

NURSING &
MIDWIFERY

NMBI Site Inspection Summary Report

for Nursing and Midwifery
Education Programmes

University College Cork (UCC)

Approved by Board: 21 September 2022



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

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01

**Nursing Programmes
Leading to
Registration
(Undergraduate)**

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

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

The regulatory mechanism/authority:

85.– (1) The Board shall–

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

The focus of the site inspection is:

Through a partnership approach to:

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

General Information

NAME OF EDUCATION BODY	University College Cork
HEAD OF NURSING/MIDWIFERY	Professor Josephine Hegarty
DATE OF EDUCATION BODY INSPECTION	27 and 28 April 2022 (virtually)

PROGRAMME LEADING TO REGISTRATION:	BSc (Hons) General Nursing	
ASSOCIATED HEALTHCARE PROVIDER SITES INSPECTED:	Cork University Hospital 4 May 2022 Bon Secours Hospital 5 May 2022	
STUDENT NUMBERS ON THE BSc (HONS) GENERAL NURSING PROGRAMME:	Stage 1	124
	Stage 2	126
	Stage 3	127
	Stage 4	116
	Total students	493
SITE INSPECTION TEAM	Dr Brian Sharvin, RGN RNT, Lecturer, Waterford Institute of Technology	
	Dr Dawn Farrell, RGN, Lecturer, Munster Technological University	
	Christina Lydon, RGN RNT, Assistant Director of Nursing, Tallaght University Hospital	
	Mary Devane, RGN RM RPHN, Professional Officer, NMBI	

PROGRAMME LEADING TO REGISTRATION:	BSc (Hons) Integrated Children's and General Nursing	
ASSOCIATED HEALTHCARE PROVIDER SITES INSPECTED:	Paediatric Services, Cork University Hospital 4 May 2022 Child Surgical, South Infirmary Victoria University Hospital 5 May 2022	
STUDENT NUMBERS ON THE BSc (HONS) INTEGRATED CHILDREN'S AND GENERAL NURSING PROGRAMME:	Stage 1	27
	Stage 2	24
	Stage 3	24
	Stage 4	24
	Total students	99
SITE INSPECTION TEAM	Veronica Lambert, RCN RGN, BNS (Hons), PhD, Full Professor of Children and Family Nursing, Dublin City University	
	Rosemary Clerkin, RCN RGN RNT, Clinical Placement Coordinator – Children's Health Ireland, Crumlin	
	Carolyn Donohoe, RGN RNT, Director of Education Policy and Standards, NMBI	

PROGRAMME LEADING TO REGISTRATION:	BSc (Hons) Mental Health Nursing	
ASSOCIATED HEALTHCARE PROVIDER SITES INSPECTED:	Cork Mental Health Services – St Finbarr's Hospital 4 May 2022 St Michael's, Mercy University Hospital 5 May 2022	
STUDENT NUMBERS ON THE BSc (HONS) MENTAL HEALTH NURSING PROGRAMME:	Stage 1	41
	Stage 2	40
	Stage 3	40
	Stage 4	32
	Total students	153
SITE INSPECTION TEAM	Myles Hackett, RPN RGN RNT, Head of Department of Nursing, Midwifery and Early Years, Dundalk Institute of Technology	
	Thomas Glynn, RPN, Nurse Practice Development Coordinator, National Forensic Mental Health Service	

PROGRAMME LEADING TO REGISTRATION:	BSc (Hons) Intellectual Disability Nursing	
ASSOCIATED HEALTHCARE PROVIDER SITES INSPECTED:	COPE Foundation, Glasheen 4 May 2022 COPE Le Cheile, Mayfield Respite 5 May 2022	
STUDENT NUMBERS ON THE BSc (HONS) INTELLECTUAL DISABILITY NURSING PROGRAMME:	Stage 1	29
	Stage 2	25
	Stage 3	26
	Stage 4	25
	Total students	105
SITE INSPECTION TEAM	Carmel Doyle, RNID RCN RNT, Assistant Professor and Head of Discipline – Trinity College Dublin	
	Margaret Meegan, RNID, Practice Development Facilitator - St John of Gods North East Community Services	

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	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	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
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

Continued

		General	Integrated	Mental Health	Intellectual Disability
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)	P	C	C	C
2.2	The school of nursing/department and individual programmes are subject to periodic quality reviews.	P	P	P	P
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)	C	P	P	N
2.8	Teaching and learning resources and facilities support the delivery of the programme.	C	C	C	C

Continued

		General	Integrated	Mental Health	Intellectual Disability
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	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	P
2.13	There is public and patient involvement in the review and evaluation of programmes by the education body.	C	P	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
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	C	C
3.3	There are processes in place for students to evaluate and provide feedback on practice placements. (EB & AHCP)	C	C	C	C

Continued

		General	Integrated	Mental Health	Intellectual Disability
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	C	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	C	C

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
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	C
4.6	Clinical placements are integral to the programme.	C	C	C	C

Continued

		General	Integrated	Mental Health	Intellectual Disability
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	P	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

Continued

		General	Integrated	Mental Health	Intellectual Disability
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)	C	P	P	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	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.	P	C	C	C

Continued

		General	Integrated	Mental Health	Intellectual Disability
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.	C	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.	P	C	C	C
6.14	Practice placements implement relevant NMBI professional guidance documents.	C	C	C	C

Education Body Organisational Condition

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 2.2 - The school of nursing/department and individual programmes are subject to periodic quality reviews.

Evidence Provided: External academic subject review is conducted through a five-year cycle of a Peer Review Group process organised through the UCC Quality Enhancement Unit; however, the last quality review was undertaken on 5-6th March 2013. At present the schedule for forthcoming review is planned for 2023, and the SoNM will be scheduled for review after this date. It is not clear when the quality review for the SoNM is scheduled.

Outcome: Partially compliant

Condition: The education body will advise of confirmed dates scheduled for a quality review of its programmes.

General Nursing

Commendations

- UCC provides a very impressive range of undergraduate and postgraduate programmes, along with having a very strong research profile, supported by state of the art, purpose built facilities.
- There is a great offering of interdisciplinary education and involvement of service users in the delivery of the programme, supported by an experienced team.
- The governance structures and communication pathways within the team are to be commended.
- A wide range of alternative and innovative assessment strategies are employed across modules, including simulation, podcasting, video recording etc.
- Innovative teaching methods are employed such as problem based learning, simulation.
- Strong move towards automated and digitalising systems, for example Link Lecturer notification to students, COVID app, digital CAD project, form authorising and distribution system.
- The placement evaluation process (survey followed by qualitative feedback sessions) is to be commended.
- Students expressed gratitude for the support provided throughout practice placements by both CPCs and clinical staff.
- Effort of Nurse Practice Development team and CPCs in providing ongoing support for a large number of students in both Cork University Hospital and Bons Secours Hospital Cork, in addition to the satellite sites, particularly during the COVID-19 pandemic, is to be commended.
- The Protected Reflective Education Practice (PREP) weeks are highly valued by students.
- The practice placement sites provide a very supportive learning environment with a variety of learning opportunities for students to engage with.
- The innovative practice development initiatives, in particular the Magnet4Europe Research Project; safety huddle; graduate and mentorship programmes, are commendable.
- Recognition of the Hospital green flag award CUH and Nursing Care strategic Framework (Bon Secours Hospital, Cork), among other awards.
- Interprofessional Education (IPE) initiative between the Office of Nursing and Midwifery Service Director and the College of Medicine and Health, UCC to support the development of models of integrated care and more multidisciplinary approaches to the delivery of healthcare in acute and community services is a highly commendable pilot project. NMBI look forward to hearing more about the initiative as it progresses.

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: MOU between UCC and the SSWHG provided, however no evidence of MOU with non HSE placement sites, including the private and voluntary hospitals.

Outcome: Partially compliant

Condition: The education body will create and agree a MOU with each of its Associated Health Care Providers and a copy submitted to NMBI.

Requirement 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.

Evidence Provided: The amount of time a named preceptor or associated preceptor is available to supervise and assess students is varied widely across practice placement sites. For example, one student commented that they worked with their preceptor on 2 occasions only over an 8-week placement, an intern student identified that they might work with their preceptor once per week/2weeks. In one practice site there was inconsistency in how preceptors were allocated. For example, in one unit the student was allocated a named preceptor on a weekly basis.

Outcome: Partially compliant

Condition: The AHCP will ensure that each student is allocated a named preceptor and associated preceptor while on practice placement and be available to supervise and assess the student for two thirds of the student's time on placement.

Requirement 6.13 - Evidence based policies, procedures and guidelines are available to support students in care delivery.

Evidence Provided: Evidence of PPPGs to support students in care delivery is available, however many PPGs were past their review date and the evidence referenced to support these was frequently outdated and non-peer reviewed sources used.

The site team found that on occasion across the sites, nursing staff were often unfamiliar with accessing and navigating the QPulse system to retrieve PPPGs when requested.

Outcome: Partially compliant

Condition: The AHCP, in collaboration with the Education Body, must update relevant PPPGs and ensure they reflect current, evidence-based practice.

Recommendations

- Implement an SOP/algorithm to communicate reasonable accommodation needs between UCC and the AHCP (linked to requirement 1.6).
- The process of Clinical Learning Environment Audits should be reviewed. It appears that two audits are undertaken in each site. Use of the new Clinical Learning Environment Tool should commence as soon as possible. It is recommended that Clinical Learning Environment Audits should be completed for specialist areas (linked to requirement 3.1).
- Please consider the recently changed profile of SIVUH in relation to surgical placements, general interns expressed a reduced exposure in medical placements. Suggest rotating students to practice placements in other UCC partner sites.
- Review and amend the module learning outcomes, particularly for stages 3 and 4 of the programme, to ensure they meet the requirement of the Level 8 award of the National Framework of Qualifications (linked to requirement 4.2).
- The education body, in conjunction with the AHCP, will review and amend clinical learning outcomes to be stage and site specific. Learning outcomes need to be reduced in number. The learning outcomes should be developed in collaboration with the academic staff from UCC/Link Lecturer and should use a recognised format e.g., SMART to ensure they are measurable, achievable (linked to requirement 6.2).
- The education body and AHCP to record evidence of trained preceptor numbers and evidence of training updates (linked to requirement 6.4).
- To ensure equity and fairness to students of varying socioeconomic backgrounds registered on the nursing programmes at UCC, arrangements are made for the purchase of the iPads for all students, consider linking this to the UCC pilot programme.
- Greater engagement of Link Lecturers with students on practice placement and clinical staff, outside of CLE audits and development/support plan meetings. Students and clinical staff often unaware of the named Link Lecturer for the practice placement site. There appears to be some overlap with the clinical placement module lead role.
- Students reported not being aware of the relevant people to escalate issues to (for example, students reported raising academic issues with CPCs). More frequent meetings with class representative recommended throughout the academic year to evaluate student cohort progress and identify and address any issues in a timely manner.
- Review and consider the workload and assessment requirements across semesters to ensure they are as equally distributed as possible. Students raised the imbalance of assignments across semesters (especially year 3) and during practice placement.
- The issue of providing venepuncture/IV training in CUH demonstrates there is an inequity across the student body depending on the ACHP placement.
- Students require clear planned and documented opportunities to be involved in medication management across all years. 1st, 2nd and 3rd years should have a more active role in medication management. Students identified lack of opportunity to participate in medication preparation and administration under direct supervision of the RGN.
- Recommend the use of simulation facilities for community-based scenarios, similar to the DARE module in 4th year.

Integrated Children's and General Nursing

Commendations

- It is evident there is a strong partnership between the Clinical partners and the Education Body in particular supporting new sites and sharing of resources.
- Students commended the support they receive on practice placements from the clinical staff and the CPC who works solely for the integrated programme.
- Excellent linkage of students with preceptors, evident in the rosters. Students gave positive feedback on this.
- Preceptors have a good understanding of how to support a student who is at risk of not progressing to achieve clinical competency.
- Students are listened to, good evidence of this is demonstrated when students expressed a wish for future academic assessment schedules to be changed to facilitate a better spread of work load, e.g., field trip portfolio.
- Innovative assessment approaches, for example, a real-life simulation experience with a parent and their child, provide excellent learning strategies for nursing students.

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: One CPC in CUH managing all the integrated programme.

Outcome: Partially compliant

Condition: Outstanding roles for CPCs to be filled, particularly in CUH to ensure that the workload is evenly spread and there is a contingency plan in the event of leave.

Requirement 2.13 - There is public and patient involvement in the review and evaluation of programmes by the education body.

Evidence Provided: Evidence of focus groups with students at the end of each year, no evidence of public or patient involvement.

Outcome: Partially compliant

Condition: This needs to be implemented to meet the NMBI requirements. This evaluation process can be developed involving the patient and public to voice/channel their opinions.

Continued

Requirement 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)

Evidence Provided: CUH Learning outcomes are text heavy under domains specific to practice placements and not stages. SIVUH stage specific, text heavy and are more of a skills list.

Outcome: Partially compliant

Condition: Learning outcomes to be revised and rewritten specific to the practice placement for supernumerary and intern groups in collaboration with the education body.

Recommendations

- Consider an increased emphasis on medication management in the education body and clinical practice, to encourage active participation by the student in medication management and inspire confidence during practice placement.
- Implement an SOP/algorithm to communicate reasonable accommodation needs between UCC and the AHCP (linked to requirement 1.6). Please consider removing the direct link to the Fitness to Practice page in the PPA document.
- Review the established feedback/evaluation processes on practice placements to allow for more anonymous responses and ensuring openness. A greater transparency on how feedback is actioned would be welcomed.
- Integrated students would benefit from the opportunity to complete their ICU placement in the NICU learning environment.
- Review evidence-based policies, procedures and guidelines to ensure that they are available to support students. It is recommended that these guidelines are localised to the site.

Mental Health Nursing

Commendations

- Students report feeling supported by academic and clinical staff.
- Excellent variety of practice placement sites for students.
- There is evidence of a good relationship between the University and clinical partners.
- Students report being very well supported by Clinical Placement Coordinators whilst on practice placement.
- Throughout the site inspection visit all academic and clinical staff were very accommodating and engaged enthusiastically with the inspection team.
- Excellent teaching and learning facilities in UCC.

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: Staffing ratios were unclear.

Outcome: Partially compliant

Condition: The ratio of mental health lecturers and Clinical Placement Coordinators to mental health nursing students needs to be confirmed.

Requirement 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.

Evidence Provided: Concern that the module descriptors are not mapped level 8.

Outcome: Partially compliant

Condition: Review module learning outcomes wording to ensure that they articulate the academic level of the module/programme.

Recommendations

- The process of Clinical Learning Environment Audits should be reviewed. It appears that two audits are undertaken in each site. Use of the new Clinical Learning Environment Tool should commence as soon as possible. It is recommended that Clinical Learning Environment Audits should be completed for specialist areas (linked to requirement 3.1).
- Site specific learning outcomes and year specific learning outcomes should be available in each practice placement site (linked to requirement 6.2).
- Opportunities exist for new clinical sites to be developed for internship students, particularly in the community setting (linked to requirement 6.12).
- It is recommended that Link Lecturers visit practice placement sites when students are on placement.
- Consideration should be given to the development of a skills book for mental health nursing students.
- Venepuncture and cannulation training should be introduced for Year 4 mental health nursing students.
- It is recommended that the pharmacology module should include more content on medications used to manage mental health illnesses. There are Registered Nurse Prescribers in mental health services who could contribute to the pharmacology lectures for mental health nursing students.
- A review of the practice placement schedule during internship is recommended. It appears that an internship student can complete a number of assessments in the same practice placement site during the internship period.

Intellectual Disability Nursing

Commendations

- Strong evidence of a good working relationship between the Healthcare Partnerships and the Education Body.
- During the visit, residential houses, day programmes and a respite house was visited. All of these areas were welcoming, person centred and valued learning experiences for student nurses.
- There is a great demonstration of leadership within the COPE Foundation from the Director of Nursing.
- The skill of venepuncture was piloted this year with 4 internship students. This skill can be difficult to achieve in this discipline and COPE Foundation have developed a core pathway for achieving this.
- Student support from CPCs during practice placement was reported as excellent, the relationship between the CPCs and students is to be commended.
- The number of ANPs and CNSs in the service is evidence of the importance placed on CPD within COPE Foundation. These offer specialist placement opportunities for student nurses and are great role models for RNIDs.
- The Registered Nurse Tutor position is an integral part of the COPE Foundation and provides support for staff in achieving CPD.

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: No NPDC in post, CPC ratio has a shortfall of 1 WTE, ALO ratio has a shortfall of 0.5 WTE.

Outcome: Non-compliant

Condition: These posts must be filled with appropriately qualified personnel.

Requirement 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.

Evidence Provided: There is no ERASMUS placement option for intellectual disability nursing students.

Outcome: Partially compliant

Condition: A new ERASMUS arrangement to be explored and if possible, made available to intellectual disability nursing students.

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

Evidence Provided: There is disparity between internship students with many intellectual disability internship nursing students not gaining experience in at least one longer placement.

Outcome: Partially compliant

Condition: All intellectual disability internship nursing students should be offered longer placements to provide opportunities for consolidated learning.

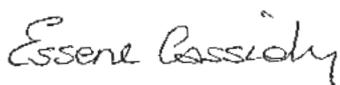
Recommendations

- There is a small team of lecturing staff in the education body with specific responsibility for intellectual disability nursing related content with a clear shortfall of 1 WTE. Notably none of the positions held are at Senior Lecturer or above in the discipline. Consideration should be given to a variety of promotional grades as this is important in supporting research agendas as an integral part of nurse education.

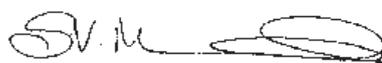
Approval

Factual Accuracy – sent to Education Body	24 June 2022
Factual Accuracy Review and Finalisation	29 August 2022
Education, Training and Standards Committee	8 September 2022
Nursing and Midwifery Board of Ireland	21 September 2022

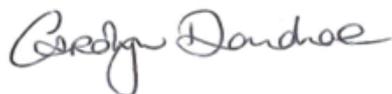
Signed:



Essene Cassidy
President, NMBI



Sheila McClelland
Chief Executive, NMBI



Carolyn Donohoe
Director of Education, Policy
and Standards, NMBI



02

**Midwifery
Programmes**

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

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

The regulatory mechanism/authority:

85.– (1) The Board shall–

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

The focus of the site inspection is:

Through a partnership approach to:

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

BSc (Hons) Midwifery

General Information

NAME OF EDUCATION BODY	University College Cork
HEAD OF NURSING/MIDWIFERY	Professor Josephine Hegarty
DATE OF EDUCATION BODY INSPECTION	27 and 28 April 2022 (virtually)

PROGRAMME LEADING TO REGISTRATION:	BSc (Hons) Midwifery	
ASSOCIATED HEALTHCARE PROVIDER SITES INSPECTED:	Cork University Hospital 4 May 2022 University Hospital Kerry 3 May 2022	
STUDENT NUMBERS ON THE BSc (HONS) MIDWIFERY PROGRAMME:	Stage 1	28
	Stage 2	23
	Stage 3	22
	Stage 4	19
	Total students	92
SITE INSPECTION TEAM	Dawn Johnston, Director of Midwifery, NMBI	
	Kathryn Muldoon, Head of Midwifery/ Assistant Professor, Trinity College Dublin	
	Deirdre Naughton, 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.	N
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 nursing 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 1:50, midwife practice development coordinator (minimum of 1), and clinical placement coordinator 1:15. (EB & AHCP)	N
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.	N
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 nurse 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 of 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 health care 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 midwives in a clinical placement available to students meet the requirements set by NMBI.	C
6.5	Practice based learning is supported by preceptors from the midwifery Register and 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.	C

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	Clinical 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.	P
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.	P

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.
- UHK use the pinnards stereoscope when commencing fetal monitoring to allow student midwives to obtain experience using all methods of fetal monitoring.
- CUMH and UHK are to be commended for the educational opportunities and the support provided to their staff.

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.

Requirement 2.2 - The school of nursing/department and individual programmes are subject to periodic quality reviews.

Evidence Provided: External academic subject review is conducted through a five-year cycle of a Peer Review Group process organised through the UCC Quality Enhancement Unit; however, the last quality review was undertaken on 5-6th March 2013. At present the schedule for forthcoming reviews is only arranged to 2023, and the SoNM will be scheduled for review after this date. It is not clear when the quality review for the SoNM is scheduled.

Outcome: Non-compliant

Condition: The education body will advise schedule for a quality review of its programmes.

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: There are 92 undergraduate students on the current BSc Midwifery. There are also 19 students on the H Dip Midwifery Programme as well as students on the MSc programme.

There are 4 wte midwifery lecturers in post. There is a 0.5 wte lecturers post vacant which at time of inspection had not been advertised.

There is 0.62 wte ALO in post currently.

At time of inspection there is 0.5 wte CPC (and is in post at UHK. There is also 0.5 CPC post in Tipperary University hospital where students undertake clinical placements In CUMH there are 4.5 wte CPC posts and currently but only 3.5 wte in post (currently one post holder is on maternity leave. It was also noted that 0.5 wte CPC post is funded by UCC to provide support to the 19 Higher Diploma Student Midwives currently on the programme.

At CUMH it was noted that the CPC were also allocated other duties within the maternity service and some duties allow a student to accompany them.

Continued

Outcome: Non-compliant

The lecturer/student ratio for undergraduate students is 1 lecturer to 23 students' ratio and the standard is 1 lecturer to 20 undergraduate students.

The standard requires that the ALO ratio should be 0.5 wte to 50 students

The establishment of a CPC for 92 pre-registration students should be 6.13wte. Currently there are only 5.5 wte CPC posts funded and 4.5 wte in post. Noting that 0.5wte CPC is funded by UCC for Higher diploma students' midwives; this leaves 4.0wte CPC in post for undergraduate student Midwives. This provides a ratio of 1 CPC to 23 undergraduate students. The standard is 1 CPC post to 15 students.

Condition: The condition is that UCC review their midwifery lecturer establishment noting their current undergraduate and post graduate student numbers and address the requirement for there to be one lecturer to 20 undergraduate students

That the ALO establishment is increased, so that there is a ratio of 0.5 wte to 50 students.

That CUMH address their CPC establishment so that there are 1wte CPC to 15 undergraduate student midwives.

Requirement 2.13 - There is a public, patients and service users' involvement in the review and evaluation of programmes by the education bodies.

Evidence Provided: The HEI have had difficulties recruiting the public patients and service users to review the programmes and the Covid-19 pandemic has hindered recruitment to this. This is currently being discussed at the UCC/Health Service Provider Joint Steering group. Currently UCC are recruiting members of the public to join UCC public advisory panel.

Outcome: Non-compliant - There is no member of the public patient or service user involved in the review and evaluation of the BSc and HDip programmes at UCC.

Condition: That public patient and /or service users are appointed to the UCC public advisory panel and are involved in the evaluation of the BSc and H Dip midwifery programmes.

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: there have been times at CUMH (particularly when restrictions were in place regarding Covid-19) where student midwives did not have consistency with their preceptor for two thirds of the time. This was acknowledged by CUMH and by the students. Student midwives also reported that they were moved from their clinical area to another area to address staffing issues.

Outcome: Partially compliant - Student midwives do not always have the same preceptor or associate preceptor for two thirds of the time

Condition: CUMH provide assurance that each student is provided with an allocated preceptor while on practice placements.

Requirement 6.13 - Multidisciplinary evidence-based policies procedures and guidelines (PPGs) are available to support students in the care delivery.

Evidence Provided: in both clinical sites PPGs were available to students on the hospital intranet. It was noted that the Q Pulse system was at time of inspection being introduced. At inspection not all staff were fully aware how to access protocols policies or guidelines (PPGs) in the clinical area There was multidisciplinary input. However, there were guidelines that had not been updated for some time.

Outcome: Partially compliant

Condition: The AHCP are required to have a plan to update the PPGs that are overdue for to be updated by May 2023. The AHCP are also to ensure that all staff in clinical areas can access PPGs from the Q Pulse system.

Requirement 6.15 - Evidence of Risk Management systems are embedded in the maternity service.

Evidence Provided: There was evidence on both sites of services development following review of complaints critical incidents and audits. However, records provided demonstrated that there was poor compliance with multidisciplinary continuing professional development for all practice staff.

Outcome: Partially compliant

Condition: That UHK and CUMH develop a programme to ensure that all staff complete their mandatory and emergency skills training by May 2023.

Recommendations

- Students would have found it beneficial to 'follow their preceptor' by working a weekend shift or night duty. The HEI and ACHP should try and facilitate that this is requested by the student.
- An opportunity should be taken at UCC and UHK to review the signage of their premises and virtual technology to ensure that midwifery is recognised as a distinct profession to nursing in line with the Nurses and Midwives Act 2011.
- That UCC consider a neonatal unit and gynaecology placement for undergraduate students in UHK.

MSc Midwifery and Higher Diploma in Midwifery

General Information

NAME OF EDUCATION BODY	University College Cork
HEAD OF NURSING/MIDWIFERY	Professor Josephine Hegarty
DATE OF EDUCATION BODY INSPECTION	27 and 28 April 2022 (virtually)

PROGRAMME LEADING TO REGISTRATION:	MSc Midwifery https://www.ucc.ie/en/ckx24/ Higher Diploma in Midwifery https://www.ucc.ie/en/hdmh/
ASSOCIATED HEALTHCARE PROVIDER SITES INSPECTED:	Cork University Maternity Hospital 4 May 2022 University Hospital Kerry 5 May 2022
SITE INSPECTION TEAM	Dawn Johnston, Director of Midwifery, NMBI Kathryn Muldoon, Head of Midwifery/ Assistant Professor, Trinity College Dublin Deirdre Naughton, 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		H. Dip Midwifery	MSc Midwifery
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
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
1.3	Lecturers/tutors are involved in clinical practice and its development	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

2. Programmes/Units of Learning Design and Development		H. Dip Midwifery	MSc Midwifery
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
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	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
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

3. Clinical Practice Experience

		H. Dip Midwifery	MSc Midwifery
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
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
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

Commendations

- CUMH and UHK are to be commended for the educational opportunities and the support provided to their staff.
- There is a good working relationship with UCC and AHCP.

Conditions

No conditions apply.

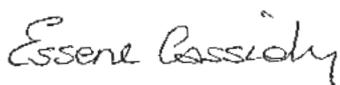
Recommendations

No recommendations apply.

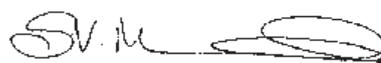
Approval

Factual Accuracy – sent to Education Body	24 June 2022
Factual Accuracy Review and Finalisation	29 August 2022
Education, Training and Standards Committee	8 September 2022
Nursing and Midwifery Board of Ireland	21 September 2022

Signed:



Essene Cassidy
President, NMBI



Sheila McClelland
Chief Executive, NMBI



Dawn Johnston
Director of Midwifery, NMBI



03

**Nursing Programmes
Leading to
Registration and
Specialist Education
Programmes
(Post-graduate)**

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

- Nursing and Midwifery Board of Ireland (2017) Advanced Practice (Nursing) Standards and Requirements, NMBI, Dublin.
- Nursing and Midwifery Board of Ireland (2018) Advanced Practice (Midwifery) Standards and Requirements, NMBI, Dublin.
- Nursing and Midwifery Board of Ireland (2015) Prescriptive Authority for Nurses and Midwives Standards and Requirements. NMBI, Dublin.
- Nursing and Midwifery Board of Ireland (2015) Public Health Nursing Education Programme Standards and Requirements. 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.

General Information

NAME OF EDUCATION BODY	University College Cork
HEAD OF NURSING/MIDWIFERY	Professor Josephine Hegarty

POSTGRADUATE PROGRAMME LIST

Registerable Postgraduate Programmes

- MSc Advanced Practice Nursing/Midwifery
- Certificate in Nurse Prescribing
- Postgraduate Diploma in Public Health Nursing

Postgraduate Programmes with a Clinical Component

- Postgraduate Diploma in Trauma and Emergency
- Postgraduate Diploma in Intensive Care Nursing
- Postgraduate Diploma and Postgraduate Certificate in Gerontological Nursing
- Postgraduate Diploma in Mental Health Nursing
- Postgraduate Diploma in Neonatology
- Postgraduate Diploma and Postgraduate Certificate in Medical Surgical
- Postgraduate Diploma and Postgraduate Certificate in Oncology
- Postgraduate Diploma in Cognitive Behavioural Therapy

Continuous Professional Development

- National Foundation Module in Critical Care Nursing (NU5098)
- Evidence Based Cervical Screening (NU6158)
- Authority to Refer for Radiological Procedures (NU6169)

EDUCATION BODY INSPECTION:	University College Cork Virtual Inspection 27 and 28 April 2022
ASSOCIATED HEALTHCARE PROVIDER SITES INSPECTED:	Cork University Hospital 4 May 2022 Mercy University Hospital 5 May 2022 Carrigaline Primary Care Centre 5 May 2022
SITE INSPECTION TEAM	Michael Connolly, RGN RNT, Joint Associate Professor of Clinical Nursing, University College Dublin and Our Lady's Hospice & Care Services
	John Larkin, RGN RCN RNT, Lecturer, Technological University of the Shannon
	Carolyn Donohoe, RGN RNT, Director of Education, Policy and Standards, NMBI
	Lorraine Clarke-Bishop, RGN, Professional Officer, NMBI
	Mary T Devane, RGN RM RPHN, Professional Officer, NMBI

Requirement Compliance

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

Education Body Requirements

1. Education Providers		C	P	N
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		

Programme Requirements

2. Programmes/Units of Learning Design and Development		C	P	N
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. Practice Experience

		C	P	N
3.1	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 practice 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 practice placement provides an optimum quality learning environment. (EB & AHCP)	C		

Commendations

- The NMBI would like to thank all the nursing teams for their welcome and their work in preparing for this site visit.
- Post-graduate programmes are well supported at UCC and in the associated clinical partner sites. NMBI would like to acknowledge the postgraduate team and in particular their leader, their investment in their students is exemplary for fulfilling the service need of the community.
- The significant support and dedication to ongoing provision of supports for graduate education in the clinical sites visited is to be commended.
- At CUH there is strong leadership in supporting ongoing and continuing education. The development of nursing grand rounds to provide an opportunity to share nursing innovations is to be applauded.
- At MUH a strong culture of learning is evident and this stems from the leadership team. The development of a nursing research strategy and the subsequent establishment of a nursing research committee is to be commended.
- NMBI would like to acknowledge the excellent development of the ANP consortium programme at UCC, the implementation of this programme was dynamic and innovative to support students at this advanced level.
- A key focus of inspection is also to promote good practice. To this end, since inspection, the ANP Inclusion Health has been linked to a newly established Inclusion Health Research Group established through St James Hospital in Dublin.
- The establishment of a Joint Professorial appointment with UCC and SSWHG to develop and support clinical research in ageing and health is to be commended.

Public Health Nursing commendations

- Many of the Public Health Nurses were trained as PHN preceptors and there was an enthusiasm demonstrated by the group in relation to preceptoring both PHN students and undergraduate students. Both DPHN and student representatives acknowledged the importance of the PHN preceptor.
- The NMBI acknowledges the quality initiatives developed by the PHN team in Carrigaline Primary Care screening patients with chronic wounds for anxiety and depression, in particular the “Person Behind the Wound Initiative”.
- In addition, the NMBI commends the quality initiative of the MAPS portal which provides all nursing staff (inclusive of student PHN) with easy access to national and local policies, procedures and guidelines.
- The module NU6054 (Maternal and Child Health Nursing) is very informative and comprehensive.

Conditions

No conditions apply.

Recommendations

- The Standards and Requirements for Post Registration Education Programmes, indicate the need for inclusion of a philosophy of education; curriculum model and nursing and midwifery educational theories underpinning programmes are to be explicit. We recommend that this needs to be more explicit in curriculum documents.
- Clinical Learning Booklets are provided to students. While the objectives outlined are appropriate, they are generic as the document is used across a range of programmes. In discussions with students, we learned that the student in consultation with their facilitator and/or mentor identifies personal learning outcomes related to placements. The process for development of personal learning outcomes by student for practice placement needs to be explicitly set out in the relevant materials used.
- Steinaker and Bell's (1979) taxonomy is used to measure clinical competence. Greater clarity as to expected level is needed as there was some difference in understanding between university and practice site for achievement of 'dissemination' level.
- While some clinicians are involved in the provision of theoretical material for modules, further involvement of clinical experts in the provision of teaching would enhance the credibility of programmes provided. It would also be worth considering appointing clinical colleagues to Adjunct positions to further enhance collaborative links between UCC and associate practice partners. This would also help to support the continued development for clinical nursing research, already well established through Joint professorial appointment.

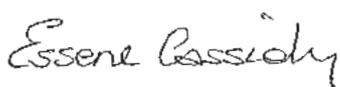
Public Health Nursing recommendations

- There is benefit to be gained from ensuring greater links with other Public Health programme providers, opportunities for collaboration and sharing of best practice in programme delivery is recommended.
- Maternity placements for students PHNs who do not have midwifery training would benefit from coinciding with the theoretical component of Maternal and Child Health Nursing.

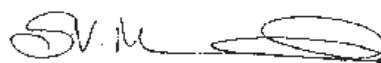
Approval

Factual Accuracy – sent to Education Body	24 June 2022
Factual Accuracy Review and Finalisation	29 August 2022
Education, Training and Standards Committee	8 September 2022
Nursing and Midwifery Board of Ireland	21 September 2022

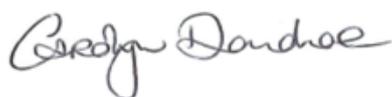
Signed:



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