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| NMBI |
| Standards for the Approval of the Higher Education Institutions and Associated Health Care Provider Services and Educational Programmes Leading to Registration |
| Self- Assessment Audit Tool |

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| Revised10/10/2017 |

# Name of education provider:

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CONTACT INFORMATION

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| --- | --- |
| EDUCATION PROVIDER |  |
| ADDRESS  |  |
| HEAD OF DEPARTMENT  |  |
| PHONE NUMBER |  |
| EMAIL  |  |
| PROGRAMME CONTACT PERSON  |  |
| PROGRAMME LEADER |  |

PROGRAMME INFORMATION

|  |  |
| --- | --- |
| PROGRAMME TITLE |  |
| Level as per NFQ |  |
| Award Type |  |
| ECTS and Effort Hours |  |
| New Course Submission (Yes/No) |  |
| Re – Approval Submission (Yes/No) |  |
| If re-submission please list changes  |  |
| Course Approved by HEI Academic Council? |  |
| PROGRAMME LENGTHPart Time, Full Time  |  |
| MODES OF DELIVERY |  |
| MODULESNumber of Core ModulesNumber of Optional Modules |  |
| HAS PROGRAMME A CLINICAL COMPONENT? YES/NO |  |

In order to demonstrate that the programme is fit for purpose and meets the criteria for professional approval, the education provider is required to identify and describe the evidence required under each of the indicators as outlined in the table below. Each of the eight headings reflects the criterion and standard statements plus a series of indicators outlined in NMBI (2016) *section 3.2 Standards for the Approval of the Higher Education Institutions and Associated Health Care Provider Services and Educational Programmes Leading to Registration.*

Reference:

NMBI (2016) *Nurse Registration Programmes Standards and Requirements.* 4th edn*.* Nursing and Midwifery Board of Ireland, Dublin.

# 3.2.1 Curriculum Design and Development

**Criterion:**

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

**Standard:**

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

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|  | **Indicators** | **Evidence** | **Reference page** **in Document** |
| 1 | The programme of study is designed as a Level 8 Honours Bachelor’s level on the National Framework of Qualifications (QQI, 2014). |  |  |
| 2 | The curriculum design and development ensures that the programme meets all Nursing and Midwifery Board of Ireland (NMBI) statutory requirements and EU Directives for Nurse Registration Education Programmes. |  |  |
| 3 | The programme demonstrates consistency with the NMBI Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives.  |  |  |
| 4 | The programme of study makes safety of the person and protection of the public an integral, explicit and continuing component within the curriculum. |  |  |
| 5 | The programme of study shows the theme of consultation, collaboration, participation, engagement with the person receiving health care and choice as integral, explicit and continuing components within the curriculum. |  |  |
| 6 | The programme of study demonstrates that the delivery of person-focused nursing care respects the dignity, autonomy, and right of the person receiving care to make health and life choices as integral, explicit and continuing elements with the curriculum. |  |  |
| 7 | Current educational theory, professional nursing knowledge and advances in health care practice, which are evidence/research based, guide curriculum design and development. |  |  |
| 8 | The curriculum development team is led by academic staff who are Registered Nurse Tutors 40 and comprises representative members of key academic and clinical stakeholders in nursing practice. |  |  |
| 9 | The curriculum describes the range of knowledge, competencies, skills and professional attributes designed to assist the development of knowledgeable, competent, reflective practitioners capable of accepting personal and professional accountability for delivering evidence-based practice and for life-long learning. |  |  |
| 10 | The curriculum design reflects various methods of teaching/learning and provides a balance between lectures, tutorials, workshops, small group teaching, interactive learning (e.g. problem-based) demonstrations, practical work and self-directed learning. |  |  |
| 11 | The curriculum articulates opportunities for intentional, shared, interprofessional learning that is designed to enhance collaborative practice with other health professionals. |  |  |
| 12 | Module descriptors identify the ECTS 41 credits, aims, learning outcomes, indicative content, student contact hours, student effort/self-directed learning hours and assessment strategy (-ies). |  |  |
| 13 | The curriculum articulates how the student is enabled to achieve the expected learning outcomes of the programme. |  |  |
| 14 | There is evidence of involvement of persons receiving healthcare in the review and evaluation of the programme and in curriculum development.  |  |  |

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

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

# 3.2.2 Student Entry, Admission, Transfer, Discontinuation and Completion

**Criterion**:

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

**Standard:**

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

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|  | **Indicators** | **Evidence** | **Reference page** **in Document** |
| 1 | Clear and comprehensive information for applicants is available in electronic and hard copy format specifying the programme of study and the application processes. |  |  |
| 2 | Applicants for Nursing must specify one of the four divisions of the Nursing Register at point of entry – General, Children’s/General Integrated, Intellectual Disability or Psychiatric. |  |  |
| 3 | Information clearly specifies entry and programmes requirements in regard to Garda vetting, health screening, vaccinations, occupational health and affidavits or legal declarations |  |  |
| 4 | The mechanism for student admission to the educational programme ensures that the stated entry requirements are met in accordance with institutional policy on equal opportunities for applicants and students 42. |  |  |
| 5 | Flexible modes of entry - for example Mature Students, FETAC, ACCESS, graduate entry - and clear procedures for Approval of Prior Learning (APL) are specified and have been approved by NMBI. |  |  |
| 6 | Information relating to the collection, analysis and use of relevant information on admissions, discontinuation, transfer, non-completion, progression and graduation demonstrates the HEI’s adherence to data protection requirements. |  |  |
| 7 | The conditions for students’ continuing progression and successful completion of the programme are explicit and are made known, in writing, to students at the beginning of the programme. |  |  |
| 8 | The mechanism and conditions for students exiting the educational programme before completion are explicit. |  |  |
| 9 | The Nursing and Midwifery Board of Ireland (Registration Department) is notified in writing of any student who exits the programme prior to successful completion of the programme. |  |  |
| 10 | Following any interruption43  in the educational programme the partnership institutions ensure that the student meets the educational programme requirements as identified by the Nursing and Midwifery Board of Ireland. |  |  |
| 11 | Clear mechanisms for student transfer, withdrawal, discontinuation and eligibility for exit awards are specified. |  |  |
| 12 | Student transfer arrangements ensure that the full requirements of the educational programme leading to registration will be completed in a collaborative manner between HEIs. |  |  |
| 13 | The mechanism whereby records are maintained, demonstrate that each student meets the declared standards of learning outcomes in both the clinical and theoretical components of the programme, and is eligible for registration. |  |  |
| 14 | Eligibility to register with the Nursing and Midwifery Board of Ireland is based on successful completion of the programme and the successful achievement of both the theoretical and clinical practice assessments. |  |  |
| 15 | The HEI maintains adequate records on the completion of the programme, the conferment of academic awards, details of attrition, non-completion, transfers and first employment destinations of graduates.  |  |  |

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

# 3.2.3 Programme Governance and Management

**Criterion:**

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

**Standard:**

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

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|  | **Indicators** | **Evidence** | **Reference page** **in Document** |
| 1 | There is a formal Memorandum of Understanding (MOU) between each HEI and its AHCP(s) describing mutually agreed planned approaches which the parties will adopt and support in order to ensure the programme can reach a successful conclusion.  |  |  |
| 2 | The MOU describes the process each party commits to develop that ensures all stakeholders have a voice and empowers relevant staff to maintain, improve and support students and their learning. MOU’s can be revisited five-yearly. |  |  |
| 3 | The programme of study adheres to all statutory and regulatory requirements of the Nursing and Midwifery Board of Ireland and to the current European Directives on Nursing. |  |  |
| 4 | Major institutional review of the effectiveness of the programme of study occurs on a five yearly basis |  |  |
| 5 | Modules, curriculum, indicative content, marks and standards / HEI academic regulations and programme delivery are monitored annually with the support of appropriate External Examiners’ reports. |  |  |
| 6 | An annual report on the programme of study is provided to NMBI in a timely manner and in accordance with its requirements by the programme coordinator. |  |  |
| 7 | Processes for continuous quality improvement of the programme of study are robust and transparent. |  |  |
| 8 | For external practice placements outside of Ireland, HEIs must have formal arrangements in place with host practice institutions that comply with NMBI regulations and EU directives |  |  |
| 9 | The Higher Education Institution and the Associated Health Care Provider(s) keep appropriate records including records of professional and academic awards conferred. |  |  |
| 10 | The process of monitoring and responding to student attendance in respect of the theoretical and clinical practice experience requirements is declared. |  |  |
| 11 | A policy for dignity and respect towards and between nursing students, clinicians, persons receiving healthcare and academic staff is in place. |  |  |
| 12 | The organisation structure supporting the management of the educational programme is explicit. |  |  |
| 13 | The named person with direct responsibility as course leader/co-ordinator to lead the programme holds appropriate academic and professional qualifications and experience. |  |  |
| 14 | A Local Joint Working Group (LJWG), which includes representatives of the key stakeholders from the Higher Education Institution and the Associated Health Care Provider(s), is in operation to oversee and continually monitor at local level programme implementation so that any existing problems can be promptly identified and properly addressed. |  |  |
| 15 | Membership of the LJWG is inclusive of representatives from academic, and clinical stakeholders from acute and community practice settings and from persons using health services. Composition of the LJWG should reflect health services reorganisation and its membership adjusted accordingly. |  |  |
| 16 | The LJWG is responsive to programme change in line with the DOH Health Reform Agenda and population focus. |  |  |
| 17 | A governance agreement is in place within the HEI in respect of financial and staffing resources 44 to support the delivery of the educational programme for the five year approval period. |  |  |
| 18 | Confirmation of institutional support for the long-term security of the programme is explicit with appropriate and adequate resources and facilities being made available to meet the teaching and learning needs of the students. |  |  |
| 19 | Structures are in place to facilitate the participation academic and practice staff and nursing undergraduates in the relevant deliberation, evaluation and decision-making processes associated with programme review and development. |  |  |
| 20 | A mechanism for staff development, including academic and clinicians involved in delivery and assessment of teaching and learning, is declared. |  |  |

44 1 academic staff member: 20 undergraduate nursing student ratio

# 3.2.4 Student Support, Supervision and Learning Resources

**Criterion:**

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

**Standard:**

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

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|  | **Indicators** | **Evidence** | **Reference page** **in Document** |
| 1 | The mechanism for student support in relation to student services, facilities, academic and personal guidance is explicit and is made known, in writing, to students at the beginning of the programme. |  |  |
| 2 | Support mechanisms are provided for students, designed with their needs in mind and responsive to feedback from those who use such student services.  |  |  |
| 3 | HEI and Schools/Departments educational learning resources and facilities (including technological support) adequately support delivery of the entirety of the programme. |  |  |
| 4 | Teaching and facilitation of student learning is resourced by adequate numbers of appropriately prepared academic, administrative, technical and clinical staff to support the delivery of the programme at the stated professional and academic level. |  |  |
| 5 | Nursing subjects are developed and taught by Registered Nurses/midwives with appropriate professional and academic qualifications and teaching expertise in the subject matter. |  |  |
| 6 | The academic and practice staff delivering the programme hold appropriate professional qualifications and have the subject knowledge, skills and proficiency to teach or assess students in a range of settings. |  |  |
| 7 | A mechanism for staff development that prepares staff to deliver the educational programme including the provision for maintaining nursing subject expertise and academic and clinical credibility is declared. |  |  |
| 8 | Processes for monitoring of student attendance, sickness, absence and attrition are fair, accurate, transparent and available. |  |  |
| 9 | Specified periods of annual leave are identified within the curriculum for years 1-3 of the programme and during the final year internship period. |  |  |
| 10 | A formal grievance and complaints policy for students is in place. |  |  |
| 11 | Processes for monitoring of student achievement, progression and completion are fair, accurate, transparent and available. |  |  |
| 12 | A formal appeals procedure is in place with clear guidance on the process for students. |  |  |
| 13 | Access is afforded to undergraduate nursing students for clinical exposure to allied health professionals. |  |  |
| 14 | The methodology of the Higher Education Institution and the Associated Health Care Provider(s) to support students in the practice learning setting and to be involved in the clinical environment and its development are explicit. |  |  |
| 15 | Mechanisms for student support in relation the provision of adequate guidance, supervision and examination of competence development in practice placement settings are available45. |  |  |
| 16 | The staff resource46 supports the delivery of the educational programme at the stated professional and academic level. |  |  |
| 17 | The HEI and AHCP(s) routinely monitor and review the effectiveness of support services available to students and implement necessary improvements. |  |  |

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

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

# 3.2.5 Assessment Strategies

**Criterion**:

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

**Standard:**

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

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|  | **Indicators** | **Evidence** | **Reference page** **in Document** |
| 1 | The curriculum design includes the assessment strategy in relation to the measurement of practice-based and theoretical learning outcomes. |  |  |
| 2 | The programme assessments strategy is strategically planned and fit for purpose. |  |  |
| 3 | Assessments serve a formative function for gauging student progress and a summative purpose to ensure that progression to the next part/year of the programme is dependent on student attainment of required educational standards in theory and practice. |  |  |
| 4 | From an early stage, students are made aware of the assessment strategy used for their programme of study by the provision of an assessment map detailing the range of examinations, assignments, practice-based and other assessments of proficiency that will be encountered and the criteria used to measure their academic and practice performance. |  |  |
| 5 | Assessment techniques are established as reliable and valid measurements of learning outcomes. |  |  |
| 6 | Assessments are based on a variety of strategies that are aligned with the subject area, practice placements learning environment, and stage of the educational programme and are consistent with module learning outcomes. |  |  |
| 7 | Assessment measures the integration and application of theory to the nursing care of people using health services that is learned throughout the programme. It requires the student to demonstrate competence within practice through the achievement of learning outcomes in both theory and practice. |  |  |
| 8 | Practice-based assessment of learning outcomes and competence is based on an explicit model or framework for competence assessment. |  |  |
| 9 | The grading criteria indicating the standard for a pass award is declared and made explicit for theoretical and clinical practice assessments |  |  |
| 10 | Module assessments have clear marking criteria that are available to students, internal and external examiners and academic staff. |  |  |
| 11 | Written exemplars of internal moderation being employed in the grading of module assessments are provided. |  |  |
| 12 | Policies governing student absence, non-submission of assessment work, non-attendance at examinations, mitigating circumstances and repeat arrangements are explicit. |  |  |
| 13 | Assessments are subject to administrative checks to verify accuracy of procedures used. |  |  |
| 14 | All assessment results are considered and approved by a properly constituted Examination Board in accordance with the HEI’s policies and Assessment and Examination Regulations. |  |  |
| 15 | Information is provided to students in a timely and accessible manner as to the processes for obtaining results, viewing scripts, securing module lecturer and advisor of studies feedback to students, and requesting a recheck of marks. |  |  |
| 16 | Assessment regulations relating to compensation, supplemental examinations, appeal mechanisms and conditions for continuance on the programme are explicit and made known to students and key stakeholders. |  |  |
| 17 | Programme criteria specify pass/fail standards, compensation, and maximum number of supplemental attempts. |  |  |
| 18 | The assessment strategy does not allow compensation between theoretical and clinical practice assessments. |  |  |
| 19 | There is evidence that External Examiners are appointed by the Higher Education Institution in accordance with its procedures and with criteria specified by the NMBI for the experience and expertise of examiners of professional nursing programmes |  |  |
| 20 | External examiners’ reports attest to the External Examiner’s role in reviewing the content, structure, organisation and assessment of the nursing programme in terms of equity, fairness and transparency. |  |  |
| 21 | There is evidence of the quality assurance role of the external examiner in ensuring that decision-making by examination boards of the Higher Education Institution is rigorous, fair and consistent, and in programme review. |  |  |
| 22 | The Higher Education Institution and its Associated Health Care Provider(s) provide an annual report on the educational programmes by including the external examiner’s report or a summary to the Nursing and Midwifery Board of Ireland. |  |  |
| 23 | The assessment strategy ensures that graduates meet the intended programme learning outcomes and competencies for proficient practice as a Registered Nurse in a specified division of the professional register. |  |  |

# 3.2.6 Practice Placements

**Criterion**:

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

**Standard**:

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

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|  | **Indicators** | **Evidence** | **Reference page** **in Document** |
| 1 | HEI’s and AHCP’s are committed to monitor and support the quality of the learning environment in all practice placements in order to ensure an optimum learning environment for students. This commitment is outlined in the Memorandum of Understanding (M.o.U.). |  |  |
| 2 | The M.o.U. details the system for academic liaison and engagement with practice sites to support undergraduate practice based learning. |  |  |
| 3 | Practice placements provide students with the appropriate learning environments to support the development and achievement of their competencies; placement selection must be subject to ongoing review and monitoring by the HEI and AHCP(s) given the dynamic nature of health services provision. |  |  |
| 4 | All practice placements are audited in order to assess and ensure their suitability as quality learning environments, in accordance with the NMBI Standards and requirements for programme approval. |  |  |
| 5 | Practice Placements are selected to reflect the breadth and diversity of the educational program and the division of the register, encompassing the scope of settings in which the specified division of nursing normally operates. |  |  |
| 6 | Where learning opportunities occur under the supervision of other members of the multidisciplinary team, allied health, educational and social care professionals, such experiences are monitored by a registered nurse and the placement’s final assessment process allows for the involvement of a Registered Nurse. |  |  |
| 7 | HEI’s have a framework in place for students to raise concerns about the perceived safety of the practice learning environment. The HEI’s have a formal structure in place, in agreement with their AHCP’s, to follow up such reports with clinical sites concerned. |  |  |
| 8 | Systems for allocation of students are transparent and fair.  |  |  |
| 9 | HEIs and AHCPs have dedicated allocations personnel in post including 0.5 WTE of an allocations liaison post for up to 50 students (Department of Health 2004, 41). |  |  |
| 10 | Prior to using new practice placement sites, verification of the completed audit as endorsed by the Higher Education Institution are submitted to the Nursing and Midwifery Board of Ireland. |  |  |
| 11 | A maximum of 13 weeks of NMBI clinical instruction time may be provided for students to experience practice placements in either a European Union state or in an International Healthcare System. |  |  |
| 12 | EU/International Practice Placements are governed by a formal learning agreement between the students’ own HEI and the HEI of the hosting country detailing the agreed criteria and mechanisms for such placements 47.  |  |  |
| 13 | EU/International Practice Placements are based only in health care institutions which have been approved by either the competent authority of the host state or by the hosting HEI with whom the HCP is associated.  |  |  |
| 14 | As with all Practice Placement sites, the HEI must notify the NMBI of the agreed criteria and mechanisms utilised for evaluating an International / EU Practice Placements as being an appropriate learning environment for the development of students’ competences. |  |  |

47 These should include, inter alia, specified criteria for preparation, travel arrangements, accommodation, supervision, orientation to cultural differences and to professional standards for practice in the host site(s), practice learning opportunities, mechanisms for undergraduate support, health and safety arrangements, monitoring and evaluation reporting processes.

# 3.2.7 Practice Placements Learning Environment and Competence Assessment

**Criterion**:

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

**Standard(s):**

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

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

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|  | **Indicators** | **Evidence** | **Reference page** **in Document** |
| 1 | Clearly written up-to-date learning outcomes/objectives 48 appropriate to the practice placement environment are available and accessible to ensure optimal use of valuable practice placement experience.  |  |  |
| 2 | Learning outcomes that are explicit to the practice setting are used for each year of the programme to guide student practice-based learning. |  |  |
| 3 | Nursing students and all those involved 49 in meeting their learning needs are fully acquainted with the expected learning outcomes relating to that practice placement setting. |  |  |
| 4 | At all times there are sufficient registered practitioners to facilitate the supervision and support of student nurses to achieve the expected learning outcomes of the programme |  |  |
| 5 | Practice based learning is supported by adequate numbers of appropriately qualified and prepared practitioners with experience of the relevant division of nursing to act as preceptors. |  |  |
| 6 | Practice based learning is supported by adequate numbers of appropriately qualified and prepared Clinical Placement Coordinators who are supported by a Nurse Practice Development Coordinator. A minimum ratio of one clinical placement coordinator to every 30 nursing students is in place with due regard to the geographical location and array of practice settings 50 (Department of Health 2004, 41).  |  |  |
| 7 | Preceptorship arrangements are in place to support student placements in community and primary care settings. |  |  |
| 8 | Nursing students are assigned a named primary preceptor, who is a Registered Nurse, during practice placement to provide support and supervision and assist them to develop the knowledge, know how, skills and competence to become proficient practitioners of nursing. |  |  |
| 9 | Preceptors/Registered Nurses, who support students, have completed a teaching and assessing course approved by the NMBI to enable them support, guide and assess students’ learning and competence development. |  |  |
| 10 | Protected time policy/arrangements are in place for preceptor supervision and examining of undergraduate students. |  |  |
| 11 | Preceptor initial preparation is supported by refresher courses and support from HEI in relation to student supervision and competence assessment. |  |  |
| 12 | Assessment of the achievement of practice learning and competence development is undertaken in a fair, effective and transparent manner in accordance with the assessment strategy and NMBI Standards and requirements. |  |  |
| 13 | Practice-based assessment of learning and attainment of competence is based on an explicit model or framework for progressive achievement of proficiency. |  |  |
| 14 | Mechanisms for preceptorship evaluation are in place. |  |  |
| 15 | The supernumerary status of the student is explicit for preceptors and nursing students. |  |  |
| 16 | Specified internship practice placements provide experience of the 24 hour cycle of the person accessing health services. |  |  |
| 17 | Specific periods of protected time are allocated for reflection during supernumerary placements and the final internship clinical placement (Nurse Education Forum 2000). |  |  |
| 18 | The time allocated for protected reflective practice during supernumerary placements and the structures in place for the implementation of protected reflective time during the period of internship should be agreed formally between the HEIs and the associated health care providers and included in the memorandum of understanding. |  |  |
| 19 | Reflective time of a minimum of 4 hours per week should be an integral component of any supernumerary nursing and specialist placement.  |  |  |
| 20 | Reflective time equivalent to a minimum of 4 hours per week forms an integral component of the internship period of clinical allocation to enhance the consolidation of theory to practice (Circular 46/2004, Department of Health and Children 2004). |  |  |
| 21 | Reflection is developed through the maintenance during the internship period by the nursing student of a personal professional portfolio of learning related to competence development. |  |  |
| 22 | Students are supported and supervised during the final placement of 36 weeks internship to consolidate the completed theoretical learning and to support the achievement of clinical competence on graduation and registration. |  |  |
| 23 | The HEI and AHCPs operate an effective fitness to practise mechanism for the protection of the public and safety of the vulnerable person receiving healthcare. |  |  |
| 24 | The HEI and AHCPs operate robust processes for managing undergraduate health problems. |  |  |

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

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

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

# 3.2.8 Quality Assurance and Enhancement Mechanisms

**Criterion:**

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

**Standard:**

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

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

**Declaration**

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| Standards for the Approval of the Higher Education Institutions and Associated Health Care Provider Services and Educational Programmes Leading to Registration | Yes | No |
| The requirements of standard 3.2.1 Curriculum Design and Development have been met and are explicit in the curriculum document. |  |  |
| The requirements of standard 3.2.2 Student Entry, Admission, Transfer, Discontinuation and Completion have been met and are explicit in the curriculum document. |  |  |
| The requirements of standard 3.2.3 Programme Governance and Management have been met and are explicit in the curriculum document. |  |  |
| The requirements of standard 3.2.4 Student Support, Supervision and Learning Resources have been met and are explicit in the curriculum document. |  |  |
| The requirements of standard 3.2.5 Assessment Strategies have been met and are explicit in the curriculum document. |  |  |
| Have submitted an electronic copy of the curriculum document. |  |  |

We declare that the programme has met all the requirements of NMBI (2016) *Nurse Registration Programmes Standards and Requirements.* These standards and requirements are indicated and explicit in the submitted curriculum document.

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 Head of School Programme Coordinator

Note: Please sign over printed name