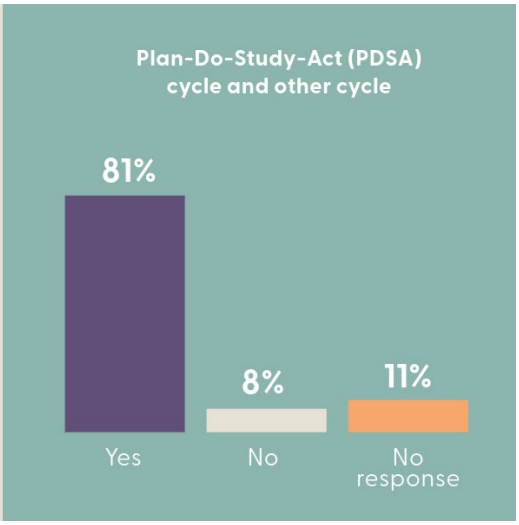
(b) Q9. Do you understand the competency plan using the PDSA or similar cycle?

n=1,597 Yes and n=165 No (graph 9).

n=209 were not applicable as respondents did not respond to the survey from this question onwards.



Graph 8: *Maintaining Professional Competence*



Graph 9: *Understanding Competency Plan*

(a) Q10. If you deem yourself patient-facing, would you be able to complete this cycle (graph 10)?

n=1,383 Yes and n=379 No

n=209 were not applicable as respondents did not respond to the survey.

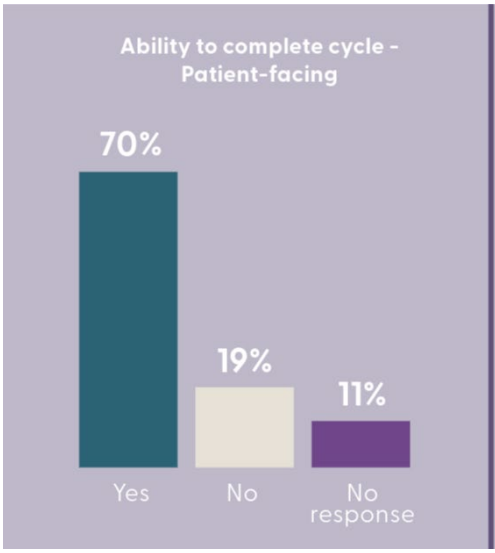
(b) Q11. If you deem yourself practising in a non-clinical role, would you be able to complete this cycle (graph 11)?

n=577 Yes

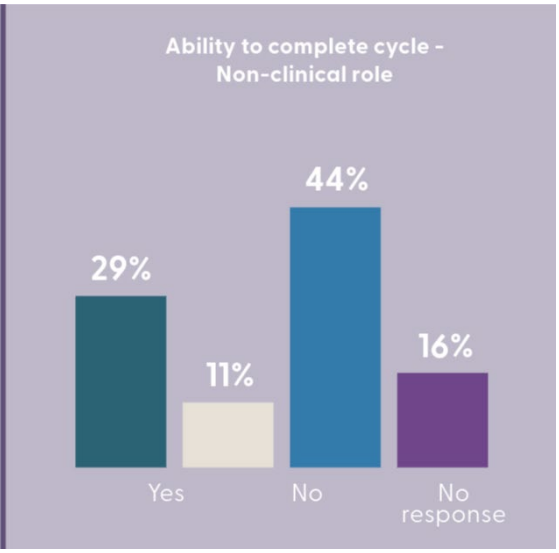
n=210 No

n=870 N/A

n=314 were not applicable as respondents did not respond to the survey.



Graph 10: *Patient facing/PDSA Graph*



Graph 11: *Non-clinical role/PDSA*

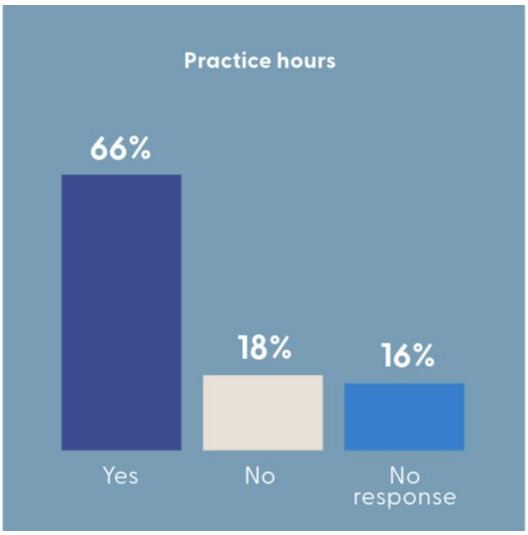
(a) Q12. Are the minimum requirements of practice hours clear, easy to understand and achievable?

n=1302 Yes and n=355 No (graph 12).

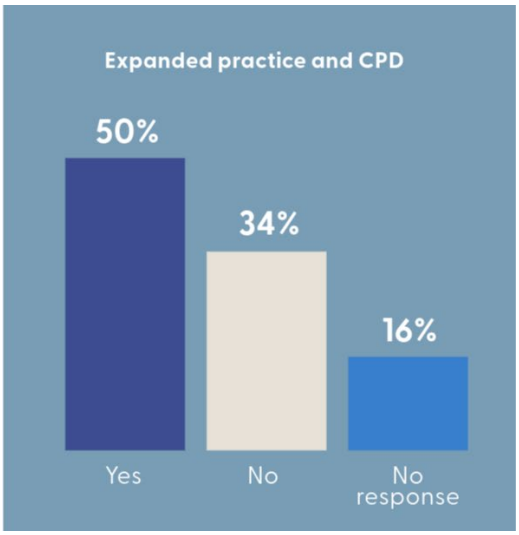
(b) Q13. For expanded practice (Advanced Practitioners and Medicinal Prescribers) do you feel there is a need for additional CPD hours?

n=983 Yes and n=674 No (graph 13).

n= 314 were not applicable as respondents did not respond to the survey.



Graph 12: *Practice hours*



Graph 13: *Extended practice*

Q14. How can your employer facilitate you to maintain your continuing professional development?

A total of 1,490 comments were added (see below under Qualitative findings)

(a) Q15. Is the list of CPD activities clear and easy to understand?

n=1,338 Yes and n=145 No (graph 14).

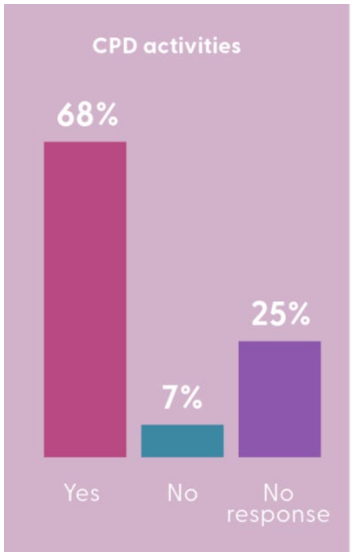
(b) Q16. Do you think all mandatory training relating to clinical practice should be included as part of your CPD hours?

n=1,230 Yes and n=253 No (graph 15).

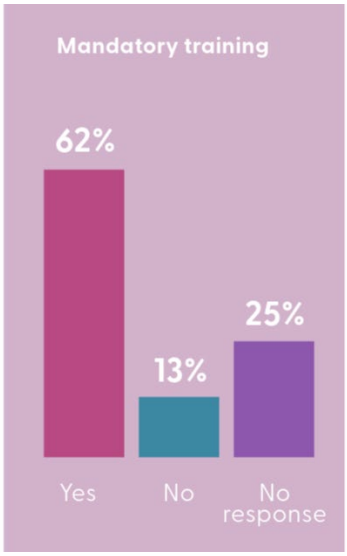
(c) Q17. Learning Activity Record Form - Is this form understandable and would you be able to complete this?

n=1,296 Yes and n=187 No (graph 16).

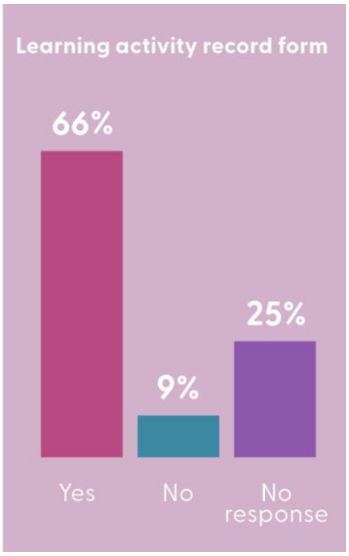
n=488 were not applicable as respondents did not respond to the survey.



Graph 14: *CPD activities clear*



Graph 15: *Mandatory training*



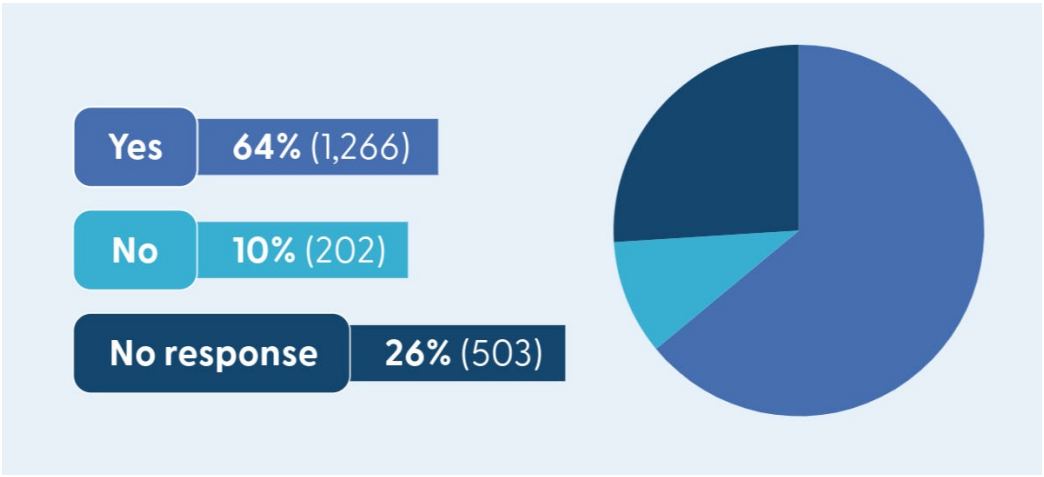
Graph 16: *Learning activity record form*

Part C Maintaining Professional Competence

The statement posed: The information outlined in this section is clear and easy to understand?

n=1,266 Yes and n=202 No (graph 17).

n=503 were not applicable as respondents did not respond to the survey.



Graph 17: *Auditing of professional competence*

03

Qualitative Findings and NMBI's Response

The following themes derived from the qualitative data are:

1. Ability to engage with the professional competence scheme
2. Continuous Professional Development (CPD)
3. Practice Hours
4. Employer facilitation.

The first three themes relate to the guidelines for the registered nurse and registered midwife; the fourth theme relates to the employer.

Findings from the public consultation survey

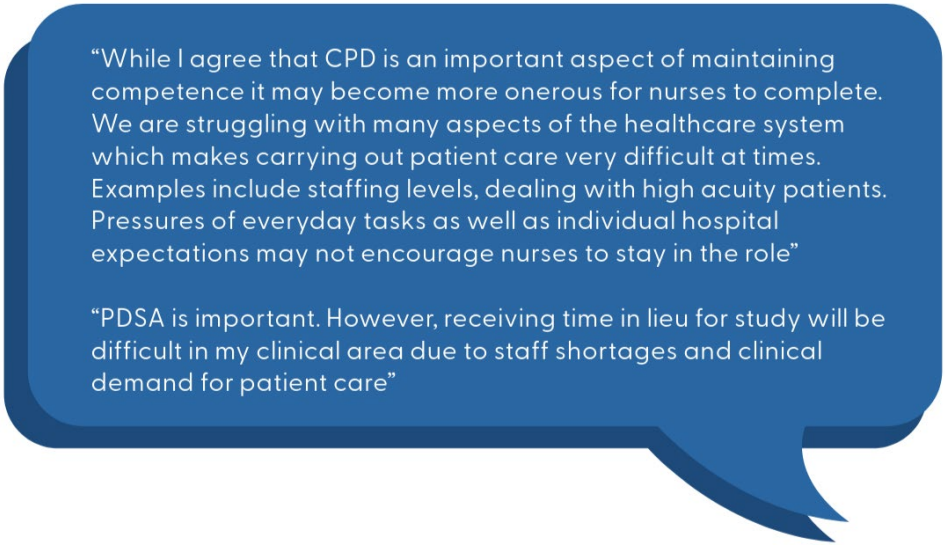
Theme 1 **Ability to engage with the professional competence scheme**

Overall, the document was well received. Below are some of the comments provided by respondents.

"The Professional Competence Scheme Guidelines for Registered Nurses and Registered Midwives is a good step in the right direction which will help nurses and midwives to provide safe and quality care to the public whilst improving on their knowledge and competence so as to stay abreast with the changing world of nursing and midwifery. It's a good initiative that should be welcomed "

"Well done and I am aware from the NMBI series that it will be a gentle rollout prior to active auditing. Very proud to have this for my profession"

In our survey you highlighted a number of challenges you are facing in relation to your continuing professional development:



NMBI response

NMBI acknowledges the challenges faced by nurses and midwives daily and with this in mind:

- We will develop guidance on a professional competence scheme that is user-friendly and does not become an onerous task for registered nurses and registered midwives to complete.
- We are aligning the scheme with what is already in the wider nursing and midwifery system.
- The NMBI are working with key stakeholder representative groups to develop standards for a voluntary employer led scheme to support registered nurses and registered midwives to record evidence of maintaining their professional competence in accordance with the requirements of the Nurses and Midwives Act 2011 (as amended).

As the regulator, NMBI's remit is to protect the public and the integrity of the professions of nursing and midwifery. Individuals have a right to receive safe, quality care from competent practitioners. The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives outlines the duty every practitioner has in relation to maintaining and developing their professional competence by regularly taking part in appropriate professional development activities. Healthcare is one of many sectors that require practitioners to complete ongoing professional development.

Theme 2 Continuous Professional Development

You requested:

- More clarity on what type of competence is required
- More clarity on what constituted Continuous Professional Development (CPD)
- Mandatory training to be included as part of your CPD
- More emphasis on critical reflection as a learning tool
- More clarity on the CPD points system.

Below are some of the comments provided by respondents.

"Competence relates to the role of practice, what is meant by practice here?"

"It does not provide any guidance as to what CPD is relevant."

"Mandatory training is not included in CPD, and I do not understand why. There is no way staff could do 20 hours of CPD and all their other mandatory training if not included."

"Could clarity be offered in terms of reflective practice..... if you completed a course, you then had to do a reflective piece on your learning, impact on your practice. It went hand in hand with CPD activities as opposed to stand alone CPD activity."

"CPD is currently awarded in points how will this equate?"

"It is unclear with regards to agency nursing. Will agencies be obliged to help facilitate this additional learning....?"

NMBI response

The aim of the proposed NMBI scheme is to ensure that it is flexible, proportionate, practical, and feasible for all registrants. We are defining continuing professional development as:

> *how the professions of nursing and midwifery continue to learn, develop and maintain their knowledge, skills and behaviours, required to impact safe and effective care.*

We believe that this definition of CPD will be relevant to all registrants regardless of where they practice.

We categorised CPD into four distinct classifications:

- Work based learning
- Professional activity
- Formal education
- Self-directed learning

Registrants must demonstrate a broad variety of CPD from any of these categories and NMBI will provide examples of CPD for registrants in the NMBI Professional Competence Scheme guidance document for registered nurses and registered midwives.

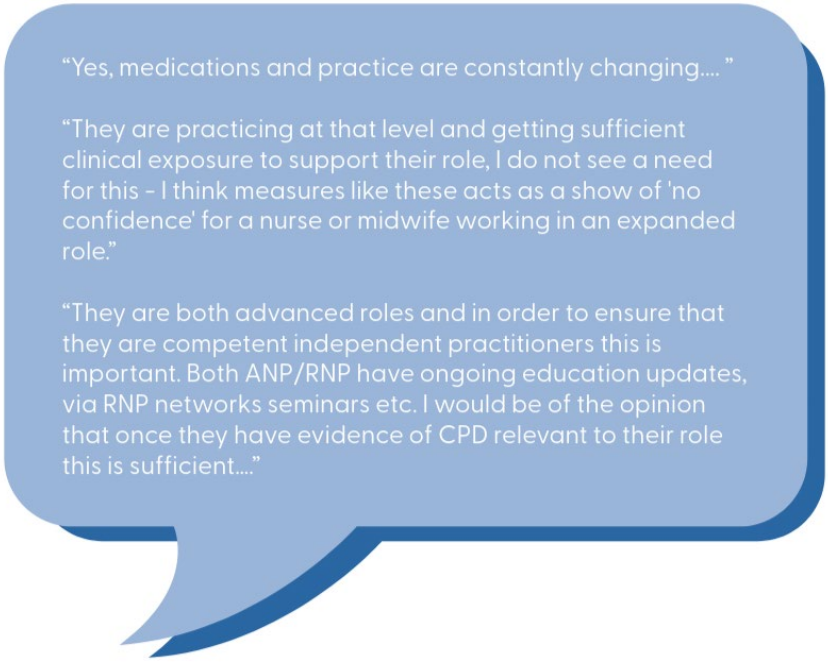
To ensure that the focus of the scheme is based on best practice that focusses on the individual's safety and care, some mandatory training can be included as CPD. Mandatory training may be allowed in situations where the registrant can demonstrate that it is in the best interest of the individual receiving safe care. Registrants must complete a reflection aligning the learning to the principles of the Code.

In response to stakeholder feedback, there will be a stronger emphasis on reflection within the PDSA cycle, with opportunities for reflection incorporated into the learning activity audit form. CPD requirements will be tracked in hours to simplify monitoring for registrants. Discussions are also ongoing with key stakeholders about a proposed voluntary, employer-led scheme.

Theme 2 Continuous Professional Development for Expanded Practice

Respondents were asked if nurses and midwives working in expanded practice should be required to additional CPD compared with registrants working in standard practice.

Below are some of the comments provided by respondents.



NMBI response

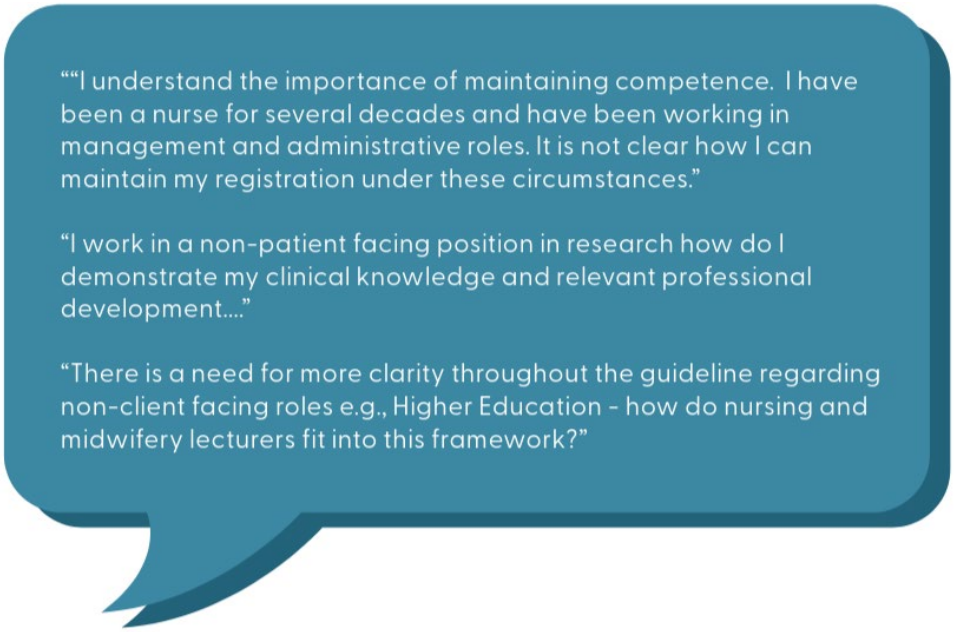
Continuous professional development is based on a registrant's self-assessment of professional development to maintain competence in their role and being cognisant of responsibilities within that role. Nurses and Midwives expanding their practice must have the necessary educational preparation, experience, and professional competence to do so safely. Nurses and midwives who expand their practice must assume accountability for their roles and associated responsibility. CPD undertaken at this level must reflect this, therefore, the recommendation is a minimum of twenty hours but may be more if required and based on individual need.

Theme 3 Practice Hours

You requested:

- more clarity on what practice hours means for registrants working in non-clinical roles.

Below are some of the comments provided by respondents.



NMBI response

We have revised the definition of practice and practice hours to be more cognisant of nurses and midwives who do not work in patient facing roles.

We have updated the definition of CPD to be more accommodating to nurses and midwives working in clinical and non-clinical roles.

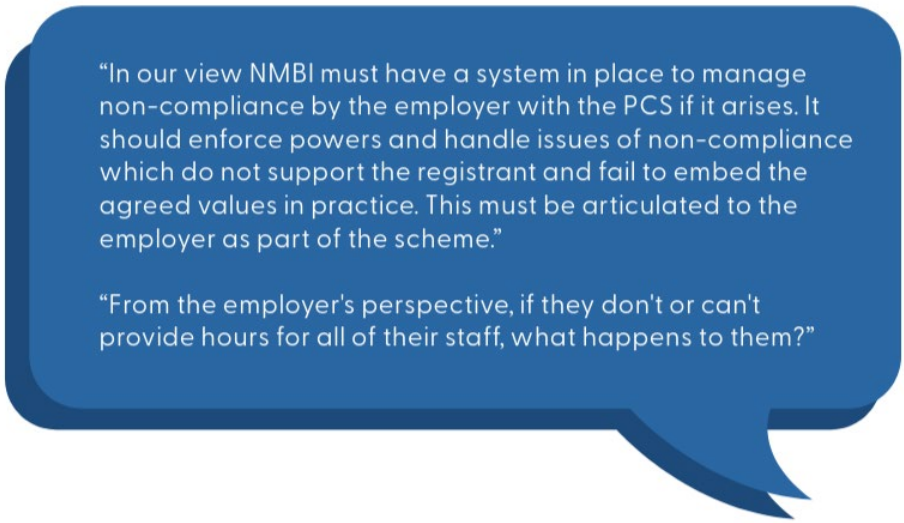
Findings relating to employers facilitating continuing professional development

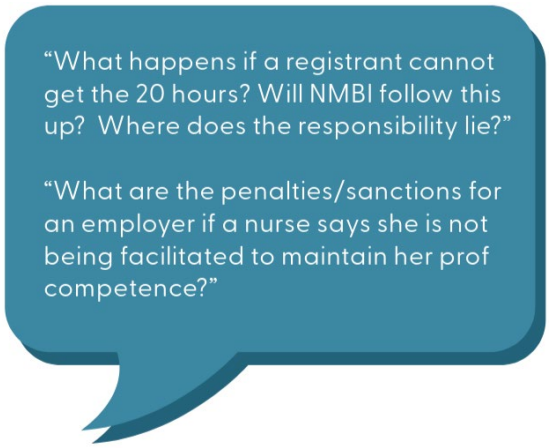
Theme 4 **Employer Facilitation**

You requested:

- more clarity on the duty of the employer to facilitate the nurse or midwife to maintain their professional competence
- unambiguous definition of duty of employers to "facilitate" the maintenance of professional competence (NMA, S. 90(1))
- monitoring employers to ensure that they are facilitating the maintenance of professional competence by nurses and midwives
- what sanctions will arise should an employer be found not to be complying with the legislation?
- what a nurse or midwife can do if they are not being facilitated to maintain their professional competence?

Below are some of the comments provided by respondents.





NMBI response

NMBI engaged a research consultant to analyse the data from the public consultation and stakeholder consultation meetings. The following section describes the analysis of that data and recommendations in relation to 'Employer Facilitation'.

Two questions in the public consultation questionnaire addressed the role of the employer in relation to the maintenance of professional competence.

Question 6 - Legislative framework and key responsibilities

Respondents were asked, is the information contained in this section clear and easy to understand?

The majority (95%) of respondents agreed that the information was clear and easy to understand.

62 respondents added a comment in the comment's box. The comments were analysed and the main issues arising from the comments were as follows:

- Specify the responsibility of the registrant to maintain their professional competence.
- Specify the duty of the employer to facilitate the nurse or midwife to maintain their professional competence pursuant to an applicable professional competence scheme.
- Provide an unambiguous definition of duty of employers to "facilitate" the maintenance professional competence (S. 90(1)). The consensus was that the explanation provided in the consultation paper i.e. "to make it easier" was insufficient.
- Will employers be monitored to ensure that they are facilitating the maintenance of professional competence by nurses and midwives? How will this be done? What sanctions will arise should an employer be found not to be complying with the legislation?
- What can a nurse or midwife do if they are not being facilitated to maintain their professional competence?

Question 14 - How can your employer facilitate you to maintain your professional competence?

This survey question received the most contributions in the comments section. A total of 1,490 comments were added. The feedback was analysed, and the suggestions have been grouped under several headings:

Support staff to maintain their professional competence

- Provide an annual scheduled professional review with a line manager for each employee to identify their needs and agree a plan.
- Provide access to CPD relevant to an individual's clinical role and to enable them to better serve patients, individuals and clients.
- Provide follow up to the annual review to ensure the plan is being implemented.
- Recommend courses or self-directed learning opportunities

Encourage and support continuing professional development

- Have a 'go-to person' or key staff member in the workplace who is very familiar with the requirements for maintaining professional competence and knowledge of CPD activities.

- Have a clinical educator on the wards to educate and promote best practice.
- Provide guidance and support and make employees aware of opportunities for CPD.
- Avoid cancelling CPD at short notice.
- Offer regular in-house CPD related to job specific competencies.
- Provide reminders about CPD.
- Provide a method/system for recording CPD.
- Provide fair and equitable access to CPD.
- Identify ways to incentivise CPD.

Provide continuing professional development

- Provide training within the organisation.
- Facilitate in-person and online participation.
- Facilitate in-house discussion/learning related to clinical practice.
- Arrange training updates and refresh clinical practices.
- Provide role specific workshops.
- Provide training on new policies, protocols and equipment.
- Provide role specific workshops.
- Provide opportunities for a collaborative approach to audit weakness and identify training.
- Facilitate senior staff with experience and/or additional qualifications to support colleagues to maintain their competence by providing support, guidance and in-house training.

Provide access to resources and tools

- An online portfolio to record CPD, if not provided by NMBI.
- Learning hubs and quiet spaces.
- IT facilities.
- Laptops for use in the workplace.
- Online learning platform.
- Nursing and midwifery updates.
- Journal clubs.
- Increase the range of courses on HSeLanD.

Provide financial support

- Provide paid study days.
- Provide funding in full or part for courses.
- Provide flexibility re time for applying for funds throughout the year.
- Provide for timely reimbursement of costs, fees etc.

Provide protected time/study leave/conference days

- Provide protected time for professional competence audits and CPD during the working week.
- Provide protected time away from the work environment.

- Provide structured CPD time similar to annual leave.
- Provide an annual entitlement to study leave while not compromising patient safety and service delivery.
- Provide time for reflective practice.
- Provide time for dissemination of learning.
- Provide time in lieu for attending courses.
- Provide protected time for research.
- Provide time to reflect on person centred care and to develop new practices and implement new learning.
- Provide time for shared learning e.g. case presentations.

Recognise the challenges

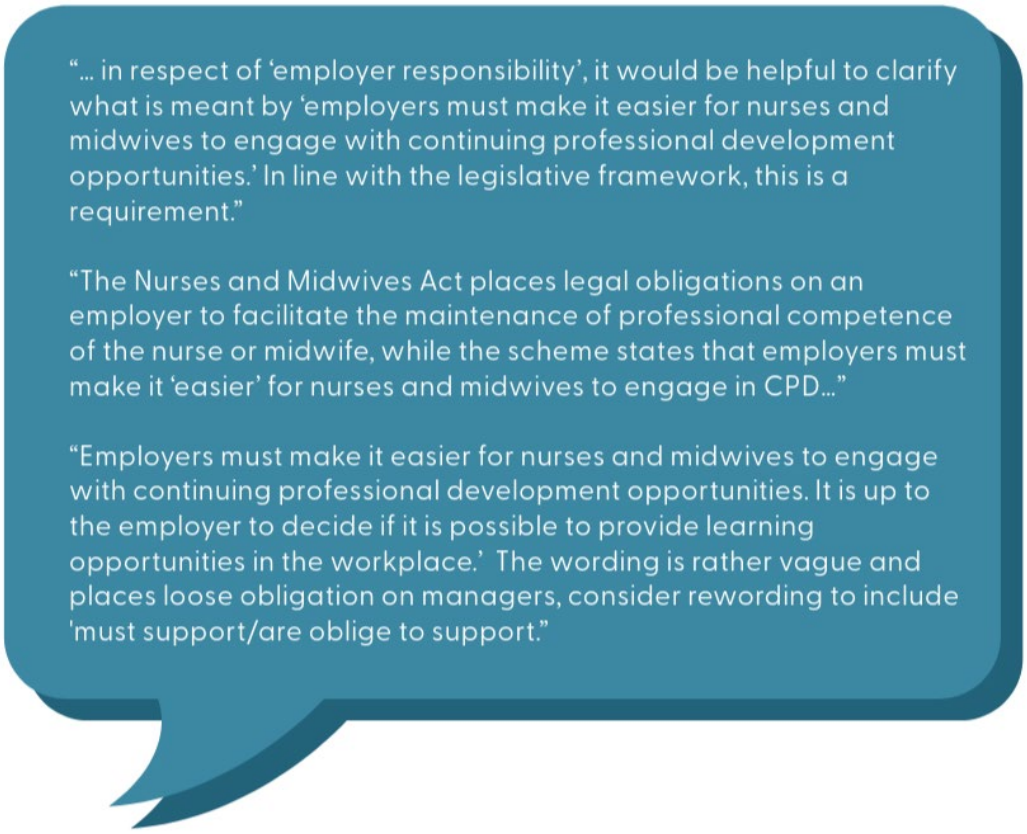
- Consider limitations of small employers, such as a GP practice, to provide even for mandatory training.
- Differences between public sector, private sector and voluntary sector employers.
- Recognise the reality of staff shortages.

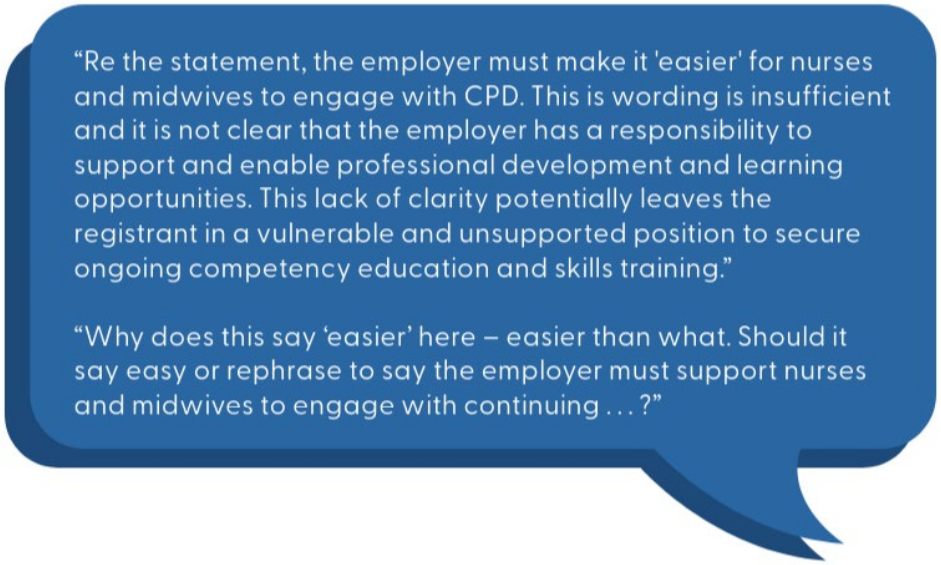
Written submissions

Thirteen written submissions were received by NMBI as part of the public consultation, December 2023 - February 2024, on the *Draft Professional Competence Scheme Guideline for Registered Nurses and Registered Midwives*. For this report each of the submissions was read to identify feedback, commentary, and questions in relation to employers and the proposed professional competence scheme. The comments have been grouped as follows:

Role of an employer

Section 90(1) of the Act places a duty on employers to "facilitate" the maintenance of professional competence by registered nurses and registered midwives. Clarification of the statement (p.5) that "Employers must make it easier for nurses and midwives to engage with continuing professional development opportunities" was sought in several submissions. It was widely suggested that stronger language be included in the draft scheme to clarify the role of the employer viz the maintenance of professional competence:





Section 90(2) of the Act provides that "the employer may facilitate the maintenance of professional competence... by providing learning opportunities... in the workplace". The legislation does not place an obligation on the employer to provide learning opportunities in the workplace. The draft scheme (P.5) states that "It is up to the employer to decide if it is possible to provide learning opportunities in the workplace". Several respondents seem to be unclear about this provision of the Act and further clarification is required:

It was suggested by one respondent that the use of the term "employer" is very corporate and could mean the HSE:

Clarification of the responsibilities of the employer vis a vis the registrant was sought:

Commitment by employers

Many of the respondents, some of whom are employers, commented on the commitment required by employers in relation to the draft Professional Competence Scheme.

"This is a big ask on organisations in terms of additional study leave required for staff which includes funding."

"Is there a funding stream to go with this?"

"I think there is a current struggle with the mandatory and statutory training."

"Re completing the PSDA cycle: (we) believe(s) that commitment and support from the employer in this regard would be essential."

"A culture of support and enablement would be required. The employer may need to consider protected time, for example two days per year to complete short courses, workshops, or seminars, and factor this into workforce and budgetary planning."

"Employers may need to support nurses and midwives in further education, financially through sponsorship and allocation of study leave."

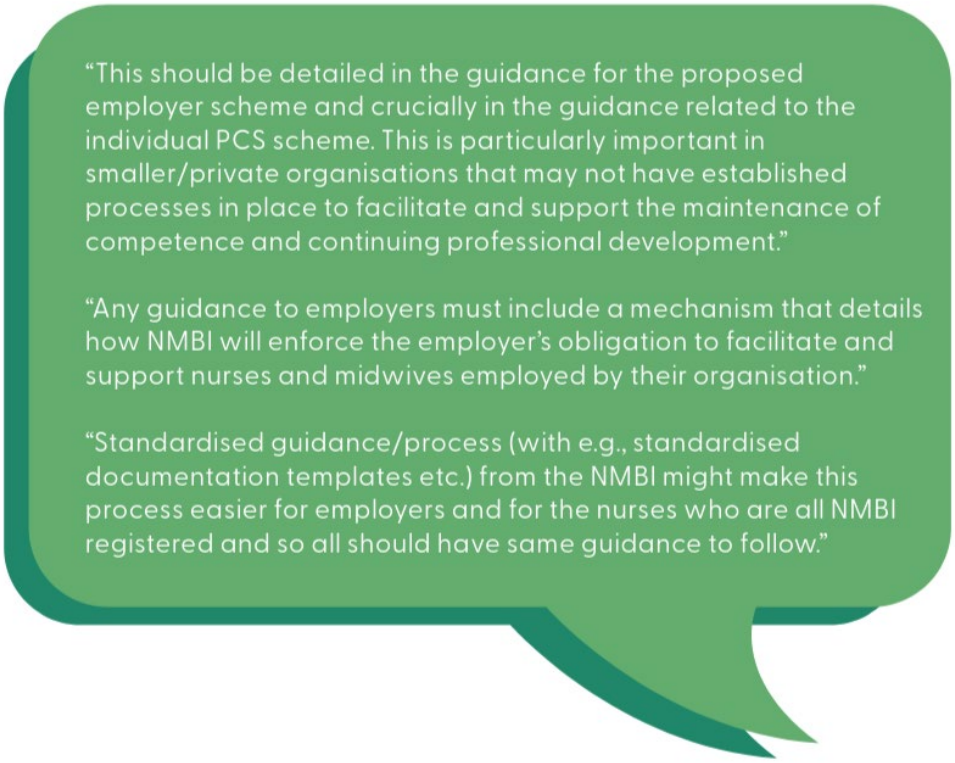
Guidance for employers

The *Draft Professional Competence Scheme Guideline for Registered Nurses and Registered Midwives* was not written as a guidance document for employers. It was suggested in the submissions that:

"It might be helpful to include guidance or to include a link to guidance for employers on their responsibilities to facilitate the maintenance of professional competence. For example, it may be useful to outline how to facilitate learning as defined in the National Quality Clinical Learning Environment Professional Guidance Document."

"It is also important to set out that planning for CPD (and practice hours) should be done in conjunction with a mentor or manager to cater for all staff needs around training and development."

"(We) call on NMBI to ensure that it provides clear guidance to employers on the expected supports that are required to enable the employer to fulfil their legal obligation to facilitate and support the CPD and maintenance of competence of nurses and midwives."



Ensuring that employers meet their legal responsibility

NMBI will be developing a scheme for employers to ensure that they are meeting their legal obligation to facilitate the registered nurses and registered midwives they employ to maintain their professional competence in line with an applicable professional competence scheme. The written submissions were examined to elicit any comments that would feed into the development of such a scheme for employers. The relevant comments focussed on the need for monitoring compliance by employers and sanctions for employers should they be found not to be facilitating their staff to engage in CPD:

"NMBI (needs) to ensure that it has a process in place that enables the monitoring of the support provided by organisations to nurses and midwives in the maintenance of professional competence in the fulfilment of their legal obligations."

"Where an employer neglects their responsibilities under the PCS, NMBI must have mechanisms in place to safeguard registrants and ensure that they are not unfairly penalised for specific situations."

"In our view NMBI must have a system in place to manage non-compliance by the employer with the PCS if it arises. It should enforce powers and handle issues of non-compliance which do not support the registrant and fail to embed the agreed values in practice. This must be articulated to the employer as part of the scheme."

Challenges for employers

There was a broad welcome for the introduction of a professional competence scheme in the submissions. However, several of the submissions highlighted some of the challenges of introducing the scheme. The challenge of supporting nurses and midwives working in small organisations to maintain their professional competence was highlighted:

"Nurses and midwives who work in small healthcare facilities, in private organisations or ones where they are the sole nursing or midwifery professional must not find themselves disadvantaged because of their workplace. Creating a supportive learning environment is critical for the success of the PCS in all healthcare workplaces."

"I can see a lot of difficulty with (small) organisations achieving this and being in a position to implement this."

The co-existence of NMBI professional competence scheme and the existing mandatory (HSE) Professional Development Plan was highlighted:

"How does the professional learning plan fit with the mandatory (HSE) Professional Development Planning? I think this runs the risk of nurses and midwives deciding to complete 1 plan but not two! For HSE staff both will be mandatory!"

"(We) welcome(s) the proposed introduction of an employer scheme that can be linked to organisation processes that are already established, such as the HSE Professional Development Planning Framework."

Some of the submissions identified poor staffing levels and excessive workloads as barriers to the introduction of a professional competence scheme. The need for protected time for registered nurses and registered midwives to engage with CPD as well as the burden on employers to engage with the scheme was identified:

"... it is essential that nurses and midwives are granted protected time to participate in the PCS. Time factors can be a considerable constraint to undertaking CPD given the demanding nature of nurses and midwives roles. Furthermore, poor staffing levels, excessive workloads are also associated barriers to undertaking CPD."

"Burden on the workforce already with facilitating PDP, will it be left to individual employer to decide if time back is provided if CPD done outside work hours."

"…. it does not appear that the logistical and practice issues around a head of school of nursing & midwifery signing off all employees has been considered. This is significant workload and places an additional burden on already stretched heads of schools."

Stakeholder Consultation Meetings

NMBI hosted 17 stakeholder consultation meetings (24 organisations in total) during the period March 2024 to July 2024. In the presentation at the outset of the consultation meetings, NMBI personnel set out the legislative framework and responsibilities of the regulator, the registered nurse and registered midwife and the employer. The presentation outlined the principles of a scheme to monitor the maintenance of professional competence by the individual nurse or midwife which had been the subject of a public consultation in late 2023/early 2024. A summary of the responses to the questionnaire was presented followed by highlighting emerging themes from the written comments. Finally, and of relevance to this report, NMBI set out the parameters for a draft voluntary employer led scheme to facilitate the maintenance of professional competence by nurses and midwives. These included:

- The legal requirement on employers to facilitate the nurses and midwives they employ to maintain their professional competence
- The rationale for a voluntary employer led scheme
- An overview of a draft framework for an employer led scheme
- The voluntary employer scheme will be for public and private employers
- The employer will apply to have their CPD programme approved by NMBI
- The employer will demonstrate how their scheme/provision meets standards set for the scheme by NMBI
- The employer scheme will be monitored for ongoing compliance via an annual declaration of compliance, annual reporting of participation levels, periodic audits of registrant's records and evidence of meeting the scheme's standards.

Participants were then asked what are the key issues requiring further attention and what are your thoughts on how these can be addressed?

The transcripts of the 17 consultation meetings were reviewed to identify feedback, suggestions and queries relating to the role of employers and the development of a voluntary scheme for employers. The discussions that followed the presentation were broad ranging. However, several common topics in relation to the role of the employer were identified and there were some contributions in relation to a scheme for employers. The findings are set out below.

Duty of employers

Section 90(1) provides that an employer 'shall facilitate' the maintenance of professional competence pursuant to a professional competence scheme applicable to the nurse or midwife concerned. Contributors requested clarity that Section 90(1) means that an employer is under a mandatory obligation to facilitate the maintenance of professional competence by the nurse or midwife employed by them with any professional competence obligations pursuant to a professional competence scheme. A clear definition of the requirement to 'facilitate' a nurse or midwife in complying with their professional competence requirements was requested. Below are some of the contributions:

"I'm still not 100% sure around the employer responsibility and the context of what's written there within the Act."

"Is an employer required to provide professional competence training?"

"How does an employer facilitate MPC?"

"This is an additional burden on employers."

"What is going to compel the employer to facilitate MPC?"

"There would need ... to be something very clear about the role of the employer because it is extremely rare that there is a legislative obligation place on an employer to do something."

Duty of employer versus duty of registered nurses and registered midwives

Section 87(1) provides that "a registered nurse and a registered midwife shall maintain professional competence on an ongoing basis." Section 87(2) states that the nurse or midwife shall "whenever requested by the Board to do so, demonstrate competence to the satisfaction of the Board in accordance with any requirement of the Board." It is clear that the registered nurse and registered midwife have the responsibility to maintain their professional competence in accordance with a scheme developed by NMBI. This is not the role of the employer.

"Not the responsibility of employer to develop portfolio."

"It is incumbent on us and it's part of our code."

"We've never recorded it before... We just have never had to evidence it."

Can an employer be required to provide professional competence training/learning opportunities in the workplace?

Under Section 92(2) it is clear that the employer is entitled to provide professional competence learning opportunities in the workplace should they wish to by reference to the word "may":

> "...the employer may facilitate the maintenance of professional competence .... by providing learning opportunities ...in the workplace." (Section 92(2))

Section 90(2) does not provide a basis for the Board to require or make it mandatory for an employer to provide learning opportunities in the workplace. Thus, any scheme developed and operated by the Board would have to be on a voluntary or consensual basis, whereby employers would be consenting/agreeing to engage in such a scheme. The Board can specify standards as part of a scheme that CDP provision/learning opportunities must meet for them to qualify under the professional competence scheme. Some of the queries raised by contributors in relation to an employer scheme included:

"Can NMBI provide clarification on why (an) employer scheme would be voluntary?

"What are the standards?"

"Can an existing scheme meet the standards?

"Who keeps the records? The employer or the individual registrant?"

"If in (a) scheme who will collate the records every year – e.g., participation rates?"

"Clarify what would be required of the employer – does the employer give the annual declaration of compliance?"

What are the benefits for an employer of engaging with a voluntary scheme?

"I like the idea of the voluntary employer led scheme because it will encourage more workers into their practice if they know that they're registered under this kind of a scheme."

A number of contributors pointed out the potential benefits for an employer engaging with a voluntary professional competence scheme:

Audits/sanctions for employers

Several questions were asked about how the Board will monitor compliance by employers and potential sanctions for employers who fail in their duty to facilitate the maintenance of professional competence by nurses and midwives.

"Who will be audited, the employer or the individual?"

"From the employer's perspective, if they don't or can't provide hours for all of their staff, what happens to them?"

"What happens if a registrant cannot get the 20 hours? Will NMBI follow this up? Where does the responsibility lie?"

"What are the penalties/sanctions for an employer if a nurse says she is not being facilitated to maintain her professional competence?"

"For example, say I'm in charge/own a nursing home. How can you make me do this?"

"I think the main challenge is around (the Board) not going to be able to injunct an employer and we know there are limitations on your capacity."

"How will NMBI monitor the provisions of the employer who is not part of the voluntary scheme? What will the impact be on the nurse or midwife in a situation where the employer has signed up to the voluntary scheme versus the nurse or midwife where the employer has not signed up to the voluntary scheme?"

Concerns about the draft employer scheme

Several concerns were expressed about a voluntary employer led scheme. Discussion of the details of a scheme were limited as no documentation on such a scheme was available in advance of the meetings. This conversation allowed contributors to raise potential concerns about a scheme:

"We need to be able to build this into our existing systems and existing structures without duplicating or recreating another monitoring tool."

"Budgets, releasing staff, need for an efficient system (e-portfolio), link with what is already in place e.g., professional development portfolio, systems to 'talk to one another', will employees look for the time back?"

"I had a meeting with HR last week and so I need to go back to them and say that they're actually more involved than I initially thought they would be from the HR department."

"The biggest issue is if you're looking at an employer led scheme, GP or general practice is not an employer. General practice is 1,800 plus employers... the biggest challenge is how do you enfold that GP community into one entity for the purpose of and commonality standardization support for the project overall. Bringing the employer on board, I think will be a challenge, particularly around things like engagement and recording."

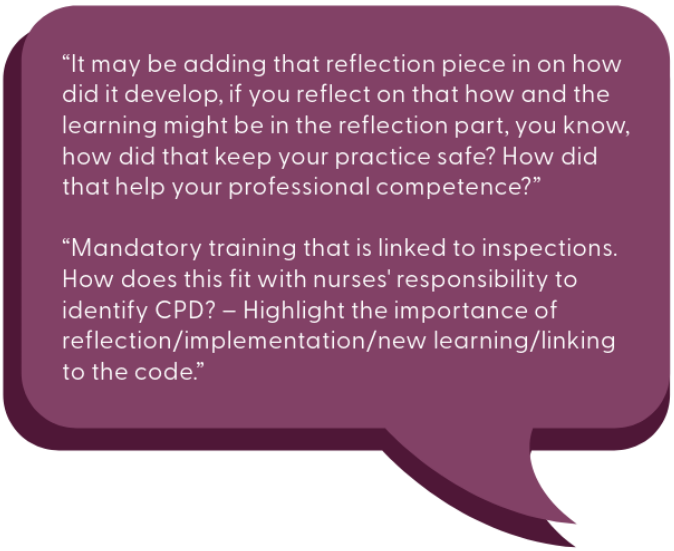
"There is the issue of protective time to participate and meet the obligations."

"Staff are being asked to do mandatory training outside of working hours because of the pressures that exist within services."

"When you're out in the community you're an autonomous practitioner, it's very different, you don't have the protection of the hospital and systems around you."

Clarity in relation the inclusion of mandatory training hours

Several contributors raised the issue of mandatory training and the need to include mandatory training in the accumulation of CPD hours. Employers currently have a duty to provide mandatory training, mandatory training is required safe practice and patient and staff safety and for inspections.



Recommendations for employers facilitation

The recommendations are based on the rich feedback provided through the consultation processes. The recommendations focus on the role of the employer and the development of a voluntary employer scheme. Further consultation with stakeholders is recommended once the framework for a voluntary employer's scheme are available.

All employers

1. Provide a clear definition of the duty of employers in relation to maintenance of professional competence of registered nurses and registered midwives. Legal opinion on the definition is advised.
2. Develop extensive guidance for employers how they can fulfil their duty in relation to maintenance of professional competence of registered nurses and registered midwives.
3. Recognise the challenges for small employers to fulfil their duty in relation to maintenance of professional competence of registered nurses and registered midwives. Include a section in the guidance materials with particular reference to small employers.
4. Revisit the position on the inclusion of mandatory training for CPD credits.
5. Identify what recourse a nurse or midwife has if their employer does not facilitate them to maintain their professional competence.
6. Identify the role of the Board should an employer fail in their duty to facilitate the nurse or midwife in compliance with their obligations.

Voluntary employer scheme

7. Provide a clear explanation of the 'voluntary' nature of an employer scheme.
8. Include in the documentation the advantages to an employer of being involved in a voluntary employer scheme – NMBI accreditation of CPD; a scheme recognised by nurses and midwives; explicit commitment to nurses and midwives that they will be facilitated to maintain their competence by the provision of learning opportunities in the workplace; makes workplace attractive to potential employees.
9. Work with providers of existing professional development schemes to try to identify opportunities for schemes to complement one another.
10. Build on the positive engagement with stakeholder groups once the draft voluntary scheme is available for consultation.

A quality employer

In this final section and based on the extensive feedback from the consultation processes the key characteristics of an employer who is actively facilitating and providing opportunities for the maintenance of professional competence in the workplace are set out below.

The employer would:

- have a policy on continuing professional development for their employees
- be proactive and supportive of employees to maintain their professional competence
- provide information on CPD opportunities
- maintain records of CPD provided by the employer and the feedback from the employees on the CPD activities
- embed the maintenance of professional competence by including it on the agenda of staff meetings
- ensure that there is training provided for new policies, protocols and new equipment
- provide in-house training (online and in-person)
- provide upskilling opportunities
- develop relevant short clinical skills programmes
- ensure cooperation by line managers
- ensure that all nurses and midwives have access to CPD
- allow time for reflection, dissemination and implementation of new learning.

NMBI – Next Steps

Based on the analysis of this data, NMBI will consider the recommendations as outlined in the next phase of the project.

NMBI will also:

- develop a communications campaign, information sessions, roadshows
- develop videos, design the NMBI website 'Professional Competence' page to include examples and templates
- engage with volunteer pilot sites for 2025
- specify ICT requirements
- seek legal advice on a voluntary employer and develop clear guidance on the duty of the employer
- in conjunction with the Department of Health, develop Statutory Instruments and plan for commencement of legislation.

Acknowledgements

We would like to thank all of those who took the time to be part of our consultation process. This report on the consultation process was reviewed by the Board of NMBI.

Appendices

Appendix 1

Online survey

Draft Professional Competence Scheme Guideline

NMBI would like to capture your opinion of this draft document. The draft is on public consultation from Monday, 18 December 2023 - Friday, 16 February 2024.

NMBI recognises that a core principle for practicing nurses and midwives is to maintain their competence.

NMBI are developing a new draft scheme which will be designed to enhance public safety by providing guidance to nurses and midwives on what is expected of you, on an ongoing basis, to maintain your practice and record evidence of your continuing professional development (CPD). It will enable you to respond to the changes and advances in nursing and midwifery.

Through your input as part of this public consultation, we aim to build a scheme that is flexible, proportionate, practical, and feasible.

This survey is anonymous. Your responses will not be linked to your identity in any way and will be kept confidential. The information collected in this survey will be used solely for research purposes and your comments may be used in the consultation report. Information will not be shared with any third parties. Please view our privacy notice for more information.

If you have comments that you would like to share with NMBI beyond the questions outlined in this survey, please email submissions@nmbi.ie

To complete this short survey, follow these steps:

Step One: read the Draft Professional Competence Scheme Guideline for Individual Registered Nurses and Registered Midwives here

Step Two: based on the guideline content now complete the survey questions.

You will complete a total of 18 questions as follows:

- Part A: Demographics
- Part B: Purpose and Guidelines
- Part C: Maintaining Professional Competence
- Part D: Auditing Professional Competence

Your participation in this survey is voluntary. Please respond no later than 16 February 2024. Thank you for your time.

Survey questions

Part A: Demographics

Q1. Who are you?

- ☐ A member of the public
- ☐ A member of the professions of nursing and midwifery
- ☐ Are you answering on behalf of an advocacy group, charity, or other organisation, please state its name other organisation, please state its name below.

_____

Q2. Are you currently practicing in the profession of nursing or midwifery?

For example: you are working in clinical care; management; administration; education; research or in an industry where NMBI registration is required)

**(if you answer no, you will be directed to Part B, Q5)*

- ☐ Yes
- ☐ No

Q2.1 If yes, please indicate what area you are practicing in:

- ☐ Clinical care
- ☐ Management/administration
- ☐ Education
- ☐ Research
- ☐ Industry
- ☐ Policy/regulation

Q3. Are you patient-facing?

- ☐ Yes
- ☐ No

Q4. What division(s) are you registered in?

- ☐ General Nurses Division
- ☐ Midwives Division
- ☐ Children's Division
- ☐ Psychiatric Nurses Division
- ☐ Intellectual Disability Nurses Division
- ☐ Public Health Nurses Division
- ☐ Nurse Tutors Division
- ☐ Midwife Tutors Division
- ☐ Nurse Prescribers Division
- ☐ Midwife Prescribers Division
- ☐ Advanced Nurse Practitioner Division
- ☐ Advanced Midwife Practitioner Division

Part B: Purpose and Guidelines

Q5. Introduction and Purpose of the Document

The information outlined in this section is clear and easy to understand.

- ☐ Yes
- ☐ No

If you would like to provide further comment, please do so below:

_____

Q6. Legislative Frameworks and Key Responsibilities

The information outlined in this section is clear and easy to understand.

- ☐ Yes
- ☐ No

If you would like to provide further comment, please do so below:

_____

Q7. Standards for NMBI Professional Competence Framework

2.1 The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives
2.2 Scope of Practice
2.3 Considerations in determining scope: competence
2.4 Expanded Practice

The information outlined in this section is clear and easy to understand.

☐ Yes

☐ No

If you would like to provide further comment, please do so below:

_____

Part C: Maintaining Professional Competence

Q8. Maintaining Professional Competence and the Plan-Do-Study-Act (PDSA) cycle

The information outlined in this section is clear and easy to understand.

☐ Yes

☐ No

If you would like to provide further comment, please do so below:

_____

Q9. Do you understand the competency plan using the PDSA or similar cycle?

☐ Yes

☐ No

If you would like to provide further comment, please do so below:

_____

Q10. If you deem yourself patient-facing, would you be able to complete this cycle?

- ☐ Yes
- ☐ No

If you would like to provide further comment, please do so below:

_____

Q 11. If you deem yourself practicing in a non-clinical role, would you be able to complete this cycle?

- ☐ Yes
- ☐ No
- ☐ Not applicable

If you would like to provide further comment, please do so below:

_____

Q12. Are the minimum requirements of practice hours clear, easy to understand and achievable?

- ☐ Yes
- ☐ No

If you would like to provide further comment, please do so below:

_____

Q13. For expanded practice (Advanced Practitioners and Medicinal Prescribers) do you feel there is a need for additional CPD hours?

- ☐ Yes
- ☐ No

If you would like to provide further comment, please do so below:

_____

Q14. How can your employer facilitate you to maintain your continuing professional development?

Q15. Is the list of CPD activities clear and easy to understand?

CPD activities include, but are not limited to:

post graduate studies, short courses, workshops, seminars, discussion groups, nursing grand rounds, reviewing clinical experiences, reflective practice, research and online education, article published in a peer-reviewed journal, practice-based auditing, practice based policy development, preceptorship student assessment, practice based committee, professional forum membership, evidence of coaching/mentoring

- ☐ Yes
- ☐ No

If you would like to provide further comment, please do so below:

_____

Q16. Do you think all mandatory training relating to clinical practice should be included as part of your CPD hours?

- ☐ Yes
- ☐ No

If yes, please expand on what mandatory training should be included:

_____

Q17. Learning Activity Record Form

Is this form understandable and would you be able to complete this?

- ☐ Yes
- ☐ No

If you would like to provide further comment, please do so below:

_____

Part D: Auditing Continuing Professional Development

Q18. Auditing of Professional Competence

Is this form understandable and would you be able to complete this?

- ☐ Yes
- ☐ No

If you would like to provide further comment, please do so below:

_____

Final comments

If you have any specific comments about the Professional Competence Scheme Guidelines for Registered Nurses and Registered Midwives, please note them here.

Appendix 2

Nurses and Midwives Act 2011, as amended

PART 8
Complaints referred to Fitness to Practise Committee

Duty to notify registered nurse or registered midwife and complainant or other witnesses of referral to, and hearing by, Fitness to Practise Committee.

62.–

(1) The chief executive officer shall, as soon as practicable but not later than 30 days after a complaint is referred under section 61 to the Fitness to Practise Committee, give notice in writing to the registered nurse or registered midwife the subject of the complaint of the following:

(a) the referral of the complaint to the Fitness to Practise Committee;

(b) the opportunity for the nurse or midwife, or his or her representative, to be present and to defend the nurse or midwife at the hearing;

(c) the opportunity for the nurse or midwife to request that some or all of the hearing be held otherwise than in public if the nurse or midwife can show reasonable and sufficient cause.

(2) The chief executive officer shall, as soon as practicable after a complaint is referred under section 61 to the Fitness to Practise Committee, give notice in writing to–

(a) the registered nurse or registered midwife the subject of the complaint of the nature of the matter that is to be the subject of the inquiry, including the particulars of any evidence in support of the complaint, and

(b) any witnesses who may be required to give evidence at an inquiry (including, where appropriate, the complainant) of the opportunity for the witness to request that some or all of the hearing be held otherwise than in public if the witness can show reasonable and sufficient cause.

(3) The chief executive officer shall give notice in writing to the registered nurse or registered midwife the subject of a complaint referred to the Fitness to Practise Committee of the date, time and place of the hearing of the complaint in sufficient time for the nurse or midwife to prepare for the hearing.

PART 9

Measures taken with regard to Registered Nurses and Registered Midwives following Reports of Fitness to Practise Committee

Duty of Board to decide on appropriate measures to be taken.

69.–

(1) Subject to subsection (3) and section 70, the Board shall, as soon as is practicable after receiving and considering the report referred to in section 67 (1) of the Fitness to Practise Committee in relation to a complaint concerning a registered nurse or registered midwife, decide that one or more than one of the following sanctions be imposed on the nurse or midwife:

(a) an advice or admonishment, or a censure, in writing;

(b) a censure in writing and a fine not exceeding €2,000;

(c) the attachment of conditions to the nurse's or midwife's registration, including restrictions on the practice of nursing or midwifery that may be engaged in by the nurse or midwife;

(d) the transfer of the nurse's or midwife's registration to another division;

(e) the suspension of the nurse's or midwife's registration for a specified period;

(f) the cancellation of the nurse's or midwife's registration from the register of nurses and midwives or a division of that register;

(g) a prohibition from applying for a specified period for the restoration of the nurse's or midwife's registration in the register of nurses and midwives or a division.

(2) For the avoidance of doubt, if the report referred to in section 67 (1) follows an undertaking or consent under section 65 (1), then the measures to be taken in respect of the nurse or midwife shall be those contained in the report.

(3) Where the Board wishes to make a decision under subsection (1)(f) in a case to which section 55 (6)(a) applies, the Board may do so notwithstanding that there is no report from the Fitness to Practise Committee under section 67 (1)

PART 11
Maintenance of Professional Competence

Duty of registered nurses and registered midwives to maintain professional competence.

87.–

(1) A registered nurse and a registered midwife shall maintain professional competence on an ongoing basis.

(2) A registered nurse or registered midwife shall, whenever required by the Board to do so, demonstrate competence to the satisfaction of the Board in accordance with any requirement of the Board under section 88 (1).

(3) A registered nurse and a registered midwife shall co-operate with any requirements imposed on the nurse or midwife by the rules.

(4) The Board may, by notice in writing given to a registered nurse or registered midwife who has given an undertaking pursuant to section 65 (1), require the nurse or midwife to co-operate with such an undertaking to the satisfaction of the Board.

(5) A nurse or midwife shall comply with a notice under subsection (4) given to him or her

Duty of registered nurses and registered midwives to demonstrate professional competence to satisfaction of Board.

88.–

(1) The Board may require a registered nurse or registered midwife to demonstrate competence to the satisfaction of the Board in accordance with a professional competence scheme applicable to that nurse or midwife or otherwise.

(2) The Board may require a registered nurse or registered midwife who fails to demonstrate competence to the satisfaction of the Board to attend a course or courses of further education or training or to do anything which, in the opinion of the Board, is necessary to satisfy the Board as to the competence of that nurse or midwife.

(3) Where the Board considers that a registered nurse or registered midwife–

(a) who, being required under section 87 (3) to co-operate with any requirements imposed on that nurse or midwife by the rules, has refused to so co-operate, has failed to so co-operate or has ceased to so co-operate,

(b) has contravened section 87 (5),

(c) may pose an immediate risk of harm to the public, or

(d) may have committed a serious breach of its guidance on ethical standards and behaviour, then the Board shall forthwith make a complaint to the Preliminary Proceedings Committee

Duty of Board in relation to maintenance of professional competence of registered nurses and registered midwives.

89.–

(1) The Board shall, not later than the first anniversary of the commencement of this section, or such longer period as the Minister permits in writing at the request of the Board, develop, establish and operate one or more than one scheme for the purposes of monitoring the maintenance of professional competence by registered nurses and registered midwives.

(2) A scheme under this section shall not be established or operated until a proposal for it has been approved by the Minister and the Minister for Public Expenditure and Reform.

(3) The Board, in respect of a professional competence scheme–

(a) shall review the operation of the scheme periodically, and

(b) may, following such a review, make recommendations to the Minister as to the steps that, in the opinion of the Board, may need to be taken to improve the operation of the scheme

Duty of employers in relation to maintenance of professional competence of registered nurses and registered midwives.

90.–

(1) An employer of a registered nurse or registered midwife shall facilitate the maintenance by that nurse or midwife of his or her professional competence pursuant to a professional competence scheme applicable to the nurse or midwife concerned.

(2) Without prejudice to the generality of subsection (1), the employer may facilitate the maintenance of professional competence by a registered nurse or registered midwife it employs by providing learning opportunities for that nurse or midwife in the workplace

Bord Altranais agus
Cnáimhseachais na hÉireann

Nursing and Midwifery
Board of Ireland

Nursing and Midwifery Board of Ireland (NMBI)
18/20 Carysfort Avenue | Blackrock | Co. Dublin | A94 R299
T +353(0)1 639 8500 **www.nmbi.ie**