

# **NMBI Site Inspection** of Nursing and Midwifery Education Programmes

## **Monitoring Update Report**

**Dundalk Institute of Technology (DkIT)**



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

# Contents

<b>Introduction</b>	<b>2</b>
<b>Monitoring Timelines</b>	<b>2</b>
<b>Nursing Education Programmes</b>	<b>3</b>
<b>Required Compliance</b>	<b>4</b>
<b>Post-graduate Specialist Programmes</b>	<b>14</b>
<b>Monitoring Update</b>	<b>15</b>
<b>General Nursing</b>	<b>15</b>
Commendations	15
Response to Conditions and Current Status	15
<b>Intellectual Disability Nursing</b>	<b>17</b>
Commendations	17
Response to Conditions and Current Status	18
<b>Mental Health Nursing</b>	<b>19</b>
Commendations	19
Response to Conditions and Current Status	20
<b>Midwifery</b>	<b>23</b>
<b>Required Compliance</b>	<b>23</b>
Commendations	31
Response to Conditions and Current Status	32

## Introduction

This report is an update of the Dundalk Institute of Technology (DKIT) site inspection report approved by the Nursing and Midwifery Board of Ireland (NMBI) on 23 March 2022. The monitoring update report is based on information provided by DKIT in collaboration with their practice partners.

## Monitoring Timelines

Board approval of site inspection report	23 March 2022
Response to Conditions received from Education Body	24 November 2022
Follow Up Meeting with Education Body	25 January 2023
Monitoring Report Published	27 January 2023

**Signed:**



**Sheila McClelland**  
Nursing and Midwifery Board  
of Ireland, CEO



**Carolyn Donohoe**  
Director of Education, Policy  
and Standards



**Dawn Johnston**  
Director of Midwifery

## Nursing Education Programmes

<b>NAME OF EDUCATION BODY</b>	Dundalk Institute of Technology
<b>HEAD OF NURSING/MIDWIFERY</b>	Dr Myles Hackett

## Registered General Nursing

<b>PROGRAMME LEADING TO REGISTRATION:</b>	BSc (Hons) in General Nursing
<b>ASSOCIATED HEALTHCARE PROVIDER SITES INSPECTED:</b>	Our Lady of Lourdes, Drogheda

## Registered Intellectual Disability Nursing

<b>PROGRAMME LEADING TO REGISTRATION:</b>	BSc (Hons) in Intellectual Disability Nursing
<b>ASSOCIATED HEALTHCARE PROVIDER SITES INSPECTED:</b>	St. John of Gods, St Mary's Drumcar

## Registered Mental Health Nursing

<b>PROGRAMME LEADING TO REGISTRATION:</b>	BSc (Hons) in Mental Health Nursing
<b>ASSOCIATED HEALTHCARE PROVIDER SITES INSPECTED:</b>	HSE Louth Meath Mental Health Services, Drogheda Department of Psychiatry (DDoP)

## Audit Requirements

**Key FC – Fully Compliant, PC – Partially Compliant, NC – Non-compliant**

1. Eligibility to Apply for Approval		General	Intellectual Disability	Mental Health
1.1	The Education Body as the provider has declared that the programme complies with applicable statutory, regulatory and professional body requirements and as stated by NMBI in Nurse Registration Programmes Standards and Requirements.	FC	FC	FC
1.2	There is a satisfactory rationale for providing the programme.	FC	FC	FC
1.3	There is support for the introduction of the programme from the relevant stakeholders.	FC	FC	FC
1.4	There is evidence that the provider responds to change affecting professional, educational, health, social and economic issues.	FC	FC	FC
1.5	There is evidence of employment opportunities for graduates where relevant.	FC	FC	FC

2. Curriculum Design and Development		General	Intellectual Disability	Mental Health
2.1	All statutory and regulatory requirements of NMBI and European Directives are met (the latter if relevant).	FC	FC	FC
2.2	The programme of study makes the safety of the person and the protection of the public an integral, explicit, and continuing component within the curriculum.	FC	FC	FC
2.3	The curriculum is comprehensively and systematically documented.	FC	FC	FC
2.4	The curriculum model chosen is dynamic and flexible to allow for a change in nursing practice and health care delivery.	FC	FC	FC
2.5	Current educational theory, professional nursing knowledge and advances in health care practice, which are evidence/research-based, guide curriculum design and development.	FC	FC	FC

*Continued*

		<b>General</b>	<b>Intellectual Disability</b>	<b>Mental Health</b>
2.6	The curriculum is strategically planned to demonstrate balanced distribution and integration of theory and practice to achieve the learning outcomes. This is outlined in the circuit of training for the duration of each programme (RGN, RCN, RNID, RPN, RPHN, RNP, RNT, RANP and Specialist).	FC	FC	FC
2.7	The intended learning outcomes are consistent with the applicable awards standards (QQI, 2017) and consistent with the NFQ level of higher education qualifications.	FC	FC	FC
2.8	The curriculum utilises a range of teaching/learning strategies and provides a balance between lectures, tutorials, workshops, small group teaching, interactive learning demonstrations, practical work and self-directed learning.	FC	FC	FC
2.9	The curriculum development team is led by academic staff who are Registered Nurse Tutors and comprises of representative members of academic staff with the appropriate academic, professional qualifications and experience and clinical stakeholders in nursing practice regarding the programme of education (RGN, RCN, RNID, RPN, RPHN, RNP, RNT, RANP and Specialist).	FC	FC	FC
2.10	Nursing subjects are developed and taught by registered nurses with appropriate professional and academic qualifications and teaching expertise in the subject matter.	FC	FC	FC
2.11	Module descriptors identify the European Credit Transfer and Accumulation System (ECTS) credits, aims, learning outcomes, indicative content, student contact hours, student effort/self-directed learning hours and assessment strategies.	FC	FC	FC
2.12	Each module is suitably structured and coherently oriented towards the achievement by students of the intended learning outcomes.	FC	FC	FC
2.13	The curriculum is designed to assist the development of knowledgeable, competent, reflective practitioners capable of accepting personal and professional accountability for delivering evidence-based practice.	FC	FC	FC

*Continued*

		General	Intellectual Disability	Mental Health
2.14	The curriculum articulates opportunities for intentional, shared, interprofessional learning that is designed to enhance collaborative practice with other health professionals and where relevant interprofessional subjects are developed and taught with support from other healthcare disciplines with appropriate professional, clinical and academic qualifications and teaching expertise in the subject matter.	FC	FC	FC
2.15	The curriculum articulates how the student is enabled to achieve the expected learning outcomes of the programme.	FC	FC	FC

### 3. Student Entry, Admission, Transfer, Discontinuation and Completion

		General	Intellectual Disability	Mental Health
3.1	Clear and comprehensive information for applicants is publicly available, specifying the programme of study and the application process. In addition, students must be able to readily access all information needed for them to estimate realistic prospects for admission to and completion of the programme (such as a particular type of practicum).	FC	FC	FC
3.2	The mechanism for student admission to the educational programme ensures that the stated entry requirements of NMBI are met in accordance with the institutional policy regarding equal opportunities for students and flexible modes of entry (Mature Students, FETAC, ACCESS, graduate entry) and clear procedures for approval of prior Learning (APL) if relevant. The approval of prior learning does not disadvantage the student concerned (by admitting students who are insufficiently prepared to undertake the level of higher education required) or compromise the integrity of the programme.	FC	FC	FC

*Continued*

		<b>General</b>	<b>Intellectual Disability</b>	<b>Mental Health</b>
3.3	Before admission to the programme of education and training leading to registration in the Public Health Nurses Division of the Register - The name of the candidate for registration must already be entered in the General Division of the Register of Nurses. - The candidate must have two years of clinical experience in nursing. In addition, unless the candidate's name is registered in the Midwives Division of the Register, the candidate must complete an NMBI approved module or unit of study on Maternal and Child Health as part of the programme.	N/A	N/A	N/A
3.4	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.	FC	FC	FC
3.5	The mechanism and conditions for students exiting the educational programme before completion are explicit including exit awards if appropriate.	FC	FC	FC
3.6	NMBI (Registration Department) is notified annually, in writing of any student who exits the programme prior to the successful completion of the programme by the programme coordinator (if relevant).	FC	FC	FC
3.7	Following any interruption <sup>3</sup> in the educational programme, the partnership institutions ensure that the student meets the educational programme requirements as identified by the NMBI (if relevant).	FC	FC	FC
3.8	Eligibility to register with the NMBI is based on successful completion of the programme and the achievement of both the theoretical and clinical practice components and records are maintained regarding conferment of academic awards.	FC	FC	FC

*Continued*



#### 4. Programme Governance and Management

		General	Intellectual Disability	Mental Health
4.1	There is a formal Memorandum of Understanding (MOU) between each Education Body and its AHCP(s) describing mutually agreed planned approaches which the parties will adopt and support to ensure the programme can reach a successful conclusion and support mechanisms are in place for students.	FC	FC	FC
4.2	The Memorandum of Understanding (MOU) details the system for academic liaison and engagement with practice sites to support undergraduate practice-based learning.	FC	FC	FC
4.3	The programme of study is subject to institutional review involving competent academic oversight and scrutiny, independent of those directly involved in the delivery of the programme, to determine how the findings of such reviews are used to bring about improvements.	FC	FC	FC
4.4	The organisation structure supporting the management of the educational programme is explicit and includes the named person with direct responsibility as head of nursing/course leader/ coordinator and he/she holds appropriate academic and professional qualifications and experience.	FC	FC	FC
4.5	A governance agreement is in place within the Education Body in respect of financial and staffing resources to support the delivery of the educational programme for the five-year approval period. In addition, the financial standing information is required to give prospective students some assurance that the provider is a going concern.	FC	FC	FC
4.6	Membership of the Local Joint Working Group (LJWG) is inclusive of representatives from academic, and clinical stakeholders, from acute and community practice settings. Composition of the LJWG should reflect health services reorganisation and its membership adjusted accordingly and the LJWG is responsive to programme change in line with the DOH Health Reform Agenda and population focus.	FC	FC	FC

*Continued*

		General	Intellectual Disability	Mental Health
4.7	For external practice placements outside of Ireland, the Education Body must have formal arrangements in place with host practice institutions that comply with NMBI regulations and EU Directives.	FC	FC	FC
4.8	The process of monitoring and responding to student attendance in respect of the theoretical and clinical practice experience requirements are maintained and an action plan is put in place if a student is not attaining the attendance requirements.	FC	FC	FC
4.9	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 in place. There is a mechanism to review staff performance and addressing underperformance.	FC	FC	FC
4.10	An annual report on the programme of study (RGN, RCN, RNID, RPN, RPHN, RNP, RNT and RANP) and specialist programmes are provided to NMBI by the 31 March of each year in partnership with AHCPs.	FC	FC	FC

## 5. Student Support, Supervision and Learning Resources

		General	Intellectual Disability	Mental Health
5.1	Education Body and Schools/ Departments educational learning resources and facilities (including technological support) adequately support the delivery of the programme and recognize that the environment may be partly virtual or involving the workplace.	FC	FC	FC
5.2	The staff resources support the delivery of the educational programme at the stated professional and academic level.	FC	FC	FC
5.3	There are arrangements to ensure that the programme will not enrol students unless a complement of staff meet the specifications and meet the ratio required.	FC	FC	PC

*Continued*

		General	Intellectual Disability	Mental Health
5.4	Audit of the clinical learning environment should facilitate the identification of the number of students that may be effectively supported within a practice placement.	FC	FC	FC
5.5	A formal grievance, complaints and appeals policy for students is in place.	FC	FC	FC
5.6	Mechanisms for student support in relation to the provision of adequate guidance, supervision and competence development in practice placement settings are relevant to the particular programme (RGN, RCN, RNID, RPN, RNP, RNT, RPHN, RANP and Specialist).	FC	FC	PC
5.7	The programme provides support for students who have special education and training needs and makes reasonable accommodations for students with disabilities.	FC	FC	FC
5.8	Regarding the programme leading to registration as a Registered Nurse Prescriber, written confirmation from an employer is required in relation to the provision of supervised practice and meeting the students learning needs to support the achievement of the expected learning outcomes.		N/A	N/A

## 6. Assessment Strategies

		General	Intellectual Disability	Mental Health
6.1	Assessments are strategically planned and function to provide feedback on student progression and ensure educational standards from a theoretical and clinical perspective are achieved before entry to the next year of the programme.	FC	FC	FC
6.2	Final assessment measures the integration and application of theory to patient/client care learned throughout the programme and requires the student to demonstrate competence within practice through the achievement of learning outcomes in both theory and practice.	FC	FC	FC

*Continued*

		<b>General</b>	<b>Intellectual Disability</b>	<b>Mental Health</b>
6.3	Sample assessment instruments, marking schemes and related evidence has been provided for each assessment and indicates that the assessment is valid and reliable.	FC	FC	FC
6.4	The grading criteria indicating the standard for a pass award is declared and made explicit for theoretical and clinical practice assessments.	FC	FC	FC
6.5	Policies governing student absence, non-submission of assessment work, non-attendance at examinations, mitigating circumstances and repeat arrangements are explicit.	FC	FC	FC
6.6	Assessment regulations relating to compensation, supplemental examinations, appeal mechanisms and conditions for a continuance on the programme are explicit and made known to students and key stakeholders.	FC	FC	FC
6.7	There is a mechanism in place for early feedback on student performance, detection, and support for students at risk of unsatisfactory progress and monitoring of success rates.	FC	FC	FC
6.8	The assessment strategies do not allow compensation between theoretical and clinical practice.	FC	FC	FC
6.9	There is evidence that external examiners are appointed by the Higher Education Institution in accordance with its procedures and with criteria specified by NMBI.	FC	FC	FC
6.10	Eligibility to register with NMBI is based on successful completion of the programme and the achievement of both the theoretical and clinical practice assessments.	FC	FC	FC

**7. Practice Placements**

		<b>General</b>	<b>Intellectual Disability</b>	<b>Mental Health</b>
7.1	Clinical practice placements are based in health care institutions, community and primary care areas that are the subject of audit for their suitability as a quality learning environment to support the achievement of the learning outcomes. This commitment is outlined in the Memorandum of Understanding (MOU).	FC	FC	FC
7.2	Prior to using new practice placements sites, verification of the completed audit as endorsed by the Education Body must be submitted to NMBI.	FC	FC	FC
7.3	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.	FC	FC	FC
7.4	There is a process in place for students to evaluate clinical placements.	FC	FC	FC
7.5	The Education Body has a framework in place for students to raise concerns about the perceived safety of the practice learning environment. The Education Body has a formal structure in place, in agreement with their AHCPs, to follow up such reports with clinical sites concerned.	FC	FC	FC
7.6	Systems for allocation of students are transparent and fair.	PC	FC	FC
7.7	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 that are governed by a formal learning agreement between the students' own Education Body and the Education Body of the hosting country detailing the agreed criteria and mechanisms for such placements and approved by either the competent authority of the host state or by the hosting Education Body with whom the AHCP is associated.	FC	FC	FC

*Continued*

		General	Intellectual Disability	Mental Health
7.8	As with all practice placement sites, the Education Body 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.	N/A	N/A	N/A

### 8. Practice Placements Learning Environment and Competence Assessment

		General	Intellectual Disability	Mental Health
8.1	Clearly written up-to-date learning outcomes/ objectives appropriate to the agreed practice specific competencies are available and accessible to guide each student learning and achievement of competence in each programme of study (RGN, RCN, RNID, RPN, RNP, RPHN, RNT, RANP and Specialist).	FC	FC	FC
8.2	Practice-based learning is supported by adequate numbers of appropriately qualified and prepared practitioners to include preceptors, 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 (Department of Health 2004, 4).	FC	FC	PC
8.3	Each student is assigned a named preceptor, who is a registered nurse and has completed teaching and assessing course, during practice placements to provide support and supervision.	FC	FC	PC
8.4	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 framework.	FC	FC	FC

		General	Intellectual Disability	Mental Health
8.5	The supernumerary status of the student in years 1-3 is explicit for preceptors and nursing students.	FC	FC	FC
8.6	Specific periods of protected time, a minimum of four hours, are allocated for reflection during supernumerary placements and the final internship clinical placement (Nurse Education Forum 2000) and is agreed formally between the Education Body and the AHCPs and included in the memorandum of understanding. (Circular 46/2004, Department of Health and Children 2004).	FC	FC	FC
8.7	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.	FC	FC	FC
8.8	The Education Body and AHCPs operate an effective mechanism for the protection of the public and the safety of the vulnerable person receiving healthcare.	FC	FC	FC
8.9	The Education Body and AHCPs operate robust processes for managing health problems encountered by students.	FC	FC	FC

## Post-graduate Specialist Programmes

**The following specialist programme(s) were inspected as part of the virtual site inspection of the Education Body:**

Post-graduate Diploma in Advance Professional Management of Aggression and Violence - **reapproved**.

## Monitoring Update

### General Nursing

<b>PROGRAMME LEADING TO REGISTRATION:</b>	BSc (Hons) in General Nursing
<b>ASSOCIATED HEALTHCARE PROVIDER SITES INSPECTED:</b>	Our Lady of Lourdes, Drogheda

### General Programme Commendations

- Complimenting staff on the use of reflective workshops following each clinical placement in each semester.
- The professional relationship between DKIT and the AHCP was very evident.
- Students are encouraged to engage in reflective practice facilitated by lecturing staff.
- Evidence provided demonstrates an excellent relationship between academic staff, clinical colleagues, and the student body.
- Our Lady of Lourdes demonstrated a range of quality initiatives (Magnet for Europe and the Daisy Award).
- Excellent examples of CPC support.
- NMBI was particularly impressed by the learning outcomes that were available, they are clearly written and are year/site specific.
- The relationship between the education body and Our Lady of Lourdes was evident with the engagement of the link lecturer in regular virtual meetings.
- The PSP (Professional Standards Partnership) is a good example of networking and the sharing of information.

### Response to Conditions and Current Status

<b>Requirement No.</b>	4.1
<b>Programme Inspection outcome</b>	Partially Compliant
<b>Condition</b>	The education body will submit signed copies of all the MOUs to the NMBI.
<b>Updated response</b>	Signed MOUs submitted and sighted.
<b>Updated outcome</b>	Fully Compliant



<b>Requirement No.</b>	<b>4.2</b>
<b>Programme Inspection outcome</b>	Partially Compliant
<b>Condition</b>	The education body will submit signed copies of all the MOUs to the NMBI.
<b>Updated response</b>	Signed MOUs submitted and sighted.
<b>Updated outcome</b>	Fully Compliant

<b>Requirement No.</b>	<b>7.1</b>
<b>Programme Inspection outcome</b>	Partially Compliant
<b>Condition</b>	The education body will submit signed copies of all the MOUs to the NMBI.
<b>Updated response</b>	Signed MOUs submitted and sighted.
<b>Updated outcome</b>	Fully Compliant

<b>Requirement No.</b>	<b>7.6</b>
<b>Programme Inspection outcome</b>	Partially Compliant
<b>Condition</b>	Appointment of SALO specifically for General Nursing Programme.
<b>Updated response</b>	A business case to increase the number of allocations officers has been submitted to finance for costing and approval. The LJWG will be kept updated regarding the progress of appointing additional allocation officers.
<b>Updated outcome</b>	Partially Compliant

<b>General Programme Recommendations</b>	<b>Updated Response</b>	<b>Noting</b>
That the education body and clinical site explore the potential for research opportunities.	OLOL is in discussions with DkIT regarding the possibility for joint research proposals.	Noted
OLOL to consider re-establishing a resource/meeting room for education purposes to accommodate the engaged team that are eager to meet the hospital's education needs.	The recommendation for a resource room has been discussed with senior management and the LJWG will be kept informed of the progress.	Noted

## Intellectual Disability Nursing

<b>PROGRAMME LEADING TO REGISTRATION:</b>	BSc (Hons) in Intellectual Disability Nursing
<b>ASSOCIATED HEALTHCARE PROVIDER SITES INSPECTED:</b>	St. John of Gods, St. Mary's, Drumcar

### Commendations

- Commend the education body's preparedness and cooperation to the successful conduct of the site inspection.
- Head of School's leadership in preparing the education body for the site inspection.
- AHCPs show of support to the education body site inspection.
- DKIT provides a QQI level 3 certificate course in general learning for people with intellectual disabilities. It is entitled "Skills in Independent Living" and this shows that the education body is very inclusive in recognising people with intellectual disabilities.
- The postgraduate certificate CPD courses were developed in partnership with their associated healthcare providers and existing service needs.
- Student support was very evident during the meetings with the students, lecturers, CPC and NPDC/Facilitator.
- Equipment for the students' skills lab lecture was sent to them so they can practice at home (during Covid-19).
- There is good teamwork among the lecturers and CPCs and NPDC/Facilitator in supporting the students in the clinical placement areas.
- The regular review of the learning outcomes by the CPCs to reflect the changes in the clinical area (e.g., bereavement, a new diagnosis of dementia) to ensure that the students will have appropriate learning and experience.
- The newly established education forum for lecturers, CPCs, PDNs and PICs to discuss and plan support for students and preceptors in the clinical area.
- Good culture of person-centred care provided by intellectual disability nursing staff who demonstrated good role modelling for student nurses.
- During this inspection both the acute inpatient centre (St John of God) and community housing for people with an intellectual disability were available for inspection which demonstrated a varied learning experience for students in decongregated settings.
- Very strong support structure from the management team, CPCs and preceptors for student learning.
- There were excellent examples of clear learning outcomes which were year and site specific available.

## Response to Conditions and Current Status

<b>Requirement No.</b>	<b>4.1</b>
<b>Programme Inspection outcome</b>	Partially Compliant
<b>Condition</b>	The education body will submit signed copies of all the MOUs to the NMBI.
<b>Updated response</b>	Signed MOUs submitted and sighted.
<b>Updated outcome</b>	Fully Compliant

<b>Requirement No.</b>	<b>4.2</b>
<b>Programme Inspection outcome</b>	Partially Compliant
<b>Condition</b>	The education body will submit signed copies of all the MOUs to the NMBI.
<b>Updated response</b>	Signed MOUs submitted and sighted.
<b>Updated outcome</b>	Fully Compliant

<b>Requirement No.</b>	<b>7.1</b>
<b>Programme Inspection outcome</b>	Partially Compliant
<b>Condition</b>	The education body will submit signed copies of all the MOUs to the NMBI.
<b>Updated response</b>	Signed MOUs submitted and sighted.
<b>Updated outcome</b>	Fully Compliant

<b>Requirement No.</b>	<b>8.6</b>
<b>Programme Inspection outcome</b>	Partially Compliant
<b>Condition</b>	The education body and the AHCPs must devise a formal and structured process of engagement for student interns, for 4 hours protected reflective time per week on practice placements.
<b>Updated response</b>	Specific periods of protected time are scheduled during supernumerary clinical placements. Structured recall days for internship students have commenced January 2023. A number of days have been planned for internship period.
<b>Updated outcome</b>	Fully Compliant

## Mental Health Nursing

<b>PROGRAMME LEADING TO REGISTRATION:</b>	BSc (Hons) in Mental Health Nursing
<b>ASSOCIATED HEALTHCARE PROVIDER SITES INSPECTED:</b>	Drogheda Department of Psychiatry (DDoP)

### Commendations

- Commend all stakeholders for their preparation and positive participation in the NMBI inspection process.
- Approachable Head of Department.
- Positive engagement with the local recovery college.
- Supportive ethos among lecturers towards students.
- Good working relationships between nurse practice development and CPCs.
- Inclusion of experts by experience in the delivery of the programme.
- The work done by all staff in preparation for NMBI site inspection.
- The Drogheda Department of Psychiatry (DDoP) staff gave the NMBI site inspection team a very warm welcome and were very forthcoming with any information requested.
- The facilities in the DDoP are very bespoke and ensure service users have many opportunities for relaxation, occupational and other interactive activities.
- The high dependency unit is a wonderful asset and provides students with excellent learning opportunities.
- Students report being very happy with their placements in DDoP and feel confident communicating with their preceptors and staff colleagues.
- The practice development coordinator has a very clear training schedule to give training opportunities to all staff.
- The preceptor award is an innovative initiative to acknowledge preceptors' contribution to student learning.

## Response to Conditions and Current Status

<b>Requirement No.</b>	<b>4.1</b>
<b>Programme Inspection outcome</b>	Partially Compliant
<b>Condition</b>	The education body will submit signed copies of all the MOUs to the NMBI.
<b>Updated response</b>	Signed MOUs submitted and sighted.
<b>Updated outcome</b>	Fully Compliant

<b>Requirement No.</b>	<b>4.2</b>
<b>Programme Inspection outcome</b>	Partially Compliant
<b>Condition</b>	The education body will submit signed copies of all the MOUs to the NMBI.
<b>Updated response</b>	Signed MOUs submitted and sighted.
<b>Updated outcome</b>	Fully Compliant

<b>Requirement No.</b>	<b>5.3</b>
<b>Programme Inspection outcome</b>	Partially Compliant
<b>Condition</b>	Appointment of an additional CPC to ensure required minimal ratio is met. The education body must provide evidence of the engagement process with AHCPs to ensure that incoming student numbers are set based on CPC support available (1:30) on an annual basis.
<b>Updated response</b>	A business case to increase the number of CPCs has been submitted to finance for costing and approval. The LJWG will be kept updated regarding the progress of appointing additional CPCs.
<b>Updated outcome</b>	Partially Compliant

<b>Requirement No.</b>	<b>5.6</b>
<b>Programme Inspection outcome</b>	Partially Compliant
<b>Condition</b>	Appointment of a SALO specifically for mental health programme. Nursing students must get exposure to a variety of mental health placements, especially in years 1 & 2 and over the course of the 4 years of the programme.
<b>Updated response</b>	A business case to increase the number of allocations officers has been submitted to finance for costing and approval. The LJWG will be kept updated regarding the progress of appointing additional allocation officers.
<b>Updated outcome</b>	Partially Compliant

<b>Requirement No.</b>	<b>7.1</b>
<b>Programme Inspection outcome</b>	Partially Compliant
<b>Condition</b>	The education body and the AHCP must conduct audits of the clinical learning environment. These need to be reviewed and completed by DKIT link lecturers, CPCs and clinical staff together and included in the signed MOU.
<b>Updated response</b>	The Drogheda Department of Psychiatry [DDoP] was audited 05/05/2022 by the CPC, Link Lecturer and Clinical Nurse Manager.
<b>Updated outcome</b>	Fully Compliant

<b>Requirement No.</b>	<b>8.1</b>
<b>Programme Inspection outcome</b>	Partially Compliant
<b>Condition</b>	The education body and the AHCPs must provide site specific learning outcomes that are written for each practice placement and are jointly developed by DKIT and AHCPs.
<b>Updated response</b>	Learning outcomes submitted and sighted, recommendation made to review Learning Outcomes to reduce overall number.
<b>Updated outcome</b>	Fully Compliant

<b>Requirement No.</b>	<b>8.2</b>
<b>Programme Inspection outcome</b>	Partially Compliant
<b>Condition</b>	CPC to student ratio is not met (3 CPCs to 122 students). The education body will work with their AHCPs to recruit 1 WTE CPC.
<b>Updated response</b>	A business case to increase the number of CPCs has been submitted to finance for costing and approval. The LJWG will be kept updated regarding the progress of appointing additional CPCs.
<b>Updated outcome</b>	Partially Compliant

<b>Requirement No.</b>	<b>8.3</b>
<b>Programme Inspection outcome</b>	Partially Compliant
<b>Condition</b>	A sufficient number of registered nurses (above 80%) must complete a teaching and assessing course approved by the NMBI to enable them support, guide and assess students' learning and competence.
<b>Updated response</b>	Preceptorship numbers are being addressed as priority and training is ongoing.
<b>Updated outcome</b>	Partially Compliant

<b>Requirement No.</b>	<b>8.6</b>
<b>Programme Inspection outcome</b>	Partially Compliant
<b>Condition</b>	The education body and the AHCP must devise a formal process to ensure all internship nursing students are allocated 4 hours protected reflective time per week on practice placements.
<b>Updated response</b>	Students are encouraged to take protected time [4hrs per week] off-site to the clinical location and record how they utilise their reflective time each week in the student's weekly summary in the CAD. If it is possible to reflect on practice with the preceptor onsite, this is accommodated.
<b>Updated outcome</b>	Fully Compliant

<b>Mental Health Programme Recommendations</b>	<b>Updated Response</b>	<b>Noting</b>
The membership of the LJWG needs to be revised to include persons using health services.	This recommendation is being explored currently.	Noted
Future revision of the AHCP's medication management policy to be developed in collaboration with the education body, as this is key for learning by students on placement. The policy must incorporate <i>Guidance for Registered Nurses and Midwives on Medication Administration</i> document (NMBI, 2020).	This recommendation will be highlighted to Professional Standards Partnership Group. Engagement in Medication Management is explicitly outlined in the Scope of Practice for students from years 1 to 4.	Noted
Learning support plans in the NCAD to be supported by DKIT link lecturers when appropriate.	This recommendation has been noted by DKIT and link lecturers are involved where appropriate.	Noted
Review the Professional Standards Partnership Group (PSP) to devise a committee for mental health to consider operational issues specific to the mental health programme.	This recommendation has been noted. Mental health academic staff now meet with mental health clinical colleagues on at least two occasions each semester.	Noted

## Midwifery

<b>PROGRAMME LEADING TO REGISTRATION:</b>	BSc (Hons) in Midwifery Higher Diploma in Midwifery
<b>ASSOCIATED HEALTHCARE PROVIDER SITES INSPECTED:</b>	Our Lady of Lourdes Maternity Service Cavan Monaghan Maternity Service Letterkenny Maternity Hospital

## Required Compliance

**Key FC – Fully Compliant, PC – Partially Compliant, NC – Non-compliant**

### 1. Higher Education Institutes and Allied Health Clinical Placements

The HEIs and AHCPs are committed to providing midwifery education registration programmes that demonstrate the standards of professional midwifery education and training required by NMBI.

		<b>Midwifery</b>
1.1	All statutory and regulatory requirements of NMBI and European Directives are met.	FC
1.2	The programme is subject to institutional review involving competent academic oversight and scrutiny independent of those directly involved in the delivery of the programme. The findings of such reviews are used to bring about improvement and development of the programme.	FC
1.3	The programme is responsive to change arising from professional, educational, health, social and economic issues.	FC
1.4	The HEI and AHCPs maintain records that demonstrate that each student meets the learning outcomes in the clinical and theoretical components of the programmes and records for the conferment of professional and academic awards.	FC
1.5	Processes for monitoring and managing student attendance, sickness, absence and attrition are fair, accurate and transparent.	FC
1.6	The organisation structure supporting the management of the educational programme is explicit.	FC
1.7	The programme leader or coordinator leading each programme team is a registered midwife with appropriate academic, professional, teaching qualifications and experience.	FC

*Continued*



		<b>Midwifery</b>
1.8	A local joint working group (LJWG) which includes representatives from key stakeholders within the HEIs, AHCPs and service users (who are the service users) should operate within an agreed memorandum of understanding (MOU). The composition of the LJWG should reflect health systems changes and be reviewed accordingly. The function of the LJWG 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.	FC
1.9	The HEI has in place financial and staffing resources to support the delivery of the programme for the five-year approval period.	FC
1.10	The staff resource supports the delivery of the programme at the stated professional and academic level.	FC
1.11	Audit of both the academic and clinical learning environment should identify the number of students that may be effectively supported on the programme.	FC
1.12	Midwives involved in the delivery of the programme must have their names entered in the Midwives Division of NMBI's Register of Nurses and Midwives.	FC
1.13	Midwifery subjects are developed and taught by registered midwives with appropriate professional and academic qualifications including teaching expertise and clinical credibility.	FC
1.14	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.	FC
1.15	The HEI and the AHCPs have a mechanism in place for students to raise concerns about the safety of clinical practice and the clinical learning environment.	FC
1.16	There is a governance structure in place within the HEI and the AHCPs to ensure such reports are followed up.	FC
1.17	A mechanism for staff development, including provision for maintaining clinical credibility, which prepares staff to deliver the programme.	FC
1.18	Educational resources and facilities (including technological support and simulation models) to meet the teaching and learning needs of the students to complete the programme are in place for the entirety of the programme.	FC
1.19	The mechanism for student admission to the programme ensures that the stated entry requirements are met. The mechanism and conditions for a student exiting the programme before completion are explicit and met.	FC

*Continued*

		Midwifery
1.20	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.	FC
1.21	Following interruption [1] to the programme, robust arrangements, which may include a period of clinical orientation, are put in place by the HEI and AHCPs to facilitate the student meeting the educational requirements of the programme as set out by NMBI.	FC
1.22	Student transfer arrangements ensure that the full requirement of the midwife registration programme leading to registration will be completed.	FC
1.23	The mechanisms for student support, which include student services, personal and academic guidance, are explicit.	FC
1.24	The registration department of the NMBI is notified in writing of any student who exits the programme prior to the successful completion of the Programme.	FC
1.25	There is a formal grievance, complaints and appeals policy for students in place.	FC
1.26	The HEI and AHCPs provide an annual report on the midwife registration programmes including the commentary from external examiners report.	FC

## 2. Curriculum Design and Development

The curriculum design and development should reflect current evidence-based education theory and healthcare practice. The curriculum model chosen should be dynamic and flexible to allow for changes in midwifery practice, the delivery of maternity services and the continued development of evidence-based practice.

		Midwifery
2.1	The programme of study is designed at a level 8 honours Bachelors level on the National Framework of Qualifications.	FC
2.2	All statutory and regulatory requirements of the NMBI and EU Directives are met.	FC
2.3	The programme of study makes the safety of the person and the protection of the public an integral, explicit, and continuing component within the curriculum.	FC
2.4	The curriculum design and development team are led by a midwife lecturer and are guided by evidenced based educational theory, professional midwifery knowledge and healthcare practice.	FC
2.5	The curriculum development team comprises of representatives of key stakeholders in Midwifery education and midwifery clinical practice and includes input from users of the maternity service and midwifery students.	FC

*Continued*

		Midwifery
2.6	The curriculum is strategically planned to demonstrate balanced distribution and integration of theory and practice to achieve the learning outcomes. This is outlined in the circuit of training for the duration of each programme (RGN, RCN, RNID, RPN, RPHN, RNP, RNT, RANP and Specialist). (IND 2.5)	FC
2.7	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 lifelong learning.	FC
2.8	The curriculum design reflects various methods of learning and teaching including virtual methods, and provides a balance between workshops, small group interactions, demonstrations, enquiry-based learning, practical work, lectures, tutorials and self-directed learning. The methods should also include virtual methods of teaching and group interactions.	FC
2.9	Module descriptors identify the ECTS credits, aims, learning outcomes, indicative content, student contact hours, student effort/self-directed learning hours and assessment strategies.	FC
2.10	The curriculum articulates opportunities for intentional, shared, interdisciplinary learning that is designed to enhance collaborative practice with other health professionals.	FC
2.11	The curriculum articulates how the student is enabled to achieve the expected learning outcomes of the programme.	FC
2.12	The curriculum includes the assessment strategies in relation to the measurement of the theoretical and clinical learning outcomes and includes practice-based assessments.	FC
2.13	Opportunities for midwifery students to experience a clinical placement in another system of midwifery care within or outside of the EU may be provided for a maximum period of 13 weeks which includes orientation. Clinical placements must be based in institutions approved by the competent authority of the host country and an agreed MOU must be in place with the HEI. Placements must meet identified educational outcomes, and necessary support structures must be assured to the NMBI by the HEI. Criteria and mechanism for students to avail of this opportunity are explicit.	FC
2.14	The programme of study is designed at a level 8 honours Bachelors level on the National Framework of Qualifications.	FC

### 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 in the hospital is the central focus of the midwife 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 registered midwives 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 lifelong 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 NMBI.

		Midwifery
3.1	Prior to the placement of students in new clinical placements sites, verification of an audit completed by the HEI, must be submitted to the NMBI.	FC
3.2	The selection of environments for clinical practice experience supports the achievement of the learning outcomes of the programmes and reflects the scope of the healthcare settings and students' individual needs.	FC
3.3	Clinical placements are subject to audit as to their suitability as quality clinical learning environments in accordance with the NMBI midwife registration programme standards and requirements for programme approval.	FC
3.4	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 the successful achievement of the prescribed competencies for the midwife registration programme.	FC
3.5	Opportunities for students to experience direct contact with women and their babies are provided early in the programme.	FC
3.6	Clearly written and 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.	FC

*Continued*

		Midwifery
3.7	Students and all those involved in meeting their learning needs are fully acquainted with the expected learning outcomes relating to that clinical placement.	FC
3.8	The staff resource supports the delivery of the programme at the stated professional and academic level. This includes a ratio of one clinical placement coordinator to every 15 midwifery students and for every 50 students there is 0.5wte allocation liaison officer. (Department of Health and Children, 2004).	FC
3.9	Each student is allocated a named primary preceptor, who is a registered midwife (or registered midwife or nurse in a NICU placement), during midwifery clinical placements to provide support, supervision and assessment. In the absence of a primary preceptor, a named co-preceptor must be allocated to support and supervise the student.	FC
3.10	Preceptors and midwives who have a role supporting, supervising and assessing students have completed a teaching and assessment course approved by the NMBI that enables them to support, guide and assess students in the clinical practice environment and assist students to learn the practice of midwifery.	FC
3.11	Registered Midwives should undertake the role of primary preceptor when they have experience of midwifery practice and have completed a teaching and assessing students on an ongoing basis.	FC
3.12	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.	FC
3.13	Mechanisms are in place to facilitate preceptors to support, supervise and assess students.	FC
3.14	Mechanisms for supporting and evaluating preceptors are explicit.	FC
3.15	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 enough registered midwives to facilitate the support and supervision of midwifery students to achieve the expected learning outcomes of the programme.	FC
3.16	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 placements provide an optimum learning environment.	FC

*Continued*

		Midwifery
3.17	The supernumerary status of pre-registration midwifery students is clearly articulated and respected (Midwifery Registration Programmes Standards and Requirements NMBI 2016).	FC
3.18	<p>Specific periods of time are allocated for reflection during supernumerary placements and the clinical internship.</p> <ul style="list-style-type: none"> <li>• 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 AHCPs and included in the MOU.</li> <li>• Protected reflected practice time of a minimum of four hours per week should be an integral component of any supernumerary midwifery and specialist placement.</li> </ul> <p>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).</p>	FC
3.19	Students are supported and supervised during the final placement (internship) of 36 weeks to consolidate the completed theoretical learning and to support the achievement of clinical competence on graduation and registration.	FC
3.20	<p>The responsibility rests with the HEIs in collaboration with the AHCPs to ensure that a clinical placement site for student placement is of an appropriate standard to meet the learning outcomes of the midwife registration programme and is a learning environment of adequate quality.</p> <p>Quality assurance indicators are identified and measured in relation to:</p> <ul style="list-style-type: none"> <li>• The number of midwives and support healthcare staff to ensure that safe, quality care is provided to women and their babies.</li> <li>• The number of preceptors, midwives and nurses to facilitate the support, supervision and assessment of students.</li> <li>• The availability of multidisciplinary evidence-based practice guidelines and policies to support care.</li> <li>• The availability of mechanisms for the development and review of evidence – based guidelines with multidisciplinary involvement.</li> <li>• Proof of application of evidence-based practice.</li> <li>• Evidence of individualised, women and baby centred care.</li> <li>• The availability of policies and protocols in respect of medication management and good practice in recording midwifery care and interventions.</li> </ul>	PC

*Continued*

		Midwifery
3.20	<ul style="list-style-type: none"> <li>• Evidence of mechanisms for audit of midwifery documentation and audit of medication management.</li> <li>• Evidence of continuing professional development for all practice staff and education and training programmes which involve all members of the multidisciplinary team.</li> <li>• Evidence of clinical risk management programmes.</li> <li>• The availability of mechanisms for student support, supervision and assessment.</li> <li>• The availability of support mechanisms for preceptors and midwives, including continuing professional development in supporting, supervising and assessing of students.</li> <li>• The availability of mechanisms for educational and clinical audit.</li> <li>• The availability of mechanisms to review the quality of preceptorship.</li> <li>• The availability of mechanisms to involve women and families in the development and evaluation of maternity care.</li> </ul>	PC

#### 4. Assessment Strategies

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.

		Midwifery
4.1	Assessments are strategically planned and function to provide feedback on student progression including identifying strengths and areas or 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.	FC
4.2	Assessments are based on a variety of strategies that are aligned with the subject area, clinical practice setting, stage of the programme and expected learning outcomes.	FC
4.3	Assessment measures the acquisition of knowledge, skills, values, and 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.	FC
4.4	Assessment strategies are established as reliable and valid measurements of learning outcomes.	FC
4.5	Criteria indicating the standard for a pass award is declared and made explicit for theoretical and clinical practices assessments.	FC

*Continued*

		Midwifery
4.6	Assessments have a clear marking criteria and processes which are open and transparent, and are available to students, internal and external examiners and academic staff.	FC
4.7	The assessment strategy does not allow for compensation between theoretical and clinical practice assessment.	FC
4.8	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.	FC
4.9	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.	FC
4.10	Eligibility to apply for registration in the Midwives Division of the Register maintained by NMBI is based on successful completion of the programme, meeting the learning outcomes and achieving the competencies required of the programme.	FC

## Commendations

### BSc (Hons) and Higher Diploma in Midwifery

- The introduction within the education body of a Fitness to Practise Policy which is due to commence in September 2021.
- At the onset of the Covid-19 pandemic, all staff were added to a module that provided resources, tips, and helps to assist with online teaching.
- The midwifery academic team were personable and appeared to be a good working team. The team was responsive to the needs of the students, particularly during the pandemic. Students said they were always available and very supportive.
- The commencement of a midwifery managed clinic run by midwifery educators and held local to the DKIT campus. This clinic is run in close liaison with the HSE and provides antenatal care to mothers who are booked with OLOL for delivery.
- The students were very focused on providing care that was women-centred and not task orientated.



### Our Lady of Lourdes Maternity Service

- The midwifery lead unit and their staff provide excellent facilities for mothers who are low risk.
- The introduction of the early transfer home scheme for mothers and their babies.

### Cavan Monaghan Maternity Service

- The midwifery led delivery unit provide excellent facilities for mothers who use it.

### Letterkenny Maternity Hospital

- The midwifery staff were commended by midwifery students for their support particularly in year 1.

## Response to Conditions and Current Status

<b>Requirement No.</b>	<b>1.8</b>
<b>Programme Inspection outcome</b>	Non Compliant
<b>Condition</b>	The education body will update the MOUs with all the AHCPs attached to the midwifery programmes. The local joint working group should include the Director of Midwifery from the AHCP and this needs to be reflected in the MOU. The MOU should be updated every three years or earlier should there be changes in the arrangements relating to the provision of programmes.
<b>Updated response</b>	Signed MOUs submitted and sighted.
<b>Updated outcome</b>	Fully Compliant

<b>Requirement No.</b>	<b>3.20</b>
<b>Programme Inspection outcome</b>	Partially Compliant
<b>Condition</b>	The AHCP is required to ensure that all of the midwifery staff who preceptor students have attended (every 2 years) multi-professional training and education programmes relating to CTG (fetal heart trace monitoring) and recognition of the deteriorating women (or similar programmes).
<b>Updated response</b>	Training for these skills is currently ongoing in all three sites, midwives are scheduled to attend.
<b>Updated outcome</b>	Partially Compliant

<b>Requirement No.</b>	<b>3.20</b>
<b>Programme Inspection outcome</b>	Partially Compliant
<b>Condition</b>	OLOL Maternity Service Guidelines that are over 6 months past their renewal date are to be updated within 6 months of the date of this report.
<b>Updated response</b>	<p>In relation to the guidelines that were identified as out of date on Q pulse, all of the local guidelines were being updated. The evidence to support this was provided in the policy and guidelines minutes that were available to the site inspection team on the day. A number of these have now been completed, with the remainder near completion. As the vast majority of these guidelines are now multi-disciplinary, this can impact on the timeline for completion. Policies and guidelines are a standing item on the Women's Health Governance and Paediatric Governance agendas. This forum allows for discussion and escalation of any issues/concerns that may arise. A significant number of the HSE/ RCPI National Guidelines are currently out of date. To progress these guidelines, a new National Guideline Committee has been set up and chaired by Dr. Keelin O'Donoghue.</p> <p>We would like to inform the board that we are committed to providing a quality learning environment for all our students and staff at OLOLH Maternity Unit.</p>
<b>Updated outcome</b>	Partially Compliant

<b>Requirement No.</b>	<b>3.20</b>
<b>Programme Inspection outcome</b>	Partially Compliant
<b>Condition</b>	<p>Cavan/Monaghan Maternity Service</p> <p>The multi-professional guidelines that require updating needs to be addressed. Approval of local multi-professional guidelines need to include the maternity multi-professional team.</p>
<b>Updated response</b>	<p>The RCSI has developed a guideline to standardise and quality assure the development, review, approval and communication of PPPGs within the RCSI group. This guideline is in the process of being implemented throughout the hospital by QPS and is currently in use in maternity services (see attached). This process will ensure the all the key stakeholders are involved and that PPPGs are reviewed by the appropriate governance committees prior to final approval. Maternity services has a functioning guideline committee which have an annual plan in place to address any PPPG needs. This committee reports into Women's Health Governance Committee.</p>

*Continued*

<b>Updated response</b>	<p>The following are examples of the multi-professional PPPGs currently in development that have the Director of Midwifery or maternity multi-professional team member included as the owner, in the development group or as an approver.</p> <ul style="list-style-type: none"> <li>• Addendum to National Nurse and Midwife Medicinal Product Prescribing Guideline May 2020</li> <li>• Nurse and Midwife Authority to Refer for Radiological Procedures Guideline</li> <li>• KEWS (Digital Vital Signs Automation System) Policy for Cavan and Monaghan Hospital</li> <li>• Clinical Policy and Procedural Guideline for Nurses and Midwives undertaking Venepuncture in Adults</li> <li>• Clinical Policy and Procedural Guideline for Healthcare Staff Undertaking Peripheral Intravenous Cannulation in Adults Including management of Peripheral Intravenous Catheters.</li> </ul>
<b>Updated outcome</b>	Partially Compliant

<b>Requirement No.</b>	<b>3.20</b>
<b>Programme Inspection outcome</b>	Partially Compliant
<b>Condition</b>	<p>Letterkenny Maternity Hospital</p> <p>The maternity service at Letterkenny agrees and will implement a multi-professional guideline for midwifery lead care (supportive care pathway). Other multi-professional guidelines that require updating needs to be addressed.</p>
<b>Updated response</b>	<p>This guideline has been updated and is available on Q-Pulse. L-CLN-NM-00311 TITLE: Guideline on a Supportive Model of Care (Midwifery Led) in Uncomplicated Pregnancies in Letterkenny University Hospital. All guidelines are reviewed and updated on an ongoing basis.</p>
<b>Updated outcome</b>	Partially Compliant

Midwifery Programme Recommendations	Updated Response	Noting
<p>Although students were very clear and felt able to report any concerns including clinical concerns the AHCP sites may wish to, with the education body, develop a policy and process map regarding reporting clinical concerns and for the process map to identify steps regarding concerns raised until the issues are addressed and closed.</p>	<p>Process is detailed in the student clinical handbook and made available at commencement of placement.</p>	<p>Noted</p>
<p>It is noted that there is a vacancy for a CPC on one site due to retirement and this role is now being filled on a temporary basis by another colleague. It is recommended that this post is filled promptly to ensure that students have the right support during their clinical placements.</p>	<p>This post has been filled on a permanent capacity.</p>	<p>Noted</p>
<p>It is recommended that specific midwifery students surveys are undertaken so that the student midwives' results are not complied with the nursing students results bearing in mind their programmes are substantially different.</p>	<p>Midwifery specific surveys are conducted and compiled.</p>	<p>Noted</p>
<p>It is recommended that an educational audit is undertaken of each clinical area at Letterkenny Hospital rather than one audit for the whole service.</p>	<p>This is scheduled for the next audit, due in 2024.</p>	<p>Noted</p>
<p>LOL: To consider the early transfer home scheme as a post-natal clinical placement for student midwives.</p>	<p>Discussions are ongoing and potential options are being explored.</p>	<p>Noted</p>
<p>LOL: The perinatal mental health service run by a specialist midwife to be considered as a placement for student midwives.</p>	<p>Discussions are ongoing and potential options are being explored. Potential to use as an elective placement option for students.</p>	<p>Noted</p>

Nursing and Midwifery Board of Ireland  
18/20 Carysfort Avenue, Blackrock,  
County Dublin,  
A94 R299.  
Tel: (01) 639 8500  
Email: [EducationandGuidance@nmbi.ie](mailto:EducationandGuidance@nmbi.ie)  
Web: [www.nmbi.ie](http://www.nmbi.ie)



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