

NMBI Site Inspection of Nursing and Midwifery Programmes Leading to Registration and Specialist Practice

Monitoring Update Report

Trinity College Dublin (TCD)



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

Contents

Introduction	3
Monitoring Timelines	3

01

Nursing Education Programmes	4
Required Compliance	6
Monitoring Update	14
Education Body Organisational Note on Staffing	15
General Nursing	16
Commendations	16
Response to Conditions and Current Status	17
Integrated Childrens and General Nursing	22
Commendations	22
Response to Conditions and Current Status	23
Intellectual Disability Nursing	29
Commendations	29
Response to Conditions and Current Status	30
Mental Health Nursing	35
Commendations	35
Response to Conditions and Current Status	36

02

Post-graduate Nursing Programmes	39
Required Compliance	41
Commendations	42
Response to Conditions and Current Status	43

03

Midwifery Programmes	46
Required Compliance	47
Commendations	52
Response to Conditions and Current Status	52

04

Post-graduate Midwifery Programmes	60
Required Compliance	61
Commendations	62
Response to Conditions and Current Status	63

Introduction

This report is an update of the Trinity College Dublin (TCD) site inspection report approved by the Nursing and Midwifery Board of Ireland on 22 March 2023. The monitoring update report is based on information provided by TCD in collaboration with their practice partners.

Monitoring Timelines

Board approval of site inspection report	22 March 2023
Response to Conditions received from Education Body	28 September 2023
Follow Up Meeting with Education Body	7 December 2023
Monitoring Report Published	19 January 2024

Signed:



Sheila McClelland
NMBI CEO



Carolyn Donohoe
Director of Education, Policy and
Standards, NMBI



01

**Nurse
Education
Programmes**

NAME OF EDUCATION BODY	Trinity College Dublin
HEAD OF SCHOOL	Dr Fintan Sheerin

General Nursing

PROGRAMME LEADING TO REGISTRATION:	BSc (Hons) in General Nursing
PRACTICE PARTNER SITES INSPECTED:	St James's Hospital (SJH) Tallaght University Hospital (TUH) VHI Community Homecare Meath Community Unit St Columcille's Hospital Leopardstown Park Hospital

Integrated Children's and General Nursing

PROGRAMME LEADING TO REGISTRATION:	BSc (Hons) Integrated Children's and General Nursing
PRACTICE PARTNER SITES INSPECTED:	Children's Health Ireland at Tallaght (CHI@Tallaght) Children's Health Ireland at Temple Street (CHI@TS)

Intellectual Disability Nursing

PROGRAMME LEADING TO REGISTRATION:	BSc (Hons) in Intellectual Disability Nursing
PRACTICE PARTNER SITES INSPECTED:	Stewarts Care, Palmerstown Dublin Muiriosa Foundation, Monasterevin Co Kildare

Mental Health Nursing

PROGRAMME LEADING TO REGISTRATION:	BSc (Hons) in Mental Health Nursing
PRACTICE PARTNER SITES INSPECTED:	St Patricks Hospital Dublin HSE Dublin South, South Kildare and West Wicklow Mental Health Services

Required Compliance

Key C – Fully Compliant, P – Partially Compliant, N – Non-compliant

Education body requirements

1. Student Admission and Progression

		General	Integrated	Intellectual Disability	Mental Health
1.1	Clear and comprehensive information about the programme is available for prospective students.	C	C	C	C
1.2	Admission requirements are in line with those specified by NMBI and detail procedures for recognition of prior learning and other inclusion mechanisms.	C	C	C	C
1.3	The criteria for students' progression through and successful completion of the programme are explicit and made known to students, in writing, at the beginning of the programme.	C	C	C	C
1.4	Attendance requirements for students are specified and procedures are in place to monitor students' attendance. Procedures to address non-compliance with attendance requirements are available. (EB & PP)	C	C	C	C
1.5	Supports for students in relation to academic or personal guidance or practical supports are available and made known to students at the outset of the programme.	C	C	C	C
1.6	Learning supports including reasonable accommodations are available to students who require them. (EB & PP)	C	C	C	C
1.7	There are documented procedures for students transferring to or from another education body to ensure that the student meets all the requirements of the programme. These procedures ensure collaboration between the education bodies.	C	C	C	C

Continued

		General	Integrated	Intellectual Disability	Mental Health
1.8	Procedures for a student exiting a programme before completion are explicit, including exit awards if appropriate.	C	C	C	C
1.9	Procedures are in place to inform NMBI, in writing, annually of student/s who exit a programme prior to completion.	C	C	C	C
1.10	Records of student retention, progression, completion and attrition rates, conferment of academic awards and graduate first destinations are maintained and reviewed.	C	C	C	C

2. Governance and Management

		General	Integrated	Intellectual Disability	Mental Health
2.1	There is a signed Memorandum of Understanding (MOU) between the education body and each of its practice partners. (EB & PP)	C	P	C	C
2.2	The school of nursing/department and individual programmes are subject to periodic quality reviews.	C	C	C	C
2.3	Programmes are subject to annual monitoring through the external examiners process.	C	C	C	C
2.4	An Annual Report, inclusive of all NMBI approved programmes and prepared in partnership with the practice partners, is submitted to NMBI by 30 June each year. (EB & PP)	C	C	C	C
2.5	The management structure supporting the delivery of the programme/s is explicit. It includes the named person with lead responsibility who holds appropriate academic and professional nursing qualifications and experience.	C	C	C	C
2.6	The education body demonstrates financial planning and resource allocation to support the delivery of the programmes for a rolling 5-year period.	C	C	C	C

Continued

		General	Integrated	Intellectual Disability	Mental Health
2.7	Staffing allocations to support the delivery of the programme are maintained, at the following staff to student ratios: academic staff 1:20, allocations liaison officer 1:50, nurse practice development coordinator (minimum of 1), and clinical placement coordinator 1:30. (EB & PP)	P	P	C	P
2.8	Teaching and learning resources and facilities support the delivery of the programme.	C	C	C	C
2.9	A Local Joint Working Group including representatives of the key stakeholders from the education body and practice partner, from acute and community settings, is in operation. (EB & PP)	C	C	C	C
2.10	Staff are provided with opportunities to develop their teaching and learning skills and deepen their knowledge of their areas of expertise. (EB & PP)	C	C	C	C
2.11	Formal grievance, complaints, and appeals policies are available and made known to students.	C	C	C	C
2.12	Arrangements are in place with Erasmus and international host institutions that comply with NMBI standards and requirements, and do not exceed 13 weeks placement duration.	C	C	C	C
2.13	There is public and patient involvement in the review and evaluation of programmes by the education body.	C	C	C	C
2.14	The education body and practice partner operate a fitness to practise mechanism for the protection of the public. (EB & PP)	C	C	C	C
2.15	The education body and practice partner have processes in place to support students with health problems. (EB & PP)	C	C	C	C

3. Practice Placements

		General	Integrated	Intellectual Disability	Mental Health
3.1	New practice placement sites are audited for their suitability as a quality learning environment, that will support the achievement of the learning outcomes, in advance of students' commencing placements. Notification of new sites is included in the Annual Report submitted to NMBI. (EB & PP)	C	C	C	C
3.2	Existing practice placement sites are subject to 5-year cyclical audits, or when significant clinical changes occur, to ensure their continued suitability as a quality learning environment for students. (EB & PP)	C	C	C	C
3.3	There are processes in place for students to evaluate and provide feedback on practice placements. (EB & PP)	C	C	C	C
3.4	There are procedures in place for students to raise concerns about the perceived safety of a practice placement and follow up with relevant clinical partners. (EB & PP)	C	C	C	C
3.5	Fair and transparent systems are in place for the allocation of students to practice placements. (EB & PP)	C	C	C	C
3.6	Where a student is being supervised by health and social care professionals, the setting and achievement of learning outcomes is monitored by a registered nurse.	C	C	C	C

Programme requirements

4. Curriculum

		General	Integrated	Intellectual Disability	Mental Health
4.1	Curriculum development processes ensure that the programme meets all statutory and regulatory requirements of NMBI and where applicable, the European Directives for nurse registration education programmes (2013/55/Recognition of Professional Qualifications).	C	C	C	C
4.2	The programme meets the requirements of the relevant award on the National Framework of Qualifications (NFQ).	C	C	C	C
4.3	Safety of the person and protection of the public is a fundamental, explicit, and continuing component of the programme.	C	C	C	C
4.4	The curriculum model chosen is dynamic, flexible, and evidence-based and utilises a range of teaching and learning strategies.	C	C	C	C
4.5	The curriculum is comprehensively and systematically documented and in line with the programme learning outcomes and domains of competence specified in Section 2 of the relevant Programme Standards and Requirements.	C	C	P	C
4.6	Clinical placements are integral to the programme.	C	C	C	C
4.7	The curriculum embeds a culture of professionalism and ensures that students understand the implications of professional regulation including adherence to NMBI's Code of Professional Conduct and Ethics.	C	C	C	C
4.8	Module descriptors identify the aims, learning outcomes, ECTS credits, indicative content, student contact hours, student effort/self-directed learning hours and assessment strategy.	C	C	C	C
4.9	The curriculum demonstrates a balance between theory and practice leading to the development of reflective practitioners.	C	C	C	C

Continued

		General	Integrated	Intellectual Disability	Mental Health
4.10	The curriculum development team is led by academic staff who are Registered Nurses in the relevant division of the register and comprises representative members of key academic and clinical stakeholders.	C	C	C	C
4.11	Registered nurses with appropriate professional and academic qualifications and teaching experience deliver the nursing modules.	C	C	C	C
4.12	The curriculum articulates opportunities for intentional, shared, interprofessional learning that is designed to enhance collaborative practice with other health care professionals.	C	C	C	C

5. Assessment

		General	Integrated	Intellectual Disability	Mental Health
5.1	The assessment strategy is designed to ensure the student meets all the required theoretical and clinical learning outcomes before they can progress to the next stage or complete the programme.	C	C	C	C
5.2	The selection of assessment techniques assesses achievement of learning outcomes at both module and programme level.	C	C	C	C
5.3	Students are informed about the assessments employed for their programme and about the requirements for progression, including the grading criteria.	C	C	C	C
5.4	Policies governing absence, failure to submit assessment work, non-attendance at examinations, mitigating circumstances, repeat arrangements, appeals procedures are explicit and available to students and staff.	C	C	C	C
5.5	Processes are in place for early detection and feedback on student performance and supports are available for students at risk of not progressing.	C	C	C	C

Continued

		General	Integrated	Intellectual Disability	Mental Health
5.6	The assessment strategy for the programme makes clear that compensation between theoretical and clinical practice components is not allowed.	C	C	C	C
5.7	External examiners appointed to the programme are appropriately qualified and experienced.	C	C	C	C

Practice Partner (PP) Requirements

6. Clinical Learning Environments

		General	Integrated	Intellectual Disability	Mental Health
6.1	The Clinical Learning Environment (CLE) Audit is completed and available for review. (EB & PP)	C	C	C	C
6.2	Learning outcomes are specific to the practice placement environment and developed collaboratively by clinical and academic staff. Learning outcomes are aligned to the stage of the programme. (EB & PP)	C	C	C	C
6.3	Each student is allocated a named preceptor and associate preceptor while on practice placement. The preceptor or associate preceptor is available to supervise and assess the student for two thirds of the student's time on placement.	C	C	C	C
6.4	The number of preceptors/ associate preceptors/registered nurses in a clinical placement available to students meet the requirements set by NMBI.	C	C	C	C
6.5	Practice based learning is supported by preceptors from the relevant division of nursing or have suitable experience.	C	C	C	C
6.6	Preceptors have completed a competency assessment programme that has been approved by NMBI. Preceptors engage in continuing professional development. (EB & PP)	C	C	C	C

Continued

		General	Integrated	Intellectual Disability	Mental Health
6.7	Arrangements are in place for protected time to facilitate practice placement assessments by preceptors.	C	C	C	C
6.8	Assessment of the achievement of learning outcomes and competence development is undertaken in accordance with the National Competence Assessment Document (NCAD).	C	C	C	C
6.9	The supernumerary status of the student is explicit for preceptors and students.	C	C	C	C
6.10	Internship practice placements provide experience of the 24-hour care cycle.	C	C	C	C
6.11	Students have a minimum of 4 hours protected time for reflection each week throughout the undergraduate programme or as specified in the relevant Standards and Requirements.	C	C	C	C
6.12	All placements, including specialist placements, are completed prior to the commencement of the 36-week internship placement. (EB & PP)	C	C	C	C
6.13	Evidence based policies, procedures and guidelines are available to support students in care delivery.	C	C	C	C
6.14	Practice placements implement relevant NMBI professional guidance documents.	C	C	C	C

Monitoring Update

Education Body Organisational Recommendation		
Recommendation	Response	Noting
<p>We acknowledge that there is a well-established working relationship between the School of Nursing and Midwifery and their practice partners. We recommend that this relationship is enhanced by a greater presence of academic and teaching staff within the practice placement areas. This will improve the student learning experience in practice and strengthen academic and clinical staff relations.</p>	<ul style="list-style-type: none"> • Strategic Priority Goal no 1: We will work in partnership with our practice partners to respond to the changing reality of healthcare, supported through the development of a stakeholder leadership group, which will bring together School leadership and directors of nursing and midwifery. • We are committed to partnership with our colleagues in clinical practice, health and social services provision; to strategise together and support each other. A new leadership forum has been set up which will bring school leadership together with partner nursing and midwifery directors. The partners in leadership forum will meet at least three times per year and will prospectively plan around shared priorities including, how we respond together to the workforce challenges and increase retention of our students but, also, retention of clinical staff. • This recommendation will be progressed at the Partnership Meetings between academic and clinical colleagues. 	<p>Recommendation response accepted</p>

Education Body Organisational Note on Staffing

In October 2022, the ratio of academic staff to students was 1:22 however this ratio included ALL undergraduate and post-graduate students enrolled in courses in the school.

In September 2023, the ratio of academic staff to students is 1:17. This more accurately reflects the staffing allocations to support the delivery of the programme.

Relevant extracts: SNM Strategic Plan 2023-30:

- Strategic Priority Goal no 1: We will work in partnership with our practice partners to respond to the changing reality of healthcare, supported through the development of a stakeholder leadership group, which will bring together School leadership and directors of nursing and midwifery.
- We are committed to partnership with our colleagues in clinical practice, health and social services provision; to strategise together and support each other. A new leadership forum has been set up which will bring school leadership together with partner nursing and midwifery directors. The partners in leadership forum will meet at least three times per year and will prospectively plan around shared priorities including, how we respond together to the workforce challenges and increase retention of our students but, also, retention of clinical staff.
- Strategic Priority Goal no 3; We will explore the attributes that are central to students' sense of identity and belonging in the school, focusing on ensuring that their experience is positive.

General Nursing

PROGRAMME LEADING TO REGISTRATION:	BSc (Hons) in General Nursing
PRACTICE PARTNER SITES INSPECTED:	<p>St James's Hospital (SJH) 13 October 2022</p> <p>Tallaght University Hospital (TUH) 13 October 2022</p> <p>VHI Community Homecare 14 October 2022</p> <p>Meath Community Unit 14 October 2022</p> <p>St Columcille's Hospital 14 October 2022</p> <p>Leopardstown Park Hospital 14 November 2022 (rescheduled)</p>

Commendations

- The site inspection would like to commend all academic staff, clinical partners and support staff involved for their openness and sincerity throughout the inspection process. There is an impressive range of programmes both undergraduate and post-graduate, generic and discipline specific provided.
- Governance and management structures and the communication pathways at a strategic level are clear.
- The wide range of innovations provided by the education body and partners are to be highly commended (e.g., Trinity St James Cancer Institute as an OECI Nursing Exemplar, Electronic Patient records system at St James, Trinity Centre for Practice and Healthcare innovation, Centre for Learning and Development in TUH).
- The clinical skills teaching team have an excellent purpose-built unit providing state of the art facilities for both faculty and students at both undergraduate and post-graduate level providing excellence in simulated learning.
- There is strong senior leadership in SJH, and it was evident that there is a positive sense of team within nursing that is a credit to the organisation. All members of the team, from students, to staff, to managers, to nurse specialists and to advanced practitioners show their support and respect for each other, which the patients then get the benefit of in practice.
- TUH has a great spirit and energy which is fostered and nurtured by senior nursing leadership. The senior nurse leaders are visible and approachable and provide genuine support to each staff member. The range of nursing support roles enhances the ability of the nurses to provide exemplary patient care.

- A wide range of quality initiatives were demonstrated during the inspection (Magnet4Europe with a Student Council included (SJH and TUH), and Heroes Awards (TUH)).
- Positive engagement with CNMs, preceptors and students in clinical areas and evidence of good teamwork among senior management.
- The Nurse Practice Development Department (NPDC, CPCs and SALO) demonstrated ongoing support for the Undergraduate Programme and this was clearly articulated by the nursing students on clinical placement.
- The level of support provided by the nursing team in Older Persons Services in both St Colmcille’s Hospital, Loughlinstown and Leopardstown Park Hospital is to be commended and this was verified by the students on placement.
- Evidence of good retention of graduates through a dedicated induction programme and ongoing clinical facilitator support (SJH and TUH).

Response to Conditions and Current Status

Requirement No.	2.7
Programme Inspection outcome	Partially Compliant
Condition	Outstanding roles need to be filled to bring staffing levels of to the required minimum to provide the requisite level of student support and an optimal learning environment.
Updated response	<p>St. James’s Hospital:</p> <ul style="list-style-type: none"> • Recruitment for outstanding vacant positions remain a priority. • CPC to Student Ratio currently stands at 1:34. SJH currently recruiting CPCs to fill outstanding vacancies. • Shortfall related to SALO has been escalated to DMHG Chief Director of Nursing and Midwifery by Director of Nursing. Business Case in development to secure funding requirement for additional SALO. <p>Tallaght University Hospital:</p> <ul style="list-style-type: none"> • Tallaght University Hospital: Since the site inspection an additional 1 WTE CPC and 0.5 SALO have been approved. • There is an increase in intake from September 2023 and a business case to further increase the number of Clinical Placement Co-ordinators and SALO is being developed to support this. • The JWG will be kept updated regarding the progress of appointing additional CPCs and SALO.
Updated outcome	Partially Compliant (No change as recruitment is ongoing. Recruitment can be reported on in the annual report)

Requirement No.	6.7
Programme Inspection outcome	Partially Compliant
Condition	Measures need to be implemented to ensure that protected time is made available to facilitate practice placement assessments.
Updated response	<p>St James's Hospital:</p> <ul style="list-style-type: none"> Protected time for preceptors in place on specialist placement areas to facilitate practice placement assessments at present. Proposal for Pilot Project to operationalise and facilitate protected time for practice placement assessments by preceptors in 2 wards to ascertain feasibility of roll out across hospital. Engagement with CNMs in clinical areas and CPCs to commence on how this protected time can be operationalised to commence in 2/52. <p>Tallaght University Hospital:</p> <ul style="list-style-type: none"> CPCs are conducting ongoing roving preceptorship education sessions with all preceptors in TUH. These sessions highlight the importance of protected time for completing the competency assessment with nursing students and the importance of regular constructive feedback for students.
Updated outcome	Compliant

General Programme Recommendations		
Recommendation	Updated Response	Noting
Consideration should be given to the development of a discipline specific student handbook, taking the layout into consideration so that the student is clear on procedures/processes specific to the discipline. (Linked to 1.5)	This recommendation of developing a discipline specific student handbook will be considered by the Discipline in the first instance (Linked to 1.5).	Recommendation response accepted.
Feedback from students suggests that they would benefit from timely feedback on assignments and that lecturers are available to discuss their written feedback. (Linked to 1.5)	Students receive feedback on submitted coursework in line with TCD's Return of Coursework Policy. See www.tcd.ie/teaching-learning/academic-policies .	Recommendation response accepted

Continued

Recommendation	Updated Response	Noting
	<p>All correspondence regarding feedback is available on Blackboard Learn or sent to the student's Trinity College Dublin email address. Feedback is issued within 20 working days after the assessment submission deadline/ examination or as soon as possible thereafter. In the event of a delay in the issuing of feedback, students are notified via email.</p>	
<p>It is recommended that the college should explore mechanisms to allow for patients and the public be involved in the review and evaluation of programmes. (Linked to 2.13)</p>	<p>PPI involvement in the review and evaluation of the school's programmes will be considered at Discipline and Undergraduate Curricula levels in collaboration with the school's clinical partners.</p>	<p>Recommendation response accepted</p>
<p>It is recommended that academic staff forge closer links with their clinical partners and link academic staff should be directly involved with practice placement educational audits. (Linked to 3.2)</p>	<p>The clinical auditing process ceased during the pandemic, but existing practice placement sites and any new clinical sites are being audited again in collaboration with TCD and clinical staff. This is an ongoing rolling process.</p>	<p>Recommendation response accepted</p>
<p>With the current focus on integrated care, opportunities to enhance interprofessional learning should be sought and developed further. (Linked to 4.12)</p>	<p>Interprofessional learning opportunities were provided to General Nursing students in 2022.23 which were very positively evaluated. Through the Undergraduate Curricula Committee, the plan is to extend these opportunities to the other Disciplines of Nursing and Midwifery.</p> <p>St James's Hospital:</p> <p>As per 4.12, a number of CLEs have been set up and established from January 2023 to enhance focus on integrated care and interprofessional learning in February 2023.</p> <ul style="list-style-type: none"> • Inclusion Health • GUIDE • Haematology Oncology Day Care Services. 	<p>Recommendation response accepted</p>

Continued

	<p>The clinical research facility on SJH campus is currently being set up as a specialist CLE for 3rd year nursing students to commence 2-week supernumerary placement in October 2023 and to be rolled out to 2nd year nursing students from January 2024.</p> <p>Plans are in place to set up other CLEs in 2024 with a focus on integrated care and interprofessional learning.</p>	
<p>The education body in conjunction with the practice partners should review the clinical learning outcomes. An average of five learning outcomes are recommended per placement, with collaboration between TCD academic staff and the relevant Practice Development Team. (Linked to 6.2)</p>	<p>St. James’s Hospital:</p> <p>Learning outcomes for all CLEs currently have been reviewed and updated by CPCs in June/ July 2023. (Sample clinical learning outcomes have been provided to the EB).</p> <p>Scope of practice specific to year groups reviewed and updated on a yearly basis.</p> <p>Learning outcomes are developed collaboratively by clinical and academic staff when new CLEs are set up.</p> <p>Tallaght University Hospital:</p> <p>TUH are in the process of reviewing all clinical learning outcomes in line with NMBI guidelines. They will be submitted to TCD for review and sign-off via the LEAP committee.</p>	<p>Recommendation response accepted – compliant subject to sighting.</p>
<p>There is a need to ensure that the student ‘supernumerary’ status remains explicit to enhance exposure to experiential clinical learning and teaching. (Linked to 6.9)</p>	<p>St James’s Hospital:</p> <p>All supernumerary nursing students are supernumerary, and this is explicit in the student allocation for each ward.</p> <p>Tallaght University Hospital:</p> <p>TUH supernumerary students have separate rosters from staff, where the supernumerary status is explicitly stated.</p>	<p>Recommendation response accepted</p>

Recommendation	Updated Response	Noting
<p>Good examples of reflective practice evidenced in SCH, Loughlinstown; students could benefit from a similar structure in other practice placements. (Linked to 6.11)</p>	<p>St James’s Hospital: Placements of 3 weeks or more, CPCs currently facilitate structured reflective practice sessions with nursing students. Additional structured reflective practice sessions are scheduled for specific year groups by CPCs when nursing students are on clinical placement.</p> <p>Tallaght University Hospital: TUH NPD team consulted with SCH in Loughlinstown regarding their reflective process. TUH are adopting the same process.</p>	<p>Recommendation response accepted</p>
<p>TUH will prioritise refresher updates for staff and students on NMBI’s guidelines for management and administration of medication (NMBI 2007 and 2020). (Linked to 6.14)</p>	<p>Tallaght University Hospital: TUH NPD have reviewed the medication scope of practice for the undergraduate student nurses, awaiting Drugs and Therapeutics approval. CPCs will educate students and preceptors post Drugs and Therapeutics approval.</p>	<p>Recommendation response accepted</p>
<p>A number of students commented that they struggle with large lectures (approx. 300 students) and have difficulty in being able to link content to their own discipline within shared lectures. They acknowledged the great value of the discipline specific tutorials, requesting less pre-recorded lectures. They recommend more face-to-face contact and lectures to better facilitate questioning and engagement.</p>	<p>This recommendation will be considered by the undergraduate curricula Committee during 2023.24. The related tutorials are tailored to the discipline where the ‘shared’ content is applied in a discipline-specific way to facilitate questioning and engagement.</p> <p>Relevant Strategic Plan 2023-30 for progression:</p> <ul style="list-style-type: none"> • Enhance the Trinity student experience (incoming students and existing students). • Enhance the student experience and connectedness, drawing on the development of a clear School identity and sense of belonging. • Practice innovation in teaching and learning strategies. <p>We will continue to engage with the Bursar’s Office to progress the need for sustainable practices and use of space.</p>	<p>Recommendation response accepted</p>

Integrated Childrens and General Nursing

PROGRAMME LEADING TO REGISTRATION:	BSc (Hons) Integrated Childrens and General Nursing
PRACTICE PARTNER SITES INSPECTED:	<p>Children’s Health Ireland at Tallaght (CHI@Tallaght) 13 October 2022</p> <p>Children’s Health Ireland at Temple Street (CHI@TS) 14 October 2022</p>

Commendations

- The inspection team appreciated the welcome in TCD and on both practice partner sites and acknowledge the difficulties and challenges associated with the transition to one CHI which have informed some of this report.
- The Erasmus programme for students which incorporated both adult and paediatric placement was a very welcome aspect of the integrated children’s and general nursing programme.
- The personal tutor system in TCD provided students with good support mechanisms for navigating all aspects of the programme and integration into college life.
- Intern students found that the structured reflection sessions facilitated by TCD team and CPCs in the practice partner to be an invaluable learning tool which bridged the theory practice gap.
- Quality initiatives/assurance in CHI@TS and CHI@Tallaght including mental health and wellbeing programmes and safety pause/medication error-good catch/care bundles were good examples of the high standards of practice and are to be commended.
- Evidence of CPC cross site (CHI) collaboration was welcomed especially at this time of transition.
- CPC/Clinical Education Facilitator/CNM support for students in clinical practice was unanimously commended by the students.
- The staff at the ECU CHI@Tallaght, were very engaged with student learning and student feedback was positive for this placement. Initiatives there such as ‘#nurseinprogress’ and a poster demonstrating a framework of how to develop a nursing career in A&E were commended.
- CHI@TS medication/competency booklet was well received by TCD students as a good learning resource. TCD students felt they were exposed to diverse/unique learning opportunities in CHI@TS and well supported with their learning.

Response to Conditions and Current Status

Requirement No.	2.1
Programme Inspection outcome	Partially Compliant
Condition	To submit MOUs for CHI@Temple Street, CHI@Crumlin, Cavan General and Our Lady of Lourdes Drogheda as these are required to establish governance structures.
Updated response	<p>TCD completed MOU between Paediatric Academic Health Sciences Unit which incorporates all paediatric sites with TCD.</p> <p>There are signed Memorandum of Understanding (MOU) between TCD and each of its practice partners. (EB & PP). However, there are currently no student placements with Cavan General Hospital and OLOL, MoUs with Cavan Hospital and OLOL are being prepared and are expected to be completed shortly.</p>
Updated outcome	Partially Compliant

Requirement No.	2.7
Programme Inspection outcome	Partially Compliant
Condition	A review of CPC/ALO numbers across all CHI sites where TCD students are allocated for core children's placements to be undertaken by TCD and practice partners. Evidence of this review and subsequent plan to ensure staff to student ratios are in line with NMBI requirements is required.
Updated response	<p>Updated staff-to-student ratios for core Children's Nursing placements:</p> <ul style="list-style-type: none"> • Academic staff: 1:17 • Nurse practice development coordinator (minimum of 1): yes • Clinical placement coordinator 1:65 • There are currently 2 WTE CPCs in CHI at Tallaght. Twenty-six students are enrolled annually, with approximately 125 students on the programme over the 5 years. Calculating the CPC to student ratio on this figure results in a ratio of 1 CPC:65 students. However, these students spend 50% of their time on general placements during which time they are supported by CPCs in the general hospital site. Revising the final CPC: Student ratio to reflect the number of students on placement in CHI at Tallaght, results in a ratio of 1 CPC to 32.5 students. • A proposal was submitted to NEB in March 2023 and a response is awaited. CHI at Temple St have been funded by the NMDPU for an additional 1.5 CPCs.

Continued

	<ul style="list-style-type: none"> • CHIG: Student Allocations Liaison Officer 0.5 WTE in place for 26 students per annum (1:52) • Have been advised that the SALO ratio is based on the student numbers admitted annually on the programme. There are 26 CGIDP students admitted annually with 0.5 SALO. In CHI at Crumlin and TS the SALO only allocates students to child health placements. At CHI at Tallaght the SALO allocates the CGIDP students to general and child health placements. These variances will be reconciled once in the new CHI hospital. • CHI at Temple St have been allocated funding from the NMPDU for an additional 1.5 WTE CPC resource and are currently recruiting same. CHI at Crumlin and Tallaght have received no further funding to date.
Updated outcome	Partially Compliant (No change as recruitment is ongoing. Recruitment can be reported on in the annual report)

Requirement No.	2.9
Programme Inspection outcome	Partially Compliant
Condition	To include all practice partners on LJWG/LEAP and relevant committees in TCD.
Updated response	<p>A Working Group – Allocation of Nursing Students was established in June 2022 which includes representatives from across all CHI sites and the three education bodies. The purpose of the group is to review, align (where possible) or develop the structures and processes to support the cross-site allocation of nursing students undertaking nursing registration education programmes across the CHI sites.</p> <p>The group reports to Gráinne Bauer, the Chief Director of Nursing at Children's Health Ireland and is chaired by Dr Siobhán O'Connor, Nursing Practice Development Co-ordinator (NPDC) with responsibility for undergraduate and post-registration nursing education across all CHI sites.</p> <p>Group representation includes academic staff, allocations liaison officers from all three education bodies, nurse practice development co-ordinators and clinical placement co-ordinators from across the CHI sites.</p> <p>The Chair of the group is currently a member of the TCD's Local Joint Working Group thus ensuring that all CHI sites are represented.</p>
Updated outcome	Fully Compliant

Requirement No.	3.5
Programme Inspection outcome	Partially Compliant
Condition	The allocation of students on their child core and specialist placements should provide for a diverse range of exposure to wards and clinical acuity as they progress through the programme. Repeated placements in the same clinical area/ward needs to be avoided as this limits their learning opportunities.
Updated response	<ul style="list-style-type: none"> • There are now supernumerary placements across the four CHI sites from years 1-4 of the Integrated programme so it is only in exceptional circumstances that a student revisits the same ward. • The Clinical Learning Outcomes have been updated in line with NMBI's SMART guidelines across all sites and reflect the incremental build from year 1 to year 5 within the same ward. • All Children's and General Integrated nursing students attend a core supernumerary practice placement in either CHI at Crumlin or CHI at Temple Street. This placement is coded as either mixed medical/surgical or surgical. They also attend a specialist ICU placement in the same CHI site. Since 2023, Internship students attend one child health placement in the same CHI site where they attended supernumerary practice placement. • Higher Diploma in Children's Nursing students all attend a core practice placement in either CHI at Temple St or CHI at Crumlin. This placement is coded either surgical or mixed medical/surgical. They also attend a 2-week specialist placement in ICU in the same CHI site.
Updated outcome	Fully Compliant

Integrated Programme Recommendations	Updated Response	Noting
Consider establishing a process for patient engagement in the review and evaluation of the programme. (Linked to 2.13)	PPI involvement in the review and evaluation of the school's programmes will be considered at Discipline and Undergraduate Curricula levels in collaboration with the school's clinical partners.	Recommendation response accepted

Integrated Programme Recommendations	Updated Response	Noting
<p>TCD/PP to complete CLE audits collaboratively. TCD/PP to re-audit wards/units when clinical activity changes/undertake a new CLE audit. (Linked to 3.2)</p>	<p>The clinical auditing process ceased during the pandemic, but existing practice placement sites and any new clinical sites are being audited again in collaboration with TCD and clinical staff. This is an ongoing rolling process.</p> <p>For example, a new external site at UPMC in Clane was audited in June 2023 and that audit was carried out collaboratively with all parties involved.</p>	<p>Recommendation response accepted – compliant</p>
<p>It is recommended that the assessment for core children’s modules should consist of smaller pieces of work rather than one final summative piece of work (e.g., Foundation in Children’s Nursing Practice). This will help the students to engage with the module content and meet the LO as set out in the module descriptors. (Linked to 5.2)</p>	<p>The suggestion of assessing Children’s nursing-specific modules in smaller components is being progressed through the Discipline and through the Undergraduate Curricula Committee in the School.</p>	<p>Recommendation response accepted</p>
<p>A review of Learning outcomes in clinical areas/wards need to be undertaken. They should be both practice site specific and year specific, in addition learning outcomes need to be SMART: Specific, Measurable, Achievable, Realistic and Timed. (Linked to 6.2)</p>	<p>The Clinical Learning Outcomes have been revised in line with NMBI’s SMART framework. The updated Clinical Learning Outcomes are managed via the LEAP committee where discipline-specific staff review the Clinical Learning Outcomes in collaboration with the relevant clinical placement coordinators.</p>	<p>Recommendation response accepted – compliant</p>
<p>Due to large turnover of staff in CHI@TS the number of staff who have completed preceptorship training is 65%, this is below the recommended level of 80%. The inspection team acknowledge that this is currently being addressed by CHI@TS. (Linked to 6.6)</p>	<p>As acknowledged by the inspection team, further preceptorship training is ongoing to achieve the recommended 80% level.</p>	<p>Recommendation response accepted</p>

Integrated Programme Recommendations	Updated Response	Noting
<p>There was some confusion regarding the facilitation of reflective time for students. Reflection needs to be protected time and should be standardised across all CHI sites. (Linked to 6.11)</p>	<p>This issue is resolved. TCD students have protected time to engage with reflection and it is now standardised across all CHI sites.</p>	<p>Recommendation response accepted</p>
<p>It is recommended that all students undertake a core children's medical/surgical ward placement before internship, ideally in the practice partner where the students will be undertaking their children's internship placement. (Linked to 6.12)</p>	<p>This recommendation has been implemented. The supernumerary placement that year 4 CGIDP students attend is in the same location as their first Internship placement.</p>	<p>Recommendation response accepted</p>
<p>Whilst we acknowledge that CHI@Tallaght and CHI@TS are currently aiming to standardise PPPGs across all CHI sites, some PPPGs need updating and also should include a revision date. (Linked to 6.13)</p>	<p>Work to update and standardise policies, procedures, protocols and guidelines across all three CHI sites is ongoing.</p>	<p>Recommendation response accepted</p>
<p>The TCD integrated children's/general nursing students need to have structured involvement in medication management across all 4.5 years of the programme. (Linked to 6.14)</p>	<p>A medication booklet has been updated for students' use across all 4.5 years. There is ongoing work being carried out by a subcommittee to standardise medication education and practices across all CHI sites.</p>	<p>Recommendation response accepted</p>
<p>There is a need to increase formal TCD links with all CHI sites where TCD students undertake clinical placements and maintain a link with students whilst on practice placement.</p>	<p>TCD's Clinical Tutors in Children's Nursing have been granted permission by Gráinne Bauer, the Chief Director of Nursing at Children's Health Ireland, to access students while on clinical placement across all three CHI sites – to ensure that students continue to be supported, regardless of location.</p>	<p>Recommendation response accepted</p>
<p>Greater clarity to be provided to students prior to commencing practice placement at CHI@TS, for example ward details.</p>	<p>Ongoing work is being carried out to standardise the information provided to students in advance of them commencing clinical placements.</p>	<p>Recommendation response accepted</p>

Integrated Programme Recommendations	Updated Response	Noting
<p>Consider including the QQI route of entry into the Children's/General integrated programme in TCD.</p>	<p>The number of students accessing the programme via the QQI route of entry was already considered during 2022.23.</p> <p>Of the 26 TCD integrated children's/general nursing students entering the programme in September 2023:</p> <ul style="list-style-type: none"> • 4 places are assigned to mature students, • 2 places are assigned to the QQI route, • 20 places are assigned to CAO entry route. 	<p>Recommendation response accepted – with commendation</p>
<p>The team got the opportunity to meet with one student on a General Medical Placement. Some of the feedback received included that their general exposure is limited – surgical opportunity not there as ward 'full of medical patients'. It was difficult to get experience with medication management on the general side as it depended on the preceptor that the student was working with. All students interviewed preferred the paediatric part of their training. Placement for care of the elderly was a great learning experience, staff had time and good exposure to medication management there.</p>	<p>We welcome student feedback at all stages of the programme which is then addressed via the BSc Course Committee or UG Curriculum Committee, as appropriate.</p> <p>The first point is based on feedback from one student and may not reflect perspectives from the wider cohort (as per the feedback from student evaluations).</p>	<p>Recommendation response accepted</p>

Intellectual Disability Nursing

PROGRAMME LEADING TO REGISTRATION:	BSc (Hons) in Intellectual Disability Nursing
PRACTICE PARTNER SITES INSPECTED:	Stewarts Care, Palmerstown Dublin 13 October 2022 Muiriosa Foundation, Monasterevin Co Kildare 14 October 2022

Commendations

- Extremely positive feedback from the students about the CPCs and their good working relationship with students.
- The ARC system provides an effective learning platform for students, particularly as students also had early access to it when beginning their placement.
- Staff in areas visited by the inspection team were very welcoming and freely engaged with the inspection process.
- Students gave very positive reports about the preceptors in the placement areas and the support the preceptors provided.
- Lecturers engaged in discipline-specific research and share this with students.
- Student handbooks are clear and concise in both clinical sites.
- Responsive upskilling of practice partner staff that helps them to adapt to new processes and practices was observed (e.g., Covid 19, Eclipse patient record system).
- Clinical skills tutor was very responsive to students' clinical learning needs both on and off campus.
- Discipline-specific tutorials for shared modules provide students with opportunities to apply generic content to the field of Intellectual Disability nursing.

Response to Conditions and Current Status

Requirement No.	2.7
Programme Inspection outcome	Partially Compliant
Condition	Outstanding roles need to be filled to bring staffing levels of to the required minimum to provide the requisite level of student support and an optimal learning environment.
Updated response	<p>Muiriosa Foundation:</p> <p>Current Muiriosa Foundation Supporting Staff: Student ratios: SS = 14 JS = 11 SF = 11 JF = 13 active (+1 did not fully engage) Total = 49 = 7 students below current CPC capacity.</p> <ul style="list-style-type: none"> • Current CPC WTE = 1.85 (X2 CPC's) • Current capacity CPC: Student Ratio = 1.85 : 56 • Service Allocations Liaison Officer (X1) WTE = 0.5 with 15 student nurse intake capacity and additional programmes allocations responsibility. <p>Current NPDC (x1) WTE = 77.3%</p> <p>Stewarts Care:</p> <p>2 WTE CPC in place and 1 WTE NPDC recruited and in position.</p>
Updated outcome	Fully Compliant

Requirement No.	3.5
Programme Inspection outcome	Partially Compliant
Condition	Student's needs and preferences should be considered before offering placements to them. Should there be an oversubscription to one particular service, a random selection process should apply to ensure equity for all.
Updated response	<p>Muiriosa Foundation:</p> <p>Allocation to service provider is managed by Allocations Department in the EB - outside of the control of practice partner and reflecting 2 separate practice partners affiliated with intellectual disability programme in EB.</p> <p>For students who select Muiriosa Foundation, allocation to subsequent placement locations considers:</p> <ul style="list-style-type: none"> • student preferences • achievement of minimum requirements • location accessibility • placement availability. <p>Stewarts Care:</p> <p>For students who select Stewarts Care, all students are met to review their planners and specific needs.</p>
Updated outcome	Fully Compliant

Intellectual Disability Programme Recommendations	Updated Response	Noting
<p>Review transfer policy between programmes as per TCD college Calendar Part 2 page 160 to ensure discipline specific modules are completed. (Linked to 1.2)</p>	<p>The admissions process is inclusive, and a range of access routes exist for Intellectual Disability Nursing. For example, of the 36 Intellectual Disability nursing students who started in September 2022,</p> <ul style="list-style-type: none"> • 13 (36.1%) entered via the Leaving Certificate/CAO route • 16 (44.4%) entered via the Mature student route • 2 (5.6%) entered via the QQI/FETAC route • 4 (11.1%) entered via the DARE route <p>Once students accept their place, they next have an option of selecting their preferred Health Service Provider. Student selections are made on a first come, first served basis. Our strategic plan provides the following:</p> <ol style="list-style-type: none"> 1. Reduce barriers to access and progression by incorporating Equality, Diversity, and Inclusion initiatives. 2. Maintain or increase access to, and progression of, underrepresented groups. 3. To continue to improve teaching and learning provisions and practices that give all individuals equal opportunities to learn, including students with disabilities. 4. Enhance the Trinity student experience (incoming students and existing students). 5. Maintain and stabilise UG student numbers and 1. track retention annually and 2. Track progression annually. 6. Strategic Priority Goal no 2: We will continue to increase the school community's engagement with the principles of equality, diversity and inclusion by 	<p>Recommendation response accepted - compliant</p>

Intellectual Disability Programme Recommendations	Updated Response	Noting
<p>MoU between EB and practice partner should make reference to all placements site, including those placements arranged by the practice partner and other services as coordinated by Allocations Office. (Linked to 2.1)</p>	<p>MOU have been completed between TCD and Stewarts Care, and between TCD and Muiriosa.</p> <p>Muiriosa Foundation: Plan to review MOU content as part of Annual Partnership Meetings between the EB and practice partner.</p> <p>Stewarts Care: MoU will include an appendix of all placement sites.</p>	<p>Recommendation response accepted – compliant</p>
<p>Public and service user involvement in the review and evaluation of programmes by the education body should be developed and evidenced. (Linked to 2.13)</p>	<p>PPI involvement in the review and evaluation of the school's programmes will be considered at Discipline and Undergraduate Curricula levels in collaboration with the school's clinical partners.</p>	<p>Recommendation response accepted</p>
<p>Evidence of closer relationship between EB, practice partner and students in evaluating and auditing practice placements is recommended.</p> <p>We acknowledge that staff are involved in an initial audit, it is recommended that academic staff from TCD are involved in the ongoing audit cycle. The requirement states that the audit required every 5 years, it may be beneficial to use this as an opportunity to establish collaborative relationships and learning opportunities for students. (Linked to 3.2)</p>	<p>Plan to review audit processes in consultation with students and practice partner through the Joint Working Group and/or LEAP Group.</p> <p>The clinical auditing process ceased during the pandemic, but existing practice placement sites and any new clinical sites are being audited again in collaboration with TCD and clinical staff. This is an ongoing rolling process.</p>	<p>Compliant</p>

Intellectual Disability Programme Recommendations	Updated Response	Noting
<p>We recognise that there are processes in place for students to evaluate and provide feedback on practice placements, it would be beneficial to ensure that this feedback is brought to the attention of the relevant stakeholders. (Linked to 3.3)</p>	<p>Students have two opportunities to evaluate and provide feedback on practice placements:</p> <ol style="list-style-type: none"> 1. An online survey specifically about practice placements is circulated to all students at the end of each academic year to enable them to provide feedback on their experience on placement. The results of this survey are fed back at the LEAP committee meetings. 2. Locally, the HSP carry out their own surveys at the end of placement blocks. The results from these local surveys and any changes that arose in response to them, are discussed at the Partnership meetings, annually. 	<p>Compliant</p>
<p>It is recommended that an MOU is devised to allow Intellectual Disability Nursing students to have experience across both community and campus practice placements to allow exposure across a more diverse range of settings (Muiriosa and Stewarts). (Linked to 3.5)</p>	<p>Muiriosa Foundation: Discuss through Annual Partnership meeting, to explore rationale in light of de-congregation, and feasibility to allocate reciprocally. (Linked to 3.5 above)</p> <p>Stewarts Care: Students with Stewarts have access to placements in campus and community sites. Campus sites will reduce in line with national policy on decongregation. A new model of community nursing will be further developed in campus settings to support decongregation and will be available for student placements. This will support the contemporary role of the RNID.</p>	<p>Recommendation response accepted</p>
<p>Where a student is being supervised by non-nursing preceptors, the setting and achievement of learning outcomes should be monitored by a registered nurse. (Linked to 3.6)</p>	<p>Muiriosa Foundation: Within Muiriosa Foundation monitoring is by practice partner CPCs (RNID).</p> <p>Stewards Care: Students have learning outcomes monitored by a registered nurse.</p>	<p>Recommendation response accepted</p>

Intellectual Disability Programme Recommendations	Updated Response	Noting
<p>In order to promote more discipline-specific theoretical learning, in Junior Fresher year consider reviewing the inclusion of practice placement in the discipline specific modules Foundations of Person-Centred Intellectual Disability Nursing Practice (10 Credits) and Principles of Intellectual Disability Nursing Across the Lifespan (10 credits) (Linked to 4.5)</p>	<p>This recommendation will be discussed by the Undergraduate Curricula Committee.</p>	<p>Recommendation response accepted – remains partial, update to be provided in the annual report</p>
<p>Learning outcomes should be specific to the placement area and to the year of learning where this is not already in place. (Linked to 6.2)</p>	<p>The Clinical Learning Outcomes have been revised in line with NMBI's SMART framework. The updated Clinical Learning Outcomes are managed via the LEAP committee where discipline-specific staff review the Clinical Learning Outcomes in collaboration with the clinical partners.</p> <p>Muiriosa Foundation: Practice partner CPCs to liaise with Head of Discipline in the review and development of placement, and year specific learning outcomes.</p> <p>Stewarts Care: Learning outcomes have been redeveloped across all placement sites to reflect requirements under each year of learning.</p>	<p>Recommendation response accepted</p>
<p>It is recommended that the four hours reflective time for all supernumerary placements is made explicit. (Linked to 6.11)</p>	<p>Muiriosa Foundation: For further exploration through the LEAP Committee.</p> <p>The four hours of reflective time for supernumerary placement is explicit and monitored by CPC/SALO at weekly reviews.</p>	<p>Recommendation response accepted</p>

Mental Health Nursing

PROGRAMME LEADING TO REGISTRATION:	BSc (Hons) in Mental Health Nursing
PRACTICE PARTNER SITES INSPECTED:	<p>St Patricks Hospital Dublin 13 October 2022</p> <p>HSE Dublin South, South Kildare and West Wicklow Mental Health Services 14 October 2022</p>

Commendations

- Students felt supported by academic and clinical staff.
- Excellent variety of Practice Placement sites for students.
- The Simulation Centre in St James Hospital is an excellent resource for students.
- Practice placement sites were very innovative involving themselves in research, training (Decider Training), and other practice development activities.
- The high level of preceptorship training is commendable.
- The involvement of Mental Health Nursing Lecturers in national projects such as EOLAS is very important in addressing the theory-practice gap and promoting recovery-oriented initiatives in practice.
- The effort of both Practice Development Teams and CPCs in supporting a large number of students across so many sites, especially during Covid-19 is to be commended.
- The flexibility and adaptability of the Mental Health Nursing Lecturing Staff to continue providing education throughout Covid-19 is to be commended.
- Evidence of good working relationships between the practice partners and Trinity College Dublin.
- The resources and supporting documentation available to the students in the practice placement area were impressive.
- The provision of CPD made available to staff by the practice partners is commendable.

Response to Conditions and Current Status

Requirement No.	2.7
Programme Inspection outcome	Partially Compliant
Condition	The education body and the practice partners will provide evidence of Academic, Allocations and Clinical Placement Coordinators numbers. Ratios must be adhered to, in order to provide the required level of student support and an optimal learning environment.
Updated response	<p>SPMHS = Compliant</p> <p>HSE = Partially Compliant as awaiting decision regarding funding.</p> <p>SPMHS</p> <p>is currently compliant with these requirements and were at the time of inspection.</p> <p>HSE</p> <p>The student support requirements were flagged to the Area Director of Nursing and Midwifery Planning and Development, HSE West, and he has reassured us that it has been included in the HSE Service Planning process for 2024.</p>
Updated outcome	Partially Compliant (No change as recruitment is ongoing. Recruitment can be reported on in the annual report)

Mental Health Programme Recommendations	Updated Response	Noting
The process for Clinical Learning Environment Audits should be reviewed. It may be beneficial to include Lecturing Staff in the auditing process to ensure that the Clinical Learning Environment is optimised from a clinical and academic point of view. (Linked to 3.2)	<p>The clinical auditing process ceased during the pandemic, but existing practice placement sites and any new clinical sites are being audited again in collaboration with TCD and clinical staff. This is an ongoing rolling process.</p> <p>SPMHS</p> <p>All CLE Audits are complete and TCD have signed copies of same.</p> <p>HSE</p> <p>All CLE Audits are complete and TCD have signed copies of same.</p>	Recommendation response accepted

Mental Health Programme Recommendations	Updated Response	Noting
<p>It is recommended that an MOU is devised to allow Mental Health Nursing students to have experience across both public and private sector practice placements to allow exposure across a more diverse range of settings (St Pats and public services). (Linked to 3.5)</p>	<p>SPMHS and HSE</p> <p>Both parties have liaised on this issue and are in the process of putting a proposal together to facilitate student placements across the two services. Our target timeframe for implementation is at the later end of academic year 2023-2024. This will allow time for both services to prepare and will provide the clinical allocation officers with sufficient time determine the number of students that can be allocated to relevant placements and the scheduling of same.</p>	<p>Recommendation response accepted</p>
<p>It is recommended that students have their preferences acknowledged in relation to access to practice placements. (Linked to 3.5)</p>	<p>SPMHS</p> <p>Facilitates all preferences within the constraints of the programme's Standards and Requirements.</p> <p>HSE</p> <p>This recommendation is already in place. Students are given a preference request form at the beginning of each academic year and asked to select the clinical areas in order of preference i.e. 1st for their first choice and 2nd for their second choice and so on. Students' requests are accommodated once they are not affecting the Requirements and Standards for Nurse Registration Education Programme (4th edition, 2016).</p>	<p>Recommendation response accepted</p>
<p>The development of a TCD Clinical facilitator specific for Mental Health is very commendable and the inspection team advocates the further development of mental health-specific simulation scenarios. (Linked to 4.9)</p>	<p>SPMHS</p> <p>The clinical skills facilitator is currently in place and provided by TCD. SPMHS liaises with the Clinical skills facilitator regarding skill needs and the clinical skills facilitator provides feedback following skills classes.</p> <p>HSE</p> <p>HSE staff and CPCs have good links with the Clinical skills facilitator regarding skill needs and feedback following skills classes.</p>	<p>Recommendation response accepted</p>

Mental Health Programme Recommendations	Updated Response	Noting
<p>Reflective practice during internship is very well structured. A review of the provision of reflective practice for Years 1 to 3 is recommended. (Linked to 6.1)</p>	<p>SPMHS: Reflective practice is in place in SPMHS for Years 1 to 3 and facilitated by the CPCs and clinical staff in SPMHS and it was in place at the time of the inspection.</p> <p>HSE: The four hours of reflective time for supernumerary placement is explicit and has always been in place. i.e. Students are protected through rostering of clinical hours and reflective hours i.e. 31 bedside hours and 4 hours reflection per week. Reflective Friday where a topic for reflection is disseminated to students via an email each Friday for the duration of a clinical block. In addition, supernumerary students attend 4 hours in-person reflective session at the end of each placement block facilitated by CPCs.</p>	<p>Recommendation response accepted</p>
<p>The education body in conjunction with the practice partners should review the clinical learning outcomes. The learning outcomes should be shortened in number. The learning outcomes should be developed in collaboration with TCD academic staff and the relevant Practice Development Team. (Linked to 6.2)</p>	<p>Discipline-specific academic staff will be reviewing all updated learning outcomes in 2023.24 in collaboration with the Discipline-specific LEAP Committee clinical representative.</p> <p>SPMHS Have reviewed and completed all learning outcomes in line with new NMBI guidance. It was agreed at the LEAP group that all organisations will upload learning outcomes for the 23/24 academic year.</p> <p>HSE Review of all the learning outcomes is completed as per the new NMBI Guidelines and uploaded on blackboard.</p>	<p>Recommendation response accepted – compliant</p>
<p>Please review the 2 weeks taken from the 36-week HSE internship placement for consolidation and mandatory training while on placement.</p>	<p>SPMHS: N/A to SPMHS</p> <p>HSE Awaiting guidance from TCD regarding the provision of additional time during the academic period for mandatory training requirement.</p>	<p>Recommendation response accepted – update in annual report</p>



02

**Post-graduate
Nursing
Programmes**

Post-graduate Nursing

POST-GRADUATE PROGRAMMES – Reapproval		
MSc Master of Science (90 -120 ECTS)	PGDip Post Graduate Diploma (60 ECTS)	PGCert Post Graduate Certificate (30 ECTS)
Advancing health and assessment practice for healthcare practitioners (Short Course)		
Advanced Practice – Nursing (MSc)		
Ageing Health & Wellbeing in Intellectual Disability (MSc, PGDip, PGCert)		
Authority to Refer for Radiological Procedures (Short Course)		
Children's Nursing (Higher Diploma)		
Clinical Health Science Education (MSc, PGDip)		
Community Health (MSc)		
Dementia (MSc, PGDip, PGCert)		
Mental Health (MSc)		
Mental Health - Child Adolescent and Family (MSc)		
Mental Health - Psychosocial Interventions (MSc)		
Nursing (MSc, PGDip)		
Nursing (Nurse/ Midwife Prescribing) (Certificate)		
Nursing - Child Health and Wellbeing (MSc)		
Palliative Care (MSc, PGDip, PGCert)		
Quantitative Methods and Data Analysis for Healthcare (PGCert)		
Specialist Nursing - Cancer Care and Haematology Nursing (MSc, PGDip, PGCert)		
Specialist Nursing - Cardiovascular Care Nursing (MSc, PGDip, PGCert)		
Specialist Nursing - Emergency Department Nursing (MSc, PGDip, PGCert)		
Specialist Nursing - Gerontological Nursing (MSc)		
Specialist Nursing - Intensive Care Nursing (MSc, PGDip, PGCert)		
Specialist Nursing - Orthopaedic Nursing (not currently running) (MSc, PGDip, PGCert)		
Specialist Nursing - Perioperative Nursing (MSc, PGDip, PGCert)		
Specialist Nursing - Renal Nursing (not currently running) (MSc, PGDip, PGCert)		

**PRACTICE PARTNER SITES
INSPECTED:**

St James's Hospital - 13 October 2022
St Francis' Hospice - 14 October 2022

Required Compliance

Key C – Fully Compliant, P – Partially Compliant, N – Non-compliant

Education body requirements

1. Education Providers		Post-graduate
1.1	Educational providers have a Post–Registration Nursing and Midwifery Education Committee/local joint working group, with representatives of the key stakeholders including service users.	C
1.2	The staff resource supports the delivery of the education programmes/units of learning at the stated professional, clinical and academic level.	C
1.3	Lecturers/tutors are involved in clinical practice and its development.	C
1.4	The mechanism for learner support in relation to student services, facilities and academic and clinical guidance is explicit. (EB & PP)	C

Programme requirements

2. Programmes/Units of Learning Design and Development		Post-graduate
2.1	Theoretical and clinical learning experiences and the learning environment must support the achievement of the aims and objectives/outcomes of the programmes/units of learning (EB & PP)	C
2.2	Programmes/units of learning design and development are led by registered nurse tutors or nurse/midwifery lecturers with a teaching qualification and is supported by academic and clinical experts including inter-disciplinary professionals as appropriate in collaboration with others and is guided by professional nursing/midwifery knowledge which is evidence/research based.	C
2.3	The programmes/units of learning development team comprise representative members of key stakeholders in nursing/midwifery education and practice and service users.	C
2.4	The programmes/units of learning design reflect various methods of teaching/learning and provides a balance between lectures, tutorials, workshops, small group interactions, demonstrations, practical work/clinical; and self-directed study.	C

Practice Partner (PP) Requirements

3. Practice Experience		Post-graduate
3.1	Practice experience provides learning opportunities that enable the achievement of competence in clinical nursing/midwifery practice and the stated learning outcomes (EB & PP)	C
3.2	Clearly written learning outcomes/objectives appropriate to the clinical area are developed and are available to ensure optimal use of valuable practice experience. These learning outcomes/objectives are revised as necessary.	C
3.3	Lecturers and nurse/midwifery tutors, in liaison with the appropriate clinical staff (clinical facilitators, preceptors, clinical managers and practice development co-ordinators) guide and support the learners in ensuring that the practice placement provides an optimum quality learning environment. (EB & PP)	C

Commendations

- Some good examples of multidisciplinary teaching evident for example the palliative care programme.
- The use of practicing clinicians to teach specialist clinical elements of the programme is to be commended.
- Students commented positively on their experiences as learners on the PG specialist programme and other clinical based programmes.
- The support provided by the educational facilitator and the team of clinical facilitators, preceptors and all staff at St James's was an outstanding example of students supportive learning while driving quality care through education and support.
- Examples of academic staff linking with clinical based nurses such as advanced nurse practitioners on research projects were commendable and should continue to grow.
- Strong education and research culture seen in clinical sites visited with evidence of staff led quality initiatives.
- Process employed at clinical sites to select and support students to undertake post-graduate clinical programme was robust and commendable. Admission criteria document is clear.
- Strong culture of post-graduate mentorship/preceptorship evident at the clinical sites visited.
- Academic support for students requiring additional needs was evident and commendable.
- Development of international student engagement is evident.
- Good library resources with support for students.

- The development of simulation and its use in post-graduate education is commendable.
- Clinical placement booklets for post-graduate students were excellent at clinical sites visited.
- Strong sense of pride in the culture and traditions of the University.

Response to Conditions and Current Status

Requirement No.	3.1
Programme Inspection outcome	Partially Compliant
Condition	All nursing students undertaking the PGDip/MSc in Palliative Care programme must be made aware that in order for the qualification to be considered a specialist qualification they must complete the clinical practicum module.
Updated response	This will be stated on the course website as well as being included in the course handbook. The point will also be made in the course information section of the college calendar.
Updated outcome	Fully Compliant

Post-graduate Programme Recommendations	Updated Response	Noting
There is evidence of a heavy reliance on written assignments for some programmes evident on the assignment maps. The inspection team recommend that the team review this and work towards introducing a range of assessment types within programmes.	The recommendations for nursing post-graduate programmes have been tabled at Post-graduate Management, Post-graduate Curriculum and Post-graduate Course Committees for actioning.	Recommendation response accepted – update to be provided in annual report
There appears to be an inconsistency in the requirements for some module assessments, particularly the length of assignments for 10 credit modules (3,000 word or 5,000-word assignments). It is recommended that the team examine this with a view to improving consistency in assessment across modules.	The recommendations for nursing post-graduate programmes have been tabled at Post-graduate Management, Post-graduate Curriculum and Post-graduate Course Committees for actioning.	Recommendation response accepted – update to be provided in annual report

Post-graduate Programme Recommendations	Updated Response	Noting
<p>There is evidence of some inconsistency in documents in relation to attendance policy. The student handbook for post-graduate students indicates that attendance is compulsory and outlines the actions for non-attendance however the attendance guidelines indicate that attendance is compulsory for some post-graduate programmes, not all. Discussions with academic staff indicates that attendance may not be compulsory. Clarity on this is required for students, particularly if the requirements are programme specific.</p>	<p>The recommendations for nursing post-graduate programmes have been tabled at Post-graduate Management, Post-graduate Curriculum and Post-graduate Course Committees for actioning.</p>	<p>Recommendation response accepted – update to be provided in annual report</p>
<p>Digital health knowledge and competence emerged as an area of need from the health service providers and the education body should explore education provision in the area with their service and practice partners.</p>	<p>The recommendations for nursing post-graduate programmes have been tabled at Post-graduate Management, Post-graduate Curriculum and Post-graduate Course Committees for actioning.</p>	<p>Recommendation response accepted – update to be provided in annual report</p>
<p>Community health was identified as an issue that needs to be weaved into existing programmes and considered for future programme development.</p>	<p>The recommendations for nursing post-graduate programmes have been tabled at Post-graduate Management, Post-graduate Curriculum and Post-graduate Course Committees for actioning.</p>	<p>Recommendation response accepted – update to be provided in annual report</p>
<p>While there were great examples of orientation to programmes for the majority of post-graduate students, this appeared to be inconsistent, particularly for students on non-clinical programmes. The education body should look to replicate the orientation experience of the students on clinical programmes for those on non-clinical programmes.</p>	<p>The recommendations for nursing post-graduate programmes have been tabled at Post-graduate Management, Post-graduate Curriculum and Post-graduate Course Committees for actioning.</p>	<p>Recommendation response accepted – update to be provided in annual report</p>

Post-graduate Programme Recommendations	Updated Response	Noting
Consider St Francis' Hospice as a placement site for undergraduate nursing students.	The recommendations for nursing post-graduate programmes have been tabled at Post-graduate Management, Post-graduate Curriculum and Post-graduate Course Committees for actioning.	Recommendation response accepted – update to be provided in annual report
Consider advanced nurse practitioner services as a placement site for undergraduate nursing students.	The recommendations for nursing post-graduate programmes have been tabled at Post-graduate Management, Post-graduate Curriculum and Post-graduate Course Committees for actioning.	Recommendation response accepted – update to be provided in annual report
Some inconsistency in understanding around preceptorship training evident at clinical sites, suggest reviewing clarity and availability to staff supporting post-graduate students in practice.	The recommendations for nursing post-graduate programmes have been tabled at Post-graduate Management, Post-graduate Curriculum and Post-graduate Course Committees for actioning.	Recommendation response accepted – update to be provided in annual report
In relation to requirement 2.3, it is recommended that the education body consider inclusion of health service users in the development of programmes/units of learning where appropriate going forward.	The recommendations for nursing post-graduate programmes have been tabled at Post-graduate Management, Post-graduate Curriculum and Post-graduate Course Committees for actioning.	Recommendation response accepted – update to be provided in annual report



03

**Midwifery
Programmes**

Midwifery

PROGRAMME LEADING TO REGISTRATION:	BSc (Hons) in Midwifery
PRACTICE PARTNER SITES INSPECTED:	<p>Rotunda Hospital (RH) 13 October 2022</p> <p>Coombe Women's & Infant's Hospital (CH) 13 October 2022</p> <p>Midlands Regional Hospital Portlaoise (MRHP) 14 October 2022</p>

Required Compliance

Key C – Fully Compliant, P – Partially Compliant, N – Non-compliant

Education body requirements

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

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

3. Practice Placements		Midwifery
3.1	New practice placement sites are audited for their suitability as a quality learning environment, that will support the achievement of the learning outcomes, in advance of students' commencing placements. Notification of new sites is included in the Annual Report submitted to NMBI. (EB & PP)	C
3.2	Existing practice placement sites are subject to 5-year cyclical audits, or when significant clinical changes occur, to ensure their continued suitability as a quality learning environment for students. (EB & PP)	C
3.3	There are processes in place for students to evaluate and provide feedback on practice placements. (EB & PP)	C
3.4	There are procedures in place for students to raise concerns about the perceived safety of a practice placement and follow up with relevant clinical partners. (EB & PP)	C
3.5	Fair and transparent systems are in place for the allocation of students to practice placements. (EB & PP)	C
3.6	Where a student is being supervised by health and social care professionals, the setting and achievement of learning outcomes is monitored by a registered nurse.	C

Programme requirements

4. Curriculum		Midwifery
4.1	Curriculum development processes ensure that the programme meets all statutory and regulatory requirements of NMBI and where applicable, the European Directives for nurse registration education programmes (2013/55/Recognition of Professional Qualifications).	C
4.2	The programme meets the requirements of the relevant award on the National Framework of Qualifications (NFQ).	C
4.3	Safety of the person and protection of the public is a fundamental, explicit, and continuing component of the programme.	C
4.4	The curriculum model chosen is dynamic, flexible, and evidence-based and utilises a range of teaching and learning strategies.	C
4.5	The curriculum is comprehensively and systematically documented and in line with the programme learning outcomes and domains of competence specified in Section 2 of the relevant Programme Standards and Requirements.	C
4.6	Clinical placements are integral to the programme.	C
4.7	The curriculum embeds a culture of professionalism and ensures that students understand the implications of professional regulation including adherence to NMBI's Code of Professional Conduct and Ethics.	C

		Midwifery
4.8	Module descriptors identify the aims, learning outcomes, ECTS credits, indicative content, student contact hours, student effort/self-directed learning hours and assessment strategy.	C
4.9	The curriculum demonstrates a balance between theory and practice leading to the development of reflective practitioners.	C
4.10	The curriculum development team is led by academic staff who are Registered Nurses in the relevant division of the register and comprises representative members of key academic and clinical stakeholders.	C
4.11	Registered nurses with appropriate professional and academic qualifications and teaching experience deliver the nursing modules.	C
4.12	The curriculum articulates opportunities for intentional, shared, interprofessional learning that is designed to enhance collaborative practice with other health care professionals.	C

5. Assessment

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

Practice Partner (PP) Requirements

6. Clinical Learning Environments		Midwifery
6.1	The Clinical Learning Environment (CLE) Audit is completed and available for review. (EB & PP)	C
6.2	Learning outcomes are specific to the practice placement environment and developed collaboratively by clinical and academic staff. Learning outcomes are aligned to the stage of the programme. (EB & PP)	C
6.3	Each student is allocated a named preceptor and associate preceptor while on practice placement. The preceptor or associate preceptor is available to supervise and assess the student for two thirds of the student's time on placement.	C
6.4	The number of preceptors/ associate preceptors/registered nurses in a clinical placement available to students meet the requirements set by NMBI.	C
6.5	Practice based learning is supported by preceptors from the relevant division of nursing or have suitable experience.	C
6.6	Preceptors have completed a competency assessment programme that has been approved by NMBI. Preceptors engage in continuing professional development. (EB & PP)	C
6.7	Arrangements are in place for protected time to facilitate practice placement assessments by preceptors.	C
6.8	Assessment of the achievement of learning outcomes and competence development is undertaken in accordance with the National Competence Assessment Document (NCAD).	C
6.9	The supernumerary status of the student is explicit for preceptors and students.	C
6.10	Internship practice placements provide experience of the 24-hour care cycle.	C
6.11	Students have a minimum of 4 hours protected time for reflection each week throughout the undergraduate programme or as specified in the relevant Standards and Requirements.	C
6.12	All placements, including specialist placements, are completed prior to the commencement of the 36-week internship placement. (EB & PP)	C
6.13	Evidence based policies, procedures and guidelines are available to support students in care delivery.	C
6.14	Practice placements implement relevant NMBI professional guidance documents.	C
6.15	Evidence of Clinical Risk management systems are embedded in the maternity service.	C

Commendations

- The education body and its practice partners are to be commended for their ongoing support of student education and the facilitation of the NMBI site inspection despite a cyber-attack and the ongoing Covid-19 pandemic.
- The CPC in post on all clinical placement sites provided great support to all students who spoke most highly of their encouragement and assistance during their practice placement.
- CPC had attended a learning event with student services on supporting students in distress and provided greater awareness and alert to student's mental health needs.
- The simulation room at St James Hospital Dublin was impressive and a valued resource.
- MRHP ensured that there was a focus on continuity of care by midwives for mothers who were being cared for in the bereavement suite.
- The extensive library facilities available to students along with areas that address sensory issues that some students may have to be commended.
- The facility of virtual confidential counselling sessions that are available to students in distress at short notice.
- Academic staff are clearly passionate and committed to providing high quality education experience and embedding a midwifery philosophy and values throughout the curriculum.

Response to Conditions and Current Status

Requirement No.	2.7
Programme Inspection outcome	Partially Compliant
Condition	RH is required to address this short fall; for the current number of undergraduate student midwives there is a requirement for 5.25WTE CPC.
Updated response	<p>Midwifery: It is noted that the Coombe Hospital and Midlands Regional Hospital Portlaoise are compliant with this standard and that the Rotunda Hospital has submitted a business case.</p> <p>Rotunda Hospital: Business case has been submitted to the Employment Control Committee for 2.4 WTE staff members to combat the staffing shortfall as espoused by the NMBI report and as a result of the retirement of a 0.34 WTE person on the CPC Team on 10.08.23. Response to same is awaited.</p>

Continued

Updated response	<p>TCD Response:</p> <p>In October 2022, the ratio of academic staff to students was 1:22 however this ratio included ALL undergraduate and post-graduate students enrolled in courses in the school.</p> <p>In September 2023, the ratio of academic staff to students is 1:17. This more accurately reflects the staffing allocations to support the delivery of the programme.</p>
Updated outcome	Partially Compliant – await update on business case that can be submitted in Annual Report

Requirement No.	6.3
Programme Inspection outcome	Partially Compliant
Condition	That RH and CH review allocations of all students throughout the clinical year and provide assurance that there are sufficient preceptors available for student midwives and other students allocated to their hospital for their practice placement.
Updated response	<p>Rotunda Hospital:</p> <p>Each student is allocated a named main preceptor for each clinical placement. The preceptor’s name is recorded in the Off-Duty at the ward level and the CPC keeps a record. The student’s duty is matched with that of the preceptor and in the event a preceptor is unable to provide continuity of preceptorship, the CPC or ward manager will reallocate the student to ensure supervision and assessment of the student is undertaken. The hospital's off duties and the student website provide evidence that all students have a named preceptor. Should a preceptor be off sick or redeployed to another area the CMM reallocates the students.</p> <p>From the individual audits of clinical learning environments students had specified preceptors for two-thirds of their time on placement. In addition, the amount of time the student spends with the preceptor is recorded in the student’s document.</p> <p>On an ongoing basis the SALO an Diploma coordinator review the volume of students on clinical placements. From 27th February to 4th June 2023, external students were not accepted on-site due to the large number of our own students being already present. Education body Covid planners added significantly to issues with saturation. This scenario will change from May 2024 onward as the planners have now changed. Other solutions employed are that the Rotunda CPCs provide consistent facilitation of the 24/7 roster planning and the ability of students to opt in/out of night shifts and weekends.</p>

Continued

<p>Updated response</p>	<p>This is hugely beneficial to students in diluting student numbers in the clinical area and it adds to a better preceptorship experience for Midwifery Students. The SALO ensures that there is maximum use of all clinical sites for further dilution of saturation especially MRHP/external placement sites. The SALO and Diploma coordinator also ensures that there is equity and fairness of skill mix allocation of Junior/Senior Midwifery Students to the Clinical areas. There is a CPC available to see these students from 0700 4 days per week.</p> <p>Duty rosters to demonstrate Preceptorship over 4, 6 or 8 weeks duration have been provided to the EB.</p> <p>The Coombe Hospital:</p> <p>Link Learning Environment May/June 2022 and the Coombe Hospital was compliant with the requirement that each student work alongside a named preceptor/co-preceptor for a minimum of 4 hours per week on two separate occasions/shifts per week and in the absence of preceptor/co-preceptor, students have a named supervising midwife.</p> <p>Maintaining consistency in student preceptorship had been highlighted as challenging by the Coombe Hospital. Such situations may arise on Intra-natal (DS) placement, due to the challenges with staff shortages and limited students being allowed into each of the birthing rooms to ensure privacy for the labouring woman and compliance with Covid-19 Guidelines. On those rare occasions, students are facilitated to access relevant clinical practice guidelines.</p> <p>The learning opportunities and clinical exposure are being reviewed constantly by the CPCs and Clinical Managers during the day and every effort is made to provide the best possible learning opportunities for students. The preceptorship course is mandatory for all Midwives.</p> <p>The preceptorship blitz to staff midwives by CPCs prior to the commencement of the academic year to update staff on preceptorship.</p>
<p>Updated outcome</p>	<p>Fully Compliant</p>

Requirement No.	6.4
Programme Inspection outcome	Partially Compliant
Condition	MRHP, RH and CH continue to address the midwifery staff shortages with strong evidence of midwifery recruitment endeavours to their services. All clinical sites are required to provide NMBI with update in April 2023 of their establishment and vacancy rate.
Updated response	<p>Rotunda Hospital:</p> <p>The Rotunda Hospital is actively recruiting on an ongoing basis for Staff Midwives and Nurses. It has explored supporting a person undertaking the 'Return to Practice' Midwifery programme this year. The Rotunda Hospital also hopes to engage with the Adaptation programme initially on a pilot basis and prospectively engage on a medium-term basis.</p> <p>The CPC team actively promote the benefits of working in the Rotunda to all student groups, particularly the Interns and HDips and external students.</p> <p>See ongoing advertisement on The Rotunda Hospital webpage: https://rotunda.ie/careers/</p> <p>The current vacancy rate is: 72 WTE.</p> <p>This ratio is not based on any recognised staff ratios.</p> <p>The Coombe Hospital:</p> <p>The Coombe Hospital continues to address the midwifery staff shortages and prioritises recruitment and retention plans to improve staffing levels.</p> <p>Robust Recruitment and Retention plans are in place – for example, attending Recruitment Fairs in Dublin 2022 and London and Glasgow in September/October 2023 and through 4 Recruitment Agencies and 1 European Agency. International recruitment of registered midwives is in progress. The Midwifery Adaptation programme is also facilitated on an ongoing basis to support midwifery registration of the candidate midwives qualified in non-EU countries.</p> <p>The Coombe hospital recruited 36 Midwifery and Nursing staff (34.5 WTE in total) in the last 11 months encompassing 26 WTE Midwifery staff and 8.6 WTE of Nursing staff. In the last 12 months, 8 candidates have attended this programme and the Coombe Hospital is currently awaiting on 8 more candidates to undertake the programme with the required procedures over the coming 3-4 months.</p>

Continued

Updated response	<p>The current Midwifery interns qualifying in Sept 2023 have been interviewed and 94% of the interns have accepted the permanent staff midwife post in the Coombe Hospital starting from mid Sept 2023 to Jan 2024.</p> <p>There is ongoing work progressing both Professional Development plans and Career Pathway plans for staff as a part of ongoing staff retention plans.</p> <p>However, the Coombe Hospital continues to face challenges in acquiring sufficient staff and skill mix due to the general accommodation challenges and the increased cost of living in the capital city of Dublin – The Midwifery and nursing staff are intending to and at times are forced to live outside of Dublin.</p> <p>The EMT and Board of Guardians have committed to supporting accommodation-related issues in the short and medium term.</p>
Updated outcome	Fully Compliant

Requirement No.	6.7
Programme Inspection outcome	Partially Compliant
Condition	That time is allocated and protected to preceptors undertaking student's placement assessment.
Updated response	<p>Rotunda Hospital:</p> <p>The ward manager is alerted to the fact that a student assessment is due to take place in order that the manager can facilitate protected time for the preceptor and student. The preceptor is encouraged to complete assessments taking into account the time of day when the clinical area tends to be quieter.</p> <p>Students are rostered for at least two shifts with their preceptor/co-preceptor each week.</p> <p>(See ward rosters as per evidence at 6.4)</p> <p>The CPC team links in with ward managers if there is any delay/difficulty in the assessment process to ensure that the preceptor can be given time to complete the assessment.</p> <p>In the event the manager is unable to provide protected time for an assessment an arrangement is made with the Preceptor's agreement to attend midpoint/final interviews on their own time and time back is given to both the preceptor and the student.</p>

Continued

Updated response	<p>The Coombe Hospital:</p> <p>The preceptor and student meetings are carried out during the shift together to ensure teaching and learning takes place in the clinical placement.</p> <p>However, it is not deniable that there are challenges in this regard, due to the staff shortages and the high activity levels. On those circumstances, the student and preceptor complete the teaching and learning including the assessment meetings, outside of the shift with the protected time (TO).</p>
Updated outcome	Fully Compliant

Midwifery Programme Recommendations	Updated Response	Noting
That MRHP consider providing practice placements for an increased number of student midwives.	<p>MRHP:</p> <p>MRHP are reviewing the availability of clinical placements to the Midwifery undergraduate programme in collaboration with the education body and clinical partners.</p> <p>Review of CPC resources are required to expand clinical placement opportunities.</p> <p>Business case to be submitted to expand resources.</p>	Recommendation response accepted
That MRHP is considered as an intern practice placement for student midwives.	<p>MRHP:</p> <p>MRHP has explored the possibility with the education body and clinical partners to take intern students, but MRHP is required to setup as an independent site to attract intern placements. MRHP cannot offer the full range of clinical exposure to meet NMBI Requirement and Standards for clinical placements due to current infrastructure and resources. MRHP will review in the future the feasibility of establishing as an independent clinical site for the undergraduate programme.</p>	Recommendation response accepted

Midwifery Programme Recommendations	Updated Response	Noting
<p>That MRHP consider applying for NMBI Adaptation and Assessment programme provider for overseas midwives who require compensation measures for registration.</p>	<p>MRHP: MRHP has applied for certification with NMBI as an accredited site for the Midwifery Adaptation and Assessment programme for overseas midwives. Awaiting NMBI outcome in October 2023.</p>	<p>Recommendation response accepted</p>
<p>RH consider providing a CPC 'on call' arrangement for students who elect to undertake placements at weekends.</p>	<p>Rotunda Hospital: Unfortunately, the Rotunda is not in a position to provide an 'On Call' service by CPCs at weekends at present. A business case has been made to increase the WTE CPC numbers to meet the NMBI standards and requirements which was submitted in July 2023.</p>	<p>Recommendation response accepted</p>
<p>The TCD review the 'supernumerary' reflection sessions that they facilitate so that students find the sessions beneficial.</p>	<p>MRHP: The CPC at MRHP will continue to facilitate reflective practice with the students and keep a written record of same.</p> <p>TCD TCD will continue to ensure that reflective practice with the students is facilitated.</p> <p>The reflection sessions are co-facilitated by CPCs and academic staff members. TCD evaluates these sessions on an annual and ongoing basis in order to optimise for the benefit of students.</p>	<p>Recommendation response accepted</p>
<p>The role of link lecture for each of the practice placement sites is reviewed so that staff and students are aware what to expect from them.</p>	<p>The CPC/NPDC will participate in the review process of the link lecturer's role and in increasing staff/student awareness of what to expect from the link lecturer.</p> <p>The role of the link lecturer is evaluated on an ongoing basis to enhance support of students and their preceptors and supervising midwives. In response to this feedback, we will review how we can make the role of the link lecturer and associated activities more explicit.</p>	<p>Recommendation response accepted</p>

Midwifery Programme Recommendations	Updated Response	Noting
<p>For all sites to continue with the extensive efforts to recruit and retain midwives to the vacant posts that they have. There is a need to ensure going forward that there are sufficient midwives to support students in practice placements.</p>	<p>Rotunda Hospital: The Rotunda Hospital is actively recruiting on an ongoing basis for Staff Midwives and Nurses. It has explored supporting a person undertaking the 'Return to Practice' Midwifery programme this year. We also hope to engage with the Adaptation programme later in the year.</p> <p>The Coombe Hospital: The Coombe Hospital is working on robust recruitment and retention plans. However, CH continues to face challenges in sufficient staffing and skill mix due to the general challenges with accommodation and cost of living in the capital city of Dublin.</p> <p>The midwifery and nursing staff are intending to and at times forced to live outside of Dublin.</p> <p>MRHP: MRHP has an ongoing national rolling recruitment campaign. An international recruitment campaign is in place in addition to the National Campaign. Maternity services at MRHP, currently participating in National Midwifery Taskforce, benchmarking birth rate ratios nationally. WTE presently 35.4.</p>	<p>Recommendation response accepted</p>
<p>That TCD review the modules that are delivered to student midwives and student nurses (shared modules) so that there is evidence of midwifery context application.</p>	<p>TCD This recommendation will be considered by the Undergraduate Curricula Committee during 2023.24.</p>	<p>Recommendation response accepted</p>



04

**Post-graduate
Midwifery
Programmes**

Post-graduate Midwifery

PROGRAMME LEADING TO REGISTRATION:	MSc Midwifery Practice and Leadership MSc Advance Midwifery Practice Higher Diploma in Midwifery
PRACTICE PARTNER SITES INSPECTED:	Rotunda Hospital Dublin 13 October 2022 Coombe Women's and Infants Hospital Dublin 13 October 2022

Required Compliance

Key C – Fully Compliant, P – Partially Compliant, N – Non-compliant

Education body requirements

1. The Respective Educational Providers		H-Dip	MSc P&L	MSc AMP
1.1	Educational providers have a Post-Registration Nursing and Midwifery Education Committee/local joint working group, with representatives of the key stakeholders including service users.	C	C	C
1.2	The staff resource supports the delivery of the education programmes/units of learning at the stated professional, clinical and academic level.	C	C	C
1.3	Lecturers/tutors are involved in clinical practice and its development	C	C	C
1.4	The mechanism for learner support in relation to student services, facilities and academic and clinical guidance is explicit. (EB & PP)	C	C	C
2. Programmes/Units of Learning Design and Development		H-Dip	MSc P&L	MSc AMP
2.1	Theoretical and clinical learning experiences and the learning environment must support the achievement of the aims and objectives/outcomes of the programmes/ units of learning (EB & PP)	C	C	C
2.2	Programmes/units of learning design and development are led by registered nurse tutors or nurse/midwifery lecturers with a teaching qualification and is supported by academic and clinical experts including inter-disciplinary professionals as appropriate in collaboration with others and is guided by professional nursing/midwifery knowledge which is evidence/research based.	C	C	C

		H-Dip	MSc P&L	MSc AMP
2.3	The programmes/units of learning development team comprise representative members of key stakeholders in nursing/midwifery education and practice and service users.	C	C	C
2.4	The programmes/units of learning design reflect various methods of teaching/learning and provides a balance between lectures, tutorials, workshops, small group interactions, demonstrations, practical work/clinical; and self- directed study.	C	C	C

3. Clinical Practice Experience

		H-Dip	MSc P&L	MSc AMP
3.1	Clinical practice experience provides learning opportunities that enable the achievement of competence in clinical nursing/midwifery practice and the stated learning outcomes (EB & PP)	C	N/A	C
3.2	Clearly written learning outcomes/objectives appropriate to the clinical area are developed and are available to ensure optimal use of valuable clinical experience. These learning outcomes/objectives are revised as necessary.	C	N/A	C
3.3	Lecturers and nurse/midwifery tutors, in liaison with the appropriate clinical staff (clinical facilitators, preceptors, clinical managers and practice development coordinators) guide and support the learners in ensuring that the clinical placement provides an optimum quality learning environment. (EB & PP)	C	N/A	C

Commendations

- Overseas students receive excellent support from the international team, and this was an important service to reduce isolation during the Covid pandemic restrictions.
- The library service is excellent with dedicated staff support for Nursing and Midwifery.

Response to Conditions and Current Status

Post-graduate Midwifery Programme Recommendations	Updated Response	Noting
<p>It is recommended that the level of supervision and duties that a Higher Diploma Student Midwife can perform at each stage of their training is clarified for students and staff at RH.</p>	<p>We confirm that we will continue to communicate with the Rotunda Hospital and our practice partners regarding the support needs and level of supervision and duties that a Higher Diploma in midwifery student can perform.</p>	<p>Recommendation response accepted</p>

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