NMBI Site Inspection Summary Report

for Nursing and Midwifery Education Programmes

University of Limerick (UL)

Approved by Board: 27 March 2024

Bord Altranais agus Cnáimhseachais na hÉireann

Nursing and Midwifery Board of Ireland

Contents

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.

Approval

Factual Accuracy – sent to Education Body	23 November 2023
Factual Accuracy Review and Finalisation	15 February 2024
Education, Training and Standards Committee	7 March 2024
Nursing and Midwifery Board of Ireland	27 March 2024

Signed:

Sheila McClelland
Nursing and Midwifery Board
of Ireland, CEO

Carolyn Donohoe
Director of Education, Policy and
Standards
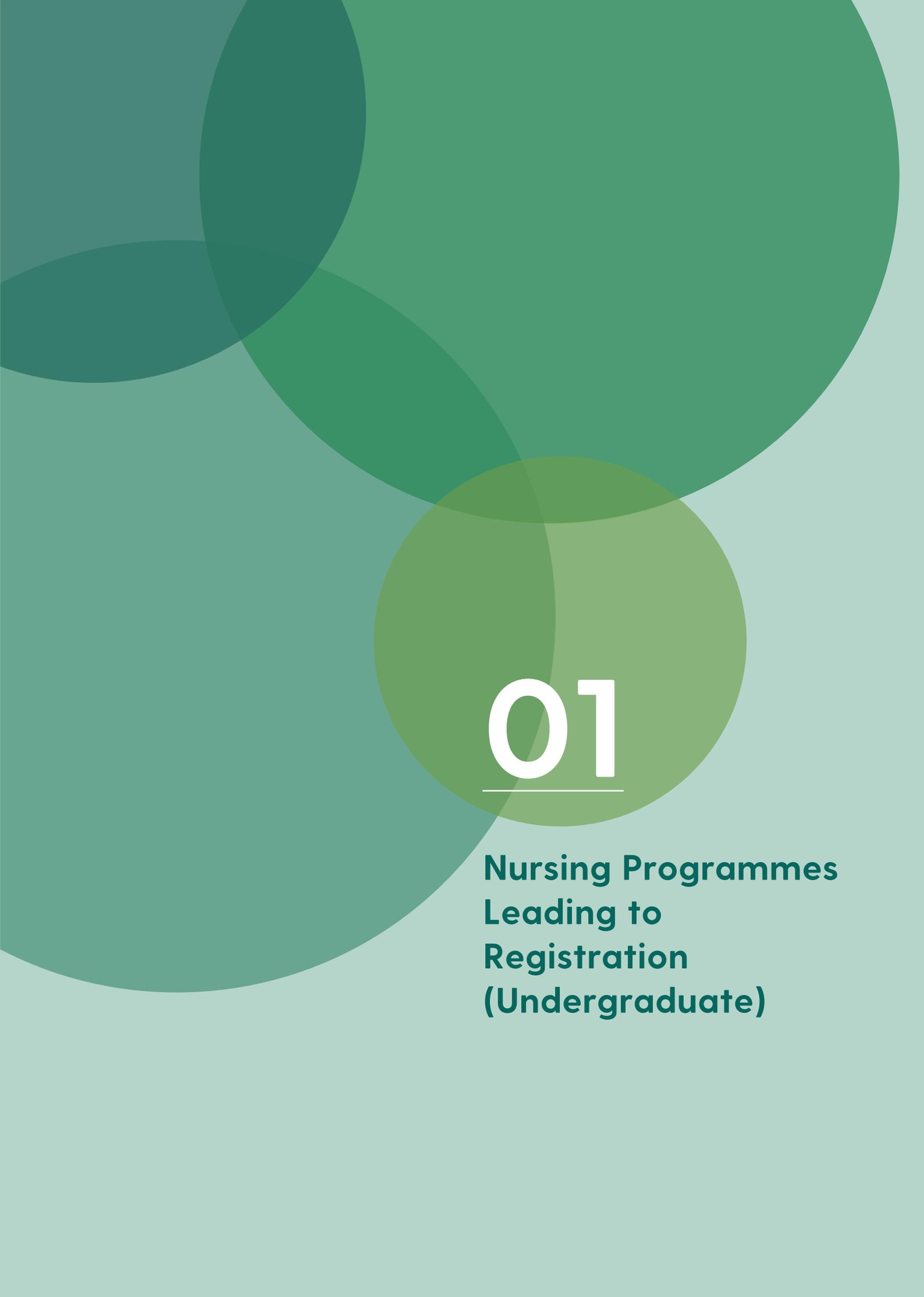
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Nursing Programmes Leading to Registration (Undergraduate)

General Information

NAME OF EDUCATION BODY	University of Limerick
HEAD OF SCHOOL	Professor Pauline Meskell
DATE OF EDUCATION BODY INSPECTION	9 October 2023 (Virtual) 10 October 2023 (Onsite)

PROGRAMME LEADING TO REGISTRATION	BSc (Hons) General Nursing	
PRACTICE PARTNER SITES INSPECTED	University Hospital Limerick 11 October 2023	
	Croom Orthopaedic Unit 11 October 2023	
	Raheen Community Nursing Unit (Care of the Older Person) 12 October 2023	
	Ballina Health Centre (Public Health Nurse) 12 October 2023	
	Ennis University Hospital 12 October 2023	
	Bon Secours Hospital 12 October 2023	
	University Hospital Nenagh 12 October 2023	
STUDENT NUMBERS ON THE BSc (HONS) GENERAL NURSING PROGRAMME	Stage 1	98
	Stage 2	77
	Stage 3	70
	Stage 4	64
	Total students	309
SITE INSPECTION TEAM	Dr Brendan Noonan, RGN, Lecturer Practitioner, UCC (Team Lead)	
	Carly Smith, RGN, Assistant Director of Nursing, Portiuncula University Hospital, Nurse Practice Development Co-Ordinator, Saolta University Health Care Group	
	Lorraine Lalor, RGN, Assistant Director of Nursing Practice Development, MMUH	
	Mary Devane, RGN, RM, RPHN, Professional Officer, NMBI	

PROGRAMME LEADING TO REGISTRATION:	BSc Intellectual Disability	

PRACTICE PARTNER SITES INSPECTED	**11 October 2023**
	Avista, St Vincent's Campus Limerick
	Adult Intellectual Disability Residential
	  1. Autumn Lodge
	  2. Cois Na hAbhainn
	Specialist Intellectual Disability
	  1. Ashlawn
	  2. Elmvale
	
	12 October 2023
	Dooradoyle Adult Day Services
	San Joseph Children's Respite Services
	Child ID East Limerick Children's Services	

STUDENT NUMBERS ON THE BSc INTELLECTUAL DISABILITY PROGRAMME	Stage 1	32
	Stage 2	27
	Stage 3	16
	Stage 4	19
	Total students	94
SITE INSPECTION TEAM	Dr Carmel Doyle, RNID, RCN, RNT, Assistant Professor (Intellectual Disability Nursing) School of Nursing and Midwifery, TCD (Team Lead)	
	Rachel Reynolds, RNID, CNM3, Saint John of God Community Services, Co Louth	
	Claire Nolan, Staff Officer, NMBI	

PROGRAMME LEADING TO REGISTRATION:	BSc Mental Health Nursing
PRACTICE PARTNER SITES INSPECTED	Acute Psychiatric Service, University Hospital Limerick 11 October 2023 CAMHS Team, MWMHS (ANP Placement) 11 October 2023 St. Camillus Hospital, Tearmann and Seanoira 12 October 2023 Rehab Assessment Team, Clare Mental Health Services, Ennis 12 October 2023

STUDENT NUMBERS ON THE BSc MENTAL HEALTH NURSING PROGRAMME	Stage 1	36
	Stage 2	32
	Stage 3	31
	Stage 4	27
	Total students	126
SITE INSPECTION TEAM	Dr Siobhán Smyth, RPN, RNT, Lecturer and Programme Director for BNS (MH), University of Galway (Team Lead)	
	Shony Chacko, RPN, RGN, Interim Nurse Practice Development Coordinator, HSE Community Healthcare East	
	Carolyn Donohoe, RGN RNT, Director of Education, Policy and Standards, NMBI	

Requirement Compliance

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

Education Body Requirements

1. Student Admission and Progression		General	Intellectual Disability	Mental Health
1.1	Clear and comprehensive information about the programme is available for prospective students.	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
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.	P	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 & practice partner)	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
1.6	Learning supports including reasonable accommodations are available to students who require them. (EB & practice partner)	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
1.8	Procedures for a student exiting a programme before completion are explicit, including exit awards if appropriate.	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
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

2. Governance and Management

		General	Intellectual Disability	Mental Health
2.1	There is a signed Memorandum of Understanding (MOU) between the education body and each of its practice partners. (EB & practice partner)	C	C	C
2.2	The school of nursing/department and individual programmes are subject to periodic quality reviews.	C	C	C
2.3	Programmes are subject to annual monitoring through the external examiners process.	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 & practice partner)	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
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
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 & practice partner)	C	P	P
2.8	Teaching and learning resources and facilities support the delivery of the programme.	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 & practice partner)	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 & practice partner)	C	C	C
2.11	Formal grievance, complaints, and appeals policies are available and made known to students.	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.	N/A	N/A	N/A

Continued

		General	Intellectual Disability	Mental Health
2.13	There is public and patient involvement in the review and evaluation of programmes by the education body.	C	C	C
2.14	The education body and AHCP operate a fitness to practise mechanism for the protection of the public. (EB & practice partner)	C	C	C
2.15	The education body and AHCP have processes in place to support students with health problems. (EB & practice partner)	C	C	C

3. Practice Placements

		General	Intellectual Disability	Mental Health
3.1	New practice placement sites are audited for their suitability as a quality learning environment, that will support the achievement of the learning outcomes, in advance of students' commencing placements. Notification of new sites is included in the Annual Report submitted to NMBI. (EB & practice partner)	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 & practice partner)	C	C	C
3.3	There are processes in place for students to evaluate and provide feedback on practice placements. (EB & practice partner)	C	C	C
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 & practice partner)	C	C	C
3.5	Fair and transparent systems are in place for the allocation of students to practice placements. (EB & practice partner)	C	C	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 nurse.	C	C	C

Programme Requirements

4. Curriculum		General	Intellectual Disability	Mental Health
4.1	Curriculum development processes ensure that the programme meets all statutory and regulatory requirements of NMBI and where applicable, the European Directives for nurse registration education programmes (2013/55/Recognition of Professional Qualifications).	C	C	C
4.2	The programme meets the requirements of the relevant award on the National Framework of Qualifications (NFQ).	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
4.4	The curriculum model chosen is dynamic, flexible, and evidence-based and utilises a range of teaching and learning strategies.	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
4.6	Clinical placements are integral to the programme.	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
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
4.9	The curriculum demonstrates a balance between theory and practice leading to the development of reflective practitioners.	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
4.11	Registered nurses with appropriate professional and academic qualifications and teaching experience deliver the nursing modules.	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

5. Assessment

		General	Intellectual Disability	Mental Health
5.1	The assessment strategy is designed to ensure the student meets all the required theoretical and clinical learning outcomes before they can progress to the next stage or complete the programme.	C	C	C
5.2	The selection of assessment techniques assesses achievement of learning outcomes at both module and programme level.	C	C	C
53	Students are informed about the assessments employed for their programme and about the requirements for progression, including the grading criteria.	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.	P	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
5.6	The assessment strategy for the programme makes clear that compensation between theoretical and clinical practice components is not allowed.	C	C	C
5.7	External examiners appointed to the programme are appropriately qualified and experienced.	C	C	C

Practice Partner Requirements

6. Clinical Learning Environments

		General	Intellectual Disability	Mental Health
6.1	The Clinical Learning Environment (CLE) Audit is completed and available for review. (EB & practice partner)	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 & practice partner)	C	C	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.	C	C	C

Continued

		General	Integrated	Mental Health
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
6.5	Practice based learning is supported by preceptors from the relevant division of nursing or have suitable experience.	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 & practice partner)	C	C	C
6.7	Arrangements are in place for protected time to facilitate practice placement assessments by preceptors.	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
6.9	The supernumerary status of the student is explicit for preceptors and students.	C	C	C
6.10	Internship practice placements provide experience of the 24-hour care cycle.	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.	P	P	C
6.12	All placements, including specialist placements, are completed prior to the commencement of the 36-week internship placement. (EB & practice partners)	C	C	C
6.13	Evidence based policies, procedures and guidelines are available to support students in care delivery.	C	C	C
6.14	Practice placements implement relevant NMBI professional guidance documents.	C	C	C

Education Body Organisational Commendations and Recommendations

Commendations

- We would like to acknowledge University of Limerick for their hospitality and welcome received on campus and from their Practice Partners for the duration of the inspection.
- The inspection team note the extensive preparation conducted prior to inspection and commend the level of engagement from the team at UL. The quality of documentary evidence supplied was exemplary.
- The Department of Nursing and Midwifery is held in high regard within UL's executive leadership team.
- The strong leadership and level of commitment from the Head of Department is evident in discussions with management, staff and students.
- The UL Glucksman library is impressive and very conducive to student learning with up-to-date technology, extensive electronic and hard copy nursing, midwifery and associated resources, lots of space for student individual and collaborative learning. We were particularly impressed with the innovative resources available such as Makerspace 3D printing lab, the Automated Reserve Collection (ARC) and the quiet pod.
- There are excellent academic writing supports provided to students.
- The level of engagement in by nursing and midwifery lecturer team in research in UL is highly commended.
- There is strong evidence of academic links with practice throughout the programmes and the support by the Practice Learning Environment Group (PLEG), and the Local Joint Working Group is commended.
- The inspection team would also like to commend the role of Regional Placement Coordinator for the scoping and establishment of new practice placements, particularly in the community.
- The work undertaken to review and develop site and stage specific learning outcomes in practice partner sites is to be commended and is an example of best practice nationally.
- The school are commended on their Athena Swan Bronze Award; the significance and function of this award should be communicated clearly to students.

Recommendations

- As a consequence of Covid-19 there are currently no arrangements for an Erasmus programme, we recommend international/Erasmus work to be progressed and developed as soon as possible.
- The strong partnership between UL and their practice partners is evident. For almost all practice sites inspected there is capacity within the learning environments for additional numbers and types of placements. We would encourage UL to explore these opportunities with their partners.
- The QR code initiative to allow for anonymous evaluation of practice placement is welcomed by students, we would encourage that this initiative is rolled out across all disciplines and at a postgraduate level.

General Nursing

Commendations

University of Limerick

- Students spoke favourably about the 'Linked Curriculum' stating that the theory component of the programme had prepared them well for practice placement. In addition, students appreciated the use of Advanced Nurse Practitioner and Clinical Nurse Specialist Adjunct lecturers who supported the academic link to practice.

- Quality initiative that supports the integration of theory and practice such as the "Older Person- Student Nurse Intergenerational Café" and the "Tabhair dom do Lámh" dementia care project was highly commended by the inspection team.

- The inspection team were encouraged to see a sociology lecturer as part of the teaching team, this was an example of creative ways to make the curriculum current, relevant, and dynamic.

- Efforts to advance simulation (SiNM) especially which incorporated interprofessional learning and research e.g., Interdisciplinary Major Trauma Simulation, were commended by the team; the team would support the inclusion of a larger cohort of nursing students on this project.

- Engaging students in research work through the Summer Undergraduate Student Scholarship is viewed as being an example of best practice.

- The inspection team approves of ULs willingness to continuously improve and evolve the nursing student experience, students appreciated the open-door policy provided by academic staff. Supportive initiatives for students such as road safety education, 'developing self as a healthcare practitioner' were an example of some of the initiatives developed by the School of Nursing.

- Students enjoyed developing clinical skills and would appreciate being able to engage with high fidelity simulation and practice of complex skills such as catheterisation. The initiative to provide small bookable rooms to practice some clinical skills is commended and should be communicated widely to students.

University Hospital Limerick

- Student Boards were a good initiative and provide a good visual resource for learning. It is recommended that the board would include a visual diagram of The Code. Also consider including student evaluation of practice placements on the board.

- The inspection team welcome the plans to develop a collaborative Quality Improvement initiative between UL and NPDU at UHL to provide holistic support of BSc Nursing (General) on Clinical Placement at UHL, particularly those students that require additional support.

- The inspection team would like to commend the high preceptorship rates that were noted in UHL and commend the 'Preceptor of the Year' award initiative that places value on the importance of the role of preceptorship.

- Students reported that the commitment of preceptors, clinical placement co-ordinators (CPC) and clinical placement facilitators were key to the provision of support and learning during placement.

- The inspection team commend the UL Hospitals Groups Strategy for Future Proofing the Nursing Workforce. Initiatives such as 'Transition to Practice Programme' and initiatives such as Nursing in Practice (NIP) and Junior NIP are to be commended.

Croom Orthopaedic Unit

- Innovation, development of services and advancement of roles and environment is to be commended.
- Initiatives such as culture night, safety weeks, health and well-being courses for staff are commendable.

Bon Secours Hospital

- Exposure to a diverse and wide variety of surgical procedures is commendable.
- Innovative practice such as multifactorial falls risk assessment is to be commended.

University Hospital Nenagh

- Provides an exceptional opportunity for a wide variety of clinical placement experiences.
- Initiatives such as the MDT Red to Green and Safety Pause Huddles are to be commended.

Raheen Community Hospital

- Raheen Community Hospital promotes a culture of holistic patient centred care which demonstrate the values of the nursing profession.
- A strong culture of learning is promoted by the Director of Nursing, who is an adjunct lecturer in UL, and the team would like to commend the student support initiatives (student quiet zone) as well as the patient centred quality initiatives (my life story', 'oldest oak in Ireland' music writing and intergenerational interactions).

Ballina Primary Health Care Centre

- This placement provides the student with opportunities to learn the principles of holistic care in a community setting. Students would welcome a two/three-week placement here.
- The inspection team commend the IMAPS portal as a good learning resource for staff and students.

Ennis University Hospital

- The inspection team commend the culture of practice learning at Ennis Hospital, students expressed how they felt welcomed and valued as part of the nursing team. The high level of preceptorship (100%) and the CPC play a significant part in providing a quality learning environment.
- The inspection team commend the quality initiatives for patient centred care that emphasise patient dignity ('Falling STAR' and 'What matters to you garden').

Conditions

There are no conditions.

Recommendations

- Repeat Clinical Time Policy to be developed and made available to all students at the beginning of the year. Recommend removing the term action plan, replace with additional interview and a supportive learning plan as discussed with team. Formal disciplinary procedures for issues not related to learning should be removed from the NCAD (linked to 1.3 and 5.4).

- Consider including student representation on the Local Joint Working Group (linked to 2.9).

- While the inspection team acknowledge policies were available to review, references were often outdated and need to be revised (linked to 3.4 and 6.13).

- It is suggested that UL could consider the introduction of virtual or augmented reality to help in the delivery of innovative learning and teaching methods across modules. While there is some evidence of a dynamic assessment process e.g., Art project for NM4091, Philosophies Underpinning Person Centred Nursing, the inspection team believes that the school should utilise other creative approaches to assessment that are available in the University e.g., the library and use of the pod cast room, 3D modelling and the green room (linked to 4.4).

- References and reading lists linked to the curriculum need to be revised and updated (linked to 4.5).

- Some of the students that were interviewed by the inspection team were not aware of The Code of Professional Conduct and Ethics. The Code therefore needs to be more explicit and visible across learning opportunities encountered. It is recommended that NMBI literature to include The Code would be included in the Public Health Nurse IMAPS portal (linked to 4.7 and 6.14).

- Consideration could be given to the length of placement time in the 3rd year of the programme which is at present 16 weeks. Is there an opportunity for students to return to theory for a scheduled block of time to alleviate student concerns raised regarding travel and accommodation costs. In addition, the provision of theory to inform practice at critical times should be considered (linked to 4.9).

- UL to develop a standardised approach to summative and formative feedback on all assignments (linked to 5.5).

- Recommend avoiding theoretical module assessments during scheduled clinical placements (linked to 5.6).

- CPC are integral to the student's learning and students would welcome more dedicated time and support from the CPC particularly when on placement in busy areas.

- Students at every stage of the programme would like more opportunities to learn about medication administration while on practice placement.

- Professor of Nursing and Midwifery Post as advertised needs to be appointed as a means of strengthening the link between University and Hospital.

- The inspection team would encourage staff to highlight and display nurse-led quality initiatives that have been developed on practice placement sites that promote good practice and enhance student centred learning e.g., ISBAR training to enhance communication between A&E and paediatric ward setting.

- It is recommended that the role of the community RGN is developed to include preceptoring undergraduate students.

Intellectual Disability Nursing

Commendations

University of Limerick

- The team found all staff especially the intellectual disability discipline lecturers, enthusiastic and supportive with a real energy for education and learning evident, also demonstrated from students we met at the education provider site who acknowledged the support they receive.

- Practice skills are well developed and applicable to practice as indicated by students.

- A lot of work has been undertaken on placement development to meet increasing numbers and in particular to meet child placement requirements.

- PPI involvement by both individuals with intellectual disabilities and their families is evident and a well-respected component of education and research.

Avista, St Vincent's Campus Limerick

The inspection team wish to sincerely thank the individuals we met, who permitted our visit to their homes and day services.

- During the visit, residential houses, day services, respite house and child services were inspected. The inspectors found all of these areas to be welcoming, person centred and valued learning experiences for student nurses evidenced in our meetings on site with both staff/preceptors and students.

- Student support from CPCs during clinical placement was reported to be excellent, the relationship between the CPCs and students is to be commended.

- Strong evidence of a good working relationship between the Practice Partnerships and the Education Body.

- Good support for CPD and great enthusiasm from staff and management with a clear willingness to undertake and support further education.

- The preceptorship model is good, demonstrated by staff who are clearly knowledgeable, with positive attitude to student learning.

- Learning outcomes – these have been recently developed, are site specific and are welcomed by both staff and students.

- Examples of the nursing process were evident in care plans reviewed.

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 & practice partners)

Evidence Provided: Nurse Practice Development Co-ordinator (0.5 WTE), NPDC is shared across the Limerick and Dublin sites.

Outcome: Partially compliant

Condition: Ensure that the Nurse Practice Development Co-ordinator meets NMBI requirements (1 WTE).

Recommendations

University of Limerick

- Allocations – there is a need for a consistent approach to notification of practice placements in a timely manner (linked to 3.5).
- Assessment feedback – there is a need for standardised feedback processes for delivery of feedback to students (linked to 5.5).
- Shared and core teaching – there is a need for focus on discipline specific examples within these classes, more specifically from an intellectual disability perspective. Additionally, incorporate intellectual disability teaching sessions delivered by practice staff with specific expertise in the intellectual disability nursing programme.

Avista, St Vincent's Campus Limerick

- The number of ANPs and CNSs in the service is evidence of the importance placed on CPD within Avista. We encourage use of these opportunities to offer specialist placement for student nurses and are great role models for RNIDs.
- A variety of practice placements options are available and note the newly developed placements with Enable Ireland. Continue to maximise exposure to the variety of placements and explore new additional opportunities for placements.

Both University of Limerick and Avista, St Vincent's Campus Limerick

- Reflective practice – Year 4 structured reflective practice currently takes place in UL with the support of academic colleagues. Practice placement staff (CPCs) need to be involved in the facilitation of structured reflective practice and new ways of facilitating this need to be implemented (linked to 6.11).

Mental Health Nursing

Commendations

University of Limerick

- The NMBI team appreciated the warm welcome and hospitality received from UL staff and the clinical areas visited.
- It was evident that there is a great working partnership between UL and clinical partners.
- Information for the clinical sites on the modules completed in the college in NCAD is well appreciated by students and staff in the clinical sites.
- The Learning Journal club is a great initiative between UL and the ANPs.

Clinical Sites (Community/Acute)

- Students expressed feeling very supported by the three CPCs and their lecturers.
- Student representatives that met with the NMBI team in UL and the clinical sites showed exemplary professionalism and integrity which is reflective of the teaching and learning received from the clinical partners and lecturers.
- Great demonstration of leadership from ADONs and Nurse practice development, leading innovative and quality initiative projects.
- The commitment from senior management to provide opportunities for staff progression to promotional posts and CPD was evident.
- Practice placement sites provide a supportive learning environment with a variety of learning opportunities for student engagement.
- There was evidence of nurse-led initiatives which were displayed in posters in St Joseph's Health Campus.
- The recruitment and retention workshop for Internship students is commended by all the clinical staff and students.
- The co-produced perinatal resources and the introduction of a Newsletter with information about recovery in mental health is commendable.
- Close partnership with the recovery college is evident.
- Peer supervision practice is exemplary.
- The resources and supporting documents available to students in the practice placement areas are excellent.
- The high level of preceptorship training is commendable.

CAMHS

- There was evidence of strong leadership, vision and collaboration both within the nursing and interdisciplinary team.
- Students acknowledged a positive learning experience working with ANPs, recognising how their scope of practice extends focussing on the young person and their family's mental health needs.

Tearmann Unit and Psychiatry of Later Life (POLL) Community team

- There was evidence of multidisciplinary person-centred care planning and recovery orientated practices.
- Evidence of student involvement in all therapeutic activities with patients in POLL.

Rehabilitation Assessment Team Clare (Ennis DC)

- Engagement and participation in MDT meetings were acknowledged by the students as a rich learning experience.

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 & PP)

Evidence Provided: 3 CPCs; allocations liaison officer 1:50; 1 nurse practice development officer; the total number of students for the undergraduate programme is 126.

Outcome: Partially Compliant

Condition: Increase CPC numbers by 1 to meet the standards and requirements.

Recommendations

- On discussion with Area Director of Nursing, the introduction of a strategic forum with UL and mental health services/management would be welcomed to align with strategic objectives (linked to 2.5).
- Explore adjunct lecturers for the mental health team at UL to strengthen theory and practice link for students and collaboration with clinical partners regarding professional and clinical matters (linked to 2.6 & 2.7)
- Consider a CAMHS workshop in the clinical site for one week with a focus on service user experience to allow all students to have exposure to CAMHS (linked to 2.10).
- Consider restructuring module delivery and increasing modules to a minimum of 5 ECTS to reduce workload for student and staff (linked to 4.4 & 4.5).
- Professionalism is threaded throughout the modules and programme, we recommend exploring how students can articulate more clearly the core mental health nursing skills within the curriculum for providing effective care to individuals with mental health issues (linked to 4.7 & 4.8).
- There are excellent opportunities present for some students to engage in interprofessional learning and we recommend, where possible, to extend these opportunities to a greater number of students (linked to 4.12).
- Consider increased creativity around assessment and over assessment in light of increased student numbers (linked to 5.1 & 5.2).
- Explore protective time for staff development (linked to 6.6 & 6.7).

02

Midwifery Programmes

General Information

NAME OF EDUCATION BODY	University of Limerick
HEAD OF SCHOOL	Professor Pauline Meskell
EDUCATIION BODY INSPECTION	9 October 2023 (Virtual) 10 October 2023 (Onsite)

PROGRAMME LEADING TO REGISTRATION	BSc Midwifery Postgraduate Higher Diploma Midwifery	
PRACTICE PARTNER SITES INSPECTED	University Maternity Hospital Limerick 11 October 2023 Tipperary University Hospital, Clonmel 12 October 2023 University Hospital Waterford 12 October 2023	
STUDENT NUMBERS ON THE BSc MIDWIFERY PROGRAMME	Stage 1	24
	Stage 2	24
	Stage 3	13
	Stage 4	26
	Total students	87
SITE INSPECTION TEAM	Jill Atkinson, RM, RGN, RMT, Head of section – Midwifery, Department of Nursing, Midwifery & Health Science, School of Health and Science, Dundalk Institute of Technology (Team Lead)	
	Arathi Noronha, RM RMT RGN, Midwifery Practice Development Coordinator, Coombe	
	Dr Karn Cliffe, RM, RGN, RMT, Midwife Project Lead, Nursing and Midwifery Board of Ireland (0.40) Director of Nursing and Midwifery, Dublin Midlands Hospital Group (0.60)	
	Georgina Farren, RM, RNG, Barrister at Law, Professional Officer, Nursing and Midwifery Board of Ireland (Limerick only)	

Midwifery Undergraduate Programmes

Requirement Compliance

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

Education Body Requirements

	1. Student Admission and Progression	BSc 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.	P
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 & practice partner)	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 & practice partner)	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 Midwifery
2.1	There is a signed Memorandum of Understanding (MOU) between the education body and each of its practice partners. (EB & practice partner)	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
2.4	An Annual Report, inclusive of all NMBI approved programmes and prepared in partnership with the practice partners, is submitted to NMBI by 30 June each year. (EB & practice partner)	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, nurse practice development coordinator (minimum of 1), and clinical placement coordinator 1:30. (EB & practice partner)	C
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 practice partners, from acute and community settings, is in operation. (EB & practice partner)	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 & practice partner)	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.	N/A
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 practice partners operate a fitness to practise mechanism for the protection of the public. (EB & practice partner)	C
2.15	The education body and practice partners have processes in place to support students with health problems. (EB & practice partner)	C

3. Practice Placements

		BSc 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 & practise partner)	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 & practice partner)	C
3.3	There are processes in place for students to evaluate and provide feedback on practice placements. (EB & practice partner)	C
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 & practice partner)	C
3.5	Fair and transparent systems are in place for the allocation of students to practice placements. (EB & practice partner)	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 nurse.	C

Programme Requirements

4. Curriculum

		BSc 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

		BSc Midwifery
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 nurses in the relevant division of the register and comprises representative members of key academic and clinical stakeholders.	C
4.11	Registered nurses with appropriate professional and academic qualifications and teaching experience deliver the nursing 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 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

Practice Partner Requirements

6.	**Clinical Learning Environments**	BSc Midwifery
6.1	The Clinical Learning Environment (CLE) Audit is completed and available for review. (EB & practice partner)	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 & practice partner)	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.	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
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 & practice partner)	C
6.7	Arrangements are in place for protected time to facilitate practice placement assessments by preceptors.	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
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 & practice partner)	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

University of Limerick

- The education body and its practice partners are to be commended for their evidential support of student education and the facilitation of the NMBI site inspection.
- Academic staff are clearly passionate and committed to providing high quality education underpinned by a philosophy of midwifery that embodies a women centred approach to care.
- Student midwives have access to a dedicated section of the skills laboratory that may be booked to enable them to practice midwifery specific skills.
- Students have the opportunity to learn through the use of a wide medium of learning and teaching strategies for example poetry and art.
- Silver Cloud is a much-needed resource to support the mental health and wellbeing of students and staff.

All Clinical partners

- The inspection team would like to commend the enthusiasm and commitment of all midwives that we met during the site visits.
- Midwifery leadership teams were very supportive of their teams and students.
- The wide range of specialised midwifery roles (AMP, CMSs), complement student learning and clinical experience.
- The CPCs on all clinical placement sites provided immense support to all students who spoke most highly of their teaching, guidance and support during their practice placement.
- Student midwife boards to support learning evident in all clinical areas.
- Students were complimentary of preceptors.
- Creative learning initiatives were very apparent in all sites with evidence of student participation i.e., awareness days, 'International day of the Midwife'.
- Laminated pocket size learning outcomes carried by each preceptor to support appropriate teaching and assessing of the relevant cohort.
- Midwifery teams noted the support for midwifery students from members of the multidisciplinary teams.

University Maternity Hospital Limerick

- Well-resourced unit providing the students with both normal and high-risk midwifery care.
- Evidence of a supportive and pastoral team environment especially in times of unexpected traumatic events.
- Evidence of showcasing their commitment to advancing practice at both regional and national platforms i.e., poster presentations.

University Maternity Hospital Waterford

- The well-established community midwifery services provide students with a great opportunity to get experience with midwifery led services. Students have the opportunity to experience homebirths which is quite unique within the Irish maternity context at the moment.
- Advocate the use of women using 'Hopscotch' to encourage normal birth.

Clonmel Maternity Service

- Cohesive team dedicated to providing a wide range of women centred care in both hospital and community setting including outreach clinics.
- Midwifery team provide a wide range of expertise and experience and each midwife is very committed to providing a broad and varied learning experience.
- General nurses who had been under supervision supporting midwives in postnatal care are now undergoing the Post Registration Midwifery Programme as a result of their work in the maternity setting.

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 1.3 – The criteria for students' progression through and successful completion of the programme are explicit and made known to students at the beginning of the programme.

Evidence Provided: The competency assessment tool outlines the interview process and procedure when a student is unsuccessful in attaining competence but does not outline explicitly what happens, when a student when given an opportunity to repeat, fails again.

Outcome: Partially compliant

Condition: UL to develop a policy in relation to procedure when a student fails a clinical placement.

Recommendations

University of Limerick

- With regards to shared modules, students should have the opportunity to attend discipline specific tutorials.
- Student raised concerns around timely notification of allocations – recommend at least four weeks in advance of placement as discussed with the university team.
- The timeline for students to submit their practice research assignment just before internship was very short – recommend revisiting this timeline.

University Maternity Hospital Limerick

- Students felt they should have more exposure to women experiencing miscarriage or stillbirth.
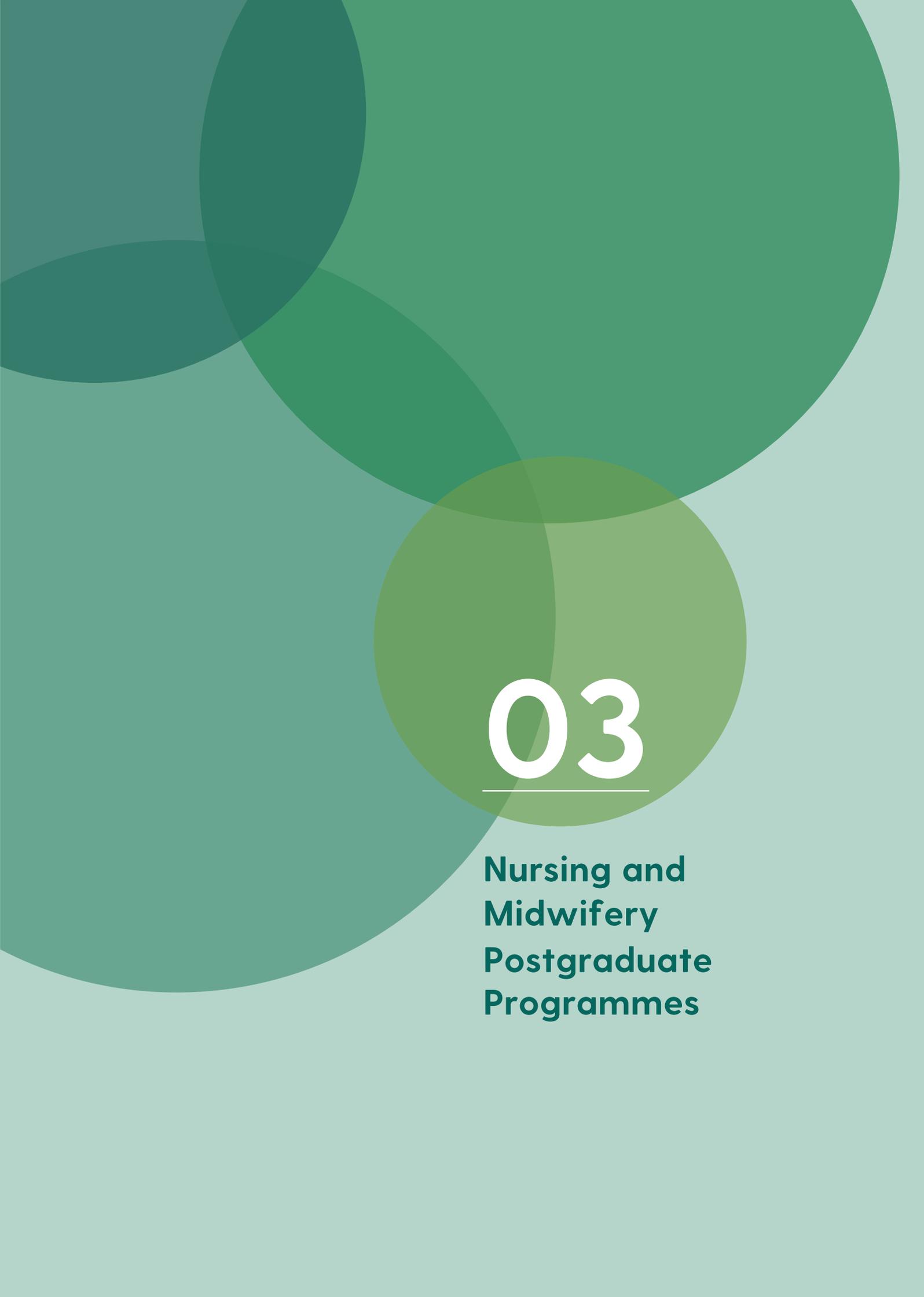
03

Nursing and Midwifery Postgraduate Programmes

General Information

NAME OF EDUCATION BODY	University of Limerick
HEAD OF SCHOOL	Professor Pauline Meskell
EDUCATION BODY INSPECTION	9 October 2023 (Virtual) 10 October 2023 (Onsite)

NURSING PRACTICE PARTNER SITES INSPECTED	University Hospital Limerick (Perioperative, Respiratory, Dementia, Palliative Care placements) 11 October 2023
	Rehabilitation Mental Health Services, Limerick 11 October 2023
	Milford Care Centre 11 October 2023
	Avista (Twin Oaks and St Vincents, Palliative Care and Dementia) 12 October 2023
	St Ita's Community Hospital, Newcastle West (Care of the Older Person) 12 October 2023
SITE INSPECTION TEAM	Dr Dawn Farrell, RGN, Lecturer, MTU (Team Lead)
	Philip Beirne, RGN, RPN, RNT, Principal Nurse Tutor, CNME Co Mayo
	Lorraine Clarke Bishop, RGN, Professional Officer, NMBI

MIDWIFERY PRACTICE PARTNER SITES INSPECTED	University Maternity Hospital Limerick 11 October 2023
	Tipperary University Hospital, Clonmel 12 October 2023
	University Hospital Waterford 12 October 2023
SITE INSPECTION TEAM	Jill Atkinson, RM, RGN, RMT, Head of Midwifery, DKIT
	Arathi Noronha, RM, RGN, RNT, Midwife Tutor, CME, Coombe
	Dr Karn Cliffe, RM RGN, RNT, Midwifery Project Lead, NMBI

Nursing Postgraduate Programmes

POSTGRADUATE PROGRAMME LIST – For reapproval

Programme Title	NFQ Level	ECTS
Master of Science in Nursing Advanced Practice Nursing	9	120
Postgraduate Diploma in Advanced Practice (Nursing)	9	78
Postgraduate Certificate in Advanced Practice (Nursing)	9	42
Master of Science in Nursing (Dementia Care)	9	90
Postgraduate Diploma in Nursing (Dementia Care)	9	60
Master of Science in Nursing (Older Person)	9	90
Postgraduate Diploma in Nursing (Older Person)	9	60
Master of Science in Nursing (Palliative Care)	9	90
Postgraduate Diploma in Nursing (Palliative Care)	9	60
Master of Science in Nursing (Perioperative Care)	9	90
Postgraduate Diploma in Nursing (Perioperative Care)	9	60
Master of Science in Nursing (Psychosocial Intervention in Mental Health)	9	90
Postgraduate Diploma in Nursing (Psychosocial Intervention in Mental Health)	9	60
Master of Science in Nursing (Respiratory Care)	9	90
Postgraduate Diploma in Nursing (Respiratory Care)	9	60
Master of Science in Infection, Prevention and Control Leadership	9	90
Postgraduate Diploma in Infection, Prevention and Control Leadership	9	60
Professional Doctorate in Healthcare Practice	10	240
Certificate in Nurse Prescribing	8	36

Midwifery Postgraduate Programmes

POSTGRADUATE PROGRAMME LIST – For reapproval

Programme Title	NFQ Level	ECTS
Master of Science in Advanced Practice Midwifery	9	120
Postgraduate Diploma in Advanced Practice (Midwifery)	9	78
Postgraduate Certificate in Advanced Practice (Midwifery)	9	42
Master of Science in Perinatal Mental Health	9	90
Postgraduate Diploma in Perinatal Mental Health	9	60
Certificate in Midwifery Prescribing	8	36

Requirement Compliance

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

Education Body Requirements

1. The Respective Educational Providers		Postgraduate
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 & practice partner)	C

2. Programmes/Units of Learning Design and Development		Postgraduate
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 & practice partner)	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

Practice Partner 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 & practice partner)	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
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 & practice partner)	C

Commendations

- The department provides an impressive suite of streamlined postgraduate programmes, with many shared modules and cross specialist/discipline learning.

- The number of students registered on postgraduate programmes is admirable given the number of staff in the department and their associated administrative, teaching and research workloads.

- The department has a very strong and growing research profile, with 85% of staff having attained a level 10 qualification.

- Very experienced team in the department and good utilisation of practising clinicians to teach specialist clinical elements of the programmes (adjunct lecturers and guest lecturers).

- Clear governance structures, mechanisms and resources are in place to support the delivery of the programmes.

- Many diverse and innovative teaching methods are employed, for example, it is commendable how simulation is used on the respiratory and prescribing programmes, and this could be adopted further across other programmes.

- A wide range of assessment strategies are employed, and it is commendable how the assessments scaffold student learning on the Professional Doctorate in Healthcare Practice programme.

- The structured approach to internal moderation is excellent.

- A student-centred ethos is clearly evident.

- Students commented positively on their experiences as postgraduate learners in the department. Students are well supported as is testament to students returning to pursue further educational opportunities in the department. The option of micro-credentials offers a flexible pathway towards further postgraduate studies.

- The shared open days between UL and the practice placement sites are an excellent example of the team collaboratively supporting and encouraging registered nurses and registered midwives to undertake further formal education programmes.

- The commitment and dedication of all the practice placement sites in supporting student learning is commendable.

- Support services for students with additional needs were evident, e.g., the writing centre.

- Excellent support from Advanced Nurse Practitioners, Advanced Midwife Practitioners, Clinical Nurse Specialists and Clinical Midwife Specialists in preceptoring/mentoring students on the postgraduate programmes.

- A strong education, research and leadership culture evident in practice placement sites with evidence of many innovative practice development initiatives are commendable, for example, the Magnet hospital; Nursing in Practice, Institute for Nursing and Midwifery Research, balance score cards, trendcare, nursing councils, transition to practice programmes, digital life story project, cognitive simulation project etc.

Conditions

There are no conditions.

Recommendations

- In some practice placement sites, there was evidence of supportive documents (learning opportunities/orientation booklets) to assist with the development of area specific learning outcomes. It is recommended to standardise this approach across all practice placement sites by developing postgraduate clinical placement booklets and in particular the involvement of academic staff in developing area specific learning outcomes written at level 9 is warranted.

- Continue to encourage and facilitate External Examiners to meet students.

- There is very clear evidence of the implementation of RPL in allowing learners access programmes if standard entry requirements are not met, and in terms of exemptions if a similar formal learning has been undertaken. However, consider further broadening the use of RPL to allow postgraduate students use other types of formal, non-formal and experiential learning to demonstrate achievement of programme/module learning outcomes for exemptions and to award credits. It is recommended that the 2008 department RPL policy is updated.

- While there are a wide range of formative and summative assessment strategies employed in the postgraduate programmes, consider the use of self-assessment as part of the overall assessment strategy in the postgraduate programmes.

- The reading list for most of the postgraduate programmes are relevant and up to date, however it is recommended that the reading lists for the Professional Doctorate in Healthcare Practice are updated.

- It is clear that academic integrity is an integral part of the postgraduate programmes; however, it is recommended that the plagiarism process is reviewed so that students get the opportunity to meet with the lecturer to discuss the allegation of plagiarism before a sanction is imposed.
- In supporting Sláintecare and the strategic focus locally and nationally, further integration of digital health knowledge and literacy, and integrated/community care into the postgraduate curriculum, perhaps as elective module options that could be taken as micro-credential, is recommended.