NIPEC

Northern Ireland Practice and Education Council for Nursing and Midwifery

Quality Assurance Framework for Monitoring Nursing and Midwifery Education, Learning and Development Programmes Commissioned by the Department of Health

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1.0 INTRODUCTION

1.1 Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) has a statutory responsibility to promote *'High Standards of Professional Development among Nurses and Midwives'*.

One of the organisation's corporate objectives is to:

'Contribute to the quality assurance of non NMC approved education, learning and development programmes for nurses and midwives'.

Since 2005 and on an annual basis, NIPEC has been quality assuring a wide range of post-registration education programmes commissioned by the Department of Health (DoH). Programmes include: study days; standalone modules; courses leading to an academic award along with a range of development activities, such as development of practice.

1.2 Education providers include the Health and Social Care (HSC) Clinical Education Centre, Higher Education Institutions, HSC Trusts and a range of training organisations both inside and outside of Northern Ireland.

The Department of Health, (DoH), the DoH Education Commissioning Group (ECG)and HSC Trusts require assurances that commissioned programmes meet the requirements to support and facilitate the delivery of safe, effective person centred care, while optimising opportunities for workforce development and transformation.

The Nursing and Midwifery Council (NMC) regulates a number of nursing and midwifery programmes commissioned by the DoH for entry to the NMC register or recording additional qualifications against the registrant's name. Normally NIPEC do not quality assure these programmes, however, on occasions there may be valid reasons for this to take place.

2.0 THE NIPEC QUALITY ASSURANCE FRAMEWORK

2.1 The NIPEC Quality Assurance (QA) Framework (known as the Framework) outlines the requirements that education provider organisations need to demonstrate in order to provide assurances that their education programmes meet the required standards which will support nurses, midwives and healthcare support staff to deliver high quality, evidence-based, person centred care.

It also provides the opportunity to recognise and share areas of good education practice and innovation as well as identify any areas of concern, so that proactive advice in the form of actions and recommendations can be made. The process has a strong focus on continuous improvement and enacting a quality assurance approach that is both rigorous and proportionate.

The Framework is aligned to the five themes within the NMC Standards Framework for Nursing and Midwifery Education[1] (see Figure 1).

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[1] Nursing and Midwifery Council (NMC) (2018) Part 1: Standards framework for nursing and midwifery education. Available at: education-framework.pdf (nmc.org.uk)

Figure 1: NMC Standards Framework for nursing and midwifery education themes

	NMC Standards Themes	Statements
1.	Learning Culture	The learning culture is ethical, open and honest and is conducive to safe and effective learning that respects the principles of equality and diversity. Innovation, inter-professional learning and team working should be embedded in the learning culture.
2.	Educational governance and quality	Education providers comply with all legal and regulatory requirements.
3.	Student/participant empowerment	Students/participants to be empowered and provided with the learning opportunities they need to achieve the desired proficiencies and programme outcomes.
4.	Educators and assessors	Assurances that those who support, supervise and assess students/ participants are suitably qualified, prepared and skilled, and receive the necessary support for their role.
5.	Curricula and assessment	Set standards for curricula and assessment that enable students/participants to achieve the outcomes required to practice safely and effectively in their chosen area

Within each of these themes are monitoring criteria which set out the evidence that education providers must demonstrate to ensure their education programmes meet the required standards. (Appendix 3).

2.2 Engaging with people who use our health service and carers are an important part of the QA monitoring review process. A co-production approach is employed where lay visitors[2] are invited to participate in the monitoring and evaluation of the education programmes. These visitors are drawn from service user groups in the education provider organisations, as well as the NIPEC Council and their role is to represent the interests of the public. The lay persons are prepared for their role through a range of measures to ensure a high standard of quality assurance is carried out.

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[2] *'Lay visitors will actively participate in the approval of pre-registration nursing, midwifery, nursing associate, specialist community public health and specialist practice, alongside a QA registrant visitor. They are prepared to ensure that people are at the centre of our work in education and training, and their role is to represent the interest of the public'.* Available at: *https://www.nmc.org.uk/globalassets/sitedocuments/qa-link/quality-assurance-handbook.pdf*

2.3   The QA Framework has also proven to be a beneficial tool for educators in terms of planning and developing their education programmes as it provides guidance and structure in ensuring the correct measures are taken to achieving a high-quality education programme.

3.0   EDUCATION PROGRAMME SELECTION PROCESS

3.1   The QA monitoring cycle commences in October each year and concludes in July the following year.

NIPEC are informed of the education programmes selected for the annual QA monitoring review by the DoH and ECG. These programmes are informed by a range of factors including:

- Themes arising through Serious Adverse Incidents (SAIs) / service user feedback
- Patient Safety Alerts
- Changing service demands
- New models of nursing and midwifery care/ career pathways
- Feedback from students/participants who have previously undertaken the education programmes
- Feedback from ECG members.

4.0   QUALITY ASSURANCE MONITORING PROCESS

4.0   NIPEC have established a process for quality assuring the education programmes. (Appendix 1 and 2. provides a narrative summary and time line on this process).

4.1   All programmes are evaluated against the criteria outlined in this NIPEC Quality Assurance Framework (2023).

4.2   The NIPEC QA Monitoring Lead is the Senior Professional Officer (SPO), with responsibility for coordinating and managing the QA monitoring review of the education programme. The QA Monitoring Lead complete the reviews in partnership with another NIPEC Senior Professional Officer and lay visitor (if appropriate). This is known as the QA Monitoring Team.

4.3   NIPEC will make plans in partnership with the selected education providers to undertake the monitoring activity and meet with:

- the education programmes lead(s)
- students/participants who are either attending or have completed the programme and their line managers[3]

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[3] This may be conducted by face to face or virtual meetings.

- relevant others, as required.

4.4 The education programme lead(s) are required to submit the relevant documentation to NIPEC at least two weeks in advance of the date agreed for the monitoring visit. This documentation should provide up to date evidence of compliance with the criteria. Appendix 3. provides examples of evidence which may be submitted. Appendix 4. provides guidance for education providers regarding presentation of the documentation.

4.5 The QA Monitoring Team will review the submitted documentation to determine the extent of compliance against the criteria prior to the monitoring visit and may request further information if necessary. The reviewers will also consult with students/participants and their line manager(s) to seek their feedback on the education programme and impact on practice.

4.6 On completion of the visit, the QA Monitoring Team will provide a verbal report to the education programme lead/s. A draft written report (Appendix 5.) of the monitoring activity is then forwarded to them by the NIPEC QA Monitoring Lead, for accuracy checking.

4.7 The final report is forwarded to the Head of the education provider organisation who will be required to submit a progress report (Appendix 6) to NIPEC on their response to the recommendations and actions (if applicable) within a six-month time period unless there are actions considered to be of high risk that require immediate attention.

4.8 NIPEC will meet annually with the DoH on completion of the annual QA monitoring cycle, to discuss the findings from the monitoring activities and share key points to support and inform future learning and development planning. Feedback on compliance against the previous' years actions is also shared with the Chief Nursing Officer (CNO).

4.9 On completion of all the QA monitoring reviews, NIPEC will convene a 'Sharing and Learning' Forum with the education providers to discuss, reflect and share the findings and optimise the key learning points.

Steps in the NIPEC Quality Assurance Monitoring Process

The steps in the monitoring process are as the follows:

- NIPEC inform education providers of the education programmes selected by the DoH for QA monitoring and details of the monitoring process as set out in this Quality Assurance Framework (2023).

- Education providers provide NIPEC with the name(s) of the education programme lead/s who will forward the information requested within the Framework and arrange a date for the monitoring visit.

- Two weeks prior to the monitoring visit, education programme lead/s are required to submit the relevant documentary evidence to NIPEC to demonstrate how their education programme meets the monitoring criteria.

- This information should be provided in a structured format that provides concise, clear evidence to the QA Monitoring Team of how the evidence is mapped to each criterion in the Framework.

- NIPEC QA Monitoring Team to review the documentary evidence provided by the education programme leads in advance of the monitoring visit and may seek additional information if required.

- Education programme lead(s) must make the necessary arrangements for the monitoring visit which includes meetings with the students/participants, their line managers and others as relevant.

- The QA Monitoring Team meet independently with the education programme lead/s, students/participants and their line manager(s) and relevant others.

- The education programme/s are reviewed to determine if the monitoring criteria are met.

- Informal verbal feedback is provided to the education programme lead(s) upon conclusion of the visit.

- The QA Monitoring Team prepare a draft report outlining the findings, actions and recommendations (if applicable) of the QA monitoring visit which the education programme leads are invited to review for accuracy before it is finalised

- NIPEC forward a final report to the Head of the education provider organisation in respect of the programme/s monitored, which includes a summary report of findings, recommendations and actions to be completed within a six-month time period (if applicable).

- NIPEC QA Monitoring Lead provides a summary report to the Chief Nursing Officer (CNO) on completion of the monitoring cycle and a follow up meeting is held with the DoH to discuss the findings and any outstanding issues arising from the monitoring activities.

- NIPEC hosts an annual education providers forum to share learning, concerns and issues.

Time Line: NIPEC QA Monitoring Process for Non NMC Commissioned Education

Part 1 - NIPEC Monitoring

October - DoH and ECG agree education programmes for annual NIPEC monitoring review

November - NIPEC inform education providers of education programmes for review. Education providers submit progress report on actions and recommendations from previous monitoring year. NIPEC forward report on compliance against previous' years actions to ECG and CNO.

December - NIPEC agree dates for monitoring review/s with education programme leads.

January - April Education programme leads submit relevant documentary evidence 2 weeks prior to date of monitoring visit. NIPEC review evidence & request further information if necessary. Education programme leads arrange for monitoring visit/s including meeting with students/participants and managers

April - NIPEC provide verbal report to programme leads at end of monitoring visit

May - June NIPEC prepare draft reports and forward to education programme leads in respect of programmes monitored for accuracy checking

Part 2 - NIPEC Feedback and Sharing the Learning

June – The final report is forwarded to the Head of the education provider organisation in respect of the programme/s monitored; (including recommendations and actions (if applicable).

July - Summary report forwarded to the CNO and annual meeting arranged to discuss finding and any issues arising from monitoring activities.

July - NIPEC host an education providers' forum to share learning, concerns and issues

Evidence required in advance of Quality Assurance Monitoring review

Learning Culture		
The learning culture is ethical, open and honest, and is conducive to safe and effective learning that respects the principles of equality and diversity. Innovation, inter-professional learning and team working should be embedded in the learning culture		
Criteria 1	**Evidence Required** Information /evidence is available to the QA Monitoring Team regarding:	**Examples of evidence may include:**
The documentation supporting the programme are explicit and provides the required detail to enable all stakeholders to understand the intended outcomes, using different platforms to optimise its reach and accessibility.	How information regarding the programme is made available and accessible to all stakeholders including the: • 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 of the programme • Platforms use to communicate reach and accessibility of the programme	• Copy of programme/course document/course curriculum/ programme flyer as available from the education provider evidencing requirements • Communication platforms used
Criteria 2 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	• 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 students/participants practice is articulated. • Work with service providers to demonstrate and promote inter-professional learning and working	• The aim and learning outcomes articulate the potential of the programme to enhance patient care • Evaluations/feedback from students/participants and their line managers [4] • Promotion of inter-professional learning

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[4] NIPEC can also obtain this through interviews with managers and participants as part of the monitoring visit

Educational governance and quality

Education providers comply with all legal and regulatory requirements

Criteria 3	Evidence required	Examples of evidence may include:
Organisational processes are underpinned by the application of co-production principles to enable people with a lived experience of care/carers, inform the planning, design and delivery of the activity, where relevant.	• The education providers enable people with a lived experience of care/carers to inform the planning, design and delivery of the activity, where relevant	• Notes of planning meeting/s evidencing involvement from people with a lived experience of care/carers • Lesson plans providing evidence of involvement from people with a lived experience of care/carers • Use of on-line resources • Virtual/live stories/dialogue from people with a lived experience of care/carers
Criteria 4 Quality Assurance systems and processes are robust, involve all relevant stakeholders, and demonstrate that the programme has met the required criteria.	• The internal /local organisational Quality Assurance systems and processes are referenced in the design and delivery of the programme • The cost effectiveness of the programme delivery including: ➢ The number of DoH commissioned places compared to the number of places allocated ➢ Student/participant attrition rates including information on ethnically diverse groups ➢ The pass rate of students/participants (if applicable)	• Programme evaluations • Evidence of how programme evaluations are shared with service providers/ ECG / people with a lived experience of care/carers • Mechanisms for service providers to feed back to education provider – e.g. notes minutes of meetings, focus groups • Evidence from service providers/line managers to determine if the programme has enhanced person-centred care and service delivery • Evidence from students/participants of to determine if completion of the programme has influenced their practice • Summary of the number and the job titles/roles of students/participants who have undertaken the programme including the number of ethnically diverse students who commenced and completed the programme. • Processes for responding to concerns and managing complaints

Student/participant empowerment		
Students/participants to be empowered and provided with the learning opportunities they need to achieve the desired proficiencies and programme outcomes		
Criteria 5	**Evidence required**	**Examples of evidence may include:**
The programme is delivered using relevant teaching strategies and methodologies and is supported by appropriate resources ensuring the diverse needs of the student/participant population are considered.	- Structure of programme. - Contribution to the programme of personnel with relevant expertise - Use a range of methods and learning resources including technology enhanced and simulation-based learning as appropriate for the programme - Local policy/protocol to ensure all students/participants have their diverse needs respected and considered across all learning environments, with support and adjustments provided in accordance with equalities and human rights legislation and good practice	- Programme timetable - Lesson plans - Teaching strategies and methodologies - Reasonable adjustments (as appropriate) - Policies and processes focusing on equality, diversity and inclusion - Reference/s to the NMC Code (2018)

Educators and assessors		
Assurances that those who support, supervise and assess students/participants are suitably qualified, prepared and skilled, and receive the necessary support for their role		
Criteria 6	**Evidence required**	**Examples of evidence may include**
The programme planning process involves people with relevant expertise and demonstrates partnership working	• Rationale for the involvement of key personal with relevant expertise in the planning, design and delivery of the programme including the programme lead	• Documentary evidence /verbal rationale for choice of key personal involved in the education programme • Outline of knowledge, skills and expertise of the key personal contributing to the programme

Curricula and assessment		
Set standards for curricula and assessment that enable students/participants to achieve the outcomes required to practise safely and effectively in their chosen area		
Criteria 7	**Evidence required**	**Examples of evidence may include**
A rationale and systematic approach to the planning of the programme is used to respond to the identified needs and changing contexts of the health service and aligned to national and regional policies and strategic drivers.	• Rationale/identified need for the programme from service providers • Evidence base/best practice underpinning the programme content • Achieving and maintaining responsiveness to changing needs of service delivery and new models of care	• Education request from service provider identifying rationale for programme (e.g. completed new programme proforma/email etc.) • Notes/minutes of programme planning meetings, including evaluation/assessment strategies • Up to date references to evidence-based information sources • National and regional policies, strategic drivers, responses to • SAIs, safety alerts, etc.

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 five themes and cross referenced against the monitoring criteria. Those preparing the documentation should refer to Appendix 3. which provides a range of examples of evidence.

Learning Culture
Criteria 1: The documentation supporting the programme are explicit and provides the required detail to enable all stakeholders to understand the intended outcomes, using different platforms to optimise its reach and accessibility.
Criteria 2: 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.
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 of the programme • Communication platforms and information sources available to stakeholders promoting access to ethnically diverse groups • Evaluations/feedback from students/participants and their line managers • Evidence of inter-professional learning that support safe and effective practice

Educational governance and quality
Criteria 3: Organisational processes are underpinned by the application of co-production principles to enable people with a lived experience of care/carers, inform the planning, design and delivery of the activity, where relevant.
Criteria 4; Quality Assurance systems and processes are robust, involve all relevant stakeholders, and demonstrate that the programme has met the required criteria.
This section should include: • Notes of planning meeting/s, lesson plans and resources used to demonstrate involvement from people with a lived experience of care/carers in the planning and delivery of the programme • Evaluations of the education programme and how they are shared with service providers/ ECG / people with a lived experience of care/carers • Mechanisms for service providers to feed back to education provider e.g. notes of meetings, focus groups etc. • Evidence from service providers/line managers to determine if the programme has enhanced person-centred care and service delivery • Evidence from students/participants and their line managers to determine if completion of the programme has influenced practice, person-centred care and service delivery • Summary of the number and the job titles/roles of participants who have commenced and completed the programme including information on ethnically diverse groups • Processes for responding to concerns and managing complaints

Student empowerment

Criteria 5:

The programme is delivered using relevant teaching strategies and methodologies and is supported by appropriate resources ensuring the diverse needs of the student/participant population are considered.

This section should include:
- Programme timetable
- Lesson plans
- Teaching strategies and methodologies
- Reasonable adjustments (as appropriate)
- Policies and processes focusing on equality, diversity and inclusion
- Up to date evidence-based references and information sources
- Reference/s to the NMC Code (2018)

Educators and assessors

Criteria 6:

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

This section should include:
- Documentary evidence /verbal rationale for choice of key personal involved in the education programme
- Outline of knowledge, skills and expertise of the key personal contributing to the programme

Curricula and assessment

Criteria 7:

A rationale and systematic approach to the planning of the programme is used to respond to the identified needs and changing contexts of the health service and aligned to national and regional policies and strategic drivers.

This section should include:
- Education request from service provider identifying rationale for programme (e.g. completed new programme proforma/email etc.)
- Notes/minutes of programme planning meetings, including evaluation/assessment strategies
- Up to date references to evidence-based information sources
- National and regional policies, strategic drivers, responses to SAIs, safety alerts, etc.

Northern Ireland Practice and Education Council for Nursing and Midwifery

Quality Assurance Framework for Monitoring Non NMC Nursing and Midwifery Education, Learning and Development Programmes commissioned by the Department of Health

Provider	
Title of education programme	
Date of Meeting	
Names of NIPEC QA Monitoring Team	
Other participants	
Summary of activity	

QA Monitoring of Non-NMC Nursing and Midwifery Education, Learning and Development Programmes

	Criteria	Comments	Met/Not Met
1	The documentation supporting the programme is explicit and provides the required detail to enable all stakeholders to understand the intended outcomes, using different platforms to optimise its reach and accessibility.		
2	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 person-centered care, including the patient experience.		
3	Organisational processes are underpinned by the application of co-production principles to enable people with a lived experience of care/carers to inform the planning, design and delivery of the activity, where relevant.		

	Criteria	Comments	Met/Not Met
4	Quality Assurance systems and processes are robust, involve all relevant stakeholders, and demonstrate that the programme has met the required criteria.		
5	The programme is delivered using relevant teaching strategies and methodologies and is supported by appropriate resources ensuring the diverse needs of the student/participant population are considered.		
6	The programme planning process involves people with relevant expertise and demonstrates partnership working.		

	Criteria	Comments	Met/Not Met
7	A rationale and systematic approach to the planning of the programme is used to respond to the identified needs and changing contexts of the health service and aligned to national and regional policies and strategic drivers.		

SUMMARY OF MONITORING ACTIVITY
MATTERS FOR ACTION

NIPEC QA Monitoring Team Signatures

_____   _____   _____
Senior Professional Officer   **Senior Professional Officer**   **Lay Visitor**

Date: _____

NIPEC NON NMC QA Monitoring Progress Report 202 – 202

Education Provider:		
Title of Programme:		
Report Summary		
The table below summaries the matters for action and the time frame involved in resolving the matters highlighted		

Matters for Action	Actions proposed/taken	Date

Signed:

Education Provider: _____   **Date:** _____

NIPEC QA Monitoring Team: _____   **Date:** _____

For further Information, please contact:

NIPEC
www.nipec.hscni.net

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