



Department of  
**Health, Social Services  
and Public Safety**  
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**Northern Ireland Practice and Education Council  
for Nursing and Midwifery**

**Quality Assurance Framework for Monitoring Development  
and Education Programmes Commissioned by the  
Department of Health and Social Services and Public Safety**



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## **1.0 INTRODUCTION**

- 1.1 Since 2005, the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) has been quality assuring development of practice and post-registration education programmes commissioned by the Department of Health and Social Services and Public Safety (DHSSPS) Education Commissioning Group (ECG). Programmes may include: study days; standalone modules; courses leading to an academic award; and a range of other development activities, such as development of practice.
- 1.2 Commissioned education programmes are delivered by the Clinical Education Centre, Higher Education Institutions, Health and Social Care (HSC) Trusts and a range of training organisations both inside and outside of Northern Ireland. The DHSSPS, ECG and HSC Trusts require assurances that the commissioned education programmes reflect the standards for Nursing and Midwifery within the revised NMC Code (2015)<sup>1</sup> meet their requirements and provide value for money.
- 1.3 The Nursing and Midwifery Council (NMC) regulates a number of nursing and midwifery programmes commissioned by the DHSSPS for entry to, or for recording an additional qualification on their register. Quality assurance of these programmes are not included within this framework.

## **2.0 THE QUALITY ASSURANCE FRAMEWORK.**

- 2.1 This document updates the Quality Assurance Framework (The Framework) which was agreed with the DHSSPS in 2011. The Framework is designed with a particular focus on the contribution commissioned education and development activities make in relation to changing practice and improving the safety and quality of the delivery of patient and client care, including the patient experience. This is achieved by improving the knowledge and skill base of the participants. The Framework requires NIPEC to engage with service and education providers to evaluate the quality of education provision. The monitoring cycle commences 1st October each year and concludes on 30th September the following year.
- 2.2 Criteria have been established to inform the monitoring process. Education providers and HSC Trusts which are funded by the DHSSPS to provide education or development of practice activities are expected to ensure that the funded programmes meet the criteria.

The criteria are presented as good practice statements, and address:

- the need for transparency of the provider's intentions
- links with improving patient and client care

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<sup>1</sup> NMC (2015) The Code: Professional standards of practice and behaviour for nurses and midwives. London: NMC

- the requirements to make best use of partnership working
- value for money.

2.3 There are seven monitoring criteria which have been categorised into four themes as follows:

Theme	Criteria
<b>1. Programme Information</b>	<b>Criteria 1:</b> The documentation supporting the programme provides the required detail to enable all stakeholders to understand the intended learning outcomes, mode of attendance and assessment strategies.
<b>2. Programme Planning</b>	<b>Criteria 2:</b> A systematic approach to the design of the programme is used, based on the identified needs of service providers and aligned to strategic drivers <b>Criteria 3:</b> The programme planning process involves people with relevant expertise and demonstrates partnership working. <b>Criteria 4:</b> A clear relationship is demonstrated between the learning outcomes of the activity and the potential to change practice and improve the safety and quality of patient and client care, including the patient experience. <b>Criteria 5:</b> Organisational processes are in place to enable service user perspectives to inform the design and delivery of the activity, where relevant.
<b>3. Programme Delivery</b>	<b>Criteria 6:</b> The activity is delivered using appropriate methodologies and is supported by adequate resources.
<b>4. Governance Arrangements</b>	<b>Criteria 7:</b> Quality assurance systems and processes are robust, involve all relevant stakeholders, and demonstrate that the activity has met the required criteria.

### 3.0 Programme Selection Process

3.1 In collaboration with the DHSSPS, NIPEC undertake annual monitoring for an agreed number of programmes. The selection of programmes for monitoring is informed by a range of factors including:

- themes arising through Serious Adverse Incidences (SAIs),
- patient Safety Alerts
- changing service demand

- feedback from participants who have previously undertaken programmes
- feedback from ECG members

## 4.0 MONITORING PROCESS

- 4.1 NIPEC has established a monitoring process in relation to the agreed sample. Full detail of the monitoring process is available at Appendix One as a narrative and diagrammatically.
- 4.2 In summary, NIPEC make arrangements for designated representative/s of the NIPEC professional team to visit the selected education provider to undertake the monitoring activity and will:
- meet with individuals in lead roles in relation to delivery of the programme
  - seek views of participants and their managers<sup>2</sup> involved in the programme
  - meet with relevant others, as required.
- 4.3 The education provider submits documentation to NIPEC at least two weeks in advance of the monitoring visit. The documentation should provide evidence of compliance with the criteria. Appendix Two provides examples of evidence which may be submitted. Appendix Three provides guidance for education providers regarding presentation of the documentation.
- 4.4 The NIPEC representative/s will review the documentation submitted by the education provider to determine the extent of compliance and will seek further information, as required, during the monitoring visit. On completion of the visit, the NIPEC representative/s will provide a verbal report to the education provider. A written report of the monitoring activity is also forwarded to the education provider using the proforma at Appendix Four within an agreed timeframe. The education provider will be required to submit a response to NIPEC regarding the findings and the recommendations using the proforma at Appendix Five, which will be followed up at the next monitoring visit.
- 4.5 NIPEC provides a summary report to the Chief Nursing Officer (CNO) on completion of each monitoring cycle. An annual meeting is held with the DHSSPS to discuss issues arising from the monitoring activities.

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<sup>2</sup> This may be conducted by face to face meetings or by other means of communication, such as teleconference or videoconference

## NIPEC Monitoring Process

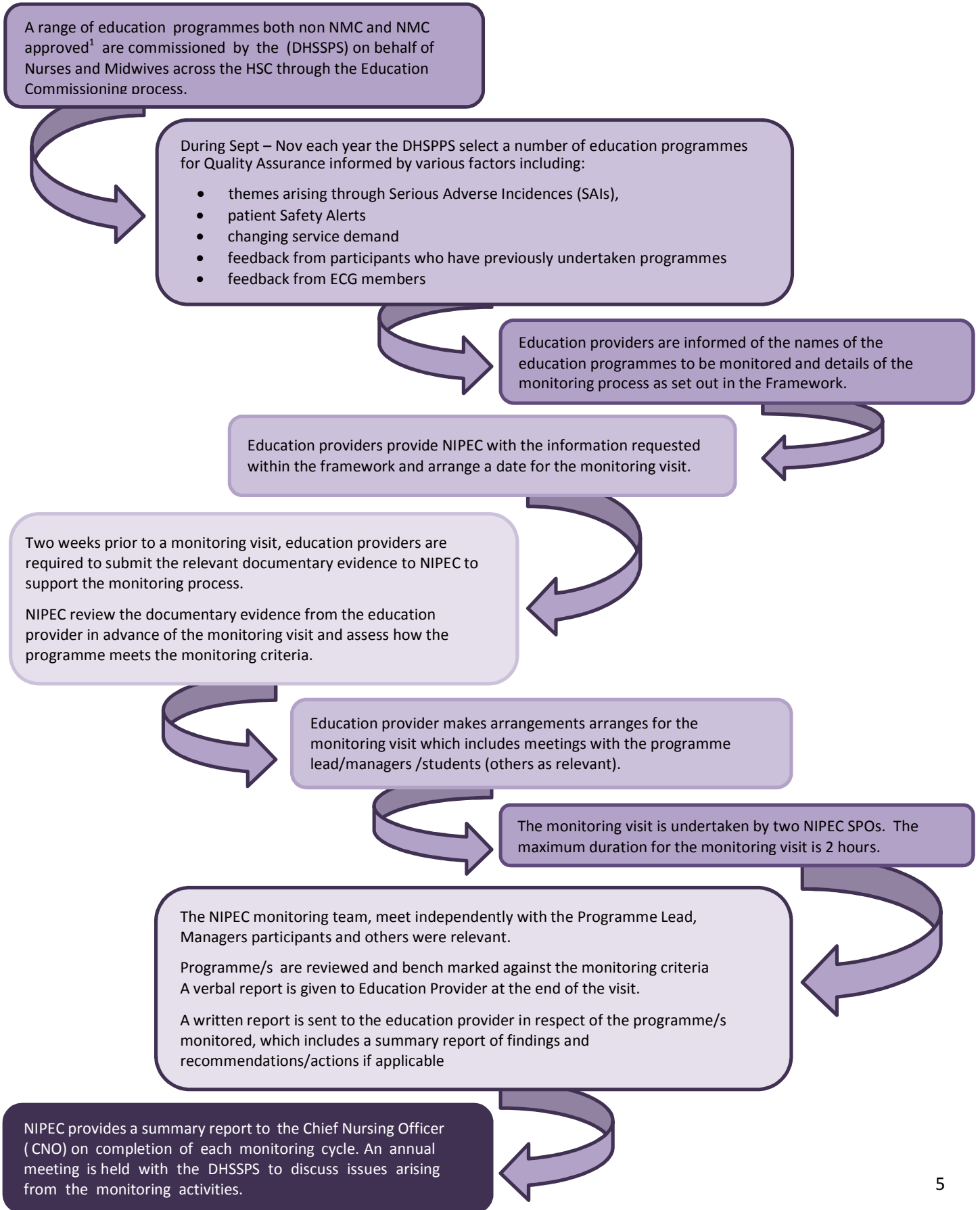
- 1.0.** The NIPEC Senior Professional Officer (SPO), who has lead responsibility for coordinating the quality assurance process, completes the monitoring visits with a team of NIPEC Senior Professional Officers. All programmes are evaluated against the criteria in the *DHSSPS Quality Assurance (QA) Framework (revised 2016)*.

Each monitoring visit should be concluded within a period of four hours and conducted by two NIPEC SPOs.

- 2.0.** The monitoring activity involves the following:

- Education providers are informed of the names of the education programmes to be monitored and details of the monitoring process as set out in the Framework.
- Education providers provide NIPEC with the information requested within the framework and arrange a date for the monitoring visit.
- Two weeks prior to a monitoring visit, education providers are required to submit the relevant documentary evidence to NIPEC to support the monitoring process.
- NIPEC review the documentary evidence from the education provider in advance of the monitoring visit and assess how the programme meets the monitoring criteria.
- Education provider makes arrangements for the monitoring visit which includes meetings with the programme lead/managers /students (others as relevant).
- The NIPEC monitoring team, meet independently with the Programme Lead, Managers participants and others were relevant.
- Programme/s are reviewed and bench marked against the monitoring criteria.
- Informal verbal feedback is given to the education provider at the conclusion of the visit.
- A written report is sent to the education provider in respect of the programme/s monitored, which includes a summary report of findings and recommendations/actions if applicable
- Education providers are given the opportunity to review the report for accuracy before it is finalised.
- NIPEC provides a summary report to the Chief Nursing Officer (CNO) on completion of each monitoring cycle. An annual meeting is held with the DHSSPS to discuss issues arising from the monitoring activities.

## NIPEC Monitoring Process



**Evidence required in advance of Quality Assurance Monitoring  
Information for Education Providers**

<b>Programme Information</b>		
<b>Criteria 1</b>	<b>Evidence Required</b>	<b>Examples of evidence may include</b>
<p>The documentation supporting the programme provides the required detail to enable all stakeholders to understand the intended outcomes</p>	<p>Information /evidence is available to the monitoring team regarding:</p> <ul style="list-style-type: none"> <li>• How information regarding the programme is made available and accessible to all stakeholders including the: <ul style="list-style-type: none"> <li>➤ aim, and learning outcomes of the programme</li> <li>➤ target audience</li> <li>➤ design and delivery of the programme</li> <li>➤ evaluation processes/assessment strategy, if relevant</li> <li>➤ support in the workplace, if required</li> <li>➤ anticipated benefits in terms of changing practice and improving the safety and quality of patient/client care, including the patient experience.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Copy of programme/course document/course curriculum/ programme flyer as available from the education provider evidencing requirements.</li> </ul>



Programme Planning		
Criteria	Evidence required	Examples of evidence may include
<p><b>Criteria 2</b> A systematic approach to the planning of the programme is used which is based on the identified needs of service users/providers and aligned to strategic drivers</p>	<ul style="list-style-type: none"> <li>the identified need for the programme by service providers</li> <li>evidence base/best practice underpinning the programme content</li> </ul>	<ul style="list-style-type: none"> <li>education request from service provider for development of programme (e.g. completed new programme proforma/email/ notes of a meeting/notes of telephone call) strategic drivers, safety alerts</li> <li>notes/minutes of programme planning meetings, including evaluation/assessment strategies</li> </ul>
<p><b>Criteria 3:</b> The programme planning process involves people with relevant expertise and demonstrates partnership working</p>	<ul style="list-style-type: none"> <li>the rationale for the involvement of key personal with relevant expertise in the planning process including the programme lead</li> </ul>	<ul style="list-style-type: none"> <li>documentary evidence /verbal rationale to monitoring team for choice of key personal involved in planning process</li> </ul>
<p><b>Criteria 4:</b> A clear relationship is demonstrated between the learning outcomes of the activity and the potential to change practice and improve the safety and quality of patient and client care, including the patient experience</p>	<ul style="list-style-type: none"> <li>how the relationship between the learning outcomes of the programme and the potential to improve the safety and quality of patient and client care, including the patient experience through changes in participants practice is articulated</li> </ul>	<ul style="list-style-type: none"> <li>the aim and learning outcomes articulates the potential of the programme to enhance patient care</li> <li>participant evaluation /questionnaire manager evaluation/feedback<sup>3</sup></li> </ul>
<p><b>Criteria 5:</b> Organisational processes are in place to enable service user perspectives to inform the design and delivery of the activity, where relevant.</p>	<ul style="list-style-type: none"> <li>the education providers arrangements to enable service user perspectives to <i>inform</i> the design and delivery of the activity, where relevant</li> </ul>	<ul style="list-style-type: none"> <li>notes of planning meeting/s evidencing service user input/consideration of service user/carer input</li> <li>lesson plans evidencing service user input</li> <li>use of pod casts / user stories/DVDs</li> </ul>

<sup>3</sup> NIPEC can also obtain this through interviews with managers and participants as part of the monitoring visit

<b>Programme Delivery</b>		
<b>Criteria 6</b>	<b>Evidence required</b>	<b>Examples of evidence may include:</b>
The programme is delivered using appropriate methodologies and is supported by appropriate resources	<p>Evidence to the monitoring team should provide information about the delivery methodology including:</p> <ul style="list-style-type: none"> <li>• Structure of programme.</li> <li>• Learning resources</li> <li>• Contribute to the programme of personnel with relevant expertise</li> <li>• Local policy or protocol to support arrangements for reasonable adjustment for participants with disabilities</li> </ul>	<ul style="list-style-type: none"> <li>• programme timetable</li> <li>• example of lesson plans with description of the various elements of the programme i.e. group work /individual study/ didactic teaching/role play, work based learning activities etc.</li> <li>• reasonable adjustments – local policy or protocol e.g. additional support/ hearing loop /consideration given to time of delivery</li> <li>• relevant reading list/references/websites</li> <li>• links to the NMC Code</li> <li>• information regarding individual/s contributing to the programme</li> </ul>

<b>Governance Arrangement</b>		
<b>Criteria 7</b>	<b>Evidence required</b>	<b>Examples of evidence may include</b>
Quality Assurance systems and processes are robust, involve all relevant stakeholders, and demonstrate that the programme has met the required criteria.	<p>Documentation should provide information about:</p> <ul style="list-style-type: none"> <li>• how the internal /local organisational Quality Assurance systems and processes to the specific programme</li> </ul>	<ul style="list-style-type: none"> <li>• programme evaluations</li> <li>• evidence of how arising issues have been managed (if relevant)</li> <li>• evidence of how programme evaluations are shared with service providers/ ECG / service users</li> <li>• mechanisms for service providers to feed back to education provider – e.g. notes minutes of meetings, focus groups</li> <li>• evidence from service providers/managers of how the programme has enhanced patient care</li> <li>• evidence from participants of improvement in practice</li> <li>• summary number and type of participants who have undertaken programme date/s of delivery</li> </ul>

## PRESENTATION OF DOCUMENTATION

The information should be provided in a structure format that provides concise clear evidence of meeting the criteria. It would be helpful if the information is presented under the four themes and cross referenced against the monitoring criteria. Those preparing the documentation should refer to Appendix 1 which provides a range of examples of evidence.

### PROGRAMME INFORMATION

#### Criteria 1

The documentation supporting the programme provides the required detail to enable all stakeholders to understand the intended outcomes

#### This section should include:

- Provide a summary of activity including
  - aim, and learning outcomes of the programme
  - target audience
  - design and delivery of the programme
  - evaluation processes/assessment strategy, if relevant
  - support in the workplace, if required
  - anticipated benefits in terms of changing practice and improving the safety and quality of patient/client care, including the patient experience.
- Evidence of how the programme is advertised and information available to stakeholders
- Describe the rationale for development of the programme and evidence of service provider/stakeholder involvement.
- Date/s of delivery of programme

## PROGRAMME PLANNING

### Criteria 2:

A systematic approach to the planning of the programme is used which is based on the identified needs of service users/providers

### Criteria 3:

The programme planning process involves people with relevant expertise and demonstrates partnership working

### Criteria 4:

A clear relationship is demonstrated between the learning outcomes of the activity and the potential to change practice and improve the safety and quality of patient and client care, including the patient experience

### Criteria 5:

Organisational processes are in place to enable service user perspectives to inform the design and delivery of the activity, where relevant

### This section should include:

- evidence of education request from service provider for development of programme (e.g. completed new programme proforma/email/ notes of a meeting/notes of telephone call) strategic drivers
- notes/minutes of programme planning meetings, including evaluation/assessment strategies
- documentary evidence /verbal rational to monitoring team for choice of key personal involved in planning process
- Documented evidence /short profile illustrates the relevance of the contributors relevant expertise to the programme
- participant evaluation /questionnaire
- evidence base underpinning programme.

## PROGRAMME DELIVERY

### Criteria 6

The programme is delivered using appropriate methodologies and is supported by appropriate resources

### This section should include:

- The programme timetable examples of Lesson plans
- Identified resources required to deliver programme
- Reading list supporting the programme
- Documented evidence that illustrates the relevance of the contributors expertise to the delivery of the programme
- Evidence of consideration of reasonable adjustments
- Evidence of how service user perspectives have informed /participated in the delivery of the programme.

## GOVERNANCE ARRANGEMENTS

### Criteria 7

Quality Assurance systems and processes are robust, involve all relevant stakeholders, and demonstrate that the programme has met the required criteria.

### This section should describe

The Quality Assurance (QA) process for the organisation

- Evidence that the education providers Quality Assurances processes have been applied and action plans devised as appropriate
- Evaluation of achievement of outcomes in relation to individual participant and organisational perspectives.
- Evidence of how the activity has changed individual practice and improved the safety and quality of patient and client care, including the patient experience
- Provide the number and type of participants who have undertaken the programme within the monitoring year.

## Northern Ireland Practice and Education Council for Nursing and Midwifery

Quality Assurance Framework for DHSSPS Commissioned Practice Development and Education Programmes  
(Non NMC Registered or Recorded)

<b>Provider</b>	
<b>Title of activity</b>	
<b>Date of Meeting</b>	
<b>Name of NIPEC Representative/s</b>	
<b>Other participants</b>	
<b>Summary of activity</b>	

### Non-NMC Monitoring

	<b>Criteria</b>	<b>Comments</b>	<b>Met/ Partially met/ Unmet</b>
1	The documentation supporting the activity provides the required detail to enable all stakeholders to understand the intended outcomes.		
2	A systematic approach to the design of the activity is used, based on the identified need of service providers.		
3	The planning process of activity involves people with relevant expertise and demonstrates partnership working.		



	<b>Criteria</b>	<b>Comments</b>	<b>Met/ Partially met/ Unmet</b>
4	A clear relationship is demonstrated between the learning outcomes of the activity and the potential to change practice and improve the safety and quality of the delivery of patient and client care, including the patient experience.		
5	Organisational processes are in place to enable lay and service user perspectives to inform the design and delivery of the activity, where relevant.		
6	The activity is delivered using appropriate methodologies and is supported by adequate resources.		

	<b>Criteria</b>	<b>Comments</b>	<b>Met/ Partially met/ Unmet</b>
7	Quality Assurance systems and processes are robust, involve all relevant stakeholders, and demonstrate that the activity has met the required criteria.		

**SUMMARY OF MONITORING ACTIVITY**

**MATTERS FOR ACTION**

**NIPEC Representatives Signature**

\_\_\_\_\_  
**Senior Professional Officer**

\_\_\_\_\_  
**Senior Professional Officer**

\_\_\_\_\_  
**Date:**



NIPEC NON NMC QA Monitoring Progress Report  
201 – 201

<b>Education Provider:</b>		
<b>Title of Programme:</b>		
<b>Report Summary</b>		
<b>The table below summaries the matters for action and the time frame involved in resolving the matters highlighted</b>		
<b>Matters for Action</b>	<b>Actions proposed/taken</b>	<b>Date</b>

**Signed:**

**Education Provider:**

**Date**

**NIPEC SPO:**

**Date**



For further Information, please contact

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