

PROFESSIONAL
STANDARDS
NURSING

Compensation Measures for Nurses Trained Outside of Ireland



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

The 'Compensation Measures for Nurses Trained Outside of Ireland' document was published in 2019 and replaces the 'Competence Assessment for Overseas Nurses (2015)' document.

The following document was developed to reflect *Sl. 8 of 2017* which transposes *Directive 2013/55/EU on the recognition of professional qualifications and regulation*, plus the updated NMBI (2016) *Nurse Registration Programmes Standards and Requirements (Fourth Edition)*.

It is designed to provide guidance on a period of adaptation and assessment in an Irish healthcare facility, and guidance on the development and provision of an aptitude test by an educational provider in order to assess the competence of a nurse to meet the registration requirements of the Nursing and Midwifery Board of Ireland (NMBI).

About NMBI

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

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Introduction

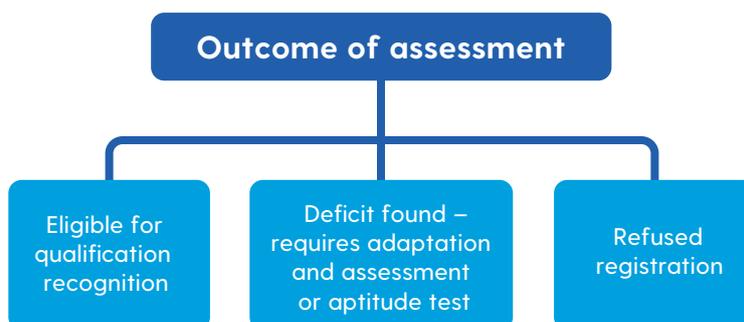
NMBI, cognisant of its regulatory responsibility to promote high standards of professional education and training, and professional conduct among nurses, and its mission to protect the public through these functions, has developed a framework of compensation measures for nurses educated and trained outside of Ireland. These measures are designed to demonstrate competence for recognition of qualification with NMBI where deficits have been identified.

A person who trained outside the Republic of Ireland must undergo a regulatory assessment by NMBI in order to be registered as a nurse on the NMBI Register. Should the nurse's professional education and training not meet the NMBI requirements for recognition of qualification and NMBI (2016) *Nurse Registration Programmes Standards and Requirements (Fourth Edition)*, the nurse may be offered the option of completing a compensation measure to address deficits or shortfalls in training.

A prerequisite to NMBI recognition of qualification and registration as indicated below may be that the applicant should successfully undertake a compensation measure of either:

- a period of adaptation and assessment
or
- an aptitude test

Table 1 below outlines the possible outcomes of the regulatory assessment.



English language competence is required at a level that supports clear communication and enables the applicant to practise safely and efficiently in Ireland. Therefore, proof of English language competence may be required prior to registration, where English is not the first or primary language of the applicant from the approved countries. Proof of English language competence could be requested at the stage of application or prior to recognition of qualification.

Compensation measures

Two compensation measures are available to the applicant to make up shortfalls in their nurse training – that is, areas not covered sufficiently in previous training, and content that is specific to the State. An aptitude test provides an alternative to the adaptation and assessment model.

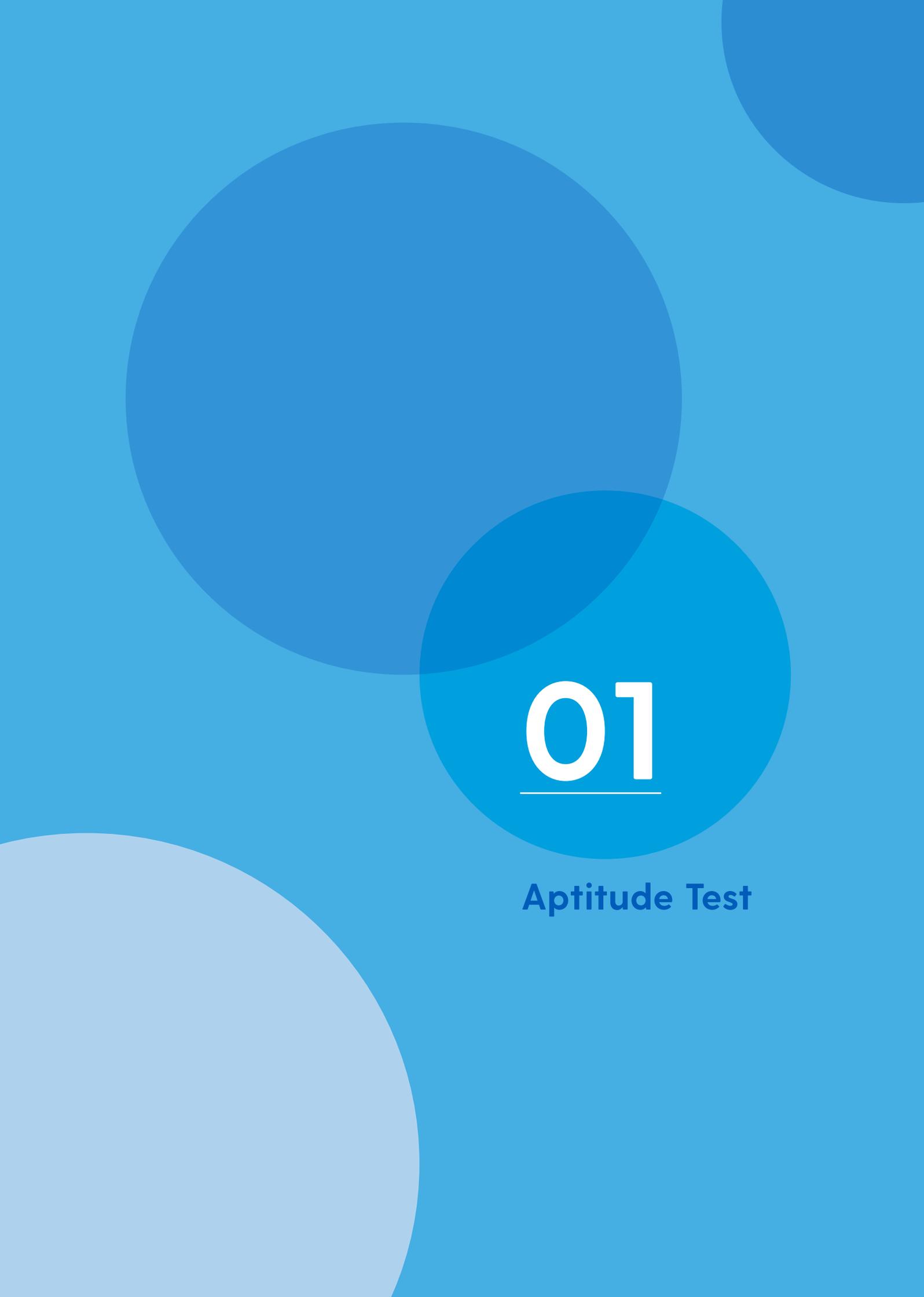
An applicant who is undergoing a period of adaptation or an aptitude test will have their name entered on a candidate register maintained by NMBI, and will be referred to as a 'candidate nurse'. NMBI requires that the successful completion of either compensation measure must be achieved within a specific timeframe that will be stipulated on their NMBI decision letter. The compensation measure chosen should be discipline-specific and be developed to examine the suitability for recognition of qualification prior to registration within the divisions of the NMBI Register.

Section 1 of this document provides Higher Education Institutes (HEIs) or appropriate education providers with information and guidance on the development and provision of an aptitude test.

Section 2 of this document provides the Irish healthcare institutions involved in the provision of adaptation and assessment for nurses who have trained outside the Republic of Ireland with a theoretical and competence assessment framework, accompanying guidance and information. A period of adaptation is a period of supervised practice followed by assessment by a registered nurse.

Once the candidate nurse has been deemed suitable for inclusion on the NMBI Register and has secured employment, the employer is then responsible to provide a relevant orientation programme for the nurse that is specific to their organisation.

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

The background is a solid light blue color. It features several overlapping circles of different shades of blue. A large, semi-transparent medium blue circle is positioned in the upper left. A smaller, solid bright blue circle is in the lower right, containing the white text '01'. A very light blue circle is partially visible in the bottom left corner. The number '01' is centered within the bright blue circle and has a thin white horizontal line underneath it.

01

Aptitude Test

1.0 Overview

The aptitude test is designed to assess the ability of the candidate nurse to competently apply their professional nursing knowledge and skills within the Irish healthcare context. The testing employed will determine the candidate nurse's knowledge and skills at the level of a newly qualified registered nurse as set out in the (NMBI 2016) Nurse Registration Programmes Standards and Requirements.

“... aptitude test means a test limited to the professional knowledge of the applicant, carried out or recognised by the Board, with the aim of assessing the ability of the applicant to pursue the relevant professional activities in the State.”

Nurses and Midwives Rules 2018 S.I. 220 (Recognition of Professional Qualifications) (3) p2

The aptitude test provides an alternative to the adaptation and assessment model and should provide an equitable, efficient and accurate assessment method for applicants as well as determining the competence of the nurse.

1.1 Guidance on the provision of an aptitude test

In Ireland, registered nurses are accountable healthcare professionals working within a scope of practice framework. Fundamental to safe patient care are competent practitioners.

The principles and values underpinning an aptitude test include:

- the priority to ensure patient and public protection;
- the assurance to NMBI that the assessment methodology will determine whether or not candidates meet the standards for safe, effective and competent practice in order to be eligible to register with NMBI;
- the provision of a robust, fair, objective, valid, reliable and evidence-based assessment methodology;
- the provision of a responsive, efficient, effective, economical and equitable assessment for all candidates;
- the competencies for entry to the NMBI Register will inform the test;
- the assessment structure and process will support the candidate to demonstrate the knowledge and skills that are determined by the Board in terms of the registration requirements and standards in the appropriate division of the Register;
- the organisational infrastructure must adequately support the development of a valid, reliable and robust testing process within a secure testing environment; and
- the development of the aptitude test must involve relevant stakeholders and be suitable for a modern healthcare system.

1.2 Eligibility to apply

An aptitude test is one of the compensation measures open to any applicant whose qualification does not meet the criteria to register as a nurse in Ireland, regardless of prospective employment. To be eligible from a regulatory perspective, the applicant must have an in-date decision letter from the NMBI, noting that an aptitude test is one of the options that must be successfully completed as a prerequisite to registration as a registered nurse with NMBI. To be eligible from a legal perspective (if relevant), the applicant must comply with the entry requirements to the Republic of Ireland, such as an atypical working scheme (AWS) letter of approval or an entry visa.

1.3 Parts of the aptitude test

The aptitude test comprises two parts:

Part 1: Theory (Written exam)

Part 2: Practical – Objective Structured Clinical Examination (OSCE test)

Part 1 must be successfully completed before Part 2 can be attempted. On successful completion of Part 2, the candidate will be eligible for registration with NMBI.

Both parts of the aptitude test should be based on the *NMBI (2016) Nurse Registration Programmes Standards and Requirements*, which are what a newly qualified nurse in the Republic of Ireland must be able to achieve. The aptitude test will examine the professional nursing knowledge and skills required as a registered nurse within the specific discipline of the NMBI Register.

1.4 Attempts

Two attempts (that is, one repeat) are allowed at each of the two parts of the aptitude test. The theory part must be repeated in full. An applicant who fails at the first attempt of the practical part is required to re-take the failed OSCE station or stations only (see section 1.6 below for more information on 'stations'). Provisions must be made for the applicant to appeal the final decision of the aptitude test, should the candidate nurse feel that the process was compromised during the exam, or there were mitigating circumstances that hindered their performance.

1.5 Overview of Part 1: Theory

The assessment of theory must consist of a written exam to assess the Candidate nurse's professional nursing knowledge within the Irish healthcare context. The theory learning outcomes must assess professional knowledge and understanding, and must be based on the *(NMBI 2016) Nurse Registration Programmes Standards and Requirements*. The written exam used must be established as a reliable and valid measurement of theory learning outcomes. The theory part must be completed and a successful outcome achieved before the practical part can be attempted.

1.6 Overview of Part 2: Practical/OSCE test

The practical part comprises a methodology known as Objective Structured Clinical Examination (OSCE). OSCE is acknowledged internationally as an assessment methodology that enables the applicant to demonstrate their clinical skills in a simulated practice setting, known as a 'station'. The assessment techniques must be established as reliable and valid measurements of clinical skills. Assessment through a range of OSCEs must include a number of different simulated stations and scenarios. A station is set up as a clinical setting and has all the necessary equipment. Up to 20 stations, with a minimum of 14 stations, must be completed. Each station should assess the minimum competencies required as outlined in the EU directive.

1.7 Suggested content for an aptitude test

Typical content topics that may be assessed along with NMBI's (2016) *Nurse Registration Programmes Standards and Requirements* include:

- diagnostic tests
- diseases and conditions
- malnutrition
- vital signs
- NEWS/PEWS
- sepsis
- infection prevention and control, and waste management
- basic life support
- wound care
- nursing process
- values for nursing
- professional standards and guidance
- principles of effective communication
- medication management
- legal issues

1.8 Standards and requirements for aptitude tests

The aptitude test proposed must be quality assured and provide a mechanism that will ensure public safety. Therefore, the following standards and requirements must be adhered to:

- i. The aptitude test must have first received approval from the HEI's (Higher Education Institute's) or appropriate education provider's own approval process mechanisms prior to sending an application for approval to NMBI.
- ii. NMBI must approve the aptitude test and undertake a site visit prior to approval.
- iii. The aptitude test must have a programme management team made up of members of the HEI or appropriate education providers and healthcare providers, who have diverse and sufficient qualifications, knowledge, skills and psychometrics to contribute to the assessment process.

- iv. Theory tests and OSCEs must be evidenced-based and developed by subject experts with appropriate qualifications in the subject matter, and with psychometrics skills. Details of these must be submitted to NMBI.
- v. Theory tests and OSCEs must show evidence that quality assurance processes in place, including reliability and validity test measures.
- vi. The aptitude test must be evidenced-based and led and co-ordinated by a registered nurse tutor or an educationalist that has the relevant academic qualifications and experience.
- vii. Criteria for assessors with the appropriate qualifications and experience to undertake the OSCEs must be clearly outlined.
- viii. Both the theory and the practical elements of the aptitude test should be based on the *NMBI (2016) Nurse Registration Programmes Standards and Requirements*.
- ix. Evidence that the theory test and OSCEs are tested, updated and changed on a regular basis and are discipline-specific must be provided.
- x. In order to facilitate an aptitude test, the HEIs or appropriate education provider must show evidence and availability of appropriate facilities, resources and equipment (including IT infrastructure, video recording, clinical skills and classrooms).
- xi. The conduct expected from the candidate nurse undertaking the aptitude test and rules for the test centre must be clearly identified.
- xii. Financial security of the aptitude test process must be guaranteed by the HEI or appropriate education provider.
- xiii. Eligibility to access the programme must be open, transparent and independent of prospective employment.
- xiv. The application process must be made explicit to the applicant.
- xv. The grading criteria, including pass rates, must be made explicit to the candidate and NMBI.
- xvi. An evaluation of the process must be completed by the candidates.
- xvii. The appeal process for candidates must be clearly defined.
- xviii. Evaluation and feedback must be sought from relevant stakeholders, for example, healthcare services, HEIs or appropriate education providers and service users.
- xix. The aptitude test must be updated and revised on a continuous basis, incorporating feedback received from the established quality-assurance mechanisms.
- xx. The HEIs or appropriate education provider must maintain appropriate records and be General Data Protection Regulation (GDPR)-compliant.
- xxi. NMBI must be informed of candidates who have passed, failed the knowledge assessment twice or failed the OSCE twice.
- xxii. NMBI will continue to monitor the process, and if there are any changes to the process, NMBI must be notified in writing.
- xxiii. An annual report must also be submitted to NMBI.



02

**Adaptation and
Assessment**

2.1 Guidance on the provision of a period of adaptation and assessment

An applicant who has trained outside the Republic of Ireland may be required by NMBI to undertake a period of adaptation and assessment prior to recognition of their qualification. A period of adaptation and assessment is one option of compensation measures offered to the applicant who has not trained in the Republic of Ireland. Adaptation and assessment is a period of supervised practice which may be accompanied by further education. The period of adaptation is under the guidance of a qualified registered nurse in the appropriate division of the NMBI Register, and this period of supervised practice shall be the subject of assessment. An applicant undergoing a period of adaptation will have their name entered on a candidate register maintained by NMBI and will be referred to as a 'candidate nurse'.

The purpose of the period of adaptation and assessment is to ensure that each candidate nurse becomes eligible for registration with NMBI. In order to become eligible for registration, the candidate nurse must achieve competence. Competence is demonstrated by the ability of the candidate nurse to practise safely and effectively, fulfilling their professional responsibility within their scope of practice. The candidate nurse works under the responsibility of a qualified nurse to develop and demonstrate the expected competencies within their scope of practice for the duration of the period of adaptation. The candidate nurse actively engages in the process of adaptation, and has a responsibility to negotiate opportunities given to them to make up the shortfall in training required for recognition of registration with NMBI. The period of adaptation is the subject of an assessment to determine the achievement of competence. The Director of Nursing will attest to the suitability of the candidate nurse to have their name entered on the Register as maintained by NMBI following this period of adaptation and assessment.

2.2 Criteria for the provision of a period of adaptation

Prior to providing a period of adaptation to a candidate nurse, the following criteria should be considered:

- The candidate nurse is placed in a learning environment that is already audited by a process approved by NMBI and has well-established mechanisms for supporting learners.
- The learning environment must be suitable for registration within the specific disciplines of the NMBI Register.
- The candidate nurse works with a qualified nurse (a Preceptor or Assessor) and/or other nursing staff on a daily basis for the duration of the period of adaptation. This enables the candidate nurse to develop the requisite knowledge, skills, attitudes and behaviours necessary to demonstrate the achievement of competence.
- The Preceptor (or Assessor) ideally has one year of post-graduate experience in the clinical area, and is aware of the fundamental principles of assessment. It is essential that each Preceptor has completed a teaching and assessing or preceptorship course.

2.3 Adaptation strategy

The principal aim of the period of adaptation is to harness the knowledge and expertise that the candidate nurse has previously acquired, to make up shortfalls in previous training, and relay content that is specific to the State. The candidate nurse should be empowered to accept and exercise responsibility and accountability for independent learning, personal growth and self-awareness. It will also enable them to demonstrate the competence required to have their name entered on the Register.

Suggested content topics for an adaptation programme:

- guidance on professional conduct and ethics
- overview of the Irish healthcare system
- cultural and social issues
- values for nurses
- National nursing policies and procedures
- National organisational policies and procedures
- safe practice in relation to medication management, NEWS/PEWS and documentation
- basic life support
- sepsis
- infection control, hand hygiene and waste management
- principles of effective communication
- legal issues and consent
- nursing practice and decision-making
- leadership, management and teamworking
- reflective practice
- continuing professional development and education.

Teaching and learning strategies

Learner-centred approaches to adult learning are encouraged to enable the candidate nurse to take control of professional development. A variety of teaching and learning strategies should be used in order to build upon existing knowledge and expertise. Consider the following:

- Supervised clinical nursing practice provides experiential learning and enables the candidate nurse to achieve and to demonstrate competence.
- Reflective discussions during supervised practice facilitate critical awareness and reflective practice.
- Problem-solving enables the candidate nurse to assess and manage work in conjunction with peers. This fosters a notion of individual and collective thinking, and it encourages and enhances a team approach. It allows the candidate nurse to demonstrate initiative.
- The use of a learning log provides an opportunity to reflect upon and record personal encounters, and to further develop English language writing skills.
- Theoretical instruction can be taught through a blended learning approach or face-to-face teaching.

2.4 Competency assessment strategy

The assessment strategy recognises the knowledge, expertise and previous experience of the candidate nurse. It acknowledges that the nurse is registered on a professional register of nurses maintained by a nursing regulatory body in another country. In addition, it also takes into account the individualised instruction set out in each nurse's NMBI decision letter which states the length of the required period of adaptation.

The assessment strategy will measure applicants' ability to meet the standards for safe, effective and competent practice in line with the *Nurse Registration Programmes Standards and Requirements (NMBI 2016)*. The assessment will determine the applicant's competency, knowledge and skills in relation to the terminal learning outcomes and six domains of competency as set out in the *NMBI (2016) Standards and Requirements*.

The Competence Assessment Tool is designed to allow for a transparent assessment process that is user-friendly. The focus is on facilitating learning opportunities that allow the candidate nurse to further develop independent learning skills and the performance criteria of competence associated with lifelong learning and continuing professional development. Evidence of competence may be gathered by a number of methods including:

- direct observation of the candidate nurse's performance throughout the period of adaptation;
- question and answer sessions to assess underpinning knowledge;
- reflective discussions between the candidate nurse and the Preceptor/ Assessor regarding professional progress;
- testimony from other key, qualified nursing staff;
- product evidence – for example, documented nursing care;
- learning log evidence.

2.5 Learning log

The use of a learning log during the period of adaptation is recommended. The candidate nurse may use the learning log to record personal accounts of learning and, in doing so, engage in reflective practice. To determine competence, Preceptors satisfy themselves that the candidate nurse has achieved the learning outcomes, and the learning log may assist the Preceptor in this endeavour. The log provides documented evidence of learning, and the reflective notes may provide evidence that competence has been achieved in the relevant domains, and the shortfall in training has been addressed.

2.6 Attendance

The adaptation period recommended by service is between 6 and 12 weeks. Any extension to this period must be approved by NMBI. The Director of Nursing must notify NMBI in writing, giving details and reasons for an extension.

Full attendance of 100 per cent is expected of the candidate nurse during the period of adaptation. However, 80 per cent is the minimal attendance recommended before final assessment can be undertaken. There is a requirement for an entire shift to be attended to enable achievement of the learning outcomes. Any deviation from this is negotiated locally with the Clinical Nurse Manager or Preceptor.

2.7 Assessment meetings

To facilitate the assessment process, it is required that formal meetings take place between the Preceptor and the candidate nurse. An initial, an intermediate and a final meeting are essential. Meetings are held in private, free from disturbance. All meetings are recorded in the Meeting Record Sheets, and entries must be dated and signed.

Initial meeting

- The initial meeting between the candidate nurse and the Preceptor takes place early in the first week of the period of adaptation to identify areas for development.
- The Competence Assessment Tool provides the framework for the discussion.
- The learning outcomes and the Domains of Competence¹ are discussed in detail, and opportunities for practice-based learning are identified.
- The candidate nurse and the Preceptor formulate a learning contract, as learning needs, objectives, resources and strategies are identified.
- A record of the meeting is made in the Initial Meeting Record Sheet.

Intermediate meeting

- The intermediate meeting between the candidate nurse and the Preceptor takes place at the mid-way point of the period of adaptation (for example, week 3 – 6). The decision as to when the intermediate meeting should be held is determined locally by the Preceptor, and is dependent on the individual adaptation process that each candidate nurse will experience.
- The progress of the candidate nurse is evaluated and the results are entered on the Competence Assessment Tool under the column 'Intermediate Meeting'. The Preceptor initials each competency indicator under the column 'Progressing, yes or no'.
- 'Not applicable' may be recorded if this is deemed to be the case. A comment on the reason for this should be included on the Intermediate Meeting Record Sheet.
- If the candidate nurse is not progressing in one or more identified areas, a Verifier (registered nurse) attends the meeting and the director of nursing is notified.

¹ These are defined as broad categories that represent the functions of the registered nurse in contemporary practice.

- The learning contract is examined in light of an identified lack of progress. In order to determine the reasons for the lack of progress by the candidate nurse, the learning needs, objectives, resources and strategies are re-examined.
- An examination of the clinical learning environment to ensure that the environment is conducive to learning may be helpful in light of an identified lack of progress.
- An action plan is drawn up and agreed between the candidate nurse, the Preceptor and the Verifier that will offer specific guidance and support to facilitate progression.
- The action plan must be documented and should detail the following:
 - i. Agreement on the part of the candidate nurse and the Preceptor as to the exact areas where problems are identified.
 - ii. Specific details of how the problem area or areas will be addressed in the clinical area.
 - iii. An agreed period of time for further supervised practice.
 - iv. An agreed minimum contact time per week when the Preceptor and candidate nurse will practise together.
 - v. An agreed progress status schedule prior to the final assessment.
- A record of the meeting is made in the Intermediate Meeting Record Sheet.

Final meeting

- The final meeting takes place during the last week of clinical placement.
- A minimum of 80 per cent attendance record is required.
- If it was identified during the intermediate meeting that the candidate nurse was not progressing in certain competencies, then sufficient attendance (that is, 12 weeks) to determine that progress should be assessed is required before this final meeting can take place.
- The candidate nurse and the Preceptor attend the meeting.
- The Verifier attends if:
 - i. either the candidate nurse or the Preceptor, or both, requests the Verifier's presence at the meeting;
 - ii. problems are identified during the intermediate meeting; or
 - iii. the candidate nurse is deemed not competent.
- Progress is evaluated and the results are entered on the Competence Assessment Tool under the column 'Final Meeting'. The Preceptor initials each competency indicator under the column 'Competent' or 'Not Competent'.
- If a candidate nurse is deemed not competent, and a decision to extend the period of adaptation and assessment beyond 12 weeks is under consideration, this must be notified to, and agreed by, NMBI.
- A full review and further development of the learning contract and action plan will also be required at this point.

- A record of the meeting is made in the Final Meeting Record Sheet.
- The candidate must be notified of their entitlement to appeal the final decision if they felt that the process was not followed correctly, or there were mitigating circumstances that hindered their performance.

2.8 Management of assessment documentation

The candidate nurse is responsible for managing their assessment documentation for the duration of the period of adaptation and assessment. Records of meetings held are documented in the Meeting Record Sheets and on the Competence Assessment Tool. The candidate nurse holds the documentation throughout the period of adaptation and assessment and returns all documentation to the Preceptor on completion of the period of adaptation. The completed documentation is then held by the hospital for a period of not less than three months, and as agreed by local policy.

2.9 Report of the Director of Nursing

The Preceptor informs the Director of Nursing of the outcome of the period of adaptation and assessment. Following this consultation with the Preceptor, the Director of Nursing furnishes a report on the candidate nurse to NMBI. The report states whether, in the opinion of the Director of Nursing, the candidate nurse has or has not met the shortfalls in training, or has demonstrated competence. Hence, the Director of Nursing recommends or does not recommend registration accordingly.

2.10 Summary of adaptation and assessment

First week of the period of adaptation/assessment

- An initial meeting is held.
- Candidate nurse and Preceptor (or Assessor) discuss and plan how the competencies are to be achieved.
- A learning contract is agreed.

During the period of adaptation/assessment

- Candidate nurse works with the Preceptor and/or other nursing staff to achieve competencies.
- Candidate nurse engages in reflective practice, and records learning in their learning log.
- Candidate nurse arranges the dates of intermediate and final meetings with the Preceptor.

Mid-way point of the period of adaptation/assessment

- Intermediate meeting is held, and candidate nurse is formally assessed.
- Candidate nurse, Preceptor and Verifier (if applicable) discuss progress to date, and develop an action plan and scheduled progress meeting to promote achievement of competencies if applicable.

Final week of the period of adaptation/assessment

- Candidate nurse, Preceptor/Assessor and Verifier (if applicable) hold a final meeting.
- Final assessment is carried out, and documentation is completed, signed and submitted to the Director of Nursing. The candidate nurse should be informed of their right to lodge an appeal in the case of a failed clinical assessment and adaptation.
- Director of Nursing submits a report to NMBI that recommends or does not recommend registration.



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| Candidate Nurse Details <i>(Block capitals only)</i> | |
|--|--|
| Forename | |
| Surname | |
| NMBI PIN | |
| Hospital Name | |

Final Meeting Record Sheet

To be completed by the Preceptor/Assessor in the presence of the candidate nurse

The Verifier attends if the candidate nurse is deemed not competent, or if any of the Preceptor, Assessor or candidate nurse requests the Verifier's presence.

Competent

If learning outcomes have been achieved and candidate nurse is deemed competent, Preceptor/Assessor signs below:

Signature _____
(of Preceptor/Assessor)

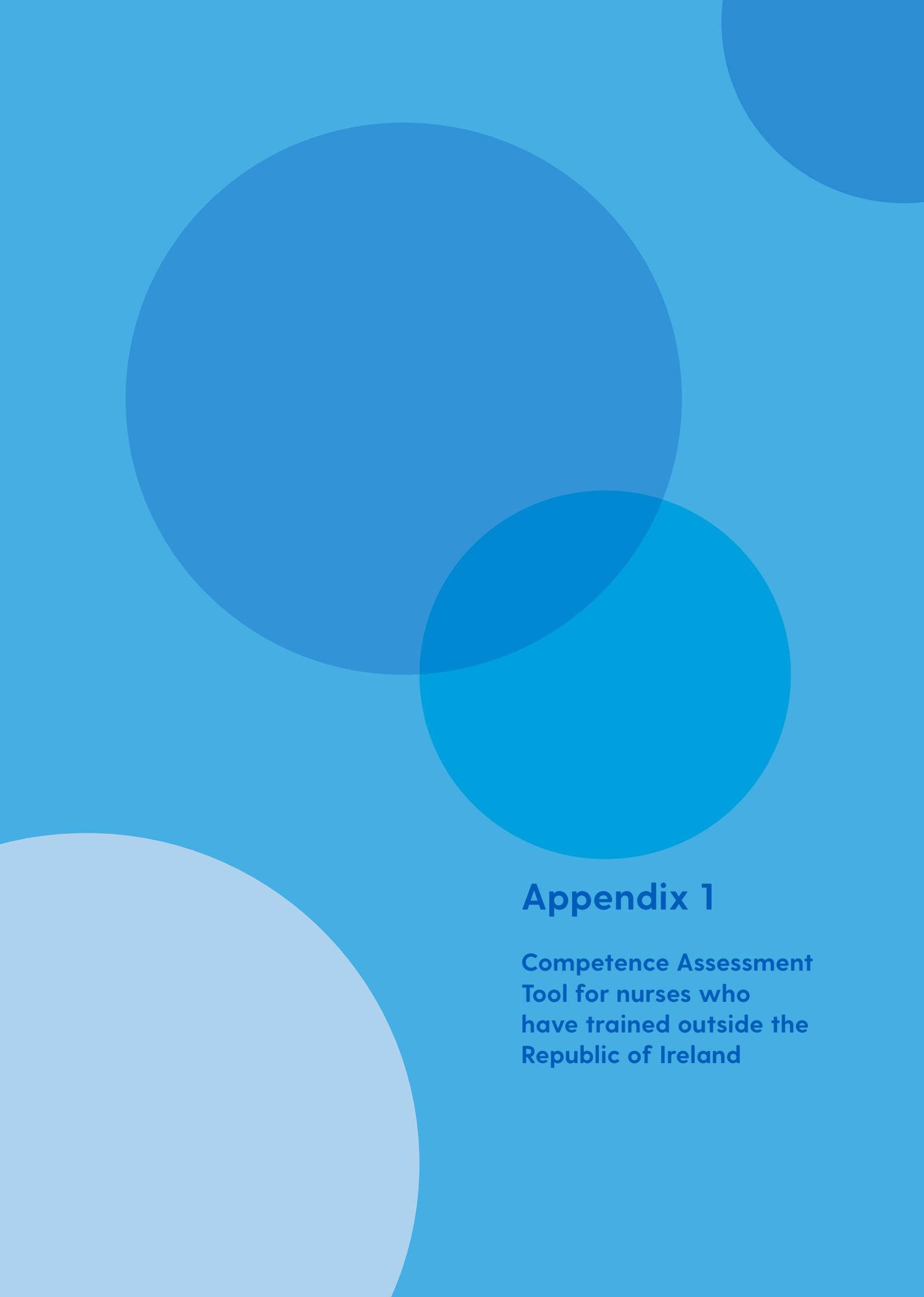
OR

Not Competent

If candidate nurse is deemed not competent, Preceptor/Assessor signs below and specifies the Domain(s) of Competence not achieved:

Signature _____
(of Preceptor/Assessor)

Comments



Appendix 1

**Competence Assessment
Tool for nurses who
have trained outside the
Republic of Ireland**

Learning Outcomes

Learning outcomes are specific statements about what the nurse should have achieved by the end of a module. The purpose of the registration education programme is to ensure that the nurse is equipped with the knowledge and skills necessary to practise as a competent and professional nurse.

The period of adaptation enables the candidate nurse to achieve these six learning outcomes:

1. Assist individuals, families and groups achieve optimum health, independence, recovery, or a peaceful death in a professional, caring manner.
2. Provide and manage direct practical nursing whether health-promotional, preventive, curative, rehabilitative or supportive, to individuals, families or groups.
3. Demonstrate a knowledge base and a level of competence in clinical practice skills essential for safe practice, which are grounded in recent evidence-based nursing research, where available.
4. Identify and meet the nursing care needs of the individual, family, community in all healthcare settings.
5. Demonstrate development of analytical skills, critical thinking, problem-solving and reflective practice.
6. Act as an effective member of a healthcare team, and participate in the multidisciplinary team approach to the care of patients/clients.

Domains of Competence

In 2016, the *Nurse Registration Programmes Standards and Requirements* (NMBI 2016) were published. These standards and requirements included core competencies and learning outcomes that a nurse must have achieved after their final practice placement of a nursing degree programme, and prior to registration on the Register.

There are four divisions of the nursing Register:

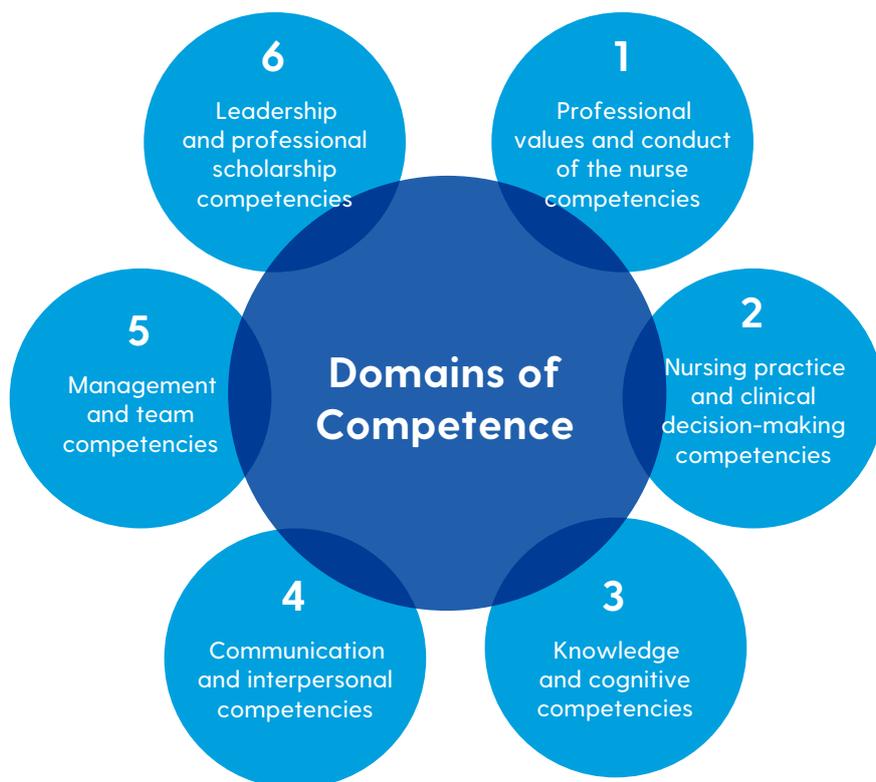
- General Nurse Registration
- Children's Nurse Registration
- Intellectual Disability Nurse Registration
- Psychiatric Nurse Registration

While there are many divisions of the Register for different disciplines, nurses must meet the core nursing competencies as outlined in the *Nurse Registration Programmes Standards and Requirements* (NMBI 2016), and adapt according to the division of the Register they are practising under. The six domains of competencies outlined below are broad and applicable across the lifespan, and adaptable to a wide variety of nursing settings, including the care of older people.

Safe and effective practice requires a sound underpinning of theoretical knowledge that informs practice and is, in turn, informed by practice. Within a complex and changing healthcare service and population focus, it is essential that practice is informed by the best available evidence and that graduates develop a capacity for continuing professional development to maintain competence over a potentially long professional career.

The Domains of Competence represent a broad enabling framework to facilitate the assessment of the candidate nurses' clinical practice. Each domain consists of performance criteria and their relevant indicators. A team and partnership approach will be applied when assessing the candidate nurse, as the Preceptor/ Assessor will consult with colleagues in determining the candidate nurse's competence.

Candidate nurses are deemed to be either competent or not. If the candidate nurse is not progressing in one or more identified areas, an action plan is drawn up and agreed between the candidate nurse, the Preceptor and the Verifier that will offer specific guidance and support to facilitate progression.



Domain 1. Professional values and conduct of the nurse competencies

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

Please sign your initials in the relevant boxes below:

Key: 1.1 = Performance criteria 1.1 (a) = Indicators and associated critical elements

| 1.1 | The candidate nurse: Practises Safely | Progressing at Intermediate Meeting | | Competent at Final Meeting | | Documented Evidence | |
|---------|---|-------------------------------------|----|----------------------------|----|---------------------|----|
| | | YES | NO | YES | NO | YES | NO |
| 1.1 (a) | Adheres to best practice in the delivery of safe, ethical, reliable and competent nursing care across the life continuum: | | | | | | |
| | <ul style="list-style-type: none"> Demonstrates the ability to provide safe nursing care, which is consistent and within their scope of practice. | | | | | | |
| | <ul style="list-style-type: none"> Utilises and critically evaluates the knowledge of ethical principles and their implications to nursing care as described in the Code of Professional Conduct and Ethics. | | | | | | |
| | <ul style="list-style-type: none"> Adheres to best practice, policies and procedures when providing nursing care. | | | | | | |
| 1.1 (b) | Adheres to principles of hand hygiene, infection prevention and control as per governance policy. | | | | | | |

continued

| 1.1 | Practises Safely | Progressing at Intermediate Meeting | | Competent at Final Meeting | | Documented Evidence | |
|---------|---|-------------------------------------|----|----------------------------|----|---------------------|----|
| | | YES | NO | YES | NO | YES | NO |
| 1.1 (c) | Behaves with integrity, honesty and practises within Irish and European legislation to uphold the professional values of nursing: | | | | | | |
| | • Demonstrates the ability to apply the code of professional conduct and ethics to nursing practice. | | | | | | |
| | • Demonstrates the ability to apply the core values of nursing, such as compassion, care and commitment, and associated behaviours to inform their decision-making. | | | | | | |
| 1.1 (d) | Practises within their scope of professional practice with due regard for regulatory and statutory requirements: | | | | | | |
| | • Identifies own abilities, knowledge and level of nursing skills using the NMBI (2015) Scope of Nursing Practice Framework. | | | | | | |

| 1.2 | Practises Compassionately Demonstrates the ability through reflective practice and discussion. | Progressing at Intermediate Meeting | | Competent at Final Meeting | | Documented Evidence | |
|---------|---|-------------------------------------|----|----------------------------|----|---------------------|----|
| | | YES | NO | YES | NO | YES | NO |
| 1.2 (a) | Provides nursing care that is caring, kind, sensitive, holistic, impartial and non-judgemental. | | | | | | |
| 1.2 (b) | Respects the diversity, dignity, integrity, uniqueness and autonomy of the person. | | | | | | |
| 1.2 (c) | Facilitates, promotes, supports and optimises the health, wellbeing, comfort and quality of life of the person. | | | | | | |

| 1.3 | Practises Professionally, Responsibly and with Accountability | Progressing at Intermediate Meeting | | Competent at Final Meeting | | Documented Evidence | |
|---------|---|-------------------------------------|----|----------------------------|----|---------------------|----|
| | | YES | NO | YES | NO | YES | NO |
| 1.3 (a) | Has the ability to identify levels of authority and lines of accountability within their scope of practice. | | | | | | |
| 1.3 (b) | Takes personal and professional accountability for own decisions, actions and for the completion of delegated tasks. | | | | | | |
| 1.3 (c) | Has the ability to organise and document nursing interventions safely and in accordance with policies, procedures and guidelines. | | | | | | |
| 1.3 (d) | Maintains and undertakes relevant continuing professional development. | | | | | | |

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 person-centred plan of care, based on an explicit partnership with the person and their primary carer.

| 2.1 | The candidate nurse: Assesses the Person's Nursing and Health Needs: | Progressing at Intermediate Meeting | | Competent at Final Meeting | | Documented Evidence | |
|---------|---|---|----|----------------------------------|----|------------------------|----|
| | | YES | NO | YES | NO | YES | NO |
| 2.1 (a) | Applies an appropriate framework in a systematic manner when taking a comprehensive nursing history. | | | | | | |
| 2.1 (b) | Has the ability to analyse information collected through the nursing assessment process. | | | | | | |
| 2.1 (c) | Recognises and interprets signs of normal and changing healthcare needs, and escalates to members of the multidisciplinary team when necessary. | | | | | | |
| 2.1 (d) | Recognises signs of a life-limiting condition, and assists the person and family to access a specialist, palliative care team. | | | | | | |

| 2.2 | Plans and Prioritises Person-centred Nursing Care | Progressing at Intermediate Meeting | | Competent at Final Meeting | | Documented Evidence | |
|---------|--|---|----|----------------------------------|----|------------------------|----|
| | | YES | NO | YES | NO | YES | NO |
| 2.2 (a) | Develops a clear and concise person-centred plan that incorporates the person's experience of altered health and expectation for recovery. | | | | | | |

continued

| | | | | | | | |
|---------|--|-----|----|-----|----|-----|----|
| 2.2 (b) | Plans nursing interventions with specific indicators for achievement of goals, applying best available evidence based on principles of quality and safety. | YES | NO | YES | NO | YES | NO |
| | | | | | | | |
| 2.2 (c) | Prioritises the person's immediate and longer-term nursing and healthcare needs through setting goals based on acuity. | | | | | | |
| | | | | | | | |
| 2.2 (d) | Communicates plan of care and rationale for interventions clearly to the person, primary carer and other health professionals. | | | | | | |
| | | | | | | | |

| 2.3 | Delivers Person-centred Nursing and Clinical Interventions, including Health Activities | Progressing at Intermediate Meeting | | Competent at Final Meeting | | Documented Evidence | |
|---------|---|-------------------------------------|----|----------------------------|----|---------------------|----|
| | | YES | NO | YES | NO | YES | NO |
| 2.3 (a) | Obtains informed consent from person or legal guardian prior to delivering nursing interventions. | YES | NO | YES | NO | YES | NO |
| | | | | | | | |
| 2.3 (b) | Delivers nursing care safely through a range of nursing interventions. | | | | | | |
| | | | | | | | |
| 2.3 (c) | Informs and empowers the person in health promotion and screening, recovery, resilience, self-management, wellbeing and social inclusion. | | | | | | |
| | | | | | | | |
| 2.3 (d) | Assists the person to maintain their dignity, rights, independence and comfort. | | | | | | |
| | | | | | | | |
| 2.3 (e) | Applies principles of health and safety, including moving and handling, infection prevention and control and emergency procedures. | | | | | | |
| | | | | | | | |

continued

| | | YES | NO | YES | NO | YES | NO |
|---------|---|-----|----|-----|----|-----|----|
| 2.3 (f) | Empowers the person to maintain needs related to their activities of living. | | | | | | |
| 2.3 (g) | Supports a safe and comfortable environment. | | | | | | |
| 2.3 (h) | Has the ability to support and manage a person with a life-limiting condition and their family. | | | | | | |
| 2.3 (i) | Adheres to legislation and professional practice guidelines for the safe and effective administration of medicines and other therapeutic interventions. | | | | | | |
| 2.3 (j) | Utilises medical devices, technologies and clinical equipment safely. | | | | | | |
| 2.3 (k) | Adheres to best practice in risk assessment, risk management and hazard minimisation. | | | | | | |
| 2.3 (l) | Utilises information management technology safely to record personal data for clinical decision-making. | | | | | | |

| 2.4 | Evaluates Nursing Care and Undertakes a Comprehensive Re-assessment: | Progressing at Intermediate Meeting | | Competent at Final Meeting | | Documented Evidence | |
|---------|---|-------------------------------------|----|----------------------------|----|---------------------|----|
| | | YES | NO | YES | NO | YES | NO |
| 2.4 (a) | Collates a range of clinical observations and feedback from the person and other sources of information to adjust the plan of nursing care through ongoing evaluation of its effectiveness. | | | | | | |

continued

| | | | | | | | |
|----------------|--|------------|-----------|------------|-----------|------------|-----------|
| 2.4 (b) | Gathers additional data to evaluate planned priorities, goals, timeframes and interventions against actual outcomes, changes to the person's condition, responses or situational needs. | YES | NO | YES | NO | YES | NO |
| | | | | | | | |
| 2.4 (c) | Monitors and evaluates nursing interventions against evidence of best practice. | | | | | | |

| 2.5 | Utilises Clinical Judgement | Progressing at Intermediate Meeting | | Competent at Final Meeting | | Documented Evidence | |
|----------------|---|--|-----------|-----------------------------------|-----------|----------------------------|-----------|
| | | YES | NO | YES | NO | YES | NO |
| 2.5 (a) | Makes sound clinical judgements to adapt interventions to changing health needs. | | | | | | |
| 2.5 (b) | Recognises and responds to early warning signs of critical changes in a person's health status. | | | | | | |
| 2.5 (c) | Initiates life-preserving measures in response to critical changes in a person's health status or in emergency situations. | | | | | | |

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

| 3.1 | The candidate nurse: Practises from a Competent Knowledge Base: | Progressing at Intermediate Meeting | | Competent at Final Meeting | | Documented Evidence | |
|---------|--|-------------------------------------|----|----------------------------|----|---------------------|----|
| | | YES | NO | YES | NO | YES | NO |
| 3.1 (a) | Applies current and relevant aspects of nursing concepts and theory into care planning and nursing interventions appropriate to healthcare settings. | | | | | | |
| 3.1 (b) | Applies current and relevant aspects of professional standards to the practice of nursing. | | | | | | |
| 3.1 (c) | Applies current and relevant knowledge of the structure and function of the human body from the health and life sciences in nursing practice situations. | | | | | | |
| 3.1 (d) | Recognises common physical, developmental, emotional and behavioural signs, vulnerabilities and co-morbidities within the relevant division of nursing. | | | | | | |
| 3.1 (e) | Applies current and relevant knowledge from the social and behavioural sciences in nursing practice situations and settings. | | | | | | |
| 3.1 (f) | Applies reasoning and relevant knowledge from ethical theory to moral dilemmas in day-to-day nursing practice. | | | | | | |

continued

| | | YES | NO | YES | NO | YES | NO |
|---------|---|-----|----|-----|----|-----|----|
| 3.1 (g) | Applies principles of quality and safety to auditing and evaluating nursing and healthcare practice. | | | | | | |
| 3.1 (h) | Applies current and relevant aspects of national and international policies that influence nursing practice and healthcare delivery. | | | | | | |
| 3.1 (i) | Demonstrates and applies knowledge of legislation relevant in nursing practice situations and settings. | | | | | | |
| 3.1 (j) | Applies knowledge and understanding of current and relevant aspects of principles of health information technology and nursing informatics in nursing practice. | | | | | | |
| 3.1 (k) | Appraises, and applies as relevant, aspects of the nursing research process to enhance the evidence base of nursing practice interventions. | | | | | | |

| 3.2 | Uses Critical Thinking and Reflection to Inform Practice | Progressing at Intermediate Meeting | | Competent at Final Meeting | | Documented Evidence | |
|---------|--|-------------------------------------|----|----------------------------|----|---------------------|----|
| | | YES | NO | YES | NO | YES | NO |
| 3.2 (a) | Develops analytical skills for problem-solving, critical thinking, reasoning, evaluation and synthesis for application to nursing practice situations and interventions. | | | | | | |
| 3.2 (b) | Develops personally and professionally through reflection to enhance resilience and their own nursing practice. | | | | | | |

Domain 4: Communication and interpersonal competencies

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

| 4.1 | The candidate nurse: Communicates in a Person-centred Manner: | Progressing at Intermediate Meeting | | Competent at Final Meeting | | Documented Evidence | |
|---------|---|-------------------------------------|----|----------------------------|----|---------------------|----|
| | | YES | NO | YES | NO | YES | NO |
| 4.1 (a) | Communicates in an effective, compassionate, age-appropriate, respectful, culturally sensitive and non-discriminatory manner with the person and their primary carer. | | | | | | |
| 4.1 (b) | Provides emotional support and health procedures/interventions to the person undergoing nursing care, whilst respecting professional boundaries. | | | | | | |
| 4.1 (c) | Empowers the person and primary carer to access appropriate policies, and to express concerns about their experience of nursing and health procedures/interventions. | | | | | | |
| 4.1 (d) | Utilises communication techniques and technologies to empower a person with sensory, physical, emotional, behavioural or cultural communication difficulties to express their needs. | | | | | | |
| 4.1 (e) | Communicates with a person in a manner that respects cultural diversity in health beliefs and practices, health literacy, communication, language, translation or interpreting needs. | | | | | | |

| 4.2 | Communicates Effectively with the Healthcare Team: | Progressing at Intermediate Meeting | | Competent at Final Meeting | | Documented Evidence | |
|---------|---|-------------------------------------|----|----------------------------|----|---------------------|----|
| | | YES | NO | YES | NO | YES | NO |
| 4.2 (a) | Accurately, concisely and clearly reports on, records, documents and refers to the healthcare team observations and information received in the nursing caregiving process. | | | | | | |
| 4.2 (b) | Communicates clearly and coherently, verbally and in writing, with other health and social care professionals. | | | | | | |
| 4.2 (c) | Negotiates with other healthcare professionals to ensure that the rights, beliefs and wishes of the person are not compromised. | | | | | | |
| 4.2 (d) | Respects the privacy of the person and confidentiality of information in the health setting. | | | | | | |
| 4.2 (e) | Uses professional nursing language terms when reporting, documenting and communicating to nursing and healthcare teams. | | | | | | |
| 4.2 (f) | Shares information with others in accordance with legal and professional requirements in the interest of the protection of the public. | | | | | | |

Domain 5: Management and team competencies

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

| 5.1 | The candidate nurse: Practises Collaboratively | Progressing at Intermediate Meeting | | Competent at Final Meeting | | Documented Evidence | |
|---------|---|-------------------------------------|----|----------------------------|----|---------------------|----|
| | | YES | NO | YES | NO | YES | NO |
| 5.1 (a) | Works towards the person's wellbeing, recovery, independence and safety through a collaborative partnership between the person, family and multidisciplinary health and social care team. | | | | | | |
| 5.1 (b) | Collaborates effectively with other healthcare disciplines and members of the nursing team in decision-making and for continuity of care. | | | | | | |

| 5.2 | Manages Team, Others and Self Safely | Progressing at Intermediate Meeting | | Competent at Final Meeting | | Documented Evidence | |
|---------|--|-------------------------------------|----|----------------------------|----|---------------------|----|
| | | YES | NO | YES | NO | YES | NO |
| 5.2 (a) | Assesses risk to a person's safety, security, wellbeing and health status through promotion of a safe environment for each person, including self. | | | | | | |
| 5.2 (b) | Devises a safety plan for person using information gained from a risk assessment of risks encountered in the practice setting. | | | | | | |
| 5.2 (c) | Assesses priorities and manages time, caseload and resources safely and effectively. | | | | | | |

continued

| 5.2 (d) | Participates in audit and quality improvement initiatives and processes within the health service setting. | YES | NO | YES | NO | YES | NO |
|---------|---|-----|----|-----|----|-----|----|
| 5.2 (e) | Contributes to the learning experiences of other colleagues through the provision of support, supervision and facilitation of learning. | | | | | | |
| 5.2 (f) | Using information gained from a risk assessment, devises a safety plan for person encountered in the practice setting. | | | | | | |
| 5.2 (g) | Demonstrates personal organisation and efficiency of own workload in undertaking the person's care. | | | | | | |

Domain 6: Leadership 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.

| 6.1 | The candidate nurse: Develops Leadership Potential: | Progressing at Intermediate Meeting | | Competent at Final Meeting | | Documented Evidence | |
|---------|--|-------------------------------------|----|----------------------------|----|---------------------|----|
| | | YES | NO | YES | NO | YES | NO |
| 6.1 (a) | Leads and co-ordinates a team, delegating, supervising and monitoring nursing care provision. | | | | | | |
| 6.1 (b) | Exhibits awareness of self and of the impact of personal values and feelings in relation to attitude development, professional conduct, response and reaction to events, and to the development of coping mechanisms, personal wellbeing and resilience. | | | | | | |
| 6.1 (c) | Enhances personal performance of professional role through constructive use of feedback, supervision and appraisal. | | | | | | |
| 6.1 (d) | Reflects on and applies insights derived from aspects of daily nursing practice and critical incidents to enhance self-awareness and personal competence. | | | | | | |

| 6.2 | Develops Professional Scholarship | Progressing at Intermediate Meeting | | Competent at Final Meeting | | Documented Evidence | |
|---------|---|-------------------------------------|----|----------------------------|----|---------------------|----|
| | | YES | NO | YES | NO | YES | NO |
| 6.2 (a) | Develops professional scholarship through self-directed learning skills, and develops critical questioning/reasoning skills and decision-making skills in nursing as the foundation for lifelong professional education, maintaining competency and career development. | | | | | | |
| 6.2 (b) | Recognises and responds to situations that require to be referred to experienced colleagues, senior managers and other healthcare professionals. | | | | | | |
| 6.2 (c) | Learns from experience to adapt nursing interventions and to update competence in response to dynamically altering health environments. | | | | | | |

Nursing and Midwifery Board of Ireland
18/20 Carysfort Avenue, Blackrock,
County Dublin,
A94 R299.
Tel: (01) 639 8500
Email: education@nmbi.ie
Web: www.nmbi.ie



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