

NURSING &
MIDWIFERY

NMBI Site Inspection Summary Report

for Nursing and Midwifery
Education Programmes

National University of Ireland, Galway (NUIG)

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:

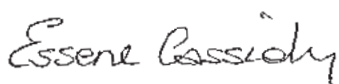
Through a partnership approach to

- (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	30 November - 1 December 2021
Practice Placement AHCP Inspection	
• Nursing	8 and 9 December 2021
• Midwifery	16 and 17 January 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	National University of Ireland, Galway
HEAD OF NURSING/MIDWIFERY	Dr Dympna Casey
PROGRAMME LEADING TO REGISTRATION:	BSc Nursing, Registered General Nursing
ASSOCIATED HEALTHCARE PROVIDER SITES INSPECTED:	University Hospital Galway Merlin Park Community Hospital

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

General programme team lead:	Dr Mary Ryder (academic and clinical expertise) RGN
General programme external inspector:	Ms Helen Teague (clinical expertise) RGN
NMBI team:	Ms Lorraine Clarke-Bishop (Professional Officer) RGN

Inspection dates:

Education Body inspection:	Virtual 30 November, 1 December 2021
Associated Health Care Providers inspection:	University Hospital Galway, 8 December 2021 Merlin Park Community Hospital, 9 December 2021

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

- The partnership between the education body and AHCPs is very strong with the student as central focus.
- The education body's research for the World Health Organisation on Covid-19 is impressive.
- The self-selected placement is innovative and is commended.
- The education body and AHCPs are to be commended for their ongoing support of student education and the facilitation of the NMBI site inspection despite a cyber-attack and the ongoing Covid-19 pandemic.
- The high number of adjunct lecturers reflected the level of clinical expertise available to the education body and their commitment to nurse education.
- The joint appointment model is to be commended.
- CPC support, commitment and availability for students is to be commended.
- Students expressed gratitude for the support provided throughout clinical placements by both CPCs and clinical staff.
- 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

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 2.14 – 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.

Evidence Provided: There are opportunities to work with multi-disciplinary teams within clinical practice but no evidence of interprofessional learning (other than nursing and midwifery professionals) within the education body.

Outcome: Partially Compliant

Condition: The education body must provide evidence of shared interprofessional (other than nursing and midwifery students) learning to enhance the student learning experience.

Continued

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: Not all of the MOUs presented were completed in full.

Outcome: Partially Compliant

Condition: The education body must provide evidence that all MOUs include essential collaborative information and signed by the appropriate parties.

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: Reflective time is not explicit in the MOUs provided.

Outcome: Partially Compliant

Condition: The education body must provide evidence that all MOUs are to be signed and ensure that reflective time is made explicit.

Requirement 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.

Evidence Provided: The framework document included a large list of learning outcomes that were general in nature and not unit or year specific. The framework document was in addition to the NCAD which was confusing for students and preceptors. The confusion arose from the Framework document requiring signatures and being considered as an assessment document from student and preceptor feedback.

Outcome: Partially Compliant

Condition: The education body must provide evidence that the NMBI approved NCAD is the sole focus for clinical placement assessment.

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: There were learning objectives available during the site inspection but there was no evidence of structured, clearly written and up to date learning outcomes that were appropriate to practice placements or that were year specific.

Outcome: Non-compliant

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

Continued

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 training records were not available and there was no clear evidence of refresher courses provided.

Outcome: Partially Compliant

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

Recommendations

- Consider a review of the number of medications KARDEX available in the clinical sites. (Three different documents were found to be in circulation.)
- Details of self-selected placements and governance structures are more explicit.
- Internship placements have a minimum of 6 weeks of a 9-week placement in one major location e.g., ICU, in order to facilitate the assessment process.
- A review of the student effort hours (currently 1000 hours) to be in line with the recommended 500 hours for postgraduate courses.
- Consider the need for adjunct lecturers to be supported with clinical research by the education body.
- Developing a joint nursing research forum/committee.
- The establishing a local joint working group for postgraduate programmes.
- That the CNME link with NUIG and AHCPs to consider the potential of developing professional certificate programmes that meet service needs.

Registered Mental Health Nursing

NAME OF EDUCATION BODY	National University of Ireland, Galway
HEAD OF NURSING/MIDWIFERY	Dr Dympna Casey

PROGRAMME LEADING TO REGISTRATION:	BSc Nursing, Registered Mental Health Nursing
ASSOCIATED HEALTHCARE PROVIDER SITES INSPECTED:	University Hospital Galway Danesfield Day Centre

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

Mental Health Programme Team Lead:	Ms Margaret Prendergast (RPN academic expertise)
Mental Health Programme External inspectors:	Mr Thomas Glynn (RPN clinical expertise) Dr Caitriona Kelly (RPN academic expertise)
NMBI team:	Ms Patricia Nolan (Executive Officer)

Inspection dates:

Education body inspection:	Virtual 30 November, 1 December 2021
Associated Health Care Providers inspection:	University Hospital Galway, 8 December 2021 Danesfield Day Centre, 9 December 2021

Audit Requirements

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

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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).	√		
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2.12	Each module is suitably structured and coherently oriented towards the achievement by students of the intended learning outcomes.	√		
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4. Programme Governance and Management

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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.	√		
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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

- It is evident that the learner is at the centre of clinical activity. An example of this was a student practice placement in the newly developed homeless service.
- Staff willingness to engage with NMBI during the site inspection, both in the education body and AHCP sites.
- Staff knowledge around preceptorship and reflection and the NCAD documentation.
- Strong recovery focus from the mental health programme.
- Good collaboration with senior mental health lecturers and ANPs by way of a research support group.
- Self-directed Placement – innovative way of providing placement hours.
- Plans to introduce Clinical Supervision from 3rd year in the Undergraduate Mental Health Programme.
- Strong Leadership shown by the Area DON, the NPDC and the Nursing Team which was broadly represented at the feedback session.
- AHCP staff willingness to continue to support students during the pandemic.
- Evidence of learner integration with AHCPs during clinical placements. Interns were featured in staff resourcing/workforce plans, were involved in quality initiatives and were involved in the local Nursing Strategy for Galway/Roscommon.

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 7.4 – There is a process in place for students to evaluate clinical placements.

Evidence Provided: An evaluation process was evident but not all students were aware of the process. A SharePoint link to a sample of evaluations was available for the site inspection team, however, due to technical issues this was not accessible on the day.

Outcome: Partially Compliant

Condition: The education body will provide details of how the evaluation process is communicated to students with samples.

Continued

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.

Evidence Provided: There was no evidenced consideration of geographical areas on review at clinical site – 0.5 ALO, 2 CPCs, one vacant CPC post (due to Mat Leave). Clinical Facilitator covering some CPC related duties

Outcome: Non-compliant

Condition: The education body and its AHCPs will provide evidence that practice-based learning is supported and that the 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.

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: There were no preceptorship records available during site inspection.

Outcome: Partially Compliant

Condition: The education body and its AHCPs will provide evidence that 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.

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: There was evidence of how reflective practice was operationalised provided via SharePoint link, and if it is structured or unstructured. However, it was inaccessible due to technical difficulties. It was unclear to the student population what constitutes reflective practice.

Outcome: Partially Compliant

Condition: The education body and its AHCPs will provide evidence that specific periods of protected time, a minimum of four hours, are allocated for reflection during supernumerary placements and the final internship clinical placement. This must be made clear to the student population.

Recommendations

- The curriculum document information to be reviewed, updated and accuracy checked.
- The evidence from the NMBI site inspection team in conjunction with clinical partner staff and student feedback finds that learning outcomes of the NUIG Medication Management modules did not have a sufficient mental health focus (currently jointly taught). A greater focus should be placed on Medication Management within the mental health curriculum.
- Future revision of the AHCP Medication Management policy to be developed in collaboration with the education body as this is key for learning by students on placement.

Post Graduate Specialist Programmes

NAME OF EDUCATION BODY	National University of Ireland, Galway
HEAD OF NURSING/MIDWIFERY	Dr Dympna Casey

The NMBI site inspection team for the programmes:

Post Graduate programme team:	Ms Carolyn Donohoe (Director of Education Policy and Standards) RGN, RNT Ms Lorraine Clarke-Bishop (Professional Officer) RGN
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Inspection dates:

Education body inspection:	Virtual 30 November, 1 December 2021
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The following programmes were inspected as part of the virtual site inspection of the Education Body:

Masters in Advanced Nursing Practice (member curriculum consortium) - **continue as per consortium**

Post Graduate Diploma / Masters in Public Health Nursing - **reapproved**

Post Graduate Diploma / Masters in Nursing Education - **reapproved**

Post Graduate Diploma / Masters in Specialist Programmes:

- Acute Medicine - **reapproved**
- Children's palliative/complex care - **reapproved**
- Diabetes - **reapproved**
- Emergency Care - **reapproved**
- Gerontology - **reapproved**
- Intensive Care - **reapproved**
- Obesity - **reapproved**
- Oncology and Haematology - **reapproved**
- Perioperative Care - **reapproved**
- Wound Healing and Tissue Repair - **reapproved**

Midwifery

NAME OF EDUCATION BODY	National University of Ireland, Galway
HEAD OF NURSING/MIDWIFERY	Dr Dympna Casey

PROGRAMME LEADING TO REGISTRATION:	BSc and HDip Midwifery
ASSOCIATED HEALTHCARE PROVIDER SITES INSPECTED:	University Hospital Galway Portiuncula Hospital

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

Midwifery Programme Team lead:	Ms Kathryn Muldoon (academic and clinical expertise) RM
Midwifery Programme External inspector:	Ms Mary Curtin (academic and clinical expertise) RM
NMBI team:	Ms Dawn Johnston (Director of Midwifery)

Inspection dates:

Education body inspection:	Virtual 30 November, 1 December 2021
Associated Health Care Providers inspection:	University Hospital Galway, 16 January 2022 Portiuncula Hospital, 17 January 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.		√	

Continued

		FC	PC	NC
1.9	The HEI has in place financial and staffing resources to support the delivery of the programme for the five-year approval period.	√		
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.	√		

Continued

		FC	PC	NC
1.22	Student transfer arrangements ensure that the full requirement of the midwife registration programme leading to registration will be completed.	√		
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. 	√		

Continued

		FC	PC	NC
3.20	<ul style="list-style-type: none"> • Proof of application of evidence-based practice. • 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 partnership between the education body and AHCPs is very strong with the student as central focus.
- The education body and AHCPs are to be commended for their ongoing support of student education and the facilitation of the NMBI site inspection despite a cyber-attack and the ongoing Covid-19 pandemic.
- The roll out of the supportive care pathway at PUH, including integration of the pathway in community settings is to be commended along with hospital settings.
- The Mandatory Education Training Tracker System (METTS) used by Department managers at PUH is to be commended.
- The CPC commitment and support (particularly from PUH) to their students was noted by the students.
- The research that NUIG are undertaking for the World Health Organisation in respect of Covid 19 and the development of iHealthFacts.ie site for quick and easy checks on the reliability of a health claim is to be commended.

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.

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). 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.

Evidence Provided: NMBI were provided with documentation regarding a local joint working group (LJWG) which includes representatives from key stakeholders within the HEIs, AHCPs and service users. The document was not dated, terms of reference and membership details were incorrect. The midwifery profession was not represented.

Outcome: Partially Compliant

Condition: The education body must provide updated membership for the group and must include a midwife along with terms of reference of the LJWG. The terms of reference must be dated and include when the terms of reference and membership will be reviewed.

Continued

Requirement 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.

Evidence Provided: There was no evidence provided of opportunities available for students to undertake experience in another system of midwifery care. (It is noted that since March 2020 the National Pandemic has restricted such arrangements).

Outcome: Non-compliant

Condition: The standard stipulates those opportunities be provided. The education body should consider potential opportunities that may be available for midwifery students to experience clinical placements in another system of midwifery care within or outside the EU.

Requirement 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 a 0.5wte allocation liaison officer (ALO) (DoH and Children 2004).

Evidence Provided: Evidence was provided outlining the number of students on the programme. It was found that there were 80 students currently in years 1-4. The establishment (and in post) for allocations liaison officer is 0.5 WTE.

Outcome: Partially compliant

Condition: The education body must provide that the establishment of the ALO is increased by 0.3 WTE

Recommendations

- The allocation of CPCs across the clinical sites should be reviewed to ensure that the distribution is proportionate to the students allocated to each site.
- The antenatal clinic area in GUH does not lend itself to ensuring privacy to mothers during their booking/first antenatal visit and it is recommended that this clinical area is reviewed to ensure that mother's privacy and dignity is maintained for this sensitive encounter with the midwife.