

Children's Nurse Post-Registration Education Programmes (2nd Edition)

July 2018



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

Children's Nursing Post-Registration (2nd Edition)

The following standards and requirements replace those originally published in 2007 as part of Requirements and Standards for Nurse Post-Registration Education Programmes (1st edition). This new document revises the original version in line with the indicative content and learning outcomes of the *Nurse Registration Programme Standards and Requirements 2016*.

About NMBI

The Nursing and Midwifery Board of Ireland (NMBI – 'the Board') is the independent, statutory organisation that regulates the nursing and midwifery professions in Ireland. For more information about our role and functions, visit www.NMBI.ie/What-We-Do

Governance

This programme is governed by the Nurses and Midwives Act 2011 and by the Nurses Rules, which provide titles of recognised qualifications under the Register of Nurses and Midwives. For more information on the Act, and on the Nurses Rules, visit the *What We Do/Legislation* sections of NMBI's website at www.NMBI.ie

Approval of Higher Education Institutions and associated Health Care Providers

Details of approval of HEIs and associated HCPs for provision of such programmes are published on our website. For more information, visit 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 on www.NMBI.ie/Standards-Guidance/Glossary

For the purpose of this document, the term 'child' will be used to describe any neonate, infant, child or young person/adolescent under the age of 18 years.

Preface

The role of the Nursing and Midwifery Board of Ireland (NMBI) is to promote high standards of professional education, training and practice, and professional conduct among nurses and midwives. NMBI is mandated by the Nurses and Midwives Act of 2011 to set standards and requirements for post-graduate registration programmes. These standards and requirements provide guidance for Higher Education Institutions and for Health Service Providers for the education of Registered Children's Nurses.

The following standards and requirements are revised in line with the indicative content and learning outcomes of the NMBI (2016) *Nurse Registration Programme Standards and Requirements*. The development of these standards and requirements involved significant consultation and discussion with registrants, other key stakeholders and, most importantly, the public representative groups over an extended period of time. The following standards and requirements for the Post-Registration Children's Nurse Programme were sent for consultation to the relevant Heads of Nursing and academic curriculum leads, and were then validated by the NMBI Education, Training and Standards Committee.

Minimum Entry Requirements

Students undertaking the Post-Registration Children's Nurse Programme must be nurses whose name is recorded on the General, Psychiatric or Intellectual Disability division of the Register of Nurses and Midwives of NMBI (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 2015). Competence related to the nurse's scope of practice within the relevant division of the Register is maintained through continuous professional development.

Competence Assessment

The learning outcomes for the Children's Nurse Post-Registration Programme must be aligned to and consistent with those of the fourth year of the NMBI (2016) *Nurse Registration Programmes Standards and Requirements*.

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Introduction

The purpose of this document is to provide guidance for developing flexible, innovative, practice-oriented registration programmes for Higher Education Institutions (HEIs) and for Associated Health Care Providers (AHCPs) involved in the education and training of Registered Children's Nurses. The policies and practices of the HEIs and the AHCPs must meet the standards and requirements specified in this document. The academic standard and terminal award for these programmes is at Level 8 on the National Framework of Qualifications (Quality and Qualifications Ireland 2014).

The right and duty of the Board to make rules for post-registration education and training is consolidated in the current legislation under sections 85 (1) and (2) of the *Nurses and Midwives Act 2011* (Government of Ireland 2011). The Board is mandated to set and publish standards for education, and to prepare and issue guidelines on, among other things:

- the curriculum,
- programme outcomes,
- the syllabus and indicative content,
- assessment,
- programme governance, and
- ethical standards of practice and professional behaviour for students and graduates of nursing and midwifery.

The Board undertakes this through formal approval of study programmes, and by monitoring the standards of the HEIs and associated HCPs delivering such post-registration education. They achieve this through annual reports and monitoring visits.

Third-level HEIs and associated HCPs involved in the education and training of nurses are required to submit a detailed curriculum document to NMBI for approval. Written submissions, therefore, will be made jointly by the HEI and its linked HCP. This document aims to help those developing submissions, and provides a framework aimed at ensuring that high standards are maintained nationally.

This document is divided into three sections:

Section 1 provides extracts from the Nurses and Midwives Rules, the European Union Council Directives for Nursing, and the Nurses and Midwives Act 2011.

Section 2 outlines the requirements for Children's Nursing Post-Registration programmes. This section is divided into two parts. The first part describes the learning outcomes that are expected from the programmes; the second part describes the competences the student must have attained by the end of the education programme before they can be entered on the Register.

Section 3 describes the standards required for the approval of higher education institutions, associated health care providers and educational programmes leading to registration. A statement of the standards that must be met by these institutions and the educational programmes is also provided. These are listed under eight subsections:

3.2.1 Curriculum Design and Development

3.2.2 Student Entry, Admission, Transfer, Discontinuation and Completion

3.2.3 Programme Governance and Management

3.2.4 Student Support, Supervision and Learning Resources

3.2.5 Assessment Strategies

3.2.6 Practice Placement Allocations

3.2.7 Practice Placements Learning Environment and Competence Assessment

3.2.8 Quality Assurance and Enhancement Mechanisms

Each subsection consists of a criterion statement, a standard statement and a number of indicators which can be used in determining whether or not the standard has been met.

Section 1

Extract from Nurses' and Midwives Rules 2018

This section provides extracts from the Nurses and Midwives Rules 2018 for the guidance of the higher education institutions and healthcare institutions involved in the provision of registration education programmes. The Nurses and Midwives Rules 2018 guide and inform the development of this document.

Nurses and Midwives Rules 2018

Bord Altranais agus Cnáimhseachais na h'Éireann (the Board) in exercising the powers conferred on it by Sections 13 of the Nurses and Midwives Act 2011 hereby makes the following Rules:

1. Citation

- 1.1 The Nurses and Midwives Rules 2018 continue to have force arising from Section 13(9) of the Nurses and Midwives Act 2011
- 1.2 These Rules may be cited as the Nurses and Midwives Rules 2018, 2018 and are supplemental to the Nurses Rules, 2010 (S.I. 689/2010)

2. The Register of Nurses and Midwives — Nurses Division

- 2.1 In addition to the divisions specified in the Nurses and Midwives Rules 2018, the Nurses Division is hereby established by the Board
- 2.2 The Nurses Division shall contain the names of persons registered in any of the following divisions referred to in Nurses and Midwives Rules 2018:
 1. General Nurses Division
 2. Psychiatric Nurses Division
 3. Children's Nurses Division
 4. Intellectual Disability Nurses Division

3. Candidate Register

3.1 The following divisions of the Candidate Register are hereby established:

1. Nurse Candidate Division
2. General Nurse Candidate Division
3. Psychiatric Nurse Candidate Division
4. Children's Nurse Candidate Division
5. Intellectual Disability Nurse Candidate Division
6. Midwives Candidate Division

3.2 The Nurse Candidate Division of the Candidate Register shall contain the names of any persons registered in any of divisions of the Candidate Register referred to at 3.1.2 to 3.1.5 above.

4. Publication

4.1 "These Rules will be published in the prescribed manner as defined in Section 2 of the Nurses and Midwives Act 2011." (Extract: Nurses and Midwives Rules 2018).

Section 2

Requirements for Children's Nurse Post-Registration Education Programme

2.1 Purpose of the Programme

The purpose of the registration education programme is to ensure that, on completion of the programme, the student is equipped with the knowledge and skills necessary to be a competent and professional children's nurse.

2.2 Programme Learning Outcomes

In order for the graduate of a nursing registration education programme to be eligible to practise as a Registered Children's Nurse, the terminal programme learning outcomes must enable the student to:

- acquire the knowledge, professional values and discipline-specific competencies to fulfil the role of the Registered Children's Nurse – that is, to deliver safe, high-quality, compassionate, ethical, legal and accountable practice during childhood and in diverse health care settings;
- demonstrate knowledge, clinical skills and professional behaviours that are underpinned by the Scope of Nursing and Midwifery Practice Framework (NMBI 2015) and the Code of Professional Conduct and Ethics for Registered Nurse and Registered Midwives (NMBI 2014);
- practise as a competent Registered Children's Nurse 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 child/young person receiving such care, their parent/guardian and the multidisciplinary team;
- apply theoretical principles to the practice of children's 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 child and family centred, high-quality and safe nursing care based on a collaborative relationship with a child/young person receiving such care, that respects their dignity, autonomy, self-determination and rights to make health and life choices across the health spectrum;

- demonstrate the skills of effective communication, delegation, inter-professional 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 and evidence-based clinical guidelines to the practice of children's 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 and professional conduct and particular skills that are appropriate to the Children's Nurse Division of the Register may be developed as assessment of practice documents and processes at local level. The overall assessment of competence instrument is developed locally and conforms to the Standards and Requirements (NMBI 2016), and is approved by the Board as part of the curriculum submission.

A team and partnership approach will 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 co-ordinators, nurse practice development co-ordinators, academic nursing lecturers and heads of nursing for the Higher Education Institutions will agree on the assessment process. The aim is to ensure that the graduate acquires the competencies for assessment: critical analysis, problem-solving decision-making, goal setting, collaborative team-working, leadership, professional scholarship, effective interpersonal communication, reflection and re-assessment that are essential to the art and science of nursing.

2.4 Competencies for Entry to the Professional Register of Nurses

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 Registered Children's Nurse.

Demonstrates the capacity to:

- 1.1 Practise safely**
- 1.2 Practise compassionately¹**
- 1.3 Practise professionally, responsibly and accountably**

¹ Australian Nursing and Midwifery Council (2009), Nursing Council of New Zealand (2015), APRN Consensus Work Group (2012)

Domain 2: Nursing practice and clinical decision-making competencies

Knowledge and understanding of the principles of delivering safe and effective nursing care through the adoption of a systematic and problem-solving approach to developing and delivering a child and family centred plan of care based on an explicit partnership with the child and their parent/guardian.

In partnership with the child, the parent/guardian and other health professionals, demonstrates the capacity to:

- 2.1 Assess nursing and health needs**
- 2.2 Plan and prioritise child and family centred nursing care (including selecting interventions based on best evidence and identification of desired goals with the child and parent/guardian)**
- 2.3 Deliver child and family centred nursing skills, clinical interventions and health activities**
- 2.4 Evaluate child and family 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 inter personal competencies

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

Demonstrates the capacity to:

- 4.1 Communicate in an age-appropriate, child and family 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 child's wellbeing, recovery, independence and safety through recognition of the collaborative partnership between the child, family and multidisciplinary healthcare team.

Demonstrates the capacity to:

- 5.1 Practise collaboratively**
- 5.2 Effectively manage the nursing care of the child and their families**

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 Children's Nursing Philosophy

Children's nursing is a professional, interpersonal caring process that encompasses autonomous and collaborative care of infants, children and young people and their families through the use of a child- and family-centred philosophy, where negotiation of care and participation in care is central to a partnership approach to care with families. In delivering care, the children's nurse recognises and values the individual physiological, psychological, spiritual, cultural and emotional developmental needs of the child and family.

Children's nurses demonstrate competence in assessment, planning, delivery and evaluation of therapeutic interventions in child health and nursing to work with children experiencing acute and enduring health difficulties and life-limiting conditions. The children's nurse aims to facilitate an environment of care in which children and their families are empowered, through involvement in decision-making and participation in the delivery of nursing care and treatment where appropriate.

Children's nurses work in partnership with children and their families to facilitate child and family empowerment, and to enable maintenance or restoration of optimal wellbeing for the child in a needs-led, culturally sensitive and high-quality manner. Children's nurses can negotiate care delivery with parents/guardians in a way that is culturally and socially sensitive, and so enables parents/ guardians to determine their level of participation in their child's care. An effective partnership in care requires the nurse to support parents/guardians and the child to develop the knowledge and skills to support the family's management of the child's care and to promote health, whether at home or in the hospital setting or other healthcare facility. Children's nurses

are mindful of, and work in, a partnership with other professionals and services that provide for the continuity of educational supports for the child while they are experiencing altered health.

The children's nurse is a safe, compassionate, caring, committed and competent decision maker who accepts professional accountability for their actions and for lifelong learning through continuing professional development. The children's nurse must be able to respond effectively to the developing health needs and demands of the Irish population, taking account of demographic changes in the Irish population and incorporating best international practice.

The healthcare services and the work trends of children's nurses are changing continuously. The children's nurse must be cognisant and flexible to meet the implementation of the National Model of Care for Paediatrics HealthCare Services in Ireland, the formation of the Children's Hospital Group and the development of the new Children's Hospital.

2.6 Indicative Content

The list of topics included in the indicative content is not exhaustive and provides an indication of the content of the Children's Nurse Registration Programme 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 with the most recent policy and legislative changes, and for provision of care to all parts of society as population trends demand.

Domain 1: Professional values and the conduct of the nurse

Knowledge and appreciation of the nature and development of the profession and of the general principles of health and children's nursing and their implications.

- Evolve and develop the role of the nurse in children's nursing.
- Explore the professional identity of what it means to be a Registered Children's Nurse.
- Evolve the role of the children's nurse in the context of the national and international health reform programmes – role expansion and extension: community outreach, nurse specialists, advanced nurse practitioner, nurse prescribing, ionising radiation and nurse-led service developments.
- Reflect on the core values for nurses of caring, compassion and commitment and associated behaviours to inform the children's nurse's decision-making in professional practice.
- Treat the child and family with dignity, respect, kindness, impartiality, honesty and empathy.
- Practise within a statutory framework and code of ethics delivering nursing interventions within the children's nurse's scope of practice.
- Promote the individual rights of the child and their parents/guardians, and incorporate these rights into national and international healthcare policies.

- Protect the wellbeing and safety of the child and family including children-first training or education in child protection.
- Understand and adopt the principles of child-centred and family-centred care.
- Use a child and family-centred philosophy within which each child with health care needs and their family is valued and engaged.

Domain 2: Nursing practice and clinical decision-making

Knowledge and understanding of the principles of delivering safe and effective nursing care through the adoption of a systematic and problem-solving approach to developing and delivering a child- and family-centred plan of care based on an explicit partnership with the child and their families.

Nursing Care

- Recognising each child as an individual with unique characteristics, capabilities, needs and wishes.
- The unique world of children and families and the nursing responsibility and practice in relation to children and their families in diverse healthcare settings.
- Acknowledging and supporting the child's unique responses to and experience of health, altered health, frailty, ability and health-related life events in whatever environment or circumstances the nurse is intervening.
- Support of the child and family's autonomy and self-management of health for recovery, health maintenance and promotion of optimal health and functioning.
- Acting as an advocate for the child and family whilst accessing healthcare services in a range of healthcare settings.
- Nursing the child and their family in a changing society: diversity in faith, culture and social norms.
- Respecting the privacy and confidentiality of the child receiving health care.
- Understanding of a child or family member's account of the experience of altered health.
- Use a model/framework to guide systematic assessment of the child to identify health and nursing needs and the development of a child-centred plan of care.
- Recognising, assessing, reporting, and escalating concerns; and responding to critical signs of deterioration in a child using the Paediatric Early Warning System (PEWS).
- Recognising and defining sepsis/septic shock in children and use of national guidelines on sepsis management.
- Apply the principles of safe administration of medication management to children.
- Pharmacological and non-pharmacological principles of pain relief for a child undergoing a clinical procedure.

- Assessment, delivery and evaluation of therapeutic goals, nursing interventions and treatment modalities in child health and nursing for children experiencing diverse health problems.
- Nursing practice in relation to performing, assisting, supporting, educating and rehabilitating the child in healthcare, community and family/domestic settings.
- Applying evidence-based best practice in the context of children's nursing.
- Empowering and helping children to achieve, maintain or recover optimal health, self-management of long-term health issues and living as part of a positive network of family and local support.
- Awareness of supports available for families and health professionals with the sudden or unexpected death of a child.
- Principles of nursing a child with physical, sensory and intellectual disability and concurrent physical health needs with the understanding of the growing need for childhood disability services.

Children with Complex Care Needs

- Awareness of the needs of a child and their families with complex care needs and the care planning required for the transfer or discharge process of a child with complex care needs to another healthcare provider or into the community.
- Responding to the changing healthcare and nursing needs of children.
- Awareness of the range of community, primary healthcare and support agencies for the child and family in community settings.
- Awareness of complementary therapies for children with altered health.

Children with Life-limiting Conditions

- Appreciate the principles, philosophy and application of a palliative care approach to meeting the needs of a child who has a life-limiting condition and their families.
- The ability to be responsible and flexible in meeting the identified needs of the child and family, and to integrate these needs into discharge planning and support in end of life care.
- Safe and informed children's nursing practices in primary, emergency, acute and chronically ill, palliative and end-of-life settings.

Adolescent Care

- Assisting the child's transition to adolescent care with specific education and training; preparing the child and family for transition with provision of appropriate, standardised support and documentation.
- Practices within the legislation for child and adolescent healthcare in Ireland.

Mental Health Care

- Distress, emotional, behavioural or relationship factors in childhood.
- The possible effects that hospitalisation and long-term care will have on a child and their families.
- Awareness of mental health conditions which are more prevalent in childhood, and the supports available to the child and family.
- Understanding the principles of care for a child with a mental health condition in the acute care setting.

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.

- Organising child health services from a national and international perspective.
- Knowledge of the current changes nationally in children's healthcare due to the formation of the children's hospital group, development of new children's hospital and roll out of the national model of care for paediatric services in Ireland.
- Knowledge of the changing international trends in child health.
- Knowledge of the health and social policies in child healthcare.
- Issues, trends and developments nationally and internationally in children's nursing.

Health Science and Applied Principles in Children's Nursing

- Applied anatomy, physiology, biochemistry and pathophysiology for children across the health continuum.
- Differences in anatomy, physiology, biochemistry and pathophysiology between children and adults that affect health and ill health.
- Applied principles of genetics, microbiology, infection control, nutrition and pharmacology in the context of growth and development for children and young people.
- Ill health in the developing child – for example, how the dynamic state of development impacts on presentation, management and coping with altered health in childhood.

Health Promotion

- The role of the children's nurse in health promotion for children and their families.
- Social, cultural, gender, environmental, political and economic influences on foetal, child and maternal health.
- Application of the principles of health education and health promotion to children and families in primary/community and acute care settings.
- Knowledge of demographic and epidemiological trends pertaining to health and altered health in children.
- National and international measures to protect and promote child health (for example, immunisations and so on).
- Knowledge of the role of information technology and social media on the health and wellbeing of children and their families.
- Appreciation of the needs of a child and their family with special care needs or complex care needs who plan to attend school on a regular basis.
- The importance of good diet and nutrition in children, and also in breastfeeding mothers.
- The role of the children's nurse in promoting and supporting the mother and child while breastfeeding.
- Planning appropriately for new morbidities such as increasing incidence of obesity, diabetes and inflammatory bowel disease, the surge in atopic disease and allergies.

Sociology as Applied to Children's Nursing

- Sociological principles applied to children and their families (for example, the sociology of childhood, family, adoption and fostering, mental health, health inequalities, gender inequalities, child abuse, child neglect, substance abuse and so on).

Psychology as Applied to Children's Nursing

- Understanding of developmental psychology and the implications of the key theories of attachment, moral, emotional, cognitive and social development for supporting the ill child.
- The importance of play and therapeutic play in childhood, and its role in mitigating the negative effects of separation, hospitalisation and treatment for children with acute and chronic altered health in hospital and community settings.
- Applying communication theory to children and young people in the context of healthcare.

Ethics as Applied to Children's Nursing

- Ethical issues pertaining to children and families in healthcare.
- Application of ethical principles and related legislation within the context of caring for children and families including – but not exclusively – autonomy, best interests, competence to assent or dissent and decisions pertaining to initiation and withdrawal of treatment in ethically and legally challenging situations.

Nursing Research

- Understanding of evidence-informed practice and of the research process.
- Ethical considerations in relation to undertaking research with children and/or their families.
- Analysis and evaluation of research findings for children's nursing practice.

Nursing Informatics

- Understanding of the application of information and communication technologies in children's healthcare.
- Awareness of current and future advancements in information and communication technologies for children's healthcare in Ireland, including health education.
- Ethical and legal aspects of social media usage by health professionals, and respecting the confidentiality of children and their families.

Domain 4: Communication and interpersonal skills

Knowledge, appreciation and development of empathic communication skills and techniques for effective interpersonal relationships with children and their families and other professionals in health care settings.

- The role of interpersonal communication skills and their application to the child and to their parent/guardian which are specific to childhood.
- Developing age appropriate interpersonal, cross-cultural and communication techniques and skills essential for therapeutic relationships with children according to age, ethnicity, ability (including cognitive ability) and health status.
- Building therapeutic alliances with children and their families to facilitate child and family empowerment and involvement in the delivery of care for their child.
- Developing situational awareness – observing and responding to the dynamic interactions between children in health services, colleagues, resources and the healthcare environment.
- Integrating and applying knowledge of child development and/or concepts of ill health on the child's ability to communicate effectively their needs in a healthcare setting.

- Self-awareness and exploring the impact of personal beliefs, values, attitudes and feelings and their impact on interactions between children, their families and also other healthcare professionals.
- Developing communication skills and conflict resolution skills within nursing and multidisciplinary teams.
- Respecting professional boundaries in children's nursing.
- Principles of open disclosure in relation to the child and their families.
- Using and understanding the Paediatric Early Warning System (PEWS) including:
 - the national paediatric observation charts
 - PEWS scoring tool and escalation guide
 - effective communication using the national standard (ISBAR communication tool for the child's deterioration)
 - timely nursing and medical input
 - clear documentation of management plans.

Domain 5: Management and team working

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

- Principles of team work, team building and inter-professional collaboration.
- Knowledge of the challenges of prioritising, co-ordinating, delivering, evaluating and standardising healthcare for the child and their family in a range of healthcare settings.
- Advocacy in the context of working in an interdisciplinary setting.
- Knowledge and skills of effective team functioning to ensure safe and proficient co-ordination and delivery of care for the child and family.
- Principles of promoting a safe environment and managing risk for the child and their family in healthcare settings.
- Working with the family and child with general medical, surgical or specialist healthcare needs to access primary and community services through discharge planning.
- Liaising with other multidisciplinary team members and agencies: General Practitioners, dental, pharmaceutical services, Primary Health Care and Social Services, Child and Adolescent Mental Health Services, Intellectual Disability services and Schools.
- Principles of quality, clinical risk, clinical governance, clinical audit and quality improvements processes that will impact on children's nursing.

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.

- Developing knowledge of children's nursing through review, research and reflection on experience, taking cognisance of the interdependent relationship between theory, practice and research.
- Exploring and analysing factors that facilitate and inhibit learning and assessment, and applying these concepts to the facilitation of learning and assessment in clinical practice.
- Reflecting on own learning and identify strategies to address own learning needs in the context of children's nursing.
- Knowledge of the role of the children's nurse in shaping health initiatives and the promotion of equitable health resources within society.
- Identifying strategies to develop resilience skills to promote lifelong commitment to children's nursing.
- Awareness of supports available for health professionals including mentorship, coaching and organisational support structures.
- Knowledge of impending schemes such as maintaining professional competencies for nurses.
- Overview of continuing education pathways and career options available for children's nurses once qualified.
- Principles of change management in the context of the development of the new children's hospital, roll out of the model for paediatric and neonates healthcare in Ireland, and formation of the children's hospital group.

2.7 Theoretical and Clinical Instruction for Children's Nursing Post-Registration Programme

Practice experience represents the clinical placement component of a nursing student's registration programme during which they acquire the knowledge, skills, professional values and competencies required for entry to the professional 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 health care, 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 on the basis of its intrinsic value to develop further the knowledge, skills, professional values and competencies that the student requires to meet the programme outcomes for the particular division of nursing.

- Practice experience must be gained under the supervision of appropriately prepared tutors who are Registered Nurses or Midwives. The practice setting must have levels of nursing/ midwifery staff and resources for the safe delivery of nursing care to those using the service. (Adapted from Article 23, Council Directive 2013/55/EU).

- In consultation with the healthcare institutions, students must be facilitated with the appropriate guidance and protected time for orientation and reflective practice on a clinical or specialist placement.

In the case of the post-registration programme, there must be no less than:

- 420 hours of theoretical instruction given
- 1,404 hours of clinical instruction given
- 156 hours annual leave taken

Essential Requirements of the Programme (in Weeks)

- Theoretical instruction 12 weeks
- Clinical Instruction 36 weeks
- Holidays 4 weeks

The following is the number of weeks to be spent in the different aspects of clinical instruction over the 52 weeks of the post-registration programme:

Clinical Instruction	Number of Weeks
Nursing children with medical/surgical disorders (including nursing infants under 1 year)	22
Nursing children in emergency department (including outpatient department)	4
Nursing children requiring high dependency care	2
Specialist placements * Operating theatre Maternity care Intellectual disability Community**	8
Total	36

* 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 that specialist placement. These weeks must be incorporated into the clinical instruction weeks for nursing children with medical/surgical disorders.

** Where appropriate and proper structures are in place to support the student and the care of a child and their families in the community, students should be encouraged to undertake a community placement in line with the impending National Model of Care for Paediatrics HealthCare Service in Ireland (2015).

Following any interruption in the educational programme, the third-level institution in partnership with healthcare institutions ensures that the student meets the programme requirements. 'Interruption' means any leave (other than annual leave and bank holidays), including sick leave, maternity leave, paternity leave, parenting leave, compassionate leave and special leave.

Section 3

Standards for the approval of Higher Education Institutions, Associated Health Care Providers and Education Programmes leading to Registration

3.1 The Approval Process for Higher Level Institutions, Associated Health Care Providers and Educational Programmes leading to Registration

The Nursing and Midwifery Board of Ireland (NMBI) has statutory responsibility to approve Higher Education Institutions and Associated Health Care Providers in respect of educational programmes leading to registration as a nurse.

The role of the NMBI in relation to the approval of professional education is distinct from academic accreditation of a programme by the HEI or by its awarding body, Quality and Qualifications Ireland (QQI), for subject quality purposes, for accreditation and approval of its fitness for purpose for the conferment of an academic award.

Professional accreditation and approval is a judgement as to whether or not a programme is fit for purpose in preparing graduates to be fit for practise or entry into a specific profession. The latter is distinguished by criteria that are specific to that profession, these having been defined in consultation with members of that profession and other relevant parties and stakeholders. Educational quality will be achieved through partnership and collaboration between the key stakeholders utilising the principles of governance and self-assessment.

The approval process as part of NMBI's quality education framework consists of three parts:

- a) Approval of the Higher Education Institution and Associated Health Care Provider(s)
- b) Approval of the education programme(s)
- c) Review of annual reports

a) Approval of the Higher Education Institution and Health Care Institution(s).

The Higher Education Institution and its Associated Health Care Providers must make a written submission to The Nursing and Midwifery Board of Ireland in the form of a self-assessment audit of compliance with the Board's standards and requirements, and must declare that its curricular programmes comply with these standards. This self-assessment audit must be submitted every five years.

1. The Higher Education Institution and its Associated Health Care Provider(s) must declare that they meet the NMBI criteria for approval of HEIs for education and training of candidates for registration.
2. At least once every five years, the Nursing and Midwifery Board of Ireland will, by site visits, satisfy itself as to the suitability of the Higher Education Institution and Associated Health Care Providers in respect of the capacity and capability of the institutions to provide education and clinical practice experiences leading to registration. The Board reserves the right to conduct more frequent site visits as a follow-up to monitoring of requirements, conditions or recommendations specified for programme approval, or in response to information received regarding programme delivery.
3. Site visits will take place in an atmosphere of partnership and collaboration aimed at continuous quality improvement.
4. The site visit team will include at least one Board member and at least one Officer of the Board. An external expert and/or health service user may form part of the site visit team.
5. The Nursing and Midwifery Board of Ireland will forward a report in respect of the site visit to the Higher Education Institution and its Associated Health Care Providers following Board approval.

b) Approval of the Programme

1. The Higher Education Institution and its Associated Health Care Providers must submit a detailed curriculum document to NMBI including evidence of compliance with the Board's standards in respect of each registration programme. All supporting documentation (competence assessment tool, clinical and educational audit tool) will be submitted at this time. Submissions must be in print – that is, hard copy.
2. The Higher Education Institution and its Associated Health Care Providers must declare that their curricular programmes comply with NMBI's standards.
3. An officer of the Board will initially review the curriculum and prepare a report. A validation and standards committee appointed by NMBI will review the curriculum. This committee will include representatives of the Higher Education Institution and its Associated Health Care Providers. The decision of this committee will require the approval of the Education and Training Committee and the Board.
4. Once approval has been granted, it will be retained through annual monitoring and review.

The following general provisions regarding the process of approval apply:

- Approval may be granted or withheld. Conditions to be implemented within a specified time-scale may be attached to programme(s) approval. Recommendations may also be attached to approval.
- After approval has been granted, any subsequent changes within the Higher Education Institution and the Associated Health Care Providers, or in the education programme(s) that affect any aspect of compliance with these standards, must be notified to the Nursing and Midwifery Board of Ireland.

- The duration of approval of the education programme(s) will be specified by the Nursing and Midwifery Board of Ireland but will be no longer than five years.
- Notification of approval of the Higher Education Institution and its Associated Health Care Provider(s) will be by letter from the Nursing and Midwifery Board of Ireland.
- Summary details of approved programmes including clinical sites will be published on the Nursing and Midwifery Board of Ireland website.

c) Review of Annual Reports

The Nursing and Midwifery Board of Ireland requires the Higher Education Institution and its Associated Health Care Providers to produce an annual report. The annual report will be submitted in April of each year and will be produced jointly by the Higher Education Institution and the Associated Health Care Providers.

The report should include the following information:

- Update on conditions and recommendations in respect of programme(s) approval and site visit report.
- Evidence that programmes continue to meet the Nursing and Midwifery Board of Ireland requirements.
- Information on the quality of and changes to the practice placement learning environments and the arrangements and structures that are in place to enable students achieve the learning outcomes.
- Student numbers on each programme, the number of places available on each programme, number of places accepted, attrition rates and current numbers.
- Changes to curriculum structures or processes.
- Changes to marks and standards or HEI academic regulations.
- A list of the nurse lecturers to include the division of the Register they are listed in and their Nursing and Midwifery Board of Ireland PIN numbers.
- Change of External Examiners to include verification of compliance and their Nursing and Midwifery Board of Ireland/NMCUK PIN number, if applicable.
- The external examiner's annual report or a summary.

In addition to the annual report, any significant changes that affect any aspect of compliance with the standards and requirements must be notified to The Nursing and Midwifery Board of Ireland.

New programmes leading to registration may not commence without prior approval of the Nursing and Midwifery Board of Ireland.

The Appeal Process

Provision is made to appeal the decision of the Board with regard to the approval of a programme and/or an institution. The appeal process gives a hearing to the Higher Education Institution and the Associated Health Care Providers if there is a disagreement with NMBI.

Any appeal must be made within 30 days of date of receipt of decision of the Board. Senior representative(s) of the Higher Education Institution or Associated Health Care Provider s must make the request in writing outlining the reasons why the decision is being questioned by the partnership.

When the appeal is accepted by the President of the Board, an Appeals Panel is appointed. The Panel will comprise the President (or delegated representative), who will act as Chair, a Board member, chief education officer (or delegated representative), an education officer and an education representative from a Higher Education Institution and the Associated Health Care Provider not involved in the programme. NMBI's Appeals Panel will hear the evidence. The Chair, within seven working days will communicate the final outcome of the appeal in writing to the relevant stakeholders.

3.2 Standards for the Approval of the Higher Education Institutions and Associated Health Care Provider Services and Educational Programmes leading to Registration

The criteria for approval of education programmes for the purpose of registration for a specific division of nursing are set out in this section under eight headings. Each heading consists of a criterion statement, a standard statement and a series of indicators. Indicators help the education providers, HEIs and AHCPs to identify the evidence required to demonstrate that the programme is fit for purpose and for practice to meet the criteria for professional approval. The eight headings are:

3.2.1 Curriculum Design and Development

3.2.2 Student Entry, Admission, Transfer, Discontinuation and Completion

3.2.3 Programme Governance and Management

3.2.4 Student Support, Supervision and Learning Resources

3.2.5 Assessment Strategies

3.2.6 Practice Placement Allocations

3.2.7 Practice Placements Learning Environment and Competence Assessment

3.2.8 Quality Assurance and Enhancement Mechanisms

3.2.1 Curriculum Design and Development Criterion:

Criterion

Curriculum design and development should reflect current, evidence or research-based educational theory and healthcare practice. The curriculum model chosen should be dynamic and flexible to allow for changes in nursing practice and healthcare delivery, the development of evidence-based professional practice and in response to educational, health, social and economic change.

Standard

The curriculum is strategically planned to demonstrate balanced distribution and integration of theory and practice in order to achieve the learning outcomes, proficiency and competencies for Registered Nurses as outlined in Section 2 of the Standards and Requirements of the Nursing and Midwifery Board of Ireland.

Indicators

1. The programme of study is designed as a Level 8 Honours Bachelor's level on the National Framework of Qualifications (QQI 2014).
2. The curriculum design and development ensures that the programme meets all Nursing and Midwifery Board of Ireland (NMBI) statutory requirements and EU Directives for Nurse Registration Education Programmes.
3. The programme demonstrates consistency with the NMBI Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives.
4. The programme makes the safety of the person and protection of the public an integral, explicit and continuing component within the curriculum.
5. The programme shows the theme of choice, consultation, collaboration, participation and engagement with the person receiving health care, as integral, explicit and continuing components within the curriculum.
6. The programme 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.
7. The curriculum design and development are guided by current educational theory, professional nursing knowledge and advances in health care practice which are evidence-based or research-based.
8. The curriculum development team is led by academic staff who are Registered Nurse Tutors² and comprises representative members of key academic and clinical stakeholders in nursing practice.

² Or hold academic and teaching qualifications and experience deemed equivalent and approved by the Nursing and Midwifery Board of Ireland.

9. The curriculum describes the range of knowledge, competencies, skills and professional attributes designed to assist the development of knowledgeable, competent, reflective practitioners capable of accepting personal and professional accountability for delivering evidence-based practice and for engaging in life-long learning.
10. The curriculum design reflects various methods of teaching and learning and provides a balance between lectures, tutorials, workshops, small group teaching, interactive learning (for example, problem-based) demonstrations, practical work and self-directed learning.
11. The curriculum articulates opportunities for intentional, shared, interprofessional learning that is designed to enhance collaborative practice with other health professionals.
12. Module descriptors identify the ECTS³ credits, aims, learning outcomes, indicative content, student contact hours, student effort/self-directed learning hours and assessment strategies.
13. The curriculum articulates how the student is enabled to achieve the expected learning outcomes of the programme.
14. There is evidence of the involvement of people receiving healthcare in the review and evaluation of the programme and in curriculum development.

3.2.2 Student Entry, Admission, Transfer, Discontinuation and Completion

Criterion

The Higher Education Institution should provide explicit information to applicants and potential students as to the minimum entry requirements for admission to, transfer from, discontinuation of, and completion of the programme of study. At the beginning of the programme, the HEI should provide students with information on academic support, personal guidance, student services and academic facilities.

Standard

The Higher Education Institution demonstrates a commitment to fair and transparent processes for student admission, entry, transfer, discontinuation and completion.

Indicators

1. Clear and comprehensive information for applicants is available in electronic and hard copy format specifying the programme of study and the application processes.
2. Applicants for Nursing must specify one of the divisions of the Nursing Register at point of entry – that is, General, Intellectual Disability or Psychiatric.
3. Information clearly specifies entry and programmes requirements with regard to Garda vetting, health screening, vaccinations, occupational health and affidavits or legal declarations.

³ Nursing and Midwifery Board of Ireland.

4. The mechanism for student admission to the educational programme ensures that the stated entry requirements are met in accordance with institutional policy on equal opportunities for applicants and students⁴.
5. Information relating to the collection, analysis and use of relevant information on admissions, discontinuation, transfer, non-completion, progression and graduation demonstrates the HEI's adherence to data protection requirements.
6. The conditions for students' continuing progression and successful completion of the programme are explicit and are made known, in writing, to students at the beginning of the programme.
7. The mechanism and conditions for students exiting the educational programme before completion are explicit.
8. The Nursing and Midwifery Board of Ireland (Registration Department) is notified in writing of any student who exits the programme prior to successful completion.
9. Following any interruption⁵ in the educational programme, the partnership institutions ensure that the student meets the educational programme requirements as identified by the Nursing and Midwifery Board of Ireland.
10. Clear mechanisms for student transfer, withdrawal, discontinuation and eligibility for exit awards are specified.
11. The mechanism whereby records are maintained demonstrates that each student meets the declared standards of learning outcomes in both the clinical and theoretical components of the programme, and is eligible for registration.
12. Eligibility to register with the Nursing and Midwifery Board of Ireland is based on successful completion of the programme and the successful achievement of both the theoretical and clinical practice assessments.
13. The HEI maintains adequate records on the completion of the programme, the conferment of academic awards, details of attrition, non-completion, transfers and first employment destinations of graduates.

3.2.3 Programme Governance and management Criterion:

Criterion

The programme should be managed efficiently and effectively by the HEI in conjunction with a local joint working group. Membership should be drawn from stakeholders from the Higher Education Institution and Associated Health Care Services. These should include student representatives and key managerial, academic, administrative staff from the HEI, and clinical and managerial staff from the AHCS hospital and community services who are associated with its delivery. The programme should be well organised, with clear managerial, operational governance and reporting structures. Systems for programme evaluation should be robust and transparent.

⁴ Evidence of the HEI's policies on Equal Opportunities and Diversity, Recruitment, Selection and Admissions (including Disclosure and Anti-Fraud Policy and Processes)

⁵ Interruption: any leave (other than annual leave and bank holidays) including sick leave, maternity leave, force majeure leave, paternity leave, parental leave, compassionate and special leave.

Standard

Delivery and development of the programme of study must be co-ordinated through a joint Higher Education Institution and Associated Health Care Services governance mechanism, and specified in a Memorandum of Understanding (MOU) to ensure compliance with NMBI Standards and Requirements and EU directives.

Indicators

1. There is a formal MOU between each HEI and its AHCP(s) describing mutually agreed planned approaches which the parties will adopt and support in order to ensure the programme can reach a successful conclusion.
2. The MOU describes the process each party commits to developing that ensures all stakeholders have a voice, and empowers relevant staff to maintain, improve and support students and their learning. MOUs can be revisited five-yearly.
3. The programme of study adheres to all statutory and regulatory requirements of the Nursing and Midwifery Board of Ireland and to the current European Directives on Nursing.
4. A major institutional review of the effectiveness of the programme of study occurs on a five-yearly basis.
5. Modules, curriculum, indicative content, marks and standards, HEI academic regulations and programme delivery are monitored annually with the support of appropriate External Examiners' reports.
6. An annual report on the programme of study is provided to NMBI in a timely manner and in accordance with its requirements by the programme co-ordinator.
7. Processes for continuous quality improvement of the programme of study are robust and transparent.
8. For external practice placements outside of Ireland, HEIs must have formal arrangements in place with host practice institutions that comply with NMBI regulations and EU directives.
9. The Higher Education Institution and the Associated Health Care Providers keep appropriate records, including records of professional and academic awards conferred.
10. The process of monitoring and responding to student attendance in respect of the theoretical and clinical practice experience requirements is declared.
11. A policy for dignity and respect towards and between nursing students, clinicians, persons receiving healthcare and academic staff is in place.
12. The organisational structure supporting the management of the educational programme is explicit.
13. The named person with direct responsibility as course leader/co-ordinator to lead the programme holds appropriate academic and professional qualifications and experience.

14. A Local Joint Working Group (LJWG), which includes representatives of the key stakeholders from the Higher Education Institution and the Associated Health Care Providers is in operation to oversee and continually monitor programme implementation at local level so that any existing problems can be promptly identified and properly addressed.
15. Membership of the LJWG includes academic representatives, clinical stakeholders from acute and community practice settings, and people using health services. Composition of the LJWG should reflect any health services reorganisation and adjust its membership accordingly.
16. The LJWG is responsive to programme change in line with the DOH Health Reform Agenda and population focus.
17. A governance agreement is in place within the HEI in respect of financial and staffing resources to support the delivery of the educational programme.
18. Confirmation of institutional support for the long-term security of the programme is explicit with appropriate and adequate resources and facilities made available to meet the teaching and learning needs of the students.
19. Structures are in place to facilitate the participation of academic staff, practice staff and nurses undertaking the programme in the relevant deliberation, evaluation and decision-making processes associated with programme review and development.
20. A mechanism for staff development, including academic staff and clinicians involved in delivery and assessment of teaching and learning, is declared.

3.2.4 Student Support, Supervision and Learning Resources Criterion

Criterion

The Higher Education Institution and its Associated Health Service Providers should provide adequate guidance and support for student learning throughout the programme of study to foster an effective learning climate. The HEI and AHCS should provide adequate financial and human resources in terms of academic, supervisory, administrative, and clinical personnel to ensure the effective delivery of teaching, learning and assessment. Such resources should support research activity, programme administration and the professional development of the staff involved in programme delivery, and should be specified in a Memorandum of Understanding.

Standard

There is evidence as specified in a Memorandum of Understanding of the commitment of adequate resources by the HEIs and Associated Health Care Providers for effective support, guidance and supervision of nursing students.

Indicator

1. The mechanism for student support in relation to student services, facilities, academic and personal guidance is explicit and is made known, in writing, to students at the beginning of the programme.
2. Support mechanisms are provided for students, designed with their needs in mind and responsive to feedback from those who use such student services.
3. HEIs' and Schools'/Departments' educational learning resources and facilities (including technological support) adequately support delivery of the entire programme.
4. Teaching and facilitation of student learning is resourced by adequate numbers of appropriately prepared academic, administrative, technical and clinical staff to support the delivery of the programme at the stated professional and academic level.
5. Nursing subjects are developed and taught by registered nurses/midwives with appropriate professional and academic qualifications and teaching expertise in the subject matter.
6. The academic and practice staff delivering the programme hold appropriate professional qualifications and have the subject knowledge, skills and proficiency to teach or assess students in a range of settings.
7. A mechanism for staff development that prepares staff to deliver the educational programme including the provision for maintaining nursing subject expertise and academic and clinical credibility is declared.
8. Processes for monitoring student attendance, sickness, absence and attrition are fair, accurate, transparent and available.
9. Specified periods of annual leave are identified within the curriculum
10. A formal grievance and complaints policy for students is in place.
11. Processes for monitoring student achievement, progression and completion are fair, accurate, transparent and available.
12. A formal appeals procedure is in place with clear guidance on the process for students.
13. Access is afforded to post-registration students for clinical exposure to allied health professionals.
14. The methodology of the Higher Education Institution and the Associated Health Care Providers to support students in the practice-learning setting and to be involved in the clinical environment and its development are explicit.
15. Mechanisms for student support in relation to the provision of adequate guidance, supervision and examination of competence development in practice-placement settings are available.
16. The staff resource supports the delivery of the educational programme at the stated professional and academic level.
17. The HEIs and AHCPs routinely monitor and review the effectiveness of support services available to students and implement necessary improvements.

3.2.5 Assessment Strategies

Criterion

Assessment of academic achievement, progression and completion must be fair, effective and transparent. Students should be assessed using published criteria, regulations and procedures that are applied consistently and are subject to internal and external verification.

Standard

The assessment of learning is a continuous process and demonstrates a balanced and integrated distribution throughout the educational programme that is verified through the external examination process.

Indicators

1. The curriculum design includes the assessment strategy in relation to the measurement of practice-based and theoretical learning outcomes.
2. The programme assessment strategy is strategically planned and fit for purpose.
3. Assessments serve a formative function for gauging student progress and a summative purpose to ensure that progression to the next part/year of the programme is dependent on student attainment of required educational standards in theory and practice.
4. From an early stage, students are made aware of the assessment strategy used for their programme of study by the provision of an assessment map detailing the range of examinations, assignments, practice-based and other assessments of proficiency that will be encountered, and the criteria used to measure their academic and practice performance.
5. Assessment techniques are established as reliable and valid measurements of learning outcomes.
6. Assessments are based on a variety of strategies that are aligned with the subject area, practice-placement learning environments, and stage of the educational programme and are consistent with module learning outcomes.
7. Assessment measures the integration and application of theory to the nursing care of people using health services that is learned throughout the programme. It requires the student to demonstrate competence within practice through the achievement of learning outcomes in both theory and practice.
8. Practice-based assessment of learning outcomes and competence is based on an explicit model or framework for competence assessment.
9. The grading criteria indicating the standard for a pass award is declared and made explicit for theoretical and clinical practice assessments.

10. Module assessments have clear marking criteria that are available to students, internal and external examiners and academic staff.
11. Written exemplars of internal moderation being employed in the grading of module assessments are provided.
12. Policies governing student absence, non-submission of assessment work, non-attendance at examinations, mitigating circumstances and repeat arrangements are explicit.
13. Assessments are subject to administrative checks to verify the accuracy of procedures used.
14. All assessment results are considered and approved by a properly constituted Examination Board in accordance with the HEI's policies and Assessment and Examination Regulations.
15. Information is provided to students in a timely and accessible manner as to the processes for obtaining results, viewing scripts, securing module feedback from lecturers and study advisors, and requesting a recheck of marks.
16. Assessment regulations relating to compensation, supplemental examinations, appeal mechanisms and conditions for continuance on the programme are explicit and made known to students and key stakeholders.
17. Programme criteria specify pass/fail standards, compensation, and maximum number of supplemental attempts.
18. The assessment strategy does not allow compensation between theoretical and clinical practice assessments.
19. There is evidence that external examiners are appointed by the Higher Education Institution in accordance with its procedures and with criteria specified by the NMBI for the experience and expertise of examiners of professional nursing programmes.
20. External examiners' reports attest to the external examiner's role in reviewing the content, structure, organisation and assessment of the nursing programme in terms of equity, fairness and transparency.
21. There is evidence of the quality assurance role of the external examiner in ensuring that decision-making by examination boards of the Higher Education Institution is rigorous, fair and consistent, and in the programme review.
22. The Higher Education Institution and its Associated Health Care Providers provide an annual report on the educational programmes by including the external examiner's report or a summary to the Nursing and Midwifery Board of Ireland.
23. The assessment strategy ensures that graduates meet the intended programme learning outcomes and competencies for proficient practice as a registered nurse in a specified division of the professional register.

3.2.6 Practice Placements

Criterion

The HEIs and its AHCPs work in partnership to select, develop and provide appropriate practice placements for students. Learning opportunities are provided to ensure the student gains the breadth of experience supporting the curriculum aims in developing the competencies required for registration.

Standard

Practice placement experience is selected by the HEI in partnership with its AHCPs supporting the curriculum aims, in accordance with EU Directives and NMBI Standards and Requirements.

Indicators

1. HEIs and AHCPs are committed to monitoring and supporting the quality of the learning environment in all practice placements in order to ensure an optimum learning environment for students. This commitment is outlined in the Memorandum of Understanding (MOU).
2. The MOU details the system for academic liaison and engagement with practice sites to support post graduate practice-based learning.
3. Practice placements provide students with the appropriate learning environments to support the development and achievement of their competencies; placement selection must be subject to ongoing review and monitoring by the HEIs and AHCPs, given the dynamic nature of health services provision.
4. All practice placements are audited in order to assess and ensure their suitability as quality learning environments, in accordance with the NMBI Standards and requirements for programme approval.
5. Practice placements are selected to reflect the breadth and diversity of the educational programme and the division of the register, encompassing the scope of settings in which the specified division of nursing normally operates.
6. Where learning opportunities occur under the supervision of other members of the multidisciplinary team, allied health, educational and social care professionals, such experiences are monitored by a registered nurse and the placement's final assessment process allows for the involvement of a registered nurse.
7. HEIs have a framework in place for students to raise concerns about the perceived safety of the practice-learning environment. The HEIs have a formal structure in place, in agreement with their AHCPs, to follow up on such reports with clinical sites concerned.
8. Post-registration students are facilitated with the appropriate guidance and protected time for orientation and reflective practice on a clinical or specialist placement.
9. Systems for allocation of students are transparent and fair.
10. Prior to using new practice-placement sites, verification of the completed audit as endorsed by the Higher Education Institution are submitted to the Nursing and Midwifery Board of Ireland.

3.2.7 Practice Placements Learning Environment and Competence Assessment

Criterion

Practice-based learning forms a mandatory and essential component of the professional nursing education to enable students to develop the domains of competence to become safe, caring, competent decision-makers who are willing to accept personal and professional accountability for evidence-based nursing care.

Standard(s):

Clinical co-ordinators are appropriately qualified, adequately prepared for, and supported in the role of guidance, support, facilitation and monitoring of practice-based learning among undergraduate nursing and midwifery students.

Preceptors and assessors of nursing students' practice-based learning are appropriately qualified, adequately prepared for, and supported in the role of student supervision and assessment of proficiency towards competence in nursing practice.

Indicators

1. Clearly written, up-to-date learning outcomes/objectives⁶ appropriate to the practice-placement environment are available and accessible to ensure optimal use of valuable practice-placement experience.
2. Learning outcomes that are explicit to the practice setting are used for each year of the programme to guide student practice-based learning.
3. Nursing students, and all those involved⁷ in meeting students' learning needs, are fully acquainted with the expected learning outcomes relating to that practice-placement setting.
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.
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.
6. Practice-based learning is supported by adequate numbers of appropriately qualified and prepared clinical co-ordinators who are supported by a nurse practice development co-ordinator.
7. Preceptorship arrangements are in place to support student placements in community and primary care settings.

⁶ The learning outcomes/ objectives are reviewed and revised as necessary.

⁷ Clinical Co-ordinators, Preceptors, Nurse Practice Development Coordinators, Clinical Nurse Managers, Link Academic Staff and others involved in supervision or assessment of nursing students.

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 competencies to become proficient practitioners of nursing.
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.
10. Protected time policy and arrangements are in place for preceptor supervision and examining of post-registration students.
11. Preceptor initial preparation is supported by refresher courses and other supports from HEIs in relation to student supervision and competence assessment.
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.
13. Practice-based assessment of learning and attainment of competence is based on an explicit model or framework for the progressive achievement of proficiency.
14. Mechanisms for preceptorship evaluation are in place.
15. Specific periods of protected time are allocated for reflection during supernumerary placements and the final internship clinical placement (Nurse Education Forum 2000).
16. The HEIs and AHCPs operate an effective fitness-to-practise mechanism for the protection of the public and safety of the vulnerable person receiving healthcare.
17. The HEIs and AHCPs operate robust processes for managing postgraduate health problems.

3.2.8 Quality Assurance and Enhancement Mechanisms

Criterion

The strategy, policy and procedures for quality monitoring, assurance and enhancement should have formal status within the Higher Education Institution and its Associated Health Service Providers, be publicly accessible and include a role for students and other academic and practice stakeholders.

Standard

The Higher Education Institution and its Associated Health Service Providers demonstrate a commitment to fostering an organisational culture for continuous quality improvement with written evidence outlining the systems and outcomes of quality monitoring and enhancement.

Indicators

Quality assurance indicators are identified and measured in relation to the availability of:

1. Reports of internal and external subject quality reviews
2. Reports of module, year and programme evaluation
3. Students', former students' and employers' evaluations of the programme
4. Sufficient registered practitioners to facilitate the supervision of nursing students
5. Evidence-based practice guidelines to support care delivery
6. Reports of research awareness and the application of research findings among clinical practitioners
7. Reports on the delivery of person-centred, holistic care of the person using health services
8. Policies/protocols in respect of medication management
9. Policies/protocols in respect of good practice in recording the delivery of nursing care
10. Mechanisms and evidence of audit of nursing documentation
11. Evidence of maintenance of competence and of continuing professional development of all academic and practice staff involved in programme delivery
12. Evidence of clinical risk management programmes
13. Mechanisms for and evidence of student support, supervision and assessment whilst in practice settings
14. Mechanisms for and evidence of educational and clinical audit
15. Mechanisms are explicit as to the role and function of members of the public and people receiving healthcare in the process of programme review and evaluation.

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