

NURSING &
MIDWIFERY

NMBI Site Inspection Summary Report

for Nursing Education
Programmes

Technological University of the Shannon (TUS)

Approved by Board: 22 March 2023



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

Background

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 requirements as outlined in the tables below. Each of the seven headings reflects the requirements outlined by NMBI in the following documents:

- Nursing and Midwifery Board of Ireland (2022) Nurse Registration Programmes: Standards and Requirements. 5th ed. NMBI, Dublin.
- Nursing and Midwifery Board of Ireland (2015) Post Registration Nursing Programmes: Standards and Requirements. 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.

Approval

Factual Accuracy – sent to Education Body	22 December 2022
Factual Accuracy Review and Finalisation	21 February 2023
Education, Training and Standards Committee	6 March 2023
Nursing and Midwifery Board of Ireland	22 March 2023

Signed:



Sheila McClelland
Chief Executive, NMBI



Louise Kavanagh McBride
President, NMBI



Carolyn Donohoe
Director of Education, Policy and
Standards, NMBI

Nursing Undergraduate Programmes

General Information

NAME OF EDUCATION BODY	Technological University of the Shannon, Athlone
HEAD OF NURSING/MIDWIFERY	Dr Desmond Cawley
EDUCATION BODY INSPECTION	29 and 30 November 2022 (in person)
NMBI INSPECTION LEAD	Ms Mary T. Devane, Professional Officer, NMBI

PROGRAMME LEADING TO REGISTRATION:	BSc (Hons) General Nursing	
ASSOCIATED HEALTHCARE PROVIDER SITES INSPECTED:	Midlands Regional Hospital, Tullamore 1 December 2022 Tullamore Primary Care Centre 1 December 2022 Midlands Regional Hospital, Portlaoise 2 December 2022 Midlands Regional Hospital, Mullingar 2 December 2022 Cluin Lir, Community Nursing Unit, Mullingar 2 December 2022	
STUDENT NUMBERS ON THE BSc (HONS) GENERAL NURSING PROGRAMME:	Stage 1	49
	Stage 2	46
	Stage 3	47
	Stage 4	42
	Total students	184
SITE INSPECTION TEAM	Dr Mary Ryder, RGN, RNP, RANP, Associate Professor in General Nursing, UCD	
	Dr Brendan Noonan, RGN, Lecturer Practitioner, UCC	
	Ms Karen Carragher, RGN, RNP, RANP, Advanced Nurse Practitioner Acute Medicine, Our Lady of Lourdes	
	Ms Carolyn Donohoe, RGN, RNT, Director of Education, Policy and Standards, NMBI	
	Ms Lorraine Clarke-Bishop, RGN, Professional Officer, NMBI	

PROGRAMME LEADING TO REGISTRATION:	BSc (Hons) Mental Health Nursing	
ASSOCIATED HEALTHCARE PROVIDER SITES INSPECTED:	<p>Longford/Westmeath Mental Health Services:</p> <ul style="list-style-type: none"> • Admissions Unit, St Loman's Mullingar 1 December 2022 <p>Laois/Offaly Mental Health Services:</p> <ul style="list-style-type: none"> • Triogue Community MHC, Portlaoise 2 December 2022 • An Trui Aois, Portlaoise 2 December 2022 	
STUDENT NUMBERS ON THE BSc (HONS) MENTAL HEALTH NURSING PROGRAMME:	Stage 1	24 (capacity 26)
	Stage 2	19
	Stage 3	25
	Stage 4	22
	Total students	90
SITE INSPECTION TEAM	Dr Siobhán Smyth, Lecturer and Prog Director for BNS (MH), University of Galway	
	Ms Marie Therese Keating, RPN, CPC, SLMHS, St Finbarr's Hospital Cork	
	Ms Mary T. Devane, RGN, RM, RPHN, Professional Officer, NMBI	

Requirement Compliance

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

Education Body Requirements

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

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

3. Practice Placements

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

Programme Requirements

4. Curriculum

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

Continued

		General	Mental Health
4.7	The curriculum embeds a culture of professionalism and ensures that students understand the implications of professional regulation including adherence to NMBI's Code of Professional Conduct and Ethics.	C	C
4.8	Module descriptors identify the aims, learning outcomes, ECTS credits, indicative content, student contact hours, student effort/self-directed learning hours and assessment strategy.	C	C
4.9	The curriculum demonstrates a balance between theory and practice leading to the development of reflective practitioners.	C	C
4.10	The curriculum development team is led by academic staff who are Registered Nurses in the relevant division of the register and comprises representative members of key academic and clinical stakeholders.	C	C
4.11	Registered nurses with appropriate professional and academic qualifications and teaching experience deliver the nursing modules.	C	C
4.12	The curriculum articulates opportunities for intentional, shared, interprofessional learning that is designed to enhance collaborative practice with other health care professionals.	P	P

5. Assessment

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

Associated Health Care Provider (AHCP) Requirements

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

Education Body Organisational Commendations and Recommendations

Commendations

- The President was very welcoming of the team, and it was evident that the nursing department is well-positioned and recognised as a valued member of the wider TUS community.
- The governance structures demonstrated a significant commitment to the development of nursing in TUS, including support both financially and in time allocation for candidate PhDs to complete their programme.
- Strategy for senior role career progression for the newly developed university with support from NMPDU funding of 2 post-doctoral and a research assistance post will contribute positively to academic development within the school.

Recommendations

- Explore opportunities for shared interprofessional learning considering engineering, dental nursing, biochemistry and pharmaceutical technicians also studying at the same education body. (Linked to 4.12 Partial Compliance).
- Learning outcomes require further development and to be reduced in number. The learning outcomes should be developed in collaboration with the academic staff from TUS and should use a recognised format, e.g., SMART, to ensure they are measurable and achievable (Linked to 6.2 Partial Compliance).
- Very positive reception to increasing student exposure to primary care and increasing the number of students across primary care sites; we recommend that TUS explores these opportunities.
- There is a great opportunity to develop a strong suite of postgraduate courses to suit the regional partners. The stakeholders are all very engaged and willing to contribute.
- Consider adjunct appointments for clinical staff to contribute to teaching and learning and to facilitate the involvement of CNSs and ANPs in research support.

General Nursing

Commendations

- NMBI would like to extend huge gratitude to the nursing faculty at TUS for the warm and hospitable welcome to the inspection team.
- The role of Programme Lead is very beneficial to aid the student feedback mechanism and is to be commended.
- The lecturers demonstrated a strong commitment to nurse education and research and development of evidence to inform the profession.
- The 'open door' approach from the lecturers to students is highly commended. The students are supported and nurtured throughout their education preparation.
- There was strong evidence of mutual respect between the learners and educators, and this is to be commended.
- There was collaborative communication between TUS and the practice placement sites.
- Innovative teaching strategies such as simulation and case studies are to be commended and were well received by students.
- Assessment scheduling was considerate of student workload.
- CPCs were viewed as very approachable and supportive to students at all placement sites.

MRH Tullamore

- NMBI commends the quality initiatives evidenced at the placement sites (e.g. Telemetry throughout the hospital, frailty intervention team (FIT) in ED with patient streaming directly to Geriatric Hub in OPD, deteriorating patient committee, designated frailty ward) is to be commended.
- A strong focus on a culture of learning, quality improvement, innovation and research.
- The emphasis on staff health and wellbeing is to be commended.
- Senior nurse management are proactive in succession planning involving the mentorship and promotion of staff nurses to CNM 2 grades across the hospital.

MRH Mullingar

- The high number of quality initiatives to be commended, e.g. stroke service: pitstop/thrombolysis pathway, paediatric, diabetes new service developed.
- The championing of staff health and wellbeing at practice placements is to be acknowledged.
- Annual training needs analysis has identified plans for a skills training lab on-site to support CPD.

MRH Portlaoise

- Excellent leadership in providing a stable nursing workforce with a hospital-wide focus on filling all vacancies to support the delivery of quality nursing care.
- Great example of shared care management of children attending the oncology/haematology ward in collaboration with CHI, Crumlin.
- Strong emphasis on continuous professional development for staff in the hospital, providing access to short courses up to full academic programmes.

Cluain Lir Community Nursing Unit

- The commitment of the Director of Nursing and staff to student learning is to be commended.
- The number of trained preceptors available for student learning enables high levels of one-on-one quality supervision.
- The quality of care being modelled to the students was wonderful to see.

Tullamore Primary Care Centre

- Wide geographic area covered providing excellent opportunities for students to learn.
- Strong culture of continued professional development fostered within the health centre by management.
- Great examples of quality improvement initiatives with integrated nursing teams of Public Health Nurses, Community RGNs, ANPs and CNSs working together resulting in true person-centred care.

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 2.13 – There is public and patient involvement in the education body's review and evaluation of programmes.

Evidence Provided: There is no public and patient involvement in the review and evaluation of programmes by the education body.

Outcome: Non-compliant

Condition: The education body to ensure that there is public and patient representation in the review and evaluation of programmes.

Recommendations

- The link lecturer, student, and Clinical Nurse Manager/Preceptor are included in the completion of the clinical learning environment audit. (Linked to 3.1 and 6.1 Partial Compliance).
- Explore opportunities for shared interprofessional learning considering engineering, dental nursing, biochemistry and pharmaceutical technicians also studying at the same education body. (Linked to 4.12 Partial Compliance).
- The education body to explore further arrangements for Erasmus and international host institutions. (Linked to 2.12).
- Students are currently using the TMS system in addition to recording attendance manually. We would recommend that a single system is chosen for students. (Linked to 1.4).
- NMBI suggests that there is student representation on committees such as documentation and/or internship committees that report to the local joint working group. (Linked to 2.9).
- Ensure students are aware of the formal grievance, complaints, and appeals policies. (Linked to 2.11).
- The process of student evaluation of practice placement should be streamlined and explicit. (Linked to 3.3).
- The education body should ensure there is a standardised approach to reflection across practice placement sites (Linked to 6.11).
- 1st -3rd year students complete four short days. Consider having a flexible approach to students working long days to improve opportunities to work with a preceptor and expose the student to the evening work practice environment (all clinical sites).
- Consider optimising placement opportunities for students in various areas (e.g., endoscopy, interventional radiology/CT, MAU/AMAU).
- Very positive reception to increasing student exposure to primary care and increasing the number of students across primary care sites; we recommend that TUS explores these opportunities.

Mental Health Nursing

Commendations

- The NMBI team appreciated the warm welcome and hospitality received from TUS and the practice placements visited.
- Students expressed feeling very supported by the two exceptional CPCs and their lecturers.
- Student representatives that met with the NMBI team in TUS showed exemplary professionalism and integrity, which is reflective of the teaching and learning received from the clinical partners and lecturers.
- The NMBI team acknowledges the student involvement in research group activities displayed in the nursing building.
- Great demonstration of leadership from ADONs in St. Loman's, leading an innovative and quality initiative clinical area with staff involvement, e.g., staff quiet area and library.
- Practice placement sites provide a very supportive learning environment with a variety of learning opportunities for student engagement.
- There was evidence of nurse-led initiatives displayed on posters throughout the learning environment in Portlaoise.

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 2.7 - Staffing allocations to support the delivery of the programme are maintained, at the following staff to student ratios: academic staff 1:20, allocations liaison officer 1:50, nurse practice development coordinator (minimum of 1), and clinical placement coordinator 1:30. (EB & AHCP)

Evidence Provided: There are 90 Mental Health students. Two CPCs in post. One ALO in TUS and two SALOs are RGNs qualified covering both general and mental health programmes.

Outcome: Non-Compliant

Condition: One WTE CPC is required to meet programme standards. One WTE SALO is required specifically for the mental health programme.

Requirement 3.5 - Fair and transparent systems are in place for allocating students to practice placements. (EB & AHCP)

Evidence Provided: Students reported not having any acute placements in their first three years of the programme.

Outcome: Partially Compliant

Condition: Students are to get an acute placement within the first two years of the programme.

Recommendations

- Review the established feedback/evaluation processes on practice placements to allow for more anonymous responses and ensure openness. Greater transparency on how feedback is actioned between academic and clinical areas would be welcomed (Linked to 3.3 Partial Compliance)
- St. Loman's reported not always being kept abreast of new student developments. The example provided during the site inspection was venepuncture. St. Loman's expressed that they would welcome measures to improve communication between TUS and the clinical sites. (Linked to 4.12 Partial Compliance).
- Mental health students to have representation in the local joint working group, (LJWG) internship group and documentation and assessment group (Linked to 2.9).
- Consider a member of St Loman's staff being included on the LJWG to improve the working partnership between the EB and St Loman's. (Linked to 2.9).
- The education body to explore further arrangements for Erasmus and international host institutions. (Linked to 2.12).
- The practice partners suggested that interns be placed in community settings. This could allow more supernumerary students in acute settings (Linked to 3.5).
- Clinical Learning Environment (CLE) Audit process requires review. There is a need for transparency in the clinical audit process between academic and clinical partners (Linked to 6.1).
- On discussion with CPCs, re-introducing the Clinical Academic Sub-group would be welcomed.

Nursing Postgraduate Programmes

General Information

NAME OF EDUCATION BODY	Technological University of the Shannon, Athlone
HEAD OF NURSING/MIDWIFERY	Dr Desmond Cawley
EDUCATION BODY INSPECTION	29 and 30 November 2022 (in person)

POSTGRADUATE PROGRAMME LIST – For reapproval

MSc Master of Science (90 ECTS)	PGDip Post-graduate Diploma (60 ECTS)	PGCert Post-graduate Certificate (30 ECTS)
<ul style="list-style-type: none"> Nursing in Leadership and Quality Healthcare (MSc, PGDip, PGCert) Emergency Nursing (Level 8 Certificate – 20 ECTS) 		

ASSOCIATED HEALTHCARE PROVIDER SITES INSPECTED:	Midlands Regional Hospital, Tullamore 1 December 2022 Tullamore Primary Care Unit 1 December 2022 Midlands Regional Hospital, Portlaoise 2 December 2022
SITE INSPECTION TEAM	Dr Mary Ryder, RGN, RNP, RANP, Associate Professor in General Nursing, UCD Ms Carolyn Donohoe, RGN, RNT, Director of Education, Policy and Standards, NMBI

Requirement Compliance

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

Education Body Requirements

1. The Respective Educational Providers		Post-graduate
1.1	Educational providers have a Post-registration Nursing and Midwifery Education Committee/local joint working group, with representatives of the key stakeholders including service users.	N
1.2	The staff resource supports the delivery of the education programmes/units of learning at the stated professional, clinical and academic level.	C
1.3	Lecturers/tutors are involved in clinical practice and its development	P
1.4	The mechanism for learner support in relation to student services, facilities and academic and clinical guidance is explicit. (EB & AHCP)	C
2. Programmes/Units of Learning Design and Development		Post-graduate
2.1	Theoretical and clinical learning experiences and the learning environment must support the achievement of the aims and objectives/outcomes of the programmes/units of learning (EB & AHCP)	C
2.2	Programmes/units of learning design and development are led by registered nurse tutors or nurse/midwifery lecturers with a teaching qualification and is supported by academic and clinical experts including inter-disciplinary professionals as appropriate in collaboration with others and is guided by professional nursing/midwifery knowledge which is evidence/research based.	C
2.3	The programmes/units of learning development team comprise representative members of key stakeholders in nursing/midwifery education and practice and service users.	P
2.4	The programmes/units of learning design reflect various methods of teaching/learning and provides a balance between lectures, tutorials, workshops, small group interactions, demonstrations, practical work/clinical and self-directed study.	C

Associated Health Care Provider (AHCP) Requirements

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

Commendations

- The NMBI team wish to acknowledge and thank the TUS team for the work and preparation conducted prior to and during the site inspection process.
- The strong focus on supporting and developing staff research journeys is to be commended.
- It should be recognised that 12-15 staff members have completed or are completing their PhD. The President award programme to support this completion is to be commended.
- There are well-developed core modules on the Masters programme in Leadership which can be used as the foundation for developing additional programmes.

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 1.1 – Educational providers have a Post-Registration Nursing and Midwifery Education Committee/local joint working group, with representatives of the key stakeholders, including service users.

Evidence Provided: There is no local joint committee established for post-graduate programmes.

Outcome: Non-Compliant

Condition: TUS to establish a post-registration education committee/local joint working group with practice partners to identify research opportunities and priorities for developing post-graduate curricula.

Recommendations

- The involvement of lecturers and tutors in clinical practice and its development would be welcomed. (Linked to 1.3 Partial Compliance)
- There is a need to establish curriculum teams to support the development and delivery of post-graduate programmes. (Linked to 2.3 Partial Compliance)
- The site visit coincides with a timely opportunity to enhance existing postgraduate courses with updated and reusable teaching materials. All parties were excited about opportunities to explore this further. (Linked to 3.2 and 3.3 Partial Compliance)
- It is recommended that TUS explore career progression opportunities for faculty; this will encourage future research growth within the education body.
- Clinical research pathways need to be developed for example as outlined in the Future of Nursing Report 2020-2030.
- Consider the inclusion/involvement of CNS in ANP forums.
- There is a significant opportunity to explore the development of a Postgraduate Diploma in Emergency Nursing with the three clinical partners.