Nurse Registration Programmes

Standards and Requirements

(Fifth Edition)

**Bord Altranais agus
Cnáimhseachais na hÉireann**

**Nursing and Midwifery
Board of Ireland**

This fifth edition of Nurse Registration Programmes Standards and Requirements 2023 replaces Nurse Registration Programmes Standards and Requirements (Fourth Edition 2016). The content in Section 2 remains unchanged and all other content has been revised.

About NMBI

NMBI is the regulatory body for nursing and midwifery professions in Ireland. Our vision is to provide leadership to registered nurses and midwives in delivering safe care to people using services, their families and society. Our mission is to protect the public, and the integrity of the nursing and midwifery professions by promoting high standards of education, training and professional conduct.

We do this by:
- maintaining the Register of Nurses and Midwives and a Candidate Register for student nurses and midwives
- setting the standards for the education and training of nurses and midwives
- approving programmes of education necessary for registration and monitoring these programmes on an ongoing basis
- supporting registrants by providing appropriate guidance on professional conduct and ethics for both registered nurses and midwives
- investigating and considering complaints against nurses and midwives.

For more information, please visit our website at www.nmbi.ie.

Nurses and Midwives Act 2011, as amended

This Act and accompanying nurse and midwife rules provide for the titles of recognised qualifications under the Register of Nurses and Midwives. For information on the Act and the rules visit: https://www.nmbi.ie/What-We-Do/Legislation.

Glossary

A full glossary of all terms used here and in other NMBI publications can be viewed at www.nmbi.ie/Standards-Guidance/Glossary

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Foreword

The Nursing and Midwifery Board of Ireland (NMBI) has a role to promote high standards of professional education, training, practice, and professional conduct among nurses and midwives. Under the Nurses and Midwives Act 2011, as amended, NMBI sets the standards and requirements for the professional education of nurses and midwives. This document provides guidance for education bodies (EBs) and associated health care providers (AHCPs) for the education of nurses leading to registration in the following divisions:

- Registered General Nurse (RGN)
- Registered Children's Nurse (RCN)
- Registered Psychiatric/Mental Health Nurse (RPN), and
- Registered Intellectual Disability Nurse (RNID).

This is the fifth edition of the Nurse Registration Programmes: Standards and Requirements. It retains the six domains of practice, as set out below. Within these six domains there are 16 broad competency statements that have a number of indicators to be achieved over the four-year undergraduate Level 8 nursing education programme:

Domain 1: Professional values and the conduct of the nurse competencies

Domain 2: Nursing practice and clinical decision-making competencies

Domain 3: Knowledge and cognitive competencies

Domain 4: Communication and interpersonal competencies

Domain 5: Leadership, management and team competencies

Domain 6: Development of leadership and professional scholarship competencies.

This edition is essential for developing, delivering, monitoring and evaluating standards of initial education programmes for the nursing profession. As such, the document guides and inform the EBs, AHCPs, Health Service Executive (HSE), Department of Health, health service users, Government, registrants and statutory regulatory bodies on how to acquire competency for safe and effective nursing practice. In particular, NMBI has addressed the need to ensure that a person-centred philosophy of nursing is enshrined in each programme leading to registration as a nurse for each division of the Register. This edition also includes the reviewed and revised Section 3 (published in 2022).

The development of the standards in this document involved significant consultation and discussion with a wide variety of stakeholders over an extended period. Contributors included service user representative groups, health service trade unions, directors of nursing, deans and heads of nursing education programmes, academic curriculum leads, clinical placements coordinators (CPC), allocations officers, the Department of Health, HSE, HSE Nursing and Midwifery Practice Development and the Office of Nursing and Midwifery Services Director (ONMSD). NMBI would like to thank all of these stakeholders for contributing to the development of this revised edition.

These standards and requirements constitute an important development by NMBI towards enhancing its role in protecting the public and supporting registrants in demonstrating their competency to practise safely, compassionately and effectively. We hope it will provide assurance that the standards and requirements will help protect the public by ensuring high-quality education programmes that develop nursing graduates who are fit for purpose, fit for award, and fit for practice.

Sheila McClelland

Chief Executive
Nursing and Midwifery Board of Ireland

Introduction

This document aims to provide guidance on the development of flexible, innovative, practice-oriented registration programmes for education bodies (EBs) and for associated health care providers (AHCPs) involved in the education of undergraduate nurses.

EBs and AHCPs involved in education nurses must submit a detailed curriculum to NMBI for approval. Written submissions therefore must be made jointly by the EB and AHCP(s). This document helps with developing submissions and offers a framework to ensure that high national standards are maintained.

It is divided into three sections, outlined below.

Section 1 contains extracts from the Nurses and Midwives Act 2011, as amended, the Nurses and Midwives Rules and the European Union council directives.

Section 2 outlines the requirements for nurse education programmes leading to registration.

This section has eight parts:

Part 1 describes the learning outcomes expected from the registration programmes.

Part 2 describes the competencies a student must reach on completing the education programme for entry to the Register.

Part 3 details learning for the first three years of the supernumerary period.

The remaining five parts deal with the core indicative content for all divisions of nursing followed by indicative content and theoretical and clinical instruction for each registration programme for general nursing, integrated children's and general, intellectual disability and psychiatric/mental health nursing.

Section 3 describes the necessary standards for approval of EBs, AHCPs and education programmes for registration. The requirements are listed under these headings:

- **Education body requirements**

    Category 1: Student admittance and progression

    Category 2: Governance and management

    Category 3: Practice placements

- **Programme requirements**

    Category 4: Curriculum

    Category 5: Assessment

- **Associated health care provider requirements**

    Category 6: Clinical learning environments

- **New providers/new programme requirements**

    Category 7: New provider/new programme requirements

01

Legislative
Frameworks

Legislation

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

Extract: Nurses and Midwives Act 2011, Section 85

(1) The Board shall –

   (a) set and publish in the prescribed manner the standards of nursing and midwifery education and training for first time registration and post-registration specialist nursing and midwifery qualifications, and

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

(2) The Board shall, in relation to programmes of pre first time registration, post-registration leading to registration or annotation and specialist nursing and midwifery education and training—

   (a) after it has consulted with the Minister for Education and Skills, and in accordance with the relevant criteria specified in the rules—

      (i) approve, approve subject to conditions attached to the approval of, amend or remove conditions attached to the approval of, or withdraw the approval for, such programmes, and bodies which may deliver such programmes, or

      (ii) refuse to approve a body as a body which may deliver such programmes,

   (b) prepare guidelines on curriculum issues and content to be included in programmes approved under paragraph (a)

   (c) set and publish in the prescribed manner standards required for registration in any division, annotation and specialist nursing and midwifery qualifications pursuant to programmes approved under paragraph (a),

   (d) monitor adherence to the criteria referred to in paragraph (a), the guidelines referred to in paragraph (b) and the standards referred to in paragraph (c),

   (e) inspect bodies approved under paragraph (i) in order to ensure ongoing compliance with the criteria referred to in that paragraph, the guidelines referred to in paragraph (ii) and the standards referred to in paragraph (iii),

   (f) inspect, at least every 5 years, places in the State where training is provided to persons undertaking training for a nursing or midwifery qualification, for the purposes of monitoring adherence to nursing and midwifery education and training standards,

(g) following inspections under paragraph (f), issue recommendations to the management of any place referred to in that paragraph on any improvements in nursing or midwifery education and training standards which may be required or any other issues arising from such inspections,

(h) publish in the prescribed manner details of all inspections carried out under this subsection,

(i) prepare and publish in the prescribed manner guidelines for bodies approved under paragraph (a) on ethical standards and behaviour appropriate for nurses, midwives and candidates, and

(j) advise the Minister and the Minister for Education and Skills on any issues relating to its functions under this subsection.

Extract: SI 218 of 2018

Nurses and Midwives (Education and Training) Rules 2018

Review of standards and requirements

(1) The Board shall review the standards and requirements at reasonable and appropriate intervals, having regard to national and international advancements in the theory and practice of nursing and midwifery and national health care policies and practices.

(2) Where the Board proposes to amend or replace the standards and requirements it shall publish its proposals for public consultation on its website, allowing a reasonable period of time for comment before publication of the amended or new standards and requirements.

(3) Where the Board publishes amended or new standards and requirements, a body to which approval has been granted under Rule 9 to deliver an education and training programme shall make arrangements for compliance with the amended or new standards and requirements by a date not later than the commencement of the subsequent academic year or by a date as may otherwise be specified by the Board.

Applications for approval of programmes

9.(1) An application by a body seeking approval from the Board under section 85(2)(a) of the Act to deliver an education and training programme shall be in such form and manner as may be prescribed by the Board from time to time and shall—

(a) satisfy the Board that the programme will comply with the relevant standards and requirements,

(b) set out minimum governance requirements relating to the delivery of the programme, including long-term commitment, staffing, premises, facilities, funding, policies, procedures and organisational structures,

(c) incorporate an indicative syllabus that is responsive to current health care needs, and

(d) have regard to the National Framework of Qualifications kept and maintained in accordance with section 43 of the Qualifications and Quality Assurance (Education and Training) Act 2012 (No. 28 of 2012)

(2) In considering an application under paragraph (1), the Board shall confirm the accuracy of the information provided and may give notice in writing to the body requesting it to provide further information in support of its application.

(3) The Board may arrange a visit to a body which applies for approval under paragraph (1) and any associated health care provider for the purpose of ensuring compliance with the standards and requirements.

(4) Having considered an application under paragraph (1), and consulted with the Minister for Education and Skills, the Board shall—

(a) refuse approval,

(b) grant approval, or

(c) grant approval with such conditions as may be relevant and necessary.

(5) On approval, including approval with conditions, of a programme under this Rule, the Board shall publish a notice to that effect on its website.

Annual reports and material changes

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

(2) A body granted approval under Rule 9 to deliver an education and training programme shall notify the Board of any proposed material change to the programme.

Review and monitoring of programmes

11.(1)   Where the Board has granted approval for delivery of an education and training programme under Rule 9, it shall subsequently, and at intervals not exceeding five years, review whether the programme continues to conform to the standards and requirements, and any conditions that the Board may have imposed under Rule 9(4).

(2) Notwithstanding paragraph (1), the Board shall monitor adherence to the standards and requirements by education and training programmes granted approval under Rule 9, and any conditions that the Board may have imposed under Rule 9(4).

(3) Having carried out a review or monitoring of an education and training programme under this Rule, the Board may—

(a) continue to approve the programme,

(b) continue to approve the programme subject to compliance with specified conditions,

(c) defer its decision on continued approval of the programme pending the resolution, to the satisfaction of the Board, of specified issues of concern arising, or

(d) withdraw approval of the programme.

Visits to bodies and health care providers

12.(1)   The Board shall appoint a team of persons with relevant knowledge and experience ("a site visit team") to visit bodies delivering, or seeking to deliver, education and training programmes, and their associated training facilities and health care providers, for the purposes of—

(a) assessing applications under Rule 9,

(b) carrying out reviews under Rule 11(1), and

(c) carrying out monitoring under Rule 11(2).

(2) A site visit team shall include—

(a) a member of the Board,

(b) an officer of the Board, and

(c) where necessary, an external expert or health service user.

(3) A person appointed to a site visit team under paragraph (1) shall not have an interest that is likely to influence the outcome of the application under Rule 9, the review under Rule 11(1) or the monitoring under Rule 11(2), as the case may be.

(4) A site visit team shall not interfere with the delivery of the education and training programme during its visit.

(5) A site visit team shall, having made a visit, report in writing to the Board.

(6) A report pursuant to paragraph (5) may recommend that the Board—

(a) grant its approval of a proposed education and training programme,

(b) continue its approval of an education and training programme,

(c) grant its approval of a proposed education and training programme subject to certain specified conditions,

(d) continue its approval of an education and training programme subject to certain specified conditions,

(e) defer its decision on continued approval of an education and training programme pending the resolution, to the satisfaction of the Board, of specified issues of concern arising from the visit,

(f) refuse to grant approval of a proposed education and training programme based on specified reasons, or

(g) refuse to continue its approval of an education and training programme based on specified reasons

Responses and resolutions following reporting of visits

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

(2) Subject to paragraph (3), the Board may, on consideration of a report of a site visit team under Rule 12, and of any comments and observations received from the body, or any associated health care provider concerned, by resolution—

(a) grant its approval of a proposed education and training programme,

(b) continue its approval of an education and training programme,

(c) grant its approval of a proposed education and training programme subject to certain specified conditions,

(d) continue its approval of an education and training programme subject to certain specified conditions,

(e) defer its decision on continued approval of an education and training programme pending the resolution, to the satisfaction of the Board, of specified issues of concern arising from the visit,

(f) refuse to grant approval of a proposed education and training programme based on specified reasons, or

(g) refuse to continue its approval of an education and training programme based on specified reasons.

(3) Where the Board proposes to adopt a resolution that, for any reason arising from the requirements of these Rules, would have the effect of refusing to grant its approval of a proposed education and training programme, or of refusing to continue its approval of a previously approved education and training programme, it shall notify the body proposing to deliver, or delivering, such programme accordingly and any such notification shall include a statement that the body has the right to make representations to the Board in response to the notification, within such reasonable period of time as specified by the Board, and the Board shall, after consideration of any representations it may receive from the body concerned, decide whether to adopt the resolution as proposed or alter the proposed resolution.

Appeals

14. The Board shall inform a body the subject of a decision of the Board under Rule 9, 11 or 13 of the body's right to appeal that decision to the High Court under section 86 of the Act.

(a) on any issues relating to its functions under this subsection.

Extract: SI 501 of 2020

Nurses and Midwives (Education and Training) (Amendment) Rules 2020

Amendment of Rule 12 of Principal Rules

9. The Principal Rules are amended by substituting for Rule 12 the following: "Inspections of bodies and health care providers

12.(1) The Board shall appoint a team of persons with relevant knowledge, experience and expertise ("a site inspection team") to inspect bodies delivering, or seeking to deliver, education and training programmes, and their associated training facilities and health care providers, for the purposes of—

(a) assessing applications under Rule 9,

(b) carrying out reviews under Rule 11(1), and

(c) carrying out monitoring under Rule 11(2).

(2) A person appointed to a site inspection team under paragraph (1) shall not have an interest that is likely to influence the outcome of the application under Rule 9, the review under Rule 11(1) or the monitoring under Rule 11(2), as the case may be.

(3) A site inspection team shall not interfere with the delivery of the education and training programme in the course of its inspection.

(4) A site inspection team shall, having carried out an inspection, report in writing to the Board.

(5) A report pursuant to paragraph (4) may recommend that the Board—

(a) grant its approval of a proposed education and training programme,

(b) continue its approval of an education and training programme,

(c) grant its approval of a proposed education and training programme subject to certain specified conditions,

(d) continue its approval of an education and training programme subject to certain specified conditions,

(e) defer its decision on continued approval of an education and training programme pending the resolution, to the satisfaction of the Board, of specified issues of concern arising from the inspection,

(f) refuse to grant approval of a proposed education and training programme on the basis of specified reasons, or

(g) withdraw approval of an education and training programme on the basis of specified reasons."

Amendment of Rule 13 of Principal Rules

10. Rule 13 of the Principal Rules is amended—

(a) by substituting for paragraph (1) the following:

"Responses and resolutions following reporting of inspections

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

(b) in paragraph (2)—

(i) by substituting "inspection" for "visit" in both places in which it occurs, and

(ii) by substituting "withdraw" for "refuse to continue its", and

(c) in paragraph (3), by substituting "withdrawing" for "refusing to continue its".

Extract: EU Directive 2013/55/EC amending Directive 2005/36/EC

(f) Paragraph 6 is replaced by the following:

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

(a) Comprehensive knowledge of the sciences on which general nursing is based, including sufficient understanding of the structure, physiological functions and behaviour of healthy and sick persons, and of the relationship between the state of health and the physical and social environment of the human being.

(b) Knowledge of the nature and ethics of the profession and of the general principles of health and nursing.

(c) Adequate clinical experience: such experience, which should be selected for its training value, should be gained under the supervision of qualified nursing staff and in places where the number of qualified staff and equipment are appropriate for the nursing care of the patient.

(d) The ability to participate in the practical training of health personnel and experience of working with such personnel.

(e) Experience of working together with members of other professions in the health sector.

The following paragraph is added:

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

(a) Competence to independently diagnose the nursing care required using current theoretical and clinical knowledge and to plan, organise and implement nursing care when treating patients on the basis of the knowledge and skills acquired in accordance with points (a), (b) and (c) of paragraph 6 in order to improve professional practice;

(b) Competence to work together effectively with other actors in the health sector, including participation in the practical training of health personnel on the basis of the knowledge and skills acquired in accordance with points (d) and (e) of paragraph 6;

(c) Competence to assist individuals, families and groups towards healthy lifestyles and self-care on the basis of the knowledge and skills acquired in accordance with points (a) and (b) of paragraph 6;

(d) Competence to independently initiate life- preserving immediate measures and to carry out measures in crises and disaster situations;

(e) competence to independently give advice to, instruct and support persons needing care and their attachment figures;

(f) Competence to independently assure the quality of, and to evaluate, nursing care;

(g) Competence to comprehensively communicate professionally and to cooperate with members of other professions in the health sector;

(h) Competence to analyse the care quality to improve his own professional practice as a nurse responsible for general care.'; (EN 28.12.2013 Official Journal of the European Union L 354/151)

02

Requirements for Nurse Registration Programmes

2.1 Programme Learning Outcomes

For a graduate to be eligible to practise as a registered nurse, the terminal programme learning outcomes must enable them to:

1. Acquire the knowledge, professional values and discipline specific competencies to deliver safe, high-quality, compassionate, ethical, legal and accountable practice across the life spectrum, and in diverse healthcare settings.

2. Demonstrate knowledge, clinical skills and professional behaviours underpinned by the *Scope of Nursing and Midwifery Practice Framework* (NMBI 2015) and the *Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives* (the Code) (NMBI 2021).

3. Practise as a competent registered 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 multidisciplinary team.

4. Apply theoretical principles to the practice of nursing using professional judgment, critical reasoning, problem-solving and self-reflection derived from an evidence base and from the applied life, health and social sciences.

5. Deliver person-centred, high-quality and safe nursing care based on a collaborative relationship with a person receiving such care that respects their dignity, autonomy, self-determination and rights to make health and life choices across the health spectrum.

6. Demonstrate skills of effective communication, delegation, inter-professional liaison and team-working to promote the quality and safety of the healthcare environment.

7. Maintain competency to develop and enhance the capacity for self-awareness, reflective practice, leadership and professional scholarship.

8. Apply evidence from an appraisal of research studies relevant to the division of nursing to the practice of it.

2.2 Competency for Entry to the Register

NMBI defines competency as the attainment of knowledge, intellectual capacities, practice skills, integrity and the professional and ethical values required for safe, accountable and effective practice as a registered nurse. Competency relates to the nurse's scope of practice within a division of the Register and is maintained through continuing professional development. The nurse may need to upskill, update or adapt competency if they work in a different practice setting or with a different service user profile.

The competencies for entry to the Register of Nurses and Midwives are informed by principles set out in the Code and have been benchmarked against varied sources. The draft was mapped against international nursing competency documents from international regulators, including Nursing Council of New Zealand, the College of Nurses of Ontario, the Australian Nursing and Midwifery Council and the Nursing and Midwifery Council UK. For consistency, the principles have been benchmarked against the standards from NMBI's Code (2021) and the European Federation of Nurses' Associations Competency Framework (2014). The NMBI competencies for entry to the Register were also mapped to those identified in Section 23(g) of EU Council Directive 2013/55/EU with specific content reference to the indicative core nursing syllabus for the six domains of nursing. This was necessary for the Board of NMBI to meet its statutory EU monitoring requirements, and for research and evaluation purposes.

In comparing these competency frameworks and code for the registered nurse, it was noted that while each is broadly consistent, none specifies a competency model such as that of (Benner, 1984), (Steinaker and Bell, 1979) or skills at micro level. Nevertheless, feedback from the Board's consultations asked that stage learning outcomes be guided by a framework to show gradual and incremental acquisition of skills, knowledge and professional attributes to include an adaptation of Benner's framework (1984).

While data from the consultation process and further detailed feedback from the ONMSD, curriculum leads from EBs, allocations officers, council of deans and heads of nursing have informed the development of this document, it has not always been possible to incorporate every contribution. It has been necessary to balance different views and contributions from diverse stakeholder groups, all of whom aim to ensure the educational and clinical preparation for the next generation of registered nurses is fit for purpose, practice and award.

The competency framework ensures that a newly graduated nursing student can provide safe, effective, evidence-based and compassionate care to people throughout the life continuum according to the division in which they are registered.

In keeping with recommendation 6.1 of the Report of the Review of Undergraduate Nursing and Midwifery Degree Programmes (Department of Health and Children 2012, p56), the domains of competency for entry to the Register should align with the five Tuning Subject Area Group points of reference for nursing degree programmes. An additional domain has been developed to differentiate management, liaison and team-working from the development of leadership and professional scholarship. In line with the Code, the term 'role' in Domain 1 has been replaced with the term 'conduct'.

All six domains of competency represent the level a student must reach on completing the education programme to join the Register. The programme aims to ensure that they have the knowledge, understanding, professional attributes and skills necessary to practise as a competent and professional nurse. The overarching intention is to ensure a graduate acquires the competencies for critical analysis, problem-solving, decision-making, collaborative team-working, leadership, professional scholarship, effective interpersonal communication and reflection. Safe and effective practice requires adequate theoretical knowledge that informs practice and is informed by practice. Within a complex and changing healthcare service and population focus, practice must be informed by the best available evidence so graduates can develop a capacity for continuing professional development (CPD) to maintain competency during their professional career.

The domains are broad and applicable across the lifespan continuum to all four divisions of nursing and to a wide variety of settings, including care of the older person. This is particularly important given the ratio of older persons in hospital settings compared to other care groups. The six competency statements give a broad enabling framework to facilitate the acquisition and assessment of an undergraduate's practice learning.

The domains emphasise a holistic assessment of how a student should apply knowledge, skills and professional attributes, and behaviours to their practice at certain points in the programme. Each competency is supported by a series of indicators specific to each programme stage and specify what a student is expected to do and learn in practice. Indicators outline the detailed, working element of a competency that demonstrates the student's professional values, skills and knowledge when its effective performance is observed.

The student's journey to competency occurs across four years (five for the integrated children's and general nursing programme) and is marked by the achievement of incremental learning outcomes for each stage. The practice outcomes for each year equate to the levels specified in the National Framework of Qualifications (QQI, 2012) – Year 1 (Level 6), Year 2 (Level 7) and Years 3 and 4 (and 5 children's and general integrated nursing) (Level 8).

List of Competencies for Entry to the Register

Domain 1: Professional values and nurse conduct

Domain 2: Nursing practice and clinical decision-making

Domain 3: Knowledge and cognitive

Domain 4: Communication and interpersonal

Domain 5: Management and team

Domain 6: Leadership and professional scholarship

Domain 1: Professional values and nurse conduct

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.

1.1. Practise safely

1.2. Practise compassionately[1]

1.3. Practise professionally, responsibly and accountably

Domain 2: Nursing practice and clinical decision-making

Knowledge and understanding of the principles for delivering safe and effective nursing by adopting a systematic and problem-solving approach to developing and delivering a person-centred care plan based on an explicit partnership with the person and their primary carer.

In partnership with the person, primary carer and other health professionals, shows 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 undertake a comprehensive reassessment

2.5. Utilise clinical judgment

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[1] While the elements of empowering a person to maintain dignity and promotion of wellbeing may depend on acquisition and application of knowledge and skills according to the stage of an undergraduate nurse's education, the need to show respect, kindness and compassion is expected of all healthcare staff.

Domain 3: Knowledge and cognitive

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. Practise from a competent knowledge base
- 3.2. Use critical thinking and reflection to inform practice

Domain 4: Communication and interpersonal

Knowledge, appreciation and development of empathetic 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

Using management and team competencies in working for the person's wellbeing, recovery, independence and safety by recognising the collaborative partnership between person, family and multidisciplinary healthcare team.

Demonstrates the capacity to:

- 5.1. Practise collaboratively
- 5.2. Manage team, others and self safely

Domain 6: Leadership potential and professional scholarship

Developing professional scholarship through skills such as self-directed learning, critical questioning/reasoning and decision-making 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

The domains of competency represent a broad enabling framework to facilitate assessment of a pre-registration undergraduate nurses' clinical practice. Each domain contains standard statements with relevant indicators. Performance criteria for each indicator to specify certain skills, knowledge and professional conduct may be developed as assessment of practice documents and processes at local level appropriate to the division of the Register.

These may be differentiated by division of nursing within the overall assessment of competency instrument developed locally if it conforms to these standards and requirements.

A team and partnership approach is used to assess the student as the assessor will consult colleagues to determine competence. Clinical nurse managers and placement coordinators, nurse practice development coordinators, academic nursing lecturers and heads of nursing and midwifery for the EBs will agree this process. The aim is to ensure the student acquires the competencies for assessment, critical analysis, problem-solving, decision-making, goal setting, collaborative team-working, leadership, professional scholarship, effective interpersonal communication, reflection and reassessment that are essential to the art and science of nursing.

Learning levels towards achieving practice-based competency

In recognising that competency is developed incrementally and is a framework that has various stages of clinical skill development, assessment takes place at four levels during the programme. Although the phrase 'on completion of the final practice placement' applies to a particular year, this does not mean that students are only assessed at the very end of the final placement. They should be assessed as attaining the required level of proficiency throughout the respective year. The above statement refers only to the overall attainment of practice learning outcomes by the end of the year in question for progression purposes. These levels are broadly consistent with the first three stages of Benner's (1984: pp13-14) stages of clinical competence. Levels 1 and 2 are representative of the novice practitioner with limited exposure to and experience of practice settings. Level 3 represents the advanced beginner stage while Level 4 is consistent with expectations for a newly qualified nurse as a competent practitioner.

Level 1/Year 1 recognises the student is a novice to the world of nursing and requires exposure to all aspects of practice. A registered nurse is expected to directly supervise the student when they are helping to provide care for people in the practice setting, across the life continuum. It is further expected that students will have a basic understanding of the broad concepts underpinning such care. The student may require continuous assistance in providing this care and considerable direction in identifying their learning needs.

Level 2/Year 2 recognises the student has had some exposure to and participation in providing care in the practice environment. They need both the assistance and close supervision of a registered nurse while participating in person-centred nursing. Frequent assistance may be required to support the student in this area and in identifying its underpinning evidence. They begin to identify their learning needs through discussion with their preceptor.

Level 3/Year 3 is when, under the registered nurse's indirect supervision, the student can identify the needs of persons and primary carers in practice and begins to adopt a problem-solving approach to safe nursing care. They actively participate in the assessment, planning, delivery and evaluation of person-centred nursing and have the ability to provide a rationale for their actions. It may be difficult for the student to prioritise care in particular or complex situations.

They demonstrate awareness of the need for best practice and can identify their learning needs from clinical experience. Year 3, Practice Learning Outcomes, covers the requirements for the supernumerary placements that may include part of Stage 4 (the fourth year of study for the Bachelor of Science [BSc] Nursing Children's and General Integrated Programme only).

Level 4/Year 4/5 is when the student is expected to competently apply a systematic approach to provision of person-centred practice to four to six service users under the distant supervision of a registered nurse. They must demonstrate evidence-based practice and critical thinking, and be capable of supporting the person and their primary carer(s) while working collaboratively with professional colleagues in the clinical environment. The competent practitioner has many attributes including practical and technical skills, communication and interpersonal skills, organisational and managerial skills and the ability to perform as part of the healthcare team, demonstrating a professional attitude, accepting responsibility and being accountable for one's own practice.

Progression depends on successful completion of the designated competencies to ensure the safety of the person in the practice setting is central to all assessment of competency decisions and their wellbeing supersedes all other considerations relating to the student's performance. The EB, along with their AHCP(s), will agree a fair, equitable, transparent and NMBI-approved competency assessment process.

Undergraduate nursing students are deemed either competent or not competent. If they are considered not competent, they are given an opportunity to repeat their placement. Clearly defined parameters for developing competency are set out in programme documents from the EB and their AHCPs and must be NMBI approved. The curriculum must base its assessment of competency for practice-based learning on an explicit framework of progressive proficiency attainment for each stage of learning. Due consideration should be given to an incremental approach (Years 1–4) in providing repeat opportunities. These chances to achieve learning outcomes or competency are agreed between the Board, the EB and its AHCP(s) and also the Department of Health (in regard to funding for the internship). If competency has not been achieved within a defined timeframe, the student may be asked to leave the programme, subject to the parameters for repeat attempts and appeals agreed with the EB and AHCPs having been applied.

2.3 Learning Outcomes and Indicators by Year of Study Leading to Competency for Entry to the Register

Year 1: Learning Outcomes

Domain 1: Professional values and nurse conduct

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.

On completing the final practice placement in the programme's *first* year, the student will be able to:

1.1.1 Practise safely

- Apply principles of safe moving and handling to the person while assisting the registered nurse to provide nursing care.
- Adhere to principles of safe handwashing and infection control when undertaking nursing care.
- Discuss with the registered nurse at least one way to maintain the safety of vulnerable people in the practice setting.
- Clarify with the registered nurse instructions that they do not understand.

1.1.2 Practise compassionately

- Show respect, kindness and compassion towards all those encountered in the practice setting.
- Empower the person to maintain their dignity in all nursing interventions.
- Describe an example, after listening to a person in the practice setting, of promoting the wellbeing and comfort of someone receiving nursing care.

1.1.3 Practise professionally and responsibly

- Carry out nursing instructions relevant to a student's role, responsibly, safely and in accordance with policies, procedures and guidelines.
- Show personal responsibility through documenting nursing interventions.
- Give a brief report to the registered nurse on completion of nursing activities.
- Seek information and apply it to an aspect of nursing encountered during placement experience.
- Discuss and remain within the scope of nursing and midwifery practice frameworks along as it applies to the nursing student's role.
- Outline five principles from the *Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives*.

Domain 2: Nursing practice and clinical decision-making

Knowledge and understanding of the principles for delivering safe and effective nursing care by adopting a systematic and problem-solving approach to developing and delivering a person-centred care plan based on an explicit partnership with the person and their primary carer.

On completing the final practice placement in the programme's *first* year, the student will be able to:

1.2.1 **Assess the person's nursing and health needs**
- Assist a registered nurse to undertake and document information, using an appropriate framework, for an assessment or reassessment of a person's health and social care nursing needs.
- Monitor, record and report accurately a person's vital signs.

1.2.2 **Plan and prioritise person-centred nursing care (including selecting interventions based on best evidence and identification of desired goals with the person)**
- Assist a registered nurse to devise a nursing care plan.
- Relate two physical, psychological and social factors that affect a person's nursing care needs.

1.2.3 **Deliver person-centred nursing and clinical interventions, including health activities**
- Ensure the person's consent before giving nursing care.
- Check with the registered nurse and care plan before undertaking nursing interventions.
- Report and record nursing observations accurately.
- Maintain the person's dignity, rights and independence during nursing care.
- Avail of all learning opportunities to apply nursing skills to practice.
- Assist the registered nurse in the safe administering of medicines.
- Use clinical equipment safely with awareness of limitations and hazards associated with its usage.

1.2.4 **Evaluate person-centred nursing outcomes and undertake a comprehensive reassessment**
- Assist the registered nurse in reviewing a person's care plan based on observations and feedback from the person.
- Assist the registered nurse in altering the nursing outcomes and/or interventions for a person's care plan based on evaluation findings.

1.2.5 **Utilise clinical judgment**
- Identify risks associated with infection control when undertaking nursing care.
- Describe the signs and symptoms of change in a person's health status.
- State actions to be taken in responding to an emergency situation in the practice placement area.

Domain 3: Knowledge and cognitive

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.

On completing the final practice placement in the programme's *first* year, the student will be able to:

1.3.1 Practise from a competent knowledge base
  - Outline the key principles of care planning in nursing.
  - Discuss the physical, developmental, emotional and behavioural signs associated with the health of one person they have encountered in a clinical setting.
  - Relate aspects of the human body's structure and function to care of a person in the practice placement's learning environment.
  - Discuss how sensory perceptions may change through processes of ageing or ill health.
  - Outline at least one aspect of legislation relevant to nursing in the practice setting.

1.3.2 Use critical thinking and reflection to inform practice
  - Source information relevant to a nursing intervention carried out during the current practice placement.

Domain 4: Communication and interpersonal

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

On completing the final practice placement in the programme's *first* year, the student will be able to:

1.4.1 Communicate in a person-centred manner
  - Use verbal and non-verbal communication skills to listen actively, check understanding and respond sensitively to the person and their primary carer.
  - Discuss the emotional support a nurse can provide to a person undergoing nursing and health procedures or interventions.
  - Discuss the principles of cultural diversity, dignity and autonomy in establishing a collaborative partnership with a person.
  - Recognise and report when a person has difficulty in expressing their needs and assist a registered nurse in addressing them.

1.4.2 Communicate effectively with the healthcare team

- Accurately report, record, document and refer to the registered nurse's observations and information received in the care-giving process.
- Communicate clearly with other healthcare professionals.
- Ensure that confidential documents are maintained securely in the health setting according to local policy.

Domain 5: Management and team

Using management and team competencies in working for the person's wellbeing, recovery, independence and safety by recognising the collaborative partnership between person, family and multidisciplinary healthcare team.

On completing the final practice placement in the programme's *first* year the student will be able to:

1.5.1 Practise collaboratively

- Develop a professional relationship by working in partnership with other members of the multidisciplinary healthcare team.
- Communicate effectively with other healthcare disciplines and nursing team members.

1.5.2 Manage team, others and self safely

- Promote a safe and therapeutic environment for each person, self and others in keeping with the scope of professional practice.
- Outline the principles of a supportive clinical work environment to support safe standards of healthcare delivery.

Domain 6: Leadership potential and professional scholarship

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

On completing the final practice placement in the programme's *first* year, the student will be able to:

1.6.1 Develop leadership potential

- Discuss the constructive use of feedback, supervision and appraisal on the development of self-awareness and competency as a nurse.

1.6.2 Develop professional scholarship

- Explain an example of self-directed learning used to enhance professional performance in nursing.
- Report situations beyond personal competency to supervising nurse and to other healthcare professionals.
- Make use of relevant opportunities for learning in the practice setting.

Year 2: Learning Outcomes

Domain 1: Professional values and nurse conduct

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.

On completing the final practice placement in the programme's *second* year, the student will be able to:

2.1.1 Practise safely

- Identify risk factors and apply principles of safe moving and handling while providing nursing care.
- Adhere to principles of hand hygiene, infection prevention and control and regulations governing these for care of the person in the health service setting.
- Explain, using an example, how professional guidance influences the nurse's role in safeguarding vulnerable people.

2.1.2 Practise compassionately

- Demonstrate compassion, kindness and respect in caring for each person encountered in the practice setting.
- Differentiate between an impartial and a judgmental attitude in nursing.
- Compassionately explore with a person in the practice setting how their life and wellbeing have been affected by the experience of ill health, distress or by developmental or life-limiting conditions.

2.1.3 Practise professionally and responsibly

- Discuss with and seek guidance from the registered nurse in situations beyond their level of competence.
- Outline three professional values in nursing.
- Take responsibility for and complete delegated tasks safely and in accordance with policies, procedures and guidelines and report back to the registered nurse.
- Identify a learning need and seek opportunities to meet it in the practice setting.
- Show personal responsibility in organising and documenting nursing interventions.

Domain 2: Nursing practice and clinical decision-making

Knowledge and understanding of the principles of delivering safe and effective nursing care by adopting a systematic and problem-solving approach to developing and delivering a person-centred care plan based on an explicit partnership with the person and their primary carer.

On completing the final practice placement in the programme's *second* year, the student will be able to:

2.2.1 Assess the person's nursing and health needs

- Assist the registered nurse in taking a nursing and health history on admittance or review the needs of a person in the practice setting using a relevant framework to organise clinical information.
- Assist a registered nurse to analyse the information collected, using an appropriate framework, to assess and reassess a person's healthcare needs.
- Identify indicators for a person's normal health in the practice setting.

2.2.2 Plan and prioritise person-centred nursing care (including selecting interventions based on best evidence and identification of desired goals with the person)

- Apply theoretical and clinical knowledge to explain either a goal or an intervention listed in a person's nursing care plan.
- Discuss the priority of goals listed in a person's care plan based on their current nursing needs.
- Discuss an aspect of that plan with the person concerned and/or the primary carer.

2.2.3 Deliver person-centred nursing and clinical interventions, including health activities

- Assist the clinical team to deliver nursing interventions in accordance with the person's care plan.
- Explain the significance of clinical observations undertaken to a registered nurse/practice health worker.
- Describe how to maintain a person's dignity, rights and independence while undertaking a nursing procedure.
- Explain the principles of and regulations governing infection prevention and control for care of the person in the health service setting.
- Identify an example of a risk or hazard associated with the nursing care of a person in the healthcare setting.
- Give examples of early warning signs of critical changes in a person's health status in the healthcare setting.
- Assist the clinical team in response to critical changes in a person's health condition.
- Explain the referral process of a person needing specialist expertise in the practice setting.
- Assist the registered nurse to administer medicines safely.

- Demonstrate respect for the privacy and confidentiality of personal data on a person's healthcare whether in written, verbal or electronic format.
- Support and facilitate the person to promote their physical and emotional wellbeing.

2.2.4 Evaluate nursing care and undertake a comprehensive reassessment

- With the registered nurse, review clinical observations and feedback from the person to adjust an aspect of the care plan.
- Assist the registered nurse to write and accurately record the person's notes and evaluation of their care.
- Gather additional data to evaluate the effectiveness of a nursing goal specified in the person's plan of care.
- Use evidence from local guidance or a manual of procedures to plan a nursing intervention.

2.2.5 Utilise clinical judgment

- Explain the significance of clinical observations undertaken to a registered nurse/practice health professional.
- Identify an example of a risk or hazard associated with the nursing care of a person in the healthcare setting.
- Give examples of early warning signs of critical changes in a person's health status in the healthcare setting.

Domain 3: Knowledge and cognitive

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.

On completing the final practice placement in the programme's *second* year, the student will be able to:

2.3.1 Practise from a competent knowledge base

- Relate an example of nursing theory to current practice.
- Apply knowledge of the human body's structure and function to care of a person in the healthcare setting.
- Outline common vulnerabilities and co-morbidities associated with a person's condition within the current practice setting.
- Identify and discuss an ethical and/or moral dilemma in nursing practice.
- Explain the relationship between audit and quality in nursing.
- Identify an aspect of national policy that influences practice and healthcare delivery in their division of nursing.
- Explain how legislation affects at least one aspect of nursing in the current practice setting.
- Read and discuss with the registered nurse the findings of at least one nursing research study and their relevance for current practice.

2.3.2 Use critical thinking and reflection to inform practice

- Analyse, with the registered nurse, the implications of one example of professional guidance or guidelines for the current practice setting.
- Reflect on a situation that they have found challenging in personal/professional development as a nurse.

Domain 4: Communication and interpersonal

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

On completing the final practice placement in the programme's *second* year, the student will be able to:

2.4.1 Communicate in a person-centred manner

- Use age-appropriate and respectful communication skills with the person and their primary carer.
- Explore the emotional support required by a person undergoing a nursing intervention or health procedure.
- Engage with a person and/or their primary carer to discuss their experience of nursing interventions or health procedures.
- Discuss with a person an aspect of their health or lifestyle that they would like to change.
- Use appropriate skills and knowledge to teach/facilitate a person or family member in an aspect of self-management.
- Apply active listening skills when communicating with a person with physical, emotional, behavioural or cultural communication difficulties.
- Discuss how and when to refer a person who requires language interpreters or communication supports to express their needs.

2.4.2 Communicate effectively with the healthcare team

- Communicate clearly and coherently with other members of the multidisciplinary team.
- Report the views and wishes of the person to the healthcare team.
- Respect the person's privacy and confidentiality of information in the health setting.
- Discuss the importance of using professional nursing language terms and abbreviations in reporting, documenting and communicating to nursing and healthcare teams according to local policy.
- Ensure that information gathered in clinical practice is documented and clearly reported to clinical colleagues in a timely manner.
- Assist a registered nurse in discharge planning or transition/transfer arrangements and liaison with community agencies or other relevant organisations/teams.

Domain 5: Management and team

Using management and team competencies in working for the person's wellbeing, recovery, independence and safety by recognising the collaborative partnership between person, family and multidisciplinary healthcare team.

On completing the final practice placement in the programme's *second* year, the student will be able to:

2.5.1 Practise collaboratively

- Identify opportunities to work for the person's wellbeing, recovery, independence and safety in a collaborative partnership.
- Communicate effectively with other healthcare disciplines and nursing team members in coordinating healthcare provision.

2.5.2 Manage team, others and self safely

- Discuss ways to minimise risk to a person's safety, security, wellbeing and health status.
- Show that management of own time and use of resources is improving.
- Identify to the registered nurse the key elements of a supportive clinical work environment to facilitate a culture of multidisciplinary trust.
- Actively seek out and engage with learning opportunities for self and others in the practice setting.
- Demonstrate preparation and organisation before undertaking nursing interventions.

Domain 6: Leadership potential and professional scholarship

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

On completing the final practice placement in the programme's *second* year, the student will be able to:

2.6.1 Develop leadership potential

- Explain to the registered nurse how a nurse could establish priorities in a clinical setting.
- Describe how a nurse should respond and react to challenging events and unforeseen circumstances in practice.
- Apply the insights derived from constructive use of feedback and supervision to self-awareness and personal and professional development.
- Reflect on insights derived from a critical incident in the healthcare setting.

2.6.2 Develop professional scholarship

- Discuss with the registered nurse two examples of situations that would have to be shared with experienced colleagues, senior managers and other health care professionals.
- Identify the pathway for disclosing nursing care practice issues/concerns according to local policy.
- Describe to the registered nurse how they have adapted or would adapt a nursing intervention in response to a person's dynamically altering health status.

Year 3: Learning Outcomes[2]

Domain 1: Professional values and nurse conduct

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.

On completing the final practice placement in the programme's *third* year, the student will be able to:

3.1.1 Practise safely

- Adhere to the principles of and regulations governing hand hygiene, infection prevention and control for care of the person in the health service setting.
- Carry out a basic risk assessment on the person's safety for delivery of safe and competent nursing care.
- Clarify with the registered nurse instructions that they perceive to be beyond their competency or scope of professional practice.
- Analyse with the registered nurse how ethical and professional guidance governing the nurse's role applies to safeguarding vulnerable people encountered in the practice setting.

3.1.2 Practise compassionately

- Contribute to a positive environment of respect and inclusion towards persons, colleagues and visitors in the practice setting.
- Facilitate persons in the practice setting to enhance their physical, emotional or mental health, wellbeing or comfort.

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[2] Year 3 Practice Learning Outcomes covers the requirements for the supernumerary placements that may include part of Stage 4 (the fourth year of study for the BSc Nursing Children's/General Integrated Programme only).

3.1.3 Practise professionally and responsibly

- Outline how personal integrity and honesty uphold professional values in nursing.
- Show personal responsibility in organising and documenting nursing interventions.
- Justify reasons for decisions and actions taken while completing delegated tasks safely and in accordance with policies, procedures and guidelines.

Domain 2: Nursing practice and clinical decision-making

Knowledge and understanding of the principles for delivering safe and effective nursing care by adopting a systematic and problem-solving approach to developing and delivering a person-centred care plan based on an explicit partnership with the person and their primary carer.

On completing the final practice placement in the programme's *third* year, the student will be able to:

3.2.1 Assess the person's nursing and health needs

- Interview a person, using a relevant framework, to elicit their experience of altered health, ability and developmental or life stage needs.
- Using an appropriate framework, analyse an aspect of and apply insights to an accurate assessment of a person's nursing needs.
- Integrate knowledge of pathophysiology and pharmacotherapeutics into assessing the person.
- Perform health status assessments and develop physical examination skills using a variety of tools and techniques for the orderly collection and documentation of assessment.
- Recognise signs of changing healthcare needs to intervene, document and involve multidisciplinary team members.

3.2.2 Plan and prioritise person-centred nursing care (including selecting interventions based on best evidence and identification of desired goals with the person)

- Devise and review a person's nursing care plan taking into account relevant spiritual, cultural and environmental factors.
- Justify with the registered nurse the planned nursing interventions in a person's care plan on principles of safety and best practice.
- Present a plan of care with rationale for interventions to healthcare team members.

3.2.3 Deliver person-centred nursing and clinical interventions, including health activities

- Adapt nursing interventions to changing health needs and reassess and document changes to the care plan accordingly.
- Empower a person to plan a lifestyle change to promote health, recovery, resilience or self-management of a condition, or to improve wellbeing or social inclusion.

- Recognise, report to the registered nurse and document when a person is judged to require interventions beyond the student's scope of practice.
- Assist the registered nurse in ordering, storage, monitoring and safe administering of medicines, including controlled drugs.
- Use nursing interventions, medical devices and equipment safely, with awareness of limitations and hazards in their usage.
- Enter information on the person's nursing and healthcare safely into electronic records where available.

3.2.4 Evaluate nursing care and undertake a comprehensive reassessment

- Review healthcare observations, feedback from the person, family and other health professionals with the registered nurse to adjust an aspect of a care plan.
- Assist the registered nurse to write and accurately record the person's notes and evaluation of their care.
- Gather additional data from multiple sources to analyse and evaluate priorities, goals and timeframes based on changes to the person's condition or responses.
- Review a nursing intervention for one person's care plan against evidence of best practice.

3.2.5 Use clinical judgment

- Justify nursing actions to manage risks identified in the care of a person in the practice setting.
- Recognise and report promptly signs of critical changes in a person's health status to multidisciplinary team members.
- Identify to the registered nurse the protocols to follow in dealing with an emergency situation in the practice setting.
- Apply critical thinking when making clinical judgments originating in the collection and interpretation of assessment data.

Domain 3: Knowledge and cognitive

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.

On completing the final practice placement in the programme's *third* year, the student will be able to:

3.3.1 Practise from a competent knowledge base

- Outline common physical, developmental, emotional and behavioural signs, vulnerabilities and co-morbidities associated with the care of persons in the practice setting.
- Discuss an example of how inequalities in health and morbidity in society may affect a person's health.
- Apply reasoning to explore a moral dilemma in day-to-day nursing practice.

- Identify a relevant aspect of international policy that influences nursing practice and health care delivery in Ireland.
- Examine a piece of legislation relevant to nursing practice situations and settings.
- Use health information technology and nursing informatics in nursing practice where available.

3.3.2 Use critical thinking and reflection to inform practice

- Analyse and suggest potential responses to a situation in the practice setting perceived to be problematic.
- Outline steps taken to enhance personal resilience and nursing practice.

Domain 4: Communication and interpersonal

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

On completing the final practice placement in the programme's *third* year, the student will be able to:

3.4.1 Communicate in a person-centred manner

- Use age-appropriate and respectful communication skills with the person and their primary carer.
- Explore the importance of maintaining professional boundaries while providing emotional support to the person undergoing nursing care and health procedures/interventions.
- Apply active listening skills when communicating with a person with physical, emotional, behavioural or cultural communication difficulties.
- Discuss how and when to refer a person who requires language interpreters or communication supports to express their needs.
- Use a broad range of verbal and non-verbal skills to communicate effectively and compassionately with a person and their primary carer.
- Ensure that a person receives all necessary information to make informed choices about their healthcare.
- Discuss with a person an aspect of their health or lifestyle that they would like to change.
- Engage with a person and/or their primary carer to discuss their experience of nursing interventions or health procedures.
- Use appropriate skills and knowledge to teach/facilitate a person or family member in an aspect of self-management.

3.4.2 Communicate effectively with the health care team

- Recognise and take appropriate action when a person requires language interpreters or communication supports or specialist technologies so those with communication difficulties can express their needs.
- Communicate clearly and effectively with other members of the multidisciplinary team.

- Liaise with other healthcare professionals to ensure the person's rights and wishes are represented.
- Give examples to the registered nurse of steps taken to respect the person's privacy and the confidentiality of information gathered in the health setting.
- Begin to use professional nursing language terms when reporting to, documenting and communicating with nursing colleagues and other members of the multidisciplinary team.
- Discuss with the registered nurse the parameters for sharing information in line with legal and professional requirements and in the interests of protection of the public.

Domain 5: Management and team

Using management and team competencies in working for the person's wellbeing, recovery, independence and safety by recognising the collaborative partnership between person, family and multidisciplinary healthcare team.

On completing the final practice placement in the programme's *third* year, the student will be able to:

3.5.1 Practise collaboratively
- Develop opportunities to work in a collaborative partnership with the person, family and healthcare team.
- Collaborate effectively with other healthcare disciplines and nursing team members to coordinate care provision.

3.5.2 Manage team, others and self safely
- With the registered nurse, identify measures to promote a safe environment for each person, self and others in the practice setting.
- Assess priorities, manage own time and resources safely and effectively in undertaking delegated activities under the registered nurse's supervision.
- Identify at least one aspect of nursing in the healthcare setting that could be subject to a quality improvement audit.
- Work with the health care team to foster a supportive clinical working environment to facilitate a culture of multidisciplinary trust, openness, respect, kindness and safe standards of healthcare.
- Demonstrate personal organisation and efficiency in undertaking nursing care.
- Explain the principles of the audit cycle and their impact on quality enhancement within the healthcare setting.

Domain 6: Leadership potential and professional scholarship

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

On completing the final practice placement in the programme's *third* year, the student will be able to:

3.6.1 Develop leadership potential

- Work with the registered nurse to lead an activity or clinical intervention in the practice setting.
- Explain to the registered nurse the principles of effective delegation.
- Plan an activity that involves coordination and liaison with other members of the healthcare team in the practice setting.
- Seek, accept and apply information to enhance self-awareness and personal competency through constructive use of feedback, supervision and appraisal.
- Apply insights derived from reflection on an aspect of daily nursing practice or from critical incident in the healthcare setting.

3.6.2 Develop professional scholarship

- Identify and attend an activity or event to enhance their continuing professional development.
- Explain to the registered nurse the criteria used to determine when a situation must be shared with experienced colleagues, senior managers or other healthcare professionals.
- Analyse and discuss with the registered nurse how and why a nurse may need to adapt nursing interventions and to update competency in response to dynamically altering health environments.

Year 4: Learning Outcomes

Domain 1: Professional values and nurse conduct

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.

On completing the final practice placement in the programme's *fourth* or *final* [3] year, the student will be able to:

4.1.1 Practise safely
- Adhere to best practice to ensure the person's safety while protecting the public via delivery of safe, ethical, reliable and competent nursing care across the life continuum.
- Adhere to principles of hand hygiene and regulations governing infection prevention and control for the person's care in the health service setting.
- Behave with integrity, honesty and within Irish and European legislation to uphold the professional values of nursing.
- Practise within their scope of professional practice with due regard to regulatory and statutory requirements.
- Challenge behaviour or healthcare practice that could compromise a person's safety, privacy or dignity, giving due regard to ethical and professional guidance on safeguarding vulnerable people.

4.1.2 Practise compassionately
- Consistently support the person across the life continuum through practice that is caring, kind, sensitive, holistic, impartial and non-judgmental.
- Demonstrate respect for the diversity, dignity, integrity and uniqueness of the person by using a collaborative partnership recognising their autonomy.
- Practise compassionately to facilitate, promote, support and optimise the health, wellbeing, comfort and quality of life of those whose lives are affected by altered health, distress, disability, chronic disorders or life-limiting conditions.

4.1.3 Practise professionally, responsibly, and accountably
- Identify with the nursing team personal responsibility, level of authority and lines of accountability within one's scope of practice.
- be personally and professionally accountable for one's own decisions, actions, and completion of delegated tasks.
- Show personal responsibility by organising and documenting nursing interventions safely and in accordance with policies, procedures, and guidelines.
- Accept responsibility for own limitations and for the enhancement of clinical competency by undertaking continuing professional development.

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[3] For the Children's and General Nursing (Integrated) programme.

Domain 2: Nursing practice and clinical decision-making

Knowledge and understanding of the principles of delivering safe and effective nursing care by adopting a systematic and problem-solving approach to developing and delivering a person-centred care plan based on an explicit partnership with the person and their primary carer.

On completing the final practice placement in the programme's *fourth* or *final* year, the student, in partnership with the person, primary carer and other health professionals, will be able to:

4.2.1 Assess the person's nursing and health needs

- Systematically apply an appropriate framework when taking a comprehensive nursing history. The history should accurately reflect the person's experience of altered health, their ability and developmental or life stage needs.

- Analyse information collected through interviews/observations/physical and psychosocial assessment and diagnostics tests to reach an accurate nursing assessment, using an appropriate framework, of a person's healthcare needs.

- Recognise and interpret signs of normal and changing healthcare needs and escalate to multidisciplinary team members when necessary.

- Recognise signs of a life-limiting condition and assist the person and family to access a specialist palliative care team.

4.2.2 Plan and prioritise person-centred nursing care (including selecting interventions based on best evidence and identification of desired goals with the person)

- Develop a clear and concise person-centred plan that incorporates their experience of altered health and expectation of recovery.

- Plan nursing interventions with specific indicators for achieving goals, applying best available evidence based on principles of quality and safety.

- Prioritise the person's immediate and longer-term nursing and healthcare needs by setting goals based on acuity while taking into account relevant physical, psychological, social, spiritual, cultural and environmental factors.

- Communicate the care plan and rationale for interventions clearly to the person, primary carer and other health professionals.

4.2.3 Deliver person-centred nursing and clinical interventions, including health activities

- Obtain permission from and check the understanding of the person or nominee before delivering nursing interventions.

- Deliver person-centred nursing care safely through a range of nursing interventions in accordance with the person's care plan.

- Support and empower the person, by providing accurate and relevant information, to make health and life choices for health promotion and screening, recovery, resilience, self-management, wellbeing and social inclusion.

- Assist the person to maintain their dignity, rights, independence and comfort.
- Apply health and safety principles including moving and handling, infection prevention and control and emergency procedures.
- Empower the person to maintain needs related to their activities of living.
- Support a safe and comfortable environment to promote the person's health, self-management, and physical and emotional wellbeing.
- Support a person with a life-limiting condition and their primary carers to adapt to the transition to palliative care by managing uncomplicated symptoms and liaising with palliative care teams.
- Adhere to legislation and professional practice guidelines for safe and effective administering of medicines and other therapeutic interventions.
- Use medical devices, technologies and clinical equipment safely, with awareness of correct usage, limitations and associated hazards.
- Adhere to best principles for risk assessment, hazard minimisation and take relevant actions to manage risks safely.
- Use information management technology safely to record personal data for clinical decision-making.

4.2.4 Evaluate nursing care and undertake a comprehensive reassessment

- Collate a range of clinical observations, feedback from the person and other sources of information to adjust the nursing care plan through ongoing evaluation of its effectiveness.
- Gather additional data to evaluate planned priorities, goals, timeframes and interventions against actual outcomes, changes in the person's condition, responses, or situational needs.
- Monitor and evaluate nursing interventions against evidence of best practice.

4.2.5 Utilise clinical judgment

- Make sound clinical judgments to adapt interventions to changing health needs.
- Recognise and respond to early warning signs of critical changes in a person's health status.
- Initiate life-preserving measures in response to critical changes in a person's health status or in emergency situations.

Domain 3: Knowledge and cognitive

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.

On completing the final practice placement in the programme's *fourth* or *final* year, the student will be able to:

4.3.1 Practise from a competent knowledge base

- Apply current and relevant aspects of concepts and theory of nursing to care planning, interventions and health settings.
- Apply current and relevant aspects of professional standards to nursing practice.
- Apply current and relevant knowledge of the human body's structure and function from the health and life sciences in nursing practice situations.
- Recognise common physical, developmental, emotional and behavioural signs, vulnerabilities and co-morbidities in the relevant nursing division.
- Apply current and relevant knowledge from the social and behavioural sciences in nursing practice situations and settings.
- Apply reasoning and relevant knowledge from the ethical theory to moral dilemmas in day-to-day nursing practice.
- Apply principles of quality and safety to audit and evaluate nursing and healthcare practice.
- Apply current and relevant aspects of national and international policies that influence nursing practice and health care delivery.
- Demonstrate and apply knowledge of legislation relevant in nursing practice situations and settings.
- Apply knowledge and understanding of current and relevant aspects of the principles of health information technology and nursing informatics in nursing practice.
- Appraise, and apply as relevant, aspects of the nursing research process to enhance the evidence base of nursing practice interventions.

4.3.2 Use critical thinking and reflection to inform practice

- Develop analytical skills for problem-solving, critical thinking, reasoning, evaluation and synthesis for application to nursing practice situations and interventions.
- Develop personally and professionally through reflection to enhance one's own resilience and nursing practice.

Domain 4: Communication and interpersonal

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

On completing the final practice placement in the programme's *fourth* or *final* year, the student will be able to:

4.4.1 Communicate in a person-centred manner

- Communicate effectively, compassionately and in an age-appropriate, respectful, culturally sensitive and non-discriminatory manner with the person and primary carer.
- Provide emotional support to the person undergoing nursing care and health procedures/interventions, while respecting professional boundaries.
- Empower the person and primary carer to follow appropriate policies to express concerns about their experience of nursing and health procedures/interventions.
- Use communication techniques and technologies to enable a person with sensory, physical, emotional, behavioural or cultural communication difficulties to express their needs.
- Communicate with a person in a way that respects cultural diversity in health beliefs and practices, health literacy, communication, language, translation or interpreting needs.

4.4.2 Communicate effectively with the healthcare team

- Accurately, concisely and clearly report, record, document and refer to the healthcare team observations and information received in delivering nursing care.
- Communicate clearly and coherently, verbally and in writing, with other health and social care professionals.
- Negotiate with other healthcare and other professionals to ensure the person's rights, beliefs and wishes are not compromised.
- Respect the person's privacy and confidentiality of information in the health setting.
- Use professional nursing language terms when reporting, documenting and communicating to nursing and healthcare teams.
- Share information with others in line with legal and professional requirements to protect the public.

Domain 5: Management and team

Using management and team competencies in working for the person's wellbeing, recovery, independence and safety by recognising the collaborative partnership between person, family and multidisciplinary healthcare team.

On completing the final practice placement in the programme's *fourth* or *final* year, the student will be able to:

4.5.1 Practise collaboratively

- Work towards the person's wellbeing, recovery, independence and safety through a collaborative partnership between the person, family and multidisciplinary health and social care team.
- Collaborate effectively with other healthcare disciplines and nursing team members in decision-making and for continuity of care.

4.5.2 Manage team, others and self safely

- Assess risk to a person's safety, security, and wellbeing and health status by promoting a safe environment for each person including themselves.
- Using information gained from a risk assessment, devise a safety plan for a person in the practice setting.
- Assess priorities, manage time, caseload and resources safely and effectively.
- Participate in audit and quality improvement initiatives and processes in the practice setting.
- Foster a supportive clinical work environment that facilitates a culture of multidisciplinary trust, openness, respect, kindness, compassion and safe standards of healthcare.
- Contribute to the learning experiences of other colleagues by providing support, supervision and facilitation of learning.
- Demonstrate personal organisation and efficiency of one's own workload in undertaking the person's care.

Domain 6: Leadership potential and professional scholarship

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

On completing the final practice placement for the programme's *fourth* or *final* year, the student will be able to:

4.6.1 Develop leadership potential

- Lead and co-ordinate a team, delegating, supervising and monitoring nursing care provision.

- Exhibit self-awareness and the impact of personal values and feelings to attitude development, professional conduct, response and reaction to events and to developing coping mechanisms, personal wellbeing and resilience.
- Enhance their professional performance with constructive use of feedback, supervision and appraisal.
- Reflect on and apply insights derived from aspects of daily nursing practice and critical incidents to enhance self-awareness and personal competence.

4.6.2 Develop professional scholarship

- Develop professional scholarship through skills such as self-directed learning, critical questioning/reasoning and decision-making skills in nursing as the foundation for lifelong professional education, maintaining competency and career development.
- Recognise and respond to situations that need to be referred to experienced colleagues, senior managers and other healthcare professionals.
- Learn from experience to adapt nursing interventions and update competency in response to dynamically altering health environments.

2.4 Core Indicative Nurse Registration Programme Content for All Nursing Divisions

The content in this section has been developed and revised based on previous editions. It reflects recommendations from the Department of Health's Review of Undergraduate Nursing and Midwifery education programmes to align with national and European legislative changes. It also incorporates results from NMBI's extensive consultation with registered nurses involved in nursing education and curriculum leads in EBs. Detailed input has been provided by the Office of the Nursing and Midwifery Services Director (ONMSD) to ensure it reflects the health service reform agenda for current and future practice as a nurse in Ireland. Section 2.4 outlines the core indicative content for all nursing divisions, in line with the review recommendations C2 (Shared Learning). In addition, Sections 2.5, 2.6, 2.7 and 2.8 detail the indicative content for each of the four divisions – general, children's, intellectual disability and mental health/psychiatric – in line with review recommendations C6-C7 (Curriculum Content).

Particular attention has been paid to the expansion of indicative content, shared learning opportunities across the four disciplines, retention of the essence of their individual contributions to the discipline of nursing while underpinning the ideas of safeguarding vulnerable persons using health services (C6.3), person-centredness (C7.1) and a stronger community nursing emphasis (C8.1).

This guidance has been organised under the domains of practice for each nursing division and should be read alongside the indicative content and philosophy statements for the general, children's, intellectual disability and psychiatric/mental health nursing programmes that follow.

Domain 1: Professional values and nurse conduct

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.

- Nursing, the law and relevant legislation.
- Professional values of nursing.
- Familiarisation with professional and ethical guidance governing the nurse's role.
- Knowledge of concepts of diversity, equality, social justice, tolerance and accessibility healthcare.
- Active pursuit of opportunities to promote inclusion.
- Knowledge of the nature and development of the nursing profession.
- Developing the virtues of kindness, empathy and compassion as central to safe quality care delivery.
- Respect for the person across the life continuum – service users; academic, practice based and multidisciplinary colleagues; members of the public; family members or primary carers.
- Principles of health, wellbeing and comfort of persons whose lives are affected by ill health, distress, disability or life-limiting conditions.
- General principles of health and wellbeing and their enhancement.
- Knowledge of how to support and promote the health, wellbeing, rights and dignity of people, groups, communities and populations.
- Understanding the effect of ill health, disability, inability to engage, ageing or life-limiting conditions.
- Empowerment and the partnership approach.
- Consultation, information provision, the right to choose and informed consent.
- Activities of living using a person-centred, child and family, recovery-focused, behavioural support plan framework
- Holism, non-judgmental caring.
- Cultural sensitivity, awareness and respect in practice.
- Protection of the safety of the person and the general public.
- Child protection in the context of protecting child safety and wellbeing, including HSE Children First training or subsequent updated child protection courses.
- Principles of safe practice in health and social care – hazard recognition and critical control point; food safety.
- HSE's role in safety of health service users, good practice and for protection of the public in those services – HSE Quality Improvement Team initiative: https://www.hse.ie/eng/about/who/qid/.
- Understanding the limitations and hazards of common nursing interventions, including psychological and medical treatments.

- Scope of professional nursing practice within regulatory and statutory requirements.
- The nurse's role, responsibilities and functions, limits of their competence.
- Seeking advice from, or referring to, colleagues and other professionals where necessary.
- Accountability in nursing and healthcare.
- Personal and professional responsibility, level of authority and lines of accountability.
- Personal and professional accountability for decisions and actions.
- Principles of delegation and supervision.

Domain 2: Nursing practice and clinical decision-making

Knowledge and understanding of the principles of delivering safe and effective nursing care by adopting a systematic and problem-solving approach to developing and delivering a person-centred care plan based on an explicit partnership with the person and their primary carer.

- Principles of developing and maintaining a partnership with the person, primary carer and other health professionals.
- Providing care that respects diversity, is equitable, socially just, tolerant and accessible within a high-quality environment.
- Facilitating respectful and empathetic relationships between people, services, their families, parents and carers, chosen advocates, and co-workers.
- Inter professional team-working.
- Principles of using a nursing process framework in providing person-centred care.
- Comprehensive physical and emotional assessment.
- Frameworks/processes for recognising and managing signs of normal and changing healthcare needs.
- Communicating the results of a standardised assessment to the person in a respectful and understandable manner
- Person-centred planning incorporating their values and preferences, experience of altered health and expectation for recovery and best interests of the person and family.
- Nursing interventions based on principles of autonomy, quality of care, safety and best evidence.
- Empowering people to achieve, maintain or recover independence.
- Physical, psychological, social, spiritual, cultural and environmental factors in health and wellbeing.
- Nursing skills, clinical interventions and health activities as applied to the person's healthcare condition.
- Demonstrating evidence-based, reasoned clinical judgment in nursing.

- Principles of health and safety including moving and handling, infection prevention and control and emergency procedures.
- Basic life support and initiation of life preserving measures.
- Principles of risk, hazards and adverse outcomes and management of identified risks.
- Sepsis detection, recognition, communication, early intervention, timely referral and emergency intervention principles: high-risk groups, prevalence and sources.
- Community development such as building support mechanisms in the community.
- Voluntary agency support.
- Using voluntary resources in the community.
- Discharge planning.
- Caring for older adults in general hospital settings; care of older persons with complex needs, co-morbidities; chronic disease management.
- Home and long-term care settings and medical assessment units.
- Care of the older adult with dementia: gerontology specialist wards and rehabilitation units, nursing homes, community care, end-of-life care.
- Communication with the person with dementia/altered cognition/cognitive impairment, cognitive assessment and use of single assessment tool (SAT), family support services.
- Safety for the older person across the lifespan continuum – frailty, polypharmacy, falls prevention, dementia/delirium.
- Day care services for the older person (memory clinics, syncope clinics, falls and bone health clinics), day hospital, older person assessment units, ongoing monitoring/management of older persons in the community and implementation of appropriate care pathways without admittance to acute/ residential settings.
- Dementia care settings, both day care and residential, for the person and families.
- Community nursing services and intervention teams, dedicated gerontology teams, providing care and ongoing case management with older persons, home help/home care package services – maintaining independence/supported living in the community.
- Specialist areas for older person care, respite care, end-of-life and palliative care of the older adult in mental health and intellectual disability settings, psychiatry of later life, support of persons and families affected by mental health and implementing appropriate care pathways for older persons with mental health difficulties.
- Working in partnership with health and social care service users and their families.

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.

- Theories of nursing and relevant concepts for nursing practice situations and settings.
- Recognising deficits in areas of functioning and the ability to respond to those needs with a care plan, communication (Multidisciplinary Team (MDT) + handover) and action.
- Mindfulness for quality and safety, for example the safety pause.
- Ability to recognise poor professional practice and to report concerns appropriately through agreed communication and reporting protocols.
- Principles of common physical, developmental, emotional and behavioural signs, vulnerabilities and co-morbidities within the relevant nursing division.
- Legislation and health policy relevant to nursing practice situations and settings within a specific nursing division.
- Principles of critical thinking and reflection, problem-solving, reasoning, evaluation and synthesis.
- Calculations and numeracy for nursing practice.
- Knowledge of voluntary agencies, care pathways.
- Understanding of the common trajectories of life-limiting conditions.
- Understanding of the impact that psychological responses, social stressors and spiritual dimensions or pathological responses to loss may have on the mental health and decision-making of the person with a life-limiting condition and their family and take this into account in care planning.
- Understanding of the principles and philosophy of palliative care for a person with a life-limiting condition as applied to the relevant nursing division.
- Education for people with life-limiting conditions and their families, carers and professional colleagues.
- Knowledge, empathetic communication and emotional support for those with life-limiting conditions.
- Awareness of the specialist palliative practitioner's role in supporting colleagues in health and social care services to provide a palliative care approach to those with a life-limiting condition.
- Principles of quality and safety – theories of improvement science.
- Clinical audit of and measurement for quality.
- General principles of risk assessment and safety management.
  - risk factors in risk events
  - models of managing risk
  - positive risk-taking
  - legal and ethical implications of risk assessment and management
  - ethical concerns in managing risk and safety management.

Life and health sciences (applied)

Knowledge and appreciation of the human body's structure and function across the lifespan from the health and life sciences as applied to nursing practice situations.

- Structure and function of the human body across the lifespan.
- Principles of human anatomy – cells, major organs and body structures.
- Anatomy of the respiratory, cardiovascular, musculoskeletal, gastrointestinal, hepatobiliary, endocrine, reproductive, immune, nervous, urinary and integumentary systems.
- Principles of human physiology – cell function, major organs, glands and bodily systems, psychoneuroimmunology, biological basis of pain.
- Physiology of the respiratory, cardiovascular, musculoskeletal, gastrointestinal, hepatobiliary, endocrine, reproductive, immune, nervous, urinary and integumentary systems.
- Principles of biochemistry, genetics, radiology and embryology as applied to nursing practice.
- Principles of nutrition and dietetics – digestion, absorption, metabolism, macro- and micronutrients.
- Principles of pathology and pathophysiology and alterations for a person in relation to functioning, daily activities and nursing needs across the lifespan continuum.
- Principles of microbiology, infection prevention and control, immunology and immunisation and their application to safety of the person in nursing practice.

Pharmacology for nursing practice and healthcare

Knowledge, understanding and skills in the principles of pharmacology and safe administering of medicines.

- Principles of drug therapy – principles of pharmacodynamics (drug action, agonism and antagonism, specificity, side-effects and tolerance); drug interaction; dose response.
- Principles of pharmacokinetics (drug absorption, distribution, metabolism and excretion), therapeutic drug monitoring, adverse drug reactions.
- Neurotransmission, neurotransmitters, and drug actions and general autonomic nervous system (ANS) pharmacology, receptor pharmacology and cell signalling.
- Roles of various health professionals.
- Principles of safe drug administering.
- Drug groups and their application to nursing and midwifery management of service users with a variety of health problems, such as:
  - anaesthetics, antimicrobials, anti-asthmatic drugs, anticonvulsants, antidepressants, anxiolytics and hypnotics, drugs used in the treatment of cardiovascular diseases and other drug groups, local and general anaesthetics

- drugs acting on the Central Nervous System (CNS): pharmacological treatment of anxiety, insomnia, psychotic disorders, depression, epilepsy, pain, and
- drugs in neurodegenerative disease, Central Nervous System (CNS) stimulants, drug dependence and abuse.
- Self-medication – issues of adherence/compliance.
- Nursing/midwifery considerations concerning drug therapy including non-pharmacological interventions for specific service user groups and with various health problems.
- An overview of the principles of medication safety and an introduction to the evidence underpinning safe medication management.
- Principles of nurse prescribing.

Ethics for nursing practice and healthcare

Knowledge and appreciation of ethics, ethical principles and virtues and their application to nursing practice and healthcare.

- Knowledge of the task of ethical reasoning and principles; values and virtues governing nursing practice.
- Ethical guidelines governing the nurse's role.
- Understanding the principles of autonomy, dignity, veracity, justice, equality and privacy within a legal and ethical care framework.
- Applying relevant knowledge from ethical theory to moral challenges in day-to-day nursing practice.
- Ethical research considerations for all service user groups.
- Ethical aspects of data management – data protection and confidentiality of personal data for health service users on information technology devices.
- Practising within a code of ethics in delivering nursing interventions.
- Applying moral sensitivity, imagination, reasoning to ensure ethical decision-making in nursing practice.
- Applying ethical principles to identify and understand poor professional practice, challenge unprofessional behaviour and report abuse.
- Understanding the ethical, legal and professional standards for each nursing division across the lifespan.

Health promotion

Knowledge and appreciation of national and international policies that influence health, healthcare and nursing practice.

- Concepts of health and wellbeing, altered health, disease and disability.
- Understanding the principles of primary health.
- Models and approaches to health promotion, public health and preventative medicine.
- Social, cultural, gender, environmental, political, racial, religious and economic factors affecting the person's health across the lifespan.

- Demographic and epidemiological trends across the health continuum – building a healthier society.
- Contemporary issues in protection and welfare of vulnerable groups across the health continuum.
- Diet, nutrition and health – lifestyle nutrition; healthy eating/nutrition guidelines.
- Contemporary health challenges – obesity, diabetes, cardiovascular disease, cancer, osteoporosis, malnutrition.
- Personal and family lifestyles: promoting healthy lifestyles across the lifespan continuum.
- Measuring health and identifying the healthcare needs of the individual, groups and the public.
- Assessing, planning, facilitating and evaluating healthy life targets in partnership with the person and other healthcare professionals.
- Health promotion policy and policy development.
- The nurse's role in health promotion and education and applying the principles of both to enhance wellbeing in individuals across the lifespan.

Nursing research

Knowledge and understanding of the application of the research process to enhance the evidence base of nursing practice and healthcare.

- Principles of quantitative and qualitative research.
- Research design, data collection and analysis and dissemination of findings.
- Conducting a literature review.
- Knowledge and understanding of principles underpinning ethically sound research methodologies and practices.
- Awareness of, and sensitivity towards, the particular challenges involved in research with vulnerable health service users.
- Familiarisation with protocols and procedures for the ethical approval of research studies.
- Familiarisation with processes involved in demonstrating and assuring the research integrity of completed studies.
- Academic reference conventions – correct citation and avoidance of plagiarism.
- Research process, appraisal and application.
- Critical analysis and application of research studies for health and general nursing practice.
- The nature and construction of evidence to justify and underpin nursing interventions and best practice.
- Delivering effective nursing care based on best practice informed by research, evidence, critical thinking and professional judgment.

Nursing informatics

Principles of informatics, nursing informatics and their application to nursing practice delivery.

- Use of relevant concepts and terminology to support nursing practice delivery within the electronic health record (EHR) and its variants including the patient held record (PHR).
- Relevant information and communication technology to support delivery of evidence informed care including how to access and evaluate web-based information and use of reference management systems.
- Principles of e-health, telemedicine, assistive technology within nursing.
- Principles of using information and communication technologies (ICT) in line with professional and regulatory standards.
- Principles of using ICT applications, in vitro diagnostic medical devices and other mobile or smart devices for delivery of nursing practice and management of associated health information.
- Concepts and terminology of ICT in delivering nursing care.
- Ethical and legal aspects of social media use by healthcare professionals in protecting the confidentiality of health service users.

Psychology as applied to nursing

Knowledge and appreciation of the fundamental principles of psychology as they apply to nursing practice and healthcare across the lifespan.

- A fundamental introduction to psychological theory, research, principles and processes and their application to nursing and healthcare in general.
- This includes:
  - Developmental psychology throughout the lifespan.
  - Principles of learning and behavioural psychology.
  - Principles of sensation, perception, cognition, consciousness, emotion, motivation, and personality.
  - Relationships and family, social, organisational and health psychology, stress management and foundations of biological psychology.
  - The psychological impact of altered health and hospitalisation.
  - The psychosocial basis of pain.
- Specific added emphasis in general nursing on psychology of acute, chronic disorders and disability, and psychology of health promotion.
- Specific added emphasis in children's nursing on psychology of play and interactions in families with children.
- Specific added emphasis in psychiatric/mental health nursing on the psychological basis of mental health and distress, and psychological interventions.
- Specific added emphasis in intellectual disability nursing on the psychology of intellectual disability and psychological aspects of communication with people with an intellectual disability.

- Development of a knowledge base of psychological principles and skills as they apply to nursing should focus on:
  - Acquiring an understanding of psychological aspects of health, nursing care, one's own performance as a nurse, interactions with people using health services and their families, communities, and healthcare organisations.
  - Applying psychology to nursing and healthcare to optimise care provision.

Sociology as applied to nursing

Apply current and relevant knowledge from the social sciences to critique inequalities in health morbidity and mortality, and the sociological dynamics of caring in contemporary society.

- Knowledge of the social sciences relevant to nursing practice situations and settings.
- Sociological perspectives on physical and mental wellbeing, health and resilience.
- Fundamental sociological concepts and terminology: society, culture, norms and the person.
- Sociocultural definitions of health and illness, wellness, ability and disability across the life continuum for persons, families, communities and societies.
- Health behaviour and the influence of culture and social position on a person's experiences of health and altered health.
- Sociology of the family.
- Sociological dynamics that shape caring in contemporary society.
- The person and family in contemporary society: diversity in faith, culture and pluralism.
- Values and beliefs about individuals and groups in contemporary society.
- Professional power and the social construction of health and illness.
- Sociological perspectives on physical and psychological wellbeing, health, ill health and inclusion across the lifespan for persons, families, communities and societies.
- Concepts of stigma, labelling, deviance, normality and compliance in healthcare.
- Inequalities in health and ill health: gender, age, ethnicity, sexual orientation, migration and socio-economic group.
- Globalisation: health, the health continuum and healthcare provision.
- The social context of healthcare: pluralism, social control, power, medical dominance, professions, and medicalisation.

Social policy as applied to nursing

Knowledge and understanding of social policy principles in relation to nursing and healthcare.

- Role of social policy in delivering healthcare.
- Understanding welfare state typologies.
- Recognition of difference and fair redistribution considering issues of equity and social inclusion.
- Relationship between poverty and health.
- Avoiding discriminatory practice: the nurse's role in anti-discrimination.
- Empowerment of vulnerable oppressed minorities: nursing role in advocacy and rights.
- Marginalisation with reference to mental health, race, ethnicity, social class, gender and status.
- The social versus medical perspective on disability.
- Nurse's role nurse in social justice.
- Cultural competency and cultural skills and sensitivity in professional practice.

Domain 4: Communication and interpersonal skills

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

- Exhibiting awareness of self and the impact of personal values, beliefs and feelings.
- Developing personally and professionally in attitude, professional conduct, response and reaction to events, developing coping mechanisms and resilience.
- Principles of communication in a person-centred manner.
- Effective, compassionate, age-appropriate, respectful and non-discriminatory communication.
- Communication that is respectful, equitable and effective in meeting the healthcare needs of minority and ethnic groups with diverse cultural health beliefs and practices, health literacy, communication, language, translation or interpreting needs.
- Development of emotional intelligence for use in health settings.
- Principles of emotional support.
- Respecting professional boundaries.
- Communication technologies to enable persons with communication difficulties to express their needs.
- Principles of reporting, recording and documentation.
- Principles of open disclosure.

- Principles of effective communication with other health and social care professionals.
- Principles of advocacy and negotiation with health and other professionals to ensure the person's rights, beliefs, values and wishes are respected and upheld, developing assertiveness skills.
- Appropriate and inappropriate use of social media by health professionals.
- Corporate communication and corporate identity.

Domain 5: Management and team-working

Using management and team competencies in working for the person's wellbeing, recovery, independence and safety by recognising the collaborative partnership between person, family and multidisciplinary healthcare team.

- Management and healthcare systems
- Principles of collaborative practice and conflict resolution.
- Principles of teamwork.
- Teambuilding and inter professional collaboration.
- Working independently within the team.
- Managing risk safely and accountably in multidisciplinary teams.
- Working effectively across professional and agency boundaries.
- Coordinating, delegating and supervising care in the healthcare team.
- Understanding the roles and responsibilities of other health and social care professionals.
- Advocacy and the multidisciplinary team.
- Helping people exercise rights, uphold safeguards and balance minimal restriction.
- Identifying priorities, time management and team resources for quality care in multidisciplinary teams.
- Collaboration in the multidisciplinary team-working for accountable systems of evaluation and review.
- Principles of human dimensions of change.
- Principles of human factors theory applied to environmental, organisational and human characteristics of work health and safety.
- Principles of dynamics risk assessment and management.
- Principles for promoting a safe environment.
- Principles of audit, quality improvement processes and measuring standards.
- Concepts underpinning a supportive clinical work environment.
- Concepts underpinning an effective teaching and learning environment.

Domain 6: Leadership potential and professional scholarship

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

- Leadership and accountability for effective clinical health and social care.
- Leadership, personal values, beliefs and emotions that affect practice.
- Integration of humanities, social and natural sciences knowledge to inform self-reflective and relational processes of practice and leadership.
- Personal and professional development and the capacity to learn from experience.
- Learning through practice supervision, feedback, reflection and evaluation.
- Principles of coordination, delegation, supervision and monitoring of nursing care provision.
- Constructive use of feedback, supervision and appraisal.
- Principles of personal and professional development through reflection and self-care to enhance resilience and own nursing practice.
- Principles of lifelong learning.
- Principles of reflection in practice.
- Principles of academic writing and presentation of knowledge.
- Legal and professional principles that influence sharing of confidential information with others.
- Principles of effective preceptorship and supervision models.
- Adapting nursing interventions and updating competency in response to dynamically altering health environments and population focus.
- Concept of the political dimensions of nursing and healthcare.
- Principles of health economics, resource allocation and mixed economy of healthcare provision.
- Healthcare demand, intervention evaluation, health capital financing, delivery of health markets, planning, budgeting and financial monitoring.
- Corporate governance in healthcare.
- Principles of transnational migration among health professionals.

2.5 General Nurse Registration Programme

General nursing philosophy

General nursing is a professional, interpersonal caring process that encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities across the health continuum and in all settings by adopting a person-centred approach. General nurses use clinical judgment to guide professional intervention to promote health, prevent ill health and injury, and provide safe care to the person, families, communities and populations. The practice offers holistic care to persons and their primary carers in ever evolving healthcare settings. General nurses promote wellness, health education and self-management to enable people to achieve their maximum potential across the health continuum and lifespan. When people develop ill health or an enduring or life-limiting condition, the focus of general nursing is to encourage healing, growth, recovery and development, to minimise distress and suffering. This involves not only safeguarding the vulnerable but also enabling people to understand and cope with their altered health, its treatment and actual and potential consequences for life.

Fundamental to general nursing practice is an empathetic and collaborative relationship between nurse and person based on trust, understanding, compassion, support and serves to encourage the person to make shared decisions about their care. The general nurse is a safe, compassionate, competent decision maker who accepts personal and professional accountability for their actions, and for lifelong learning through continuing professional development. They are self-directed in seeking out new information, reflecting on activity and identifying new aspects to the role.

2.5.1 Indicative Content

Since healthcare services and work trends are changing continuously, the general nurse must be able to respond effectively to the developing health needs and demands of Ireland's population. As such, the list of topics included in this section is not exhaustive and must be read alongside Section 2.4: Core Indicative Nurse Registration Programme Content for All Nursing Divisions. Together, these indicate the content of the general nurse registration education programme in its range of topics and do not signify the weighting of any curriculum topic.

The content is indicative and allows for the continuing development of subject matter and extension of new knowledge to accommodate emerging trends. Curriculum planners will be expected to demonstrate that the programme is relevant and responsive to most recent policy and legislative changes and for provision of care to all parts of society as population focus demands.

Domain 1: Professional values and nurse conduct

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.

- Nature and ethics of the general nursing profession.
- Principles and definitions of general nursing.
- The development of general nursing including the historical, contemporary, political, social, economic, legal, professional, educational, cultural and international factors influencing its development.
- Sources of nursing knowledge: philosophical and theoretical foundations of key concepts underpinning general nursing practice.

Domain 2: Nursing practice and clinical decision-making

Knowledge and understanding of the principles of delivering safe and effective nursing care by adopting a systematic and problem-solving approach to developing and delivering a person-centred care plan based on an explicit partnership with the person and their primary carer.

- Application of general principles across general nursing.
- The pathological processes of specific diseases and alterations for a person in their functioning, daily activities and nursing needs across the lifespan continuum.
- Understanding of an individual's personal account of the experience of integrated healthcare.
- Cause, treatment, and care of a person experiencing specific diseases.
- Providing informed, evidence-based, safe, and holistic general nursing practice in diverse settings.
- Understanding principles of patient safety, adverse events, near misses and harm prevention.
- Using standardised reporting and safety checklists including early warning scores.
- Sepsis/septic shock – definitions, prevalence, sources, and high-risk groups across the age spectrum.
- National Clinical Guidelines on Sepsis Management (HSE, 2019) – awareness, compliance, multidisciplinary team roles and responsibilities.
- Sepsis as time-dependent medical emergency; systemic inflammatory response syndrome.
- Sepsis detection, recognition, communication and ISBAR (HSE 2022) protocol, early intervention, timely referral to critical care and emergency intervention treatment principles.
- Minimisation of the burden of chronic sequelae.
- Diagnostic criteria for high-risk groups – children, maternal health, emergency department, adult inpatient settings, community/primary care settings, chronic disease groups.

- Pharmacology across the systems.
- Principles of screening and diagnostics and the nurse's role, responsibility and practice.
- Diagnostics, screening, haematology; the nurse's role, responsibility and practice related to diagnostic investigations, methods of treatment including drug therapy, communicable and non-communicable diseases, curative, palliative and terminal aspects of care.
- Principles of general medical nursing.
- Principles of specialist medical nursing.
- Principles of emergency department nursing.
- Medical assessment unit role and function.
- Principles of general surgical nursing.
- Principles of specialist surgical nursing.
- Principles of operating theatre and recovery nursing.
- Intensive care and cardiac care unit nursing.
- Cardiac rehabilitation and stroke recovery.
- Principles of nursing in specialist settings.
- Principles of palliative care; hospice friendly hospitals, cancer surgery, chemotherapy, radiotherapy and other therapies.
- Supporting the person with a life-limiting condition and primary carers through the trajectory of investigations, testing, diagnosis, treatment, care of co-morbidities and adjustment to loss and focus on palliative approach to care.
- Principles of psychosocial approaches to self-management of chronic ill health.
- Managing the person with confusion or delirium in the acute care setting.
- Principles of maternity and neonatal care.
- Principles of nursing children and adolescents in general healthcare settings.
- Principles of nursing people with mental health difficulties and concurrent physical health needs.
- Identifying signs and symptoms of stress, emotional distress and risk of suicidal behaviour.
- Principles of nursing people with a physical, sensory or intellectual disability and concurrent physical health needs.
- Discharge planning and preparing the person and family for domiciliary, community/primary healthcare/family liaison, stepdown care.
- Principles of outpatients, day care and stepdown unit nursing.
- Principles of nursing in community settings; community hospitals, primary healthcare teams, general practice, public health nursing, care pathways.
- Awareness of the range of community, primary healthcare and support agencies for care of the person in their own home.

- Principles of nursing older persons and of services – screening, dementia assessment, family support, community care, community hospitals, inpatient/outpatient assessment, dementia screening, day care, gerontology units, domiciliary care, carer support services, health and social care provision, end-of-life care.
- Elder abuse, neglect principles and interventions.

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.

- General nursing principles applied to all practice settings.
- Applying current theoretical and clinical principles of general nursing to inform care planning, clinical decision-making and nursing intervention.
- Principles underpinning personal hygiene, infection control, monitoring of vital signs, mobility, pain management, care of the unconscious person, pre- and post-operative care, admittance and discharge plan as they apply to the person.
- Principles of teaching, facilitating and promoting recovery and advising people and their primary carer(s) on health lifestyles as relevant to general nursing.
- Principles underpinning provision of evidence-based, safe, and holistic general nursing practice in diverse settings.
- Principles underpinning the observation, assessment, recognition, reporting and response to critical signs of change or deterioration in a person's health status.
- Responding to the changing needs of diverse people, communities and populations in healthcare provision in the general setting.
- Awareness of complementary/alternative therapies for the person in hospital and other appropriate care settings.

Pharmacology

- Pharmacological principles in use of intravenous fluids, blood and blood products.
- Drug calculation skills in using intravenous fluids, blood and blood products.
- Clinical practice guidelines for best practice in blood sampling by venepuncture and peripheral intravenous cannulation.
- Legislative framework underpinning blood sampling by venepuncture and peripheral intravenous cannulation.
- Risk management in blood sampling by venepuncture and peripheral intravenous cannulation.
- Clinical skills practice in blood sampling by venepuncture and peripheral intravenous cannulation.
- Experience of actual or simulated blood sampling by venepuncture and peripheral intravenous cannulation in the practice setting.

Domain 4: Communication and interpersonal skills

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

- Principles of shared decision-making, facilitation and promotion of recovery and empowering the person and their primary carer(s) on health lifestyles relevant to general nursing.
- Statutory regulations governing general internal medical and surgical treatment and nursing intervention, including giving and refusing consent, withdrawal from treatment and of a person's legal capacity.
- Medico-legal aspects of competency assessment and capacity.
- Communication among healthcare teams working with the person whose condition is deteriorating clinically – using early communication processes including ISBAR.
- Ability to be responsible and flexible in meeting the identified needs of the person and primary carer(s) and to integrate these needs into care, discharge planning and support in dying/death.

Domain 5: Management and team-working

Using management and team competencies in working for the person's wellbeing, recovery, independence and safety by recognising the collaborative partnership between person, family and multidisciplinary healthcare team.

- Through careful observation and assessment, recognising, reporting and responding to critical signs of changes or deterioration in a person's health status.
- Principles of the person's safety in health settings, adverse events, near misses and harm prevention as relevant general nursing practice.
- Developing situational awareness – observing and responding to the dynamic interactions between the person, colleagues, resources and the healthcare environment.
- Advocacy skills in the context of management and team function in general nursing.
- Liaison with multidisciplinary team members and agencies: GP, dental, pharmaceutical services, primary healthcare and social services.
- Responding to the ever-changing needs of diverse people, communities and populations in healthcare provision.

Domain 6: Leadership potential and professional scholarship

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

- Being aware of current national and international issues, trends and developments that are relevant to nursing practice.
- Demographic profile and strategic context to healthcare provision in Ireland.
- Contemporary health policy.
- Being self-directed in seeking new information to improve the general nurse's role in the context of health reform programme(s) – role expansion and extension: nurse specialists, nurse prescribing, ionising radiation and nurse-led service developments.
- Develop knowledge of general 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 assist learning and assessment in clinical practice.
- Reflect on one's own learning and identify strategies to address one's needs in general nursing.

2.5.2 Theoretical and Clinical Instruction for General Nursing

Having regard for European Union Council Directive 2013/55/EU

The theoretical and clinical instruction shall comprise no less than 4,600 hours.

Theoretical instruction – no less than a third of 4,600 hours = 1,533.

Clinical instruction – no less than one half of 4,600 hours = 2,300.

Two-thirds of the theoretical content of the educational programme is devoted to nursing studies, a sixth to biological sciences and a sixth to social sciences.

Practice experience is the clinical placement component of a nursing student's undergraduate programme during which they acquire the knowledge, skills, professional values and competencies to join the Register. By working as part of a team, leading a team, and having direct contact with health service users across all health care 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 develop the students' knowledge, skills, professional values and competencies as required to meet the programme outcomes for the particular nursing division. Practice experience must be gained under the supervision of appropriately prepared preceptors 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).

Table 1

NMBI programme requirements for General Nursing	
Essential programme requirements	**No. of weeks**
Theoretical instruction	63
Clinical instruction	45
Internship[4]	36
Total	**144 weeks**

Following any interruption[5] in the educational programme the EB, in partnership with healthcare provider, ensures the student meets the programme requirements.

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[4] Including annual leave
[5] Any leave (other than annual and bank holidays) including sick, force majeure, parental, compassionate and special leave.

Having regard for Council Directive 2OO5/36/EC (V2 Nurse Responsible for General Care, 5.2.1) and 2013/55/EU, the clinical instruction of the programme shall consist of nursing in relation to:

- General and specialist medicine – including emergency department.
- General and specialist surgery – including operating theatres.
- Childcare – children's hospital, child health services, primary care.
- Maternity care – midwifery services.
- Mental health and psychiatry.
- Care of the older person and gerontology – care of older people in residential services, hospital inpatient, other services.
- Community nursing – primary healthcare team, community, public health nursing.

Table 2

Minimum weeks for practice instruction in the educational programme	
Practice instruction	**Minimum No. of weeks**
General and specialist medicine (EU)	18
General and specialist surgery (EU)	18
Care of the older person	6
Primary healthcare and community nursing (EU)	4 (e.g. PHN, Primary care, RN in the community, care of persons with an intellectual disability[6])
Specialist placements	**10 (as specified in placement below)**
Emergency department	2
Operating theatre	2
Childcare and paediatrics (EU)	2
Mental health and psychiatry (EU)	2
Maternity care (EU)	2
Remaining regulated placement	25
Total	**81 weeks (Supernumerary and internship)**

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[6] If feasible and available, experience of persons with an intellectual disability who are medically unwell or with chronic health condition.

All placements included are planned to support curriculum aims and enable students to achieve programme learning outcomes.

Specialist placements must comprise 10 weeks of clinical learning with a minimum two weeks in each identified area. Remaining regulated placements comprising 25 weeks are decided with the curriculum team[7] to achieve programme learning outcomes. These should embrace diverse learning experiences through rotation within the AHCPs so that students can achieve the required competencies. Clinical learning opportunities that occur during remaining regulated placements may alter over time to reflect future strategic changes in health policy and delivery to meet changing health and wellbeing needs of the population served.

All specialist (EU) and primary healthcare placements must be completed during the supernumerary period before students undertake the final 36-week internship that consolidates the completed theoretical learning and supports achievement of clinical competency. The final internship weeks should be conducive to students transitioning to the role of registered nurses and should allow students the opportunity to use their skills such as critical analysis, problem-solving, decision-making, reflective practice, management and abilities essential to the art and science of nursing.

All practice placements must meet the NMBI and educational body's audit requirements.

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[7] The team includes the programme director, allocations officer and student allocations liaison officers for AHCPs.

2.6 Children's Nurse/General Nurse Registration Programme

Children's nursing philosophy

Children's nursing is a professional, interpersonal caring process encompassing autonomous and collaborative care of children, adolescents and their families. It uses a child and family-centred approach in which negotiation of care and participation in that care are central. The children's nurse recognises and values the child's individual physiological, psychological, spiritual, cultural and emotional developmental needs.

The children's nurse demonstrates competency in assessing, planning, delivering and evaluating therapeutic interventions in child health and nursing to work with children and adolescents experiencing acute, enduring health difficulties and life-limiting conditions. They aim to create an environment in which children and their families are involved in decision-making to participate in the care and treatment where appropriate. The children's nurse works with children, adolescents and their families to facilitate child and family empowerment, enabling maintenance/restoration of optimal wellbeing for the child in a needs-led, culturally sensitive and high-quality manner. They can negotiate care delivery with parents in a culturally and socially sensitive that enables parents to determine their level of participation in their child's care. An effective partnership is one where the nurse supports parents and child to develop the knowledge and skills that will support their management of the child's care and promotes health whether at home, in the hospital or other healthcare facility. Children's nurses are mindful of and collaborate with other professionals and services that provide continuity of educational supports for the child or adolescent while they experience altered health.

The children's nurse is a safe, compassionate and competent decision-maker who accepts professional accountability for their actions and for lifelong learning through continuing professional development. The healthcare services and the work trends of children's nurses are changing continuously and they must be able to respond effectively to Ireland's developing health needs and demands.

2.6.1 Indicative Content

The list of topics included in the indicative content is not exhaustive and must be read alongside Section 2.4: Core Indicative Nurse Registration Programme Content for All Nursing Divisions. Together these provide an indication of the content of the Children's Nurse Registration Programme in conjunction with the philosophy statement and indicative content for the General Nurse Registration education programme. These do not suggest a weighting for each curriculum topic. The content is indicative and allows for the continuing development of subject matter and extension of new knowledge to accommodate emerging trends. Curriculum planners will be expected to demonstrate the programme's relevance and responsiveness to the most recent policy and legislative change and care provision to all parts of society as population focus demands.

Domain 1: Professional values and nurse conduct

Knowledge and appreciation of the nature and development of the profession and of the general principles of health and children's nursing and their implications.

- Evolution and development of the children's nurse role.
- Exploration of the professional identity of what it means to be a children's nurse.
- Evolution of the children's nurse role in the context of national/international health reform programmes – role expansion and extension: community outreach, nurse specialists and advanced practitioner, nurse prescribing, ionising radiation and nurse-led service developments.
- Practising within a statutory framework and code of ethics delivering interventions within the children's nurse's scope of practice.
- Promotion and protection of the child/adolescent's welfare and individual rights, those of their parents/guardians, and their incorporation into national/international health care policies.
- Treating the child and adolescent and family/primary carer with dignity, respect, kindness, impartiality and compassion
- Principles of child- and family-centred care.
- Using a child and family-centred philosophy in which each child with healthcare needs and their family are valued and engaged.

Domain 2: Nursing practice and clinical decision-making

Knowledge and understanding of the principles of delivering safe and effective nursing care by adopting a systematic and problem-solving approach to developing and delivering a person-centred care plan based on an explicit partnership with the person and their primary carer.

- Recognition of each child as an individual with unique characteristics, capabilities, needs and wishes.
- The unique world of children and families and nursing responsibility/practice for children in diverse healthcare settings.
- Acknowledging and supporting a child and adolescent's unique responses to and experience of health, altered health, frailty, ability and health-related life events in whatever environment or circumstances the nurse is intervening.
- Support of the child, adolescent and family for autonomy and self-management of health for recovery, health maintenance and promotion of optimal health and functioning.
- Acting as an advocate for the child, adolescent and family while accessing services in a range of healthcare settings.
- Nursing the child, adolescent and their family in a changing society: diversity in faith, culture and social norms.
- Respecting the privacy and confidentiality of the child/adolescent receiving healthcare.

- Understanding of a child's or adolescent's or family member's account of the experience of altered health.
- Use of a model/framework to guide systematic assessment of the child to identify health and nursing needs and develop a child-centred care plan.
- Recognise, assess, report and respond to critical signs of deterioration in a child's or adolescent's health.
- Assess, deliver and evaluate therapeutic goals, nursing interventions and treatment modalities in child health and nursing for children and adolescents experiencing diverse health problems.
- Nursing practice relating to performing, assisting, supporting, educating and rehabilitating the child/adolescent in healthcare, community and family/domestic settings.
- Applying evidenced-based best practice in children's nursing.
- Empowering and helping children and adolescents to achieve, maintain or recover optimal health, self-management of long-term health issues and live as part of a positive network of family and local support.
- Awareness of complementary therapies for children with altered health.
- Ability to be responsible and flexible in meeting the child/adolescent's and family's identified needs and to integrate these into discharge planning and support in end-of-life care.
- Responding to the changing healthcare and nursing needs of children and adolescents.
- Awareness of the range of community, primary healthcare and support agencies for the child and family in community settings.
- Safe and informed children's nursing practice in primary, emergency, acute and chronically ill, palliative and end-of-life settings.
- Understanding the principles, philosophy and application of a palliative care approach to meet the needs of children/adolescents with life-limiting conditions, and their families.
- Understanding the principles of care for a child with a mental health condition in the acute care setting.
- Assisting the child's transition to adolescent care with specific education/training; preparing the child and family for transition with appropriate support/documentation.
- Care, treatment approaches and service provision in child and adolescent mental health.
- Legislation for child and adolescent healthcare in Ireland.
- Distress, emotional, behavioural or relationship factors in childhood.
- Caring for the child and adolescent with specific mental health difficulties.

Domain 3: Knowledge and cognitive skills (Additions to core indicative content)

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.

- Organisation of child health services from a national and international perspective.
- Changing national and international trends in child health.
- Health and social policy in child healthcare.
- Issues, trends and developments nationally and internationally in children's nursing.

Health science and applied principles in nursing

- Anatomy, physiology, biochemistry and pathophysiology for children across the health continuum.
- Differences in anatomy, physiology, biochemistry and pathophysiology between children and adults that affect health and ill health.
- Principles of genetics, embryology, microbiology, infection control, nutrition and pharmacology in the context of growth and development for children and adolescents.
- Ill health in the developing child, for example how the dynamic state of development affects presentation, management and coping with altered health in childhood.

Health promotion

- The role of the children's nurse in health promotion for children and their families.
- Social, cultural, gender, environmental, political and economic influences on foetal, child and maternal health.
- Applying the principles of health education/promotion to children and families in primary/community and acute care settings.
- Knowledge of demographic and epidemiological trends in health and altered health in children.
- National and international measures to protect and promote child health (immunisations).

Sociology as applied to nursing

- Sociology principles applied to children and their families (for example sociology of childhood, family, adoption and fostering, mental health, health inequalities, gender inequalities, child abuse/neglect, substance abuse).

Psychology as applied to nursing

· Understanding of developmental psychology and implications of key theories of attachment, moral, emotional/cognitive/social development for supporting the ill child.

· The importance of play/therapeutic play in childhood and its role in mitigating the negative effects of separation, hospitalisation and treatment for children with acute and chronic altered health in hospital and community settings.

· Apply communication theory to children and adolescents in the context of healthcare.

Ethics as applied to nursing

· Ethical issues relevant to children and families in healthcare.

· Application of ethical principles and related legislation within the context of caring for children and families including, but not exclusively, autonomy, best interests, competency to assent/dissent and decision regarding initiation and withdrawal of treatment in ethically and legally challenging situations.

Nursing research

· Understanding of evidence-based practice and the research process.

· Ethical considerations in undertaking research with children and/or their families.

· Analysis and evaluation of research findings for children's and general nursing practice.

Nursing informatics

· Understanding the application of information and communications technology in children's healthcare.

Domain 4: Communication and interpersonal skills

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

· The role of interpersonal communication skills and their application to children, adolescents and their primary carers at all lifespan phases.

· Development of age appropriate interpersonal, cross cultural and communication techniques and skills essential for therapeutic relationships with clients and adolescents according to age, ethnicity, ability (including cognitive ability) and health status.

· Building therapeutic alliances with children, adolescents and their families to facilitate child and family empowerment and involvement in care delivery to their child.

· Developing situational awareness – observing and responding to the dynamic interactions between children and adolescents in health services, colleagues, resources and the healthcare environment.

- Integration and application of knowledge of child development and/or concepts of ill health on the child's ability to effectively communicate their needs in healthcare setting.
- Self-awareness and exploration of the impact of personal beliefs, values, attitudes and feelings on interactions between children, their families and other healthcare professionals.

Domain 5: Management and team-working

Using management and team competencies in working for the person's wellbeing, recovery, independence and safety by recognising the collaborative partnership between the person, family and multidisciplinary healthcare team.

- Knowledge of challenges to prioritising, coordinating, delivering and evaluating healthcare for child and family in a range of healthcare settings.
- Advocacy when working in an interdisciplinary setting.
- Knowledge and skills of effective team functioning to ensure safe and proficient coordination and delivery of care for child and family.
- Principles of promoting a safe environment and management of risk for child and family in healthcare settings.
- Working with the family, child and adolescent with general medical, surgical or specialist healthcare needs to access primary and community services through discharge planning.
- Liaison with other multidisciplinary team members and agencies: GP, dental, pharmaceutical services, primary healthcare and social services, Child and Adolescent Mental Health Services, intellectual disability services.

Domain 6: Leadership potential and professional scholarship

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

- Develop knowledge of children's 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 clinical practice.
- Reflect on own learning and identify strategies to address own learning needs in children's nursing.
- Know the role of the children's nurse in shaping health initiatives and promoting equitable health resources within society.

2.6.2 Theoretical and Clinical Instruction for Children's/General Nursing Integrated Programme

Having regard for European Union Council Directive 2013/55/EU, for general nursing registration programmes

The theoretical and clinical instruction shall comprise no less than 4,600 hours.

Theoretical instruction – no less than one-third of 4,600 hours = 1,533.

Clinical instruction – no less than one-half of 4,600 hours = 2,300.

Two-thirds of the educational programme's theoretical content is devoted to nursing studies, a sixth to biological sciences and a sixth to social sciences.

Practice experience represents the clinical placement component of a student's programme during which they acquire the knowledge, skills, professional values and competencies for entry to the professional register. By working in and leading a team and by being in direct contact with health service users, whether in hospital, community, primary healthcare, residential, domiciliary or other settings, the undergraduate learns the art, science and craft of holistic nursing and health promotion.

All practice placement experience must be selected based on its intrinsic value to further develop the undergraduate's knowledge, skills, professional values and competencies required to meet the programme outcomes for their chosen nursing division. Practice experience must be gained under the supervision of appropriately prepared preceptors and with levels of nursing staff and resources for safe delivery of nursing care to service users. (Adapted from Article 23, Council Directive 2013/55/EU)

Table 3

NMBI programme requirements for Children's Nurse/General Nurse	
Essential programme requirements	**No. of weeks**
Theoretical instruction	75
Clinical instruction	59
Internship[8]	36
Total	**170 weeks**

Following any interruption[9] in the educational programme, the educational body (with associated healthcare providers) ensures the student meets programme requirements.

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[8] This includes annual leave.

[9] Any leave (other than annual and bank holidays) including sick, force majeure, parental, compassionate and special leave.

Having regard for Council Directive 2OO5/36/EC (V2 Nurse Responsible for General Care, 5.2.1) and 2013/55/EU, the clinical instruction of the programme shall consist of nursing in relation to:

· General and specialist medicine – including emergency department.
· General and specialist surgery – including operating theatres.
· Childcare – children's hospital, child health services, primary care.
· Maternity care – midwifery services and neonatal care.
· Mental health and psychiatry.
· Care of the older person and gerontology – older people's care in residential, hospital inpatient and other services.
· Community nursing – primary healthcare team, community, public health nursing.

Table 4

Minimum weeks for practice instruction in the educational programme		
Practice instruction	**Total weeks**	**Minimum breakdown of weeks**
General and specialist medicine (EU)	28	Adult – 14 Child – 14
General and specialist surgery (EU)	28	Adult – 14 Child – 14
Care of the older person	4	4 (community/other)
Primary healthcare and community nursing (EU)	6	4 (e.g., Public Health Nurse, Primary Care, Registered General Nurse in the community) 2 (Care in an intellectual disability service)
Specialist placements	**10**	**As specified in placement below**
Emergency department		4 (Child and adult)
Operating theatre		2 (Child and adult)
Mental health and psychiatry (EU)		2
Maternity care (EU)		2
Remaining regulated placement	19	Adult – 9 Child – 10
Total	**95**	**95 weeks** **(Supernumerary and internship)**

All placements included are planned to support curriculum aims and enable students to achieve programme learning outcomes.

The specialist placements must comprise 10 weeks of clinical learning time. Remaining regulated placements of 19 weeks are decided in partnership with the curriculum team[10] to achieve the learning outcomes. These should embrace diverse learning experiences through rotation within the associated healthcare providers so students can achieve the programme's required competencies. Clinical learning opportunities that occur during the remaining regulated placements may alter over time to align with and reflect future strategic changes in health policy and delivery to meet changing needs of the population served.

All supernumerary and specialist/EU placements must be completed before students undertake the final 36-week internship placement that consolidates the completed theoretical learning and supports achievement of clinical competency in the learning environment.

The final weeks of this placement should be conducive to the student transitioning to the role of registered nurse and should include opportunities to use the skills of critical analysis, problem-solving, decision-making, reflective practice, management and the abilities essential to the art and science of nursing practice.

All practice placements must meet the NMBI and educational body's audit requirements.

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[10] This includes the programme director, allocations officer and student allocations liaison officers for AHCPs.

2.7 Intellectual Disability Nurse Registration Programme

Intellectual disability nursing philosophy

Intellectual disability nursing is a professional, interpersonal process that encompasses autonomous and collaborative care to people of all ages with a variety of abilities and capabilities in health, altered health or wellbeing and in all settings, using a person-centred approach. Nurses in the field hold values such as empathy and listening as incredibly important in enabling them to support and empower people with intellectual disabilities. An ability to see through the eyes of the health service user is highly valued. Of paramount importance to these nurses is vindication of the human rights of each person they care for. This they achieve by doing everything they can to enable the individual to live a quality life.

Registered Nurses in Intellectual Disability (RNIDs) build relationships with service users and families based on principles of human rights, inclusion, advocacy, protection and support for independent living to the maximum degree possible. They support those with an intellectual disability to exercise the same human rights and, in so far as possible, the responsibilities as other members of society. This includes the right to live within the community, to receive services necessary to meet their specialised and changing needs and professional assistance and services to allow recognition, development and expression of their individuality.

The intellectual disability nurse is a safe, compassionate, competent decision-maker who accepts personal and professional accountability for their actions and for lifelong learning through continuing professional development. Their professional education should foster independent thinking, advocacy skills and the ability to comprehensively assess the service user thus enabling them to work as an independent practitioner. Since the healthcare services and the needs of people with an intellectual disability are changing continuously, registered intellectual disability nurses must have the capacity to respond flexibly and effectively to these changes.

2.7.1 Indicative Content

The list of topics included in the indicative content is not exhaustive and must be read alongside Section 2.4: Core Indicative Nurse Registration Programme Content for All Nursing Divisions. It indicates the content of the intellectual disability nurse registration education programme, but in no way suggests the weighting of any curriculum topic. The content allows for the continuing development of subject matter and extension of new knowledge to accommodate emerging trends. Curriculum planners will have to demonstrate that the programme is relevant and responsive to the most recent policy and legislative change and for provision of care to all parts of society as population focus demands.

Domain 1: Professional values and nurse conduct

Sources of nursing knowledge: philosophical and theoretical foundations of key concepts underpinning intellectual disability nursing practice.

- Definitions and conceptualisations of intellectual disability nursing.
- The development of intellectual disability nursing – historical, contemporary, political, social, economic, legal, professional, educational, cultural, and international influences.
- Specialist and advanced practice within intellectual disability nursing.
- Current issues, trends, and developments in national and international intellectual disability nursing.

Professional values and conduct in intellectual disability nursing

- Concepts of person-centred practice, compassion, integrity, caring, accountability, and safety of vulnerable people.
- Recognising each person as having unique characteristics, capabilities, needs and wishes.
- Demographic profile and changing trends in healthcare of persons with an intellectual disability.
- The organisation of voluntary, not-for-profit, for-profit organisations and statutory service provision for people with intellectual disabilities.
- International models of care.
- Education for the person with an intellectual disability.

Domain 2: Nursing practice and practice decision-making

Knowledge and understanding of the principles of delivering safe and effective nursing care by adopting a systematic and problem-solving approach to developing and delivering a person-centred care plan based on an explicit partnership with the person and their primary carer.

Promotion of optimal physical health

- Assessment and delivery of therapeutic interventions, including medication management, working with people with intellectual disabilities and associated sensory, developmental and physical health needs.
- Working with persons with an intellectual disability in diverse roles and settings including a person's home, from intensive physical nursing of those with profound disabilities to supportive guidance in care and support across the lifespan.
- Health assessment and aptitude to carry out comprehensive assessments of the person fostering the capacity of the intellectual disability nurse to work as an independent practitioner.
- Undertaking a range of assessments – developmental, behavioural, health, physical, head-to-toe and developing a comprehensive clinical impression, referral for specialist assessment.

- Taking a comprehensive nursing, medical, social and developmental history and report development.
- Person-centred planning.
- Nursing care intervention skills – assessment, observational and decision-making skills.
- Addressing complex health needs in terms of nutrition, epilepsy, diabetes, medication management, infection control, palliative and end-of-life care, sexuality education, health promotion and how these apply to intellectual disability nursing practice.
- Management of multiple health conditions.
- Understanding the principles, philosophy, and application of a palliative care approach to the needs of a person with an intellectual disability who has a life-limiting condition.
- Health promotion and education skills.
- Sexual health and relationship skills.
- Acting as a clinical decision-maker.
- Empowering the person to access primary, secondary and tertiary health services.

Promotion of optimal mental health

- Mental health related to persons with an intellectual disability, dual diagnosis.
- Services to support people with mental health concerns.
- Liaising with psychiatrists and other mental health staff, implementing behaviour management support plans).
- Dementia assessment and care support planning.
- Dementia care skills.
- Specialist services to support people with dementia including specialist memory clinics.
- Services to support people with autism.
- Assessment of capacity.

Education and training with service users

- Facilitating and empowering the person with an intellectual disability to meet their full potential through partnership in an inclusive, dynamic, and flexible environment across the lifespan.
- Employing play or other educational/development approaches.
- Education skills – teaching, facilitation of learning, group facilitation.
- Skills relating to the assessment, support, and interventions for behaviours that challenge.
- Multi-element behavioural support.
- Feeding, eating, drinking, and swallowing disorder skills.
- Life skills training, life building and support for independent living.
- Person-centred planning skills.
- Services to support community integration skills.

- Providing employment support for people with an intellectual disability; human resources/staffing; budgets.

Education and training with staff or volunteers

- Contributing to education of mainstream health, social care and education staff on the specific and complex health and social care needs of children, adolescents, and adults with an intellectual disability.
- Educating care staff – communication skills, monitoring medication side effects.
- Evidence-based care programmes.
- Health promotion.
- Sexuality and parenting support for people with an intellectual disability.
- Supporting transitions (child to adult and adult to old age services).

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.

Health-related care

- Nursing principles in relation to general health and specialist nursing care for the person with an intellectual disability throughout the lifespan including childhood, education, adolescence, adulthood, employment, palliative and end-of-life care.
- Responding effectively to the developing health needs and rights of people with an intellectual disability to access domiciliary, primary health and mainstream health and social services.
- Activities of living support, enhancing personal safety, promoting self-care, addressing oral and dental health, promoting personal health and healthy lifestyles.
- Practice assessment and management of risk dynamics.
- Recognising, reporting, and challenging abuse, neglect, ill treatment and any practice that exploits, demeans, disrespects, threatens or fails to protect the needs and human rights of vulnerable children and adults with an intellectual disability.
- Legislation including capacity assessment and legislation relevant to intellectual disability nursing practice across the lifespan continuum.

Services to support community integration

- Supporting people with an intellectual disability to exercise the same human rights and, in so far as possible, responsibilities as other members of society.
- Supporting the person to live within the community, to receive services necessary to meet their specialised and changing needs and to live as independently as possible.
- Services within primary care settings.

- Provision of necessary professional assistance and support services to allow recognition, development and expression of each person's individuality.
- Working to improve the person's participation in the community by developing socially valued roles and increased life satisfaction.
- Living full and inclusive lives in the local community and wider society.
- Models of community living for people with an intellectual disability, in-home support, technological supports, accommodation needs assessment.
- Funding models for assisted living, social housing and personal assistance and support packages.
- Person-centred planning, community development and liaison work, providing personal assistance.
- Services to support children with complex disability.
- Adolescent services.
- School to work transition.
- Services to support community integration and community development.
- Services for older persons with an intellectual disability including retirement.
- Services to manage complex medical needs (palliative, end-of-life care).
- Bereavement support services.
- Sexual health and parenting services.
- Acute hospital liaison services.
- Respite and family support services.
- Services to support people in the criminal justice system.
- Specialist health visiting services (community group homes, acute hospitals, and primary care services).
- Services to support community integration and community development.
- Health education and health promotion services.

Domain 4: Communication and interpersonal skills

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

Psychosocial support

- Building relationships with their persons and primary carer(s) based on principles of human rights, inclusion, advocacy, protection and support for independent living to the maximum degree possible.
- Psychosocial interventions such as providing emotional support, enhancing a person's ability to communicate or offering access to complementary therapies.
- Communication, emotional and psychological support, counselling, education
- Family support – liaison with maternity services, genetic screening, parent craft, caring for a child with multiple and complex health and developmental needs, and early intervention services.

- Empathy with and attuning to the person's individual means of communication.
- Recognising and responding therapeutically to the complex behaviour that people with an intellectual disability may use to communicate.
- Statutory regulations governing the rights and supports necessary for effective and compassionate care for a person with an intellectual disability, including giving and refusing consent to intervention and of a person's developmental and legal capacity.
- Development of age-appropriate interpersonal, cross cultural and communication techniques and skills essential for communicating with persons with an intellectual disability, their families and colleagues.
- Working in partnership with people, their relatives and other carers to fulfil life choices and live inclusively to their full potential.

Using assistive technology

- Supporting use of assisted communication devices, electronic monitoring and compensatory assistive devices and technologies to promote independence.
- Communication skills (including augmentative methods).
- Technological supports for people with intellectual disabilities.
- Developing innovative approaches to communication.
- Managing and assessing assistive technology.

Domain 5: Management and team-working

Using management and team competencies in working for the person's wellbeing, recovery, independence and safety by recognising the collaborative partnership between person, family and multidisciplinary healthcare team.

Management and administration

- Advocacy skills in management and team function.
- Organisational skills.
- Administration skills.
- Case management skills.
- Interacting with multidisciplinary team members and agencies, for example services such as GP, dental, pharmaceutical, primary healthcare and social, housing, social welfare meetings, liaising with external agencies, supervising other staff activities, negotiating with other skills/employment/ jobs agencies for access to supported employment, vocational training, sheltered work.

Safe practice

- Principles of safe practice and working safely.
- Evidence-based and safe nursing care.
- Understanding limitations and risks in nursing interventions, including psychological and medical treatments.
- Awareness of own 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, and personal safety.

Domain 6: Leadership potential and professional scholarship

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

Advocacy

- Working with the child and adolescent with an intellectual disability to access education in pre-school, primary, secondary, vocational and higher education to their full potential.
- Promoting service user autonomy, facilitating participation by families and people with an intellectual disability.
- Contributing to developing service plans for persons with an intellectual disability and complex health needs living in the community.
- Community development such as building support mechanisms in the community.
- Home and hospital care management and communication.
- Contributing to/shaping the future of disability provision, health and social care policy, health screening and database, and data protection for vulnerable adults and children with disabilities.

Standards and Regulations

- Preparation for meeting standards and regulations.
- Health Information and Quality Authority (HIQA) Standards, the NMBI Code, national reports on autism, respite care, congregated settings, and new directions.
- Ensuring compliance with standards and regulations.
- Measuring nursing and services quality.
- Evidence-based practice methods.

Self-direction

- Develop knowledge of intellectual disability 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 facilitation of learning and assessment in practice.
- Reflect on own learning and identify strategies to address one's own learning needs in the context of intellectual disability nursing.

2.7.2 Theoretical and Clinical Instruction for Intellectual Disability Nursing

Having regard to Nursing and Midwifery Board of Ireland decision to apply the provision of European Union Council Directive 2013/55/EU to Intellectual Disability Nursing

The theoretical and clinical instruction shall comprise no less than 4,600 hours.

Theoretical instruction – no less than a third of 4,600 hours = 1,533.

Clinical instruction – no less than a half of 4,600 hours = 2,300.

Two-thirds of the educational programme's theoretical content is devoted to nursing studies, a sixth to biological sciences and a sixth to social sciences.

Practice experience is the clinical placement component of the student's undergraduate programme during which they acquire the knowledge, skills, professional values and competencies required for entry to the Register. By working in and leading a team and by being in direct contact with health service users – in hospital, community, primary healthcare, residential, domiciliary or other settings – the undergraduate learns the art, science and craft of holistic nursing and promotion of health.

All practice placement experience must be selected on the basis of its intrinsic value to further the undergraduate's development in those knowledge, skills, professional values and competencies required to meet programme outcomes for the particular nursing division. Practice experience must be gained under the supervision of appropriately prepared preceptors and with levels of nursing staff and resources for safe delivery of nursing care service users. (Adapted from Article 23, Council Directive 2013/55/EU)

All supernumerary and specialist/EU placements must be completed before students undertake the final 36-week internship placement that consolidates the completed theoretical learning and supports the achievement of clinical competency in the learning environment. Following any interruption in the educational programme, the educational body along with associated healthcare institutions ensure the student meets programme requirements.

The final weeks of the student's internship clinical placement should be conducive to the students making the transition to the role of Registered Nurse and should include opportunities to utilise the skills of critical analysis, problem-solving, decision-making, reflective practice skills and the abilities essential to the art and science of nursing, while managing care.

Table 5

NMBI programme requirements for Intellectual Disability Nursing	
Essential programme requirements	**No. of weeks**
Theoretical instruction	63
Clinical instruction	45
Internship[11]	36
Total	**144 weeks**

Following any interruption[12] in the educational programme, the educational body (with associated healthcare providers) ensures the student meets programme requirements.

Table 6

Minimum number of weeks in different aspects of practice instruction during educational programme	
Practice instruction	**Minimum No. of weeks**
Child's health and social development	8
Health and social development of adult including care of older person	30
Specialist intellectual disability nursing	12 (Clinical Nurse Specialist (CNS)/ Advanced Nurse Practitioner (ANP) nurse-led services, behaviours that challenge)
Nursing of service user groups in other settings	6 Minimum 2 weeks each in: · General nursing · Mental health nursing · Care of the older person
Remaining regulated placement	25
Total	**81 weeks** **(Supernumerary and internship)**

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[11] This includes annual leave.

[12] Any leave (other than annual and bank holidays) including sick, force majeure, parental, compassionate and special leave.

All placements included are planned to support curriculum aims and enable students to achieve programme learning outcomes.

Remaining regulated placements of 25 weeks are decided in collaboration and partnership with the curriculum team[13] and should embrace diverse learning experiences by rotating within the associated healthcare providers so that students achieve the required programme competencies. The practice learning opportunities during the remaining regulated placements may alter over time to align with and reflect future strategic changes in health policy and delivery to meet the population's changing health and wellbeing needs.

All supernumerary placements including nursing of service user groups in other settings and specialist placements must be completed before students undertake the final 36-week internship placement. This consolidates the completed theoretical learning and supports achievement of clinical competency in the learning environment. Following any interruption in the educational programme the education body and associated healthcare institutions ensure the student meets the programme requirements.

The final weeks of the internship clinical placement should be conducive to students transitioning to the role of the registered nurse and should include opportunities to use the skills of critical analysis, problem-solving, decision-making, reflective practice and abilities essential to the art and science of nursing, while managing care.

All practice placements must meet the NMBI and education body's audit requirements.

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[13] This includes the programme director, allocations officer and student allocations liaison officers for AHCPs.

2.8 Psychiatric/Mental Health Nurse Registration Programme

Psychiatric/Mental Health Nursing Philosophy

The following philosophy statement reflects the values and principles underpinning psychiatric/mental health nursing.

A recovery-oriented approach

Psychiatric or mental health 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 they 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 recovery journey. The service user's voice and experience through connective guided discovery is fundamental to mental health nursing. The nurse's role is to travel with the person through their time of distress, crisis and difficulty, supporting them towards positive mental health, hope, social inclusion and the capacity to find meaning in their experience and make life choices. Psychiatric/mental health nurses demonstrate skilled assessment and therapeutic interventions and work with people experiencing mental health difficulties in a manner tolerant of diversity and respectful of personal meaning and choice.

Respect and dignity for the service user

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

Providing service user-centred care

The psychiatric/mental health nurse focuses on meeting an individual's needs by working 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/mental health nursing include building a supportive dialogue of engagement with each person and using 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/mental health nursing is to provide a supportive consistent presence for the person facilitating 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 though 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 their actions and for a lifelong learning journey and continuing professional development. Since the context of healthcare delivery and evidence to support professional practice are changing continuously, the psychiatric/mental health nurse must be able to engage effectively to meet the population's mental health needs and demands.

2.8.1 Indicative Content

The list of topics included in the indicative content below is not exhaustive and must be read with Section 2.4: Core Indicative Nurse Registration Programme Content for All Nursing Divisions. It indicates the content range of the psychiatric/mental health nurse registration education programme and no indication of the weighting of each curriculum topic. 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 to the most recent policy and legislative change and for providing care to all parts of society as population focus demands.

Domain 1: Professional values and nurse conduct

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 using 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/beliefs and professional pessimism.

Safe Practice

- Principles of safe practice and working safely.
- Evidence-based and safe nursing care.
- Understanding limitations and risks of 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 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 in 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.
- 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 by adopting a systematic and problem-solving approach to developing and delivering a person-centred care plan based on an explicit partnership with the person and their 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 challenges and limitations of involvement.

Promotion of practice innovation and decision-making

- Promoting mental health and wellbeing across the lifespan.
- Evidence-based interventions for preventing of detecting and early intervention in mental health difficulties
  - Maximising service user involvement through new innovations, for example technology.
  - Social inclusion, community integration and access to community resources.
  - Enhancing the health and wellbeing 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.
- 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 its site and nature, 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/illness, treatments, services and recovery.
- The environment's role and its effect on mental health in populations.
- Demographics and changing trends in care of persons with mental health difficulties, healthcare economics and mental health.
- Cost effectiveness in mental healthcare.
- Quality in mental healthcare.
- 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.
- Range of mental health, distress and 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 healthcare.
    - 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 in 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/personality disorder and suicidal behaviour.
- Awareness of the empirical evidence base for nursing and psychiatric interventions.
- Ability to explain and discuss with service users/family/other members of the Matthew rationale for selection of different treatments, including recommended care pathways for common psychiatric conditions, behavioural and lifestyle changes and medication usage.
- Factors affecting 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 healthcare across hospital, community and primary care services.
- Complementary approaches to 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 health.
- Human resilience, strength and knowledge.

- Working constructively with trauma and crisis.
- Role of the service user movement.

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

- Interconnectedness of practice, cultural, legal, and ethical principles in mental healthcare across the lifespan.
- Active protection of service users' rights.
- Ensuring the needs of those with mental health difficulties are protected under the protocols to do with human subjects in research.
- Disparity in access to mental health systems.
- Resources inequity.
- Discrimination and mental 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 treating mental health difficulties.
- Nurse's role in managing pharmacological interventions used in treating mental health difficulties in hospital and community settings.
- Monitoring the impact of medication and potential adverse drug reactions.
- Education of service users in 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 linked to severe mental health difficulties.
- Physical assessment and care planning for bodily health in a specific mental health context.
- Identifying barriers to physical care.
- Addressing deficits and deterioration in physical status using appropriate monitoring and knowing when and how to screen for physical health issues and act on deteriorating bodily 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 their full potential via partnership in an inclusive, dynamic and flexible environment across the lifespan.
- Role of the psychiatric/mental health nurse in community healthcare.
- Legal aspects 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 inter professional teams within accountable systems for evaluation and review.
- Supporting clients in achieving an optimal level of functioning in the community.
- Family's role in treatment and social inclusion in the context of community mental health.
- Healthcare policy relevant to community mental healthcare.
- Concepts and models of community mental healthcare, working and treatment.
- Voluntary and non-voluntary admittance to and discharge from mental health facilities.
- Mental health nurse's role in assessing and managing risk in mental healthcare.
- Knowing the components of a comprehensive risk assessment (for self-harm, suicide, violence, absconding, falls, physical health risks).
- Risk in acute mental illness/ distress and its influence.
- Vulnerable clients and risk.

Working with people with enduring mental health difficulties

- Understand a service user's experience of an enduring mental health difficulty.
- Engaging people with enduring mental health difficulties.
- Assessing needs of service users and carers with an enduring mental health difficulty.
- Helping service users and families to cope with enduring mental health difficulties using recovery-oriented approaches.

Working with the older person

- Mental health and healthy ageing.
- Mental health difficulties affecting the older person.
- Mental health nurse's role in caring for older people with mental health difficulties living in a variety of settings.
- Statutory and voluntary organisation role in older adult care.
- End-of-life care and understanding of the principles, philosophy, and application of palliative care approaches for 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 child and adolescent healthcare 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 to achieve 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 particular disadvantaged groups.
- Care, treatment approaches and service provision in the field of sexual violence.
- Care, treatment approaches and service provision for people with a personality disorder.
- Care, treatment approaches and service provision for people with 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 involved in the criminal justice system.
- Bereavement support services.
- Sexual health and parenting services.
- Diversity and the mental health needs of the LGBTIA+ 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 empathetic 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 medical and behavioural healthcare systems.

· Health-promotion through education, role modelling and effective communication with people who have 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 with mental health difficulties at all points across lifespan, cultures and contexts.

· Understanding the importance of self-awareness and reflexivity in effective relationship-building and facilitation of recovery with service users and their families.

· Role of personal feelings, values, beliefs and attitudes in interactions with service users.

· 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 users, families, and communities and levels of care.

· Responding effectively to anxious or depressed people or those expressing suicidal or self-harming thoughts using therapeutic principles to promote their wellbeing, manage personal safety and resolve conflict.

· Use skills of relationship building and communication to engage with and support people distressed by hearing voices, experiencing distressing thoughts or other perceptual difficulties.

· Impact of abuse and trauma on people's wellbeing.

· Post-traumatic stress.

· Self-awareness and therapeutic use of self in mental health nursing.

· Developing and applying therapeutic relationships with people experiencing mental health difficulties.

· 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 of and reflection on communication skills.
- Identifying choices around 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 healthcare – psycho education, motivational interviewing.
- Psychotherapeutic frameworks/interventions with different service user groups.
- Factors that may influence 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 – principles of cognitive behaviour therapy and dialectical behaviour therapy.

Domain 5: Management and team-working

Using management and team competencies in working for the person's wellbeing, recovery, independence and safety by recognising the collaborative partnership between person, family and multidisciplinary healthcare team.

- Health policy, mental healthcare and the multidisciplinary team.
- Collaborating with other healthcare professionals, service users, families and communities to provide culturally appropriate mental healthcare.
- Recognising power imbalances between professionals and people with mental health difficulties.
- Promoting service user autonomy, facilitating service user and family participation.
- Advocating for appropriate and effective assessment and management of service users' mental health with the multidisciplinary team.
- Managing mental healthcare environments.
- Actions that enhance safety, psychological security and therapeutic outcomes.

Domain 6: Leadership potential and professional scholarship

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

- Individual contribution to leadership, management and design in mental health multidisciplinary teams.
- Exploring the emotional impact on self of working in mental health.
- Reflection and supervision.
- Principles and practice of self-development.
- Role of clinical nurse specialists and advanced nurse practitioner 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 note 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 making both learning and assessment possible in practice.
- Reflect on one's own learning and identify strategies to address own learning needs in psychiatric nursing.

2.8.2 Theoretical and Clinical Instruction for Psychiatric Nursing

Having regard to Nursing and Midwifery Board of Ireland decision to apply the provision of European Union Council Directive 2013/55/EU to Psychiatric Nursing

The theoretical and clinical instruction shall comprise no less than 4,600 hours.

Theoretical instruction – no less than one third of 4,600 hours = 1,533.

Clinical instruction – no less than one half of 4,600 hours = 2,300.

Two-thirds of the educational programme's theoretical content is devoted to nursing studies, a sixth to biological sciences and a sixth to social sciences.

Practice experience is the clinical placement component of a student's undergraduate programme during which they acquire the knowledge, skills, professional values and competencies required for entry to the professional register. By working in – and leading – a team and by being in direct contact with health service users, in hospital, community, primary healthcare, residential, domiciliary or other settings, the undergraduate 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 student's development of the knowledge, skills, professional values and competencies required to meet the programme outcomes for the particular nursing division. Practice experience must be gained under the supervision of appropriately prepared preceptors and with levels of nursing staff and resources for safe delivery of nursing care to service users. (Adapted from Article 23, Council Directive 2013/55/EU)

Table 7

NMBI programme requirements for Psychiatric Nursing	
Essential programme requirements	**No. of weeks**
Theoretical instruction	63
Clinical instruction	45
Internship[14]	36
Total	**144 weeks**

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[14] This includes annual leave.

Following any interruption[15] in the educational programme, the educational body (with associated healthcare providers) ensures the student meets programme requirements.

All supernumerary and specialist/EU placements must be completed before students undertake the final 36-week internship placement that consolidates the completed theoretical learning and supports the achievement of clinical competency in the learning environment. Following any interruption in the educational programme the educational body alongside associated healthcare institutions ensure the student meets programme requirements.

The final weeks of the internship clinical placement should be conducive to students transitioning to the role of registered nurse and should include opportunities to use the skills of critical analysis, problem-solving, decision-making, reflective practice and the abilities essential to the art and science of nursing.

Table 8

Minimum weeks for practice instruction in the educational programme	
Practice instruction requirements	**Minimum No. of weeks**
Mental health nursing	36 (Acute, community, recovery and other mental health services)
Mental health in older life	6 (Psychiatry of later life/older person care)
Specialist mental health nursing	8 (Services such as Clinical Nurse Specialist/Advanced Nurse Practitioner nurse-led, drug/alcohol dependence, forensic/prison medical, child and adolescent, suicide/self-harm prevention, homeless team, perinatal, voluntary agencies, dual/complex needs, other.) Not inclusive of possible specialist mental health settings. Students may see some but not all such environments.
Nursing of service user groups in other settings	6 (4 - general nursing and 2 other including care of those with an intellectual disability, midwifery)
Remaining regulated placement	25
Total	**81 weeks** **(Supernumerary and internship)**

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[15] Any leave (other than annual and bank holidays) including sick, force majeure, parental, compassionate and special leave.

All placements included are planned to support curriculum aims and enable students to achieve programme learning outcomes.

The remaining regulated placement of 25 weeks is decided alongside the curriculum team[16] and should embrace the diverse learning experiences, by rotation in associated healthcare providers, to enable students to achieve the programme's required competencies. Practice learning opportunities that occur during these final placement weeks will align with and reflect those naturally occurring changes in the Irish health services as they evolve to meet the health and wellness needs of the population they serve.

All care of service user groups in other placements (six weeks) and the specialist placements (eight weeks) must be completed during the supernumerary period before students do the final 36-week internship. The six-week mental health in older life placement may take place either during the supernumerary *or* internship period.

This consolidates the completed theoretical learning and supports the achievement of clinical competency in the learning environment. Following any interruption in the educational programme the EB along with AHCPs ensure the student meets programme requirements.

The final weeks of the internship should be conducive to students making transitioning to the role of registered nurse and include opportunities to use skills of critical analysis, problem-solving, decision-making, reflective practice and the abilities essential to the art and science of nursing.

All practice placements must meet the NMBI and education body's audit requirements.

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[16] This includes programme director, allocations officer and student allocations liaison officers for AHCPs.

03

Programme Delivery Standards for Education Bodies and Associated Health Care Providers

This section sets out the requirements for education bodies and the AHCPs delivering nursing registration programmes. Approved programmes must meet certain standards and requirements. Once approved, a programme moves to the monitoring phase.

Programme Monitoring

Programme monitoring, following Board approval, aims to ensure ongoing compliance with the standards and requirements. It comprises three elements:

Site Inspections

The Board will inspect approved education and training bodies at intervals not exceeding five years to ensure ongoing compliance with relevant standards and requirements. Site inspections involve completion of a self-assessment audit by the education body, a site inspection team visit to that body and a review of all programmes leading to registration in any division of the Register, and specialist programmes not leading to registration. The inspection includes a visit to a sample of AHCPs linked to the education programmes. Site inspections can be in-person, virtual or a combination of both.

Once the inspection is concluded, the team will prepare a written report setting out its findings and recommendations for the Education, Training and Standards (ETS) Committee. The ETS Committee can recommend approval, with conditions, of a site inspection report to the Board. The Board makes the final decision. Site inspection reports are published on NMBI's website, www.nmbi.ie.

Annual Reports

All education bodies with their partner AHCPs must submit a report to NMBI every June on continued compliance of their programme(s) with standards and requirements and an update on any conditions the Board may have imposed. Annual reports are not published. However, compliance with conditions imposed at initial approval or as a site inspection outcome will be published on the website as an update/addendum to the previously published site inspection report that sets out the conditions to be met.

Notification of Proposed Material Changes

An approved education body delivering an education and training programme must notify NMBI of any proposed material curriculum changes and receive approval for them before implementation.

Requirements have been broken down into the following categories:

- **Education body requirements**
    Category 1: Student admittance and progression
    Category 2: Governance and management
    Category 3: Practice placements

- **Programme requirements**

  Category 4: Curriculum

  Category 5: Assessment

- **Associated healthcare provider requirements**

  Category 6: Clinical learning environments

- **New providers/new programme requirements**

  Category 7: New provider/new programme requirements

Please note: The education body (EB) must provide evidence for each requirement, or where both education body and associated health care provider (AHCP) are noted it is a joint responsibility.

Education Body Requirements	
1. Student Admittance and Progression	
1.1	Clear and comprehensive programme information is available for prospective students.
1.2	Admittance requirements are in line with those specified by the NMBI and detail procedures for recognition of prior learning and other inclusion mechanisms.
1.3	Criteria for student progression through and successful completion of the programme are explicit and made known to students at the programme's outset.
1.4	Attendance requirements for students are specified and procedures are in place to monitor their attendance. Procedures to address non-compliance with attendance requirements are available. (EB & AHCP)
1.5	Supports for students in relation to academic or personal guidance or practical supports are available and made known to students at the outset of the programme.
1.6	Learning supports including reasonable accommodations are available to students who need them. (EB & AHCP)
1.7	Procedures are documented for students transferring to or from another education body to ensure they meet all programme requirements. These procedures ensure collaboration between education bodies.
1.8	Procedures for a student exiting a programme before completion are explicit, including exit awards if appropriate.
1.9	Procedures are in place to inform the NMBI, in writing, annually of student(s) who leave before programme completion.
1.10	Records of student retention, progression and completion rates, conferring of academic awards and graduate first destinations are maintained and reviewed.

2. Governance and Management

2.1	There is a signed Memorandum of Understanding (MOU) between the education body and each of its associated health care providers. (EB & AHCP)
2.2	The school of nursing/department and individual programmes are subject to periodic quality reviews.
2.3	Programmes are subject to annual monitoring by the external examiners process.
2.4	An annual report, including all NMBI approved programmes and prepared in partnership with the AHCPs, is submitted to NMBI by 30 June each year. (EB & AHCP)
2.5	The management structure supporting programme(s) delivery is explicit. It includes the named person with lead responsibility that holds appropriate academic and professional nursing qualifications and experience.
2.6	The education body demonstrates financial planning and resource allocation to support the delivery of the programmes for a rolling 5-year period.
2.7	Staffing allocations to support programme delivery are maintained at the following staff to student ratios: academic staff 1:20; allocations liaison officer 1:50; nurse practice development coordinator (minimum of 1); and clinical placement coordinator 1:30. (EB & AHCP)
2.8	Teaching and learning resources and facilities support programme delivery.
2.9	A local joint working group including representatives of key stakeholders from the education body and AHCPs, from acute and community settings, is in operation. (EB & AHCP)
2.10	Staff have opportunities to develop their teaching and learning skills and deepen their knowledge in their areas of expertise. (EB & AHCP)
2.11	Formal grievance, complaints and appeals policies are available and made known to students.
2.12	Arrangements are in place with Erasmus and international host institutions that comply with NMBI standards and requirements and do not exceed 13 weeks' placement duration.
2.13	There is public and service user involvement in the review and evaluation of programmes by the education body.
2.14	The education body and AHCP operate a fitness to practise mechanism for the protection of the public. (EB & AHCP)
2.15	The education body and AHCP have processes in place to support students with health problems. (EB & AHCP)

3. Practice Placements

3.1	New practice placement sites are audited for suitability as quality learning environments that will support achievement of the learning outcomes before students begin their placements. Notification is included in the annual report submitted to the NMBI. (EB & AHCP)
3.2	Existing practice placement sites are subject to 5-year cyclical audits, or when significant clinical changes occur, to ensure their continued suitability as quality learning environments for students. (EB & AHCP)
3.3	Processes are in place for students to evaluate and provide feedback on practice placements. (EB & AHCP)
3.4	Procedures are in place for students to raise concerns about the perceived safety of a practice placement and follow up with relevant clinical partners. (EB & AHCP)
3.5	Fair and transparent systems are in place for the allocation of students to practice placements. (EB & AHCP)
3.6	Where a student is being supervised by health and social care professionals, the setting and achievement of learning outcomes is monitored by a registered nurse.

Programme Requirements

4. Curriculum

4.1	Curriculum development processes ensure the programme meets all statutory and regulatory requirements of the NMBI and the European Directives for nurse registration education programmes. (2013/55/Recognition of Professional Qualifications)
4.2	The programme meets the requirements of the relevant award on the National Framework of Qualifications. (NFQ)
4.3	Safety of the person and protection of the public are fundamental, explicit and continuing programme components.
4.4	The curriculum model chosen is dynamic, flexible and evidence-based and uses a range of teaching and learning strategies.
4.5	The curriculum is comprehensively and systematically documented and in line with the programme learning outcomes and domains of competency specified in Section 2 of the relevant programme standards and requirements.
4.6	Clinical placements are integral to the programme.
4.7	The curriculum embeds a culture of professionalism and ensures students understand the implications of professional regulation including adherence to NMBI's *Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives*
4.8	Module descriptors identify the aims, learning outcomes, European Credit Transfer System (ECTS) credits, indicative content, student contact hours, student effort/self-directed learning hours and assessment strategy.

4.9	The curriculum demonstrates a balance between theory and practice leading to the development of reflective practitioners.
4.10	The curriculum development team is led by academic staff who are registered nurses in the relevant division of the Register and comprises representative members of key academic and clinical stakeholders.
4.11	Registered nurses with appropriate professional and academic qualifications and teaching experience deliver the nursing modules.
4.12	The curriculum articulates opportunities for intentional, shared, inter professional learning designed to enhance collaborative practice with other healthcare professionals.

5. Assessment

5.1	The assessment strategy ensures students meet all required theoretical and clinical learning outcomes before they can progress to the next stage or complete the programme.
5.2	The selection of assessment techniques assesses achievement of learning outcomes at both module and programme level.
5.3	Students are informed of assessments employed for their programme and about requirements for progression, including grading criteria.
5.4	Policies governing absence, failure to submit assessment work, non-attendance at examinations, mitigating circumstances, repeat arrangements, appeals procedures are explicit and available to students and staff.
5.5	Processes are in place for early detection and feedback on student performance and supports are available for students at risk of not progressing.
5.6	The assessment strategy for the programme makes clear that compensation between theoretical and clinical practice components is not allowed.
5.7	External examiners appointed to the programme are appropriately qualified and experienced.

Associated Healthcare Provider (AHCP) Requirements

6. Clinical Learning Environments

6.1	The clinical learning environment (CLE) audit is completed and available for review. (EB & AHCP)
6.2	Learning outcomes are specific to the practice placement environment and developed collaboratively by clinical and academic staff. Learning outcomes are aligned to programme stage. (EB & AHCP)
6.3	Each student is allocated a named preceptor and associate preceptor while on practice placement. The preceptor or associate preceptor is available to supervise and assess the student for two-thirds of their time on placement.

6.4	The number of preceptors/associate preceptors/registered nurses in a clinical placement available to students meet the requirements set by the NMBI.
6.5	Practice-based learning is supported by preceptors from the relevant nursing division of the Register and/or have suitable experience.
6.6	Preceptors have completed an NMBI approved competency assessment programme. Preceptors engage in continuing professional development. (EB & AHCP)
6.7	Arrangements are in place for protected time to facilitate practice placement assessments by preceptors.
6.8	Assessment of the achievement of learning outcomes and competency development is undertaken in accordance with the National Competency Assessment Document.
6.9	The student's supernumerary status is explicit for preceptors and students.
6.10	Internship practice placements provide experience of the 24-hour care cycle.
6.11	Students have a minimum of 4 hours protected time for reflection each week throughout the undergraduate programme or as specified in the relevant standards and requirements.
6.12	All placements, including specialist placements, are completed before commencing the 36-week internship placement. (EB & AHCP)
6.13	Evidence-based policies, procedures and guidelines are available to support students in care delivery.
6.14	Practice placements implement relevant NMBI professional guidance documents.

Additional Requirements for New Providers/ Programmes

	These requirements are relevant only to new providers wishing to offer programmes leading to nurse/midwife registration or to existing providers seeking first time approval for a new programme. These must be completed and evidenced in addition to the requirements in sections 1-6.
7.1	There is satisfactory rationale for providing the programme.
7.2	The programme's introduction is supported by relevant stakeholders.

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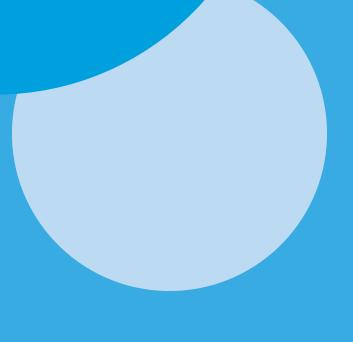
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Cnáimhseachais na hÉireann**

**Nursing and Midwifery
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