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Unity equals strength

THE decision by the Nursing and Midwifery Board of Ireland (NMBI) to restore the €100 retention fee for 2015 is very welcome.

The decision came as a direct result of a six-month long campaign, led by the INMO, in opposition to the proposed 50% increase in fees. This campaign, which involved payment of the existing €100 fee, a national protest outside the NMBI HQ, letters to the Board, cancellation of direct debits, a national Thunderclap day, other lunchtime protests and lobbying of public representatives, saw tens of thousands of our members combine in a show of unity, purpose and strength.

Against this background I want to begin this editorial by thanking the multitude of members who followed our advice, refused to succumb to the threats and intimidation from the NMBI and did not pay this unjustifiable increase. It is quite evident from the feedback following the Board's decision to restore the €100 fee, that members, individually and collectively, felt that this was one increase too many and they understood the importance of the campaign to have this flawed decision reversed.

However, it should also be said that the need for this campaign was, of itself, regrettable. Everyone supports a strong regulator that protects the public by ensuring nurses and midwives, individually and in all clinical areas, can practise safely, supplied with the required resources to ensure all patient/client needs are met. The division between the two professions of nursing and midwifery and our regulator is very wide and the recent campaign only served to broaden that divide.

However, now that the correct and proper decision has been made, and the €100 fee restored, every effort must be made to make the regulator relevant to nurses and midwives. The INMO is committed to engaging with the Board, and other stakeholders, to ensure that we never repeat the mistakes of the past six months. We must have a regulator that demonstrates a much keener awareness of the needs of nurses and midwives, and acts as a partner with them in the delivery of safe care. This requires dialogue, not dictatorship.

It must also be said that the Department of Health, the HSE and other health employers also have a role to play in cre-



ating and maintaining a sound financial base for a strong, relevant regulator to protect the public by ensuring high standards of nursing and midwifery practice. It was not, is not and will never be, acceptable that nurses and midwives have to bear the entire cost of funding the regulator and all of its activities.

The Nurses and Midwives Act, which was brought forward by government and passed by the Oireachtas, introduces additional obligations which, while welcome, must be funded fairly and transparently. Those who introduced this legislation must be prepared to contribute to the activities of the NMBI required, by that legislation in the areas of fitness to practise, continuing professional development and the further development of undergraduate/postgraduate nurse/midwife education. All of this is welcome and required, but nurses and midwives cannot, and will not, be the sole source of funding for the Board as it implements the new legislation with all of its additional demands.

However, in the short term, I wish to acknowledge, with gratitude, the unity and collective strength of members, which ultimately led to a successful outcome to this campaign. The success of this campaign, which again showed that unity equals strength, must now be used as motivation as we tackle other major issues including the need for safe staffing and the restoration of our pay and other conditions of employment in a post Hadlington Road scenario.

We all know that the work is never done and there is always a new campaign, and the next challenge. However, now we know that working together we can and will succeed – thank you.

Liam Doran
General Secretary, INMO

ED Taskforce working on action plan

Additional beds and community services vital to alleviate crisis

THE Emergency Department Taskforce, established by the Minister for Health to reduce the chronic overcrowding in EDs throughout the country, is continuing its work towards issuing an action plan.

The Taskforce, which INMO general secretary Liam Doran jointly chairs, has two INMO representatives: Phil Ní Sheaghdha, director of industrial relations, and Tony Fitzpatrick, IRO.

The Taskforce is continuing its work against the backdrop of the INMO trolley/ward watch figures for February 2015, which confirmed that this was the worst month for overcrowding, since counting began in 2004.

As the *Table* on the opposite page shows, almost every ED/hospital had greater levels of overcrowding in February 2015, compared to any previous year since the INMO began recording the number of admitted patients being cared for on trolleys.

On the Taskforce, the INMO has continued to argue that

overcrowding will only be resolved when additional beds (both acute and continuing care) are opened, and community nursing and support services are greatly enhanced.

At the Taskforce, Health Minister Leo Varadkar, who attends every meeting, has consistently acknowledged that the matter cannot be addressed without additional resources. He has indicated that he is in ongoing discussions with government in relation to this.

In tandem with the expansion of any services in the form of opening beds and restoring community-based services, the INMO has also argued that no initiatives will work unless they are adequately, and fully, staffed following a determined recruitment campaign.

In particular, the INMO has stated that no additional beds can be opened in any acute or continuing care facility in the short term, without the recruitment of additional nursing staff into permanent posts, as any increase in bed

capacity must be maintained for the long term to alleviate overcrowding.

Other issues being discussed at the Taskforce include:

- Expansion of the Fair Deal nursing home support scheme so that it effectively becomes demand led, with a four to five week waiting time
- The expansion of the role of the nurse, subject to additional resources, in the areas of triage and delegated discharge
- Improved liaison between consultant teams, to lead to cross consultant discharge at weekends and out of hours
- Greater use of local injury clinics, including a public awareness campaign
- The development of nurse practitioner/specialist posts, in key areas, to improve patient journey times through EDs.

Speaking as we went to press, Liam Doran, INMO general secretary and joint chair of the Taskforce, said: "The simple reality is that the level of overcrowding in our acute hos-

pitals continues to increase, and will not be resolved without additional bed capacity and improved community services.

"These are, ultimately, reliant upon additional resources. Therefore the cabinet must, without delay, agree to additional resources being allocated to our health service, so that we can reduce the incidents of overcrowding and the compromising of patient care that occurs as a direct result of same," he said.

"A key issue that has now emerged, even when additional resources are made available, is the shortage of nursing staff needed to increase our bed capacity and enhance our community nursing services. Therefore, the INMO will be seeking, in any final action plan, specific measures targeted at nursing to ensure that we can recruit the necessary expertise required to properly look after patients presenting for care either in the hospital or home setting".

Talks continue on major UK recruitment drive

AT THE time of going to press, the INMO was in discussions with the HSE on agreeing the methodology behind a major recruitment drive, primarily targeted at the UK.

As a direct result of six years of a flawed, damaging recruitment embargo, the HSE is now in a situation where the country is short of the required number of nurses. Urgent policy initiatives are required to underpin a dynamic recruitment campaign.

In the ongoing discussions, the INMO is calling for the

HSE to agree to specific policy initiatives which, it says, must include:

- The formal abolition of the 'flawed' graduate nurse/midwife programme
- Financial incentives to cover the cost of relocation
- Permanent posts with full incremental credit
- Greatly enhanced continuing professional/educational pathways leading to access to specialist and post graduate programmes.

INMO general secretary, Liam Doran said: "It is now

acknowledged that we have a critical shortage of nurses, in this country, and special measures are required to attract back our recently emigrated nurses, particularly from the UK.

"The Minister for Health, in his speech to the Fine Gael Árd Fhéis, recognised this when he said that hundreds of nurses must be attracted back, from the UK, and they must be convinced that our health service is a positive place to work.

"In order to achieve this

the HSE, the Department of Health and the Department of Public Expenditure and Reform, must be prepared to think creatively, and not restrictively, so that Ireland can compete, on the world stage, for the scarce resource that is the highly skilled registered nurse," Mr Doran said.

"Our young professionals will not come home unless we offer dynamic, positive, proactive employment opportunities and this campaign must deliver on all of these fronts if it is to be successful".

February overcrowding highest ever

FOLLOWING its comparative analysis of trolley/ward watch figures for the month of February, the INMO has found that:

- During February 2015, a total of 9,657 patients were cared for on trolleys following admission to hospital
- This represents the highest ever recorded figure for patients on trolleys in the month of February since trolley watch began
- It also represents a 33% increase compared to 2014 and a 75% increase on 2013.

The year-on-year comparison also shows the

significant extent by which the overcrowding situation has deteriorated, compared to previous years, and why urgent, radical and sustained action is necessary to address this crisis.

These figures emerged as the Emergency Department Taskforce, established by the Minister for Health, was continuing to meet. The figures confirmed the need for the Taskforce to agree immediate actions.

"These figures truly confirm the scale of the crisis from overcrowding. This level of overcrowding inevitably leads



Liam Doran, INMO general secretary and joint chair of the ED Taskforce: "The ED Taskforce must agree the range of actions necessary to alleviate this crisis and allow patients to be cared for appropriately with privacy and dignity"

to the care of patients being compromised and frontline staff being overworked," said INMO general secretary Liam Doran, who is also joint chair of the ED Taskforce.

"The ED Taskforce must agree the range of actions necessary to alleviate this crisis and allow patients to be cared for appropriately, with privacy and dignity. These measures must, as the INMO has consistently said, include additional bed capacity as well as the restoration of community nursing services," he said.

Table 1. Trolley and ward watch analysis February 2007-2015

Hospital	Feb 2007	Feb 2008	Feb 2009	Feb 2010	Feb 2011	Feb 2012	Feb 2013	Feb 2014 ED/ward total	Feb 2015 ED/ward total
Beaumont Hospital	632	751	723	841	598	757	611	587	769
Connolly Hospital, Blanchardstown	332	204	253	165	361	375	335	496	502
Mater Misericordiae University Hospital	337	498	438	514	296	402	264	299	473
Naas General Hospital	238	231	383	348	457	310	229	245	403
St Colmcille's Hospital	93	45	200	178	268	284	155	n/a	n/a
St James's Hospital	144	293	247	244	166	178	179	204	234
St Vincent's University Hospital	387	452	465	460	527	382	394	145	532
Tallaght Hospital	437	489	500	589	685	283	250	287	433
Eastern	2,600	2,963	3,209	3,339	3,358	2,971	2,417	2,263	3,346
Bantry General Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	18	50
Cavan General Hospital	477	177	157	267	372	319	232	47	77
Cork University Hospital	338	375	324	720	710	586	328	317	410
Kerry General Hospital	79	116	38	118	48	42	82	74	121
Letterkenny General Hospital	292	20	26	44	31	19	65	261	527
Louth County Hospital	15	13	24	13	n/a	n/a	n/a	n/a	n/a
Mayo General Hospital	347	103	180	164	120	163	200	278	212
Mercy University Hospital, Cork	147	150	187	187	219	190	229	160	299
Mid Western Regional Hospital, Ennis	224	22	13	53	105	25	56	n/a	3
Midland Regional Hospital, Mullingar	8	7	53	287	253	239	193	365	473
Midland Regional Hospital, Portlaoise	28	24	19	15	179	106	14	202	214
Midland Regional Hospital, Tullamore	5	2	10	27	154	197	67	251	303
Monaghan General Hospital	56	33	17	n/a	n/a	n/a	n/a	n/a	n/a
Nenagh General Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	22
Our Lady of Lourdes Hospital, Drogheda	336	216	444	237	440	607	332	532	715
Our Lady's Hospital, Navan	101	80	78	73	160	93	71	194	100
Portiuncula Hospital	69	39	47	43	61	102	90	71	210
Roscommon County Hospital	98	79	82	99	76	n/a	n/a	n/a	n/a
Sligo Regional Hospital	140	89	87	218	195	110	50	249	196
South Tipperary General Hospital	58	107	38	109	80	161	184	267	267
St Luke's Hospital, Kilkenny	n/a	n/a	n/a	n/a	26	69	81	255	269
University Hospital Galway	249	285	311	445	484	585	328	441	620
University Hospital Limerick	200	115	144	389	292	367	329	534	709
University Hospital Waterford	n/a	n/a	40	89	84	145	124	388	201
Wexford General Hospital	183	107	24	150	282	95	38	72	313
Country total	3,450	2,159	2,343	3,747	4,371	4,220	3,093	4,976	6,311
NATIONAL TOTAL	6,050	5,122	5,552	7,086	7,729	7,191	5,510	7,239	9,657

Comparison with total figure only:

Increase between 2014 and 2015: 33%
 Increase between 2013 and 2015: 75%
 Increase between 2012 and 2015: 34%
 Increase between 2011 and 2015: 25%

Increase between 2010 and 2015: 36%
 Increase between 2009 and 2015: 74%
 Increase between 2008 and 2015: 89%
 Increase between 2007 and 2015: 60%

Staffing taskforce enters final phase

THE Taskforce on Nurse Staffing and Skill Mix, established by the Minister for Health as a direct response to the INMO's safe staffing campaign, continues its detailed work with a view to issuing a final report before the middle of the year.

In the initial phase, the focus has been solely on establishing an evidence base to support a stable, safe staffing regime in adult medical/surgical wards in hospitals throughout country.

At the time of going to press, the taskforce was completing its second round of consultation meetings, at which initial draft assumptions, and thinking, were presented to groups for their review, analysis and response. In particular the meetings were asked to comment on four core assumptions, as outlined below.

Assumption 1: Patient care needs are different

Under this heading areas for consideration were:

- Acuity and dependence
- Bed occupancy and utilisation
- Assessment of ward specialities
- Patient-centred care.

Assumption 2: Nurse staffing numbers, profile and mix are key to ensuring safe high quality care

Under this heading areas for consideration were:

- Ward profile – education, skills and competence
- Nurse/HCA grade mix 80/20
- Recruitment – timely and with authority from nursing management

- Planned and unplanned absence
- Safe care – what is the 'tipping point'
- Nursing hours per patient day.

Assumption 3: The organisational environment where patients receive care and staff delivers care has an impact on the ability to deliver safe effective care

Under this heading issues for review included:

- Organisational culture
- Ward climate
- Care processes and models of care delivery – patient-centred care
- Geographical – ward size and layout.

Assumption 4: Positive patient and staff outcomes are important indicators of the safety and quality of our nursing care

Under this heading issues for review included:

- Patient outcome – key performance indicators (KPIs)
- Falls/pressure ulcers /timely interventions
- Staffing outcomes – staffing experience
- Safety CLUEs (care left undone events).

In the feedback and discussions, under all of these headings, many points were made and require further attention including:

- Should the taskforce recommend one acuity/dependency tool for application nationwide, or should a choice be given of validated tools

- The critical need to identify the CNM2 as being a frontline manager without a clinical caseload
- The issue of recruitment and the intolerable delays currently being encountered with filling vacancies
- The need to factor in planned/unplanned absence (20% excluding maternity leave replacement) is currently being considered
- The need for the absolute autonomy of the senior nurse manager (director of nursing) with regard to formulating, evaluating and applying, as well as holding, the nursing budget and, in conjunction with the CNM2, identifying, and responding to additional work demands in an immediate and appropriate manner
- The immediate priority for a stabilised nursing workforce arising from the serious, and growing, concern of members, with regard to standards of care applying today, arising purely because of a shortage of registered nurses.

Final phase

Following on from this second round of consultation meetings, the taskforce will continue to meet, every two weeks, with a view to drawing together a final report for presentation to the Minister for Health.

It is thought likely, subject to the report being accepted by the Minister, that the next step would be to pilot the approach, to a safe stable

nursing workforce, in a small number of locations to ensure that what is being recommended can be applied locally, and consistently, across our medical/surgical wards/units.

Commenting on the work of the taskforce INMO general secretary, and member of the taskforce, Liam Doran said: "I remain absolutely convinced that this taskforce is the most important initiative for nursing since the Commission on Nursing report issued in 1998.

"We all know that our staffing levels are poor and that standards of care are being compromised as a direct result. However, the reality is that if we are to improve these staffing levels we must demonstrate the need by reference to solid evidence and the positive impact that safe staffing levels bring to patient outcomes.

"The challenge for the taskforce will be to bring forward recommendations and actions that will deliver this positive change, at ward level, leading to manageable workloads for staff and improved patient outcomes," he said.

"This taskforce was established as a direct result of the INMO's safe staffing campaign. We will measure its success with reference to whether it ensures every registered nurse, on a surgical/medical ward, feels they are sufficiently resourced, empowered and supported to deliver safe care through safe practice, at all times," said Mr Doran.

Survey on health and wellbeing of nurses/midwives

THE INMO, in conjunction with Dublin City University, is conducting a study into the effects on the health and wellbeing of nurses and midwives, in their current working environments.

This survey has come about as a result of a large number

of issues being raised with the INMO by nurses and midwives relating to the negative effects on their health and wellbeing of their current stressful working environments.

The survey is placing particular focus on:

- Ill health and the effects this

has on the general wellbeing of the nurse/midwife

- The response of employers to the current stressful working environment experienced by nurses and midwives
- The level of 'presenteeism' among nurses and midwives (presenteeism is a term used

to describe where employees present for work even though they are unwell).

The survey, which is confidential, must be completed by midnight on Thursday, April 16 on www.inno.ie

- For further details, see page 48.

Why the Dunnes Stores workers' fight is just as much our fight

DUNNES Stores workers, picketing to demand fair working conditions and the elimination of precarious or zero-hour contracts, are striking a blow for future generations of workers in both the public and private sectors.

President Michael D Higgins, at a recent lecture at the Royal College of Surgeons in Ireland, suggested that the growth in the number of precarious work contracts was international and had emerged from the most recent period of globalisation. He said the shift towards precarious employment did not just affect those in low-skilled jobs, but that there is considerable evidence from the public services to show that it was widespread in areas such as teaching and nursing. Temporary, if-and-when, zero-hour and internship contracts are emerging in areas of work that were traditionally seen as being well paid and secure.

President Higgins went on to say that "responding to the needs, the fears and the aspirations of those citizens among us who do not enjoy security of employment is a defining challenge of our times." The widespread use of precarious working contracts in all sectors across Europe was at the heart of the crisis which confronts European democracy, he said.

The Dunnes Stores work-

force is predominantly female. The actions of the workers are based on the insecurity they feel of not knowing when they will be required to work or for how many hours in a given week. Many breadwinners in this situation simply cannot live a reasonable life or expect to build for their families when there is no prospect of secure working hours and the knowledge of what income they will have to provide for their family at any given time.

At a recent Employment Law Association of Ireland seminar, a leading employment lawyer described some of the abuses arising from zero-hour contracts as a form of indentured slavery.

While not specifically talking about Dunnes Stores in the lecture, he said employers exploiting these contracts can hold the threat of penury over the worker by manipulating their hours to allow or disallow entitlement for social welfare payments. This effectively disempowers the worker and leaves them literally at the beck and call of the employer.

Need for support

Nurses and midwives need to support the Dunnes Stores workers in this struggle. The INMO on behalf of nurses and midwives has over the past decade, had many battles with the HSE and health employers in respect of continuous tem-

porary contracts, if-and-when letters of employment and zero-hour contracts.

Health employers will watch closely what happens in the Dunnes Stores dispute and the INMO has only avoided the widespread use of these contracts by consistent vigilance wherever they emerge. Those who argue that precarious contracts are the choice of the employee, and compare an employer offering if-and-when contracts as being similar to those nurses or midwives who choose to work agency shifts, are simply wrong.

There is a major difference between a worker, whether they be a nurse, a midwife or a checkout assistant, seeking work and only being offered an if-and-when contract and those who voluntarily sign up with an agency for available work when they themselves are available.

There is some irony in the fact that 31 years after a small group of Dunnes Stores workers made a stand against apartheid that later merited them achieving legendary status, it is workers in that same organisation who are once again to make a stand against one of the major injustices of this era.

The three-year strike they sustained in pursuit of what is now recognised as a just and genuine cause gained recog-

niton across the globe.

Yet those workers 31 years ago were passed by much of the Irish public in pursuit of 'Dunnes Stores Better Value'.

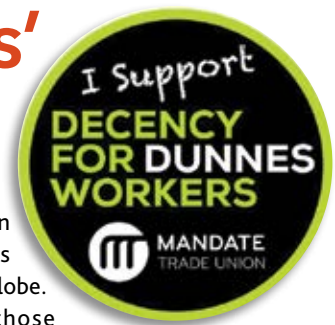
The Dunnes Stores fight is on behalf of all those employed, whether in the public or private sector. Do not pass their pickets, for their fight will be our fight if they are beaten.

When you come upon the Dunnes Store workers' picket it is worth remembering the famous poem by Pastor Martin Niemoller about the cowardice of German intellectuals following the Nazis rise to power.

*"First they came for the socialists, and I did not speak out –
Because I was not a socialist.
Then they came for the trade unionists, and I did not speak out –
Because I was not a trade unionist.
Then they came for the Jews, and I did not speak out –
Because I was not a Jew.
Then they came for me –
and there was no-one left to speak for me."*

Support the Dunnes Stores workers. Their cause is our cause too.

– Dave Hughes, INMO deputy general secretary



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Irish Nurses and Midwives Organisation
Working Together



Unpaid clinical placements should be rostered 8am to 8pm, Monday to Friday

THE INMO, in conjunction with SITPU and the PNA, has been pursuing improvements to the conditions of employment for internship student nurses and midwives and also students on their clinical placement between years one and three of training.

On October 24, 2014 the Labour Relations Commission facilitated discussions that resulted in a document of agreement (*see letter*). This agreement was issued to all students and also to directors of nursing and midwifery.

It appears that on December 16, the directors of nursing, represented by the Irish Association of Directors of Nursing and Midwifery, sought to overturn this agreement and notified directors of nursing and midwifery that they should not comply with it.

In effect this meant that directors of nursing and midwifery were seeking to roster unpaid students for periods that normally attract a premium earning and could not see that this was unfair.

When the unions became aware that this had occurred they sent a letter (*pictured*) to the director of HR on February 20 objecting to a collective agreement which had been set aside following negotiations with a representative body that does not hold a negotiating licence.

Furthermore, the unions said that the practice of rostering student nurses who are unpaid for night duty or weekend duty between first and third year is grossly unfair and exploitative.

In addition, the INMO was concerned that this would cause students who needed to take on part-time jobs at weekends to fund their education, to

be in a very difficult position.

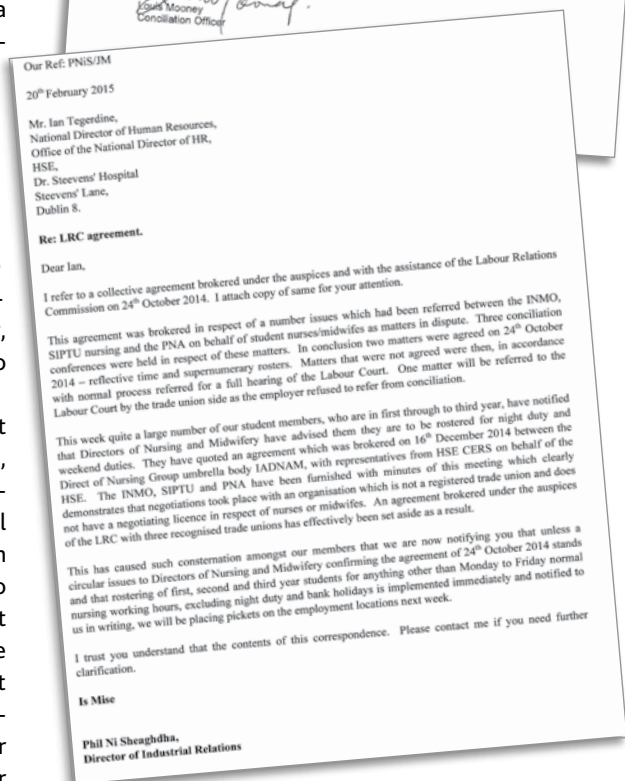
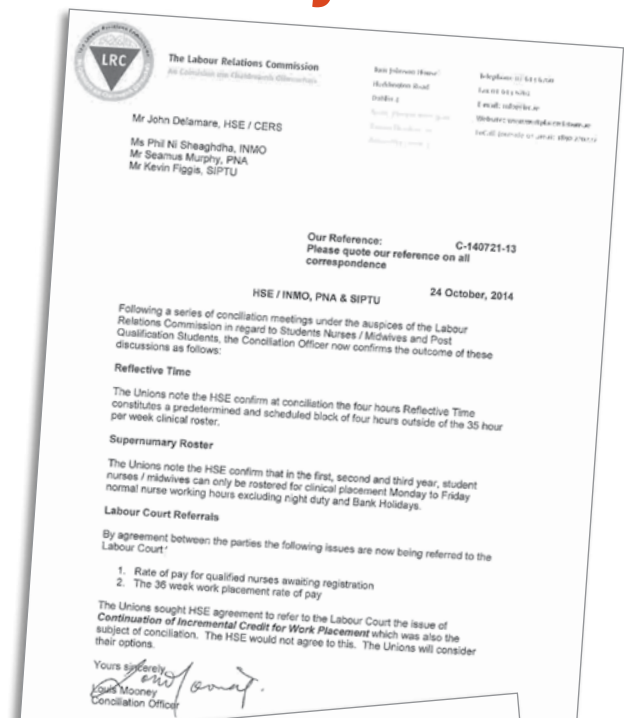
On February 25, 2015 the HSE director of human resources confirmed in writing to the INMO that the HSE gave the following undertaking: "We will communicate this week to all directors of nursing who were the group who previously received the email, retracting the position given in the email and underline the requirement to comply with 24th of October LRC agreement."

The correspondence also confirmed that the HSE would engage with delivery units to ensure that they are compliant and if it discovered non-compliance, it would then ask for a plan to comply with the agreement, within a reasonable timeframe.

What this means is that the agreement of October 24, set out here, stands. Therefore, students in first to third year should not be rostered outside of the normal span of the working day, ie. 8am to 8pm, Monday to Friday.

Some employers still insist that it is the student's choice, however the national agreement is that all unpaid clinical placements take place within the Monday to Friday 8am to 8pm roster. In the event that this is not the case, we are asking students to contact INMO student and new graduate officer, Dean Flanagan, or an INMO IRO working in their particular area, with a view to ensuring that, as set out in the employers' correspondence of February 25, compliance is achieved and rosters are changed to ensure this.

The INMO is also pursuing a claim to the Labour Court in respect of the matter of the pay rate for the 36 weeks clinical



placement in forth year and the rate of pay for the post-qualification, pre-registration six to eight week period.

The Labour court is due to hear these claims on March 25, 2015. In addition, the INMO have referred a case for hearing at the Labour Court seeking to have incremental

credit for the 36-week clinical placement in fourth year reinstated as the INMO believes its removal was not in compliance with the Department of Finance circular. A date for this hearing was awaited at the time of going to press. All updates will be issued directly to the student group.

Action-packed ADC 2015 set for Trim

Conference to focus on theme of 'Organising - Protecting - Delivering'

THIS year's INMO annual delegate conference, the Organisation's 96th, will be held in The Knightsbrook Hotel, Trim, Co Meath from Wednesday to Friday, May 6-8.

The theme of the conference is 'Organising - Protecting - Delivering'. More than 350 delegates are expected to attend from all over the country. There are a total of 64 motions for debate on subjects including:

- Post Haddington Road
- Forthcoming Seanad elections
- Safe staffing campaigns
- The role of the community RGN
- Supernumerary status for CNM2s
- Several motions on HIQA
- Overcrowding

- Bullying in the workplace
- The Nursing and Midwifery Board of Ireland (NMBI)
- Community health organisations
- Health and wellbeing
- Homelessness
- Turn Off The Red Light (TORL) campaign.

The conference gets underway on Wednesday, May 6, with registration commencing at 12 noon and conference business beginning at 2pm sharp. This will be a private debate on organisational motions. From 4.15-5.30pm there will be a debate on group 4 education motions and group 5 social policy motions. At 5pm Phelim Quinn, CEO of HIQA, will give a keynote address.

Thursday's session will commence at 9am with a debate on group 2 professional motions. At 10.30am Edward Mathews, director of regulation and social policy, will launch a *Human Right to Health* document.

From 11.15am-12.15pm there will be a debate on industrial motion 1 concerning post-Haddington Road. This will commence with a presentation by Phil Ní Sheaghda, director of industrial relations.

Debate on other motions will continue until 1.45pm when David Hughes, deputy general secretary will give a review of the year. At 2pm INMO president, Claire Mahon will deliver her address.

The rest of Thursday afternoon will be free for delegates and the annual awards dinner will take place at 8pm, at which the Gobnait O'Connell Award, the Coleman Research Award and the Preceptor of the Year Award will be presented.

Friday's proceedings will commence at 9am with debate on the remaining motions. Minister for Health Leo Varadkar will address delegates at 12.30pm. There will be an election of the Standing Orders Committee (2015-2017) at 2.15pm.

The conference will close with the annual gala dinner on Friday evening.

- See page 26 for further details

Health effects of prostitution

THE health effects of prostitution were focused on at a seminar in INMO HQ last month. This was part of the Organisation's backing of the Turn off the Red Light (TORL) campaign, in support of the decriminalisation of those who are prostituted, and the criminalisation of those who purchase persons for the purposes of sexual exploitation.

The seminar heard from an advanced nurse practitioner working in this area, from representatives of Ruhama, which provides frontline services, alongside similar representatives of the Immigrant Council of Ireland. The seminar heard about the health effects of prostitution on a survivor, who described the physical and mental scars that have been left with her from her time being involved in prostitution.

Edward Mathews, INMO director of social policy, said: "The INMO fundamentally

believes that prostitution is neither an inevitable nor acceptable form of work. Prostitution does not meet the definition of work, it is an inherently harmful activity, and as an Organisation we are concerned that a minority of individuals are trying to portray prostitution as a form of work like any other.

"The significant and long term health effects of selling one's body for sexual purposes is not acceptable, and cannot be normalised through legalisation. It is absolutely necessary that the general scheme of the Criminal Law (Sexual Offences) Bill 2014 be immediately converted into a Bill, and passed urgently through the Oireachtas. This is all the more so, given that on June 1 prostitution will be decriminalised, and the purchase of persons for the purposes of sexual exploitation will be criminalised in Northern Ireland.

Graduate midwives accept deal

THE INMO has been endeavouring to secure opportunities for consolidation of midwifery experience post qualification at Cork University Maternity Hospital (CUMH).

As per HSE HR Circular 004/2011, post-registration student midwives are permitted to remain on for an 18-month period to explore the staff midwife role, while preserving employment in their substantive position. In recent months, graduating members have united and tackled the challenge of securing employment at CUMH - the largest women's hospital in Ireland.

However, hospital management was slow to reach out to this accessible workforce and the INMO moved to press the hospital to offer contracts under HR 004/2011.

On March 11, three days before the training period concluded, the midwives voted to accept a collective agree-

ment whereby four midwives would be offered immediate employment at CUMH, and the remaining 12 would be accommodated first in Cork University Hospital as staff nurses and subsequently in CUMH, as staff midwife vacancies arise. This exercise is to be concluded by December 31, 2015.

Welcoming the agreement reached in the closing days of the training period, INMO IRO Patsy Doyle said: "The Organisation is determined to maximise the protection for midwives contained in the national circular. It is so important that midwives get the opportunity to consolidate their training into staff midwife positions and the INMO is committed to actualising the transfer of the entire class by year end, if not sooner. The INMO acknowledges the work of Louise Keating, INMO and class representative, in this regard", Ms Doyle said.

Drive underway to fill 70 new posts

RECRUITMENT of 70 additional nursing staff has commenced for University of Limerick Hospitals Group, which comprises University Hospital Limerick, Ennis Hospital, Nenagh Hospital and Croom Orthopaedic Hospital.

This follows a ballot of INMO members who voted overwhelmingly in favour of industrial action in January. The action was deferred following the agreement reached at the LRC on February 2.

The INMO also secured a ratio of one nurse to every seven admitted patients in the emergency department (ED) and a commitment to ensure there is a relevantly-qualified paediatric ED nurse in the

paediatric section of the ED. The agreement also included the setting up of a hospital bank and the appointment of an independent chair to oversee a process at local level in respect of a range of issues.

Janet Hughes, former Rights Commissioner, has been appointed as the independent chair and has commenced work on primarily overseeing the implementation of the recruitment of nurses for the hospital group and seeking to address measures to ease the overcrowding.

Another important issue is that the INMO has ensured that 100% salary is to be paid to all current nurse graduates working in the University of



Limerick Hospital Group. In addition, 100% salary and permanent contracts are to be offered to the upcoming nursing graduates in September 2015.

Not included in the formal agreement, but as a side issue, the HSE has agreed that once a nursing panel/relief pool is in place, applications for parental leave and reduced working hours will be considered more favourably.

INMO IRO Mary Fogarty said: "Overall we're looking at 70 to 100 nursing posts that needed to be filled, so securing 70 of those is a huge achievement and we are satisfied with that. There is, however, a lot more work to be done. We have also secured agreement from the HSE that it will put in place a nursing pool and an availability of nurses who will work additional hours to meet surges in hospital activity."

Significant steps to improve patient flow in Galway

A SIGNIFICANT increase in staffing levels in the emergency department (ED) and a commitment to open additional beds at University Hospital Galway are the outcome of several hearings at the Labour Relations Commission over the past two months.

The increases in staff will see the appointment of additional nurses, porters, ward clerks and healthcare assistants in the hospital.

Of significant importance, management also agreed to appoint Garrett Martin, deputy director and senior officer (employment relations), Royal College of Nursing, Belfast to carry out a review and make recommendations to improve patient flow within the ED.

The process has already commenced to recruit approximately 18 WTE nurses for the ED. A ratio of one nurse per seven trolleys with admitted

patients was also agreed.

INMO IRO Clare Treacy said: "Overcrowding in University Hospital Galway has been consistent for too long now. With the assistance of the LRC the much-needed recruitment of additional staff has been achieved.

"We look forward to working closely with Garrett Martin in an effort to improve patient flow and minimise patients waiting on trolleys in ED and

on the wards. We want to acknowledge the commitment of the ED staff to this campaign and note that this success is due to their active participation in the process."

Overall this was a very successful campaign – the success was mainly due to the 100% commitment from the INMO members within the department, led by Anne Burke, who have worked tirelessly to achieve this outcome."

Critical midwife shortfall in Limerick

NINETEEN midwives are to be recruited to address the critical shortfall of staff and a serious skill mix deficit at University Maternity Hospital, Limerick (UMHL).

This measure was confirmed by management following a meeting between the INMO and senior midwifery management over a range of serious clinical concerns raised by midwife members with the

Organisation. In addition, management has confirmed to the INMO that all current midwifery graduates will be offered employment on a minimum of two year contracts at 100% salary.

The National Review of Staffing in Maternity Hospitals indicates that the UMHL will require a significant increase in midwives.

At the time of going to press

the INMO had raised with the HSE serious concerns about the urgency being placed on the recruitment process.

If the shortfall is not addressed immediately and the safety issues addressed, INMO members have indicated that they will hold a lunchtime protest in the coming weeks at the hospital.

– Mary Fogarty, INMO IRO, Mid Western Region

Regional update

- Mayo General Hospital had employed seven nurses on the graduate programme in 2013. Following INMO intervention these nurses have now received two-year contracts on 100% salary.
 - All Western Region INMO Branch AGMs have been held, and several new workplace representatives have been nominated.
- Clare Treacy & Regina Durcan, INMO IROs, Western Region

Disputes ongoing over staffing levels

Several issues at Wexford General referred to LRC

DISPUTES are ongoing at Wexford General Hospital about staffing levels on different wards.

In order to incentivise current nursing staff in the hospital to work overtime, the INMO has obtained agreement that overtime should be paid at double-time rates plus time off in lieu. This is necessary to ensure that the additional posts are covered

pending agency staff taking up six-month contracts.

Dispute remains over the number of new nursing posts allocated for 15 additional beds opened in St Joseph's ward and this has been referred to the Relations Commission (LRC).

However, the INMO claim to have this 49-bed ward divided into two wards (with 24 and 25 beds respectively

and CNM1 and CNM2 in each ward) has been conceded by management.

Meanwhile, a dispute on staffing levels in the accident and emergency department, remains unresolved following an LRC hearing. In addition, the paediatric unit remains unopened and management has allocated an additional four WTE nurses to the department.

The maternity department dispute on staffing levels was heard by the LRC on November 20, 2014.

Following adjournment sought by management before responding, the HSE agreed to attend a reconvened LRC hearing on the dispute, which is now scheduled for April 1.

– Liz Curran, INMO IRO,
South Eastern/Midland
Region

Regional update

- Despite the employment of six WTE nurses since October 2014 following local recruitment campaign, significant nursing shortages remain at St John's Hospital, Enniscorthy. The INMO had written to management objecting to the replacement of nurses with HCAs when nurses unavailable, and had sought that additional nursing staff be recruited from the existing local panel. This is underway and the local nursing panel is now in the process of being exhausted.
- The INMO met with management on March 12 to discuss workforce planning in Laois-Offaly Community Services. This arose as several members are being refused applications for reduced hours for parental/carers leave etc. The INMO asked management to quantify the additional resources required to comply with such requests and to then apply for that additional number of staff.
- The INMO is currently dealing with ongoing rostering issues at Sacred Heart Hospital, Carlow and Carlow District Hospital.

– Liz Curran, INMO IRO

Shift leader posts agreed for St Luke's, Kilkenny

THE INMO met with management of St Luke's Hospital, Kilkenny in January 2015 to discuss a range of issues of concern to members, including:

- The shift leader post in the emergency department (0.5WTE short since 2013)
- Staffing levels and the appointment of shift leaders for the maternity department
- Rostering of a 'relief' panel of nurses, which has been partially agreed
- The planned move to a new building in 2015.

While a number of matters are still ongoing since this

meeting, the INMO has now been advised that the 0.5WTE shift leader post for the ED is with the HSE National Recruitment Service (NRS), and will be advertised as a permanent post in the near future.

In addition, the INMO claim for shift leaders to be appointed to the maternity department has also been conceded, by way of the hospital securing funding for three shift leader posts, at CMM2 grade, for the department.

Recruitment for these promotional posts is to commence shortly.

– Liz Curran, INMO IRO

LRC rules on Enniscorthy

A DISPUTE over staffing levels at Wexford Residential Intellectual Disability Service, Enniscorthy was heard by the LRC on February 3.

The INMO had sought that nursing staff be offered overtime hours in the first instance and that agency staff be engaged to cover nursing shortages in the short term, pending resolution of the dispute in the LRC.

At the LRC, the INMO

secured agreement that management would exhaust the current NRS panel for its service. The panel had 4.5 WTE nurses remaining on it, who would be offered these posts.

Management agreed to advertise a local temporary staff nurse panel once the NRS panel was exhausted, which it did in February, and to continue to cover vacant posts with overtime and agency nursing in the interim.

Regional update

- The INMO claim that the director of nursing post at Midland Regional Hospital, Tullamore be advertised to be filled permanently has been conceded by the HSE. A number of other issues at this hospital are also being pursued by the INMO, including the conversion of agency and graduate scheme nurses to two-year fixed-term contracts.
- The INMO is due to meet with management over the redeployment of theatre nurses to other areas at weekends at Midland Regional Hospital, Portlaoise. Elsewhere at the hospital, the INMO is representing a number of midwife members in HSE investigations scheduled following a recent RTÉ *Primetime Investigates* programme.
- The INMO met with management of Kilcreene Orthopaedic Hospital, Kilkenny recently to discuss issues of concern including: finalisation of a loss of earnings claim; permanent filling of CNM2 and CNM1 posts in theatre; regularisation of increased hours for a nurse phlebotomy post; and appointment of additional nursing posts to cover reduced hours requests.

– Liz Curran, INMO IRO

Forum examining staffing issues at Mercy ED

A FORUM set up to monitor and manage the overcrowding in the emergency department (ED) at Mercy University Hospital, Cork continues to meet on a fortnightly basis.

Management has accepted the findings of the staffing review conducted and furnished in December 2014. This will lead to enhanced staffing for the emergency department.

The forum is reviewing systems issues and the INMO is endeavouring to ensure that all members of the multidisciplinary team give the appropriate priority to ED matters.

The INMO has lodged a



Michael Dineen, INMO IRO:
"Recruitment and retention is becoming a real issue throughout Mercy University Hospital"

claim to have the nursing hours required for admitted patients on trolleys factored into the roster. It has met with management to discuss this and other issues of concern in ED.

Recruitment and retention has become a real issue throughout the hospital and management has agreed to conduct a survey of all staff to ascertain the reasons for this.

Once the survey is complete, it was agreed that management will meet with the INMO on establishing initiatives to address the retention difficulties identified.

– **Michael Dineen,**
INMO IRO, South Area

Regional update

- Concerns have arisen about overcrowding and understaffing at St Vincent's University Hospital. The ED has been under persistent pressure on a daily basis. On the INMO's request when attending SVUH to open a unit on March 23, Minister Leo Varadkar met with a delegation of INMO members and had an in-depth discussion on the staffing levels.
- The INMO is engaging with management in Sunbeam House and St Catherine's ID Services regarding the merger of these two Co Wicklow services for people with intellectual disability.
- Negotiations continue with the LRC on the inadequate staffing, nurse management vacancies and access to Sunday premium work at Clonskeagh Hospital, Dublin. Management has agreed to fill four CNM2 and staff nurse vacancies.

– **Philip McAnenly,**
INMO IRO

Issues progressing at St Patrick's, Waterford

LOCAL meetings are continuing on a monthly basis between the INMO and management at St Patrick's Hospital, Waterford.

This ongoing consultation was fostered following members reaching a crisis point at the hospital late last year. The following issues are progressing:

- Equal access to night duty
- CNM2 supernumerary status
- Rosters adjusted to incorporate handover time
- Access to annual leave
- Payment for 12 hours night duty instead of taking time back for hours owed
- Out-of-hours acting up.

It has also been confirmed that the appointment of a further three WTE nurses has been approved for St Patrick's and Dungarvan Community hospitals.

Meanwhile, local meetings on the ongoing staffing crisis at St Patrick's Hospital,



Mary Power, INMO IRO:
"Ongoing consultation fostered following members at St Patrick's reaching crisis point late last year"

Cashel have resulted in positive consideration being given to offering a block booking of agency nursing staff to fill long-term sick leave posts. Currently at least 4.5 WTE nurse positions require regular agency replacement. It has also been confirmed that two further RGNs have taken up appointments and a two more RGNs will commence shortly.

– **Mary Power,**
INMO IRO, Southern Region

Regional update

- Management and the INMO at South Infirmity Victoria University Hospital, Cork have agreed to conduct a review of the existing rosters for the orthopaedic theatre. Discussions are ongoing.
- The INMO is involved in a process with management of Cope Foundation regarding a review of the staffing numbers working in areas of challenging behaviour. A joint review and risk assessment is currently underway.
- A joint review undertaken by the INMO and management into staff requirements for the emergency department at Kerry General Hospital is almost concluded. The INMO has lodged a claim for additional staffing within the department.
– **Michael Dineen, INMO IRO, Dublin/East Coast Area**
- Branch AGMs have taken place in Mallow and Clonmel. The INMO is also conducting Tools for Safe Practice Workshops in a number of services, all of which are being well attended.
– **Mary Power, INMO IRO, Southern Region**
- The INMO has reached agreement at Cork University Hospital on the calculation of annual leave for extra hours worked up to 39 hours (37.5 hours prior to July 2014). Members are asked to contact their INMO rep if clarification is needed on retrospective to 2012.
- Some HSE employers in the Cork area are resisting granting part-time working arrangements. HSE Form 111 has been approved for such applications and the INMO urges members to appeal any unsatisfactory decision through the Organisation by contacting their hospital rep or IRO.
– **Patsy Doyle, INMO IRO, Cork South Region**

Spotlight on Registered Nurse in Intellectual Disability Section

The INMO represents more than 2,300 RNID members. In recent months the officers of the Section have initiated a sustained campaign to reposition the RNID as the lead professional in the delivery of services to clients/service users. A very successful national conference, attended by almost 200 members, was held in March. *See opposite page for a full report.*

The RNID, who is the expert in this area, must be empowered to lead out on all services in the field of intellectual disability. RNIDs are best placed to realise, and maximise, the full potential of their clients in all stages of life's journey.

Section Officers

Chairperson



Ailish Byrne
ailish_brennan@yahoo.ie

Secretary



Patricia McCartney
patriciamccartney16@gmail.com

Education officer



Anne Marie O'Reilly
anmarie.oreilly@smh.ie

Affiliation Form for INMO Section Membership

Name: _____

INMO membership No: _____

Home Address: _____

Tel (work): _____

Tel (home/mobile): _____

Email: _____

Place of employment: _____

Job title: _____

Second section option (to obtain information only): _____

Forward completed form to:

Mary Cradden, membership services officer,
INMO, Whitworth Building, North Brunswick St, Dublin 7

Tick ONE relevant Section you wish to affiliate with

- | | |
|---|---|
| <input type="checkbox"/> Assistant Directors of Nursing/
Public Health Nursing/
Night Superintendents | <input type="checkbox"/> National Children's Nurses |
| <input type="checkbox"/> Care of the Older Person | <input type="checkbox"/> National Rehabilitation Nurses |
| <input type="checkbox"/> Clinical Placement
Co-ordinators | <input type="checkbox"/> Nurse/Midwife Education |
| <input type="checkbox"/> CNM/CMM | <input type="checkbox"/> Occupational Health |
| <input type="checkbox"/> CNS/CMS | <input type="checkbox"/> Operating Department |
| <input type="checkbox"/> Community RGN Nurses | <input type="checkbox"/> Orthopaedic |
| <input type="checkbox"/> Directors of Nursing/
Public Health Nursing | <input type="checkbox"/> PHN |
| <input type="checkbox"/> Emergency Nurses | <input type="checkbox"/> Retired Nurses |
| <input type="checkbox"/> GP Practice Nurses | <input type="checkbox"/> RNID |
| <input type="checkbox"/> International Nurses | <input type="checkbox"/> School Nurses |
| <input type="checkbox"/> Interventional Radiology
Nurses | <input type="checkbox"/> Student Allocation Liaison
Officers Network |
| <input type="checkbox"/> Midwives | <input type="checkbox"/> Student Nurses |
| | <input type="checkbox"/> Telephone Triage Nurses |
| | <input type="checkbox"/> Third Level Student Health
Nurses |

ID nurses must take service delivery lead

MORE than 190 nurses gathered at a conference in Dublin, last month on 'Future proofing disability services – the role of the RNID', which was organised by the INMO's RNID Section.

A huge amount of enthusiasm and energy was felt at the conference by staff nurses and students alike, all of whom evaluated the day highly.

The conference was opened by Kathleen Lynch, Minister for State with responsibility for Disability. Chief nursing officer at the Department of Health, Dr Siobhan O'Halloran spoke on laying down the challenge, and her advice was to be passionate, personal, persistent and patient – to never give up.

She said that to change the culture of the healthcare system, you must be willing to change yourself.

The conference also heard from Ann Norman, who is the Royal College of Nursing's adviser to learning disability nursing in the UK.

Dr Owen Doody, lecturer at the University of Limerick, gave a very detailed presentation on where we are in current practice, and what was coming in the years ahead. He reminded those at the meeting that change is always required and that "we cannot become what we need to be by remaining what we are".

He also said that the number of individuals with intellectual disabilities has risen in recent years due to increased life expectancy and improvements in medical care and services.

Dr Doody's full presentation

is available from Jean Carroll, INMO Section Officer, email: jean@inmo.ie

The afternoon saw three sessions from RNID nurses on current best practice – early intervention, autism and behavioural challenges, and dementia care.

All 190 conference attendees participated in group work later in the day. This was facilitated by Kathleen Byrne, lecturer at Trinity College Dublin. The workshops focused on what steps RNID nurses must take to reposition themselves as the central professional in the care of people with intellectual disabilities. A full report on this will be available on the INMO website.

Messages of support and thanks to the RNID Section have been received following the event. One attendee has said she will write an article for *WIN* on how many possibilities, achievements and indeed challenges lie ahead for RNIDs.

She is a long-time qualified RNID and sees so many openings and areas for involvement for the profession. She is also the mother to a teenager with cerebral palsy, so feels that she has the perspective from both sides. She feels very strongly about turning the practice into evidence, the importance of which was highlighted by Dr Doody during his talk.

The RNID Section always welcomes feedback but it is important to mention just how positive these particular evaluations were. RNID nurses felt "so valued" leaving the conference, and "will continue to be



Pictured at the recent RNID Section conference were: Top (L-r): Elizabeth Adams, INMO director of professional development; Ann Norman, RCN learning disability nursing advisor; Dr Siobhan O'Halloran, chief nursing officer at the Department of Health; Kathleen Lynch, Minister of State; Claire Mahon, INMO president; Ailish Byrne, RNID Section chairperson; and Liam Doran, INMO general secretary
Middle: Dr Owen Doody, Lecturer at the University of Limerick, addressing the conference
Bottom: RNID nursing students with Liam Doran, INMO general secretary

proud" and that the day was "so empowering".

RNID members should be assured that the INMO is

determined to ensure that the RNID nurse assumes the lead role, in delivery of services, in the coming years.

Retired Nurses and Midwives Section taking to the road

Day trip to Mount Usher Gardens: Monday, May 18. Bus number 133 leaves George's Quay every hour on the hour. We will be met at the bus stop in Ashford by Teresa Mahon and it is a five-minute walk to the Gardens. Coffee on arrival. Tour of Mount Usher Gardens, shopping in the Garden Complex and lunch in adjoining Avoca Cafe. Return bus at leisure. Contact Teresa at Tel: 087 242 0352.

Day trip to Longford: Monday, June 8. Train leaves Heuston Station at 10.10am and arrives in Longford at 12.46. Lunch in Black Olive Café. Guided tour on Canal Walk. Visit to the restored St Mel's Cathedral. Return trains at 16.16 and 19.20. Contact Margaret at Tel: 087 616 7774.

Proposed autumn trip to European destination: Details TBC at Section meeting on April 16. Contact Ann Igoe at email: a.igoe123@gmail.com to express interest

Strengthening nursing and midwifery towards 2020 health goals

INMO contributes to WHO meeting on health policy planning

IN APRIL, the World Health Organisation (WHO) Regional Office for Europe, in agreement with the Ministry of Health, Latvia, held the chief nursing officers and national nursing and midwifery associations meeting. The INMO was formally invited by WHO Europe to contribute to the meeting by participating on a panel on management and leadership, and facilitating a working group on the strategic direction priority actions to support the European policy framework Health 2020.

WHO Europe works closely with member states, government chief nurses, WHO collaborating centres and other partners, such as the European Forum of National Nursing and Midwifery Associations (EFNNMA), to:

- Raise the level of nursing and midwifery education in the European Region
- Create evidence-based knowledge on nursing and midwifery
- Influence national policies that will lead to the provision of high-quality, accessible, equitable, efficient and sensitive health services.

EFNNMA

The INMO is a member of EFNNMA, which is a strong voice for nursing and midwifery within the WHO European Region. EFNNMA works strategically and in partnership with the WHO and other key stakeholders to influence health policy, improve the quality of health services and the health of people across the 53 member states of the Region.

The group promotes and advocates the central and unique contribution that nurses and midwives make to individual



and population health and wellbeing across Europe.

Nurses and midwives work within extremely complex environments, with high levels of patient and client dependency and acuity. With rapid developments in technical knowledge and skills, shifting care models, evolving team structures and regulatory changes, the manner in which healthcare is delivered will continue to evolve.

Changes in legislation as well as policy developments will continue to have an effect on the way that nursing and midwifery are practiced. As the nature of care changes, EFNNMA is committed to strengthening and developing the nursing and midwifery workforce through the provision of lifelong learning and research that delivers excellence in public health and people-centred healthcare.

The focus of the meeting in Latvia was



to strengthen nursing and midwifery in the Region and to ensure the continued collaboration and communication between all key stakeholders. The central topics of the meeting covered the role of nurses and midwives in transforming health service delivery towards people-centred health systems and consolidating the progress on the European Strategic Directions for Nursing and Midwifery toward Health 2020.

Health 2020

Health 2020 is the European policy framework for health and wellbeing. Adopted by the 53 member states of the Region, the policy framework supports action across government and society

to: significantly improve the health and wellbeing of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality (WHO 2013).

The Health 2020 policy framework proposes four priority areas for policy action based on the global priorities and aligned to address the special requirements and experiences of the European Region.

The four priority areas are to:

- Invest in health through a life-course approach and empower citizens
- Tackle Europe's major disease burdens of non-communicable and communicable diseases
- Strengthen people-centred health systems and public health capacity, including preparedness and response capacity for dealing with emergencies
- Create supportive environments and resilient communities.

The WHO recognises that nurses and midwives form the largest group of health-care professionals providing direct care in all countries, and therefore they have significant influence in translating policy into reality and making a significant difference to population health.

The European Strategic Directions for Nursing and Midwifery toward

Health 2020 publication was developed to guide member states with strengthening the contribution of nurses and midwives within the context of their own plans to achieve Health 2020.

Across the 53 member states in the European Region, considering ethnicity, gender, socioeconomic status, education and geographical area, significant health inequities are evident. The strategy highlights some of the health trends and challenges including that non-communicable diseases are the leading cause of mortality and morbidity in the Region and account for 86% of deaths and 77% of the disease burden.

It is also recognised that social factors and education are a significant factor in affecting health outcomes and inequalities. In addition, the maldistribution of the health workforce and shortages are associated with poor health outcomes.

There are 12 objectives under the four priority areas of action which include:

- Scaling up and transforming education
- Workforce planning and optimising skill mix
- Ensuring positive work environments

Data and statistics relating to nursing and midwifery in the WHO European Region

- **Shortage of nurses and midwives:** There are an estimated six million nurses and midwives in the WHO European Region. This number is not adequate to meet current and projected future needs. Statistics show that demographic change in most countries in the Region is leading to an increasing number of older people, often needing long-term care, and a decreasing number of young people who may choose a nursing and/or midwifery career. Nursing and midwifery education is in strong competition with other disciplines that often offer better career prospects. Migration (mainly from eastern to western European countries), retirement and a trend among nurses and midwives to leave the professions (in search of better incomes and career opportunities) also contribute to the shortage.
- **Education:** In most countries in the WHO European Region, 12 years of education is required before entry into an educational programme in nursing and midwifery. Many countries recognise the need for academically prepared nurses and midwives, and the proportion of university-educated nurses and midwives, in comparison to those who received vocational training, is slowly increasing. Nevertheless, the number of nurses whose education has prepared them to take over advanced practice roles is currently not sufficient. This deficiency is expected to continue through the next decade.
- **Participation in decision-making:** The higher the proportion of academically prepared nurses in a country, the more likely nurses are to be involved in decision-making. The chief nursing officer or government chief nurse in the health ministry is considered to have the most influential role for nurses in decision-making in most countries. Nevertheless, some countries have established departments or divisions in ministries of health that are responsible for nursing care. Some national nursing and national midwifery associations use the media to influence policy and to communicate their messages to a wider audience.
- **Remuneration:** Nurse and midwives' salaries are still below the national average in many countries in the European Region. In almost all countries in the Region, over 90% of nurses and midwives are female. As salaries for women in general continue to be lower than those for men, nurses receive lower payment than employees in comparable public services that are more male dominated.

Source: *Nurses and midwives: A force for health. Survey on the situation of Nursing and Midwifery in the Member States of the European Region of the World Health Organization 2009*. This report presents the findings from the third monitoring review of the situation of nursing and midwifery in Europe, undertaken in the WHO European Region during 2008 and 2009. Thirty-five countries, constituting two-thirds of the member states, provided information.

- Promoting evidence based practice and innovation.

The four enabling mechanisms are:

- Regulation
- Research
- Partnerships
- Management and leadership.

Implementation

Implementing and monitoring the framework is a priority of the WHO European Regional Office. The implementation is guided by a plan of work that aligns the 12 objectives with activities for member states and the WHO European Regional Office.

The implementation of the framework will be monitored through the nursing and midwifery profiles data collection based

on defined indicators. According to the WHO Regional Office for Europe: With the Member States' support and commitment to implementing the European Strategic Directions, nurses and midwives can achieve a greater voice in national health policy and planning, and an enhanced role in improving health and wellbeing and reducing health inequities throughout the Region by 2020 (WHO Regional Office for Europe 2014).

Further information is available from the WHO's website at: www.euro.who.int/en/health-topics/Health-systems/nursing-and-midwifery

Elizabeth Adams is INMO director of professional development



Bulletin Board

With INMO director of industrial relations Phil Ní Sheaghdha



Query from member

I recently completed the postgraduate higher diploma in midwifery. On completion of the course, I decided not to work in midwifery but to return to general nursing. My employer has told me that I am not entitled to be paid on the dual qualified scale. Can you explain to me why?

Reply

The dual qualified scale applies to nurses in possession of two of the five registered nursing qualifications. In the case of midwifery and sick children's nursing, the dual qualified scale was introduced in August 1998. However, in order to qualify to be paid on the scale, you must have held the sec-

ond qualification or have been in training for it on October 1, 1996. This means that nurses appointed after August 1, 1998 will not be paid on the dual qualified scale, regardless of their qualifications. As you were not in training for your second qualification on October 1, 1996 and you were appointed after August 1, 1998 you are not eligible to be paid on the dual qualified scale. If you had decided to work in midwifery following completion of the course, however, you would have been entitled to be paid a qualification allowance. You would be entitled to a specialist qualification allowance of €2,791 if employed on duties in the specialist areas where you hold the relevant qualification, such as a higher diploma in midwifery or sick children's nursing. Therefore, as you are not using your midwifery qualification in your current role, you are not entitled to be paid a qualification allowance. If your circumstances change then you are eligible to apply.

Query from member

I am a registered nurse working in the public health service and I work outside of the hospital system. I normally work on my own and decide when I take annual leave and notify my line manager accordingly. Recently, the team I work within has increased and there are now 2.5 whole-time equivalent nurses working on the team. Our line manager has notified us that we have to co-ordinate our leave to ensure that somebody is at work at all times. I believe that this is a major change to my conditions of employment and that I should not be required to co-ordinate my leave but that the practice I have had to date should continue. Can you please advise in respect of my rights in this regard?

Reply

This issue of annual leave and entitlement to decide when it should be taken is always a difficult one. However, it is gov-

erned by the terms of conditions of employment of the HSE which state the following: "The time at which annual leave is taken is at the discretion of the employer, having regard to service requirements and subject to the employee's need to reconcile work and family responsibilities and his/her opportunities for rest and recreation".

This is largely taken from the Organisation of Working Time Act 1997. As far as possible, it is better if you can reach an agreement with your employer regarding the scheduling of annual leave. It may be possible for example to negotiate a protocol which would set specific rules in respect of scheduling of annual leave. These can be agreed to best advantage of the employees. For example, there may be periods during the year when it is possible for two people to overlap on annual leave as the service might not be as busy. This can be negotiated/agreed with your line manager.

Obviously, when a team expands, a fair and transparent system of allocation of annual leave would have to be put in place to allow everybody access to annual leave at a time that suits them. If you have any further queries, please do not hesitate to contact us, or indeed if you wish to negotiate a local protocol, you and your colleagues could contact the INMO for representation in this regard.

Quality & Safety

A column by
Maureen Flynn



High quality communication

#hello my name is...

HELLO, my name is Maureen. I write a monthly quality and safety column for WIN. I am following Dr Kate Granger on Twitter and know that you will be interested in her story. Kate is a doctor and a terminally ill cancer patient. During a hospital stay in England she made the stark observation that many staff did not introduce themselves. This month's column is about the really practical and engaging campaign Kate set up to bring compassionate practice right to the heart of healthcare delivery every single day.

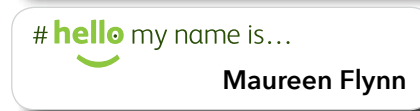
About the campaign

Dr Granger started her campaign to improve the patient experience of hospitals, when she was diagnosed with a rare and aggressive form of cancer three years ago. She felt frustrated by hospital staff who failed to tell her their names. The doctor who informed her that her cancer had spread did not introduce himself to her and did not look her in the eye. She was also dismayed by other staff who failed to introduce themselves when caring for her. She subsequently set up '#hellomynameis'.

A campaign launch took place across the UK in February. It has now become a national and international campaign and has the support of more than 400,000 doctors, nurses, therapists, receptionists and porters across over 90 organisations, including NHS Trusts across England, NHS Scotland, NHS Wales and across Europe.

What is involved?

The campaign recognises that the small things can make a big difference and reminds staff to go back to basics, build trust and make a vital human connection



Examples of templates available from hellomynameis.org.uk/resources for the 'hello my name is...' pledge

with patients by – at the very least – giving their names. It is about making a human connection, beginning a therapeutic relationship and building trust, by:

- Making sure you always wear a visible name badge
- Introducing yourself to every patient and their visitors
- Asking patients what they would like to be called by
- Seeing the person behind the condition
- Treating patients as you would a member of your own family or friends.

Campaign resources

A series of very practical and attractive resources are made available free for all to download and use on the hello my name is webpage. These include email footers, pledge templates, posters, name badges, stickers, pins, web banners, and white boards.

Campaign principles

The success of leading this social media campaign relates to the following principles:

- Go where the energy is – base it on 'pull' rather than 'push'
- 'Be the change you want to see' – do it

yourself and others will follow

- Make it easy – give staff the means to make a pledge
- Reinforce good behaviour – make people feel proud about it
- Link it to culture change – this should bring organisational values to life
- Build momentum – use pledges to 'fuel the spread'
- Embed it – get it out there, keep it out there, don't let it go, build the habit.

Opportunity to get involved

The main messages from the campaign about high quality communication and always treating patients as people, with respect and dignity, fit perfectly within nurses and midwives core values. It is not that we don't introduce ourselves but this approach reminds us and our team members to do this every time. At your next team, ward or unit meeting/journal club you might consider:

- Spreading the social media campaign
- Pledging your support to the campaign
- Launching a local campaign of 'hello my name is...' in your ward, unit or team
- Including #hellomynameis in staff education and orientation programmes.

To learn more

For more information, go to the campaign webpage: hellomynameis.org.uk

- Follow @GrangerKate on Twitter and join the campaign at #hellomynameis

Maureen Flynn is the director of nursing and midwifery and priority lead supporting staff to improve quality

Acknowledgement

Special thanks to Dr Kate Granger for permission to share her story and particularly for her inspiration, creativity, courage and leadership of a really practical and fun campaign

Introducing Executive Council members



Ailish Byrne
RNID, RGN
Muiriosa Foundation

I have been an INMO representative for 11 years and a member of the Organisation all my nursing life. I have worked in general settings for a number of years and am currently employed as a senior staff nurse in a respite service for adults and children.

I am a strong advocate for all nurses. I often pose the question 'Are

we getting it right?' and in many ways all across nursing the answer would sadly have to be 'no'. However, this would not dispel my belief in the nursing profession but make me all the more determined.

A great deal of change has occurred in the area of intellectual disability where community living is commonplace and welcome. I am an advocate for people with intellectual disability whom I believe, despite new policy and social inclusion, remain marginalised in Irish society.

Aspirations

- I want, most of all, to ensure that the lives of people with disabilities and their families are enriched by maximising the RNID expertise within disability services.
- I wish to see the decision makers

value the RNID contribution fully and correspond appropriately in service planning.

- I am focused on pursuing the RNID working in all relevant areas in intellectual disability as lead professional.
- I no longer want to see the loss of the newly qualified RNID to other countries or other areas of nursing.
- It is, I believe, imperative that the RNID stand up and be counted, be ready to meet all the challenges ahead and continue to question, and not to accept, future provision where the RNID is absent.
- Finally I will endeavour to pursue the rights and entitlements of all nurses and midwives in all areas.

Email: ailish_brennan@yahoo.ie



Karen Clarke
Clinical Placement Coordinator
Our Lady of Lourdes Hospital,
Drogheda

I have worked as a staff nurse, CNM1, infection control nurse and regional overseas nurses facilitator at Our Lady of Lourdes, Drogheda for the past 15 years. Currently I am a clinical placement co-ordinator with student nurses and overseas nurses in the Louth hospital group.

I have been an INMO member for

more than 15 years and a local rep and the Branch Secretary for the past five years. Locally I have represented members at different levels; my aim is to work towards strengthening structures within the branch in order to allow members to deal with issues and concerns effectively.

The past number of years have been an incredibly challenging period for our profession. Nurses and midwives have made a vast contribution to this country and to the healthcare system as a whole. We, as professionals, need to remind ourselves of the difference we make on a daily basis to the people of this country. We have been tested over recent years and should be proud of our achievements.

Aims

- To strengthen INMO structures

locally, to support and instil confidence in members, and enable them to address issues that are important to them both personally and professionally

- To encourage members to speak up, be united and proactive to enhance our profession. The dissemination of information to members is crucial in order give them the opportunity to have their say on local and national issues which may have an impact on their practice
- It is essential that all grades of the nursing and midwifery workforce, including undergraduates, feel valued and supported. Education is paramount to career progression and all members should be encouraged and supported to realise their potential.

Email: kagsclarke@hotmail.com



Helen Butler
Director of nursing and
midwifery, St Luke's Hospital,
Kilkenny

I have been an active member of the INMO as both hospital representative and at branch level since

1987. I commenced employment in St Luke's General Hospital, Kilkenny, as a temporary staff nurse in the 1980s.

I have worked in several roles in the intervening period including CNM1, CNM2, discharge planner, assistant director of nursing, and director of nursing and midwifery for the past 25 years.

My current main issue is to ensure that nursing and midwifery are profession led by nurses and midwives, who are the best placed professionals to decide the optimum number of nurses/midwives

and healthcare assistants required to deliver safe care to our patients in all settings.

Nursing and midwifery has to be at the centre of the solutions required to ensure our health services recover from six years of austerity and cutbacks.

I believe that nurses and midwives have to stand together as a profession, and articulate, at every forum, the importance of bringing our colleagues home from abroad to work in our health system.

Email: butlerhelen42@gmail.com



DUBLIN SOUTH WEST

INMO Dublin South West Branch
 email: joe@inmo.ie Tel: 01 6640646
 derekreilly@inmo.ie Tel: 01 6640644

Branch workplaces and areas covered

- Tallaght Hospital
- The Coombe Women's and Children's Hospital
 - St James's Hospital
 - Belvilla Nursing Home
- Our Lady's Children's Hospital, Crumlin
 - St Brigid's, Crooksling
 - Our Lady's Hospice
- Public health nurses and community RGNs
- Cherry Orchard Hospital

Branch Officers

Chairperson



Linda Phelan

Vice chairperson



Jo Tully

Secretary



Ann Fahy

IRO



Joe Hoolan

IRO



Derek Reilly

Latest news

The Dublin South West Branch meets on the last Tuesday of every second month in INMO HQ. Meetings are also held in different locations in an effort to make them more accessible to members.

Branch members are active in a number of the INMO Sections such as: Theatre Nursing, Children's Nursing, Care of the Elderly and the International Nurses Section.

The main issues for the Branch are: staffing levels, skills mix and care of the elderly. The Dublin South West Branch will be sending 13 delegates to the INMO ADC next month. It has held a number of meetings on safe practice as well as a fitness to practise workshop led by Edward Mathews, INMO director of social policy and regulation.

The Branch would like to send regards to its education officer, Ann O'Neill, PHN, who will be sorely missed when she retires later this year.

Industrial relations update

Joe Hoolan is the INMO's industrial relations officer for the Dublin South West Region. Derek Reilly looks after Tallaght Hospital and Our Lady's Hospice.

They outlined the issues affecting Dublin South West Branch members as follows:

- St James's Hospital – Coronary care unit and catheterisation lab staffing levels
- The Coombe Women and Children's Hospital – Delivery suite staffing levels are an ongoing area of concern
- Temple St Children's Hospital – individual issues
- Our Lady's Children's Hospital, Crumlin – individual issues
- National Maternity Hospital, Holles Street – staffing levels and individual issues
- Tallaght Hospital – Main issues are staff shortages and continued overcrowding of the ED and ward areas. The hospital is actively recruiting following an agreement reached with the INMO in September 2014
- Our Lady's Hospice – Discussions ongoing between the INMO and management in relation to sick leave and absence management
- Community care areas – Staffing levels, governance issues and reporting relationships
- Throughout the area there are ongoing individual issues involving grievance and disciplinary matters, trust in care investigations, and clinical incident reviews
- Fitness to practise workshops have been held at Tallaght Hospital, Temple St, Meath Community Unit and Cheeverstown House recently with the next fitness to practise workshop taking place in St James's Hospital on April 16.



Understanding the Code

In the first in a new series examining the new Code of Professional Conduct and Ethics, Edward Mathews discusses its main aims

ON DECEMBER 10, 2014, the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives came into effect. The new Code represents a significant advancement on the previous Code and is essential reading for every registered nurse and midwife in Ireland.

The purpose of the Code is to guide nurses and midwives in their day-to-day practice and help them to understand their professional responsibilities in caring for patients in a safe, ethical and effective way.

The Code has a number of aims, including: guiding registrants in their ethical and clinical decision making, encouraging their ongoing reflection and professional self-development, while also informing the general public in relation to the care they can expect. It also emphasises the importance of the obligation of nurses and midwives to recognise and respond to the needs of patients and families.

Setting a standard

The Code's main aim is to set standards, against which professional conduct can be monitored, facilitating effective regulation of the professions. Failure to adhere to the principles, values and related standards set out in the Code is basis for a complaint to be made and subsequently may form the basis for an investigation and ultimate finding. It is the expectation of the NMBI that registrants will uphold the values of the professions, and in so doing ensure that their practice reflects high standards of professional practice and protects the public.

Importantly, the Code specifically recognises that employers have a responsibility to acknowledge the importance of the Code's values and standards in their relationship with nurse and midwife employees. This is not an empty phrase and should be carefully regarded by all employers, whether they are registered professionals themselves or not.

The status of a nurse or midwife is legislatively protected and carries serious responsibilities, rights, privileges and burdens, which are not held by the public at large. This should not be underestimated by employers.

The advent of the public regulation of nurses and midwives throws a spotlight, which may well be uncomfortable, on those who create, impose or fail to improve conditions that impinge upon the ability of a registrant to perform their duties in a manner consistent with the Code.

Employers

The duty of an employer to acknowledge the importance of the Code's values and standards in their relationship with a registrant goes beyond perfunctory acknowledgement, and must recognise the importance and primacy of the clinical judgement of nurses and midwives in matters relevant to the practice of that professional. While employers may not have regard to this provision initially, we must, as an Organisation and as professionals, ensure that this responsibility is to the forefront of their minds in the management and delivery of services.

Code in context

The Code is not an independent document; while it is recognised as representing the overarching structure which informs the Board's framework for professional guidance to registered nurses and midwives, it must also be read with other publications of the Board that provide supporting guidance and standards frameworks, such as: the Scope of Nursing and Midwifery Practice, education and standards requirements, practice standards, guidelines, decision-making frameworks, circulars and position statements. Examples of these might include guidance in relation to medication management, research or managing documentation. The combined effect of the

Code and these other publications is to provide a framework which should guide a registrant's day-to-day practice, and against which that practice will be judged.

The Code is structured around five animating principles, which in turn underpin a set of ethical values and related standards of conduct that guide the relationship between nurses, midwives, patients and colleagues. The ethical values under each principle set out the primary goals and obligations of the registrant, while the standards of conduct arise from these values and stipulate the behaviours and attitudes to be expected by members of the public.

The principles, values and standards of the Code should be afforded equal status in considering the required standard of professional and ethical behaviour. Realistically, the Code is designed to inform you of principles underpinning professional conduct, to inform the public likewise, and in so doing to create a normative framework that is conducive to the public receiving the best possible care.

The reality of what you meet in the clinical area on a daily basis may significantly challenge you in meeting the requirements of the Code, and where this happens we must be vigilant in raising these concerns with managers. However, we must also acknowledge that much of its contents relate to our own attitudes and behaviours and on any reading of the Code the expectations are high, and experience tells us that our professions are meeting these standards every day.

In the coming months we will examine each of the five principles and the associated values, and standards of conduct, to shine a light on these principles, and to reflect on how they may impact on routine practice.

Edward Mathews is INMO director of social policy and regulation

Pull Out



Continuing Professional Development

for Nurses and Midwives



Professional
DEVELOPMENT CENTRE



Maintaining your competency – Maintaining your registration



Elizabeth Adams
Director of Professional Development, INMO

Welcome to the INMO Professional Development Centre – a dedicated education and professional development hub for nurses and midwives, offering access to professional networks, educational programmes, conferences, library services and focused research for nurses and midwives.

Continuous professional development (CPD) and lifelong learning have become cornerstones of professional practice across all healthcare professions. Against a background of rapid developments in technical knowledge and skills, shifting care models, evolving team structures and regulatory changes, it is vital to ensure that CPD and lifelong learning is supported and integrated into professional life.

The Nurses and Midwives Act 2011 legislates for the first time in Ireland that “A registered nurse or midwife ... shall, whenever required by the Board to do so, demonstrate competence to the satisfaction of the Board”. Part 11 of this legislation places responsibilities on registrants, the Board and employers in relation to the maintenance of professional competence. The Act also makes a specific reference to an applicable professional competence scheme, which has yet to be developed. CPD will form part of the professional competence schemes that the Nursing and Midwifery Board of Ireland are required to develop. The Board is currently in the process of scoping out what is required as part of the professional competence schemes to meet the legislative requirements and to protect the public. To assist them identify and develop the requirements of the schemes the Board commissioned a study by a group of academics from five Irish universities. Led by University College Cork (in partnership with National University of Ireland Galway, Trinity College Dublin, University College Dublin and University of Limerick) the research was undertaken in March 2015 through survey and focus groups “to establish the opinions of registered nurses’ and midwives’ in relation to processes used to ensure the on-going maintenance of professional competence”. The results of the research and an announcement by the Board of the requirements of schemes are eagerly awaited by the INMO in order to advise and support nurses and midwives through this new process to maintain and demonstrate their competence throughout their career.

The INMO Professional Development Centre is committed to supporting nurses and midwives to determine their professional requirements in order to deliver effective clinical outcomes for patients and clients. In this issue there is a wide variety of flexible, affordable nursing and midwifery continuing education programmes. In addition there are a number of one day conferences open to all nurses and midwives including:

- **Care of the Older Person Conference**, Tuesday, **April 21, 2015**, Sheraton Hotel, Athlone
- **Occupational Health Nurses Conference**, Wednesday, **May 20, 2015**, Maryborough House Hotel, Cork
- **Telephone Triage Nurses Section Conference**, Wednesday, **September 30**, Castletroy Park Hotel, Limerick
- **All Ireland Midwifery Conference**, Thursday, **October 15, 2015**, Armagh City Hotel

The INMO professional website, **inmoprofessional.ie**, provides a one-stop-shop to customised, quality education programmes and research services that are tailored to meet your educational requirements. It provides a facility to maintain your professional profile, supporting you to demonstrate evidence of your on-going learning with your continuing education units (CEUs) accumulated automatically and certificates available on completion. The online service provides you access to booking all events, such as education programmes and conferences 24 hours a day, seven days a week. Additionally our telephone booking service is available to you during office hours (01 664 0641 or 01 664 0625) or by email (pdc@inmoprofessional.ie). The team and I look forward to welcoming you to our education programmes, conferences and library services.

ON-SITE TRAINING: LET US COME TO YOU



The Professional Development Centre successfully delivers on-site training throughout the country each year.

On-site training is a more cost-effective solution for larger group training. We currently have 99 tailored education programmes which can be brought directly to you for a standard fee. We use highly skilled facilitators, who are experts in their fields.

Each participant on completion of a course is awarded with a certificate that is Category 1 approved by the Nursing and Midwifery Board of Ireland with Continuing Education Units (CEUs).

For further information on our courses please contact:

Marian Godley, Course Co-ordinator, Email: pdc@inmoprofessional.ie

Tel: 01 664 0642 inmoprofessional.ie

- 2 (CEUs)
- 3.5 (CEUs)
- 4/4.5 (CEUs)
- 5 (CEUs)
- 5.5 (CEUs)
- 6 (CEUs)
- 7 (CEUs)
- 10 (CEUs)
- 13 (CEUs)

EDUCATION PROGRAMMES

Venue: INMO Professional Development Centre, The Whitworth Building, North Brunswick Street, Dublin 7
 Tel: 01 664 0641/2. Email: pdc@inmoprofessional.ie

Registration for most courses will take place at 9.45am unless otherwise stated.

All programmes have Category 1 approval from the Nursing and Midwifery Board of Ireland (NMBI) with Continuing Education Units (CEUs).

Courses are colour coded for ease of reference.

2 (CEUs)
3.5 (CEUs)
4/4.5 (CEUs)
5 (CEUs)
5.5 (CEUs)
6 (CEUs)
7 (CEUs)
10 (CEUs)
13 (CEUs)

CEUs = Continuing Education Units

Check out our New Courses at the Professional Development Centre!
For more information log onto inmoprofessional.ie

Date	Programme	Fee	(CEUs)
Apr 15, 2015	Delegation and Clinical Supervision	€80 members; €140 non-members	5
This workshop explores the issues surrounding delegation and decision making, including appropriate clinical supervision for delegated functions. Participants will learn what is meant by delegation and how it differs from assignment of a task. The course also provides an understanding of the professional, legal and quality of care issues involved when deciding to delegate a function to a healthcare assistant.			
Apr 16, 2015	Falls: Prevention, Management and Review	€80 members; €140 non-members	5
The purpose of this programme is to promote a consistent approach to falls reduction for older people through assessment, individualised care planning and post-falls review. It promotes excellence amongst nurses who provide care to the patients at risk of falls, informed by current evidence.			
Apr 21/22, 2015	Art and Science of Antenatal Education	€150 members; €280 non-members	10
This two-day workshop will prepare midwives to design an effective antenatal education programme for expectant mothers and fathers. The philosophy of this course is based on the principles of adult learning and on the belief that antenatal education is a health promotion activity. This course will prepare midwives to encourage expectant parents to see themselves as competent and able to make informed choices for themselves and for their baby.			
Apr 21, 2015	Assessment and Management of the Diabetic Foot	€80 members; €140 non-members	5
This programme will support the professional decision making of nursing staff who care for patients with, or who, are at risk of diabetic foot. It ensures that nurses/midwives use evidence-based practice to ensure patients' needs are met. It allows nurses/midwives to ensure they are competent and working within their scope of practice in accordance with their Code of Professional Conduct.			
Apr 22, 2015	Non-Violent Crisis Intervention	€80 members; €140 non-members	7
This one-day programme is designed to assist staff to provide the best care, safety and security for staff working in healthcare environments. The programme identifies behaviours that contribute to the development of a crisis and outlines appropriate staff intervention for each response. It also identifies verbal and non-verbal techniques to de-escalate behaviour. In addition, the course outlines break-away techniques that can be adopted in a physical crisis situation while maintaining the care, welfare, safety and security of clients and staff. It also helps participants to identify the triggers and patterns of behaviour and, therefore, develop a person-centred care plan and a consistent approach in order to prevent the behaviour from reoccurring. Time: 9.15am-5.00pm.			
Apr 23, 2015	Introduction to Clinical Audit	€80 members; €140 non-members	4.5
This one-day course is designed to equip participants with the necessary skills to implement Clinical Audit in their practice and to be able to deliver evidence of improved performance for safer and better care for patients. Participants will be provided with an overview of Clinical Audit and be taught about each stage in the Clinical Audit Cycle - topic selection, standards development, data collection, data analysis, reporting, implementing changes and re-audit.			
Apr 24, 2015	Healthcare Provider CPR and AED	€125 members; €195 non-members <i>(including cost of book)</i>	6
This Healthcare Provider Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillation (AED) course provides the information, rationale and practical skills training for the 2010 CPR and ECC guidelines. Nurses and midwives are required to adhere to the two-year certification period for both basic and advanced life support, as recommended by International Liaison Committee on Resuscitation as the best practice standard. Limited to six participants per instructor. A fee of €50 will be charged if you wish to cancel your booking 10 days before the course begins. Time: 9.15am-4.00pm			



Date	Programme	Fee	(CEUs)
Apr 27/28, 2015	Management in Practice	€150 members; €280 non-members	13
Stimulate your thinking and be guided through a review and assessment of how you put your managerial skills into practice. People and processes focused on understanding the changing role of management, as well as coaching, motivating and developing yourself and others. This is an intense, comprehensive and participative workshop developed to ensure improved effectiveness in managing. Time 9.15am-4.00pm			
Apr 29, 2015	Competency-based Interview Training	€80 members; €140 non-members	6
This one-day course helps participants prepare for a competency-based interview. Competency-based interviews, which are based on the premise that past experience can predict future behaviour, are an increasingly common style of interviewing that enables candidates to show how they would demonstrate certain behaviours/skills in the workplace, by answering questions about how they have reacted to, and dealt with, previous workplace situations. This course is suitable for all levels of nurses/midwives.			
Apr 29, 2015	Chronic Pain Management in the Older Person	Free members; €65 non-members	2
This session is especially for nurses/midwives working in nursing homes/community units. Registration 6.15pm with light refreshments (6.45pm-9.45pm) in the Portlaoise Heritage Hotel. For more information please see pg 20.			
Apr 30, 2015	Management Skills for Clinical Managers and Staff Nurses	€80 members; €140 non-members	5
This course is focused on the key competencies required for ward managers to be effective in their roles as leaders and managers in healthcare delivery. Clinical managers perform both managerial and leadership functions in order to provide effective healthcare delivery to patients. For this reason, this workshop explores both management and leadership functions and how these are applied in practice so as to promote quality and safety of care. It also highlights the importance of the role of ward manager in leading a team and its role in both national and international initiatives aimed at improving care.			
May 12, 2015	Planning an Enjoyable Retirement	€10 members; €45 non-members	None
We have designed this seminar to ensure you are fully prepared for a secure retirement. The topics being covered on the day are superannuation, options for increasing your retirement benefits, planning your finances, taxation and budgeting. Time: 9.45am-2.30pm			
May 13, 2015	HIQA (2009) Health Care Associated Infections Standards – Completing Audits and Developing Quality Improvement Practices	€80 members; €140 non-members	4.5
This workshop aims to educate community facilities with regard to the importance of auditing, continuous quality improvement, the importance of infection prevention, and their responsibilities with regard to HIQA Infection Prevention & Control standards. This knowledge will assist when they are planning the delivery of care to clients, and also how they manage their infection prevention and control. Time: 9.45am-4.00pm.			
May 19, 2015	Wound Care Management	€80 members; €140 non-members	5
This programme will allow participants to ensure professional competency in the area of wounds as per NMBI's Code of Professional Conduct and Scope of Practice for Nursing and Midwifery, which state that nurses/midwives must work within their competence. Furthermore, it will provide participants with continuing professional development to ensure that their practice is founded in the latest research and guidance as per the Health Service Executive National Best Practice and Evidence-based Guidelines for Wound Management.			
May 20, 2015	Management of Patients with Tracheostomy	€80 members; €140 non-members	5
This one-day interactive workshop will introduce nurses from the hospital and community setting to the importance of adapting an holistic and inter-disciplinary approach to the management of the patient with a tracheostomy. Participants will be given the necessary knowledge, skills and confidence to assess, manage and evaluate the nursing care of a patient with a tracheostomy.			
May 21, 2015	Best Practice in Medication Management	€80 members; €140 non-members	5
This programme has been developed to support nurses in providing safe evidenced-based practice in the area of medication management. It supports nurses/midwives by ensuring that they are up to date and meet the requirements of the Nursing and Midwifery Board of Ireland (NMBI) and HIQA in the area of medication management.			
May 23, 2015	Preparing for HIQA Inspections within Practice Nurse Settings	€80 members; €140 non-members	5.5
This one day programme aims to assist Practice Nurses to identify strengths and challenges within their practice services using the National Standards for Safe Better Healthcare. Time: 9.30am-4.45pm. For more information please see pg ??.			
May 27, 2015	Preparing for HIQA Inspections within the Acute Services	€80 members; €140 non-members	6
The National Standards for Safer Better HealthCare (HIQA, 2012) drive continuous improvement in Ireland's health and personal social care services within the acute setting. This one day programme aims to assist staff to identify strengths and challenges within their services and create a clear framework for quality improvement. From this perspective the monitoring of safety and quality within these services can enhance a person-centred care approach to all service users and individuals within the hospital setting. Time: 9.30am-4.15pm.			

Date	Programme	Fee	(CEUs)
June 11, 2015	Assessment and Care Planning in Residential Care Settings for Older People	€80 members; €140 non-members	6
This workshop is aimed at providing nurses working in this sector with the most up-to-date information regarding policy and standards in older person care and will focus on the need for comprehensive assessment, including risk assessment and care planning for older people in residential care settings.			
June 12, 2015	Healthcare Provider CPR and AED	€125 members; €195 non-members <i>(including cost of book)</i>	6
This Healthcare Provider Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillation (AED) course provides the information, rationale and practical skills training for the 2010 CPR and ECC guidelines. Nurses and midwives are required to adhere to the two-year certification period for both basic and advanced life support, as recommended by International Liaison Committee on Resuscitation as the best practice standard. Limited to six participants per instructor. A fee of €50 will be charged if you wish to cancel your booking 10 days before the course begins. Time: 9.15am-4.00pm			
June 15, 2015	Practical Skills in the Management of People with Diabetes	€80 members; €140 non-members	5
This course aims to provide nurses/midwives with understanding, knowledge and confidence when delivering care to individuals with diabetes. This course offers a practical approach to diabetes, whether based in the hospital or community setting. Many theoretical aspects of diabetes are covered such as: the different types of diabetes, national and international guidelines, how to offer lifestyle advice to patients, treatment options, and understanding blood results, as well as dealing with complications in diabetes.			
June 16, 2015	Leg Ulcer Study Day	€80 members; €140 non-members	5
This study day provides participants with information to best inform their practice in accordance with patients' needs. Participants will learn to distinguish between the different causes of ulceration and associated pathophysiology and relate to epidemiology, risk factors and assessment.			
June 17, 2015	Competency-based Interview Training	€80 members; €140 non-members	6
This one-day course helps participants prepare for a competency-based interview. Competency-based interviews, which are based on the premise that past experience can predict future behaviour, are an increasingly common style of interviewing that enables candidates to show how they would demonstrate certain behaviours/skills in the workplace, by answering questions about how they have reacted to, and dealt with, previous workplace situations. This course is suitable for all levels of nurses/midwives.			
June 17, 2015	Nursing the Cardiac Patient	€80 members; €140 non-members	6
This study day provides a forum to update nurses on national and international trends in the holistic management of patients with cardiac disease. A particular focus on the day is to ensure that presentations are based on current evidence-based practices within the field of cardiology. The day is designed to examine new developments in cardiac nursing, particularly in the area of medications and chronic heart failure. This reflects the diversity of, and challenge in, providing quality care which is individualised to cardiac patients. 9.15am-4.15pm.			
June 18, 2015	ECG Interpretation	€80 members; €140 non-members	6
This one-day workshop is aimed at enhancing the general nurse's knowledge of cardiac electrophysiology. It will provide participants with knowledge of cardiac rhythms, rhythm analysis and ECG interpretation. It is advisable to complete the 'Nursing the Cardiac Patient' course prior to registering for this course. 9.15am-4.15pm.			
June 23, 2015	Wound Care Management	€80 members; €140 non-members	5
This programme will allow participants to ensure professional competency in the area of wounds as per NMBI's Code of Professional Conduct and Scope of Practice for Nursing and Midwifery, which state that nurses/midwives must work within their competence. Furthermore, it will provide participants with continuing professional development to ensure that their practice is founded in the latest research and guidance as per the Health Service Executive National Best Practice and Evidence-based Guidelines for Wound Management.			
June 24, 2015	Assessment and Management of the Patient with Respiratory Conditions	€80 members; €140 non-members	5
The study day is designed to provide nurses from the hospital setting with the knowledge to manage patients with respiratory conditions. Nursing services are now delivered in an environment involving greater complexity and increasing levels of technology. Nurses may have to intervene promptly in response to sudden changes in a patient's respiratory status. This course will provide the skills and knowledge required to carry out respiratory assessment and recognise compromised respiratory function.			
June 25, 2015	Delegation and Clinical Supervision	€80 members; €140 non-members	5
This workshop explores the issues surrounding delegation and decision making, including appropriate clinical supervision for delegated functions. Participants will learn what is meant by delegation and how it differs from assignment of a task. The course also provides an understanding of the professional, legal and quality of care issues involved when deciding to delegate a function to a healthcare assistant.			
June 30, 2015	Management Skills for Clinical Managers and Staff Nurses	€80 members; €140 non-members	5
This course is focused on the key competencies required for ward managers to be effective in their roles as leaders and managers in healthcare delivery. Clinical managers perform both managerial and leadership functions in order to provide effective healthcare delivery to patients. For this reason, this workshop explores both management and leadership functions and how these are applied in practice so as to promote quality and safety of care. It also highlights the importance of the role of ward manager in leading a team and its role in both national and international initiatives aimed at improving care.			



EDUCATION PROGRAMMES COMING TO THE CORK OFFICE, Sheraton House, Hartlands Avenue, Glasheen, Co Cork

Date	Programme	Fee	(CEUs)
Apr 16, 2014	Assertion Training	€80 members; €140 non-members	5
<p>This course is designed to help nurses and midwives to understand themselves in various situations and also to enable individuals to generate their own solutions to achieve what they want. Learning self-management skills is an important part of development and can help replace passivity and dependent behaviours with behaviours that will increase personal effectiveness at work, as well as in all areas of life.</p>			
Apr 23, 2014	Advanced Diabetes Management	€80 members; €140 non-members	5
<p>This one-day workshop is aimed at nurses and midwives who already have a very good understanding of basic diabetes management and who want to build on their knowledge. The workshop will focus on a number of key areas such as: injectable therapies for both Type 1 and Type 2 diabetes, carbohydrate counting for Type 1 diabetes, complications of diabetes, the nursing role and management of diabetes, as well as advances in the future of diabetes management.</p>			
May 15, 2015	Non-Violent Crisis Intervention	€80 members; €140 non-members	7
<p>This one-day programme is designed to assist staff to provide the best care, safety and security for staff working in healthcare environments. The programme identifies behaviours that contribute to the development of a crisis and outlines appropriate staff intervention for each response. It also identifies verbal and non-verbal techniques to de-escalate behaviour. In addition, the course outlines break-away techniques that can be adopted in a physical crisis situation while maintaining the care, welfare, safety and security of clients and staff. It also helps participants to identify the triggers and patterns of behaviour and, therefore, develop a person-centred care plan and a consistent approach in order to prevent the behaviour from reoccurring. Time: 9.15am-5.00pm.</p>			
May 19, 2015	Assessment and Care Planning in Residential Care Settings for Older People	€80 members; €140 non-members	6
<p>This workshop is aimed at providing nurses working in this sector with the most up-to-date information regarding policy and standards in older person care and will focus on the need for comprehensive assessment, including risk assessment and care planning for older people in residential care settings.</p>			
May 28, 2015	Interview Skills	€80 members; €140 non-members	5
<p>This one-day course increases participants' self-awareness and self-knowledge so that they can best present themselves at an interview. It also highlights the level of preparation required for a selection interview and teaches participants how to develop competency-based answers.</p>			
June 18, 2015	Understanding Obesity and Weight Management	€80 members; €140 non-members	5
<p>This one-day workshop aims to provide a comprehensive understanding of the causes of obesity and knowledge of the physiological principles involved in the onset of obesity and associated illnesses. Lifestyle treatment options such as dietary, exercise and behavioural interventions will be covered in depth on the day, as well as non-pharmacological, pharmacological and surgical interventions.</p>			
June 24, 2015	Best Practice in Medication Management	€80 members; €140 non-members	5
<p>This programme has been developed to support nurses in providing safe evidenced-based practice in the area of medication management. It supports nurses/midwives by ensuring that they are up to date and meet the requirements of the Nursing and Midwifery Board of Ireland (NMBI) and HIQA in the area of medication management.</p>			

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EDUCATION PROGRAMMES COMING TO THE LIMERICK OFFICE, Unit 4B, Courtfields, Raheen, Limerick

Date	Programme	Fee	(CEUs)
Apr 15, 2015	Understanding Obesity and Weight Management	€80 members; €140 non-members	5
<p>This one-day workshop aims to provide a comprehensive understanding of the causes of obesity and knowledge of the physiological principles involved in the onset of obesity and associated illnesses. Lifestyle treatment options such as dietary, exercise and behavioural interventions will be covered in depth on the day, as well as non-pharmacological, pharmacological and surgical interventions.</p>			
May 11, 2015	Practical Skills in the Management of People with Diabetes	€80 members; €140 non-members	5
<p>This course aims to provide nurses/midwives with understanding, knowledge and confidence when delivering care to individuals with diabetes. This course offers a practical approach to diabetes, whether based in the hospital or community setting. Many theoretical aspects of diabetes are covered such as: the different types of diabetes, national and international guidelines, how to offer lifestyle advice to patients, treatment options, and understanding blood results, as well as dealing with complications in diabetes.</p>			
July 21, 2015	Wound Care Management	€80 members; €140 non-members	5
<p>This programme will allow participants to ensure professional competency in the area of wounds as per NMBI's Code of Professional Conduct and Scope of Practice for Nursing and Midwifery, which state that nurses/midwives must work within their competence. Furthermore, it will provide participants with continuing professional development to ensure that their practice is founded in the latest research and guidance as per the Health Service Executive National Best Practice and Evidence-based Guidelines for Wound Management.</p>			

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All programmes have Category 1 approval from the Nursing and Midwifery Board of Ireland (NMBI) with Continuing Education Units (CEUs)

INMO SAFE PRACTICE WORKSHOPS

The Professional Development Centre is providing a nationwide series of workshops in venues across the country. This programme provides safe practice tools to protect the nurse and midwife and patient within current healthcare settings. This is an awareness session to ensure all staff have an understanding of the process involved regarding patient alerts, clinical incidents and thorough assessment, while remaining focused on patient and individual staff. The programme addresses patient safety and staff safety and provides five key tools on areas of documentation, clinical incident reporting, safety statements, best practice guidelines regarding assessment, and communication practices in a complex multifaceted healthcare arena. 'Tools for Safe Practice' is Category 1 approved by the Nursing and Midwifery Board of Ireland and awarded with 4 CEUs.

Dates and venues for safe practice workshops:

April 11 – Mullingar; April 14 – Wexford; April 15 – Cavan General Hospital; April 20 – University Maternity Hospital, Limerick; April 21 – Portlaoise; April 27 – Dungarvan Community Hospital; April 29 – Our Lady Of Lourdes Hospital, Drogheda; May 12 – Trident Hotel, Cork; May 12 (PM) – INMO Cork office; May 13 – Cork; May 14 – Cork office; May 18 – St Vincent's University Hospital, Dublin; May 25 – Mount Errigal Hospital, Donegal; May 26 – Cregg House, Sligo; July 29 – Kerry Regional Hospital

More dates and venues are available on our website inmoprofessional.ie

If you would like to arrange this workshop in your area and can guarantee a minimum of 25 participants, please contact your IRO.

Log on to inmoprofessional.ie to book your place

Fee: INMO members FREE; €150 non-members

**TOOLS FOR
SAFE PRACTICE**



NURSING OLDER PEOPLE



The Professional Development Centre Library is a valuable resource for information on care of the older person nursing, write assistant librarians **Edel Reynolds** and **Niamh Adams**

The Care of the Older Person Section Conference will take place on April 21, 2015. With that in mind we have decided to highlight the resources and literature available to the nurse working in this specific area. There is a wealth of information available on this topic, both nationally and internationally. With the assistance of the library staff and Nurse2Nurse (www.nurse2nurse.ie), keep up-to-date with access to important journals, articles, and information of Irish interest.

How to access resources and information on N2N

N2N directory

This directory of subject categories allows the user to browse topics of interest. Within each category you will find submenus. These are outlined below:

- **Search databases** – links to relevant electronic databases
- **Review and journal articles** – includes relevant journal articles and literature reviews
- **Research articles** – identifies specific research based studies
- **Reports** – highlights important reports, guidelines, official documents from associations, organisations, government departments etc
- **Useful links** – listings of useful web links

Here are some of the directory categories relating to gerontology:

N2N directory categories – gerontology
Nursing Older People
Ageing
Long Term Care
Abuse
Dementia

N2N journals

From this page you can search for or browse through over 400 fulltext journals. This is a useful tool if you already have a reference and you are trying to locate the complete article. Here are the ejournals specifically related to the topic of gerontology:

EJournals – gerontology
<i>Nursing and Residential Care</i> 2005-Present
<i>International Journal of Older People Nursing</i> 2006-Present (12 month delay)
<i>Journal of the American Geriatrics Society</i> 2003-2010
<i>Nursing Older People</i> 2002-2014

Search databases

This is a key area if you are researching a specific topic for an assignment or work. From this page you can access a number of research resources including:

- Cinahl plus with fulltext
- Medline
- OVID.

Recent notable Irish literature

Below you will find a selection of literature recently published by Irish authors or Irish organisations.

Influenza in Residential Care

- Quinn G. Nurses' experiences of the seasonal influenza vaccine in residential care. *British Journal of Nursing* 2015; 23(17): 942-8.

Nursing Older People Education

- Welford C. Priorities for gerontological nurse education and practice. *Nursing and Residential Care* 2014; 16(7): 396-400.

Documentation

- Broderick MC, Coffey A. Person-centred care in nursing documentation. *International Journal of Older People Nursing* 2014; 8(4): 309-18.

Long Term Care

- Cooney A, Dowling M, Gannon ME, et al. Exploration of the meaning of connectedness for older people in long-term care in context of their quality of life: a review and commentary. *International Journal of Older People Nursing* 2014; 9(3): 192-9.

Dementia

- Cooney A, Hunter A, Murphy K, et al. 'Seeing me through my memories': a grounded theory study on using reminiscence with people with dementia living in long-term care. *Journal of Clinical Nursing* 2014; 23(23/24): 3564-74.
- HIQA. Guidance on Dementia Care for Designated Centres for Older People. HIQA, 2015.
- Cahill S, et al. An Irish National Survey of Dementia in long-term Residential Care. Dementia Services Information and Development Centre, 2015.

Elder Abuse

- Health Service Executive. Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures. HSE. 2014

Literature Searching Service

If you require assistance with searching, why not avail of the literature searching service? Contact the library staff by phone or email with your query. We will take details of the search terms, search the available resources and forward you a list of 30-50 references and abstracts. There is a charge for this service. For further information on all library services, contact us today, or find us on the web at: inmoprofessional.ie/Library

Don't forget there are a number of workshops run through the INMO's Professional Development Centre, including the upcoming Chronic Pain Management in the Older Person taking place on Wednesday, April 29, 2015. A full list of upcoming conferences can be located at inmoprofessional.ie

Not registered? Need further information?

The library staff can be contacted directly at 01 664 0625/14, by email: library@inmo.ie, or on the web at: inmoprofessional.ie/Library. Opening hours are: Monday to Thursday: 8.30am-5.00pm, Friday: 8.30am-4.30pm.

Edel Reynolds and Niamh Adams are assistant librarians at the Irish Nurses and Midwives Organisation

DELEGATION

Responsibilities of a registered nurse/midwife when deciding to delegate to non-registered colleagues

Dear Member

In recent weeks the INMO Executive Council has devoted considerable time to the issue of ensuring that every nurse/midwife understands their continuing responsibilities when deciding to delegate a task/role to a non-registered colleague. The need for this discussion, and for absolute clarity on this issue, arises from the revised Code of Professional Conduct and Ethics published by the Nursing and Midwifery Board of Ireland (NMBI) in December 2014.

It was also felt necessary to consider this issue in the context of the practice, in some units/wards, to delegate direct care tasks, eg. recording patients observations under the Early Warning Score (EWS) to non-registered work colleagues. According to the NMBI *"Delegation is the transfer of authority by a nurse or midwife to another person to perform a particular role/function."*¹ In addition the *"delegation of any task must be in the best interest of the patient"*.

Against this background the Executive Council feels it appropriate to remind you of the following:

1. Under the new Code of Professional Conduct and Ethics the responsibilities of the registered nurse/midwife are clearly stated to include:
 - You are responsible and accountable for your decisions and actions (including inactions and omissions) in your practice
 - You are accountable if you make a decision to delegate a nursing or midwifery task to someone who is not a registered nurse or midwife
 - The role of a Health Care Assistant (HCA) *"supports the delivery of patient care under the supervision and direction of a registered nurse or midwife"*.² Further Education and Training Awards Council (FETAC) Level 5 is the recognised qualification for a HCA.³
 - If you delegate tasks or roles, you should provide comprehensive and effective assessment and planning, communication, monitoring and supervision, and evaluation and feedback.
2. Against this background it is imperative that every member exercises their professional judgement, against clear criteria, when deciding to delegate a task or role.
 - The INMO will be engaging immediately, with the NMBI, seeking the required criteria arising from the obligations/responsibilities stipulated in the new Code.
3. It is also necessary to exercise this judgement each time delegation is being considered, in the context of the skills, knowledge, competence and experience, at that point in time, of the person to whom you are proposing to delegate a task/role.
4. Very careful consideration, with regard to delegation, is particularly necessary when the task or role involves direct interaction with the patient/client, and you must specifically consider how you will access the feedback from your colleague.

In order to maximise awareness of, and clarity about 'delegation', the INMO will be seeking, in direct contact with the Office of the Nursing and Midwifery Services Director of the HSE, the roll out of a national education/awareness programme with regard to delegation. This must be a priority, throughout 2015, in the context of staffing/skill mix developments and, critically, the obligations which are clearly stipulated in the new Code.

Further updates will issue, on this matter, following our discussions with NMBI and HIOA. However the INMO Executive Council is anxious that every member clearly understands the issues that arise when delegating. Every member must exercise, on each occasion, clear professional judgement in the interests of best practice, patient care and their continued registration.

Issued by INMO Executive Council

References

1. Scope of Nursing and Midwifery Practice Framework (ABA 2000). The NMBI is currently revising the Scope of Nursing and Midwifery Practice Framework (NMBI 2015).
2. Department of Health and Children. *Effective Utilisation of Professional Skills of Nurses and Midwives: Report of Working Group*. Dublin: The Stationary Office, 2001.
3. Health Service Executive (2006). *Report of the High Level Group on Health Care Assistants Regarding the Implementation of the Health Care Assistants Programme*.

Europe calling...

INMO Executive Council member Catherine Sheridan is the Irish representative of the Paediatric Nursing Associations of Europe. She spoke to **Alison Moore** about what this entails

CATHERINE Sheridan is a dual qualified registered general and children's nurse, based at Galway University Hospital, who has been invited to represent both the INMO and Ireland at the Paediatric Nursing Associations of Europe (PNAE).

The PNAE was established in April 2003 as a regional group of the International Association of Paediatric Nursing, to bring together professional organisations for nurses working with children and young people throughout Europe. This regional group adopts the same goals and purposes of the International Association of Paediatric Nursing, but will use them in the European context. These are to:

- Enhance the care of children and adolescents worldwide
- Use the UN Convention of the Rights of the Child to promote and advocate for the health, wellbeing/welfare and development of children
- Encourage communication between paediatric nurses to help further the care of all children.

Honoured

Also a member of the INMO Executive Council, Catherine told *WIN* that she was honoured to be involved with the PNAE and that she hoped that many children's nurses and managers around the country would get involved with the work she was set to embark on.

"I am delighted to represent Ireland. It is fantastic to have Ireland participating in this kind of European project. It provides the opportunity to set up a network of qualified children's nurses and managers that I'm sure will benefit from liaising with each other on a regular basis," she said.

Catherine hopes to build a network of children's nurses throughout Ireland who will feed back information on services



*Catherine Sheridan, INMO
Executive Council member and
Irish PNAE representative*

nationally for the various surveys she will oversee.

Her role will be to collate the Irish responses to various surveys on children's nursing that will subsequently be fed into data collected across Europe.

"I will be giving an Irish perspective, to the best of my ability, on various elements relating to children's nursing.

Bigger picture

In order to fulfil this role, and to ensure a national perspective, Catherine intends to liaise with colleagues around the country. An important part of the role will be participation in surveys based on all aspects of children's nursing. According to Catherine this will enable her to give an Irish perspective to her European counterparts.

The aim behind collating data such as this at European level is to assess which services are working best for those using them and then to take the best practice from those systems and aim to

introduce best practice across Europe.

"Another advantage of having an Irish representative is having an input at European level for those of us dealing with children's nursing in some capacity. We promote best practice by sharing what we do in our respective countries" she said.

The overall aim of the PNAE network is to ensure that children, young people and families across Europe are guaranteed 'the quality of nursing care they have a right to receive'.

Participating

All paediatric nursing associations in Europe are encouraged to participate in the network so that a strong and united voice is heard on important common issues identified for action. Among surveys and papers that the PNAE has developed, there are a number of position statements that are available to download. These include:

- Clinical support roles in paediatric and neonatal settings across Europe
- Ethical and professional practice for the European paediatric nurse
- Reducing medication errors
- Definition of a paediatric nurse
- The goals and purposes of the PNAE
- Paediatric and neonatal service and clinical quality indicators
- PNAE statement in staffing levels
- Paediatric nurse education in Europe
- PNAE: position statement on the regulation of paediatric nurses in Europe
- Registration and continuing professional development requirements of paediatric nurses in Europe.

Getting involved

While Catherine will be getting in touch with people in due course, she would encourage those in the relevant fields to contact her directly.

Anyone interested can email her at: CatherineSheridan@inmo.ie



Fitness to practise focus

In a series of articles Edward Mathews explains how the NMBI fitness to practise process works. Part three examines suspension prior to a hearing

IN THIS article, we continue our consideration of the Fitness to Practise (FTP) processes for nurses and midwives. The preceding two articles considered the Preliminary Proceedings Committee (PPC) process which takes place following submission of a complaint, and leads to a decision as to whether or not a full hearing into your fitness to practise should take place, and thereafter we examined the preparation for, and conduct of, the hearing itself. In this article we will take a step back and look in some more detail at an additional step that may arise in certain cases even prior to the PPC process, that is an application to suspend the registration of a nurse or midwife prior to the complaint being processed in the normal way.

Once a complaint is made to the Board in the vast majority of cases it proceeds directly into the PPC process. However, in a small number of cases the Director of Regulation of the Nursing and Midwifery Board of Ireland (NMBI), or the PPC itself, may form the view that the complaint is so serious that it may be necessary, to protect the public, to seek the immediate suspension of the registrant's registration pending resolution of the complaint through the normal FTP process. Indeed the Board may form this view in relation to a nurse or midwife even if a complaint has not been made, such a circumstance might arise where a registrant was charged with a serious crime which is reported on

in the media, but who has not been the subject of a complaint to the Board.

Section 58

In these circumstances the complaint is initially dealt with pursuant to section 58 of the Nurses and Midwives Act 2011, which allows the Board apply to the High Court seeking suspension of registration pending resolution of the complaint through the normal PPC/FTP procedures. If the Board make such an application they do so in a manner known as an *ex parte* application, which means that only the Board is heard and the registrant is not represented at the hearing. In general such hearings are held in private.

The Court may grant or refuse the application, or may give such other directions as it thinks appropriate to the Board. The Board is then obliged to inform the registrant of the outcome. If the application is granted then the registrant's registration is suspended, and as such they may not practice any element of nursing or midwifery pending resolution of the complaint in the normal way.

Process

Where the Director of Regulation or the PPC determine that protection of the public safety may require immediate suspension of registration they inform the CEO of the NMBI, who then arranges a meeting of the full board of the NMBI to consider whether or not to make an application to the High Court.

At this stage the registrant is informed

of the nature of the complaint, is provided with all available documentation, and is invited to attend the full board meeting with their representative to address the Board in relation to whether or not it should make the application to the High Court.

Draconian measure

This is clearly a draconian measure which has the potential to have the most drastic effect on the life of a nurse or midwife, and as such it is a process to be approached only in cases where there is a perceived danger to the public. In addition prior to deciding whether or not to make an application to the Court the Board is obliged by law to give very careful consideration to a range of circumstances as was established by the Supreme Court in *O'Ceallaigh –v- An Board Altranais* when considering the analogous provision in the Nurses Act 1985.

When the Board deliberate at this stage they are not required to decide whether or not the allegations against the registrant are true, thus they do not investigate the matter and are required to make their decision based on the written information in the complaint and supporting the complaint, and based on any written or oral submissions made by or on behalf of the registrant at the meeting.

In order to proceed with a section 58 application the nature and circumstances of the allegations must be of such a magnitude that it would put the Board in a

position of believing that such an application was required, and it was required by virtue of the necessity of protecting the public, which is a key function of the Board. The deliberations must also take into account the draconian effect that any application would have on the registrant, including the significant reputational damage which flows from the granting of such an application, and this must be weighed against the level of concern the Board may have for the protection of the public.

Public interest

In looking at the nature of the allegations before the Board, they should consider whether, if they were true, they would impact significantly on the public interest. This analysis is also informed by the principle that allegations should be viewed in context, and specifically case law mandates that the Board consider whether, if the allegations were true, they would represent a threat to public safety.

When considering whether a risk to public safety arises, the Board should have regard to whether the allegations before them amount to a singular allegation of misconduct, or allege a pattern of misbehaviour, and couple this with a consideration of the nature of the danger they believe the alleged incident poses to public safety.

Another point for the Board to consider is the level or urgency which the alleged allegations present. The Supreme Court has established that there must be a situation of urgency, arising from the seriousness of the allegations, before this draconian device is deployed. To determine whether such a situation of urgency exists, the Board must consider the nature of the complaint, the apparent strength of the case against the registrant, and whether if an adverse finding through the FTP process arising from that complaint, ie. if the allegations were found to be true, then the appropriate sanction would be to strike the registrant off the register permanently or for a defined period of time.

Drawing these elements together we see that section 58 allows the Board to apply to the High Court for the suspension of registration prior to the complaint being addressed in the normal way. This is a draconian measure only to be used where there is a concern that suspension is necessary to protect the public. The full Board meets to consider whether this

should occur, and offers an opportunity for the registrant and their representative to be heard.

When making the decision the Board needs to consider, among other things:

- The reputational and other damage such an outcome causes to a nurse or midwife, weighing this against the potential danger to the public
- They are not required to determine whether the allegations are true
- They should consider whether, if they were true, they would represent a threat to the public interest in the form of a threat to public safety, and in this regard also consider whether they are faced with allegations of singular misbehaviour, or a pattern of misbehaviour
- The situation must be sufficiently urgent, and urgency should be determined with reference to the nature of the allegations, the strength of the evidence, and the appropriate sanction should be a strike off if they were found to be correct.

Representation

It is essential that nurses and midwives are appropriately represented at the full board meeting. It is by no means the case that the Board always decides to make a section 58 application arising from the matter being referred to it by the Director or Regulation or the PPC and there are instances where the representations made on behalf of the nurse or midwife, which will often give the Board an alternative view, have led to an application not being made and the registrant continuing in practice.

In addition, and depending on the nature of the allegations, it may be possible for the registrant to give undertakings not to practice in certain areas, or not to undertake certain types of practice, and in some cases this assuages the Board's public safety concerns and an application is not made to the High Court.

Furthermore in some instances it may be advisable for the registrant to give an undertaking not to practise nursing or midwifery at all, and offer this to the Board as an alternative to them seeking an order from the High Court suspending their registration. The Board is free to accept this, or not, but in certain types of cases such an undertaking may assist a nurse or midwife when the Board is ultimately considering the sanction to impose against them after the FTP process has concluded.

Court application

If an application is made to the Court, or

if an undertaking not to practice nursing or midwifery is accepted, then the registrant may no longer practice in any aspect. The case then moves along the normal path pursuant to section 55 of the Act, and the PPC firstly determines whether there is a face value case for you to answer, if they determine that there is, or if they do not and the Board nevertheless directs in inquiry, then the matter proceeds to an FTP hearing.

A section 58 application to suspend presents intense worry for a registrant, and clearly the effect is nothing less than devastating. That said, with our assistance it may be possible, depending on the facts of the case, to avoid an application being made to the High Court, and it is imperative that you contact the INMO the moment you receive any such correspondence.

Indeed in one such case quite recently, a registrant was required to attend a full Board meeting to consider whether an application should be made to the High Court to suspend their registration as a result of a complaint regarding alleged inappropriate management of an anxiolytic medication.

When we considered the evidence against the nurse, alongside additional information provided by the nurse, we formed the view that there was no public safety issue, and indeed that this was a case which should not proceed beyond the PPC stage.

We represented the nurse at the full Board meeting, and the Board when they considered the evidence against the nurse, and the submissions we made on their behalf, decided that no application should be made to the High Court.

In addition, the complaint then proceeded to be considered by the PPC, alongside the statement we assisted the nurse to prepare, and they decided that the case should not proceed, a decision that was later confirmed by the Board, thus ending the matter.

Like so many cases this points towards the inexorable conclusion that membership of the INMO and the representation which that brings is an essential protection for every nurse and midwife.

Later in this series we will examine the legal standard in applications for hearings to be held in private, the sanctions which may be imposed by the Board, and the aftermath of a hearing for a registrant.

Edward Matthews is INMO director of social policy and regulation

On the ground with the president



Turn off the Red Light

WE ARE delighted to continue to support the Turn Off the Red Light (TORL) campaign. Our Organisation, as a member of TORL, supports the decriminalisation of persons who are prostituted, and the criminalisation of those who purchase persons for the purpose of sexual



Mia de Faoite, a survivor of prostitution, pictured speaking at the seminar on the 'Health Effects of Prostitution' in March as Edward Mathews, INMO director of social policy, and regulation and Claire Mahon, INMO president, listen

gratification. To this end, the INMO hosted a seminar in HQ on Friday, March 13 with the theme 'The Health Effects of Prostitution'. The aim of the seminar was to bring to light the experiences of those who are involved in the provision of frontline services to those who are prostituted, and of those who have been prostituted themselves.

Speakers included Linda Latham, an advanced nurse practitioner working in this area; Sheila Crowley from Ruhama; Denise Charlton from the Immigrant Council of Ireland; and Mia de Faoite, a survivor of prostitution. The speeches were, to say the least, thought provoking and re-affirmed the urgent need to punish severely those who purchase sex and who organise prostitution, and for us to take a stand in support of those who are prostituted. Mia's story was heart-rending. She detailed her journey allowing us to step into her shoes as she explained what it was like to be a prostitute and to experience the world as she did. Thankfully, Mia survived her experience and is now in college studying for a degree.

NMBI campaign success

YOU will be aware by now that the NMBI has reverted to the €100 retention fee for 2015 and agreed to enter talks with the three unions in relation to future funding. I sincerely thank everyone who participated in the campaign by attending protests and refusing to pay the extra €50. This is another great achievement for us and shows that by standing together we can achieve success.

We have had many good outcomes recently as detailed in last month's *WIN*. We are aware that recruitment is ongoing to fill more than 650 nursing and midwifery posts that have been won by the INMO working with their members to highlight appalling conditions for both patients and staff in our hospitals.

The work of the taskforce on nurse staffing levels is continuing.

Conferences

AS YOU are aware our sections are very active in continuing professional development and many of them organise conferences every year. The RNID Section held a successful conference in March. The theme for the day was 'Future proofing disability services – The role of the registered nurse in disability'. The theme has never been more relevant as frontline clinicians strive to ensure safe care in intellectual disability, through safe professional practice, despite decreased resources and increasing pressures on services. The RNID is the expert and must lead out on all services in the field of intellectual disability. The conference was opened by Kathleen Lynch, Minister of State with responsibility for disability, followed by Dr Siobhan O'Halloran, chief nursing officer, and other excellent speakers. Congratulations to Ailish Byrne, RNID Section chair and Executive Council member; Ann Marie O'Reilly, education officer; Patricia McCarthy, committee member and Ann Harney for all their hard work. *See page 19 for more details.*

As we went to print the ODN conference was due to be held. These events are excellent learning and networking opportunities for members and we look forward to the Care of the Older Person conference this month. We are also preparing for ADC in May which is an opportunity for members to guide the Organisation's policies for the next year. I look forward to meeting you there and hearing your views over the three days. Health Minister Leo Varadkar has accepted our invitation and will address the conference on the Friday morning.

Get in touch

You can contact me at the INMO headquarters at Tel: 01 6640 600, through the president's corner on www.inmo.ie or by email to: president@inmo.ie

Claire



Irish Nurses and Midwives Organisation
Cumann Altraí agus Ban Cabhrach na hÉireann
Working Together

INMO survey on your health and wellbeing

The INMO, in conjunction with Dublin City University, is conducting a study into the effects on the health and wellbeing of nurses and midwives in their current working environments.

This survey has come about as a result of a large number of issues being raised with the INMO by nurses and midwives relating to the negative effects on their health and wellbeing of their current stressful working environments.



The survey, in the main, will look at the areas of:

- *Ill health and the effect this has on the general wellbeing of the nurse/midwife*
- *The response of employers to the current stressful working environment experienced by nurses and midwives*
- *Presenteeism; we will seek to determine the level of presenteeism among nurses and midwives. Presenteeism is a term used to describe a situation where employees present for work even though they are unwell.*

It is very important that you take 10 to 15 minutes to fill out this survey and encourage your colleagues to do the same. We can examine the results and seek to evaluate the effects of the current working environment in the Irish health services on nurses' and midwives' general health and wellbeing.

The closing date for completion of the survey is midnight on Thursday, April 16.

To complete the survey please log on to www.inmo.ie

This survey is completely confidential and your participation is on this basis



Stance of unity pays off

The NMBI u-turn in face of INMO unity and the ongoing hospital overcrowding issue hit the headlines this month. **Ann Keating reports**

Nurses' boycott of hiked registration fee pays off as watchdog does u-turn was a headline on page 2 of the *Irish Daily Mail* (March 4). "A boycott on paying hiked nursing registration fees has paid off for thousands of nurses, it was confirmed yesterday. The nurses' watchdog backed down on plans to increase the annual charge by 50%. The fee, which sparked protests by nurses who were threatened with being struck off, was meant to rise from €100 to €150 this month... The INMO, SIPTU and the PNA welcomed the decision. A spokesman said: "The restoration of this €100 fee will retain the link paid by other health professionals to their regulatory body. As our three unions believe in a strong regulatory body, that protects the public by ensuring nurses and midwives can practise safely, we renew our call for members to pay the restored fee of €100."

Turn off the Red Light

The Irish Examiner (March 14) reported on our recent seminar on the 'Health Effects of Prostitution' – **Prostitutes are victims and not criminals**. "We cannot have prostitutes cast as criminals or victims, depending on which side of the border they are in, the Irish Nurses and Midwives Organisation has urged. INMO director of social policy Edward Mathews said legislation would be introduced in the North on June 1 that would make it illegal to pay for sex. Last November, the government published the Criminal Law (Sexual Offences) Bill, which criminalises those who purchase sexual services... Mr Mathews, during an INMO Conference in Dublin on the health effects of prostitution, called for the Criminal Law Bill to be passed as quickly as possible." He said "We cannot have a situation where on one side of the island people who are being abused are recognised as victims and on the other they are cast as criminals."

Hospital overcrowding

The *Irish Daily Mirror* (March 13) gave space to our press release on the rise in trolley/ward watch figures for the month of February – **10,000 on trolleys**. "The overcrowding crisis in hospitals is getting worse with almost 10,000 patients stuck on trolleys last month. The figures from the Irish Nurses and Midwives Organisation mark the highest ever recorded in February. The situation is getting worse year on year with a 75% increase in patients waiting on trolleys in emergency departments since February 2013...INMO general secretary, Liam Doran said the crisis needed to be tackled to give patients "privacy and dignity". He added: "These figures truly confirm the scale of the crisis from overcrowding."

Meanwhile *The Irish Times* (March 19) reported on overcrowding in St Vincent's Hospital, Dublin – **Overcrowding almost doubles at St Vincent's** – 74 patients recorded as being on trolleys after 40 'hidden beds' included in figures. "Overcrowding at one of Dublin's main teaching hospitals has almost doubled overnight after 40 'hidden beds' were included in the figures for the first time. Some 74 patients were recorded as being on trolleys, chairs or additional beds at St Vincent's hospital yesterday... INMO industrial relations officer Philip McAnenly accused the hospital of 'massaging the figures' by failing to count additional beds on wards up to yesterday, and said the real level of overcrowding was still higher."

ED Taskforce

The *Irish Daily Mail* (March 13) ran a headline – **Let senior nurses discharge patients to clear backlog** – "Patients should be discharged from hospitals by senior nursing staff as well as doctors to prevent backlogs and ease the current trolley crisis, a new report has

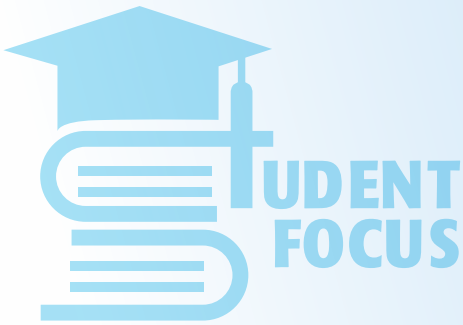
recommended. The draft report by the Emergency Department Taskforce has made a range of recommendations to tackle the continuing overcrowding crisis as it emerged that hospital trolley figures reached record highs last month. It says patients should also be discharged before 11am, there should be more weekend discharges and some delegation of discharge decision making to senior nursing staff.

"The Irish Nurses and Midwives Organisation revealed the highest ever rate of hospital overcrowding for the month of February was recorded this year with 9,600 patients on trolleys." Liam Doran said: "We welcome any initiatives that will address that but those initiatives can only be delivered with additional funding and that still appears to be the unknown, the question mark. This is an issue of willingness of government to make the health service fit for purpose by opening closed beds, restoring community services and that requires a monetary intervention so we don't enter next winter the way we entered this winter."

Health of the nation

Liam Doran in a piece in *The Irish Sun* (February 25) said "We must prioritise the restoration of our public health service." He said: "The state of our nation is improving and many sectors are beginning to grow after difficult years... No nation that leaves its sick on a trolley, its elderly without services and its disabled without access to society can call itself free, can call itself fair and can stand tall with other countries across the globe. I would suggest restoring our under-funded health service must be an agreed priority as we come out of the darkest of recessions in our country's history."

Ann Keating is the INMO media relations officer, email: annkeating@inmo.ie



Fighting for our rights



Student and new graduate officer **Dean Flanagan** discusses the importance of standing together and making your voices heard on issues of staff rights and patient care

WHATEVER bad press you might hear about our professions, it is important to remember that throughout the Haddington Road era the INMO has continually fought to improve the working conditions for new graduate nurses and midwives. Salary scales for new entrants, for example, have been re-aligned and merged to ensure new entrants progress to the same maximum of scale as their peers.

The INMO continued to lobby government to scrap the graduate scheme and encouraged members not to apply during its roll-out. As a result, of the 1,000 positions made available by the government only just over 250 were taken up.

The government conceded the INMO's position, and confirmed by a circular in October 2014 that there would be a provision of 100% two-year, fixed-term contracts to graduate nurses both on the programme and on temporary short-term contracts. Currently fewer than 80 new graduates are still on the scheme and the INMO is negotiating with local management to convert them as per the circular.

With the INMO's intervention at national level, over the past year new graduates have seen their pre-registration (which is the period when you are awaiting an NMBI PIN which can take up to 10 weeks) pay increase from €15,798 annualised to €23,377 annualised on average, resulting in €1,400 extra take-home pay in that period.

With the scrapping of the graduate scheme from consistent pressure by the INMO, new graduates will see an €8,797 increase in their pay over two years and



new graduates will also benefit from the INMO's intervention in halting the €50 increase to their NMBI registration fee. The total monetary gains for new graduates can therefore be calculated at €10,197.

Preceptor of the Year

Don't forget to get your nominations for 'Preceptor of the Year' in right away. Students can nominate their preceptor before April 10 online via the form on the INMO website: www.inmo.ie/Preceptorform

The preceptor who wins, and the student who nominated, will be invited, with guests, to receive the award at the annual awards dinner during the annual delegate conference on May 7 at the Knightsbrook Hotel, Trim, Co Meath.

How can nursing and midwifery students, interns and new graduates effect change in the workplace?

The first change is for every nurse and midwife to be prepared to speak out

about how good patient care is being eroded. The INMO has and will continue to provide that platform for nurses and midwives.

The INMO will continue to highlight to the government how the cuts to the HSE budget and reforms such as the graduate nurse scheme were a mistake. However, nurses and midwives care about patients, and need to speak out also.

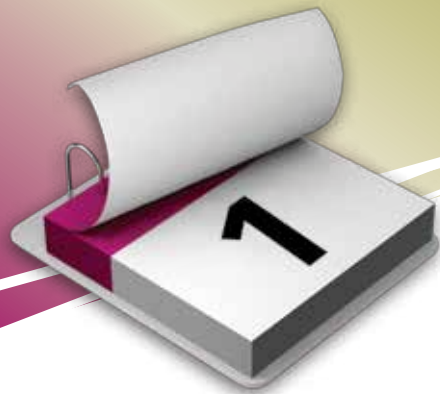
The INMO can give members that confidence to speak out and can even train you to become a media spokesperson for your area. If you are interested, please email me at: deanflanagan@inmo.ie for more information.

It benefits staff and patients alike if we let people know that something being done in the HSE is not good for patient care. If we stick together, we can change things, but this involves all members to be ready to take that stance.

Strength in numbers

Recently nurses and midwives demonstrated just how resilient they have become and how there was strength in our unity throughout the NMBI fee debacle. Staff and students alike are busier now than ever before having to do less with less, and have to fight for time with patients some days. To me it is obvious, if we don't say anything, nothing will change.

Remember you are the frontline of the HSE – if you notice anything always feel comfortable to fill out the disclaimer forms on your ward, and if you have any difficulties please feel free to email me and discuss these issues.



Running the good race

Running and writing are central to nurse and cancer survivor Bernice Glavin's life. She spoke to Ann Keating

BERNICE Glavin, from Wilton, has worked as a staff nurse in the pre-op assessment unit of the Mercy University Hospital, Cork since 2008. Patients scheduled for surgery attend this department in order to optimise their current health status prior to surgery and prepare them for admission. Consequently patients are more relaxed and better informed prior to surgery. Patients are admitted on the day of surgery and consequently spend less time in hospital. Bernice therefore works with about 50 patients per week and really enjoys her job.

She started her general training in 1977 in the Mercy Hospital (now Mercy University Hospital). She then went to the Erinville Hospital, which has since closed, to do her midwifery training. Bernice returned to the Mercy and worked in intensive care for 25 years.

Bernice was diagnosed with breast cancer a week after she ran the Dublin City Marathon in October 2005. She found it hard to believe as she was always very fit. She felt that nurses had an invisible protection around them and thought it could never happen to her, but unfortunately it did. For a while she thought the diagnosis was a mistake.

She found it difficult to become a patient as she had always been a caregiver. She always had a great rapport with patients and didn't realise how important that was until she became a patient herself. It was a very difficult transition. However, Bernice is a fighter and she set herself targets and met them – including running the Dublin City Marathon again while on chemotherapy.

She was involved in a TV3 programme called *Me and the big C*, which focused on Bernice and others who had cancer. The cameras followed them as they

went for various appointments and they talked about their journeys. Unfortunately, not everyone has a good story and some of those who took part in the programme have since passed away. Bernice feels very blessed to have survived and she still appreciates every day.

She was off work from November 2005 to January 2007. She initially found it difficult to get her mind-set out of the sickness environment when returning to the workplace. Following her sick leave, she worked in cardiology for two years and then moved to the pre-op assessment area where she works Monday to Friday.

During her illness Bernice wrote a book called *The Journey*, which outlined, in prose and verse, her journey through breast cancer and its treatment. The book was launched by Olympian Ronnie Delaney and all the proceeds go to Breakthrough Cancer Research, formerly Cork Cancer Research Centre. The book has already raised nearly €35,000. For more information contact: info@ccrc.ie.

Bernice was presented with a Civic Award for *The Journey* by the Lord Mayor of Cork at the time, Michael Ahern. It was awarded to her as one of the people in the community who made a difference. She received a silver medal and a certificate of which she is very proud.

She also wrote a second book *Just call me William* which was reviewed in *WIN* some years ago. The book was written, through the eyes of her dog William as a fundraising project on behalf of the St John's Men's Health Unit and the Intensive Care Unit at the Mercy Hospital for which she has raised more than €5,500. For more information



Staff nurse Bernice Glavin is a fighter and did not let illness stand in her way

contact info@mercyfundraising.ie

She also won a short story competition in *WIN* some years ago about her experience of being a patient in the Oncology Day Ward. She probably inherited her writing skills from her dad Dick Cross who wrote for the *Cork Examiner* and later wrote for the *Irish Independent* as the Munster correspondent. Bernice says her daughter Kate also writes fantastic short stories.

Last year Bernice was involved, on behalf of the INMO, in the launch by the Irish Congress of Trade Unions of an important new guide on how best to assist workers diagnosed with breast cancer and other serious illnesses during their treatment, recovery and return to work. The guide was formally launched by Tánaiste, Joan Burton and Bernice generously shared her story on the day with those present and the media.

Since her return to work she has done a short course in Chinese medicine, an x-ray prescribing course, a medicinal prescribing course and a creative writing course. Bernice has an interest in studying counselling or psychology down the line.

Bernice is a cancer survivor who enjoys life to the full. If she won the lotto she would write another book. She runs an average of six miles a day and has competed in more than 95 marathons to date and plans to run 100. She also swims and walks her beloved dog William daily.



Children's palliative care - developing a service

It is imperative that children's nurses lead the way in developing palliative care services for infants, children and young people, write **Honor Nicholl** and **Catherine Tracey**

THE NEED for the development of palliative care services for children has been recognised in national policy developments which are in keeping with international directives.^{1,2} These developments include the realisation of the need for palliative care for neonates, infants and young people, and now includes, for example, those with Edward's syndrome.

Recent trends have also led to a greater emphasis being placed on perinatal palliative care, where diagnosis happens during pregnancy.^{3,4} As an outcome palliative care for infants, children and young people is developing as a highly specialised area of nursing practice.

In the Republic of Ireland the wide-ranging and specialist palliative care needs of children and young people with life-limiting conditions has been highlighted in recent policies¹ and the specific needs of children and their families were identified in the Palliative Care Needs Assessment for Children, carried out by Department of Health and Children and Irish Hospice Foundation in 2005.⁵ This needs assessment recommended that services be delivered across multiple sites and over long timeframes,

with collaboration across and between services with a well-coordinated and seamless transition for the child and family from hospital to community. It also recognised that children and young people have unique needs that necessitate special consideration for care and service provision.¹ This raises a number of key issues that require careful consideration in the development and delivery of palliative care services for children.

Currently initiatives are being implemented nationally to deliver palliative care services for children, including the development of models of outreach services. However, some key issues remain unresolved and are under review. These include:

- Which profession or professions are best placed to provide palliative care for children?
- What is an appropriate skill mix to provide an effective service?
- Who will have the responsibility for service delivery in the hospital sectors and in community services?
- Questions also arise about service providers and should services, for example, be provided by the statutory or vol-

untary sector; should care delivery be co-ordinated locally, centrally or from a national perspective, or should it be the remit of tertiary hospitals or a primary care service?

Children's and adult palliative care principles share similarities in that they are family focused and family involvement can be applied to both. As a result of this, and a lack of services for children, providers of adult palliative care may view the delivery of care to children as a sub-specialty of adult care or the responsibility of current adult palliative care teams.

Others however, including children's nurses, may now view palliative care clearly as a specialist area in children's healthcare. The Association for Children's Palliative Care (ACT), whose definitions are commonly applied, defines children's palliative care as *"an active and total approach to care, from the point of diagnosis or recognition, embracing physical, emotional, social and spiritual elements through to death and beyond. It focuses on enhancement of quality of life for the child/young person and support for the family and includes the management of distressing symptoms, provision of short breaks*

and care through death and bereavement".²

Despite this useful definition it remains essential to differentiate between adult and children's palliative care principles and practice¹ and to identify what the application of both principles actually means. In adults, for example, the patient's illness trajectory and pathway is often clearly defined whereas children's palliative care presents the challenge of providing active treatment, (as many infants, children and young people have diseases for which the outcome is uncertain where cure remains a distinct possibility) while simultaneously providing palliative care.

Consequently, a focus on palliation and cure has to be finely balanced in the organisation of children's palliative care delivery. The need for children's palliative care may also extend for relatively short periods of time or in some cases over many years, and may encompass periods of relative wellness for the child where service needs may be reduced.

In addition, children with the same diagnosis may not have the same palliative care requirements. Many of the symptoms can emerge during the child's disease trajectory; children may also have a protracted, unpredictable disease trajectory and unusual symptom pattern. One child may therefore require palliative care from early infancy while another with the same condition may not require it for many years.

Children's palliative care requirements may also result from severe neurological deficits following an accident or infection. Care can also encompass children and adolescents with complex disabilities or multiple co-morbidities resulting from a deterioration in the disease process or because of the late onset of disease complications.

There is also significant debate around ambiguity about definitions/classifications used in children's palliative care;⁶ Liben et al⁷ identified the challenges in identifying children who require palliative care. The ambiguity encompasses clinical practitioners^{8,9} parents¹⁰ and those commissioning services¹¹ and can lead to role confusion, restriction of access to services, and family concerns about the provision of services.

Given these differences identifying when a child enters the palliative care pathway, or when they reach the end-of-life phase of their illness, can be difficult. In addition, the child's psychosocial and

cognitive abilities can also impact significantly on their care needs.

Children's palliative care can be delivered in a variety of settings, is often provided at home, is always based on continuous assessment and collaboration, as well as intensive care giving, sharing, continuous giving and continuous knowing, sometimes in a rapidly changing situation. The requirement is that care is tailored to each child's developmental stage, including language and cognition as well as physical development.

In summary, in children's palliative care, the disease trajectory differs, the child's diagnosis, symptoms and presentation impact on their service requirements from the point of diagnosis (or suspicion that something is wrong) to end of life and the identification of the need for palliative care can be problematic.

The diverse and complex palliative care needs of infants, children, young people and their families also requires an inter-professional approach including nurses, chaplains, doctors, psychologists, social workers, speech and language therapists and teachers.

It is the children's nurse, who is professionally qualified in children's nursing and who knows the complexities of children's care management who is best placed to provide palliative care to children. Children's nurses, including those with expertise in children's palliative care, are ideally placed to lead and coordinate palliative care provision to children in all settings, including hospital and community.

This raises implications for workforce planning and the education of children's nurses to ensure that there is sufficient expertise to meet the changing demands and changing profile of children's palliative care service requirements. Historically children's nursing was viewed as having a "particularly low profile as a separate discipline within the nursing profession".¹² Now, more than ever, the opportunity for children's nurses arises to address this perception by raising the profile of children's nursing by defending its position in the provision of children's palliative care.

This includes identifying and establishing its contribution to children's palliative care in all settings as part of the role of the children's nurse. To achieve this there is a need for education to prepare for the children's palliative care specialist nurse

role¹ and recognition that "caring for a child or adolescent with a life-limiting condition requires specific support and skills"⁵ Education and skill programmes specific to children's palliative care should clearly focus on the specific needs of children, adolescents and their families.^{13,14} Programmes would also benefit from the implementation of an inter-professional approach so that alternative perspectives and philosophies can be encompassed, giving input from experts with extensive clinical practice experiences.

Conclusion

While children's palliative care services are in development and under review,^{15,5,1} it is imperative that children's nurses lead on the development of the children's palliative care nurse and specialist roles in providing palliative care for infants, children and young people.

Dr Honor Nicholl is an assistant professor and Dr Catherine Tracey is a research fellow at the School of Nursing and Midwifery at Trinity College Dublin

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INMO welcomes Patient Opinion Ireland

Group will provide patients with a forum to share their experiences

DR HILARY Dunne, managing director of Patient Opinion Ireland, participated in the Patients First Campaign meetings along with the INMO in advance of last year's budget. The INMO met with Dr Dunne recently and she explained the idea behind Patients First recently and she expressed her hope that Irish patients may get the opportunity to express their feelings about the health service and participate in its continuous improvement.

For more than 10 years, as part of the Irish Society for Quality and Safety in Healthcare, Dr Dunne was involved in capturing the patient's experience of healthcare in Ireland. During this time she came to value not only the data the society was able to gather from nearly 20,000 patients around Ireland, but also their stories.

"Patients, their family and carers know a lot about healthcare. The stories told by patients can highlight much of the good that hospitals and staff are doing in what

are now very difficult resource constrained environments. Likewise they can also highlight areas that can be improved.

"In my experience patients who share their stories do so out of a genuine desire to help a system they are invested in to make things better for staff and other patients," she said.

Dr Dunne wanted to do more for patients so she set up Patient Opinion Ireland, a sister organisation of Patient Opinion in the UK. The website www.patientopinion.ie is about helping patients to have a voice and to share their experience of healthcare.

"The purpose behind Patient Opinion is clear; provide patients with an independent, anonymous, safe vehicle to share their experience. Most people who tell you a story want to know if by telling their story things will improve for them and others. We need stories in order to further encourage hospitals to engage with us in



Dr Hilary Dunne, managing director of Patient Opinion Ireland, wants healthcare staff to encourage patients to share their stories

Ireland the way they are doing in England, Scotland and Australia," she said.

"We are asking staff to encourage patients to share their stories so that together we can help make our health service the best it can be. We would love people to go online and read the stories we have gathered so far since we set up last year. We are always delighted to share more information and can be contacted by email at info@patientopinion.ie".

Conference: Our hospitals are failing malnourished patients

AT LEAST one in four patients admitted to Irish hospitals shows signs of malnourishment, yet repeated calls to address this problem have been largely ignored, a conference organised by the Irish Society for Clinical Nutrition and Metabolism (IrSPEN) was told last month.

At the conference, both national and international experts expressed concern about the lack of progress made on this issue within Irish hospitals.

According to IrSPEN, more than one in four patients admitted to hospital show signs of malnutrition and have significant weight loss, with the majority of these patients losing even more weight before they leave.

An estimated 145,000 adults in Ireland are thought to be affected by malnutrition at any one time and the condition costs the health service €1.42 billion per year – largely because malnourished people are more likely to require hospital admission and require more care once they are in hospital. For example, malnourished patients stay in hospital at least 30% longer than non-malnourished patients and they



are three times more likely to develop an infection while in hospital. They are also up to four times more likely to develop pressure ulcers and are much more likely to be readmitted to hospital within 45 days.

The conference was told that nutrition screening needs to be conducted on patients when they are admitted to hospital to identify those in need of supplementary feeding or further assessment by a dietitian. However, few hospitals in this country actually do this, which is contrary to Department of Health guidelines dating back to 2009.

"Our main focus has been on highlighting that poor nutrition is a common problem and that screening on the point

of entry into hospital is the way to tackle the problem," commented IrSPEN chairman, Prof John Reynolds.

He also pointed out that many obese people are malnourished even though this may not be obvious.

"They may be fat but have lost a lot of their muscle mass. They have lost their ability to deal with their infections and are at higher risk of developing complications," he said.

Meanwhile on a positive note, the conference was told about a new partnership between IrSPEN and the HSE, which will see the HSE commit to the introduction of a quality improvement programme that focuses on nutrition and hydration.

"We have been meeting with the HSE over the last two years and are very hopeful that we can now work with them to embed good nutritional care across our healthcare systems," Prof Reynolds said.

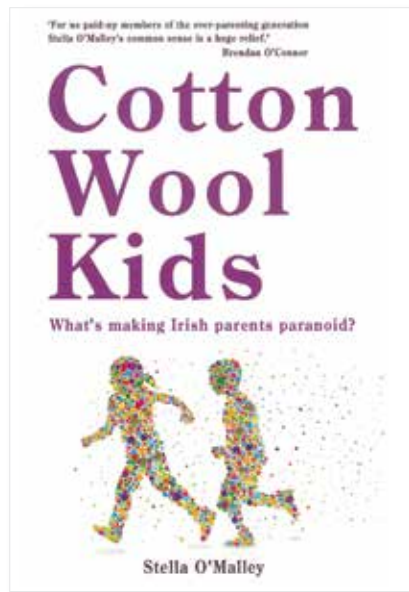
"Nursing homes are now required to implement regular nutrition screening and care pathways that ensure they don't become malnourished – this is something that should be done in hospitals as a matter of routine".

Hazards of over-parenting

THERE is no other way to start this book review than to say that for parents, carers, concerned relatives, childcare workers, teachers, ministers for children, education or health, this is the must-read of 2015. There, I've said it! Why is this? Because we all want what's best for our children, but sadly, we've all become too caught up in the idea of 'perfect parenting'.

Stella O'Malley, a counsellor and psychotherapist with more than 10 years' experience as a mental health professional, brings us *Cotton Wool Kids: What's making Irish parents paranoid?* In this book, she reveals what all parents subconsciously know – but choose to dismiss – that our fears of predators lurking around the corner, of our kids being hurt – emotionally or physically – or accidents waiting to happen the minute we are not around, are utterly exaggerated and based on distorted facts, for which media and 'marketing maestros' are often to blame.

As Ms O'Malley points out, it has never been safer to be a child. Yes, the world has changed since the parents of today grew up, but it is not more dangerous. In Ireland, levels of child abuse since the early 1990s are down, despite children now more readily reporting abuse. In 2012, so called



'stereotypical kidnappings', where a child is abducted by a complete stranger, was recorded a total of zero times, while 276 children were reported as abducted within the family (eg. a parental child abduction).

So the fear that a child could be 'taken' by a stranger if not at all times supervised is irrational; this is a very rare event. Yet it is something parents in Ireland fear a great deal, particularly since the Madeleine McCann case.

What we should instead be worrying about, Ms O'Malley writes, is the levels of suicide, mental health issues and obesity among our young. While we are aware that less physical activity, more junk food and screen time are all fuelling an unhealthy nation, she points out that part of the reason we have less physical activity, more screen time and indeed more mental illness, is that parents are too scared to let their kids be outdoors unsupervised, walk to school from an early age on their own, or cycle to football practice. It is these real and tangible concerns that we as parents should focus on and not the 'bogey man'.

Basically, our approach to parenting has become an endless list of making everything safe, as if accidents were something we can control. Kids need time on their own, time to explore, make mistakes and learn from them.

"We needn't ferry our children from dance class to drama to football, and we needn't wrap them up in cotton wool – rather we can simply send them out to play."

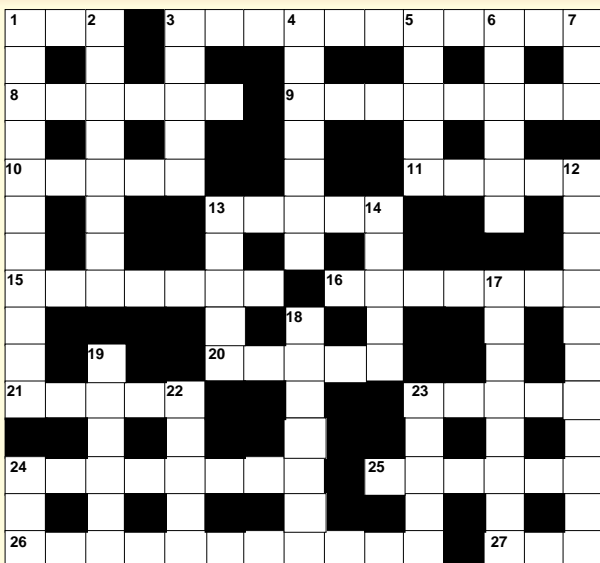
– Sonja Storm

Cotton Wool Kids: What's making Irish parents paranoid? by Stella O'Malley is available in paperback at €14.99 and as an eBook from the usual outlets. ISBN: 9781781173206

Crossword Competition



WIN A €30 BOOK TOKEN



Across

1. Toothed wheel (3)
3. In the sun, matadors scatter to find a medieval seer (11)
8. The boss of a newspaper or magazine (6)
9. On which to acknowledge a special delivery! (8)
10. Indian or Sri Lankan coin (5)
11. Excavation, dike (5)
13. Group of eight (5)
15. Made a substantial donation (7)
16. The chores I administer involve such bravery (7)
20. Containment within a city by military force (5)
21. Recalibrated (5)
23. Type of test for cervical cancer (5)
24. How to buy sloes, as heard after a sneeze (5,3)
25. Spite, ill-will (6)
26. Bat that makes the reptile slip awkwardly (11)
27. Unconscious (3)

Down

1. Vault over an article, Melody, and finally sort out a dispute (5,3,3)
2. Espied briefly (8)
3. Hangman's knot (5)
4. Pills (7)
5. Went courting? How passé is that? (5)
- 6 & 18d. Bespoke – not off the peg (4,2,7)
7. State, utter (3)
12. Must one handcuff a dwelling to enforce such confinement? (5,6)
13. Unlocks (5)
14. In that place (5)
17. Skin disease seen in some limpet I got (8)
18. See 6 down
19. Dormant (6)
22. Onerous jobs (5)
23. Humiliation (5)
24. Large breakfast roll (3)

Solutions to March crossword:

- Across:**
1. Hob
 3. Witch-doctor
 8. Gluten
 9. Insisted
 10. Cable
 11. Malta
 13. Wharf
 15. Malaria
 16. Bolshoi
 20. Tears
 21. Douse
 23. Bagel
 24. Mandible
 25. Hooves
 26. Captain Hook
 27. Ray
- Down:**
1. High command
 2. Bluebell
 3. Where
 4. Chinwag
 5. Opium
 6. Totals
 7. Rid
 12. Angioplasty
 13. Wrist
 14. Floss
 17. Hangover
 18. Macbeth
 19. Turnip
 22. Erica
 23. Brook
 24. Mac

The winner of the March crossword is:

Eileen Daly,
Navan,
Co Meath.

Name:
Address:

The prize will go to the first all correct entry opened.
Closing date: Monday, April 20, 2015
Post your entry to: Crossword Competition, WIN, MedMedia Publications,
17 Adelaide Street, Dun Laoghaire, Co Dublin

MONEY



MATTERS

Avoiding the burden

Dermot Wells discusses the arrival of lifetime community rating in health insurance

ON MAY 1, 2015 the government will introduce lifetime community rating legislation in the area of health insurance. In the run up to this deadline we will see a flurry of activity in the media from the four health insurance companies and the Health Insurance Authority. But what is lifetime community rating (LCR) and why is it being introduced?¹

What is lifetime community rating?

At present in Ireland everybody is charged the same premium for a particular plan, irrespective of their age, gender, or the current or likely future state of their health. This is called community rating.

Under LCR, community rating is modified to reflect the age at which a person takes out private health insurance, and this means that late entry loadings will be applied to the premiums of those who join the health insurance market at age 35 or over. So, if you take out private health insurance earlier in life, and retain it, you will pay lower premiums compared to someone who joins when they reach age 35 or older.

Why is lifetime community rating being introduced?

The primary reason the government is implementing lifetime community rating is to encourage people to sign up for health insurance before their 35th birthday. Encouraging more people to join the market at a younger age helps spread the costs of older and less healthy people across the market, helping to support affordable premium levels for all.

Why is it being introduced from age 35?

The age of 35 is considered to be an appropriate age to allow young people sufficient time to complete education and to achieve secure employment for a number of years.

Will my age affect my health insurance premium?

Yes. If you take out private health insurance on or before April 30, 2015, you will



not pay a loading. After May 1, 2015 if you are under 35 years of age you will not pay a loading. However, if you are aged 35 or over and have a break in cover in excess of 13 weeks, you will incur a 2% loading per year on top of your premium.

Who will pay this loading and how much will it cost?

Anyone who takes out private health insurance at age 35 or over, and who does not have qualifying periods of credit, will pay a loading. The level of loading will depend on the age at which the person takes out private health insurance.

For example, if you take out a private health insurance policy for the first time at age 40 you will pay 12% (ie. 2% multiplied by the number of years over 34, in this case six) more than someone who took out their cover before the grace period expired. At 45, it would be 22% and up to a maximum of 70% at age 69. Under legislation, the loading cannot be waived by any insurance company and will apply every year for the rest of your life.

If I had private health insurance previously, but let it lapse, do I still have to pay the loadings?

Yes – but the level of loading will be reduced by the number of previous years of health insurance cover.

How do I avoid loading?

The only way to avoid the loading is to ensure you have a valid private health insurance policy in place by April 30, 2015. You should firstly seek advice from a qualified professional who can deal with your query and advise you on the options available from all four insurers. There are periods of credit available in certain circumstances so advice is very important.

All four insurance companies will be bringing out specific plans to cater for this event, so there will be options available to meet people's budget.

In summary, lifetime community rating is coming. It will result in higher premiums for those aged 35 and over, who are taking out a health insurance plan for the first time and possibly to those returning to the market. Act now, get advice and give yourself time to make an informed decision.

Dermot Wells is the general manager of Cornmarket Health Division

Reference

1. This article provides a general overview only of the introduction of Lifetime Community Rating.

Contact Cornmarket, Ireland's largest impartial Health Insurance Broker, for a Free Health Insurance Comparison and to answer any questions you may have regarding Lifetime Community Rating at Tel: 01 4086212.

Cornmarket Group Financial Services Ltd is regulated by the Central Bank of Ireland. A member of the Irish Life Group Ltd. Telephone calls may be recorded for quality control and training purposes.

April

Thursday 16

Retired Nurses Section meeting. INMO head office at 11am. Contact: jean@inmo.ie or Tel: 01 6640648 for further details.

Friday 17

Irish Nephrology Nurses Association national conference and AGM. Tallaght Hospital. For information email: Glenda.Taylor@amhch.ie

Friday 17- Saturday 18

Irish Student Health Association annual conference. Venue: Crowne Plaza, Blanchardstown. For further information and registration email: hannah.glackin@lyit.ie or Tel: 074 9186855

Saturday 18

Annual ENT nursing conference Category 1 Approved by NMBI. Four continuing educational units apply. Education & Conference Centre, Royal Victoria Eye & Ear Hospital, Adelaide Road, Dublin 2. Contact: Sabrina Kelly, nurse tutor at Tel: 01 6644652 or email: sabrina.kelly@rveeh.ie

Tuesday 21

National Care of the Older Person Section Annual Conference. Sheraton Hotel, Athlone. Go to www.inmoprofessional.ie – sign in, and register for the conference to avail of a 10% discount or alternatively contact the INMO directly to book your place at Tel: 01 6640641

Thursday 23

Telephone Triage Nurses Section meeting. Portlaoise Heritage hotel. 11am-1pm. Contact: jean@inmo.ie or Tel: 01 6640648 for further details

Wednesday 29

Chronic Pain Management in the Older Person workshop 6pm-9.45pm Portlaoise Heritage Hotel. Places must be booked in advance. Go to www.inmoprofessional.ie – sign in, and register for the workshop to avail of a 10% discount or contact the INMO directly at Tel: 01-6640642 to book your place

May

Wednesday 7 - Friday 9
INMO annual delegate conference. Knightsbrook Hotel, Trim, Co Meath

Tuesday 12

Student Allocations Officers group meeting. INMO HQ from 12pm-3pm. Contact: jean@inmo.ie or Tel: 01 6640648 for further details

Friday 15

Irish Nurses Golf Society annual outing Tullamore Golf Club. Cost €50 includes coffee on arrival, golf and dinner. To book email: nursesouting2015@gmail.com or Tel: 0863950801. Alternatively, send your name, club and fee to Martina Taaffe, c/o Tullamore Golf Club, Tullamore, Co Offaly. Cheque, bank draft or postal order payable to 'Irish Nurses Golf Society'

Wednesday 20

OHN Section Conference. Maryborough House Hotel, Cork. Go to www.inmoprofessional.ie – sign in, and register for the conference to avail of a 10% discount. Alternatively, contact the INMO directly to book

Saturday 23

GP Practice Nurses Section meeting. INMO head office. 12.30pm-1.30pm

Saturday 23

Preparing for HIQA inspections within Practice Nurse Settings workshop €80 members; €140 non-members, INMO Professional Development Centre – book online www.inmoprofessional.ie or contact: jean@inmo.ie or Tel: 01 6640648 for further details

Monday 25

National Children's Nurses Section meeting. INMO HQ. Contact: jean@inmo.ie or Tel: 01 6640648 for further details

June

Saturday 6

CNM CMM Section meeting. 10am-1pm including national section meeting. Workshop on Risk Assessment

Wednesday 10

Assistant Directors Section meeting. 11am-1pm at INMO HQ. Contact: jean@inmo.ie or Tel: 01 6640648 for further details

Wednesday 10

RNID Section meeting. 11am -1pm INMO HQ. Contact: jean@inmo.ie or Tel: 01 6640648 for further details

Saturday 13

PHN Section meeting. INMO HQ 11am-1pm. Contact: jean@inmo.ie or Tel: 01 6640648 for further details

Class reunion

- ❖ Meath Hospital past nurses reunion will take place on Saturday, October 10 in the Double Tree by Hilton Hotel. Enquiries to Teresa Quinn Tel: 086 6098845



INMO Professional Development Centre Library Opening Hours

April
Monday-Thursday: 8.30am-5pm
Friday: 8.30am-4.30pm

For further information on the library and its services, please contact:
Tel: 01-6640-625/614
Fax: 01-01 661 0466
Email: library@inmo.ie

INMO Membership Fees 2015

A Registered nurse (Including temporary nurses in prolonged employment)	€299
B Short-time/Relief <i>This fee applies only to nurses who provide very short term relief duties (ie. holiday or sick duty relief)</i>	€228
C Private nursing homes	€228
D Affiliate members <i>Working (employed in universities & IT institutes)</i>	€116
E Associate members <i>Not working</i>	€75
F Retired associate members	€25
G Student nurse members	No Fee

Retired Nurses and Midwives Section

- ❖ The INMO Retired Nurses Section is organising a five-day McGinley Coach Tour holiday to Sligo. Members will be staying in the stunning four-star Glasshouse Hotel in Sligo Town for four nights from April 19
- ❖ Cost is €275pp sharing (€10 per night single supplement). Maximum of 15 single rooms available, so please book early if you require a single room
- ❖ Tour will depart from Parnell Square, Dublin at 11am on Sunday, April 19, returning Wednesday, April 22
- ❖ To book phone Annette McGinley Tel: 074 9135201

Media training

- ❖ The INMO's media department seeks to highlight issues on behalf of nurses, midwives and their patients. We endeavour to maintain a high profile in the media at local, national and international level.
- ❖ Our members are our best advocates for the professions and we offer free media training to all INMO members.



- ❖ If you are interested in becoming a media spokesperson for the Organisation, please contact Ann Keating, INMO media relations officer, at Tel: 087 7987948 or email: annkeating@inmo.ie

Class reunion

- ❖ St James's Hospital's class of 1975-1978 is planning a get together in Athlone in August. If you are interested in attending please contact Nuala at Tel: 0872563846 or email: ncmahon@gmail.com or Anna at Tel: 0876708422 or email: abowden599@gmail.com before April 17