

NURSING &
MIDWIFERY

NMBI Site Inspection Summary Report

for Nursing and Midwifery
Education Programmes

Trinity College Dublin (TCD)

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 (2016, updated 2022) Nurse Registration Programmes Standards and Requirements. 5th ed. NMBI, Dublin.
- Nursing and Midwifery Board of Ireland (2016) Midwife Registration Programmes Standards and Requirements. 4th ed. NMBI, Dublin.
- Nursing and Midwifery Board of Ireland (2015) Post-Registration Nursing and Midwifery 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	25 November 2022
Factual Accuracy Review and Finalisation	1 February 2023 (Midwifery) 3 February 2023 (Nursing)
Education, Training and Standards Committee	6 March 2023
Nursing and Midwifery Board of Ireland	22 March 2023

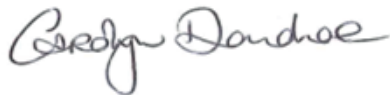
Signed:



Sheila McClelland
Chief Executive, NMBI



Louise Kavanagh McBride
President, NMBI



Carolyn Donohoe
Director of Education, Policy and
Standards, NMBI



Dawn Johnston
Director of Midwifery



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**Nursing
Undergraduate
Programmes**

General Information

NAME OF EDUCATION BODY	Trinity College Dublin (TCD)
HEAD OF NURSING/MIDWIFERY	Dr Fintan Sheerin
DATE OF EDUCATION BODY INSPECTION	11 October 2022 (virtually) 12 October 2022 (in person)
NMBI INSPECTION LEAD	Lorraine Clarke-Bishop, Professional Officer, NMBI

PROGRAMME LEADING TO REGISTRATION	BSc (Hons) General Nursing	
ASSOCIATED HEALTHCARE PROVIDER SITES INSPECTED	St James's Hospital (SJH) 13 October 2022 Tallaght University Hospital (TUH) 13 October 2022 VHI Community Homecare 14 October 2022 Meath Community Unit 14 October 2022 St Columcille's Hospital 14 October 2022 Leopardstown Park Hospital 14 November 2022 (rescheduled)	
STUDENT NUMBERS ON THE BSc (HONS) GENERAL NURSING PROGRAMME	Stage 1	140
	Stage 2	134
	Stage 3	116
	Stage 4	124
	Total students	514
SITE INSPECTION TEAM	Dr Brian Sharvin, RGN, RNT, Lecturer, Southeast Technological University, Waterford	
	Dr Justin Kerr, RGN, Vice President - Atlantic Technological University Mayo Campus and Head of School: Health Science, Wellbeing and Society	
	Liam Donohue, RGN, Assistant Director of Nursing, Cork University Hospital	
	Ann-Marie Murray, RGN, RNID, Clinical Placement Coordinator, Our Lady of Lourdes Hospital Drogheda	
	Carolyn Donohoe, RGN, RNT, Director of Education, Policy and Standards, NMBI	

PROGRAMME LEADING TO REGISTRATION:	BSc (Hons) Integrated Children's and General Nursing	
ASSOCIATED HEALTHCARE PROVIDER SITES INSPECTED:	Children's Health Ireland at Tallaght (CHI Tallaght) 13 October 2022 Children's Health Ireland at Temple Street (CHI TS) 14 October 2022	
STUDENT NUMBERS ON THE BSc (HONS) INTEGRATED CHILDREN'S AND GENERAL NURSING PROGRAMME:	Stage 1	27
	Stage 2	27
	Stage 3	21
	Stage 4	26
	Stage 5	24
	Total students	125
SITE INSPECTION TEAM	Dr Yvonne Corcoran, RGN RCN RM, Assistant Professor in Children's Nursing, Dublin City University	
	Esther Ní Chonghaile, RGN, RCN, Clinical Facilitator, University Hospital Galway	
	Mary T. Devane, RGN RM RPHN, Professional Officer, NMBI	

PROGRAMME LEADING TO REGISTRATION:	BSc (Hons) Mental Health Nursing	
ASSOCIATED HEALTHCARE PROVIDER SITES INSPECTED:	St Patricks Hospital Dublin 13 October 2022 HSE Dublin South, South Kildare and West Wicklow Mental Health Services 14 October 2022	
STUDENT NUMBERS ON THE BSc (HONS) MENTAL HEALTH NURSING PROGRAMME:	Stage 1	64
	Stage 2	42
	Stage 3	50
	Stage 4	51
	Total students	207
SITE INSPECTION TEAM	Agnes Tully Clarke, RPN, Lecturer, Atlantic Technological University Mayo	
	Daniel Newman, RPN, RNT, Registered Nurse Tutor, Mental Health, Centre of Nurse Education, Cork University Hospital.	
	Lorraine Clarke-Bishop, RGN, Professional Officer, NMBI	

PROGRAMME LEADING TO REGISTRATION:	BSc (Hons) Intellectual Disability Nursing	
ASSOCIATED HEALTHCARE PROVIDER SITES INSPECTED:	Stewarts Care, Palmerstown Dublin 13 October 2022 Muiriosa Foundation, Monasterevin, Co Kildare 14 October 2022	
STUDENT NUMBERS ON THE BSc (HONS) INTELLECTUAL DISABILITY NURSING PROGRAMME:	Stage 1	35
	Stage 2	28
	Stage 3	24
	Stage 4	26
	Total students	113
SITE INSPECTION TEAM	Joe Treacy, RNID, RGN, RNT, Programme Director, Dundalk Institute of Technology	
	Robert Hennessy, RNID, Clinical Placement Coordinator, COPE Foundation, Cork	
	Paula Hand, RNID, Regional Director, St John of God Services Northeast	
	Christine Hughes, RNID, RGN, RNT, Professional Advisor, NMBI	

Requirement Compliance

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

Education Body Requirements

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

Continued

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

2. Governance and Management

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

Continued

		General	Integrated	Mental Health	Intellectual Disability
2.8	Teaching and learning resources and facilities support the delivery of the programme.	C	C	C	C
2.9	A Local Joint Working Group including representatives of the key stakeholders from the education body and AHCPs, from acute and community settings, is in operation. (EB & AHCP)	C	P	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	C	C
2.11	Formal grievance, complaints, and appeals policies are available and made known to students.	C	C	C	C
2.12	Arrangements are in place with Erasmus and international host institutions that comply with NMBI standards and requirements, and do not exceed 13 weeks placement duration.	C	C	C	C
2.13	There is public and patient involvement in the review and evaluation of programmes by the education body.	C	C	C	C
2.14	The education body and AHCP operate a fitness to practise mechanism for the protection of the public. (EB & AHCP)	C	C	C	C
2.15	The education body and AHCP have processes in place to support students with health problems. (EB & AHCP)	C	C	C	C

3. Practice Placements

		General	Integrated	Mental Health	Intellectual Disability
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	C	C

Continued

		General	Integrated	Mental Health	Intellectual Disability
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)	P	P	P	P
3.3	There are processes in place for students to evaluate and provide feedback on practice placements. (EB & AHCP)	C	C	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	C	C
3.5	Fair and transparent systems are in place for the allocation of students to practice placements. (EB & AHCP)	C	P	P	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	N/A	C	P

Programme Requirements

4. Curriculum

		General	Integrated	Mental Health	Intellectual Disability
4.1	Curriculum development processes ensure that the programme meets all statutory and regulatory requirements of NMBI and where applicable, the European Directives for nurse registration education programmes (2013/55/Recognition of Professional Qualifications).	C	C	C	C
4.2	The programme meets the requirements of the relevant award on the National Framework of Qualifications (NFQ).	C	C	C	C
4.3	Safety of the person and protection of the public is a fundamental, explicit, and continuing component of the programme.	C	C	C	C
4.4	The curriculum model chosen is dynamic, flexible, and evidence-based and utilises a range of teaching and learning strategies.	C	C	C	C

Continued

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

5. Assessment

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

Associated Health Care Provider (AHCP) Requirements

6. Clinical Learning Environments

		General	Integrated	Mental Health	Intellectual Disability
6.1	The Clinical Learning Environment (CLE) Audit is completed and available for review. (EB & AHCP)	C	C	C	C
6.2	Learning outcomes are specific to the practice placement environment and developed collaboratively by clinical and academic staff. Learning outcomes are aligned to the stage of the programme. (EB & AHCP)	P	P	P	P

Continued

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

Education Body Organisational Commendations and Recommendations

Commendations

- Following the meeting with the senior university governance team, it was noted that the School of Nursing and Midwifery is held in very high regard within the university. The Head of School of Nursing and Midwifery is highly respected and supported by the senior team. Trinity College Dublin is forging the path to be locally, nationally and internationally relevant in the realm of healthcare.
- It is noted that the Nursing and Midwifery Strategic Plan is being developed and progressed with a key focus on community and connection with people at the core. This is inclusive of staff, students and local partners. People are central to this plan and NMBI looks forward to seeing how it progresses over the coming years.
- The high level of engagement in research is to be highly commended, the School of Nursing and Midwifery have a strong commitment to growing their research. The school have well-established alliances with other academic research centres and other professional research bodies. There are great opportunities for nursing and midwifery to participate in and lead interdisciplinary research with a focus on improving the outcome for service users.
- We commend the presence of the College Tutor role, the feedback received from students was highly appreciative of the level of support and engagement from the tutor on a personal level.

Recommendations

- We acknowledge that there is a well-established working relationship between the School of Nursing and Midwifery and their associated partners. We recommend that this relationship is enhanced by a greater presence of academic and teaching staff within the practice placement areas. This will improve the student learning experience in practice and strengthen academic and clinical staff relations.

General Nursing

Commendations

- The site inspection would like to commend all academic staff, clinical partners and support staff involved for their openness and sincerity throughout the inspection process. There is an impressive range of programmes both undergraduate and post-graduate, generic and discipline specific provided.
- Governance and management structures and the communication pathways at a strategic level are clear.
- The wide range of innovations provided by the education body and partners are to be highly commended (e.g. St James's Cancer Institute as an OECl Nursing Exemplar, Electronic Patient records system at St James's, Trinity Centre for Practice and Healthcare innovation, Centre for Learning and Development in TUH).
- The clinical skills teaching team have an excellent purpose-built unit providing state of the art facilities for both faculty and students at both undergraduate and post-graduate level providing excellence in simulated learning.
- There is strong senior leadership in SJH, and it was evident that there is a positive sense of team within nursing that is a credit to the organisation. All members of the team, from students, to staff, to managers, to nurse specialists and to advanced practitioners show their support and respect for each other, which the patients then get the benefit of in practice.
- TUH has a great spirit and energy which is fostered and nurtured by senior nursing leadership. The senior nurse leaders are visible and approachable and provide genuine support to each staff member. The range of nursing support roles enhances the ability of the nurses to provide exemplary patient care.
- A wide range of quality initiatives were demonstrated during the inspection (Magnet4Europe with a Student Council included (SJH and TUH), and Heroes Awards (TUH)).
- Positive engagement with CNMs, preceptors and students in clinical areas and evidence of good teamwork among senior management.
- The Nurse Practice Development Department (NPDC), clinical nurse coordinators (CPCs) and SALO demonstrated ongoing support for the undergraduate programme and this was clearly articulated by the nursing students on clinical placement.
- The level of support provided by the nursing team in Older Persons Services in both St Colmcille's Hospital, Loughlinstown and Leopardstown Park Hospital is to be commended and this was verified by the students on placement.
- Evidence of good retention of graduates through a dedicated induction programme and ongoing clinical facilitator support (SJH and TUH).

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 progressed and 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: In October 2022 the ratio of academic staff to students is 1:22 which falls outside the compliance ratio of 1:20. However, there are a number of academic posts which are currently unfilled and will be advertised shortly.

Both St James's Hospital and TUH reported a current ratio of CPC to student is 1:44.

Leopardstown Park Hospital have a 0.5 WTE link nurse who monitors student placements. Inspection team recommended forging links with TUH CPC Team for networking and support.

Outcome: Partially compliant

Condition: Outstanding roles need to be filled to bring staffing levels of to the required minimum to provide the requisite level of student support and an optimal learning environment.

Requirement 6.7 – Arrangements are in place for protected time to facilitate practice placement assessments by preceptors.

Evidence Provided: Protected time to facilitate practice placement assessments by preceptors in conjunction with the students, clinical nurse managers (CNMs), preceptors and CPCs is encouraged but, in some instances, due to the ward acuity level is challenging to facilitate. TUH reported that there is no protected time for preceptors.

Outcome: Partially compliant

Condition: Measures need to be implemented to ensure that protected time is made available to facilitate practice placement assessments.

Recommendations

- Consideration should be given to the development of a discipline specific student handbook, taking the layout into consideration so that the student is clear on procedures/processes specific to the discipline. (Linked to 1.5)
- Feedback from students suggests that they would benefit from timely feedback on assignments and that lecturers are available to discuss their written feedback. (Linked to 1.5)
- It is recommended that the college should explore mechanisms to allow for patients and the public be involved in the review and evaluation of programmes. (Linked to 2.13)
- It is recommended that academic staff forge closer links with their clinical partners and link academic staff should be directly involved with practice placement educational audits. (Linked to 3.2)
- With the current focus on integrated care, opportunities to enhance interprofessional learning should be sought and developed further. (Linked to 4.12)
- The EB, in conjunction with the AHCPs should review the clinical learning outcomes. An average of five learning outcomes are recommended per placement, with collaboration between TCD academic staff and the relevant Practice Development Team. (Linked to 6.2)
- There is a need to ensure that the student 'Supernumerary' status remains explicit to enhance exposure to experiential clinical learning and teaching. (Linked to 6.9)
- Good examples of reflective practice evidenced in St Columcille's Hospital, Loughlinstown; students could benefit from a similar structure in other practice placements. (Linked to 6.11)
- TUH will prioritise refresher updates for staff and students on NMBI's guidelines for management and administration of medication (NMBI 2007 and 2020). (Linked to 6.14)
- A number of students commented that they struggle with large lectures (approx. 300 students) and have difficulty in being able to link content to their own discipline within shared lectures. They acknowledged the great value of the discipline specific tutorials, requesting less pre-recorded lectures. They recommend more face-to-face contact and lectures to better facilitate questioning and engagement.

Integrated Children's and General Nursing

Commendations

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

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 2.1 – There is a signed Memorandum of Understanding (MOU) between the education body and each of its Associated Health Care Providers. (EB & AHCP)

Evidence Provided: There is no MOU with CHI TS, CHI Crumlin, Cavan General and Our Lady of Lourdes Drogheda.

Outcome: Partially compliant

Condition: To submit MOUs for CHI Temple Street, CHI Crumlin, Cavan General and Our Lady of Lourdes Drogheda as these are required to establish governance structures.

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: The total number of undergraduate nursing students undertaking the integrated children's/general programme in TCD is 125 and the facilitation of these students across all CHI sites is in addition to undergraduate integrated children's/general nursing students from other education bodies.

Currently, there are 2 WTE CPCs in CHI Tallaght, however it is recognised that the capacity in CHI Tallaght is reduced. It is unclear how CPC support is allocated for the programme while students are in other CHI practice placement sites. How these additional students in other CHI practice placement sites are supported is unclear.

This will also apply to ALO staff/student ratio in all CHI sites. With the transition to one CHI, students are now on placement across 4 CHI sites, therefore the ratio of CPC support in each site (1:30 students) will need to be addressed and maintained.

Outcome: Partially compliant

Condition: A review of CPC/ALO numbers across all CHI sites where TCD students are allocated for core children's placements to be undertaken by TCD and AHCPs. Evidence of this review and subsequent plan to ensure staff to student ratios are in line with NMBI requirements is required.

Requirement 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)

Evidence Provided: TCD LJWG and Licensing, Education, Advocacy and Practice (LEAP) committee - no representative from CHI TS or CHI Crumlin.

Outcome: Partially compliant

Condition: To include all AHCP on LJWG/LEAP and relevant committees in TCD.

Requirement 3.5 – Fair and transparent systems are in place for the allocation of students to practice placements. (EB & AHCP)

Evidence Provided: Allocated practice placements were transparent but due to the limited diversity of clinical placements available in CHI Tallaght, there was evidence of students undertaking repeated placements in one area/ward (EMC/Maple/Oak). This led to students having limited exposure to core learning opportunities especially in year 3/4 of their programme. The rotation of students to CHI TS and/or CHI Crumlin has initiated a process to address this deficit but currently it is ad hoc in nature with students often only being placed in CHI TS or CHI Crumlin for their internship.

In addition, the dual coding of some placements as medical/surgical or medical/specialist led to some students undertaking repeated placements in the one clinical/specialist area. Whilst dual coding is appropriate, the placement of students into these areas needs to be carefully managed by the ALO.

Outcome: Partially Compliant

Condition: The allocation of students on their child core and specialist placements should provide for a diverse range of exposure to wards and clinical acuity as they progress through the programme. Repeated placements in the same clinical area/ward needs to be avoided as this limit their learning opportunities.

Recommendations

- Consider establishing a process for patient engagement in the review and evaluation of the programme. (Linked to 2.13)
- TCD/AHCP to complete clinical learning environment (CLE) audits collaboratively. TCD/AHCP to re-audit wards/units when clinical activity changes/undertake a new CLE audit. (Linked to 3.2)
- It is recommended that the assessment for core children's modules should consist of smaller pieces of work rather than one final summative piece of work (e.g., Foundation in Children's Nursing Practice). This will help the students to engage with the module content and meet the learning outcomes as set out in the module descriptors. (Linked to 5.2)
- A review of learning outcomes in clinical areas/wards need to be undertaken. They should be both practice site specific and year specific, in addition learning outcomes need to be SMART: Specific, Measurable, Achievable, Realistic and Timed. (Linked to 6.2)
- Due to large turnover of staff in CHI TS the number of staff who have completed preceptorship training is 65%, this is below the recommended level of 80%. The inspection team acknowledge that this is currently being addressed by CHI TS. (Linked to 6.6)
- There was some confusion regarding the facilitation of reflective time for students. Reflection needs to be protected time and should be standardised across all CHI sites. (Linked to 6.11)
- It is recommended that all students undertake a core children's medical/surgical ward placement before internship, ideally in the AHCP where the students will be undertaking their children's internship placement. (Linked to 6.12)
- While we acknowledge that CHI Tallaght and CHI TS are currently aiming to standardise PPPGs across all CHI sites, some Policies, Procedures, Protocols and Guidelines (PPPGs) need updating and also should include a revision date. (Linked to 6.13)
- The TCD integrated children's/general nursing students need to have structured involvement in medication management across all 4.5 years of the programme. (Linked to 6.14)
- There is a need to increase formal TCD links with all CHI sites where TCD students undertake clinical placements and maintain a link with students whilst on practice placement.
- Greater clarity to be provided to students prior to commencing practice placement at CHI TS, for example ward details.
- Consider including the Quality and Qualifications Ireland (QQI) route of entry into the Children's/General integrated programme in TCD.
- Review allocation of undergraduate students to 'The Laurels' ward as this is considered a specialised area that is more suited to the post-registration student.
- The team got the opportunity to meet with one student on a General Medical Placement. Some of the feedback received included that their general exposure is limited – surgical opportunity is not there as ward is 'full of medical patients'. It was difficult to get experience with medication management on the general side as it depended on the preceptor that the student was working with. All students interviewed preferred the paediatric part of their training. Placement for care of the elderly was a great learning experience, staff had time and good exposure to medication management there.

Mental Health Nursing

Commendations

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

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: Academic Staff ratio was 1:22. Allocation officers worked in the HSE clinical sites with at ratio of 1:103.5. The ratio for CPCs also fell under the requirement of 1:30.

Outcome: Partially Compliant

Condition: The education body and the AHCPs will provide evidence of Academic, Allocations and Clinical Placement Coordinators numbers. Ratios must be adhered to, in order to provide the required level of student support and an optimal learning environment.

Recommendations

- The process for Clinical Learning Environment Audits should be reviewed. It may be beneficial to include Lecturing Staff in the auditing process to ensure that the Clinical Learning Environment is optimised from a clinical and academic point of view. (Linked to 3.2)
- It is recommended that an MOU is devised to allow mental health nursing students to have experience across both public and private sector practice placements to allow exposure across a more diverse range of settings (St Patrick's and public services). (Linked to 3.5)
- It is recommended that students have their preferences acknowledged in relation to access to practice placements. (Linked to 3.5)
- The development of a TCD clinical facilitator specific for mental health is very commendable and the inspection team advocates the further development of mental health-specific simulation scenarios. (Linked to 4.9)
- Reflective practice during internship is very well structured. A review of the provision of reflective practice for Years 1 to 3 is recommended. (Linked to 6.1)
- The education body in conjunction with the AHCPs should review the clinical learning outcomes. The learning outcomes should be shortened in number. The learning outcomes should be developed in collaboration with TCD academic staff and the relevant Practice Development Team. (Linked to 6.2)
- Please review the 2 weeks taken from the 36-week HSE internship placement for consolidation and mandatory training while on placement.

Intellectual Disability Nursing

Commendations

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

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: Stewarts Care has no NPDC in place with 1 WTE CPC in post and a shortfall of 1 WTE CPC.

Outcome: Partially compliant

Condition: Outstanding roles need to be filled to bring staffing levels to the required minimum to provide the requisite level of student support and an optimal learning environment.

Requirement 3.5 – Fair and transparent systems are in place for the allocation of students to practice placements. (EB & AHCP)

Evidence Provided: Students were assigned to placement, but this appeared to them to be on a “first come, first served basis”.

Outcome: Partially compliant

Condition: Students’ needs and preferences should be considered before offering placements to them. Should there be an oversubscription to one particular service, a random selection process should apply to ensure equity for all.

Recommendations

- Review transfer policy between programmes as per TCD college Calendar Part 2 page 160 to ensure discipline specific modules are completed. (Linked to 1.2)
- MoU between EB and AHCP should make reference to all placements site, including those placements arranged by the AHCP and other services as coordinated by Allocations Office. (Linked to 2.1)
- Public and service user involvement in the review and evaluation of programmes by the education body should be developed and evidenced. (Linked to 2.13)
- Evidence of closer relationship between EB, AHCP and students in evaluating and auditing practice placements is recommended.
- We acknowledge that staff are involved in an initial audit, it is recommended that academic staff from TCD are involved in the ongoing audit cycle. The requirement states that the audit required every 5 years, it may be beneficial to use this as an opportunity to establish collaborative relationships and learning opportunities for students. (Linked to 3.2)
- We recognise that there are processes in place for students to evaluate and provide feedback on practice placements, it would be beneficial to ensure that this feedback is brought to the attention of the relevant stakeholders. (Linked to 3.3)
- It is recommended that an MOU is devised to allow Intellectual Disability Nursing students to have experience across both community and campus practice placements to allow exposure across a more diverse range of settings (Muiriosa and Stewarts). (Linked to 3.5)
- Where a student is being supervised by non-nursing preceptors, the setting and achievement of learning outcomes should be monitored by a registered nurse. (Linked to 3.6)
- In order to promote more discipline-specific theoretical learning, in Junior Fresher year consider reviewing the inclusion of practice placement in the discipline specific modules Foundations of Person-Centred Intellectual Disability Nursing Practice (10 Credits) and Principles of Intellectual Disability Nursing Across the Lifespan (10 credits). (Linked to 4.5)
- Learning outcomes should be specific to the placement area and to the year of learning where this is not already in place. (Linked to 6.2)
- It is recommended that the four hours reflective time for all supernumerary placements is made explicit. (Linked to 6.11)



02

**Nursing
Post-graduate
Programmes**

General Information

NAME OF EDUCATION BODY	Trinity College Dublin
HEAD OF NURSING/MIDWIFERY	Dr Fintan Sheerin Dr Mary Hughes (Post-graduate Director)

POST-GRADUATE PROGRAMME LIST – For reapproval

MSc Master of Science (90 ECTS)	PGDip Post-graduate Diploma (60 ECTS)	PGCert Post-graduate Certificate (30 ECTS)
• Advancing health and assessment practice for healthcare practitioners (Short Course)		
• Advanced Practice – Nursing (MSc)		
• Ageing Health and Wellbeing in Intellectual Disability (MSc, PGDip, PGCert)		
• Authority to Refer for Radiological Procedures (Short Course)		
• Children's Nursing (Higher Diploma)		
• Clinical Health Science Education (MSc, PGDip)		
• Community Health (MSc)		
• Dementia (MSc, PGDip, PGCert)		
• Mental Health (MSc)		
• Mental Health - Child Adolescent and Family (MSc)		
• Mental Health - Psychosocial Interventions (MSc)		
• Nursing (MSc, PGDip)		
• Nursing (Nurse/ Midwife Prescribing) (Certificate)		
• Nursing - Child Health and Wellbeing (MSc)		
• Palliative Care (MSc, PGDip, PGCert)		
• Quantitative Methods and Data Analysis for Healthcare (PGCert)		
• Specialist Nursing - Cancer Care and Haematology Nursing (MSc, PGDip, PGCert)		
• Specialist Nursing - Cardiovascular Care Nursing (MSc, PGDip, PGCert)		
• Specialist Nursing - Emergency Department Nursing (MSc, PGDip, PGCert)		
• Specialist Nursing - Gerontological Nursing (MSc)		

Continued

POST-GRADUATE 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"> Specialist Nursing - Intensive Care Nursing (MSc, PGDip, PGCert) 		
<ul style="list-style-type: none"> Specialist Nursing - Orthopaedic Nursing (not currently running) (MSc, PGDip, PGCert) 		
<ul style="list-style-type: none"> Specialist Nursing - Perioperative Nursing (MSc, PGDip, PGCert) 		
<ul style="list-style-type: none"> Specialist Nursing - Renal Nursing (not currently running) (MSc, PGDip, PGCert) 		

EDUCATION BODY INSPECTION	11 October 2022 (virtually) 12 October 2022 (in person)
ASSOCIATED HEALTHCARE PROVIDER SITES INSPECTED	St James's Hospital 13 October 2022 St Francis' Hospice 14 October 2022
SITE INSPECTION TEAM	Dr Eileen Furlong, RGN, RCN, Associate Professor in General Nursing, UCD Dr Patrick Cotter, RGN, RM, RANP, RNP, Lecturer, UCC Carly Smith, RGN, NPDC Saolta University Health Care Group Claire Nolan, Staff Officer, 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.	C
1.2	The staff resource supports the delivery of the education programmes/units of learning at the stated professional, clinical and academic level.	C
1.3	Lecturers/tutors are involved in clinical practice and its development.	C
1.4	The mechanism for learner support in relation to student services, facilities and academic and clinical guidance is explicit. (EB & 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.	C
2.4	The programmes/units of learning design reflect various methods of teaching/learning and provides a balance between lectures, tutorials, workshops, small group interactions, demonstrations, practical work/clinical and self-directed study.	C

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)	P
3.2	Clearly written learning outcomes/objectives appropriate to the clinical area are developed and are available to ensure optimal use of valuable clinical experience. These learning outcomes/objectives are revised as necessary.	C
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)	C

Commendations

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

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 3.1 – Clinical practice experience provides learning opportunities that enable the achievement of competence in clinical nursing/midwifery practice and the stated learning outcomes.

Evidence Provided: There is strong evidence of well supported clinical practice objectives and experience across the post-graduate programmes. The practice sites visited demonstrated a robust system of supporting the clinical learning and assessment of students on the post-graduate programmes. However, students undertaking the PGDip/MSc in Palliative Care programme are given a choice to complete the clinical practicum or a theoretical module in ethics and law. This means that some students exit the PGDip/MSc in Palliative Care programme without engaging in clinical learning opportunities or demonstrating their achievement of competence.

Outcome: Partially compliant

Condition: All nursing students undertaking the PGDip/MSc in Palliative Care programme must be made aware that in order for the qualification to be considered a specialist qualification they must complete the clinical practicum module.

Recommendations

- There is evidence of a heavy reliance on written assignments for some programmes evident on the assignment maps. The inspection team recommend that the team review this and work towards introducing a range of assessment types within programmes.
- There appears to be an inconsistency in the requirements for some module assessments, particularly the length of assignments for 10 credit modules (3,000 word or 5,000-word assignments). It is recommended that the team examine this with a view to improving consistency in assessment across modules.
- There is evidence of some inconsistency in documents in relation to attendance policy. The student handbook for post-graduate students indicates that attendance is compulsory and outlines the actions for non-attendance however the attendance guidelines indicate that attendance is compulsory for some post-graduate programmes, not all. Discussions with academic staff indicates that attendance may not be compulsory. Clarity on this is required for students, particularly if the requirements are programme specific.
- Digital health knowledge and competence emerged as an area of need from the health service providers and the education body should explore education provision in the area with their service and practice partners.
- Community health was identified as an issue that needs to be weaved into existing programmes and considered for future programme development.

- While there were great examples of orientation to programmes for the majority of post-graduate students, this appeared to be inconsistent, particularly for students on non-clinical programmes. The education body should look to replicate the orientation experience of the students on clinical programmes for those on non-clinical programmes.
- Consider St Francis' Hospice as a placement site for undergraduate nursing students.
- Consider advanced nurse practitioner services as a placement site for undergraduate nursing students.
- Some inconsistency in understanding around preceptorship training evident at clinical sites, suggest reviewing clarity and availability to staff supporting post-graduate students in practice.
- In relation to requirement 2.3, it is recommended that the education body consider inclusion of health service users in the development of programmes/ units of learning where appropriate going forward.



03

**Midwifery
Programmes**

BSc (Hons) Midwifery

General Information

NAME OF EDUCATION BODY	Trinity College Dublin (TCD)
HEAD OF NURSING/MIDWIFERY	Dr Fintan Sheerin / Dr Vivienne Brady
DATE OF EDUCATION BODY INSPECTION	11 October 2022 (virtually) 12 October 2022 (in person)

PROGRAMME LEADING TO REGISTRATION	BSc (Hons) Midwifery	
ASSOCIATED HEALTHCARE PROVIDER SITES INSPECTED	Rotunda Hospital (RH) 13 October 2022 Coombe Women's & Infant's Hospital (CH) 13 October 2022 Midlands Hospital Portlaoise (MHP) 14 October 2022	
STUDENT NUMBERS ON THE BSc (HONS) MIDWIFERY PROGRAMME	Stage 1	44
	Stage 2	38
	Stage 3	41
	Stage 4	39
	Total students	162
SITE INSPECTION TEAM	Dawn Johnston, RGN, RM, Director of Midwifery, NMBI	
	Margaret Folan, RGN, RM, Director of Undergraduate Midwifery Programme, Assistant Professor. School of Nursing and Midwifery, University College Dublin	
	Liz Green, RGN, RM, RNT, Assistant Professor of Midwifery, School of Nursing and Midwifery, UCD	
	Heather Helen, RGN, RM, Midwifery Practice Development Co Ordinator, Galway University Hospital	
	Mary Walsh, RGN, RM, RPHN, RNT, Specialist Coordinator Midwifery Centre for Nursing and Midwifery Education, Galway	
	Deirdre Naughton, RGN, RM, Director of Midwifery, Portiuncula Hospital, Saolta Hospital Group	

Requirement Compliance

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

Education Body Requirements

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

Continued

		BSc (Hons) Midwifery
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
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 midwifery qualifications and experience.	C
2.6	The education body demonstrates financial planning and resource allocation to support the delivery of the programmes for a rolling 5-year period.	C
2.7	Staffing allocations to support the delivery of the programme are maintained, at the following staff to student ratios: academic staff 1:20, allocations liaison officer 0.5wte to 50 students, midwife practice development coordinator (minimum of 1), and clinical placement coordinator 1:15. (EB & AHCP)	P
2.8	Teaching and learning resources and facilities support the delivery of the programme.	C
2.9	A Local Joint Working Group including representatives of the key stakeholders from the education body and AHCPs, from acute and community settings, is in operation. (EB & AHCP)	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
2.11	Formal grievance, complaints, and appeals policies are available and made known to students.	C
2.12	Arrangements are in place with Erasmus and international host institutions that comply with NMBI standards and requirements, and do not exceed 13 weeks placement duration.	C
2.13	There is public and patient involvement in the review and evaluation of programmes by the education body.	C
2.14	The education body and AHCP operate a fitness to practise mechanism for the protection of the public. (EB & AHCP)	C
2.15	The education body and AHCP have processes in place to support students with health problems. (EB & AHCP)	C

3. Practice Placements

		BSc (Hons) Midwifery
3.1	New practice placement sites are audited for their suitability as a quality learning environment, that will support the achievement of the learning outcomes, in advance of students' commencing placements. Notification of new sites is included in the Annual Report submitted to NMBI. (EB & AHCP)	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
3.3	There are processes in place for students to evaluate and provide feedback on practice placements. (EB & AHCP)	C

Continued

		BSc (Hons) Midwifery
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
3.5	Fair and transparent systems are in place for the allocation of students to practice placements. (EB & AHCP)	C
3.6	Where a student is being supervised by health and social care professionals, the setting and achievement of learning outcomes is monitored by a registered midwife.	C

Programme Requirements

4. Curriculum		BSc (Hons) Midwifery
4.1	Curriculum development processes ensure that the programme meets all statutory and regulatory requirements of NMBI and where applicable, the European Directives for midwife registration education programmes (2013/55/Recognition of Professional Qualifications).	C
4.2	The programme meets the requirements of the relevant award on the National Framework of Qualifications (NFQ).	C
4.3	Safety of the person and protection of the public is a fundamental, explicit, and continuing component of the programme.	C
4.4	The curriculum model chosen is dynamic, flexible, and evidence-based and utilises a range of teaching and learning strategies.	C
4.5	The curriculum is comprehensively and systematically documented and in line with the programme learning outcomes and domains of competence specified in Section 2 of the relevant Programme Standards and Requirements.	C
4.6	Clinical placements are integral to the programme.	C
4.7	The curriculum embeds a culture of professionalism and ensures that students understand the implications of professional regulation including adherence to NMBI's Code of Professional Conduct and Ethics.	C
4.8	Module descriptors identify the aims, learning outcomes, ECTS credits, indicative content, student contact hours, student effort/self-directed learning hours and assessment strategy.	C
4.9	The curriculum demonstrates a balance between theory and practice leading to the development of reflective practitioners.	C
4.10	The curriculum development team is led by academic staff who are registered midwives in the relevant division of the Register and comprises representative members of key academic and clinical stakeholders.	C
4.11	Registered midwives with appropriate professional and academic qualifications and teaching experience deliver the midwifery modules.	C
4.12	The curriculum articulates opportunities for intentional, shared, interprofessional learning that is designed to enhance collaborative practice with other healthcare professionals.	C

5. Assessment

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

Associated Health Care Provider (AHCP) Requirements

6. Clinical Learning Environments

		BSc (Hons) Midwifery
6.1	The Clinical Learning Environment (CLE) Audit is completed and available for review. (EB & AHCP)	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)	C
6.3	Each student is allocated a named preceptor and associate preceptor while on practice placement. The preceptor or associate preceptor is available to supervise and assess the student for two thirds of the student's time on placement.	P
6.4	The number of preceptors/associate preceptors/registered nurses in a clinical placement available to students meet the requirements set by NMBI.	P
6.5	Practice based learning is supported by preceptors from the relevant division of nursing or have suitable experience.	C
6.6	Preceptors have completed a competency assessment programme that has been approved by NMBI. Preceptors engage in continuing professional development. (EB & AHCP)	C
6.7	Arrangements are in place for protected time to facilitate practice placement assessments by preceptors.	P

Continued

		BSc (Hons) Midwifery
6.8	Assessment of the achievement of learning outcomes and competence development is undertaken in accordance with the National Competence Assessment Document (NCAD).	C
6.9	The supernumerary status of the student is explicit for preceptors and students.	C
6.10	Internship practice placements provide experience of the 24-hour care cycle.	C
6.11	Students have a minimum of 4 hours protected time for reflection each week throughout the undergraduate programme or as specified in the relevant Standards and Requirements.	C
6.12	All placements, including specialist placements, are completed prior to the commencement of the 36-week internship placement. (EB & AHCP)	C
6.13	Evidence based policies, procedures and guidelines are available to support students in care delivery.	C
6.14	Practice placements implement relevant NMBI professional guidance documents.	C
6.15	Evidence of Clinical Risk management systems are embedded in the maternity service.	C

Commendations

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

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 Midwifery/ 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, midwife practice development coordinator (minimum of 1), and clinical placement coordinator 1:15. (EB & AHCP)

Evidence Provided: The Coombe Hospital and Midlands Hospital Portlaoise were compliant with this standard.

The Rotunda Hospital have 79 undergraduate students. There are 3.34WTE CPC in post. This provides a ratio of 1 CPC to 23.6 students. There are no business plans or bids noted that have been submitted to the Hospital Board to increase the CPC establishment.

Outcome: Partially compliant

Condition: Rotunda Hospital is required to address this short fall; for the current number of undergraduate student midwives there is a requirement for 5.25WTE CPC.

Requirement 6.3 – Each student is allocated a named preceptor and associate preceptor while on practice placements. The preceptor or associate preceptors is available to supervise and assess the student for two thirds of the student's time on placement.

Evidence Provided: Students reported that there were times when they were not allocated a named or associate preceptor while on practice placements. It was noted at the Rotunda Hospital and Coombe Hospital that there were weeks during the year when there were high numbers of students (nursing students and medical students) allocated to clinical placements and it was reported that sometimes there were insufficient preceptors available for all students. On the site visit to Coombe Hospital one student did not have a preceptor and was reading various articles in the resource room allocated for student midwives. Midlands Hospital Portlaoise were compliant with this standard.

Outcome: Partially compliant

Condition: RH and CH need to review allocations of all students throughout the clinical year and provide assurance that there are sufficient preceptors available for student midwives and other students allocated to their hospital for their practice placement.

Requirement 6.4 – The number of preceptors/associate preceptors/registered midwives in a clinical placement available to students meet the requirements set by NMBI.

Evidence Provided: Students reported that there were times during hospital practice placements where their preceptor was very busy on account of midwifery staff vacancies. In view of this there were times when students were not able to seek discussion from their preceptor regarding case studies and similar due to preceptor's workload. Anecdotal evidence suggests that there is much work ongoing with practice placement sites to recruit and retain midwives. All sites were optimistic that newly qualified midwives would be seeking employment.

Outcome: Partially compliant

Condition: Midlands Hospital Portlaoise, Rotunda Hospital and Coombe Hospital continue to address the midwifery staff shortages with strong evidence of midwifery recruitment endeavours to their services. All clinical sites are required to provide NMBI with update in April 2023 of their establishment and vacancy rate.

Requirement 6.7 – Arrangements are in place for protected time to facilitate practice placement assessments by preceptors.

Evidence Provided: Students and preceptors reported on all sites that there were occasions when time was not allocated or there was insufficient time for the preceptor to undertake meaningful assessment of the placement. This was not considered an issue where the student was not reaching their learning outcomes, adequate time was allocated to facilitate the practice assessment in these instances.

Outcome: Partially compliant

Condition: Time is allocated and protected to preceptors undertaking student's placement assessment.

Recommendations

- That Midlands Hospital Portlaoise consider providing practice placements for an increased number of student midwives.
- That Midlands Hospital Portlaoise is considered as an intern practice placement for student midwives.
- That Midlands Hospital Portlaoise consider applying for NMBI Adaptation and Assessment programme provider for overseas midwives who require compensation measures for registration.
- RH consider providing a CPC 'on call' arrangement for students who elect to undertake placements at weekends.
- That TCD review the 'supernumerary' reflection sessions that they facilitate so that students find the sessions beneficial.
- The role of link lecturer for each of the practice placement sites is reviewed so that staff and students are aware what to expect from them.
- For all sites to continue with the extensive efforts to recruit and retain midwives to the vacant posts that they have. There is a need to ensure going forward that there are sufficient midwives to support students in practice placements.
- That TCD review the modules that are delivered to student midwives and student nurses (shared modules) so that there is evidence of midwifery context application.

Midwifery Post-graduate Programmes

General Information

NAME OF EDUCATION BODY	Trinity College Dublin
HEAD OF NURSING/MIDWIFERY	Dr Fintan Sheerin Prof Valerie Smith (Post-graduate Midwifery Programmes)
DATE OF EDUCATION BODY INSPECTION	11 October 2022 (virtually) 12 October 2022 (in person)

POST-GRADUATE PROGRAMME LIST

<ul style="list-style-type: none"> • MSc Midwifery Practice and Leadership (MSc, P&L)
<ul style="list-style-type: none"> • MSc Advance Midwifery Practice (MSc Advanced Midwifery Practice (AMP))
<ul style="list-style-type: none"> • Higher Diploma in Midwifery (H. Dip)

ASSOCIATED HEALTHCARE PROVIDER SITES INSPECTED	Rotunda Hospital Dublin 13 October 2022 Coombe Women's and Infants Hospital Dublin 13 October 2022
SITE INSPECTION TEAM	Dawn Johnston, RGN, RM, Director of Midwifery, NMBI Mary Walsh, RGN, RM, RPHN, RNT, Specialist Coordinator Midwifery Centre for Nursing and Midwifery Education, Galway Deirdre Naughton, RGN, RM, Director of Midwifery Portiuncula Hospital Saolta Hospital Group

Requirement Compliance

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

Education Body Requirements

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

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

Associated Health Care Provider (AHCP) Requirements

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

Commendations

- Overseas students receive excellent support from the international team, and this was an important service to reduce isolation during the Covid-19 pandemic restrictions.
- The library service is excellent with dedicated staff support for nursing and midwifery.

Conditions

No conditions apply.

Recommendations

- It is recommended that the level of supervision and duties that a Higher Diploma Student Midwife can perform at each stage of their training is clarified for students and staff at RH.