

NURSING &
MIDWIFERY

NMBI Site Inspection Summary Report

for Nursing Education
Programmes

Munster Technological University, Tralee (MTU)

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.

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:

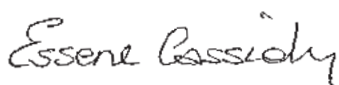
Through a partnership approach to:

- (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	13 and 14 October 2021
Practice Placement AHCP Inspection	
• Nursing	10 and 11 November 2021
Education, Training and Standards Committee (ETS) Review	10 March 2022
Board Approval	23 March 2022

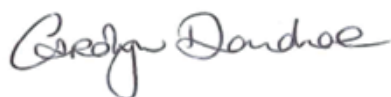
Signed:



Essene Cassidy
President, NMBI



Sheila McClelland
Chief Executive, NMBI



Carolyn Donohoe
Director of Education, Policy and Standards, NMBI

Registered General Nursing

NAME OF EDUCATION BODY	Munster Technological University, Tralee
HEAD OF NURSING/MIDWIFERY	Dr Gerardina Hartnett
PROGRAMME LEADING TO REGISTRATION:	BSc Nursing, Registered General Nursing
ASSOCIATED HEALTHCARE PROVIDER SITES INSPECTED:	Kerry University Hospital Kenmare Community Hospital

The NMBI site inspection team for the BSc Nursing undergraduate programme:

General programme team lead:	Mr Patrick Cotter (academic expertise) RGN, RM, RNP, RANP
General programme external inspector:	Ms Helen Teague (clinical expertise) RGN Ms Christina Lydon (clinical expertise) RGN
NMBI team:	Ms Lorraine Clarke-Bishop (Professional Officer) RGN

Inspection dates:

Education Body inspection:	Virtual 13 and 14 October 2021
Associated Health Care Providers inspection:	University Hospital Kerry, 10th November 2021 Kenmare Community Hospital, 11th November 2021

Student numbers on the BSc Nursing programme:

Stage 1	54
Stage 2	53
Stage 3	50
Stage 4	49
Total students on the BSC nursing programme	206

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 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.		√	

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

- The partnership between the education body and AHCPs is very strong with the student as central focus. The facilitation of supernumerary structured reflection is to be commended.
- Management of students with disabilities, student accommodation processes and the REACH programme for academic support for new students are all to be commended.
- There was a great example offered of interdisciplinary learning in the college with a joint project between students from the Nursing and Arts faculty on Covid-19 through the media of film.
- The college had gone to great efforts and were innovative in the redesign of campus nursing facilities to ensure safe access for all students to clinical skills workshops amidst the challenges of the pandemic.
- Students expressed gratitude for the support provided throughout clinical placements by both CPCs and clinical staff. This was also reflected by graduates that sought employment where they completed their clinical placements during the undergraduate programme.
- Effort of CPCs in providing ongoing support for a large number of students in both University Hospital Kerry, Kenmare Community Hospital and in addition to various off-site placements, is to be commended.
- The effort of the SALO working across 2 programmes is highly commendable.
- Based on the clinical site visit – there is a strong commitment among all staff to support student learning and it is noted there is strong leadership in the Nursing Department focusing on workforce planning to improve staffing ratios.

Conditions and Recommendations

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 2.10 – Nursing subjects are developed and taught by registered nurses with appropriate professional and academic qualifications and teaching expertise in the subject matter.

Evidence Provided: Informed that over 40 academic, technical and administration staff working in the department. This consisted of 1 Technician, 1 Allocations Liaison officer, 2 Administrators as per presentation. Of the 36 (23.04 WTE) academic staff, CVs for 25 staff were made available. No qualifications/education in teaching noted in CVs of 10 staff. We are unable to comment on CVs not made available.

Outcome: Partially Compliant

Condition: The education body must provide a project plan for nursing academic staff to prioritise undertaking a suitable teaching and learning qualification as part of their continuing professional development within the next 12-24 months.

Continued

Requirement 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.

Evidence Provided: On review it was noted that the Erasmus agreement with Tampere appears out of date. MOU with USA – does not appear to cover nursing specifically. Status of UK Erasmus agreements to be provided.

Outcome: Partially Compliant

Condition: The education body will provide evidence of up-to-date MOUs for external practice placements as outlined above. Evidence must also be provided in respect of UK Erasmus agreements with MTU.

Requirement 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.

Evidence Provided: Institutional policy (appendix 66) was noted to be under review. HSE programmes were listed but it was unclear if undertaken by staff. Clinical engagement by staff is not identified in documents provided.

Outcome: Partially Compliant

Condition: The education body will provide evidence of the review undertaken of the institutional policy (appendix 66) incorporating HSE programmes undertaken by staff and their clinical engagement.

Requirement 5.2 – The staff resources support the delivery of the educational programme at the stated professional and academic level.

Evidence Provided: CVs for all academic staff have not been made available (25 CVs provided for over 40 academic, technical and administrative staff). Those reviewed demonstrate good professional experience however 40% (from 25) did not appear to have teaching or education qualifications. This appears to be a high proportion.

Outcome: Partially Compliant

Condition: The education body will provide evidence of CVs that demonstrate the teaching and education qualifications of staff.

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: It is noted that students are being enrolled without the required number of CPC complement for the numbers of students.

Outcome: Non-compliant

Condition: The education body must provide evidence of the engagement process with AHCPs to ensure that incoming student numbers are set based on CPCs support available (1:30) on an annual basis.

Continued

Requirement 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.

Evidence Provided: Erasmus and policy appendix 57 – due for revision June 2020. Status of updated document is required.

Outcome: Partially Compliant

Condition: The education body must provide updated documentation to support International/EU Practice Placements.

Requirement 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.

Evidence Provided: No evaluations noted for International/EU Practice Placements.

Outcome: Partially Compliant

Condition: The education body must provide evaluations for International/EU Practice Placements.

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 (RGN, RCN, RNID, RPN, RNP, RPHN, RNT, RANP and Specialist).

Evidence Provided: Placement learning outcomes were lengthy and felt not to be user friendly (students admitted not reading when sent to them in advance). All were dominated by year specific learning outcomes rather than site specific learning outcome.

Outcome: Partially Compliant

Condition: The education body and AHCP must provide learning outcomes that are written in partnership and are year and unit and/or department specific.

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: CPC ratios are not met and do not give due regard to the geographical location.

Outcome: Non-compliant

Condition: The education body and AHCP will provide evidence of CPC ratios acknowledging geographical location of student placements and CPC support provided. CPC ratio 1:30 must be adhered to and the current CPCs must remain in post to provide the required level of student support with due regard to the geographical location.

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: Preceptor numbers are not adequate for student cohort.

Outcome: Partially Compliant

Condition: The education body and AHCP must provide evidence of trained preceptor numbers and evidence of training updates.

Registered Mental Health Nursing

NAME OF EDUCATION BODY	Munster Technological University, Tralee
HEAD OF NURSING/MIDWIFERY	Dr Gerardina Hartnett

PROGRAMME LEADING TO REGISTRATION:	BSc Nursing, Registered Mental Health Nursing
ASSOCIATED HEALTHCARE PROVIDER SITES INSPECTED:	Kerry University Hospital – Acute inpatient Mental Health Services Community Acute Assessment Hub

The NMBI site inspection team for the BSc Nursing Mental Health undergraduate programme:

Mental Health Programme Team Lead:	Dr Siobhan Smyth, RPN (academic expertise)
Mental Health Programme External inspectors:	Mr Thomas Glynn, RPN (clinical expertise) Mr Shony Chako, RPN (clinical expertise)
NMBI team:	Ms Patricia Nolan (Executive Officer)

Inspection dates:

Education body inspection:	Virtual 13 and 14 October 2021
Associated Health Care Providers inspection:	University Hospital Kerry, 10 November 2021 Community Assessment Hub, 11 November 2021

Student numbers on the BSc Mental Health Nursing programme:

Stage 1	26
Stage 2	22
Stage 3	22
Stage 4	20
Total students on the BSC nursing programme	90

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 NQF 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.		√	

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

- The partnership between the education body and AHCPs is very strong with the student as central focus.
- Management of students with disabilities, student accommodation processes and the REACH programme for academic support for new students are all to be commended.
- The college had gone to great efforts and were innovative in the redesign of campus nursing facilities to ensure safe access for all students to clinical skills workshops amidst the challenges of the pandemic.
- The effort of the SALO working across 2 programmes is highly commendable.
- Based on the clinical site visit – there is a strong commitment among all staff to support student learning and it is noted there is strong leadership in the Nursing Department/Clinical Area focusing on workforce planning to improve staffing ratios.

Conditions and Recommendations

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 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).

Evidence Provided: Of the 6 CVs provided none explicitly stated teaching expertise or RNT for mental health lecturers.

Outcome: Partially Compliant

Condition: The education body will provide update CVs to include teaching expertise or RNT for mental health lecturers.

Requirement 2.10 – Nursing subjects are developed and taught by registered nurses with appropriate professional and academic qualifications and teaching expertise in the subject matter.

Evidence Provided: CVs of the mental health lecturers did not include NMBI pin numbers or an outline of their continuing professional development (CPD) record.

Outcome: Partially Compliant

Condition: The education body will provide CVs of all mental health lecturers to include pin numbers. An outline of the mental health lecturers CPD records to be included.

Continued

Requirement 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).

Evidence Provided: No evidence provided. This information may be part of the NMBI Annual Report submission.

Outcome: Partially Compliant

Condition: **The education body will clarify how it notifies NMBI of students that exit the programme.**

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: MOUs provided but not explicit to mental health.

Outcome: Partially Compliant

Condition: **The education body will clarify that existing MOUs include the mental programme and its supports.**

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: MOUs provided but not explicit to mental health.

Outcome: Partially Compliant

Condition: **The education body will clarify that existing MOUs include the mental programme and its supports.**

Requirement 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.

Evidence Provided: On review it was noted that the Erasmus agreement with Tampere appears out of date. MOU with USA - does not appear to cover nursing specifically. Status of UK Erasmus agreements to be provided.

Outcome: Partially Compliant

Condition: **The education body will provide evidence of up-to-date MOUs for external practice placements as outlined above. Evidence must also be provided in respect of UK Erasmus agreements with MTU.**

Continued

Requirement 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.

Evidence Provided: Institutional policy (appendix 66) was noted to be under review. HSE programmes were listed but it was unclear if undertaken by staff. Clinical engagement by staff is not identified in documents provided.

Outcome: Partially Compliant

Condition: The education body will provide evidence of the review undertaken of the institutional policy (appendix 66) incorporating HSE programmes undertaken by staff and their clinical engagement.

Requirement 5.2 – The staff resources support the delivery of the educational programme at the stated professional and academic level.

Evidence Provided: CVs provided do not reflect the stated professional and academic level.

Outcome: Partially Compliant

Condition: The education body must provide evidence that staff resources are at the stated professional and academic level.

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: It is noted that students are being enrolled without the required number of CPC complement for the numbers of students.

Outcome: Partially Compliant

Condition: The education body must provide evidence of the engagement process with AHCPs to ensure that incoming student numbers are set based on CPCs support available (1:30) on an annual basis.

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: MOUs provided but not explicit to mental health.

Outcome: Partially Compliant

Condition: The education body will clarify that existing MOUs include the mental programme clinical practice placements.

Continued

Requirement 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.

Evidence Provided: Erasmus and policy appendix 57 - due for revision June 2020. Status of updated document is required.

Outcome: Partially Compliant

Condition: The education body must provide updated documentation to support International/EU Practice Placements.

Requirement 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' competencies.

Evidence Provided: No evaluations noted for International/EU Practice Placements.

Outcome: Partially Compliant

Condition: The education body must provide evaluations for International/EU Practice Placements.

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 (RGN, RCN, RNID, RPN, RNP, RPHN, RNT, RANP and Specialist).

Evidence Provided: Placement learning outcomes were lengthy and felt not to be user friendly (students admitted not reading when sent to them in advance). All were dominated by year specific learning outcomes rather than site specific learning outcome.

Outcome: Partially Compliant

Condition: The education body and AHCP must provide learning outcomes that are written in partnership with the AHCPs and are year and unit and/or department specific.