

**REPORT OF THE MONITORING GROUP**

**IMPLEMENTATION OF THE**

**RECOMMENDATIONS OF THE REPORT OF**

**THE REVIEW OF UNDERGRADUATE**

**NURSING AND MIDWIFERY DEGREE**

**PROGRAMMES (2012)**

Department of Health

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## 1. EXECUTIVE SUMMARY

The Review of Undergraduate Nursing and Midwifery Degree Programmes (DoH 2012) was established to examine the content of the undergraduate pre-registration nursing and midwifery education programmes and structure given the changing profile of the population, the changing patterns of treatment, care and service delivery.

The full report of the Review (2012) may be found on the Department of Health website at [http://health.gov.ie/wp-content/uploads/2014/03/Report\\_Review\\_Undergrad\\_NMDP\\_2012.pdf](http://health.gov.ie/wp-content/uploads/2014/03/Report_Review_Undergrad_NMDP_2012.pdf)

A Monitoring Group was set up by the Department of Health in May 2013 to monitor and support the implementation of the recommendations. All key stakeholders i.e. the HSE, the NMBI, the HEI's, the Department of Education, the Higher Education Authority, and the staff associations were represented.

This report of the Monitoring Group outlines the progress made in the achievement of the recommendations of the Review. The report also outlines how each of the recommendations and their sub-recommendations have been addressed.

A number of sub-groups were formed to address the specific recommendations of the Review (2012) and this report outlines how the subgroups addressed arising issues.

The recommendations in relation to the curriculum and content of the programme have been implemented or are in an ongoing sustainable process towards achievement. Where a recommendation has not yet been fully implemented an organisation has been allocated responsibility for ensuring its achievement. Some of these recommendations, where implementation is on-going, are dependent on revised programmes being approved by NMBI in accordance with recently agreed Standards and Requirements for Nurse and Midwifery Education Registration Programmes (2015). It is envisaged that the full implementation of the revised Standards and Requirements will be achieved within a two-year timeframe set by NMBI.

In summary this report outlines the changes that have been agreed to the entry and exit criteria for persons wishing to pursue a career in each division of nursing and midwifery pre-registration education. The governance arrangements and the processes to ensure appropriate support to achieve clinical learning outcomes are also outlined. The nursing and midwifery programmes have been reconfigured within a four-year competency framework. The revisions are designed to reflect demographic and health system changes. Overall the programmes are underpinned by the values of person-centred care and compassion.

Particular consideration was given to the internship placement of students. The current number of places per annum (1570) will remain as is. It is however envisaged that the number will remain under review within the workforce planning process in the HSE and the Department of Health. This report further outlines the responsibilities of the NMBI in ensuring the necessary programmatic changes take place in a systematic manner during the roll-out of the change process.

The NMBI will keep the revisions to the nurse and midwifery education programmes under review and will publish evaluation reports as required.

## **2. INTRODUCTION**

### **2.1 Background and Context**

The Report of the Review of the Nursing and Midwifery Undergraduate Degree Programmes was approved for publication by Dr. James Reilly, the Minister for Health on 19 December 2012.

The Review of nursing and midwifery undergraduate degree programmes (DOH 2012) sought to examine the efficiency and effectiveness of the education programmes in preparing nurses and midwives to practice in the healthcare system now and into the future.

The Review Group recommended that the Nursing and Midwifery Board of Ireland (NMBI) build on the strengths of the current programmes aligning the programmes with future patterns of healthcare delivery including the primary and community care sector. The education programmes will therefore reflect the refocusing of services to meet the needs of the older person, children and adults with chronic diseases, and the well-established community models for the support of those with mental health issues and those with intellectual disability. In addition the programmes will support the further expansion of nurse and midwife led care. The delivery of care will be driven by the evidence-based clinical programmes being developed by the Health Service Executive (HSE) and the Department of Health.

In May 2013 the Department of Health established a Monitoring Group to monitor and support the implementation of the recommendations. The Monitoring Group, chaired by the Department of Health included representation from the Department of Education and Skills, the Health Services Executive, Higher Education Authority, the Nursing and Midwifery Board of Ireland, and the staff associations.

### **2.2 Implementation and Monitoring Arrangements**

The Monitoring Group was supported by the Office of the Chief Nursing Officer and the Workforce Planning, Agency Governance and Clinical Indemnity Unit's within the Department of Health.

The terms of reference were to:

- monitor and support the implementation of the recommendations in line with the implementation plan and timelines set out in the Report;
- produce an interim report on progress after year one; and
- produce a final report on the implementation of the recommendations, end of year two.

### 2.3 Progress in implementing the recommendations of the Review (2012)

A number of sub-groups were established to progress particular recommendations and these findings were considered by the Monitoring Group. The group presented an interim report in May 2014.

This final report summarises the responses from the Nursing and Midwifery Board of Ireland (NMBI), thirteen Higher Education Institutions (HEI's) involved in providing nursing and midwifery education programmes and the health services providers. It identifies how the recommendations have been and will continue to be achieved and outlines the measures that the Monitoring Group has instituted to ensure quality education provision for students.

The NMBI incorporated the recommendations of the Review (2012) into the revised *Standards and Requirements for Nursing Registration Education Programmes* and a further publication the *Standards and Requirements for Midwifery Registration Education Programmes*. These revised Standards and Requirements were approved by the NMBI in October 2015.

The thirteen HEI's who offer undergraduate education programmes have addressed the recommendations associated with education provision in this sector. The HEI's are co-operating with services to implement certain recommendations as identified during the implementation phase. The shared processes respect the identity of each institution.

The Monitoring Group found both an overlap between and a common approach to curricular arrangements amongst the HEIs. Many institutions indicated a desire for standardisation, where appropriate, in the requirements governing programme delivery. The HEI's in meeting the recommendations agreed to ensure that programmes would reflect current healthcare demands and provide a foundation from which to advance nursing and midwifery education and practice. The HEI's in implementing the recommendations agreed, that in so far as possible, each College programme would reflect local emerging health service needs. The HEI's also agreed, in principle, to continue to expand programme content to respond to emerging nursing and midwifery roles. The core principle is to continue to provide an education programme that prepares new graduates to practice to the full extent possible. The final report details implementation of each of the individual recommendations.

## 2.4 Processes for Implementing the Review Recommendations

The Report of the Review Group (2012) presented recommendations focused in the main on its curriculum, but also included some recommendations on evaluation, research and workforce planning. The recommendations provide strategic direction for the reconfiguration and refocusing of the undergraduate education programmes.

The Nursing and Midwifery Board was identified as having a lead role in the development of the new standards for the curriculum and course design. The Department of Education and Skills and the Higher Education Authority in consultation with the Department of Health and higher education institutions were identified as having the lead role in the development of any changes required in relation to the organisation and delivery of nursing and midwifery degree programmes within the higher education system. The HSE was identified as the body responsible for implementing workforce planning recommendations. The key stakeholders on the Monitoring Group consulted with a range of experts to progress the implementation of the recommendations of the Review.

### 2.4.1 Standards and Requirements for Nurses

The Nurses and Midwives Act 2011, provides for the Nursing and Midwifery Board of Ireland (NMBI) to set standards and requirements for the initial professional education of nurses and midwives.

Revised Nursing and Midwifery Standards and Requirements were developed by NMBI over a two year period in line with the recommendations of the Review (2012) and the requirements of the revised nursing and midwifery competences in EU Directive 2013/55/EU. A key difference between these and earlier standards has been the identification of practice learning outcomes at each stage/year of the programme as a guide to progression towards overall attainment of competence. Furthermore, these competence statements have been broken down into learning outcomes for each year of the programme (Section 2.3) in response to recommendations associated with national practice competencies (C6.2) and supernumerary status (C12). The NMBI is required “*to detail the clinical expectations of supernumerary students for each stage of the programme (Year 1- Year 3) maximising student learning and student integration and linked to competency goals*” (C12). Collectively, these build incrementally to assist the student to develop competence for professional registration and guide the preceptor in monitoring progress towards overall competence of skill, knowledge and professional values attainment over the course of the programme.

### 2.4.2 Standards and Requirements for Midwives

The education of midwives in Ireland has experienced significant change over the last decade, including the introduction of a four-year pre-registration midwifery education programme in 2006. Drivers for the review of Standards for the Midwife Registration Education programme included the enactment of the Nurses and Midwives Act in 2011. This Act identified the uniqueness of the profession of midwifery. In line with recommendations from the Review, the revised Standards and Requirements reflect the changing needs of women and their families in accessing maternity services in a safe and effective manner.

The recommendations of the Review (2012) are reflective of the evolving nature of health service delivery with its focus on primary care and community-based initiatives, and the need to ensure the graduate midwife has the requisite skills and competencies. The revised Standards and Requirements for Midwifery Registration Education Programmes (2015) took stock of the reports emanating from a number of national inquiries into maternity services (*HSE Midland Regional Hospital, Portlaoise Perinatal Deaths (2006-date)* 2014). The revised Standards and Requirements (NMBI 2015) were developed following extensive consultation with all the relevant stakeholders (including representatives of consumer groups) as well as a review of the evidence and literature.

The 2012 Review also recommended the identification of competencies for the midwifery programme that facilitate the development of a competent practitioner in an incremental manner. The concept of inter-professional education as recommended in the review (C2) is embraced within the NMBI Standards. This approach enables social care and health professionals to learn about and respect each other's roles, and encourage effective multidisciplinary team working in practice.

### 2.4.3 Consultations to Revise Standards and Requirements

Following establishment of the Monitoring Group work on the *Revised Standards and Requirements for Nursing Registration Education Programmes* began in September 2013. The NMBI analysed an online survey of stakeholder views of the Standards and Requirements in place since 2005. This analysis was combined with a review of the evidence on key themes associated with the Board's standards for curriculum monitoring, programme approval, teaching, learning and assessment of competence.

The development, drafting and finalisation of the Standards and Requirements involved significant consultation and discussion. Patient representatives groups, staff associations, Directors of Nursing (IADNAM), Deans and Heads of Nursing, Academic Curriculum Leads, Clinical Practice Coordinators (CPCs), Allocations Officers, the HSE's Nursing

and Midwifery Practice Development and the Office of the Nursing and Midwifery Services Director contributed to these Standards and Requirements.

A series of focus groups and consultation meetings took place between April and July 2014. A large amount of data was generated from the sixty five focus groups and twenty two submissions. Thematic analysis of the Focus Group forms, feedback questionnaire responses, consultation meetings and individual submissions was undertaken during July and August to identify changes suggested by key professional stakeholders in the compilation of a subsequent draft standards document.

The Curriculum leads from each of thirteen HEIs met with the NMBI in September 2014 to review the programme outcomes, competence goals for each year, philosophy statements, core nursing syllabus and the indicative content for each division of nursing. The amended draft was reviewed at further workshops and meetings with stakeholders. This resulted in further revisions to the practice learning outcomes, philosophy statements, core indicative content and specific syllabus content and clinical placement specifications for each division of nursing.

Allocations Officers were invited to review the Clinical and Theoretical Requirements sections at a series of meetings with the Board in 2014-2015. The competence attainment milestones for theoretical and clinical instruction by year for each division of nursing and midwifery were formulated.

The Monitoring Group considered the potential for re-introducing a fifty-two week internship. Following extensive consultation with all stakeholders a decision was taken to retain the placement at thirty-six weeks. The principle reason in retaining the thirty-six week placement was to ensure adequate placement experience was available to students in advance of the internship placement.

### 3. IMPLEMENTATION OF RECOMMENDATIONS OF THE REVIEW (2012)

This section of the Monitoring Group Report outlines how each of the recommendations (see Appendix 2) have been implemented or are being actioned on an on-going basis. In many instances the individual recommendation has been incorporated within the *Standards and Requirements for Nursing Education Registration Programmes (NMBI 2015)* and *Standards and Requirements for Midwifery Education Registration Programmes (NMBI 2015)*.

#### 3.1 Points of Entry

This recommendation has been implemented and the four points of entry (General nursing, Integrated Children's and General nursing, Psychiatric nursing and Intellectual Disability nursing) have been retained along with a separate entry to Midwifery in the pre-registration education system.

##### **3.1.1 - applicant required to choose relevant point of entry to one of four divisions of nursing or to midwifery**

This recommendation is included within the NMBI Standards and Requirements (2015).

##### **3.1.2 - standardisation of the maximum duration of the programme and maximum number of attempts to repeat clinical and academic assessments**

Each higher education institution offering an education programme will be required to demonstrate compliance with Standard 3.2.5.17 of NMBI (2015) which states "*Programme criteria specify pass/fail standards, compensation, and maximum number of supplemental attempts*". This standard will be monitored by NMBI through programme approval, annual reports and site visits to take account of different regulations affecting HEIs in respect of student eligibility to repeat modules and years.

##### **3.1.3 - HEIs to develop agreed exit mechanisms with credit accumulation from nursing and midwifery programmes**

The implementation of this recommendation is on-going with only one HEI to confirm its processes. There is substantial variation between HEI's as to the type of exit award offered or credit accumulation scheme applied in regard to the duration of student experience prior to discontinuation. However, these are governed by a HEI's own regulations and each HEI has addressed or is in the process of addressing the name of the exit award and the credit award within the framework of qualifications of the Quality Qualifications Ireland (QQI, 2012).

Compliance with relevant standards will be monitored by NMBI through programme approval, annual reports and site visits to take account of regulations affecting HEI's in respect of student eligibility for credit accumulation and exit awards. The relevant standards state:

- Standard - 3.2.2.8 *The mechanism and conditions for students exiting the educational programme before completion are explicit.*
- Standard - 3.2.2.11 *Clear mechanisms for student transfer, withdrawal, discontinuation and eligibility for exit awards are specified.*

### 3.2 Shared Learning

#### **3.2.1 - HEIs to develop shared learning across the disciplines of nursing and midwifery**

The revised *Standards and Requirements for Nursing Education Registration Programmes* specify a core Nursing Indicative content (pp33-42) with a separate syllabus for General, Children's, Intellectual Disability and Psychiatric nursing. This core content has been utilised in the revised *Standards and Requirements for Midwifery Education Programmes* to ensure that common core subjects in, for example, biological and social sciences, humanities, research, communication, patient safety and management can be taught across disciplines. The NMBI will continue to monitor compliance with this recommendation through programme review and approval

#### **3.2.2 - HEIs to develop, as appropriate, shared learning between nursing and midwifery programmes, and other relevant undergraduate programmes**

The implementation of this recommendation is agreed and on-going. Core and discipline specific modules are a feature of HEI curricula. There is also substantial integration through core and interdisciplinary modules, including within elective module provision in some HEIs. Opportunities to support collaborative interdisciplinary working will be encouraged through innovative approaches to teaching and learning particularly through communication, patient safety and clinical skills training. The NMBI will continue to monitor compliance with standard 3.2.1.11 through programme review and approval.

- *Standard 3.2.1.11 The curriculum articulates opportunities for intentional, shared, inter-professional learning that is designed to enhance collaborative practice with other health professionals.*

### 3.3. Flexible Modes of Entry

#### 3.3.1 – Recognition of Prior Learning (RPL)

The implementation of this recommendation is on-going. RPL mechanisms are in place or under consideration in some universities but not in all Institutes of Technology. Careful consideration is being given to RPL of clinical experience, including that required for entry by other European Union (EU) and non-EU students. This recommendation is currently being progressed within the HEI sector.

#### 3.3.2 –The use of specialist schemes e.g. FETAC, Higher Education Access Route (HEAR) schemes

This recommendation is implemented and widely utilised. Compliance will be monitored by the NMBI of the standard:

- *Standard - 3.2.2.5 Flexible modes of entry - for example Mature Students, FETAC, ACCESS, graduate entry - and clear procedures for Approval of Prior Learning (APL) are specified and have been approved by NMBI.*

#### 3.3.3 - Graduate entry programmes for those who have already attained degree level education in a relevant area

The implementation of this recommendation is on-going. Proposals for a shorter programme along the lines of graduate access to medicine for graduates of health/ life and relevant social sciences are permitted under revised Standards and Requirements (NMBI 2015) with the proviso that relevant EU Directives and NMBI requirements for registration are met. Currently there are no such graduate entry programmes available.

### 3.4 Post-registration Education

The implementation of this recommendation is on-going. The NMBI will design a post-registration education framework utilising the revised undergraduate nurse/midwife standards and requirements as the starting point. This project will be undertaken in collaboration with key stakeholders, and will be built around service need and workforce demand.

Such a post-registration education framework will incorporate the NMBI's criteria for continuing professional development and standards for postgraduate, post-registration, advanced and specialist practice and short courses attracting continuing education units.

In addition the framework will support flexible professional development and career pathways both clinical and managerial and incorporate multiple and innovative modes of education delivery. The logistics for the implementation of such a framework will also be considered by the DOH, HSE and other stakeholders.

The Monitoring Group agreed that recognition for prior learning should also be a feature of education programme design.

### 3.5 Local Governance Arrangements

This recommendation has been implemented. The revised Standards and Requirements Section 3 (NMBI 2015) set the governance standards of the programme for all the stakeholders. These were revised based on the findings of a survey of stakeholders' views as to the necessity, achievability and proportionality of standards for approval of third-level institutions and associated health care providers. Further these standards have been benchmarked with those of the regulatory bodies for medicine, dentistry, pharmacy and CORU standards for dieticians and occupational therapists.

#### **3.5.1 - Local Joint Working Groups should operate within an agreed memorandum of understanding between the HEIs and the HSE/HSPs**

This recommendation has been implemented. The NMBI will continue to monitor compliance with Standards and Requirements (2015). Standards 3.2.3 outline all the issues for Programme Governance and Management including the requirement that the delivery and development of the programme of study must be coordinated through joint HEI's and associated health service providers (HSPs) governance mechanisms, specified in a Memorandum of Understanding between the HEIs and the HSPs, to ensure compliance with the NMBI Standards and Requirements and EU directives.

#### **3.5.2 - HEIs and the HSE/HSPs will enhance their clinical engagement to facilitate the promotion of theory, practice and research**

The implementation of this recommendation is on-going. The HSE is currently scoping key areas where joint appointments may be approved by the HEIs and the HSE. Issues that need to be addressed are funding, governance and a specific focus on outputs in terms of research, and integration of theory and practice. The Hospital Groups and their academic partners have agreed to facilitate greater clinical-academic integration. The process of continuing professional development may provide guidance on the minimum number of practice hours for academic staff to update their clinical credibility as part of maintaining professional competence. The NMBI will continue to monitor compliance with the relevant standard through site visits.

- Standard - 3.2.6.2 *The Memorandum of Understanding details the system for academic liaison and engagement with practice sites to support undergraduate practice based learning.*

**3.5.3 – HSE/HSP and HEI’s will ensure dedicated staff are available to support clinical placements within primary, secondary and tertiary care including community care placements. The minimum ratio for CPC’s of 1:30 nurses and 1:15 midwives are maintained**

The implementation of this recommendation is on-going. The HSE continue to work on the replacement of support posts to achieve the agreed ratio within services (where not already in place) and within budget. If services do not meet these requirements they must submit a business case to their hospital/group/primary and or tertiary care Board of Management for approval. The requirement to expand these posts to additional healthcare settings to support students will be informed by the revised NMBI standards. Currently work is underway to initiate two pilot practice development posts in community settings. The NMBI through the auspices of the Practice Development Consultative Committee will keep these issues monitored and under review with the appropriate actions taken.

The NMBI will continue to monitor and report compliance with relevant standards through site visits:

- Standard - 3.2.4.16 *The staff resource (Nurse Practice Development Coordinator, Clinical Placement Coordinator (1:30), Academic Staff (1:20), Allocations Liaison Officer (1:50) staff–student ratio) supports the delivery of the educational programme at the stated professional and academic level.*
- Standard - 3.2.6.9 *HEIs and AHCPs have dedicated allocations personnel in post including 0.5 WTE of an allocations liaison post for up to fifty students (Department of Health 2004, 41).*
- Standard - 3.2.7.4 *At all times there are sufficient registered practitioners to facilitate the supervision and support of student nurses to achieve the expected learning outcomes of the programme.*
- Standard - 3.2.7.5 *Practice based learning is supported by adequate numbers of appropriately qualified and prepared practitioners with experience of the relevant division of nursing to act as preceptors.*
- Standard - 3.2.7.6 *Practice based learning is supported by adequate numbers of appropriately qualified and prepared Clinical Placement Coordinators who are supported by a Nurse Practice Development Coordinator. A minimum ratio of one clinical placement coordinator to every 30 nursing students is in place with due regard to the geographical location and array of practice setting.*
- Standard - 3.2.7.7 *Preceptorship arrangements are in place to support student placements in community and primary care settings.*
- Standard - 3.2.7.8 *Nursing students are assigned a named primary preceptor, who is a registered nurse, during practice placement to provide support and supervision and assist them to develop the knowledge, know how, skills and competence to become proficient practitioners of nursing.*

- Standard - 3.2.7.9 *Preceptors/registered nurses, who support students, have completed a teaching and assessing course approved by the NMBI to enable them support, guide and assess students' learning and competence development.*
- Standard - 3.2.7.10 *Protected time policy/arrangements are in place for preceptor supervision and examining of undergraduate students.*
- Standard - 3.2.7.11 *Preceptor initial preparation is supported by refresher courses and support from HEI in relation to student supervision and competence assessment.*

### 3.6. Competency Goals

#### **3.6.1 - The NMBI should engage with the HEIs, HSE/HSPs and the DOH to review and update the learning outcomes taking account of the dynamic nature of practice development and the role of the nurse and midwife**

This recommendation has been achieved. The domains of competence in the Standards and Requirements (NMBI 2015) have been aligned to and developed from the Nursing Subject Area Group Competences for Nursing identified by the Tuning Process (SAG 2011) for nursing degree programmes across Europe. However, an additional domain was added to separate management, liaison and team working from the development of leadership and professional scholarship. In addition, terminology was changed to accord with the *Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives* (NMBI 2014).

In the revised and expanded fourth edition for nursing (NMBI 2015), the number of domains of practice has been expanded to six, there are now sixteen broad competence statements each with a number of indicators (Section 2.2 Competencies for Entry to the Register) to be achieved over the four-year undergraduate Level 8 (QQI framework) nursing education programme (NMBI 2015).

- Professional values and the role of the nurse competences
- Nursing practice and clinical decision making competences
- Knowledge and cognitive competences
- Communication and interpersonal competences
- Leadership, management and team competences.
- Development of leadership and professional scholarship competences.

In the revised and updated *Standards and Requirements for Midwifery Registration Education Programmes* (NMBI 2015) the competencies have been developed on an incremental four year pathway aligned to the *Code of Professional Conduct and Ethics*

for Nurses and Midwives (NMBI 2014) incorporating the skills and competencies required in Directive 2005/36/EC.

**3.6.2 – The NMBI, HEIs and HSE/HSPs will agree national practice competencies aligned to learning outcomes for each stage of the programme for each division of the register supporting the patient safety agenda**

This recommendation has been achieved. The domains of competence are broad and applicable across the life span continuum to all four divisions of nursing and to a wide variety of settings including care of the older person. The six competence statements provide a broad enabling framework to facilitate the acquisition and assessment of an undergraduate's practice learning. They have an emphasis on the holistic assessment of the application of knowledge, skills and professional attributes and behaviour by the student to practice that are expected at a particular stage of the programme.

In the standards for the midwifery education programme the competencies are outlined within the framework of the *Code of Professional Conduct and Ethics* (NMBI 2014) and equally support the safety of the mother and her baby across the four years of the programme.

Each competence statement is supported by a series of indicators that are specific to each stage of the programme and specify what a student is expected to do and to learn in practice. Indicators are the detailed and working element of a competence that demonstrate the student's professional values, skills and knowledge when effective performance of competence is observed. The undergraduate nurse's and midwife's journey towards competence takes place across the four years of the programme (four and a half for the integrated Children's and General Nursing Programme) and is marked by the achievement of learning outcomes for each stage in an incremental fashion.

The practice outcomes for each year equate to the levels specified in the National Framework of Qualifications (QQI, 2012) – Year 1 (Level 6), Year 2 (Level 7) and Years 3 and 4 (& 5 Children's & General Integrated) (Level 8). The Standards and Requirements constitute an important development by the NMBI towards enhancing its role in the protection of the public and supporting registrants in demonstrating their competence to practice safely, compassionately and effectively to deliver quality safe practice (Section 2.2 Competencies for Entry to the Register, NMBI 2015).

**3.6.3 - The NMBI will require that safety of the public is at the core of all assessment decisions and that patient safety overrules all other considerations with regard to student performance in the clinical area**

This recommendation has been achieved. Through application of a code of professional conduct and ethics and in the stipulation of minimum standards of professional competence for entry to the register of nurses and midwives, the NMBI approves potential registrants and programmes of professional education. Through staged achievement benchmarks, any shortfall in the development of competence and risk to patient safety are identifiable at an earlier stage of an undergraduate's education (Section 2.2 Competencies for Entry to the Register, NMBI 2015).

Universities and Institutes of Technology that are approved for provision of undergraduate nursing and midwifery programmes in conjunction with associated health care services and are also governed by standards of quality assurance set by Quality and Qualifications Ireland (QQI, 2012). HEIs and associated HCPs involved in the education and training of nurses are required to submit a detailed curriculum document to the NMBI for approval that outlines these processes.

**3.7 A Person-centered Philosophy**

**3.7.1 - HEIs and their Healthcare Partners must ensure that the values of treating people with care and compassion, with dignity and respect and with impartiality remain at the core of the student experience**

This recommendation has been implemented. The NMBI has addressed the need to ensure that a person-centred philosophy is enshrined in each of the programmes leading to registration as a nurse/midwife through the Standards and Requirements (NMBI 2015). Whilst the elements of empowering a person to maintain dignity and promote wellbeing may depend on acquisition and application of knowledge and skills according to the stage of an undergraduate's education, the requirement for showing respect, kindness and compassion is expected of all healthcare staff. New core indicative content and clinical requirements require programme developers to ensure that the safety of the person, including knowledge and experience in caring for older persons in primary health care settings, are integral to the curriculum. The indicative content for all four divisions of nursing and midwifery has been developed to reflect the changing and future patterns of care delivery and the role of the nurse/midwife.

**3.7.2 - HEIs should increase the involvement of patients/clients and carers in curriculum planning, teaching and in the evaluation of the programme**

This recommendation has been implemented. Overall, the general and integrated children's and general nursing programmes have retained a distinctive focus based on current health reform policy and for the potential changes to service delivery for each of

these divisions of nursing in the light of demographic changes, growing population of older people and challenges of chronic disease management and life-limiting conditions.

This indicative content contained in the Standards and Requirements (NMBI 2015) for both nursing and midwifery has been subject to extensive revision through national focus groups and consultation meetings that included patients/clients and carers. The indicative content for the midwifery programmes has also included the recommendations for education and practice from the report of the HSE Midland Regional Hospital, Portlaoise Perinatal Deaths (2006-date) (CMO, 2014). The psychiatric-mental health and intellectual disability nursing indicative content in particular have been completely updated to meet current and future service delivery needs in the light of a changing population profile and models of care and have been guided by very recent policy review evaluation reports. The report of the Office of the Nursing and Midwifery Services Director (ONMSD) (2012)<sup>i</sup> has informed the psychiatric nursing philosophy and syllabus content sections to ensure that the principle of recovery is clearly articulated in the standards. In addition, the findings of the HSE/TCD Survey *Shaping the Future of Intellectual Disability Nursing in Ireland (2014)* have informed the intellectual disability section. Extensive changes have been made to the indicative content and philosophy based on the feedback from the research team's evaluation of the future role of the Intellectual Disability (ID) Nurse. NMBI will continue to monitor compliance of participation/involvement of patients/clients and carers with relevant standards through programme approval, monitoring of annual reports and site visits.

### **3.7.3 - HEIs in partnership with their healthcare partners must ensure that students and those who work with them are familiar with local systems and processes for ensuring patient safety, including the governance arrangements for the effective identification and management of risk, escalating concerns, professional accountability and procedures for addressing standards**

This recommendation has been implemented. All nursing/midwifery curricula focus on patient safety and it is a subject in all years of the programmes. Content on risk, quality, patient safety, governance and professional accountability is threaded throughout the curriculum and is related to the practice areas' policies and procedures. This forms a key element of the health reform programme particularly in the context of developing a blame-free culture for reporting errors, near-misses and patient safety breaches. Indicative content in both core and division specific sections of the NMBI (2015) standards specify risk assessment, management, safety planning, escalation and reporting procedures.

While there is engagement, particularly in mental health and intellectual disability nursing, and midwifery, there will always be opportunities to increase meaningful

engagement with patients/clients and carers in curriculum planning, teaching and in the evaluation of programmes. Mechanisms to optimise involvement are being actively explored, including using similar mechanisms for service user engagement as clinical service partners. All Nursing Departments in Institutes of Technology involve service users in the curriculum development process and in certain ones, service users are involved in course boards.

The NMBI will continue to monitor compliance with relevant standards through programme approval, monitoring of annual reports and site visits through the following standards:

- Standard - 3.2.1.4 *The programme of study makes safety of the person and protection of the public an integral, explicit and continuing component within the curriculum.*
- Standard - 3.2.1.5 *The programme of study shows the theme of consultation, collaboration, participation, engagement with the person receiving health care and choice as integral, explicit and continuing components within the curriculum.*
- Standard - 3.2.1.6 *The programme of study demonstrates that the delivery of person-focused nursing care respects the dignity, autonomy, and right of the person receiving care to make health and life choices as integral, explicit and continuing elements with the curriculum.*
- Standard - 3.2.1.14 *There is evidence of involvement of persons receiving healthcare in the review and evaluation of the programme and in curriculum development.*
- Standard - 3.2.8.12 *Evidence of clinical risk management programmes.*

### **3.8. Clinical Placements**

#### **3.8.1 - HEIs and their health and social care partners will further develop community and primary care placements to enhance the development of community related skills**

The implementation of this recommendation is on-going. Currently work is underway to initiate two pilot practice development posts in community settings. Extensive consultation took place between NMBI and Allocations Officers to discuss extended Clinical Requirements for Community and Primary Care placements as provided for in Standards and Requirements (NMBI 2015). The theoretical and clinical instruction for all four nursing programmes set a requirement for student learning in the community. The NMBI will continue to monitor compliance with relevant standards through programme approval, monitoring of annual reports and site visits.

**3.8.2 – The NMBI and the HEIs will investigate innovative ways in which students can access placements in order to develop specific clinical skills that will prepare them on qualifying to work effectively within the multidisciplinary team**

The implementation of this recommendation is on-going. Some examples currently exist for some students, both in terms of clinical placements/clinical learning, and students' instruction at the university. Support mechanisms and insurance issues are currently being addressed. All programmes are exploring or indeed have developed innovative clinical placements for nursing/midwifery students. The NMBI will continue to monitor compliance with relevant standards through programme approval, monitoring of annual reports and site visits.

**3.8.3 – The NMBI and the HEIs will seek to reduce the number of specialist placements informed by a clear rationale as to how such placements contribute to the development of the core competences**

This recommendation has been achieved. Consultation took place between the NMBI and Allocations Officers/HEIs to identify optimum models for meeting EU Directives, the Standards and Requirements (2015) and clinical placement requirements within the spirit of the Report of the Review of Undergraduate Nursing and Midwifery Programmes (2012). The NMBI will continue to monitor compliance with relevant standards through programme approval, monitoring of annual reports and site visits.

**3.8.4 - The NMBI and the HEIs will establish a substantial and mandatory older person clinical placement for relevant nursing programmes**

This recommendation has been achieved. After considerable discussion with Allocations Officers and HEI curriculum leads as to what constitutes an older person clinical placement, all divisions of nursing now include in standards and requirements for theoretical and clinical instruction a significant care of the older person practice placement. The NMBI will continue to monitor compliance with relevant standards through programme approval, monitoring of annual reports and site visits.

**3.8.5 – The NMBI and HEIs should detail opportunities for students to engage in reflective clinical practice for each stage of the programme which would be reflected in the curriculum model**

This recommendation has been achieved. There are currently systems in place in all HEIs to support reflective practice. The NMBI will monitor compliance with relevant standards through the approval and site visit process. Guidance for preceptors and to students is being developed by the NMBI to define and outline the processes for student reflection. The standards of NMBI (2015) state:

- Standard - 3.2.7.17 *Specific periods of protected time are allocated for reflection during supernumerary placements and the final internship clinical placement (Nurse Education Forum 2000).*
- Standard - 3.2.7.18 *The time allocated for protected reflective practice during supernumerary placements and the structures in place for the implementation of protected reflective time during the period of internship should be agreed formally between the HEIs and the associated health care providers and included in the memorandum of understanding.*
- Standard - 3.2.7.19 *Reflective time of a minimum of one hour per week should be an integral component of any supernumerary nursing and specialist placement.*
- Standard - 3.2.7.20 *Reflective time equivalent to a minimum of four hours per week forms an integral component of the internship period of clinical allocation to enhance the consolidation of theory to practice (HSE HR Circular 030/2009).*

### **3.8.6 – The NMBI will establish a mechanism in conjunction with specific HEIs to recognise and approve placements that may take place outside the EU**

This recommendation has been achieved. The origins for the request for standards for overseas placements came from NMBI consultations with stakeholders in the HEIs, findings of the NMBI survey (2012-3), and HEIs experience with ERASMUS placements which have been within the existing Standards and Requirements. These were supported by experience reflected in the international literature that indicates such placements are used extensively in other jurisdictions to the benefit of student development and growing internationalisation among institutions for nursing education in HEIs.

Legal opinion has confirmed that there are no impediments in the Nurses and Midwives Act 2011 which would prevent the NMBI delegating responsibility to HEIs for international (non-EU and EU) clinical placements for student nurses and midwives. The NMBI will require the HEIs to comply with the following standards in advance of using an international placement. Standards in regards to international placements, taking cognisance of the role of NMBI, will be monitored and reflected in new Nursing and Midwifery Rules for Education. The NMBI (2015) Standards and Requirements make provision for the following:

- Standard - 3.2.7.11 *A maximum of thirteen weeks of NMBI clinical instruction time may be provided for students to experience practice placements in either a European Union state or in an International Healthcare System.*
- Standard - 3.2.7.12 *EU/International Practice Placements are governed by a formal learning agreement between the students' own HEI and the HEI of the hosting country detailing the agreed criteria and mechanisms for such placements.*

- Standard - 3.2.7.13 *EU/International Practice Placements are based only in health care institutions which have been approved by either the competent authority of the host state or by the hosting HEI with whom the HCP is associated.*
- Standard - 3.2.7.14 *As with all Practice Placement sites, the HEI must notify the NMBI of the agreed criteria and mechanisms utilised for evaluating an International / EU Practice Placements as being an appropriate learning environment for the development of students' competences.*

### 3.9 Internship

#### **3.9.1 - The DOH, the NMBI, HEIs and the HSE/HSPs to give consideration to increasing the internship from thirty six weeks to fifty two weeks to meet the clinical, academic and service requirements in terms of continuity for workforce planning and consolidation of learning**

This recommendation has been achieved. A sub-group of the Monitoring Group undertook a review of this recommendation and following consultation considered a number of options after which a decision was made to retain the internship period at thirty-six weeks. The HSE undertook two surveys (services and graduates) and considered a variety of models as part of this work to support the decision to retain the internship at thirty-six weeks. The decision was related to the ability of the student to experience sufficient clinical exposure in a supernummary capacity prior to a period of internship.

#### **3.9.2 – The NMBI, HEIs and the HSE/HSPs to explore the most effective means of assessing the student throughout the internship period**

The implementation of this recommendation is on-going. The NMBI has developed an incremental assessment process and competence framework for students and has committed to extend this work to undertake the project to develop a national assessment instrument of clinical competence. The methodology is currently being explored with HEIs/HCPs/HSE/DOH. The HSE support a standardised approach for student assessment and are informing this development in partnership with stakeholders.

In addition, the NMBI will monitor compliance through programme approval, annual report monitoring and site visits of the following standards:

- Standard - 3.2.7.12 *Assessment of the achievement of practice learning and competence development is undertaken in a fair, effective and transparent manner in accordance with the assessment strategy and NMBI Standards and requirements.*

- Standard - 3.2.7.13 *Practice-based assessment of learning and attainment of competence is based on an explicit model or framework for progressive achievement of proficiency.*

### **3.9.3 – The NMBI, HEIs and the HSE/HSPs to identify appropriate community placements for internship in line with health service reconfiguration and in keeping with the pending national framework for health and wellbeing**

The implementation of this recommendation is on-going. Student support and supervision while undertaking internship placements during internship placements will be considered locally. Costs of salary where 2:1 replacement ratio may not be feasible will be addressed locally. The HSE will build on community placements already being utilised and will identify additional placements informed by the NMBI standards and requirements (2015) and Nurses Rules. Consideration of additional funding may be necessary for support roles in disparate settings. The NMBI will continue to monitor compliance with relevant standards through programme approval, monitoring of annual reports and site visits.

## **3.10. Clinical Assessment**

### **3.10.1 - HEIs and the HSE/HSPs should implement shared governance processes (operationalised through the framework of nationally agreed governance principles) for clinical assessment including joint assessment and early intervention for student competence issues**

The implementation of this recommendation is on-going. The framework for early intervention for student competence issues is already in place in most partnerships through a Memorandum of Understanding and Terms of Reference for LJWG and other structures. The Domains of Practice, Competences and Indicators represent *standards* set by the NMBI for evaluating curricula for undergraduate nursing education programmes. The NMBI has developed an incremental assessment process and competence framework for students and have committed to extend this work to undertake the project to develop a national assessment instrument of clinical competence. The methodology is currently being explored with HEIs/HCPs/HSE. The HSE supports a standardised approach for student assessment and are informing this development in partnership with stakeholders. The NMBI is currently undertaking an evaluation study to identify the barriers and enablers to a national scheme of competence assessment.

### 3.11 Preceptorship

#### **3.11.1 – The NMBI to provide national guidance and standards for preceptors**

The implementation of this recommendation is on-going. The NMBI has established a working group to develop guidance for preceptors and students. The HSE will work in partnership with the NMBI following the launch of Standards and Requirements (2015) to complete this project.

#### **3.11.2 - The HSE/HSPs to ensure that identified preceptors are available to support students in clinical placements within primary, secondary and tertiary care.**

The implementation of this recommendation is on-going. The HSE continues to assign preceptors in sites where students are allocated. The expansion of sites will require additional training and assignment of preceptors. The NMBI will continue to monitor compliance with relevant standards through programme approval, monitoring of annual reports and site visits.

#### **3.11.3 - HEIs and the HSE/HSPs to develop, implement, and facilitate a national mandatory preceptorship programme with protected time facilitated by the employer in line with the NMBI guidance and standards.**

The implementation of this recommendation is on-going. The HSE in partnership with HEIs will develop, implement and facilitate a national mandatory preceptorship programme. This will include protected time, facilitated by the employer in line with the NMBI guidance and standards, with due consideration of prior learning of the existing experienced/trained preceptors. Consideration is being taken of innovative methods of delivery such as blended learning. The NMBI will review existing preceptorship training requirements as part of the working group to develop Guidance for Preceptors and Students. The HSE will work in partnership with the NMBI following the launch of standards and requirements (2015) to complete this project.

#### **3.11.4 - HEIs and the HSE/HSPs to recognise the value of the role of the preceptor through honorary access to certain facilities such as online library access and representation on Local Joint Working Groups.**

This recommendation has been achieved. Honorary access arrangements are being managed through the MOU arrangements between HEIs and health services and monitored through the Local Joint Working Groups (LJWG). Preceptors are represented at LJWG by Practice Development Coordinators. Most clinical placement sites have physical and/or on-line library resources.

### 3.12 Supernumerary Expectations

This recommendation has been achieved. The competences for entry to the Nurses' Division of the Professional Register maintained by the NMBI are informed by the principles articulated in the Code of Professional Conduct and Ethics for Nurses and Midwives (2014) and have been benchmarked against a variety of sources. The draft was mapped against the national nursing competence documents from the New Zealand, Canadian, Australian and NMC UK nursing regulatory bodies and against the standards from the NMBI (2014) *Code of Professional Conduct and Ethics* for consistency. The draft NMBI competencies for entry to the professional register were also mapped to competences identified in Section 23(g) of EU Council Directive 2013/55/EU with specific content reference to the draft indicative core nursing syllabus for the six domains of nursing. This was necessary for the Board to meet its statutory monitoring requirements within the EU and for research and evaluation purposes. The students will be supernumerary for clinical practice experience in year one through to year three.

The aim of the competence framework is to ensure that the undergraduate nursing student incrementally develops their competence within the framework developed in Section 2.2 of the Standards and Requirements (2015) and that on graduation from the programme they can provide safe, effective, evidence-based and compassionate nursing to people throughout the life continuum according to the division of nursing for which s/he is registered.

### 3.13 Programme Evaluation

The overarching recommendation in relation to evaluation of the education programme recommends that evaluation in terms of design, content and programme delivery should occur through a continuous improvement approach by the NMBI, HEIs and the HSE/HSPs.

#### **13.1 - HEIs and the HSE/HSPs to put in place systems to capture feedback from student nurses and midwives, employers and the public to inform the design, content and delivery of education programmes as well as national policy.**

The implementation of this recommendation is on-going. Continuous quality enhancement of programme design and delivery is stipulated in Section 3.2.8 of revised the NMBI Standards and Requirements for Nursing and Midwifery (2015) in alignment with regulatory standards for other health disciplines. The NMBI will publish summary reports and evaluations of site visits following the launch of its new website in early 2016.

Programme evaluation processes will continue to be developed with all relevant stakeholders having input as appropriate. Feedback is also sought from all stakeholders

during Programmatic Review. In addition students, lecturers and clinical partners can provide feedback at Programme Boards during the academic year. The HSE through the LJWG has access to student feedback and they also collate feedback through their practice development departments and CPCs.

### 3.14 Workforce Planning

**3.14.1 - In order to maintain stability within the health and higher education systems it is recommended that the current number of undergraduate student nurses and midwives (1570) continues.**

This recommendation has been achieved. The number of student nurses will be monitored and kept under review by the HSE in the context of the current economic climate and service reform agenda.

**3.14.2 - The HSE in co-operation with the DOH should undertake a five year workforce plan to be reviewed regularly in light of the extent of change planned under the reform agenda taking account of economic considerations and in line with policy developments.**

The implementation of this recommendation is on-going. The Department of Health and the HSE are working together to progress Action 46 of Future Health (DoH, 2012). This action commits the Department of Health to work with the HSE to implement an approach to workforce planning and development that includes recruiting and retaining the right mix of staff, training and up skilling the workforce, providing for professional and career development, and creating supportive and healthy workplaces via the National Integrated Strategic Framework for health workforce planning in 2015. This recommendation will be taken into account, as appropriate, in the course of this process.

### 3.15 Research

**3.15.1 – The NMBI, HEIs and the HSE/HSPs to engage in research to evaluate the effect of different approaches for the delivery of nursing and midwifery curricula.**

The implementation of this recommendation is on-going. The NMBI will incorporate programme evaluation within their business plan following the rollout of the revised programmes based on the revised Standards and Requirements of the Board (2015).

## 4. CONCLUSION

The recommendations of the Review of Undergraduate Nursing and Midwifery Degree programmes (DOH 2012) have all been addressed. A number are dependent on the development of new curricula to be developed by the HEIs to comply with the newly published Standards and Requirements of NMBI (2015). The NMBI have undertaken to monitor and report on the compliance and implementation in practice of the recommendations by the HEIs and the HSPs to the revised Standards and Requirements (NMBI 2015).

Ten years of undergraduate Nurse and Midwifery education was reviewed to ensure the programme structure and processes were meeting service need. The Review of the programmes (DOH 2012) and the subsequent implementation of the recommendations by the Monitoring Group are designed to ensure that nurses and midwives continue to be prepared with the clinical competence required for changing health and social needs. The ultimate goal from the education experience is that all registered nurses and midwives who complete the revised programme are clinically competent and safe to practice, demonstrate the values of care and compassion and have the skills to effectively lead and manage in changing health care environment.

## 5. APPENDIX 1 - MEMBERSHIP OF THE MONITORING GROUP

A sincere thank you is offered to all the members of the Monitoring Group for their time and contributions to the implementation of the Recommendations of the Report of the Review of Undergraduate Nursing and Midwifery Degree Programmes (DOH 2012).

<b>Department of Health</b>	Mary Jackson, Kathleen Mac Lellan, Patrick Clifford, Joan McKenna until September 2014, Anne-Marie Ryan from September 2014, Michael Murray from February 2015 (secretariat)
<b>Nursing and Midwifery Board Ireland</b>	Maura Pidgeon, Anne-Marie Ryan (until September 2014), Judith Foley from September 2014
<b>Health Service Executive</b>	Michael Shannon, Paul Gallagher, Mary Wynne
<b>Higher Education Institutions</b>	Martin McNamara (IUA Group), Gerardina Harnett (IOTI) (until September 2014), Pearse Murphy from September 2014 until January 2015, Myles Hackett from January 2015
<b>Department of Education</b>	Michael Troy
<b>Higher Education Authority</b>	Jennifer Gygax
<b>Staff Associations</b>	Liam Doran (INMO), Aisling Culhane (PNA)

## 6. APPENDIX 2: LIST OF RECOMMENDATIONS REVIEW (2012)

### Review of Undergraduate Nursing and Midwifery Degree Programmes (Department of Health 2012)

#### Curriculum Recommendations (C1-C12)

##### Recommendation C1

*The 4 year, BSc honours degree (NQAI level 8) programme for nursing and midwifery; and the 4 points of entry to the disciplines of nursing should be retained by An Bord Altranais agus Cnáimhseachais na hEireann (the Nursing and Midwifery Board, Ireland).*

- C1.1 In order to maintain the academic and clinical practice integrity of midwifery and the four disciplines of nursing; and to reflect the HSE workforce plan the Nursing and Midwifery Board and HEIs will continue to require students to choose the relevant point of entry on application to the CAO for undergraduate nursing or midwifery education courses.
- C1.2 The Nursing and Midwifery Board in consultation with the HEIs will standardise the maximum time normally allowable for students to repeat academic and clinical assessments and to complete a BSc nursing/BSc midwifery programmes.
- C1.3 HEIs will develop a nationally agreed mechanism by which students can exit the nursing and midwifery programme with the accumulation of credits and/or with an accredited/academic award aligned to the National Framework of Qualifications where appropriate. The student cannot register as a nurse or midwife with the Nursing and Midwifery Board with this exit award.

##### Recommendation C2

*HEIs will enhance shared learning across the nursing and midwifery programmes; and with multi-disciplinary undergraduate programmes.*

- C2.1 HEIs should continue to develop shared learning across the disciplines of nursing and midwifery, particularly in year 1 and should integrate as appropriate module content across the entirety of the programme.
- C2.2 HEIs should also continue to develop, as appropriate, shared learning between nursing and midwifery programmes, and other relevant undergraduate programmes.

##### Recommendation C3

*The Nursing and Midwifery Board and the HEIs will give further consideration to flexible modes of entry, enabling wider access to the undergraduate programmes such as:*

- C3.1 Recognition of prior learning (RPL).
- C3.2 The use of specialist schemes e.g. FETAC, Higher Education Access Route (HEAR) schemes.
- C3.3 Graduate entry programmes for those who have already attained degree level education in a relevant area.

#### **Recommendation C4**

*The Nursing and Midwifery Board in consultation with the Department of Health and relevant stakeholders will establish a post-registration education framework based on service need and workforce demand.*

#### **Recommendation C5**

*In consultation with the Nursing and Midwifery Board, national and local governance arrangements should be enhanced by HEIs and the HSE/health service providers.*

- C5.1 Local Joint Working Groups should operate within an agreed memorandum of understanding between the HEIs and the HSE/health service providers. The memoranda should be based on a framework of nationally agreed governance principles, which supports national policies and the health reform agenda with locally agreed addendums if required. Composition of Local Joint Working Groups should reflect health system changes and be reviewed accordingly.
- C5.2 HEIs and the HSE/health service providers will enhance their clinical engagement to facilitate the promotion of theory, practice and research. This will include dedicated HEI staff time to teaching and facilitation of learning in the clinical area and may include joint appointments.
- C5.3 The HSE/health service providers and HEIs will ensure dedicated staff are available to support clinical placements within primary, secondary and tertiary care including community care placements. The minimum ratio for CPCs is 1:30 for nurses and 1:15 for midwives and should be maintained. As community placements increase HEIs, the HSE/health service providers and the Nursing and Midwifery Board will be required to consider the necessary additional support for students on community placements.

### **Curriculum Content Recommendations (C6-C7)**

#### **Recommendation C6**

*The Nursing and Midwifery Board will identify the competency goals for the four nursing programmes and the midwifery programme.*

- C6.1 The five specific domains from the Nursing Subject Area Group (SAG) of the Tuning Project, should inform the competency goals at bachelor degree level:
- *Professional values and the role of the nurse/midwife*
  - *Nursing/midwifery practice and clinical decision making*
  - *Evidence-based scholarship, knowledge and cognition*
  - *Communication and interpersonal skills*
  - *Leadership, management and team working.*

The Nursing and Midwifery Board should engage with HEIs, the HSE/health service providers and the Department of Health in ongoing collaboration to review and update learning outcomes taking account of the dynamic nature of practice development and the role of the nurse and midwife. The curriculum will be underpinned by a population focus reflecting developments in health policy and delivery of services thus providing for nurses and midwives to attain the knowledge and skills to provide optimum safe quality care in a modern health service.

- C6.2 The Nursing and Midwifery Board, HEIs and HSE/health service providers will agree national practice competencies aligned to learning outcomes for each stage of the programme for each division of the register supporting the patient safety agenda.
- C6.3 The Nursing and Midwifery Board, in providing for the protection of the public, will require that safety of the public is at the core of all assessment decisions and that patient safety overrules all other considerations with regard to student performance in the clinical area.

### **Recommendation C7**

*HEIs and their healthcare partners will ensure a person centred philosophy of care underpins all curricula.*

- C7.1 HEIs and their healthcare partners must ensure that the values of treating people with care and compassion, with dignity and respect and with impartiality remain at the core of the student experience. The values and the principles that underpin the curriculum will shape and guide the choices and daily practice of the student and those who teach them.
- C7.2 HEIs should increase the involvement of patients/clients and carers in curriculum planning, teaching and in the evaluation of the programme. A modern healthcare system will require more of the population to have the knowledge and skill to take care of their own health, to live independently for as long as possible and for nurses and midwives to work in partnership with patients, clients and carers in the

- interests of providing high quality care, tackling health inequalities and building resilience and promoting health and wellbeing.
- C7.3 HEIs in partnership with their healthcare partners must ensure that students and those who work with them are familiar with the local systems and processes for ensuring patient safety, including the governance arrangements for the effective identification and management of risk, escalating concerns, professional accountability and procedures for addressing standards. Students should also be familiar with the theory and practice of risk management, concepts of clinical governance and the theory of human factors.

## **Clinical Placement and Assessment Recommendations (C8-C12)**

### **Recommendation C8 - Clinical placement**

*The Nursing and Midwifery Board and the HEIs will review student clinical placements requirements to take account of changing health service delivery models.*

- C8.1 HEIs and their health and social care partners will further develop community and primary care placements to enhance the development of community related skills, in particular the care of patients/clients in their own homes or local communities.
- C8.2 The Nursing and Midwifery Board along with the HEIs will investigate innovative ways in which students can access placements where they have clinical exposure alongside professions drawn from allied health and social care fields in order to develop specific clinical skills that will prepare them on qualifying to work effectively within the multidisciplinary team. The overall learning experience and final clinical assessment including community placements should be supervised by a nurse or midwife.
- C8.3 The Nursing and Midwifery Board and the HEIs will seek to reduce the number of specialist placements informed by a clear rationale as to how such placements contribute to the development of the core competences accompanied by an emphasis on significantly longer core placements taking place in each of the first three years of the programme leading up to the internship.
- C8.4 In acknowledgement of the changing age profile of the population the Nursing and Midwifery Board and the HEIs will establish a substantial and mandatory older person clinical placement for relevant nursing programmes.
- C8.5 The Nursing and Midwifery Board and HEIs should detail opportunities for students to engage in reflective clinical practice for each stage of the programme which would be reflected in the curriculum model.
- C8.6 The Nursing and Midwifery Board will establish a mechanism in conjunction with specific HEIs to recognise and approve placements that may take place outside the EU.

### **Recommendation C9- Internship**

*The internship component of the programme is critical in terms of preparing the graduate for clinical practice. The internship must be retained within the framework of the undergraduate programmes.*

- C9.1 The Department of Health, the Nursing and Midwifery Board, HEIs and the HSE/health service providers should give consideration to increasing the internship from 36 weeks to 52 weeks to meet the clinical, academic and service requirements in terms of continuity for workforce planning and consolidation of learning.
- C9.2 The Nursing and Midwifery Board, HEIs and the HSE/health service providers should explore the most effective means of assessing the student throughout the internship period.
- C9.3 The Nursing and Midwifery Board, HEIs and the HSE/health service providers should identify appropriate community placements for internship in line with health service reconfiguration and in keeping with the pending national framework for health and wellbeing.

### **Recommendation C10 - Clinical Assessment**

*The Nursing and Midwifery Board, HEIs and the HSE/health service providers will review student clinical assessment processes including documentation to promote standardisation of clinical assessments in line with competency goals for the four nursing programmes and the midwifery programme.*

- C10.1 HEIs and the HSE/health service providers should implement shared governance processes (operationalised through the framework of nationally agreed principles) for clinical assessment including joint assessment and early intervention for student competence issues.

### **Recommendation C11 - Preceptorship**

- C11.1 The Nursing and Midwifery Board should provide national guidance and standards for preceptors.
- C11.2 The HSE/health service providers should ensure that identified preceptors are available to support students in clinical placements within primary, secondary and tertiary care.
- C11.3 HEIs and the HSE/health service providers should develop, implement and facilitate a national mandatory preceptorship programme with protected time facilitated by the employer in line with the Nursing and Midwifery Board guidance and standards.

C11.4 HEIs and the HSE/health service providers should recognise the value of the role of the preceptor through honorary access to certain facilities such as online library access and representation on Local Joint Working Groups.

### **Recommendation C12**

*The Nursing and Midwifery Board should detail the clinical expectations of supernumerary students for each stage of the programme (Year 1 – Year 3) maximising student learning and student integration; and linked to competency goals. Education Programme Evaluation Recommendations (E1)*

### **Recommendation E1**

*Education programme evaluation in terms of design, content and programme delivery should occur through a continuous improvement approach by the Nursing and Midwifery Board, HEIs and the HSE/health service providers.*

E1.1 HEIs and the HSE/health service providers should put in place systems to capture feedback from student nurses and midwives, employers and the public and use this feedback to inform the design, content and delivery of education programmes as well as national policy.

## **Workforce Planning Recommendations (WP1-WP2)**

### **Recommendation WP1**

*In order to maintain stability within the health and higher education systems it is recommended that the current number of undergraduate student nurses and midwives (1570) continue to be commissioned by the Department of Health until the economic and service reform agenda becomes clearer.*

### **Recommendation WP2**

*The HSE in co-operation with the Department of Health should undertake a five year workforce plan to be reviewed regularly in light of the extent of change planned under the reform agenda taking account of economic considerations; and in line with policy developments. The plan should have the active involvement and input of local healthcare and senior nurse/midwife managers. It should include an examination of staffing levels and skill mix in all relevant service areas aligned to patient acuity/patient dependency to ensure the most effective use of the nursing and midwifery resource. Requirements should be collated nationally to ensure a system wide and strategic approach.*

## **Research Recommendation (R1)**

### **Recommendation R1**

*Research to advance education innovation and to evaluate education programme design, content and delivery should be conducted by the Nursing and Midwifery Board, HEIs and health service providers in order to enhance and promote education effectiveness and excellence.*

- R1.1 The Nursing and Midwifery Board, HEIs and the HSE/health service providers should engage in research to evaluate the effect of different approaches for the delivery of nursing and midwifery curricula. Appropriate research methodologies preferably using comparative groups of sufficient sample sizes to show differences in the effect of differing approaches to teaching and learning should be utilised and national and/or international cross-institutional prospective research should be considered.

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