

NURSING &
MIDWIFERY

NMBI Site Inspection Summary Report

for Nursing and Midwifery
Education Programmes

Dundalk Institute of Technology (DkIT)

Approved by Board: 23 March 2022



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

Introduction

In order to demonstrate that the programme is fit for purpose and meets the criteria for professional approval, the education provider is required to identify and describe the evidence required under each of the indicators as outlined in the tables below. Each of the nine headings reflects the indicators outlined by NMBI in the following documents:

- Nursing and Midwifery Board of Ireland (2016) Nurse Registration Programmes Standards and Requirements. 4th ed. NMBI, Dublin.
- Nursing and Midwifery Board of Ireland (2016) Midwife Registration Programme Standards and Requirements. 4th ed. NMBI, Dublin.
- Nursing and Midwifery Board of Ireland (2015) Post Registration Nursing and Midwifery Programmes Standards and Requirements. 1st ed. NMBI, Dublin.

The regulatory mechanism/authority:

85.– (1) The Board shall–

- (a) set and publish in the prescribed manner the standards of nursing and midwifery education and training for first-time registration and post-registration specialist nursing and midwifery qualifications, and
- (b) monitor adherence to the standards referred to in paragraph (a).
- (c) set and publish in the prescribed manner standards required for registration in any division, annotation and specialist nursing and midwifery qualifications pursuant to programmes approved under paragraph (a),
- (d) monitor adherence to the criteria referred to in paragraph (a), the guidelines referred to in paragraph (b) and the standards referred to in paragraph (c),
- (e) inspect bodies approved under paragraph (a) in order to ensure ongoing compliance with the criteria referred to in that paragraph, the guidelines referred to in paragraph (b) and the standards referred to in paragraph (c),
- (f) inspect, at least every 5 years, places in the State where training is provided to persons undertaking training for a nursing or midwifery qualification, for the purposes of monitoring adherence to nursing and midwifery education and training standards.

The focus of the site inspection is:

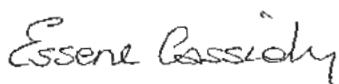
Through a partnership approach to

- (a) Assess that all statutory and regulatory requirements of NMBI and the European Directives are met.
- (b) Assess the effectiveness and efficiency of the curriculum structures, processes and outcomes.
- (c) Assess the quality and appropriateness of educational experiences.

Inspection Timelines

Virtual Education Body Inspection	6 and 7 May 2021
Practice Placement AHCP Inspection	
• Nursing	23 February 2022
• Midwifery	23 February, 15 and 30 March 2022
Education, Training and Standards Committee (ETS) Review	10 March 2022
Board Approval	23 March 2022

Signed:



Essene Cassidy
President, NMBI



Sheila McClelland
Chief Executive, NMBI



Carolyn Donohoe
Director of Education, Policy and Standards, NMBI



Dawn Johnston
Director of Midwifery, NMBI

Registered General Nursing

NAME OF EDUCATION BODY	Dundalk Institute of Technology
HEAD OF NURSING/MIDWIFERY	Dr Myles Hackett
PROGRAMME LEADING TO REGISTRATION:	BSc Nursing, Registered General Nursing
ASSOCIATED HEALTHCARE PROVIDER SITES INSPECTED:	Our Lady of Lourdes Hospital Drogheda

The NMBI site inspection team for the BSc (Hons) in General Nursing:

General programme team lead:	Dr Patrick Cotter (academic and clinical expertise) RGN
General programme external inspector:	Dr Brian Sharvin (academic expertise) RGN Ms Catherine Lee (clinical expertise) RGN Mr Michael Connolly (academic expertise) RGN
NMBI team:	Ms Lorraine Clarke-Bishop (Professional Officer) RGN

Inspection dates:

Education Body inspection:	Virtual 6 and 7 May 2021
Associated Health Care Providers inspection:	Our Lady of Lourdes Hospital Drogheda 23 February 2022

Audit Requirements

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

1. Eligibility to Apply for Approval

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

2. Curriculum Design and Development

		FC	PC	NC
2.1	All statutory and regulatory requirements of NMBI and European Directives are met (the latter if relevant).	√		
2.2	The programme of study makes the safety of the person and the protection of the public an integral, explicit, and continuing component within the curriculum.	√		
2.3	The curriculum is comprehensively and systematically documented.	√		
2.4	The curriculum model chosen is dynamic and flexible to allow for a change in nursing practice and health care delivery.	√		
2.5	Current educational theory, professional nursing knowledge and advances in health care practice, which are evidence/research-based, guide curriculum design and development.	√		
2.6	The curriculum is strategically planned to demonstrate balanced distribution and integration of theory and practice to achieve the learning outcomes. This is outlined in the circuit of training for the duration of each programme (RGN, RCN, RNID, RPN, RPHN, RNP, RNT, RANP and Specialist).	√		
2.7	The intended learning outcomes are consistent with the applicable awards standards (QQI, 2017) and consistent with the NFQ level of higher education qualifications.	√		

Continued

		FC	PC	NC
2.8	The curriculum utilises a range of teaching/learning strategies and provides a balance between lectures, tutorials, workshops, small group teaching, interactive learning demonstrations, practical work and self-directed learning.	√		
2.9	The curriculum development team is led by academic staff who are Registered Nurse Tutors and comprises of representative members of academic staff with the appropriate academic, professional qualifications and experience and clinical stakeholders in nursing practice regarding the programme of education (RGN, RCN, RNID, RPN, RPHN, RNP, RNT, RANP and Specialist).	√		
2.10	Nursing subjects are developed and taught by registered nurses with appropriate professional and academic qualifications and teaching expertise in the subject matter.	√		
2.11	Module descriptors identify the ECTS credits, aims, learning outcomes, indicative content, student contact hours, student effort/self-directed learning hours and assessment strategies.	√		
2.12	Each module is suitably structured and coherently oriented towards the achievement by students of the intended learning outcomes.	√		
2.13	The curriculum is designed to assist the development of knowledgeable, competent, reflective practitioners capable of accepting personal and professional accountability for delivering evidence-based practice.	√		
2.14	The curriculum articulates opportunities for intentional, shared, interprofessional learning that is designed to enhance collaborative practice with other health professionals and where relevant interprofessional subjects are developed and taught with support from other healthcare disciplines with appropriate professional, clinical and academic qualifications and teaching expertise in the subject matter.	√		
2.15	The curriculum articulates how the student is enabled to achieve the expected learning outcomes of the programme.	√		

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

		FC	PC	NC
3.1	Clear and comprehensive information for applicants is publicly available, specifying the programme of study and the application process. In addition, students must be able to readily access all information needed for them to estimate realistic prospects for admission to and completion of the programme (such as a particular type of practicum).	√		
3.2	The mechanism for student admission to the educational programme ensures that the stated entry requirements of NMBI are met in accordance with the institutional policy regarding equal opportunities for students and flexible modes of entry (Mature Students, FETAC, ACCESS, graduate entry) and clear procedures for approval of prior Learning (APL) if relevant. The approval of prior learning does not disadvantage the student concerned (by admitting students who are insufficiently prepared to undertake the level of higher education required) or compromise the integrity of the programme.	√		
3.3	Before admission to the programme of education and training leading to registration in the Public Health Nurses Division of the Register - The name of the candidate for registration must already be entered in the General Division of the Register of Nurses. - The candidate must have two years of clinical experience in nursing. In addition, unless the candidate's name is registered in the Midwives Division of the Register, the candidate must complete an NMBI approved module or unit of study on Maternal and Child Health as part of the programme.	N/A	N/A	N/A
3.4	The conditions for students' continuing progression and successful completion of the programme are explicit and are made known, in writing, to students at the beginning of the programme.	√		
3.5	The mechanism and conditions for students exiting the educational programme before completion are explicit including exit awards if appropriate.	√		
3.6	NMBI (Registration Department) is notified annually, in writing of any student who exits the programme prior to the successful completion of the programme by the programme coordinator (if relevant).	√		
3.7	Following any interruption ³ in the educational programme, the partnership institutions ensure that the student meets the educational programme requirements as identified by the NMBI (if relevant).	√		
3.8	Eligibility to register with the NMBI is based on successful completion of the programme and the achievement of both the theoretical and clinical practice components and records are maintained regarding conferment of academic awards.	√		

4. Programme Governance and Management

		FC	PC	NC
4.1	There is a formal Memorandum of Understanding (MOU) between each Education Body and its AHCP(s) describing mutually agreed planned approaches which the parties will adopt and support to ensure the programme can reach a successful conclusion and support mechanisms are in place for students.		√	
4.2	The Memorandum of Understanding (MOU) details the system for academic liaison and engagement with practice sites to support undergraduate practice-based learning.		√	
4.3	The programme of study is subject to institutional review involving competent academic oversight and scrutiny, independent of those directly involved in the delivery of the programme, to determine how the findings of such reviews are used to bring about improvements.	√		
4.4	The organisation structure supporting the management of the educational programme is explicit and includes the named person with direct responsibility as head of nursing/course leader/coordinator and he/she holds appropriate academic and professional qualifications and experience.	√		
4.5	A governance agreement is in place within the Education Body in respect of financial and staffing resources to support the delivery of the educational programme for the five-year approval period. In addition, the financial standing information is required to give prospective students some assurance that the provider is a going concern.	√		
4.6	Membership of the LJWG is inclusive of representatives from academic, and clinical stakeholders, from acute and community practice settings. Composition of the LJWG should reflect health services reorganisation and its membership adjusted accordingly and the LJWG is responsive to programme change in line with the DOH Health Reform Agenda and population focus.	√		
4.7	For external practice placements outside of Ireland, the Education Body must have formal arrangements in place with host practice institutions that comply with NMBI regulations and EU Directives.	√		
4.8	The process of monitoring and responding to student attendance in respect of the theoretical and clinical practice experience requirements are maintained and an action plan is put in place if a student is not attaining the attendance requirements.	√		

Continued

		FC	PC	NC
4.9	A mechanism for staff development that prepares staff to deliver the educational programme including the provision for maintaining nursing subject expertise and academic and clinical credibility is in place. There is a mechanism to review staff performance and addressing underperformance.	√		
4.10	An annual report on the programme of study (RGN, RCN, RNID, RPN, RPHN, RNP, RNT and RANP) and specialist programmes are provided to NMBI by the 31 March of each year in partnership with AHCPs.	√		

5. Student Support, Supervision and Learning Resources

		FC	PC	NC
5.1	Education Body and Schools/Departments educational learning resources and facilities (including technological support) adequately support the delivery of the programme and recognize that the environment may be partly virtual or involving the workplace.	√		
5.2	The staff resources support the delivery of the educational programme at the stated professional and academic level.	√		
5.3	There are arrangements to ensure that the programme will not enrol students unless a complement of staff meet the specifications and meet the ratio required.	√		
5.4	Audit of the clinical learning environment should facilitate the identification of the number of students that may be effectively supported within a practice placement.	√		
5.5	A formal grievance, complaints and appeals policy for students is in place.	√		
5.6	Mechanisms for student support in relation to the provision of adequate guidance, supervision and competence development in practice placement settings are relevant to the particular programme (RGN, RCN, RNID, RPN, RNP, RNT, RPHN, RANP and Specialist).	√		
5.7	The programme provides support for students who have special education and training needs and makes reasonable accommodations for students with disabilities.	√		
5.8	Regarding the programme leading to registration as a Registered Nurse Prescriber, written confirmation from an employer is required in relation to the provision of supervised practice and meeting the students learning needs to support the achievement of the expected learning outcomes.	N/A	N/A	N/A

6. Assessment Strategies

		FC	PC	NC
6.1	Assessments are strategically planned and function to provide feedback on student progression and ensure educational standards from a theoretical and clinical perspective are achieved before entry to the next year of the programme.	√		
6.2	Final assessment measures the integration and application of theory to patient/client care learned throughout the programme and requires the student to demonstrate competence within practice through the achievement of learning outcomes in both theory and practice.	√		
6.3	Sample assessment instruments, marking schemes and related evidence has been provided for each assessment and indicates that the assessment is valid and reliable.	√		
6.4	The grading criteria indicating the standard for a pass award is declared and made explicit for theoretical and clinical practice assessments.	√		
6.5	Policies governing student absence, non-submission of assessment work, non-attendance at examinations, mitigating circumstances and repeat arrangements are explicit.	√		
6.6	Assessment regulations relating to compensation, supplemental examinations, appeal mechanisms and conditions for a continuance on the programme are explicit and made known to students and key stakeholders.	√		
6.7	There is a mechanism in place for early feedback on student performance, detection, and support for students at risk of unsatisfactory progress and monitoring of success rates.	√		
6.8	The assessment strategies do not allow compensation between theoretical and clinical practice.	√		
6.9	There is evidence that external examiners are appointed by the Higher Education Institution in accordance with its procedures and with criteria specified by NMBI.	√		
6.10	Eligibility to register with NMBI is based on successful completion of the programme and the achievement of both the theoretical and clinical practice assessments.	√		

7. Practice Placements

		FC	PC	NC
7.1	Clinical practice placements are based in health care institutions, community and primary care areas that are the subject of audit for their suitability as a quality learning environment to support the achievement of the learning outcomes. This commitment is outlined in the Memorandum of Understanding (MOU).		√	
7.2	Prior to using new practice placements sites, verification of the completed audit as endorsed by the Education Body must be submitted to NMBI.	√		
7.3	Where learning opportunities occur under the supervision of other members of the multidisciplinary team, allied health, educational and social care professionals, such experiences are monitored by a registered nurse and the placement's final assessment process allows for the involvement of a Registered Nurse.	√		
7.4	There is a process in place for students to evaluate clinical placements.	√		
7.5	The Education Body has a framework in place for students to raise concerns about the perceived safety of the practice learning environment. The Education Body has a formal structure in place, in agreement with their AHCP's, to follow up such reports with clinical sites concerned.	√		
7.6	Systems for allocation of students are transparent and fair.		√	
7.7	A maximum of 13 weeks of NMBI clinical instruction time may be provided for students to experience practice placements in either a European Union state or in an International Healthcare System that are governed by a formal learning agreement between the students' own Education Body and the Education Body of the hosting country detailing the agreed criteria and mechanisms for such placements and approved by either the competent authority of the host state or by the hosting Education Body with whom the AHCP is associated.	√		
7.8	As with all practice placement sites, the Education Body must notify the NMBI of the agreed criteria and mechanisms utilised for evaluating an International / EU Practice Placements as being an appropriate learning environment for the development of students' competences.	N/A	N/A	N/A

8. Practice Placements Learning Environment and Competence Assessment

		FC	PC	NC
8.1	Clearly written up-to-date learning outcomes/ objectives appropriate to the agreed practice specific competencies are available and accessible to guide each student learning and achievement of competence in each programme of study (RGN, RCN, RNID, RPN, RNP, RPHN, RNT, RANP and Specialist).	√		
8.2	Practice-based learning is supported by adequate numbers of appropriately qualified and prepared practitioners to include preceptors, Clinical Placement Coordinators who are supported by a Nurse Practice Development Coordinator. A minimum ratio of one clinical placement coordinator to every 30 nursing students is in place with due regard to the geographical location and array of practice settings (Department of Health 2004, 41).	√		
8.3	Each student is assigned a named preceptor, who is a registered nurse and has completed teaching and assessing course, during practice placements to provide support and supervision.	√		
8.4	Assessment of the achievement of practice learning and competence development is undertaken in a fair, effective, and transparent manner in accordance with the assessment strategy and NMBI framework.	√		
8.5	The supernumerary status of the student in years 1-3 is explicit for preceptors and nursing students.	√		
8.6	Specific periods of protected time, a minimum of four hours, are allocated for reflection during supernumerary placements and the final internship clinical placement (Nurse Education Forum 2000) and is agreed formally between the Education Body and the AHCPs and included in the memorandum of understanding. (Circular 46/2004, Department of Health and Children 2004).	√		
8.7	Students are supported and supervised during the final placement of 36 weeks internship to consolidate the completed theoretical learning and to support the achievement of clinical competence on graduation and registration.	√		
8.8	The Education Body and AHCPs operate an effective mechanism for the protection of the public and the safety of the vulnerable person receiving healthcare.	√		
8.9	The Education Body and AHCPs operate robust processes for managing health problems encountered by students.	√		

Commendations

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

Conditions

Please be advised that there is a six-month timeline (unless otherwise stated) to meet these conditions and evidence of compliance must be provided in writing to the NMBI's Director of Education, Policy and Standards.

Requirement 4.1 - There is a formal Memorandum of Understanding (MOU) between each Education Body and its AHCP(s) describing mutually agreed planned approaches which the parties will adopt and support to ensure the programme can reach a successful conclusion and support mechanisms are in place for students.

Evidence Provided: Updated MOUs provided. Awaiting signatures from the AHCPs.

Outcome: Partially Compliant

Condition: **The education body will submit signed copies of all the MoUs to the NMBI.**

Requirement 4.2 - The Memorandum of Understanding (MOU) details the system for academic liaison and engagement with practice sites to support undergraduate practice-based learning.

Evidence Provided: Updated MOUs provided. Awaiting signatures from the AHCPs.

Outcome: Partially Compliant

Condition: **The education body will submit signed copies of all the MoUs to the NMBI.**

Continued

Requirement 7.1 - Clinical practice placements are based in health care institutions, community and primary care areas that are the subject of audit for their suitability as a quality learning environment to support the achievement of the learning outcomes. This commitment is outlined in the Memorandum of Understanding (MOU).

Evidence Provided: Updated MOUs provided. Awaiting signatures from the AHCPs.

Outcome: Partially Compliant

Condition: **The education body will submit signed copies of all the MoUs to the NMBI.**

Requirement 7.6 - Systems for allocation of students are transparent and fair.

Evidence Provided: Current SALO to student ratio is 1:461. The SALO is responsible for allocation across the four undergraduate programmes.

Outcome: Partially Compliant

Condition: **Appointment of SALO specifically for General Nursing Programme.**

Recommendations

- That the education body and clinical site explore the potential for research opportunities.
- OLOL to consider re-establishing a resource/meeting room for education purposes to accommodate the engaged team that are eager to meet the hospital's education needs.

Registered Intellectual Disability Nursing

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

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

The NMBI site inspection team for the BSc (Hons) in Intellectual Disability Nursing

Intellectual Disability programme team lead:	Ms Carmel Doyle (academic expertise) RNID, RCN
Intellectual Disability programme external inspectors:	Ms Teresa O'Malley (clinical expertise) RNID
NMBI team:	Mr Arnel Kidpalos (Professional Officer) RGN, RNT Ms Carolyn Donohoe (Director of Education Policy and Standards) RGN, RNT

Inspection dates:

Education body inspection:	Virtual 6 and 7 May 2021
Associated Health Care Providers inspection:	St. John of Gods, St. Mary's Drumcar 23 February 2022

Audit Requirements

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

1. Eligibility to Apply for Approval

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

2. Curriculum Design and Development

		FC	PC	NC
2.1	All statutory and regulatory requirements of NMBI and European Directives are met (the latter if relevant).	√		
2.2	The programme of study makes the safety of the person and the protection of the public an integral, explicit, and continuing component within the curriculum.	√		
2.3	The curriculum is comprehensively and systematically documented.	√		
2.4	The curriculum model chosen is dynamic and flexible to allow for a change in nursing practice and health care delivery.	√		
2.5	Current educational theory, professional nursing knowledge and advances in health care practice, which are evidence/research-based, guide curriculum design and development.	√		
2.6	The curriculum is strategically planned to demonstrate balanced distribution and integration of theory and practice to achieve the learning outcomes. This is outlined in the circuit of training for the duration of each programme (RGN, RCN, RNID, RPN, RPHN, RNP, RNT, RANP and Specialist).	√		
2.7	The intended learning outcomes are consistent with the applicable awards standards (QQI, 2017) and consistent with the NFAQ level of higher education qualifications.	√		

Continued

		FC	PC	NC
2.8	The curriculum utilises a range of teaching/learning strategies and provides a balance between lectures, tutorials, workshops, small group teaching, interactive learning demonstrations, practical work and self-directed learning.	√		
2.9	The curriculum development team is led by academic staff who are Registered Nurse Tutors and comprises of representative members of academic staff with the appropriate academic, professional qualifications and experience and clinical stakeholders in nursing practice regarding the programme of education (RGN, RCN, RNID, RPN, RPHN, RNP, RNT, RANP and Specialist).	√		
2.10	Nursing subjects are developed and taught by registered nurses with appropriate professional and academic qualifications and teaching expertise in the subject matter.	√		
2.11	Module descriptors identify the ECTS credits, aims, learning outcomes, indicative content, student contact hours, student effort/self-directed learning hours and assessment strategies.	√		
2.12	Each module is suitably structured and coherently oriented towards the achievement by students of the intended learning outcomes.	√		
2.13	The curriculum is designed to assist the development of knowledgeable, competent, reflective practitioners capable of accepting personal and professional accountability for delivering evidence-based practice.	√		
2.14	The curriculum articulates opportunities for intentional, shared, interprofessional learning that is designed to enhance collaborative practice with other health professionals and where relevant interprofessional subjects are developed and taught with support from other healthcare disciplines with appropriate professional, clinical and academic qualifications and teaching expertise in the subject matter.	√		
2.15	The curriculum articulates how the student is enabled to achieve the expected learning outcomes of the programme.	√		

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

		FC	PC	NC
3.1	Clear and comprehensive information for applicants is publicly available, specifying the programme of study and the application process. In addition, students must be able to readily access all information needed for them to estimate realistic prospects for admission to and completion of the programme (such as a particular type of practicum).	√		
3.2	The mechanism for student admission to the educational programme ensures that the stated entry requirements of NMBI are met in accordance with the institutional policy regarding equal opportunities for students and flexible modes of entry (Mature Students, FETAC, ACCESS, graduate entry) and clear procedures for approval of prior Learning (APL) if relevant. The approval of prior learning does not disadvantage the student concerned (by admitting students who are insufficiently prepared to undertake the level of higher education required) or compromise the integrity of the programme.	√		
3.3	Before admission to the programme of education and training leading to registration in the Public Health Nurses Division of the Register - The name of the candidate for registration must already be entered in the General Division of the Register of Nurses. - The candidate must have two years of clinical experience in nursing. In addition, unless the candidate's name is registered in the Midwives Division of the Register, the candidate must complete an NMBI approved module or unit of study on Maternal and Child Health as part of the programme.	N/A	N/A	N/A
3.4	The conditions for students' continuing progression and successful completion of the programme are explicit and are made known, in writing, to students at the beginning of the programme.	√		
3.5	The mechanism and conditions for students exiting the educational programme before completion are explicit including exit awards if appropriate.	√		
3.6	NMBI (Registration Department) is notified annually, in writing of any student who exits the programme prior to the successful completion of the programme by the programme coordinator (if relevant).	√		
3.7	Following any interruption in the educational programme, the partnership institutions ensure that the student meets the educational programme requirements as identified by the NMBI (if relevant).	√		
3.8	Eligibility to register with the NMBI is based on successful completion of the programme and the achievement of both the theoretical and clinical practice components and records are maintained regarding conferment of academic awards.	√		

4. Programme Governance and Management

		FC	PC	NC
4.1	There is a formal Memorandum of Understanding (MOU) between each Education Body and its AHCP(s) describing mutually agreed planned approaches which the parties will adopt and support to ensure the programme can reach a successful conclusion and support mechanisms are in place for students.		√	
4.2	The Memorandum of Understanding (MOU) details the system for academic liaison and engagement with practice sites to support undergraduate practice-based learning.		√	
4.3	The programme of study is subject to institutional review involving competent academic oversight and scrutiny, independent of those directly involved in the delivery of the programme, to determine how the findings of such reviews are used to bring about improvements.	√		
4.4	The organisation structure supporting the management of the educational programme is explicit and includes the named person with direct responsibility as head of nursing/course leader/coordinator and he/she holds appropriate academic and professional qualifications and experience.	√		
4.5	A governance agreement is in place within the Education Body in respect of financial and staffing resources to support the delivery of the educational programme for the five-year approval period. In addition, the financial standing information is required to give prospective students some assurance that the provider is a going concern.	√		
4.6	Membership of the LJWG is inclusive of representatives from academic, and clinical stakeholders, from acute and community practice settings. Composition of the LJWG should reflect health services reorganisation and its membership adjusted accordingly and the LJWG is responsive to programme change in line with the DOH Health Reform Agenda and population focus.	√		
4.7	For external practice placements outside of Ireland, the Education Body must have formal arrangements in place with host practice institutions that comply with NMBI regulations and EU Directives.	√		
4.8	The process of monitoring and responding to student attendance in respect of the theoretical and clinical practice experience requirements are maintained and an action plan is put in place if a student is not attaining the attendance requirements.	√		

Continued

		FC	PC	NC
4.9	A mechanism for staff development that prepares staff to deliver the educational programme including the provision for maintaining nursing subject expertise and academic and clinical credibility is in place. There is a mechanism to review staff performance and addressing underperformance.	√		
4.10	An annual report on the programme of study (RGN, RCN, RNID, RPN, RPHN, RNP, RNT and RANP) and specialist programmes are provided to NMBI by the 31 March of each year in partnership with AHCPs.	√		

5. Student Support, Supervision and Learning Resources

		FC	PC	NC
5.1	Education Body and Schools/Departments educational learning resources and facilities (including technological support) adequately support the delivery of the programme and recognize that the environment may be partly virtual or involving the workplace.	√		
5.2	The staff resources support the delivery of the educational programme at the stated professional and academic level.	√		
5.3	There are arrangements to ensure that the programme will not enrol students unless a complement of staff meet the specifications and meet the ratio required.	√		
5.4	Audit of the clinical learning environment should facilitate the identification of the number of students that may be effectively supported within a practice placement.	√		
5.5	A formal grievance, complaints and appeals policy for students is in place.	√		
5.6	Mechanisms for student support in relation to the provision of adequate guidance, supervision and competence development in practice placement settings are relevant to the particular programme (RGN, RCN, RNID, RPN, RNP, RNT, RPHN, RANP and Specialist).	√		
5.7	The programme provides support for students who have special education and training needs and makes reasonable accommodations for students with disabilities.	√		
5.8	Regarding the programme leading to registration as a Registered Nurse Prescriber, written confirmation from an employer is required in relation to the provision of supervised practice and meeting the students learning needs to support the achievement of the expected learning outcomes.	N/A	N/A	N/A

6. Assessment Strategies

		FC	PC	NC
6.1	Assessments are strategically planned and function to provide feedback on student progression and ensure educational standards from a theoretical and clinical perspective are achieved before entry to the next year of the programme.	√		
6.2	Final assessment measures the integration and application of theory to patient/client care learned throughout the programme and requires the student to demonstrate competence within practice through the achievement of learning outcomes in both theory and practice.	√		
6.3	Sample assessment instruments, marking schemes and related evidence has been provided for each assessment and indicates that the assessment is valid and reliable.	√		
6.4	The grading criteria indicating the standard for a pass award is declared and made explicit for theoretical and clinical practice assessments.	√		
6.5	Policies governing student absence, non-submission of assessment work, non-attendance at examinations, mitigating circumstances and repeat arrangements are explicit.	√		
6.6	Assessment regulations relating to compensation, supplemental examinations, appeal mechanisms and conditions for a continuance on the programme are explicit and made known to students and key stakeholders.	√		
6.7	There is a mechanism in place for early feedback on student performance, detection, and support for students at risk of unsatisfactory progress and monitoring of success rates.	√		
6.8	The assessment strategies do not allow compensation between theoretical and clinical practice.	√		
6.9	There is evidence that external examiners are appointed by the Higher Education Institution in accordance with its procedures and with criteria specified by NMBI.	√		
6.10	Eligibility to register with NMBI is based on successful completion of the programme and the achievement of both the theoretical and clinical practice assessments.	√		

7. Practice Placements

		FC	PC	NC
7.1	Clinical practice placements are based in health care institutions, community and primary care areas that are the subject of audit for their suitability as a quality learning environment to support the achievement of the learning outcomes. This commitment is outlined in the Memorandum of Understanding (MOU).		√	
7.2	Prior to using new practice placements sites, verification of the completed audit as endorsed by the Education Body must be submitted to NMBI.	√		
7.3	Where learning opportunities occur under the supervision of other members of the multidisciplinary team, allied health, educational and social care professionals, such experiences are monitored by a registered nurse and the placement's final assessment process allows for the involvement of a Registered Nurse.	√		
7.4	There is a process in place for students to evaluate clinical placements.	√		
7.5	The Education Body has a framework in place for students to raise concerns about the perceived safety of the practice learning environment. The Education Body has a formal structure in place, in agreement with their AHCP's, to follow up such reports with clinical sites concerned.	√		
7.6	Systems for allocation of students are transparent and fair.	√		
7.7	A maximum of 13 weeks of NMBI clinical instruction time may be provided for students to experience practice placements in either a European Union state or in an International Healthcare System that are governed by a formal learning agreement between the students' own Education Body and the Education Body of the hosting country detailing the agreed criteria and mechanisms for such placements and approved by either the competent authority of the host state or by the hosting Education Body with whom the AHCP is associated.	√		
7.8	As with all practice placement sites, the Education Body must notify the NMBI of the agreed criteria and mechanisms utilised for evaluating an International / EU Practice Placements as being an appropriate learning environment for the development of students' competences.	N/A	N/A	N/A

8. Practice Placements Learning Environment and Competence Assessment

		FC	PC	NC
8.1	Clearly written up-to-date learning outcomes/ objectives appropriate to the agreed practice specific competencies are available and accessible to guide each student learning and achievement of competence in each programme of study (RGN, RCN, RNID, RPN, RNP, RPHN, RNT, RANP and Specialist).	√		
8.2	Practice-based learning is supported by adequate numbers of appropriately qualified and prepared practitioners to include preceptors, Clinical Placement Coordinators who are supported by a Nurse Practice Development Coordinator. A minimum ratio of one clinical placement coordinator to every 30 nursing students is in place with due regard to the geographical location and array of practice settings (Department of Health 2004, 41).	√		
8.3	Each student is assigned a named preceptor, who is a registered nurse and has completed teaching and assessing course, during practice placements to provide support and supervision.	√		
8.4	Assessment of the achievement of practice learning and competence development is undertaken in a fair, effective, and transparent manner in accordance with the assessment strategy and NMBI framework.	√		
8.5	The supernumerary status of the student in years 1-3 is explicit for preceptors and nursing students.	√		
8.6	Specific periods of protected time, a minimum of four hours, are allocated for reflection during supernumerary placements and the final internship clinical placement (Nurse Education Forum 2000) and is agreed formally between the Education Body and the AHCPs and included in the memorandum of understanding. (Circular 46/2004, Department of Health and Children 2004).		√	
8.7	Students are supported and supervised during the final placement of 36 weeks internship to consolidate the completed theoretical learning and to support the achievement of clinical competence on graduation and registration.	√		
8.8	The Education Body and AHCPs operate an effective mechanism for the protection of the public and the safety of the vulnerable person receiving healthcare.	√		
8.9	The Education Body and AHCPs operate robust processes for managing health problems encountered by students.	√		

Commendations

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

Conditions

Please be advised that there is a six-month timeline (unless otherwise stated) to meet these conditions and evidence of compliance must be provided in writing to the NMBI's Director of Education, Policy and Standards.

Requirement 4.1 - There is a formal Memorandum of Understanding (MOU) between each Education Body and its AHCP(s) describing mutually agreed planned approaches which the parties will adopt and support to ensure the programme can reach a successful conclusion and support mechanisms are in place for students.

Evidence Provided: Updated MOUs provided. Awaiting signatures from the AHCPs.

Outcome: Partially Compliant

Condition: The education body will submit signed copies of all the MoUs to the NMBI.

Requirement 4.2 - The Memorandum of Understanding (MOU) details the system for academic liaison and engagement with practice sites to support undergraduate practice-based learning.

Evidence Provided: Updated MOUs provided. Awaiting signatures from the AHCPs.

Outcome: Partially Compliant

Condition: The education body will submit signed copies of all the MoUs to the NMBI.

Requirement 7.1 - Clinical practice placements are based in health care institutions, community and primary care areas that are the subject of audit for their suitability as a quality learning environment to support the achievement of the learning outcomes. This commitment is outlined in the Memorandum of Understanding (MOU).

Evidence Provided: Updated MOUs provided. Awaiting signatures from the AHCPs.

Outcome: Partially Compliant

Condition: The education body will submit signed copies of all the MoUs to the NMBI.

Requirement 8.6 - Specific periods of protected time, a minimum of four hours, are allocated for reflection during supernumerary placements and the final internship clinical placement and is agreed formally between the Education Body and the AHCPs and included in the memorandum of understanding.

Evidence Provided: All internship students are rostered for 35 hours work every week and 4 hour protected reflective time. There was evidence that interns reflected on practice during the working week, however some students were unclear on the best use of this time.

Outcome: Partially Compliant

Condition: The education body and the AHCPs must devise a formal and structured process of engagement for student interns, for 4 hours protected reflective time per week on practice placements.

Registered Mental Health Nursing

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

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

The NMBI site inspection team for the BSc (Hons) in Mental Health Nursing:

Mental Health programme team lead:	Ms Catherine Cunniffe (clinical expertise) RPN
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Mental Health programme external inspector:	Dr Siobhan Smyth (academic expertise) RPN Ms Agnes Tully (academic expertise) RPN
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Inspection dates:

Education Body inspection:	Virtual 6 and 7 May 2021
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Associated Health Care Providers inspection:	Drogheda Dept of Psychiatry (DDoP) 23 February 2022
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Audit Requirements

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

1. Eligibility to Apply for Approval

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

2. Curriculum Design and Development

		FC	PC	NC
2.1	All statutory and regulatory requirements of NMBI and European Directives are met (the latter if relevant).	√		
2.2	The programme of study makes the safety of the person and the protection of the public an integral, explicit, and continuing component within the curriculum.	√		
2.3	The curriculum is comprehensively and systematically documented.	√		
2.4	The curriculum model chosen is dynamic and flexible to allow for a change in nursing practice and health care delivery.	√		
2.5	Current educational theory, professional nursing knowledge and advances in health care practice, which are evidence/research-based, guide curriculum design and development.	√		
2.6	The curriculum is strategically planned to demonstrate balanced distribution and integration of theory and practice to achieve the learning outcomes. This is outlined in the circuit of training for the duration of each programme (RGN, RCN, RNID, RPN, RPHN, RNP, RNT, RANP and Specialist).	√		
2.7	The intended learning outcomes are consistent with the applicable awards standards (QQI, 2017) and consistent with the NFQ level of higher education qualifications.	√		

Continued

		FC	PC	NC
2.8	The curriculum utilises a range of teaching/learning strategies and provides a balance between lectures, tutorials, workshops, small group teaching, interactive learning demonstrations, practical work and self-directed learning.	√		
2.9	The curriculum development team is led by academic staff who are Registered Nurse Tutors and comprises of representative members of academic staff with the appropriate academic, professional qualifications and experience and clinical stakeholders in nursing practice regarding the programme of education (RGN, RCN, RNID, RPN, RPHN, RNP, RNT, RANP and Specialist).	√		
2.10	Nursing subjects are developed and taught by registered nurses with appropriate professional and academic qualifications and teaching expertise in the subject matter.	√		
2.11	Module descriptors identify the ECTS credits, aims, learning outcomes, indicative content, student contact hours, student effort/self-directed learning hours and assessment strategies.	√		
2.12	Each module is suitably structured and coherently oriented towards the achievement by students of the intended learning outcomes.	√		
2.13	The curriculum is designed to assist the development of knowledgeable, competent, reflective practitioners capable of accepting personal and professional accountability for delivering evidence-based practice.	√		
2.14	The curriculum articulates opportunities for intentional, shared, interprofessional learning that is designed to enhance collaborative practice with other health professionals and where relevant interprofessional subjects are developed and taught with support from other healthcare disciplines with appropriate professional, clinical and academic qualifications and teaching expertise in the subject matter.	√		
2.15	The curriculum articulates how the student is enabled to achieve the expected learning outcomes of the programme.	√		

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

		FC	PC	NC
3.1	Clear and comprehensive information for applicants is publicly available, specifying the programme of study and the application process. In addition, students must be able to readily access all information needed for them to estimate realistic prospects for admission to and completion of the programme (such as a particular type of practicum).	√		
3.2	The mechanism for student admission to the educational programme ensures that the stated entry requirements of NMBI are met in accordance with the institutional policy regarding equal opportunities for students and flexible modes of entry (Mature Students, FETAC, ACCESS, graduate entry) and clear procedures for approval of prior Learning (APL) if relevant. The approval of prior learning does not disadvantage the student concerned (by admitting students who are insufficiently prepared to undertake the level of higher education required) or compromise the integrity of the programme.	√		
3.3	Before admission to the programme of education and training leading to registration in the Public Health Nurses Division of the Register - The name of the candidate for registration must already be entered in the General Division of the Register of Nurses. - The candidate must have two years of clinical experience in nursing. In addition, unless the candidate's name is registered in the Midwives Division of the Register, the candidate must complete an NMBI approved module or unit of study on Maternal and Child Health as part of the programme.	N/A	N/A	N/A
3.4	The conditions for students' continuing progression and successful completion of the programme are explicit and are made known, in writing, to students at the beginning of the programme.	√		
3.5	The mechanism and conditions for students exiting the educational programme before completion are explicit including exit awards if appropriate.	√		
3.6	NMBI (Registration Department) is notified annually, in writing of any student who exits the programme prior to the successful completion of the programme by the programme coordinator (if relevant).	√		
3.7	Following any interruption ³ in the educational programme, the partnership institutions ensure that the student meets the educational programme requirements as identified by the NMBI (if relevant).	√		
3.8	Eligibility to register with the NMBI is based on successful completion of the programme and the achievement of both the theoretical and clinical practice components and records are maintained regarding conferment of academic awards.	√		

4. Programme Governance and Management

		FC	PC	NC
4.1	There is a formal Memorandum of Understanding (MOU) between each Education Body and its AHCP(s) describing mutually agreed planned approaches which the parties will adopt and support to ensure the programme can reach a successful conclusion and support mechanisms are in place for students.		√	
4.2	The Memorandum of Understanding (MOU) details the system for academic liaison and engagement with practice sites to support undergraduate practice-based learning.		√	
4.3	The programme of study is subject to institutional review involving competent academic oversight and scrutiny, independent of those directly involved in the delivery of the programme, to determine how the findings of such reviews are used to bring about improvements.	√		
4.4	The organisation structure supporting the management of the educational programme is explicit and includes the named person with direct responsibility as head of nursing/course leader/coordinator and he/she holds appropriate academic and professional qualifications and experience.	√		
4.5	A governance agreement is in place within the Education Body in respect of financial and staffing resources to support the delivery of the educational programme for the five-year approval period. In addition, the financial standing information is required to give prospective students some assurance that the provider is a going concern.	√		
4.6	Membership of the LJWG is inclusive of representatives from academic, and clinical stakeholders, from acute and community practice settings. Composition of the LJWG should reflect health services reorganisation and its membership adjusted accordingly and the LJWG is responsive to programme change in line with the DOH Health Reform Agenda and population focus.	√		
4.7	For external practice placements outside of Ireland, the Education Body must have formal arrangements in place with host practice institutions that comply with NMBI regulations and EU Directives.	√		
4.8	The process of monitoring and responding to student attendance in respect of the theoretical and clinical practice experience requirements are maintained and an action plan is put in place if a student is not attaining the attendance requirements.	√		

Continued

		FC	PC	NC
4.9	A mechanism for staff development that prepares staff to deliver the educational programme including the provision for maintaining nursing subject expertise and academic and clinical credibility is in place. There is a mechanism to review staff performance and addressing underperformance.	√		
4.10	An annual report on the programme of study (RGN, RCN, RNID, RPN, RPHN, RNP, RNT and RANP) and specialist programmes are provided to NMBI by the 31 March of each year in partnership with AHCPs.	√		

5. Student Support, Supervision and Learning Resources

		FC	PC	NC
5.1	Education Body and Schools/Departments educational learning resources and facilities (including technological support) adequately support the delivery of the programme and recognize that the environment may be partly virtual or involving the workplace.	√		
5.2	The staff resources support the delivery of the educational programme at the stated professional and academic level.	√		
5.3	There are arrangements to ensure that the programme will not enrol students unless a complement of staff meet the specifications and meet the ratio required.		√	
5.4	Audit of the clinical learning environment should facilitate the identification of the number of students that may be effectively supported within a practice placement.	√		
5.5	A formal grievance, complaints and appeals policy for students is in place.	√		
5.6	Mechanisms for student support in relation to the provision of adequate guidance, supervision and competence development in practice placement settings are relevant to the particular programme (RGN, RCN, RNID, RPN, RNP, RNT, RPHN, RANP and Specialist).		√	
5.7	The programme provides support for students who have special education and training needs and makes reasonable accommodations for students with disabilities.	√		
5.8	Regarding the programme leading to registration as a Registered Nurse Prescriber, written confirmation from an employer is required in relation to the provision of supervised practice and meeting the students learning needs to support the achievement of the expected learning outcomes.	N/A	N/A	N/A

6. Assessment Strategies

		FC	PC	NC
6.1	Assessments are strategically planned and function to provide feedback on student progression and ensure educational standards from a theoretical and clinical perspective are achieved before entry to the next year of the programme.	√		
6.2	Final assessment measures the integration and application of theory to patient/client care learned throughout the programme and requires the student to demonstrate competence within practice through the achievement of learning outcomes in both theory and practice.	√		
6.3	Sample assessment instruments, marking schemes and related evidence has been provided for each assessment and indicates that the assessment is valid and reliable.	√		
6.4	The grading criteria indicating the standard for a pass award is declared and made explicit for theoretical and clinical practice assessments.	√		
6.5	Policies governing student absence, non-submission of assessment work, non-attendance at examinations, mitigating circumstances and repeat arrangements are explicit.	√		
6.6	Assessment regulations relating to compensation, supplemental examinations, appeal mechanisms and conditions for a continuance on the programme are explicit and made known to students and key stakeholders.	√		
6.7	There is a mechanism in place for early feedback on student performance, detection, and support for students at risk of unsatisfactory progress and monitoring of success rates.	√		
6.8	The assessment strategies do not allow compensation between theoretical and clinical practice.	√		
6.9	There is evidence that external examiners are appointed by the Higher Education Institution in accordance with its procedures and with criteria specified by NMBI.	√		
6.10	Eligibility to register with NMBI is based on successful completion of the programme and the achievement of both the theoretical and clinical practice assessments.	√		

7. Practice Placements

		FC	PC	NC
7.1	Clinical practice placements are based in health care institutions, community and primary care areas that are the subject of audit for their suitability as a quality learning environment to support the achievement of the learning outcomes. This commitment is outlined in the Memorandum of Understanding (MOU).		√	
7.2	Prior to using new practice placements sites, verification of the completed audit as endorsed by the Education Body must be submitted to NMBI.	√		
7.3	Where learning opportunities occur under the supervision of other members of the multidisciplinary team, allied health, educational and social care professionals, such experiences are monitored by a registered nurse and the placement's final assessment process allows for the involvement of a Registered Nurse.	√		
7.4	There is a process in place for students to evaluate clinical placements.	√		
7.5	The Education Body has a framework in place for students to raise concerns about the perceived safety of the practice learning environment. The Education Body has a formal structure in place, in agreement with their AHCP's, to follow up such reports with clinical sites concerned.	√		
7.6	Systems for allocation of students are transparent and fair.	√		
7.7	A maximum of 13 weeks of NMBI clinical instruction time may be provided for students to experience practice placements in either a European Union state or in an International Healthcare System that are governed by a formal learning agreement between the students' own Education Body and the Education Body of the hosting country detailing the agreed criteria and mechanisms for such placements and approved by either the competent authority of the host state or by the hosting Education Body with whom the AHCP is associated.	√		
7.8	As with all practice placement sites, the Education Body must notify the NMBI of the agreed criteria and mechanisms utilised for evaluating an International / EU Practice Placements as being an appropriate learning environment for the development of students' competences.	N/A	N/A	N/A

8. Practice Placements Learning Environment and Competence Assessment

		FC	PC	NC
8.1	Clearly written up-to-date learning outcomes/ objectives appropriate to the agreed practice specific competencies are available and accessible to guide each student learning and achievement of competence in each programme of study (RGN, RCN, RNID, RPN, RNP, RPHN, RNT, RANP and Specialist).		√	
8.2	Practice-based learning is supported by adequate numbers of appropriately qualified and prepared practitioners to include preceptors, Clinical Placement Coordinators who are supported by a Nurse Practice Development Coordinator. A minimum ratio of one clinical placement coordinator to every 30 nursing students is in place with due regard to the geographical location and array of practice settings (Department of Health 2004, 41).		√	
8.3	Each student is assigned a named preceptor, who is a registered nurse and has completed teaching and assessing course, during practice placements to provide support and supervision.		√	
8.4	Assessment of the achievement of practice learning and competence development is undertaken in a fair, effective, and transparent manner in accordance with the assessment strategy and NMBI framework.	√		
8.5	The supernumerary status of the student in years 1-3 is explicit for preceptors and nursing students.	√		
8.6	Specific periods of protected time, a minimum of four hours, are allocated for reflection during supernumerary placements and the final internship clinical placement (Nurse Education Forum 2000) and is agreed formally between the Education Body and the AHCPs and included in the memorandum of understanding. (Circular 46/2004, Department of Health and Children 2004).		√	
8.7	Students are supported and supervised during the final placement of 36 weeks internship to consolidate the completed theoretical learning and to support the achievement of clinical competence on graduation and registration.	√		
8.8	The Education Body and AHCPs operate an effective mechanism for the protection of the public and the safety of the vulnerable person receiving healthcare.	√		
8.9	The Education Body and AHCPs operate robust processes for managing health problems encountered by students.	√		

Commendations

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

Conditions

Please be advised that there is a six-month timeline (unless otherwise stated) to meet these conditions and evidence of compliance must be provided in writing to the NMBI's Director of Education, Policy and Standards.

Requirement 4.1 - There is a formal Memorandum of Understanding (MOU) between each Education Body and its AHCP(s) describing mutually agreed planned approaches which the parties will adopt and support to ensure the programme can reach a successful conclusion and support mechanisms are in place for students.

Evidence Provided: Updated MOUs provided. Awaiting signatures from the AHCPs.

Outcome: Partial Compliance

Condition: **The education body will submit signed copies of all the MoUs to the NMBI.**

Continued

Requirement 4.2 - The Memorandum of Understanding (MOU) details the system for academic liaison and engagement with practice sites to support undergraduate practice-based learning.

Evidence Provided: Updated MOUs provided. Awaiting signatures from AHCPs.

Outcome: Partially Compliant

Condition: The education body will submit signed copies of all the MoUs to the NMBI.

Requirement 5.3 - There are arrangements to ensure that the programme will not enrol students unless a complement of staff meet the specifications and meet the ratio required.

Evidence Provided: 118 mental health nursing students on the programme. 2 WTE CPCs in Louth Meath MH service, 1 WTE CPC in Cavan Monaghan MH Service. Ratio of 118 mental health nursing students: 3 CPCs. The insufficient number of CPCs in mental health was discussed at LJWG on a number of occasions with no resolution to recruiting an additional CPC. The number of nursing students on the programme has increased over the past 4 years but there was no increase in CPC resources.

Outcome: Partially Compliant

Condition: Appointment of an addition CPC to ensure required minimal ratio is met. The education body must provide evidence of the engagement process with AHCPs to ensure that incoming student numbers are set based on CPC support available (1:30) on an annual basis.

Requirement 5.6 - Mechanisms for student support in relation the provision of adequate guidance, supervision and competence development in practice placement settings are relevant to the particular programme.

Evidence Provided: Current SALO to student ratio is 1:461. Student placement planners viewed by inspectors indicate that there is an over reliance on older persons services for placements during years 1 and 2 resulting in minimal exposure to mental health placements for students during the early stages of the programme.

Outcome: Partially Compliant

Condition: Appointment of a SALO specifically for mental health programme. Nursing students must get exposure to a variety of mental health placements, especially in years 1 and 2, and over the course of the 4 years of the programme.

Requirement 7.1 - Clinical practice placements are based in health care institutions, community and primary care areas that are the subject of audit for their suitability as a quality learning environment to support the achievement of the learning outcomes. This commitment is outlined in the Memorandum of Understanding (MOU).

Evidence Provided: Completed audit of clinical learning environment viewed by inspection team indicated there was no participation by link academic staff in the audit. The audit was completed by CPC and CNM III.

Outcome: Partially Compliant

Condition: The education body and the AHCP must conduct audits of the clinical learning environment. These need to be reviewed and completed by DKIT link lecturers, CPCs and clinical staff together and included in the signed MOU.

Requirement 8.1 - Clearly written up-to-date learning outcomes/objectives appropriate to the agreed practice specific competencies are available and accessible to guide each student learning and achievement of competence in each programme of study.

Evidence Provided: The learning outcomes provided for mental health nursing students are not site specific to ensure optimal use of valuable practice placement experience. There was no evidence of learning outcomes for general nursing students or midwifery students.

Outcome: Partially Compliant

Condition: The education body and the AHCPs must provide site specific learning outcomes that are written for each practice placement and are jointly developed by DKIT and AHCPs.

Requirement 8.2 - Practice-based learning is supported by adequate numbers of appropriately qualified and prepared practitioners to include preceptors, Clinical Placement Coordinators who are supported by a Nurse Practice Development Coordinator. A minimum ratio of one clinical placement coordinator to every 30 nursing students is in place with due regard to the geographical location and array of practice settings (Department of Health 2004, 41).

Evidence Provided: 118 mental health nursing students on the programme. 2 WTE CPCs in Louth Meath MH service, 1 WTE CPC in Cavan Monaghan MH Service. Ratio of 118 mental health nursing students: 3 CPCs. The insufficient number of CPCs in mental health was discussed at LJWG on a number of occasions with no resolution to recruiting an additional CPC. The number of nursing students on the programme has increased over the past 4 years but there was no increase in CPC resources.

Outcome: Partially Compliant

Condition: CPC to student ratio is not met. The education body will work with their AHCPs to recruit 1 WTE CPC.

Requirement 8.3 - Each student is assigned a named preceptor, who is a registered nurse and has completed teaching and assessing course, during practice placements to provide support and supervision.

Evidence Provided: The practice development team informed the site inspectors that 25% of the nursing staff in DDoP had completed teaching and assessing preceptorship course. Preceptor numbers are not adequate for student cohorts.

Outcome: Partially Compliant

Condition: A sufficient number of registered nurses (above 80%) must complete a teaching and assessing course approved by the NMBI to enable them support, guide and assess students' learning and competence.

Requirement 8.6- Specific periods of protected time, a minimum of four hours, are allocated for reflection during supernumerary placements and the final internship clinical placement and is agreed formally between the Education Body and the AHCPs and included in the memorandum of understanding.

Evidence Provided: No evidence provided to inspection team of allocation of 4 hours protected reflective time to intern nursing students on placement.

Outcome: Partially Compliant

Condition: **The education body and the AHCP must devise a formal process to ensure all internship nursing students are allocated 4 hours protected reflective time per week on practice placements.**

Recommendations

- The membership of the LJWG needs to be revised to include persons using health services.
- Future revision of the AHCP's medication management policy to be developed in collaboration with the education body, as this is key for learning by students on placement. The policy must incorporate "Guidance for Registered Nurses & Midwives on Medication Administration" document (NMBI, 2020).
- Learning support plans in the NCAD to be supported by DKIT link lecturers when appropriate.
- Review the Professional Standards Partnership Group (PSP) to devise a committee for mental health to consider operational issues specific to the mental health programme.

Post-graduate Specialist Programmes

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

PROGRAMME LEADING TO REGISTRATION:	Specialist (Post-graduate Diploma in Advanced Professional Management of Aggression and Violence)
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The NMBI site inspection team for the Specialist (Post-graduate Diploma in Advanced Professional Management of Aggression and Violence)

Programme team lead: Dr Patrick Cotter (academic expertise) RGN, RM, RNP, RANP

NMBI team: Dr Anne-Marie Ryan (Director of Education) RGN, RNT

Inspection dates:

Education Body inspection: Virtual 6 and 7 May 2021

Audit Requirements

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

1. The Respective Educational Providers

		FC	PC	NC
1.1	Educational providers respond to change and needs affecting professional, educational, health, policy, social and economic issues.	√		
1.2	Educational providers keep appropriate records including records for the conferment of professional and academic awards.	√		
1.3	The process for monitoring student attendance is declared.	√		
1.4	Organisational structures supporting the management of the educational programmes/units of learning are explicit.	√		
1.5	Educational providers have a Post-Registration Nursing and Midwifery Education Committee/local joint working group, with representatives of the key stakeholders including service users.	√		
1.6	The role of the external examiner in relation to the post-registration nursing and midwifery education programmes/units of learning is explicit.	√		
1.7	The staff resource supports the delivery of the education programmes/units of learning at the stated professional, clinical and academic level.	√		
1.8	Lecturers/tutors are involved in clinical practice and its development.	√		
1.9	Nursing/midwifery subjects are developed and taught by registered nurses/midwives with appropriate professional, clinical and academic qualifications and teaching expertise in the subject matter.	√		
1.10	A mechanism for staff development which prepares staff to deliver the education programmes/units of learning including the provision for maintaining nursing/midwifery expertise and credibility is identified.	√		
1.11	Educational providers provide administrative and clerical support for all educational activity.	√		
1.12	Educational providers provide educational resources/facilities (including library, computer, audio-visual and accommodation) to meet the teaching and learning needs of the specific post-registration programmes/units of learning.	√		

Continued

		FC	PC	NC
1.13	Mechanisms for learner admission to the nursing and midwifery education programmes/units of learning ensure that the stated entry requirements are met. This should include specific mechanisms for the recognition of prior learning. The mechanism and conditions for learners exiting the education programmes/units of learning before completion are explicit.	√		
1.14	Following any interruption in the education programmes/units of learning the educational provider ensures that the learner meets the education programmes/units of learning requirements.	√		
1.15	The mechanism for learner support in relation to student services, facilities and academic and clinical guidance is explicit.	√		
1.16	The educational provider provides an annual programme report on the education programmes/ units of learning including the external examiner's report to the NMBI.	√		

2. Programmes/Units of Learning Design and Development

		FC	PC	NC
2.1	Curriculum design and development reflect research and evidence based educational theory and health care theory, policy and practice. National and International benchmarks should inform curriculum development.	√		
2.2	The curriculum model chosen should be dynamic and flexible to allow for changes in nursing/ midwifery practice and health care delivery.	√		
2.3	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.	√		
2.4	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.	√		
2.5	The programmes/units of learning development team comprise representative members of key stakeholders in nursing/midwifery education and practice and service users.	√		

Continued

		FC	PC	NC
2.6	The programmes/units of learning are strategically planned to demonstrate balanced distribution and integration of theory and practice, logical sequencing and progressive development of subjects and clinical competence over the education programme.	√		
2.7	The programmes/units of learning are based on a range of teaching-learning strategies (including e-learning and blended learning) to assist the development of a knowledgeable, safe and competent practitioner and to equip her/him with the life-long skills for problem-solving and self-directed learning.	√		
2.8	The programmes/units of learning design reflect various methods of teaching/learning and 13 Nursing and Midwifery Board of Ireland (NMBI) Post Registration Nursing and Midwifery Programmes provides a balance between lectures, tutorials, workshops, small group interactions, demonstrations, practical work/clinical; and self-directed study.	√		
2.9	The programmes/units of learning equip the students/participants with an appropriate level of knowledge, research awareness and critical analysis.	√		
2.10	The awarding body accreditation of programmes/units of learning is explicit.	√		
2.11	Processes to facilitate access, transfer and progression are explicit within the programme/unit of learning.	√		
2.12	The programmes/units of learning design include the assessment strategy in relation to the assessment of clinical competence and theoretical learning outcomes.	√		
2.13	The programmes/units of learning design include an evaluation strategy, which captures evaluation feedback from a broad range of stakeholders including the student, the clinical sites and service users.	√		
2.14	Quality assurance criteria reflective of both NMBI Requirements and Standards and the relevant awarding body are explicit.	√		
2.15	Quality assurance mechanisms and indicators are identified and measured in relation to the internal and external governance requirements of the educational provider, the awarding body and the professional regulator.	√		

3. Clinical Practice Experience (if appropriate to programmes/units of learning)

		FC	PC	NC
3.1	Clinical practice experience provides learning opportunities that enable the achievement of competence in clinical nursing/midwifery practice and the stated learning outcomes.	√		
3.2	Clinical placements are based in health care institutions, which are audited/approved by the Programmes/Units of Learning Team and satisfy NMBI Requirements and Standards.	√		
3.3	The healthcare institution (s) used for clinical placements are required to have in place: <ul style="list-style-type: none"> • Arrangements for monitoring and improving patient safety • Evidence based practice guidelines to support appropriate standards of care and for systematic approaches to nursing care • Policies that support audit • Risk Management systems • Adverse event reporting system • Policies that support good practice in recording clinical practice • Policies to address complaints/concerns • Mechanisms to support interdisciplinary team working • A structure within which concerns around clinical practice are raised and addressed • Mechanisms to involve service users in the development and review of healthcare provision; and • Evidence of clinical and educational audit for each placement site used in the education and training of registrants. 	√		
3.4	The selection of areas for clinical practice experience reflects the scope of the health care settings and supports the achievement of the learning outcomes of the post-registration education programmes/units of learning.	√		
3.5	Post-registration learner allocation to clinical placements is based on the need to integrate theory and practice and to facilitate the progressive development of clinical skills, competence, quality patient care and patient safety.	√		
3.6	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.	√		

		FC	PC	NC
3.7	Post-registration learners and all those involved in meeting their learning needs are fully acquainted with the expected learning outcomes related to that clinical placement.	√		
3.8	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 clinical placement provides an optimum quality learning environment.	√		

4. Assessment Process

		FC	PC	NC
4.1	Assessments are based on a variety of strategies that are aligned with the subject area, practice setting and stage of the education programmes/units of learning and expected learning outcomes.	√		
4.2	Assessment measures where appropriate demonstrates the integration and application of theory to patient care learned throughout the programmes/units of learning and requires the student/participant to demonstrate competence within practice through the achievement of learning outcomes in both theory and practice.	√		
4.3	Assessment strategies are established as reliable and valid measures of learning outcomes.	√		
4.4	Grading criteria indicating the standard for a pass award is required for theoretical and clinical practice competency assessments as award/grading mechanism, which acknowledges higher achievements by the student/participant, is recorded.	√		
4.5	Marks and standards and assessment regulations relating to compensation, supplemental and appeal mechanisms and conditions for continuance of the education programmes/units of learning are explicit.	√		

5. External Examiners

		FC	PC	NC
5.1	<p>The role of the external examiner is explicit and functions to:</p> <ul style="list-style-type: none"> • Maintain the quality and standards of post-registration education programmes/units of learning. • Ensure the assessment strategies for theory and practice are reliable and equitable. • Ensure individual students/learners are treated fairly. 	√		
5.2	<p>External examiners for post-registration nursing and midwifery education programmes/units of learning:</p> <ul style="list-style-type: none"> • Are Registered Nurses/Midwives with professional qualifications appropriate to the post-registration programmes/units of learning being examined. • Hold academic and teaching qualifications and have at least 3 years full-time teaching experience in courses appropriate to the post-registration programmes/units of learning being examined. • Have experience in examining and assessing post-registration students. • Have experience in the development, management, delivery and evaluation of post-registration programmes/units of learning. 	√		
5.3	<p>The mechanism whereby the external examiner is provided with relevant documentation participates in decision- making concerning the programmes/ units of learning and has membership of the Examination Boards of the respective institutions, is explicit.</p>	√		
5.4	<p>An abridged CV of the external examiner is explicit within the submission.</p>	√		

Commendations

- A strong relationship with AHCPs who avail of the programme in programme development.
- Clinically relevant programme while maintaining an appropriate academic level.

Midwifery

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

PROGRAMME LEADING TO REGISTRATION:	BSc (Hons) and Higher Diploma in Midwifery
ALLIED HEALTHCARE PROVIDER SITES INSPECTED:	Our Lady of Lourdes Maternity Service Cavan Monaghan Maternity Service Letterkenny Maternity Hospital

The NMBI site inspection team for the BSc and HDip Midwifery undergraduate programme:

Midwifery Programme Team lead: Ms Mary Curtin (academic expertise)
RM, RMT

NMBI team: Ms Dawn Johnston (Director of Midwifery)
RM, RGN
Ms Georgina Farren (Professional Officer)
RM, RGN

Inspection dates:

Education body inspection: Virtual 6 and 7 May 2021

Associated Health Care Providers inspection:
Our Lady of Lourdes Maternity Service
23 February 2022
Cavan Monaghan Maternity Service
30 March 2022
Letterkenny Maternity Hospital
15 March 2022

Audit Requirements

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

1. Higher Education Institutes and Allied Health Clinical Placements

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

		FC	PC	NC
1.1	All statutory and regulatory requirements of NMBI and European Directives are met.	√		
1.2	The programme is subject to institutional review involving competent academic oversight and scrutiny independent of those directly involved in the delivery of the programme. The findings of such reviews are used to bring about improvement and development of the programme.	√		
1.3	The programme is responsive to change arising from professional, educational, health, social and economic issues.	√		
1.4	The HEI and AHCPs maintain records that demonstrate that each student meets the learning outcomes in the clinical and theoretical components of the programmes and records for the conferment of professional and academic awards.	√		
1.5	Processes for monitoring and managing student attendance, sickness, absence and attrition are fair, accurate and transparent.	√		
1.6	The organisation structure supporting the management of the educational programme is explicit.	√		
1.7	The programme leader or coordinator leading each programme team is a registered midwife with appropriate academic, professional, teaching qualifications and experience.	√		
1.8	A local joint working group (LJWG) which includes representatives from key stakeholders within the HEIs, AHCPs and service users (who are the service users) should operate within an agreed memorandum of understanding (MOU). The composition of the LJWG should reflect health systems changes and be reviewed accordingly. The function of the LJWG is to oversee and monitor the implementation of the midwifery programme on a continuous basis, to identify and address challenges and to incorporate changes to the programme which reflect best practice for the care of women, their babies and their families.			√
1.9	The HEI has in place financial and staffing resources to support the delivery of the programme for the five-year approval period.	√		

Continued

		FC	PC	NC
1.10	The staff resource supports the delivery of the programme at the stated professional and academic level.	√		
1.11	Audit of both the academic and clinical learning environment should identify the number of students that may be effectively supported on the programme.	√		
1.12	Midwives involved in the delivery of the programme must have their names entered in the Midwives Division of the Register of Nurses Midwives Board of Ireland (NMBI).	√		
1.13	Midwifery subjects are developed and taught by registered midwives with appropriate professional and academic qualifications including teaching expertise and clinical credibility.	√		
1.14	The HEI provides details of how students are supported in the clinical learning environment by the HEI. This should include an explicit description of the input of midwifery lecturers in the clinical learning environment.	√		
1.15	The HEI and the AHCPs have a mechanism in place for students to raise concerns about the safety of clinical practice and the clinical learning environment.	√		
1.16	There is a governance structure in place within the HEI and the AHCPs to ensure such reports are followed up.	√		
1.17	A mechanism for staff development, including provision for maintaining clinical credibility, which prepares staff to deliver the programme.	√		
1.18	Educational resources and facilities (including technological support and simulation models) to meet the teaching and learning needs of the students to complete the programme are in place for the entirety of the programme.	√		
1.19	The mechanism for student admission to the programme ensures that the stated entry requirements are met. The mechanism and conditions for a student exiting the programme before completion are explicit and met.	√		
1.20	The conditions for students continuing progression and successful completion of the programme are explicit and are made known, in writing, to students at the beginning of the programme.	√		
1.21	Following interruption [1] to the programme, robust arrangements, which may include a period of clinical orientation, are put in place by the HEI and AHCPs to facilitate the student meeting the educational requirements of the programme as set out by NMBI.	√		
1.22	Student transfer arrangements ensure that the full requirement of the midwife registration programme leading to registration will be completed.	√		

Continued

		FC	PC	NC
1.23	The mechanisms for student support, which include student services, personal and academic guidance, are explicit.	√		
1.24	The registration department of the NMBI is notified in writing of any student who exits the programme prior to the successful completion of the Programme.	√		
1.25	There is a formal grievance, complaints and appeals policy for students in place.	√		
1.26	The HEI and AHCPs provide an annual report on the midwife registration programmes including the commentary from external examiners report.	√		

2. Curriculum Design and Development

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

		FC	PC	NC
2.1	The programme of study is designed at a level 8 honours Bachelors level on the National Framework of Qualifications.	√		
2.2	All statutory and regulatory requirements of the NMBI and EU Directives are met.	√		
2.3	The programme of study makes the safety of the person and the protection of the public an integral, explicit, and continuing component within the curriculum.	√		
2.4	The curriculum design and development team are led by a midwife lecturer and are guided by evidenced based educational theory, professional midwifery knowledge and healthcare practice.	√		
2.5	The curriculum development team comprises of representatives of key stakeholders in Midwifery education and midwifery clinical practice and includes input from users of the maternity service and midwifery students.	√		
2.6	The curriculum is strategically planned to demonstrate balanced distribution and integration of theory and practice to achieve the learning outcomes. This is outlined in the circuit of training for the duration of each programme (RGN, RCN, RNID, RPN, RPHN, RNP, RNT, RANP and Specialist). (IND 2.5)	√		

Continued

		FC	PC	NC
2.7	The curriculum utilises a range of teaching/learning and assessment strategies to facilitate the development of knowledgeable competent, reflective midwife practitioners who are equipped with skills for problem solving, critical analysis, self-direction and lifelong learning.	√		
2.8	The curriculum design reflects various methods of learning and teaching including virtual methods, and provides a balance between workshops, small group interactions, demonstrations, enquiry-based learning, practical work, lectures, tutorials and self-directed learning. The methods should also include virtual methods of teaching and group interactions.	√		
2.9	Module descriptors identify the ECTS credits, aims, learning outcomes, indicative content, student contact hours, student effort/self-directed learning hours and assessment strategies.	√		
2.10	The curriculum articulates opportunities for intentional, shared, interdisciplinary learning that is designed to enhance collaborative practice with other health professionals.	√		
2.11	The curriculum articulates how the student is enabled to achieve the expected learning outcomes of the programme.	√		
2.12	The curriculum includes the assessment strategies in relation to the measurement of the theoretical and clinical learning outcomes and includes practice-based assessments.	√		
2.13	Opportunities for midwifery students to experience a clinical placement in another system of midwifery care within or outside of the EU may be provided for a maximum period of 13 weeks which includes orientation. Clinical placements must be based in institutions approved by the competent authority of the host country and an agreed MOU must be in place with the HEI. Placements must meet identified educational outcomes, and necessary support structures must be assured to the NMBI by the HEI. Criteria and mechanism for students to avail of this opportunity are explicit.	√		
2.14	The programme of study is designed at a level 8 honours Bachelors level on the National Framework of Qualifications.	√		

3. Clinical Practice Experience and the Clinical Learning Environment

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

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

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

		FC	PC	NC
3.1	Prior to the placement of students in new clinical placements sites, verification of an audit completed by the HEI, must be submitted to the NMBI.	√		
3.2	The selection of environments for clinical practice experience supports the achievement of the learning outcomes of the programmes, and reflects the scope of the healthcare settings and students' individual needs.	√		
3.3	Clinical placements are subject to audit as to their suitability as quality clinical learning environments in accordance with the NMBI midwife registration programme standards and requirements for programme approval.	√		
3.4	Student allocation to clinical placements is based on the need to integrate theory and practice, and to facilitate the progressive development of clinical skills, knowledge and professional behaviours culminating in the successful achievement of the prescribed competencies for the midwife registration programme.	√		
3.5	Opportunities for students to experience direct contact with women and their babies are provided early in the programme.	√		
3.6	Clearly written and up to date learning outcomes appropriate to the individual clinical practice environment are available and accessible to ensure optimal use of valuable clinical practice experience. Learning outcomes specific to each year of the programme are available, and are reviewed and revised as necessary.	√		

Continued

		FC	PC	NC
3.7	Students and all those involved in meeting their learning needs are fully acquainted with the expected learning outcomes relating to that clinical placement.	√		
3.8	The staff resource supports the delivery of the programme at the stated professional and academic level. This includes a ratio of one clinical placement coordinator to every 15 midwifery students and for every 50 students there is 0.5wte allocation liaison officer. (Department of Health and Children, 2004).	√		
3.9	Each student is allocated a named primary preceptor, who is a registered midwife (or registered midwife or nurse in a NICU placement), during midwifery clinical placements to provide support, supervision and assessment. In the absence of a primary preceptor, a named co-preceptor must be allocated to support and supervise the student.	√		
3.10	Preceptors and midwives who have a role supporting, supervising and assessing students have completed a teaching and assessment course approved by the NMBI that enables them to support, guide and assess students in the clinical practice environment and assist students to learn the practice of midwifery.	√		
3.11	Registered Midwives should undertake the role of primary preceptor when they have experience of midwifery practice and have completed a teaching and assessing students on an ongoing basis.	√		
3.12	Preceptors and midwives should have the opportunity to maintain and develop their competence and skills in supporting, supervising and assessing students on an ongoing basis.	√		
3.13	Mechanisms are in place to facilitate preceptors to support, supervise and assess students.	√		
3.14	Mechanisms for supporting and evaluating preceptors are explicit.	√		
3.15	Clinical practice includes experience of the 24-hour cycle of caring for women and their babies, and this must be facilitated for all students in their midwifery programme. At all times, whether the student is supernumerary or in internship, there must be enough registered midwives to facilitate the support and supervision of midwifery students to achieve the expected learning outcomes of the programme.	√		
3.16	Named clinical placement coordinators, midwifery preceptors, registered midwives and clinical midwifery managers in liaison with named midwife lecturers, monitor the quality of clinical learning environments on an ongoing basis and guide and support students to ensure that the clinical practice placements provide an optimum learning environment.	√		

Continued

		FC	PC	NC
3.17	The supernumerary status of pre-registration midwifery students is clearly articulated and respected (Midwifery Registration Programmes Standards and Requirements NMBI 2016).	√		
3.18	<p>Specific periods of time are allocated for reflection during supernumerary placements and the clinical internship.</p> <ul style="list-style-type: none"> Structures are in place to support protected reflective practice during supernumerary placements and during the internship clinical placement. These should be agreed formally between the HEI and AHCPs and included in the MOU. Protected reflected practice time of a minimum of four hours per week should be an integral component of any supernumerary midwifery and specialist placement. <p>Protected reflective practice time of a minimum of 4 hours per week should be an integral component of the clinical placement internship to enhance the consolidation of theory to practice (Circular 46/2004, Department of Health and Children, 2004).</p>	√		
3.19	Students are supported and supervised during the final placement (internship) of 36 weeks to consolidate the completed theoretical learning and to support the achievement of clinical competence on graduation and registration.	√		
3.20	<p>The responsibility rests with the HEIs in collaboration with the AHCPs to ensure that a clinical placement site for student placement is of an appropriate standard to meet the learning outcomes of the midwife registration programme and is a learning environment of adequate quality.</p> <p>Quality assurance indicators are identified and measured in relation to:</p> <ul style="list-style-type: none"> The number of midwives and support healthcare staff to ensure that safe, quality care is provided to women and their babies. The number of preceptors, midwives and nurses to facilitate the support, supervision and assessment of students. The availability of multidisciplinary evidence-based practice guidelines and policies to support care. The availability of mechanisms for the development and review of evidence – based guidelines with multidisciplinary involvement. Proof of application of evidence-based practice. 		√	

Continued

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

4. Assessment Strategies

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

		FC	PC	NC
4.1	Assessments are strategically planned and function to provide feedback on student progression including identifying strengths and areas or further development, help the student to identify their individual learning needs and ensure that theoretical and clinical educational standards are achieved before progressing to the next level of the programme.	√		
4.2	Assessments are based on a variety of strategies that are aligned with the subject area, clinical practice setting, stage of the programme and expected learning outcomes.	√		
4.3	Assessment measures the acquisition of knowledge, skills, values, and the integration and application of theory to the care of women and their babies learned throughout the programme and require the student to demonstrate competence.	√		
4.4	Assessment strategies are established as reliable and valid measurements of learning outcomes.	√		
4.5	Criteria indicating the standard for a pass award is declared and made explicit for theoretical and clinical practices assessments.	√		
4.6	Assessments have a clear marking criteria and processes which are open and transparent, and are available to students, internal and external examiners and academic staff.	√		
4.7	The assessment strategy does not allow for compensation between theoretical and clinical practice assessment.	√		
4.8	Regulations relating to compensation, supplemental assessments appeal mechanisms and conditions for continuance on the programme are explicit and made known to students and key stakeholders.	√		
4.9	A mechanism exists whereby records are maintained that demonstrate that each student meets the declared standards of learning outcomes in clinical and theoretical components and is eligible to apply for registration in the Midwives Division of the Register maintained by NMBI.	√		
4.10	Eligibility to apply for registration in the Midwives Division of the register maintained by NMBI is based on successful completion of the programme, meeting the learning outcomes and achieving the competencies required of the programme.	√		

Commendations

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

Our Lady of Lourdes Maternity Service

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

Cavan Monaghan Maternity Service

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

Letterkenny Maternity Hospital

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

Conditions

Please be advised there is a six-month timeline (unless otherwise stated) to meet the conditions and evidence of compliance must be provided in writing to the NMBI Director of Midwifery /Director of Education Policy and Standards.

BSc (Hons) and Higher Diploma in Midwifery

Requirement 1.8 - A local joint working group (LJWG) which includes representatives from key stakeholders within the HEIs, AHCPs and service users (who are the service users) should operate within an agreed memorandum of understanding (MOU).

Evidence Provided: Midwifery membership not reflected in LJWG. MOUs incomplete.

Outcome: Non-compliant

Condition: The education body will update the MOUs with all the AHCPs attached to the midwifery programmes. The local joint working group should include the Director of Midwifery from the AHCP and this needs to be reflected in the MOU. The MOU should be updated every three years or earlier should there be changes in the arrangements relating to the provision of programmes.

Requirement 3.20 - The responsibility rests with the HEI in collaboration with the AHCPs to ensure that a clinical placement site for student placement is of an appropriate standard to meet the learning outcomes of the midwife registration programme and is a learning environment of adequate quality.

Evidence Provided: Preceptors require additional training.

Outcome: Partially Compliant

Condition: The AHCP is required to ensure that all of the midwifery staff who preceptor students have attended (every 2 years) multi-professional training and education programmes relating to CTG (fetal heart trace monitoring) and recognition of the deteriorating women (or similar programmes).

Our Lady of Lourdes Maternity Service

Requirement 3.20 - The responsibility rests with the HEI in collaboration with the AHCPs to ensure that a clinical placement site for student placement is of an appropriate standard to meet the learning outcomes of the midwife registration programme and is a learning environment of adequate quality.

Evidence Provided: Protocols, policies and guidelines were available to all staff and were multidisciplinary. Not all protocols, policies and guidelines were up to date. Some were considerably outdated.

Outcome: Partially Compliant

Condition: Guidelines that are over 6 months past their renewal date are to be updated within 6 months of the date of this report.

Cavan Monaghan Maternity Service

Requirement 3.20 - The responsibility rests with the HEI in collaboration with the AHCPs to ensure that a clinical placement site for student placement is of an appropriate standard to meet the learning outcomes of the midwife registration programme and is a learning environment of adequate quality.

Evidence Provided: There were multiprofessional hospital group guidelines and local multiprofessional guidelines in place that were available to all on the hospital intranet and also in hard copy in clinical areas. One local guideline was owned by Director of Nursing but related to midwives and had not been approved by the maternity service at Cavan. There were a number of guidelines that required updating.

Outcome: Partially Compliant

Condition: **The multiprofessional guidelines that require updating needs to be addressed. Approval of local multiprofessional guidelines need to include the maternity multiprofessional team.**

Letterkenny Maternity Hospital

Requirement 3.20 - The responsibility rests with the HEI in collaboration with the AHCPs to ensure that a clinical placement site for student placement is of an appropriate standard to meet the learning outcomes of the midwife registration programme and is a learning environment of adequate quality.

Evidence Provided: Policies protocols and guidelines were available for all staff and students to access via the Q Pulse system, which is accessed through the hospital intranet. There were hospital group guidelines that were multiprofessional and were recently updated. There were guidelines that were awaiting update for some time. There was no approved multidisciplinary guideline available for midwifery lead care service (supportive care pathway), which had been introduced over six months previous to the NMBI visit.

Outcome: Partially Compliant

Condition: **The maternity service at Letterkenny agree and implement a multiprofessional guideline for midwifery lead care (supportive care pathway). Other multiprofessional guidelines that require updating needs to be addressed.**

Recommendations

BSc (Hons) and Higher Diploma in Midwifery

- Although students were very clear and felt able to report any concerns including clinical concerns the AHCP sites may wish to, with the education body, develop a policy and process map regarding reporting clinical concerns and for the process map to identify steps regarding concerns raised until the issues are addressed and closed.
- It is noted that there is a vacancy for a CPC on one site due to retirement and this role is now being filled on a temporary basis by another colleague. It is recommended that this post is filled promptly to ensure that students have the right support during their clinical placements.
- It is recommended that specific midwifery students surveys are undertaken so that the student midwives' results are not compared with the nursing students' results bearing in mind their programmes are substantially different.
- It is recommended that an educational audit is undertaken of each clinical area at Letterkenny Hospital rather than one audit for the whole service.

Our Lady of Lourdes Maternity Service

- To consider the early transfer home scheme as a post-natal clinical placement for student midwives
- The perinatal mental health service run by a specialist midwife to be considered as a placement for student midwives