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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 (Midwifery) 30/11/2017 |
| Self- Assessment Audit Tool |

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| Revised  10/10/2017 |

# 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

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| 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 LENGTH | Part Time Full Time | |
| MODES OF DELIVERY |  | |
| MODULES | Number of Core Modules | Number 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 six 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 Midwifery Registration Educational Programmes*

Reference:

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

# 3.2.1 Higher Education Institutes and Associated Healthcare Providers

The HEIs and associated healthcare providers are committed to providing midwifery education registration programmes that demonstrate that the standards of professional midwifery education and training required by NMBI are in place. The HEI and associated healthcare providers will demonstrate that:

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|  | **Indicators** | **Evidence** | **Reference page**  **in Document** |
| 1 | All Statutory and Regulatory requirements of NMBI and European Directive are met. |  |  |
| 2 | The HEI and associated healthcare providers respond to change affecting professional educational health social and economic issues. |  |  |
| 3 | The HEI and associated healthcare providers maintain records that demonstrate that each student meets the learning outcomes in the clinical and theoretical components of the programme, and records the conferment of professional and academic awards. |  |  |
| 4 | Processes for monitoring and managing student attendance sickness absence and attrition are fair, accurate and transparent. |  |  |
| 5 | The organisational structure supporting the management of the educational programs is explicit. |  |  |
| 6 | The program leader or coordinator leading each programme team is a registered midwife with appropriate academic professional and teaching qualifications and experience. |  |  |
| 7 | A local joint working group which includes representatives from key stakeholders within the HEIs associated healthcare providers and service users should operate within an agreed memorandum of understanding. The composition of local joint working groups should reflect health system changes and be reviewed accordingly. The function of the local joint working group is to oversee and monitor the implementation of the midwifery programme on a continuous basis, to identify and address challenges, and to incorporate changes to the programme which reflect best practice for the care of women, their babies and their families. |  |  |
| 8 | The staff resource supports the delivery of the educational programme at the stated professional and academic level. |  |  |
| 9 | Audit of both the academic and clinical learning environment should identify the number of students that may be effectively supported on the programme. |  |  |
| 10 | Midwives involved in the delivery of the programme must have their names entered in the Midwives Division of the Register of Nurses and Midwives maintained by the NMBI. |  |  |
| 11 | Midwifery subjects are developed and taught by registered midwives with appropriate professional and academic qualifications including teaching expertise and clinical experience. |  |  |
| 12 | The HEI provides details of how students are supported in the clinical learning environment by the HEI. This should include an explicit description of the input of midwifery lecturers in the clinical learning environment. |  |  |
| 13 | The HEI and associated healthcare providers have a mechanism in place for students to raise concerns about the safety of clinical practice and the clinical learning environment. |  |  |
| 14 | There is a governance structure in place within the HEI and associated healthcare providers to ensure such reports are followed up. |  |  |
| 15 | A mechanism for staff development including a provision for maintaining clinical credibility, which prepares staff to deliver a the educational programmes is in place. |  |  |
| 16 | Educational resources and facilities (including technological support and simulation models) to meet the teaching and learning needs of the students to complete the program are in place for the entirety of the programme. |  |  |
| 17 | The mechanism for student admission to the programme ensures that the stated entry requirements are met. The mechanism and conditions for students exiting the educational programmes before completion are explicit and are met. |  |  |
| 18 | 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. |  |  |
| 19 | Following any interruption to the educational programme, robust arrangements, which may include a period of clinical orientation are put in place by the HEI and associated healthcare provider(s) to facilitate the student meeting the educational requirements of the programme set out by NMBI. |  |  |
| 20 | Student transfer arrangements ensure that the full requirement of the midwives registration leading to registration will be completed. |  |  |
| 21 | The mechanisms for student support which include student services personal and academic guidance are explicit. |  |  |
| 22 | The registration Department of the NMBI is notified in writing of any student who exits the program prior to successful completion of the programme. |  |  |
| 23 | The HEI and associated healthcare providers provide an annual report on the Midwife registration programmes including external examiners annual report to NMBI. |  |  |

# 3.2.2 Curriculum Design and Development

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|  | **Indicators** | **Evidence** | **Reference page**  **in Document** |
| 1 | All Statutory and Regulatory requirements of NMBI and European Directive are met. |  |  |
| 2 | All programs of study is designated as a Level 8 Honours Bachelors level on the National Framework of Qualifications (NQAI, 2003). |  |  |
| 3 | The program of study makes safety of the women and her baby and the protections of the public as an integral explicit and continuing component within the curriculum. |  |  |
| 4 | The curriculum design and development team is led by midwife lecturers and is guided by current educational theory, professional midwifery knowledge and healthcare practices that are evidence-based. |  |  |
| 5 | The curriculum development team comprises representatives of key stakeholders in midwifery education and midwifery practice, and includes input from users of maternity services and midwifery students. |  |  |
| 6 | The curriculum is strategically planned to demonstrate balanced distribution and integration of theory and practice to achieve the learning outcomes as stated by NMBI. |  |  |
| 7 | The curriculum utilises a range of teaching, learning and assessment strategies to facilitate the development of knowledgeable, competent, reflective midwife practitioners, who are equipped with skills for problem solving, critical analysis, self-direction and life-long learning. |  |  |
| 8 | The curriculum design reflects various methods of learning and teaching, and provides a balance between workshops, small group interactions, demonstrations, enquiry-based learning, practical work, lectures, tutorials, and self-directed learning. |  |  |
| 9 | The module descriptors identify the European Credit Transfer and Accumulation System credits (ECTS), aims, learning outcomes, indicative content, student contact hours, student effort/self-directed learning hours and assessment strategies. |  |  |
| 10 | The curriculum articulates opportunities for intentional shared multidisciplinary learning that is designed to enhance collaborative practice with other health professionals. |  |  |
| 11 | The curriculum articulates how the student is facilitated to achieve the expected learning outcomes of the programme. |  |  |
| 12 | The curriculum includes the assessment strategies in relation to the measurement of theoretical and clinical learning outcomes and includes practice based assessments. |  |  |

# 3.2.3 Clinical Practice Experience and the Clinical Learning Environment

Clinical practice experience is an integral component of the midwife registration programme. This experience whether in the community or hospital is the central focus of the midwifery profession and must complement theoretical input to ensure safe, quality midwifery care for women, their babies and their families.

The aim of clinical practice learning is to facilitate midwifery students to become safe, competent, kind, compassionate, respectful and reflective midwife practitioners who develop the prescribed competencies over the four-year programme. Clinical practice experience will facilitate the student to accept personal and professional accountability for evidence-based practice and equip them with the skills for problem solving, decision making, critical analysis, self-direction and life-long learning. Clinical practice experience will provide opportunities for integration of theory and practice, and the opportunity to work in collaboration with other members of the healthcare team to provide care.

Clinical placements are based in healthcare settings that are subject to audit as to their suitability as quality clinical learning environments and to ensure that the setting meets the Midwife Registration Programme Standards and Requirements as stipulated by NMB.

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|  | **Indicators** | **Evidence** | **Reference page**  **in Document** |
| 1 | Prior to placement of students in new clinical placements sites verification of an audit completed by the HEI must be submitted to the NMBI. |  |  |
| 2 | The selection of environments for clinical practice experience supports the achievement of the learning outcomes of the educational programme, and reflects the scope of the healthcare settings and the students’ individual needs. |  |  |
| 3 | Clinical placements are subject to audit as to their suitability as quality clinical learning environments in accordance with the Nursing and Midwifery Board of Ireland’s Midwife Registration Programme Standards and Requirements for programme approval. |  |  |
| 4 | Student allocation to clinical placements is based on the need to integrate theory and practice, and to facilitate the progressive development of clinical skills, knowledge and professional behaviours culminating in successful achievement of the prescribed competencies for the midwife registration education programme. |  |  |
| 5 | Opportunities for students to experience direct contact with women and their babies are provided early in the educational programme. |  |  |
| 6 | Clearly written, up-to-date learning outcomes appropriate to the individual clinical practice environment are available and accessible to ensure optimal use of valuable clinical practice experience. Learning outcomes specific to each year of the programme are available, and are reviewed and revised as necessary. |  |  |
| 7 | Students and all those involved in meeting their learning needs are fully acquainted with the expected learning outcomes relating to that clinical placement. |  |  |
| 8 | The staff resource supports the delivery of the educational programme at the stated professional and academic level. This includes a ratio of one clinical placement coordinator to every 15 midwifery students, and 0.5 of an allocated liaison officer for up to 50 students. (Department of Health and Children, 2004). |  |  |
| 9 | Each student is allocated a named primary preceptor, who is a registered midwife (or a registered nurse/midwife in a NICU placement), during midwifery clinical placements to provide support, supervision and assessment. In the absence of the primary preceptor, a named midwife or nurse must be allocated to support and supervise the student. |  |  |
| 10 | Preceptors and midwives who have a role in supporting, supervising and assessing students have completed a teaching and assessment course approved by NMBI that enables them to support, guide and assess students in the clinical practice environment and assist students to learn the practice of midwifery. |  |  |
| 11 | Registered midwives should undertake the role of primary preceptor when they have experience of midwifery practice and have completed a teaching and assessment course approved by NMBI. |  |  |
| 12 | Preceptors and midwives should have the opportunity to maintain and develop their competence and skills in supporting, supervising and assessing students on an ongoing basis. |  |  |
| 13 | Mechanisms are in place to facilitate preceptors to support supervise and assess students. |  |  |
| 14 | Mechanisms for supporting and evaluating preceptors are explicit. |  |  |
| 15 | Clinical practice includes experience of the 24-hour cycle of caring for women and their babies, and this must be facilitated for all students in their midwifery programme. At all times, whether the student is supernumerary or in internship, there must be sufficient registered midwives to facilitate the support and supervision of midwifery students to achieve the expected learning outcomes of the programme. |  |  |
| 16 | Named clinical placement coordinators, midwifery preceptors, registered midwives and clinical midwifery managers in liaison with named midwife lecturers, monitor the quality of clinical learning environments on an ongoing basis and guide and support students to ensure that the clinical practice placement(s) provides an optimum learning environment. |  |  |
| 17 | The supernumerary status of pre- registration midwifery students is clearly articulated and respected (see appendix C – Supernumery Status). |  |  |
| 18 | Specific periods of time are allocated for reflection during supernumerary placements and the clinical placement internship:   * Structures are in place to support protected reflective practice during supernumerary placements and during the internship clinical placement. These should be agreed formally between the HEI and the associated healthcare providers and included in the memorandum of understanding. * Protected reflective practice time of a minimum of one hour per week should be an integral component of any supernumerary midwifery and specialist placement. * Protected reflective practice time of a minimum of 4 hours per week should be an integral component of the clinical placement internship to enhance the consolidation of theory to practice (Circular 46/2004, Department of Health and Children, 2004). |  |  |
| 19 | The responsibility rests with the HEI(s) in collaboration with the associated healthcare provider(s) for ensuring that a clinical placement site for student placement is of an appropriate standard to meet the learning outcomes of the midwife registration education programme, and is a learning environment of adequate quality.  Quality assurance indicators are identified and measured in relation to:   * the number of midwives and support healthcare staff to ensure that safe, quality care is provided to women and their babies; * the number of preceptors, midwives and nurses to facilitate the support, supervision and assessment of students; * the availability of multidisciplinary evidence-based practice guidelines and policies to support care; * the availability of mechanisms for the development and review of evidence-based guidelines with multidisciplinary involvement; * proof of application of evidence-based practice; * evidence of individualised, woman and baby-centred care; * the availability of policies and protocols in respect of medication management, and good practice in recording midwifery care and interventions; * evidence of mechanisms for audit of midwifery documentation and audit of medication management; * evidence of continuing professional development for all practice staff and education and training programmes which involve all members of the multidisciplinary team; * evidence of clinical risk management programmes; * the availability of mechanisms for student support, supervision and assessment. * the availability of support mechanisms for preceptors and midwives, including continuing professional development in supporting, supervising and assessing of students; * the availability of mechanisms for educational and clinical audit; * the availability of mechanisms to review the quality of preceptorship; * the availability of mechanisms to involve women and families in the development and evaluation of maternity care. |  |  |

# 3.2.4 The Assessment Process

**Assessment of learning is a continuous process and demonstrates a balanced and integrated distribution throughout the educational program**

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|  | **Indicators** | **Evidence** | **Reference page**  **in Document** |
| 1 | Assessments are strategically planned and function to:   * provide feedback on student progress including identifying strengths and areas for further development * help the student to identify their individual learning needs and; * ensure that theoretical and clinical educational standards are achieved before progressing to the next level of the programme. |  |  |
| 2 | Assessments are based on a variety of strategies that are aligned with the subject area, clinical practice setting stage of educational program and expected learning outcomes. |  |  |
| 3 | Assessment measures the integration and application of theory to the care of women and their babies learned throughout the programme and require the student to demonstrate competence within the practice through the achievement of learning outcomes in both theory and practice. |  |  |
| 4 | Assessment strategies are established as reliable and valid measurements of learning outcomes. |  |  |
| 5 | Criteria indicating the standard for a pass award is declared and made explicit for theoretical and clinical practice assessments. |  |  |
| 6 | Assessments have clear marking criteria and processes which are open and transparent, and are available to students, internal and external examiners and academic staff. |  |  |
| 7 | The assessment strategy does not follow for compensation between theoretical and clinical practice assessments. |  |  |
| 8 | Regulations relating to compensation, supplemental assessments, appeal mechanisms and conditions for continuance on the programme are explicit and made known to students and key stakeholders. |  |  |
| 9 | A mechanism exists whereby records are maintained that demonstrate that each student meets the declared standards of learning outcomes in clinical and theoretical components, and is eligible to apply for registration in the Midwives Division of the Register maintained by NMBI. |  |  |
| 10 | Eligibility to apply for Registration in the Midwives Division of the Register maintained by NMBI is based on successful completion of the programmed, meeting the learning outcomes and achieving the competencies required of the programme. |  |  |

# 3.2.5 External Examiners

**External examiners have an important role in maintaining the standard of midwifery programmes by providing an independent view of the structure, content, organisation and assessment of the educational programme**

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|  | **Indicators** | **Evidence** | **Reference page**  **in Document** |
| 1 | External Examiners are appointed by the HEI in accordance with its procedures and the NMBI criteria |  |  |
| 2 | The role of the external examiner is explicit and functions to:   * maintain the quality and standards of the midwife registration programme * ensure the assessment strategies for theory and practice are reliable and equitable * ensure individual students are treated fairly |  |  |
| 3 | External examiners for midwife registration programmes should:   * be registered midwives who have at least 2 years full-time experience in clinical midwifery practice * hold academic and teaching qualifications and have at least 3 years full-time teaching experience on programmes appropriate to the programme being examined * have experience in examining and assessing midwifery students on midwife registration programmes * have experience in the development, management, delivery and evaluation of midwife registration programme |  |  |
| 4 | The mechanism whereby the external examiner is provided with relevant documentation, participates in decision-making concerning the programmes, and has membership of the examination boards of the HEI, is explicit and auditable |  |  |
| 5 | The HEI verifies to the NMBI that the external examiner meets the standard as set out in No 3. |  |  |

**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 (Midwifery) 30/11/2017 | Yes | No |
| The requirements of standard 3.2.1 Higher Education Institutes and Associated Healthcare Providers have been met and are explicit in the curriculum document. |  |  |
| The requirements of standard 3.2.2 Curriculum Design and Development have been met and are explicit in the curriculum document. |  |  |
| The requirements of standard 3.2.3 Clinical Practice Experience and the Clinical Learning Environment have been met and are explicit in the curriculum document. |  |  |
| The requirements of standard 3.2.4 The assessment process have been met and are explicit in the curriculum document. |  |  |
| The requirements of standard 3.2.5 External Examiners 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