

PROFESSIONAL  
STANDARDS  
NURSING

Intellectual Disability  
Nurse Post Registration  
Education Programmes  
**Standards and  
Requirements  
(First Edition)**



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

These standards and requirements provide an education pathway for nurses on other divisions of the NMBI Register to undertake an Intellectual Disability Nurse Post Registration Education Programme. The indicative content and learning outcomes match the existing Nurse Registration Programmes Standards and Requirements 2016.

### **About NMBI**

Protecting patients and other members of the public is at the heart of what we do at the Nursing and Midwifery Board of Ireland (NMBI). We are committed to fulfilling this objective by supporting registered nurses and midwives in their provision of the highest standard of patient care.

Among our core functions are:

- maintaining the Register of Nurses and Midwives
- evaluating applications from Irish and overseas applicants who want to practise as nurses and midwives in Ireland
- supporting nurses and midwives to provide care by developing standards and guidance they can use in day-to-day practice
- setting requirements for nursing and midwifery educational programmes in higher education institutions (HEIs)
- investigating complaints.

For more information, please visit our website at [www.nmbi.ie](http://www.nmbi.ie).

### **Nurses and Midwives Act 2011**

The Nurses and Midwives Act 2011 and accompanying Nurses and Midwives Rules provide for the titles of recognised qualifications under the Register of Nurses and Midwives. For information on the Act and the Rules please visit <https://www.nmbi.ie/What-We-Do/Legislation>.

### **Approval of higher education institutions (HEIs) and associated healthcare providers (AHCPs)**

Details of the approval of HEIs and AHCPs for the provision of such programmes are published on our website [www.nmbi.ie/Education/Higher-Education-Institutions](http://www.nmbi.ie/Education/Higher-Education-Institutions).

### **Glossary**

A full glossary of all the terms used in this and other NMBI publications is published on our website at [www.nmbi.ie/Standards-Guidance/Glossary](http://www.nmbi.ie/Standards-Guidance/Glossary).

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## Preface

Our role is to promote high standards of professional education, training, practice and professional conduct among nurses and midwives. We are mandated by the Nurses and Midwives Act 2011 to set standards and requirements for postgraduate registration programmes. These standards and requirements provide guidance for higher education institutions and associated healthcare providers for the preparation of curricula and delivery of Intellectual Disability Nurse post-registration education programmes.

These standards and requirements are revised in line with the indicative content and learning outcomes of our Nurse Registration Programmes Standards and Requirements (2016). The development of these standards involved significant consultation and discussion with registrants, other key stakeholders and, most importantly, public representative groups over an extended period. Furthermore, the following standards and requirements for the Intellectual Disability Nurse Post Registration Education Programmes were sent for consultation to the relevant heads of nursing and academic curriculum leads. They were also validated by the NMBI Education, Training and Standards Committee and approved by our Board.

### Minimum entry requirements

Students undertaking the Intellectual Disability Nurse Post Registration Education Programmes must be nurses whose name is recorded on at least one of either the General, Children's, Psychiatric division of our Register of Nurses and Midwives (the Register).

### Competence

Competence is defined as the attainment of knowledge, intellectual capacities, practice skills, integrity and the professional and ethical values required for safe, accountable and effective practice as a registered nurse or registered midwife (NMBI 2016).

### Competence assessment

The learning outcomes for the Intellectual Disability Nurse Post Registration Education Programmes Standards and Requirements must be aligned to and consistent with those of the fourth year of our Nurse Registration Programmes Standards and Requirements (2016).

## Introduction

The purpose of this document is to provide guidance for developing flexible, innovative, practice-oriented post registration programmes for higher education institutions (HEIs) and for associated healthcare providers (AHCPs) involved in the education and training of Registered Nurses Intellectual Disability (RNID). The policies and practices of the HEIs and the AHCPs must meet the standards and requirements as specified by NMBI. The academic standard and terminal award for these programmes is at Level 8 on the National Framework of Qualifications (NFQ) (Quality and Qualifications Ireland 2020).

This document is divided into three sections:

**Section 1** provides reference to the Nurses and Midwives Rules 2018.

**Section 2** outlines the standards and requirements for Intellectual Disability Nurse Post Registration Education Programmes. This section is divided into seven subsections. The first four subsections describe the programme purpose, learning outcomes, domains of competence and the competencies required for entry to the Register. The remaining three subsections describe the intellectual disability nursing philosophy, indicative content, and theoretical and clinical instructions.

**Section 3** refers to the approval of HEIs, AHCPs and educational programmes leading to registration.



01

**Nurses and  
Midwives Rules  
2018**

This section makes reference to the Nurses and Midwives (Education and Training) Rules 2018 for the guidance of the HEIs and AHCPs involved in providing post registration education programmes. These Rules together with the Nurses and Midwives (Register of Nurses and Midwives) Rules 2018 guide and inform the development of this document.

The Nurses and Midwives (Education and Training) Rules 2018 provide the regulatory framework for approving applications and monitoring Intellectual Disability Nurse Post Registration Education Programmes. The Rules establish the following:

- Criteria for the application of programmes
- Requirement for notification of any proposed material changes to a programme in an annual report
- Review and monitoring of programmes
- Inspections of HEIs and AHCPs
- Responses and resolutions following reporting of inspections.

In exercising the powers conferred on us by Section 13 of the Nurses and Midwives Act 2011, rules are made to establish the Register of Nurses and Midwives. This register consists of the following divisions:

- Nurse Divisions:
  - » General Nurses
  - » Psychiatric Nurses
  - » Children's Nurses
  - » Intellectual Disability Nurses
  - » Public Health Nurses
  - » Nurse Tutors
  - » Nurse Prescribers
  - » Advanced Nurse Practitioners
- Midwife Divisions:
  - » Midwives Division
  - » Midwife Tutors
  - » Midwife Prescribers
  - » Advanced Midwife Practitioners

A nurse must be currently registered in the specified division(s) of general, psychiatric or children's nurses as a prerequisite for undertaking an Intellectual Disability Post Registration Education Programme. Upon successfully completing the programme, the graduate may apply to add the Intellectual Disability division to their registration.



02

**Intellectual Disability  
Nurse Post Registration  
Education Programmes  
Standards and  
Requirements**



## 2.1 Purpose of the programme

The purpose of the post registration education programme is to ensure that on completion of the programme the student is equipped with the knowledge, attitude and skills necessary to be a competent and professional Registered Nurse Intellectual Disability (RNID).

## 2.2 Programme learning outcomes

For the graduate of a nursing post registration education programme to be eligible to practise as a RNID, the terminal programme learning outcomes must enable the student to:

- apply the knowledge, professional values and discipline-specific competences to fulfil the role of the RNID to deliver safe, high quality, compassionate, ethical, legal and accountable practice across the life spectrum and in diverse healthcare settings
- demonstrate knowledge, clinical skills and professional behaviours that are underpinned by our Scope of Nursing and Midwifery Practice Framework (2015) and the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (2014)
- practise as a competent RNID to assess, plan, prioritise, deliver and evaluate nursing care based on a comprehensive and systematic assessment of health and nursing needs in consultation with the person receiving such care, their representative and the multidisciplinary team
- apply theoretical principles to the practice of nursing, using professional judgement, critical reasoning, problem-solving and reflection derived from an evidence base of nursing, and from the applied life, health and social sciences
- deliver person-centred, high quality and safe nursing care based on a collaborative relationship with the person receiving such care that respects their dignity, autonomy, self-determination and rights to make health and life choices across the health spectrum
- demonstrate skills of effective communication, delegation, interprofessional liaison and team working to promote the quality and safety of the healthcare environment
- maintain competence to develop and enhance the capacity for self-awareness, reflective practice, leadership and professional scholarship
- apply evidence from an appraisal of research studies relevant to the division of nursing to the practice of nursing.

## 2.3 Domains of Competence

The Domains of Competence represent a broad enabling framework to facilitate assessing a post registration student's clinical practice. Each domain consists of a number of standard statements with relevant indicators. Performance criteria for each of the indicators to specify the knowledge, professional conduct and particular skills appropriate to the Intellectual Disability Nurse Division of the Register may be developed as an assessment of practice documents and processes at a local level. The overall assessment of competence instrument is developed locally and conforms to NMBI Nurse Registration Programmes Standards and Requirements (2016) and is approved by NMBI as part of the curriculum submission.

A team and partnership approach should be applied when assessing the post registration students, as the assessor will consult with colleagues in determining the student's competence. Clinical nurse managers, clinical placement coordinators, nurse practice development coordinators, academic nursing lecturers and heads of nursing for the HEIs will agree on the assessment process.

The education programme should include opportunities for the student to utilise the skills of critical analysis, problem-solving, decision-making, reflective skills and the abilities essential to the art and science of nursing while managing care.

## 2.4 Competencies for entry to the Register

### Domain 1: Professional values and conduct of the nurse competencies

*Knowledge and appreciation of the virtues of caring, compassion, commitment, integrity, honesty, respect and empathy as a basis for upholding the professional values of nursing and identity as a nurse.*

**Demonstrates the capacity to:**

- 1.1 practise safely
- 1.2 practise compassionately
- 1.3 practise professionally, responsibly and accountably.

### Domain 2: Nursing practice and clinical decision-making competencies

*Knowledge and understanding of the principles of delivering safe and effective nursing care by using a systematic and problem-solving approach to developing and delivering a person-centred plan of care. The plan should be based on an explicit partnership with the person and their primary carer.*

**In partnership with the person, the primary carer and other health professionals demonstrate the capacity to:**

- 2.1 assess nursing and health needs
- 2.2 plan and prioritise person-centred nursing care (including selecting interventions based on best evidence and identification of desired goals with the person)
- 2.3 deliver person-centred nursing skills, clinical interventions and health activities
- 2.4 evaluate person-centred nursing outcomes and undertake a comprehensive re-assessment
- 2.5 utilise both creative critical thinking and clinical judgement in clinical scenarios.

### Domain 3: Knowledge and cognitive competencies

*Knowledge and understanding of the health continuum, life and behavioural sciences and their applied principles that underpin a competent knowledge base for nursing and healthcare practice.*

**Demonstrates the capacity to:**

- 3.1 practise from a competent knowledge base
- 3.2 use critical thinking, clinical judgement and reflection to inform practice.

## Domain 4: Communication and interpersonal competencies

*Knowledge, appreciation and development of empathic communication skills and techniques for effective interpersonal relationships with people and other professionals in healthcare settings.*

**Demonstrates the capacity to:**

- 4.1 communicate in a person-centred manner
- 4.2 communicate effectively with the healthcare team.

## Domain 5: Management and team competencies

*Using management and team competencies in working for the person's wellbeing, recovery, independence and safety through recognition of the collaborative partnership between the person, family and a multidisciplinary healthcare team.*

**Demonstrates the capacity to:**

- 5.1 practise collaboratively
- 5.2 effectively manage a nursing team, self and others safely.

## Domain 6: Leadership potential and professional scholarship competencies

*Developing professional scholarship through self-directed learning skills, critical questioning/reasoning skills and decision-making skills in nursing, as the foundation for lifelong professional education, maintaining competency and career development.*

**Demonstrates the capacity to:**

- 6.1 develop leadership potential
- 6.2 develop professional scholarship.

## 2.5 Intellectual disability nursing philosophy

Intellectual disability nursing is a professional, interpersonal caring process that encompasses autonomous and collaborative care of people of all ages, with a variety of abilities and capabilities, in health, altered health or wellbeing, and in all settings through the promotion of person-centred care. Intellectual disability nurses hold values, such as empathy and listening to the person, as being of high importance in enabling them to support and empower people with an intellectual disability. An ability to see through the eyes of the person the nurse is supporting is regarded as being of great value. Furthermore, intellectual disability nurses regard the vindication of the human rights of each person they support as paramount; this can be achieved through empowering the individual to live a life of quality they have chosen.

Registered Nurses Intellectual Disability (RNIDs) build relationships with their clients and families based on principles of human rights, inclusion, advocacy, protection and support for independent living to the maximum degree possible. RNIDs support people with an intellectual disability to exercise the same human rights and, in so far as possible, responsibilities as other members of society. This includes the right to live within the community, to receive services necessary to meet their specialised and changing needs and, as necessary, professional assistance and services to allow recognition, development and expression of the individuality of each person.

The RNID is a safe, compassionate and competent decision-maker who accepts personal and professional accountability for their actions and for lifelong learning through continuing professional development. The professional education of a RNID should foster in the nursing student independence of thought, advocacy skills and the ability to carry out comprehensive assessments of the person and thus enable the intellectual disability nurse to work as an independent practitioner. Since the healthcare services and the needs of people with an intellectual disability are changing continuously, RNIDs must have the capacity to respond flexibly and effectively to the developing health needs and demands of the population.

## 2.6 Indicative content

The list of topics included below is not exhaustive and provides an indication of the content of the Intellectual Disability Nurse Post Registration Education Programmes Standards and Requirements in conjunction with the philosophy statement. In terms of the range of topics, these give no indication of the weighting of each topic in the curriculum. The content is indicative and allows for the continuing development of subject matter and for the extension of new knowledge to accommodate emerging trends. Curriculum planners will be expected to demonstrate that the programme is relevant and responsive to the most recent policy and legislative change and to the provision of care to all parts of society as population focus demands.

### Domain 1: Professional values and conduct of the nurse

*Knowledge and appreciation of the virtues of caring, compassion, commitment, integrity, honesty, respect and empathy as a basis for upholding the professional values of nursing and identity as a Registered Nurse Intellectual Disability*

#### **Sources of nursing knowledge: philosophical and theoretical foundations of key concepts underpinning intellectual disability nursing practice**

- Definitions and conceptualisations of intellectual disability nursing
- The development of intellectual disability nursing – historical, contemporary, political, social, economic, legal, professional, educational, cultural and international factors influencing it
- Specialist and advanced nursing practice within intellectual disability nursing
- Current issues, trends and developments in national and international intellectual disability nursing.

#### **Professional values and conduct in intellectual disability nursing**

- Concepts of person-centred practice, compassion, integrity, caring, accountability and safety of vulnerable people
- Recognition of each person as having unique characteristics, capabilities, needs and wishes
- Demographic profile and changing trends in healthcare of people with an intellectual disability
- The organisation of voluntary, not-for-profit and for-profit organisations and statutory service provision for people with an intellectual disability
- International models of care
- Education for the person with an intellectual disability.

## Domain 2: Nursing practice and practice decision-making

*Knowledge and understanding of the principles of delivering safe and effective nursing care by using a systematic and problem-solving approach to developing and delivering a person-centred plan. The plan of care should be based on an explicit partnership with the person and their primary carer.*

### **Promotion of optimal physical health**

- Assessment and delivery of therapeutic interventions, including medication management, to work with people experiencing an intellectual disability and associated sensory, developmental and physical health needs
- Working with people with an intellectual disability within diverse roles and settings, including a person's home, from intensive physical nursing of people with profound intellectual disability to supportive guidance in the care and support across the lifespan
- Health assessment and the ability to carry out comprehensive assessments of the person and fostering the ability of the intellectual disability nurse to work as an independent practitioner
- Undertaking a range of assessments such as developmental, behavioural, health, physical, head-to-toe and developing a comprehensive clinical impression; referral for specialist assessment
- Taking a comprehensive nursing, medical, social and developmental history, and report development
- Person-centred planning
- Nursing care intervention skills – assessment, observational and decision-making skills
- Addressing complex health needs in terms of nutrition; epilepsy; diabetes; medication management; infection control; palliative and end of life care; sexuality education; health promotion; and how this is applied in intellectual disability nursing practice
- Management of multiple health conditions
- Understanding of the principles, philosophy and application of a palliative care approach to the needs of a person with an intellectual disability who has a life-limiting condition
- Health promotion and education skills
- Sexual health and relationship skills
- Acting as a clinical decision-maker
- Empowering the person to access primary, secondary and tertiary health services.

### **Promotion of optimal mental health**

- Mental health related to people with an intellectual disability, dual diagnosis
- Services to support people with mental health concerns
- Liaising with psychiatrists and other mental health staff; implementing behaviour management support plans
- Dementia assessment and care support planning
- Dementia care skills
- Specialist services to support people with dementia, including specialist memory clinics
- Services to support people with autism
- Assessment of capacity

### **Education and training with service users**

- Facilitating and empowering the person with an intellectual disability to meet their full potential through partnership in an inclusive, dynamic and flexible environment across the lifespan
- Employing play or other educative/development approaches
- Education skills – teaching, facilitation of learning, group facilitation skills
- Skills relating to the assessment, support and interventions for behaviours that challenge
- Multi-element behavioural support
- Feeding, eating, drinking and swallowing disorder skills
- Life skills training, life building and support for independent living
- Person-centred planning skills
- Services to support community integration skills
- Providing employment support for people with an intellectual disability; human resources/staffing; budgets

### **Education and training with staff or volunteers**

- Contributing to education of mainstream health, social care and education staff as to the specific and complex health and social care needs of children, young people and adults with an intellectual disability
- Educating care staff – communication skills; monitoring medication side effects
- Evidence-based care programmes
- Health promotion
- Sexuality and parenting support for people with an intellectual disability
- Supporting transitions (child to adult and adult to old age services)



## Domain 3: Knowledge and cognitive skills

*Knowledge and understanding of the health continuum, life and behavioural sciences and their applied principles that underpin a competent knowledge base for nursing and healthcare practice.*

### Health-related care

- Nursing principles in relation to general health and specialist nursing care for the person with an intellectual disability throughout the lifespan, including childhood, education, adolescence, adulthood, employment, palliative and end of life care
- Responding effectively to the developing health needs and rights of people with an intellectual disability to access domiciliary, primary health and mainstream health and social services
- Activities of living support; enhancing personal safety; promoting self-care; addressing oral and dental health; promoting personal health and healthy lifestyles
- Practice assessment and management of the dynamics of risk
- Recognising, reporting and challenging abuse, neglect, ill treatment and any practice that exploits, demeans, disrespects, threatens or fails to protect the needs and human rights of vulnerable children and adults with an intellectual disability
- Legislation including capacity assessment and legislation pertaining to intellectual disability nursing practice across the life span continuum.

### Services to support community integration

- Empowering people with an intellectual disability to exercise the same human rights and, in so far as possible, responsibilities as other members of society
- Empowering the person to reside within the community, to receive services necessary to meet their specialised and changing needs and to live as independently as possible
- Services within primary care settings
- Provision of necessary professional assistance and support services to allow recognition, development and expression of the individuality of each person
- Working to improve the person's participation in the community through the development of socially valued roles and increased life satisfaction
- Living full and inclusive lives in the local community and in wider society
- Models of community living for people with an intellectual disability; in-home support, technological supports; accommodation needs assessment
- Funding models for assisted living, social housing, and personal assistance and support packages
- Person-centred planning; community development; community liaison work; providing personal assistance
- Services to support children with complex disability
- Young person's services

- School to work transition
- Services to support community integration and community development
- Services for older people with an intellectual disability including retirement
- Services to manage complex medical needs (e.g. palliative and end of life care)
- Bereavement support services
- Sexual health and parenting services
- Acute hospital liaison services
- Respite and family support services
- Services to support people in the criminal justice system
- Specialist health visiting services (community group homes, acute hospitals and primary care services)
- Services to support community integration and community development
- Health education and health promotion services.

## Domain 4: Communication and interpersonal skills

*Knowledge, appreciation and development of empathic communication skills and techniques for effective interpersonal relationships with people and other professionals in healthcare settings.*

### **Psychosocial support**

- Building relationships with the person in their care and the primary carer based on principles of human rights, inclusion, advocacy, protection and support for independent living to the maximum degree possible
- Psychosocial interventions, such as providing emotional support, enhancing a person's ability to communicate or offering access to complementary therapies
- Communication; emotional and psychological support; counselling; education
- Family support - liaison with maternity services, genetic screening, parent craft, caring for a child with multiple and complex health and developmental needs; early intervention services
- Empathy and attuning to the person's individual means of communication
- Recognising and responding therapeutically to the complex behaviour that people with an intellectual disability may use as a means of communication
- Statutory regulations governing the rights and supports necessary to provide effective and compassionate care for a person with an intellectual disability, including the giving and refusing of consent to intervention and of a person's developmental and legal capacity
- Development of age-appropriate interpersonal, cross-cultural and communication techniques and skills essential for communicating with people with an intellectual disability, families and colleagues
- Working in partnership with clients, their relatives and other carers to fulfil life choices and to live inclusively to the person's maximal potential

### **Using assistive technology**

- Supporting use of assisted communication devices; electronic monitoring and compensatory assistive devices and technologies to promote independence
- Communication skills, including augmentative methods
- Technological supports of people with intellectual disability
- Developing innovative approaches to communication
- Assistive technology assessment and management

## **Domain 5: Management and team working**

*Using management and team competences in working for the person's wellbeing, recovery, independence and safety through recognition of the collaborative partnership between the person, family and a multidisciplinary healthcare team.*

### **Management and administration**

- Advocacy skills in the context of management and team function in intellectual disability nursing
- Organisational skills
- Administration skills
- Case management skills
- Interacting with other multidisciplinary team members and agencies: GP, dental, pharmaceutical services, primary healthcare and social services, housing, social welfare meetings; liaising with external agencies; supervision of the activities of other staff; negotiation with other skills, employment and jobs agencies for access to supported employment, vocational training, sheltered work

### **Safe practice**

- Principles of safe practice and working safely
- Evidence-based and safe nursing care
- Understanding the limitations and risks of nursing interventions, including psychological and medical treatments
- Awareness of own health and wellbeing
- Knowledge of political, legal, social and regulatory influences on safe practice and working safely, risk and safety planning, including balancing safety with positive and therapeutic risk-taking, and personal safety

## Domain 6: Leadership potential and professional scholarship

*Developing professional scholarship through self-directed learning skills, critical questioning/reasoning skills and decision-making skills in nursing as the foundation for lifelong professional education, maintaining competency and career development.*

### Advocacy

- Working with the child and young person with an intellectual disability to access education in pre-school, primary, secondary, vocational and higher education to their maximum potential
- Promoting service users' autonomy; facilitating participation by families and people with an intellectual disability
- Contributing to the development of service plans for people with an intellectual disability and complex health needs living in the community
- Community development such as building support mechanisms in the community
- Home and hospital care management and communication
- Contributing to/shaping future disability provision, health and social care policy, health screening and database, data protection for vulnerable adults and children with an intellectual disability

### Preparation for meeting standards/regulations

- Health Information Quality Authority (HIQA) standards
- Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (2014)
- National reports on autism, respite care, congregated settings and new directions
- Preparation for meeting standards and regulations
- Ensuring compliance with standards and regulations
- Measuring nursing and services quality
- Evidence-based practice methods

### Self-direction

- Develop knowledge of intellectual disability nursing through review, research and reflection on experience, taking cognisance of the interdependent relationship between theory, practice and research
- Explore and analyse factors that facilitate and inhibit learning and assessment, and apply these concepts to the facilitation of learning and assessment in practice
- Reflect on own learning and identify strategies to address own learning needs in the context of intellectual disability nursing

## 2.7 Theoretical and clinical instruction for Intellectual Disability Nurse Post Registration Education Programmes Standards and Requirements

The indicative content presented in Section 2.6 should be included in the theoretical component of the education programme as it provides for the domains of competence to be attained by the student.

Practice experience represents the clinical placement component of a nursing student's programme during which they acquire the knowledge, skills, professional values and competences required for entry to the Register. Through the experience of working in and leading a team and of being in direct contact with people making use of health services, whether in hospital, community, primary healthcare, residential, domiciliary or other settings, the student learns the art, science and craft of holistic nursing and the promotion of health.

All practice placement experience must be selected based on its intrinsic value to further the development in the student such knowledge, skills, professional values and competences that are required to meet the programme outcomes for the particular division of nursing. Practice experience must be gained under the supervision of appropriately prepared preceptors and with levels of nursing staff and resources for the safe delivery of nursing care to those using the service.

Essential requirements of the programme	
Theoretical instruction	12 weeks
Clinical instruction	36 weeks
Holidays	4 weeks
<b>Total</b>	<b>52 weeks</b>

Following any interruption in the educational programme, the HEI in partnership with AHCPs ensures that the student meets the programme requirements. Interruption means any leave (other than annual leave and bank holidays).

All placements included are planned in support of the curriculum aims and enabling students to achieve the learning outcomes of the programme.

Clinical instruction	Number of weeks
1. Health and social development of the child with an intellectual disability (e.g. education in early intervention, community intervention team)	6 weeks
2. Health and social development of the person with an intellectual disability	16 weeks
3. Specialist intellectual disability nursing (e.g. CNS/ANP nurse-led services, behaviours that challenge, community intervention, autism spectrum disorder, dual diagnosis)	10 weeks
4. Nursing in other settings* (e.g. General Nursing or Psychiatric Nursing)	4 weeks
<b>Total</b>	<b>36 weeks</b>

\*Should a student have obtained the clinical experience in a previous registration programme or worked as a registered nurse in this area, it is not necessary to undertake a 'nursing in other settings' placement. These weeks must be incorporated into the clinical instruction weeks.



# 03

**Approval of HEIs,  
AHCPs and education  
programmes leading  
to registration**

We have a statutory responsibility to approve HEIs and AHCPs in respect of educational programmes leading to registration as a nurse. Our role in relation to the approval of professional education is distinct from academic accreditation of a programme by the HEI or by its awarding body.

We set the standards and requirements, including supporting guidance that must be achieved by the HEIs and AHCPs to ensure educational quality. These benchmark how an application for approval is considered. Our approval process consists of:

- Approval of the HEI and AHCP
- Approval of the education programme

We monitor compliance against the standards and publish our findings in reports.

The specifics for the approval and monitoring processes are regularly reviewed and can be accessed at: <https://www.nmbi.ie/Education/Higher-Education-Institutions/Post-Registration-Program-Submission>

**Note: New programmes leading to registration may not commence without our prior approval.**





## References

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