€5.75 Vol 30 No 10 December 2022/January 2023

WIN

Journal of the Irish Nurses and Midwives Organisation

World of Irish Nursing & Midwifery

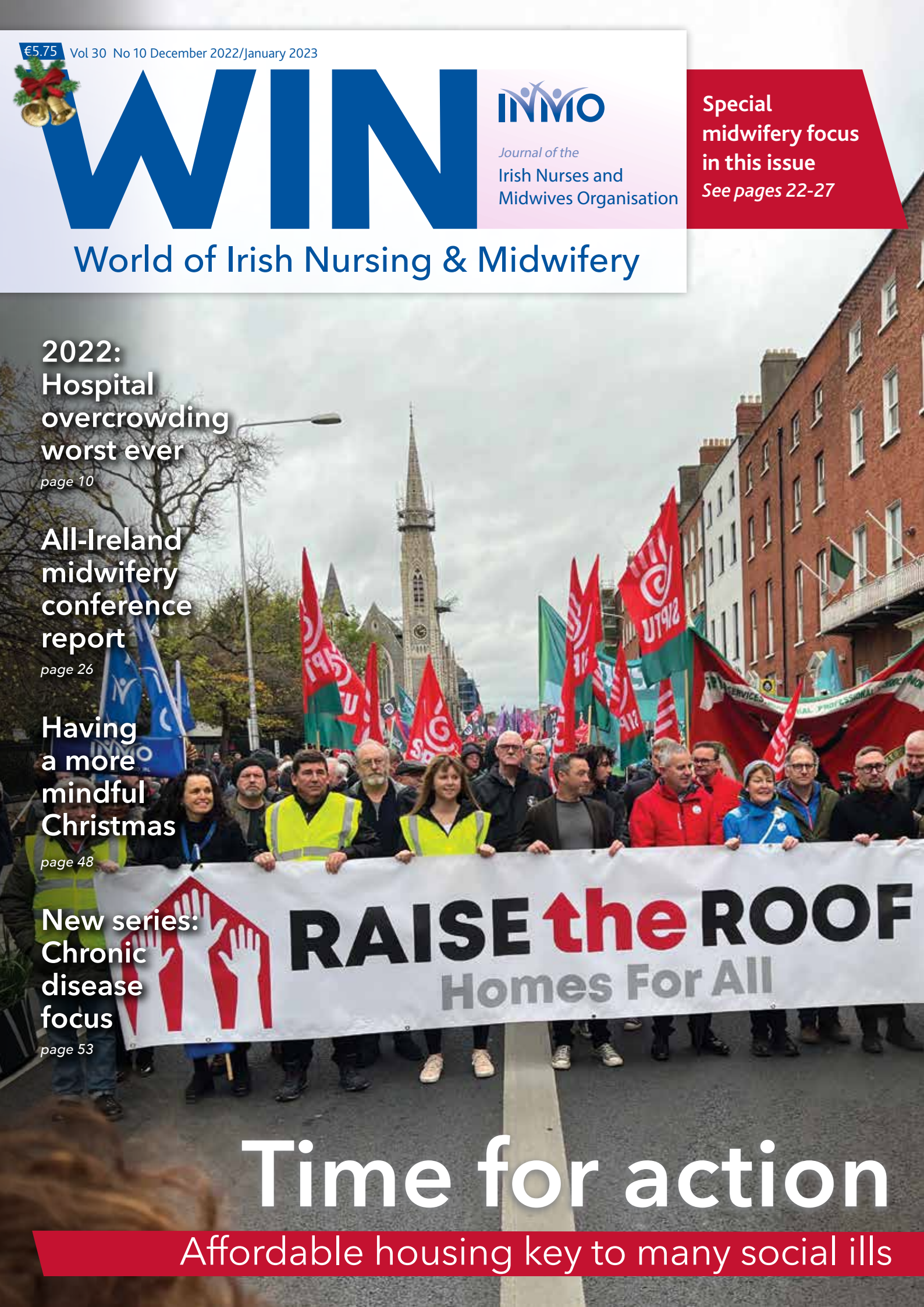
Special midwifery focus in this issue
See pages 22-27

2022: Hospital overcrowding worst ever
page 10

All-Ireland midwifery conference report
page 26

Having a more mindful Christmas
page 48

New series: Chronic disease focus
page 53



Time for action

Affordable housing key to many social ills

A direct way to treat MAC-PD[1,2]

ARIKAYCE® liposomal delivers amikacin to the site of infection within the lung macrophages

ARIKAYCE liposomal is indicated for the treatment of non-tuberculous mycobacterial (NTM) lung infections caused by Mycobacterium avium Complex (MAC) in adults with limited treatment options who do not have cystic fibrosis. ARIKAYCE liposomal treatment should be initiated and managed by physicians experienced in the treatment of non-tuberculous lung disease due to MAC. ARIKAYCE liposomal should be used in conjunction with other antibacterial agents active against MAC lung infections.

Recommended by Guidelines

In patients who have failed to achieve culture conversion after ≥6 months of oral GBT, it is a strong recommendation to add ARIKAYCE liposomal to the regimen[3†,*]. 3x more patients culture converted with ARIKAYCE liposomal + oral GBT than with oral GBT alone[4–6]

Durable Culture Conversion

Durable culture conversion in CONVERT at 3 months off treatment was achieved by 16.1% [36/224] vs. 0% [0/112]; p-value <0.0001 in Arikayce plus GBT arm vs GBT alone arm[5,6]

CONVERT Study: Safety Profile

Evaluated in >400 patients,[4,7] AEs were mostly respiratory in nature, 87.4% and 50.0% of patients in the ALIS plus GBT and GBT alone arms respectively[4]

ARIKAYCE LIPOSOMAL 590 MG NEBULISER DISPERSION (AMIKACIN SULFATE) - ABBREVIATED PRESCRIBING INFORMATION (API)

Prescribers are recommended to consult the summary of product characteristics before prescribing.

Presentations
Each vial contains amikacin sulfate equivalent to 590 mg amikacin in a liposomal formulation. The mean delivered dose per vial is approximately 312 mg of amikacin.

Indication
Arikayce liposomal is indicated for the treatment of non-tuberculous mycobacterial (NTM) lung infections caused by *Mycobacterium avium* complex (MAC) in adults with limited treatment options who do not have cystic fibrosis.
Consideration should be given to official guidance on the appropriate use of antibacterial agents.

Posology and method of administration
Arikayce liposomal treatment should be initiated and managed by physicians experienced in the treatment of non-tuberculous lung disease due to Mycobacterium avium complex.
Arikayce liposomal should be used in conjunction with other antibacterial agents active against *Mycobacterium avium complex* lung infections.
Arikayce liposomal recommended dosage: one vial (590 mg) administered once daily, by oral inhalation.
Duration of treatment: Treatment with Arikayce liposomal, as part of a combination antibacterial regimen, should be continued for 12 months after sputum culture conversion. Treatment should not continue beyond a maximum of 6 months if sputum culture conversion (SCC) has not been confirmed by then. The maximum duration of treatment should not exceed 18 months.
Hepatic/renal impairment: Arikayce liposomal has not been studied in patients with hepatic or renal impairment. No dose adjustments based on hepatic impairment are required since amikacin is not hepatically metabolised. Use is contraindicated in severe renal impairment.
Paediatrics: The safety and efficacy of Arikayce liposomal in paediatric patients below 18 years of age have not been established. No data are available.
Missed doses: If a daily dose of Arikayce liposomal is missed, the next dose should be administered the next day. A double dose should not be given to make up for the missed dose.
Method of administration: Arikayce lipsomal is for inhalation use only. Arikayce liposomal must only be used with the Lamira Nebuliser System (nebuliser handset, aerosol head and controller). It must not be administered by any other route or using any other type of inhalation delivery system.
Refer to full SmPC for full information on posology and administration.

Contraindications
- Hypersensitivity to active substance, to any aminoglycoside antibacterial agent, or any excipient.
- Hypersensitivity to soya.
- Co-administration with any aminoglycoside administered via any route of administration.
- Severe renal impairment.

Special warnings and precautions for use
Anaphylaxis and hypersensitivity reactions: Serious and potentially life-threatening hypersensitivity reactions, including anaphylaxis, have been reported in patients taking inhaled liposomal amikacin.
Allergic alveolitis: Allergic alveolitis and pneumonitis have been reported with the use of inhaled liposomal amikacin.
Bronchospasm: Bronchospasm has been reported with the use of inhaled liposomal amikacin.
Exacerbation of underlying pulmonary disease: In clinical trials, exacerbation of underlying pulmonary disease (chronic obstructive pulmonary disease, infective exacerbation of chronic obstructive pulmonary disease, infective exacerbation of bronchiectasis) was reported with a higher frequency in patients treated with inhaled liposomal amikacin.
Ototoxicity: In clinical trials, ototoxicity, (including deafness, dizziness, presyncope, tinnitus, and vertigo) was reported with a higher frequency in patients treated with inhaled liposomal amikacin.
Nephrotoxicity: Nephrotoxicity was reported in clinical trials in patients treated with inhaled liposomal amikacin. Renal function should be monitored periodically during treatment in all patients and frequent monitoring is advised in patients with pre-existing renal dysfunction.
Neuromuscular blockade: In clinical trials, neuromuscular disorders (reported as muscle weakness, neuropathy peripheral and balance disorder) have been reported with inhaled liposomal amikacin. Use of inhaled liposomal amikacin in patients with myasthenia gravis is not recommended.
Refer to full SmPC for further information on warnings and precautions.

Interaction with other medicinal products and other forms of interaction
No clinical drug interaction studies have been conducted with inhaled liposomal amikacin.
Co-administration of inhaled liposomal amikacin with any aminoglycoside administered by any route is contraindicated.
Co-administration with any other medicinal product affecting auditory function, vestibular function or renal function (including diuretics) is not recommended.
Concurrent and/or sequential use of inhaled liposomal amikacin is not recommended with other medicinal products with neurotoxic, nephrotoxic or ototoxic potential that can enhance aminoglycoside toxicity (e.g. diuretic compounds such as ethacrynic acid, furosemide or intravenous mannitol).
Refer to full SmPC for further information on interactions.

Fertility, pregnancy and lactation
Human data on use during pregnancy or lactation are not available. No fertility studies were conducted with inhaled liposomal amikacin.

Effects on ability to drive and use machines
Amikacin has minor influence on the ability to drive and use machines. The administration of inhaled liposomal amikacin can cause dizziness and other vestibular disturbances.

Undesirable effects
Very common adverse events: dysphonia, dyspnoea, cough, haemoptysis. Common adverse events: infective exacerbation of bronchiectasis, laryngitis, oral candidiasis, headache, dizziness, dysgeusia, aphonia, balance disorder, tinnitus, deafness, oropharyngeal pain, allergic alveolitis, chronic obstructive pulmonary disease, wheezing, productive cough, sputum increased, bronchospasm, pneumonitis, vocal cord inflammation, throat irritation, diarrhoea, nausea, vomiting, dry mouth, decrease of appetite, rash, pruritus, myalgia, arthralgia, renal impairment, fatigue, pyrexia, chest discomfort, weight decreased.
Refer to full SmPC for further information.

Overdose
Adverse reactions specifically associated with overdose of inhaled liposomal amikacin have not been identified in clinical trials. Overdose in subjects with pre-existing impaired renal function, deafness or vestibular disturbance, or impaired neuromuscular transmission may develop worsening of the pre-existing disorder.
Refer to full SmPC for further information on overdose.

Legal Category
Prescription only medicine.

Pack quantities and costs
Pack-size of 28 vials. The carton also contains the Lamira Nebuliser Handset and 4 aerosol heads. £9,513 per pack.

Marketing Authorisation Holder
Insmed Netherlands B.V.
Stadsplateau 7
3521 AZ Utrecht
Netherlands

Marketing Authorisation Number
PLGB 47434/0001 EU/1/20/1469/001

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in Google play or Apple App store. Adverse events should also be reported via safety@insmed.com Additonal information is available on request from medicalinformation@insmed.com

Date of last revision of the API text
March 2022 REF-4139

† ARIKAYCE liposomal is an add-on therapy to oral guideline-based therapy (GBT); failure on oral GBT is defined as failure to culture convert despite ≥6 months GBT with three oral antibiotics.

* In the CONVERT study in patients who failed to convert after ≥6 months oral GBT, 29.0% (65/224) patients on ARIKAYCE liposomal + oral GBT vs 8.9% (10/112) patients treated with oral GBT alone achieved culture conversion (P<0.0001).[5,6] Sustained culture conversion for those on ARIKAYCE liposomal + oral GBT was seen 18.3% (41/224) patients vs 2.7% (3/112) on oral GBT alone.[8] Durable conversion when all therapy was discontinued was observed after 3 months in 16.1% (36/224) ARIKAYCE liposomal + oral GBT patients vs 0% oral GBT alone.[5,6]

References: 1. Malinin V *et al. Antimicrob Agents Chemother* 2016;60:6540-49; **2.** Zhang J et al. Front Microbiol 2018;9:915; **3.** Daley CL et al. Eur Respir J 2020;56:2000535; **4.** Griffith DE et al. Am J Respir Crit Care Med 2018;198:1559-69; **5.** ARIKAYCE liposomal. EU Summary of Product Characteristics; October 2020; **6.** ARIKAYCE liposomal. GB Summary of Product Characteristics; January 2021. **7.** Olivier KN et al. Am J Respir Crit Care Med 2017; 195:814-23; **8.** Griffith DE et al. Chest 2021;160:831–842.

June 2022 | PP-ARIK-UK-00119

ARIKAYCE® LIPOSOMAL amikacin sulphate | 590mg nebuliser dispersion

insmed®

NEWS & VIEWS

FEATURES

CLINICAL

LIVING

JOBS & TRAINING

WIN – World of Irish Nursing & Midwifery is distributed by controlled circulation to **more than 40,000** members of the INMO. It is published monthly (10 issues a year) and is registered at the GPO as a periodical. Annual Subscription: €155 incl. postage paid. Editorial Statement: *WIN* is produced by professional medical journalists working closely with individual nurses, midwives and officers on behalf of the INMO. Acceptance of an advertisement or article does not imply endorsement by the publishers or the Organisation.

guaranteed irish™

Breastfeeding: The best start

Health benefits for infants

Breast milk is the ideal food for newborns and infants. It gives them all the nutrients they need for healthy development. It is safe and contains antibodies that help protect infants from common childhood illnesses such as diarrhoea and pneumonia, the two primary causes of child mortality worldwide. Breast milk is readily available and affordable, which helps to ensure that infants get adequate nutrition.

Long-term benefits for children

Beyond the immediate benefits for children, breastfeeding contributes to a lifetime of good health. Adolescents and adults who were breastfed as babies are less likely to be overweight or obese. They are less likely to develop type 2 diabetes and perform better in intelligence tests.

Benefits for mothers

Breastfeeding also benefits mothers. It reduces risks of breast and ovarian cancer later in life, helps women return to their pre-pregnancy weight faster, and lowers rates of obesity.

Support for mothers is essential

Breastfeeding has to be learned and many women encounter difficulties at the beginning. Nipple pain, and fear that there is not enough milk to sustain the baby are common. Health facilities that support breastfeeding – by making trained breastfeeding counsellors available to new mothers – encourage higher rates of breastfeeding. To provide this support and improve care for mothers and newborns, there are 'baby-friendly' facilities in about 152 countries thanks to the WHO-UNICEF Baby-friendly Hospital initiative.

Work and breastfeeding

Many mothers who return to work abandon breastfeeding partially or completely because they do not have sufficient time, or a place to breastfeed, express and store their milk. Mothers need a safe, clean and private place in or near their workplace to continue breastfeeding. Enabling conditions at work, such as paid maternity leave, part-time work arrangements, on-site crèches, facilities for expressing and storing breast milk, and breastfeeding breaks, can help.

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

The Irish Nurses and Midwives Organisation supports breastfeeding
For more information log onto www.breastfeeding.ie

WIN INMO Irish Nurses and Midwives Organisation
World of Irish Nursing & Midwifery

(ISSN: 2009-4264)
Volume 30 Number 10
December 2022/January 2023

WIN,
MedMedia Publications,
17 Adelaide Street,
Dun Laoghaire,
Co Dublin.
Website: www.medmedia.ie

medmedia publications

Editor Alison Moore
Email: alison.moore@medmedia.ie
Tel: 01 2710216

Production & news editor Tara Horan

Sub-editor Max Ryan

Designers Fiona Donohoe, Paula Quigley

Commercial director Leon Ellison
Email: leon.ellison@medmedia.ie
Tel: 01 2710218

Publisher Geraldine Meagan

WIN – World of Irish Nursing & Midwifery is published in conjunction with the Irish Nurses and Midwives Organisation by **MedMedia Group**, Specialists in Healthcare Publishing & Design.

INMO
Irish Nurses and Midwives Organisation

Editor-in-chief: Phil Ní Sheaghdha

INMO editorial board:
Karen McGowan
Mary Tully and Caroline Gourley

INMO editors:
Siobhán de Paor (siobhan.depaor@inmo.ie)
Freda Hughes (freda.hughes@inmo.ie)

INMO photographer: Lisa Moyles

INMO correspondence to:
Irish Nurses and Midwives Organisation,
Whitworth Building,
North Brunswick Street,
Dublin 7.
Tel: 01 664 0600
Fax: 01 661 0466

Email: inmo@inmo.ie
Website: www.inmo.ie

www.facebook.com/irishnursesandmidwivesorganisation

twitter.com/INMO_IRL

Housing is not a commodity

THE 'Raise the Roof' housing protest held in Dublin on November 26 was driven by a trade union-led campaign network, comprising civic society groups and political parties working for a radical change in housing policy to ensure the delivery of secure and affordable homes for all. *See page 9* for a report on the INMO's call for affordable housing for nurses and midwives.

This affects all of us, as it impacts our ability to achieve safe staffing levels so we cannot remain silent. The INMO will continue to lobby for support with the cost of accommodation for nurses in high-density locations, as per motions passed at our latest conference, while supporting the Raise the Roof campaign.

This affordability gap has grown over the past decade, with house prices rising by 77% while in the same period wages rose by just 23%. Property prices have increased in Dublin from four times the median income in 2013 to 11 times in 2022. Property prices in Wicklow are 10 times the median income, in Kildare nine times and in Cork eight times. In bordering counties house prices have increased by 23% in 2021, in the Southeast by 20%, in the Midlands by 17% and Southwest by 14%. This is a national problem and is directly affecting our ability to staff hospitals, retain staff and provide suitable accommodation when recruiting.

It is common for adult children to continue to live at home well into their 30s. Home ownership for this group has collapsed. There are now over 350,000 young adults aged between 20-35 living in this situation. The majority are well-educated and working but they cannot attain affordable living spaces. It is unsurprising that many in this cohort are now emigrating. In his book *Gaffs - Why No One Can Get a House,* Maynooth university assistant professor of social policy, Rory Hearne describes them as "the unseen generation in the housing crisis".

The Covid-19 Nursing Home Expert Panel noted the need to look at extra homecare support for our aging population. There is a need for an immediate government plan to build appropriate, self-care and supervised care-modified units with access to services so that older people can continue living in their communities in appropriate accommodation – these choices, if available, would free up family homes in some areas.

Treating housing as a human right rather than a commodity must become policy. That sounds like something everyone supports, but in reality it means that housing and the provision of housing could not be used to earn profit. The call from Raise the Roof is based on the need to change housing policy – to view housing and the right to a home as the human right it is, and not a vehicle to supply profit while our country has a homelessness crisis.

We cannot remain silent on this issue and call on members to support the Raise the Roof campaign to deliver a new policy on housing.

In this issue we also celebrate our midwifery members and shine a light on their phenomenal work nationwide *(pages 22-27)*.

Phil Ní Sheaghdha
General Secretary, INMO

Raise the Roof key measures

- Dramatically increase investment in housing in line with the ESRI call to double funding, with the State and local authorities embarking on an ambitious five-year programme to build up to 100,000 homes over that time span, with agreed numbers of public, affordable and cost rental units delivered annually
- Underpin the state-led housing programme with an explicit mandate and remit to deliver public and affordable homes with 'affordability' clearly defined and tied to income levels
- Guarantee in law that all public land will be retained in public ownership and used exclusively for public/affordable homes, with robust measures to tackle land hoarding and speculation
- Develop a secure tenancy model by introducing tenancies of indefinite duration, a ban on 'no fault evictions' and a rent freeze until a system of national rent regulation, with affordable rents linked to income levels, is established
- Hold a referendum to establish a 'right to housing' to ensure the State meets its obligations under the International Covenant on Economic, Social and Cultural Rights and the European Social Charter

Irish **Nurses** and **Midwives** Organisation
Working Together

Nurse and Midwife Representative Training 2023

Thank you

2022 has proved to be an extremely successful year for INMO Nurse and Midwife Representative Training and we would like to thank our Members for making this possible. By the end of 2022 the INMO will have trained in excess of 100 new representatives.

The aim of this training course is to provide members in the workplace with the knowledge, skills and confidence to represent and support members in the workplace. The Representative also acts as a liaison between the INMO Members, INMO Officials and INMO Head Office.

The course takes place over two days and there are agreements within the public health service for paid released time off to attend INMO Rep Training Courses.

The INMO also provides an Advanced Representative Training Course. This training is at advanced level, the requirement for attending the Advanced Representative Training is to have completed the Basic Representative Training and have been an active INMO Representative in the workplace for at least one year.

If you are interested in attending a Representative Training Course in 2023, please make contact with your INMO Official and they will issue you with a "Expression of Interest Form" to complete and return.

2023 DATES*		
February	**March**	**May**
7th & 8th Cork	1st & 2nd Dublin	24th & 25th Waterford
21st & 22nd Dublin	28th & 29th Galway	
27th & 28th Dublin (Advanced rep training course)		

June	**September**	**October**
13th & 14th Dublin	20th & 21st Dublin	3rd & 4th Cork
20th & 21st Midlands/Cavan	27th & 28th Sligo	12th & 13th Dublin
27th & 28th Limerick		

**Please note that the Dates and Locations are subject to change*

Contact your INMO Official

Dublin: 01 6640600, Cork: 021 4703000, Galway: 091 581818 and Limerick: 061 308999

A positive focus with the president

Karen McGowan, INMO president

Conference round-up

LAST month saw the return of the highly anticipated National Maternity conference. This was a joint conference with our colleagues from the RCM in Northern Ireland. It did not disappoint with a presentation from research midwife Jean Doherty on reducing burnout and compelling interactive sessions. Midwives really expressed their passion for the profession and had the opportunity to network which is so important. I also had the pleasure to attend the inaugural RCSI ANP/CNS Grand Rounds in Beaumont Hospital which had keynote speakers from the chief nurse Rachel Kenna and EFN president Elizabeth Adams on what was a very motivational day. Our Public Health Nurse Section also had its webinar with a fantastic line up of speakers with a real focus on wellbeing. The National Children's Nurses Section had its webinar, which was a learning opportunity for all, with some interesting views raised on the higher diploma in children's nursing.

ANP-led menopause clinic offers vital care

THIS month in *WIN* we are focusing on midwifery and women's health, so I am featuring menopause care. I spoke with advanced nurse practitioner (ANP) in general practice Catriona Keye and the sense of energy from talking to her was palpable.

ANP Catriona Keye pictured at the recent international conference on advanced practice held in UCD

Ms Keye has been in general practice as a nurse for number of years, initially as a practice nurse and now as an ANP. Her passion for women's health started a long time before we ever heard anything about menopause from Joe Duffy.

"There was a huge gap in the knowledge that was available to women and the symptoms we were seeing were related to menopause," Ms Keye told *WIN*. She said that she knew she would need to immerse herself in the course work and she signed up for many courses in menopause through the international Menopause Society and the British Menopause Society.

She then set up her ANP-led menopause clinic using the modified green scale to evaluate symptoms and quality of life of these patients. Patient scores were very high at the beginning, but once treatment was initiated they improved significantly.

"What drives me is the feedback from patients when they come back for review. This is life-changing care. Some women reported that they have a new lease of life and now feel like themselves again after starting on hormone replacement therapy (HRT). This interaction with women is so important and it changes how we provide care. The audit showed that there was an improvement in the quality of life on those attending the nurse-led clinic and when HRT was initiated," she said.

Ms Keye started off with a small clinic as a proof of concept and the clinic grew from there. Inclusion criteria was for all women over 40. They were seen initially, then followed up three months later and then again after six months. If there is a need to change treatment this will be done during this process. This dedicated menopause service is so necessary in the community and is one that needs to be implemented nationally in line with the new ambulatory gynaecology services.

Executive Council update

THE Executive Council met in person this November. As always there was a healthy debate on issues locally and nationally. We were lucky to have an address from the Nigerian ambassador to Ireland Ijeoma Chinonyerem Arimanwa Obiezu this month. It was positive to reaffirm our connections with our international nurses and midwives in this regard and we look forward to working together in the future.

Members of the Executive Council have been attending branch meetings as a result of a motion to conference to review the strike of 2019. The meetings are going well, and feedback is so important so we can learn from the experiences of our strike committees.

The Expert Review Implementation Group had its first meeting this month with a number of follow-up dates to ensure productivity. The structure of these meetings was welcomed by the Executive Council.

The launch of the 'Raise the Roof' campaign and protest march are timely as we are raising housing issues for our members. Housing is causing a huge stress for nurses and midwives. Being able to afford your own home is becoming unachievable in urban areas, which is where our acute hospitals are situated.

These themes are recurring at our monthly meetings as they are the most pressing of issues, alongside poor staffing levels and skill mix. Retention of our highly skilled nurses and midwives is a massive problem and one that was highlighted in ICN's Sustain and Retain report 2020. The Executive Council will continue to work hard on these issues.

On behalf of the Executive Council, I would like to take this opportunity to wish all our members a very happy Christmas and new year.

The next Executive Council meeting will be held December 12 and 13.

Get in touch

You can contact me at INMO HQ at Tel: 01 6640 600 or by email to: president@inmo.ie

Staffing – a multi-faceted problem

Directors of nursing and midwifery recently outlined the necessary steps to successfully recruit and retain nurses and midwives

IN A recent letter to Minister for Health Stephen Donnelly, INMO general secretary Phil Ní Sheaghdha outlined what directors of nursing and midwifery identify as what needs to be done to recruit and retain nurses.

The main issues of concern currently are the inability to provide safe care due to poor staffing levels and skill mix, and the difficulties in obtaining affordable and appropriate accommodation in rent-pressurised zones.

Following consultation with directors of nursing and midwifery members, the common themes they requested the INMO bring to the Minister's attention were as follows.

Accommodation shortage and expense

The lack of suitable available accommodation and the increasing price of same is having a hugely negative effect on the retention of nurses and midwives, not just in city areas but in rent pressure zones. Immediate provision must be made to allow these essential workers to live within a reasonable distance of their place of work *(see also page 9)*.

Reliance on overseas non-EU nursing and midwifery staff

Our reliance on non-EU nurses and midwives is increasing exponentially. The Department of Health recently issued a document setting out its support for ethical recruitment relating to recruitment from certain non-EU nations. Ireland's new entrants to the Nursing and Midwifery Register were recently set out in an NMBI report and confirms numbers of new registrants by country of origin as follows: India – 2,364, Philippines – 391, Zimbabwe – 132, Nigeria – 62 and Ghana 18. 1,555 new registrants were Irish. Therefore, we are becoming increasingly dependent on overseas-trained nurses and midwives. To comply with ethical recruitment requirements we must increase the intake to training places in Ireland. This pathway must provide a supply of nurses and midwives to factor in replacements for retirements and the development of new and expanding services. Conservatively we would need to double our annual intake to undergraduate places and incentivise those that are completing their training and to remain in Ireland for a period post-training.

There is also an urgent need to provide organised nationally funded social support and practical living supports to those we recruit from non-EU countries. Accommodation availability and rent costs are again a huge issue for these workers. In addition, they are reporting difficulties in registering with a GP for their own healthcare needs, as well as experiencing a lack of childcare. Clearly, these issues must be addressed as part of our recruitment prior to relocating these essential workers from their home countries.

Directors of nursing and midwifery also report an increase of recruitment of these nurses/midwives by recruiters in the US and Australia, particularly once they have completed some service in an Irish healthcare setting. We are not providing sufficient support to compete with these larger nations, and *de facto* becoming the target market as our social supports are not sufficient to retain these workers. Immediate corrective measures must be taken to prevent this revolving door approach to staffing our health services, which is time-consuming and expensive.

Development of community services – effect on staffing

There is constant recruitment from hospital services to services in the community but no increase to our undergraduate placements to accommodate the requirement for backfill. There is an immediate need to increase the availability of student nurse placements in the public sector and to review undergraduate training as a priority as part of the Expert Review Group on Nursing and Midwifery.

As stated above, conservatively we need to double our annual intake to undergraduate places. We have one major advantage in that there is a high interest at CAO level for these courses therefore additional places must be provided which in turn will reduce the 'points' for entry.

A pathway for healthcare assistants and other support staff to train as nurses/midwives must be developed and supported as well as pathways for those who have completed pre-nursing education. It is nonsensical to cap places to these groups who wish to train as nurses and midwives.

Hospital-centred care delivery model

Directors of nursing and midwifery are concerned about the over-reliance on the hospital-centred care delivery model that continues to exist, and the slow progress of development of hospital avoidance measures in both general and maternity services, which adds to the pressure on the already overstretched hospital system.

Recruitment and retention supports

Directors of nursing and midwifery emphasised there must be additional support for their roles when seeking to retain and recruit nursing and midwifery staff. This must include the provision of subsidised accommodation and clinical practice supports, particularly nationally funded clinical facilitation for newly qualified and internationally recruited nurses and midwives. These are basic requirements and must not be subjected to annual budgetary policy.

Working environment

Currently the working environments that face nursing and midwifery staff are such that they directly impact on the ability to recruit and retain these essential workers in addition to matters already set out those at work are exposed to:

- Unprecedented levels of hospital overcrowding
- High levels of exhaustion and burnout in their professions
- Increasingly dangerous working environments with 11 assaults a day recorded against nursing and midwifery staff
- Continuing post-Covid illnesses (long Covid) for many.

Ms Ní Sheaghdha concluded: "We believe that to describe this as a crisis point is an understatement and that immediate emergency interventions must be taken." She called for an urgent meeting with the Minister and the Department of Health, and advised that the INMO was also requesting meetings with the leaders of opposition political parties.

At the 'Raise the Roof' rally, seeking homes for all, on Saturday, November 26, 2022, were:
INMO general secretary Phil Ní Sheaghdha addressing the rally; (right, top, l-r) INMO members Anita Roddy, Luz Balfe and Eilish Fitzgerald, INMO PHN Section; and (right, inset) Emma Dikome from St Vincent's University Hospital

Affordable accommodation key to retaining nurses and midwives

AFFORDABLE housing in large cities and towns is the key to retaining nurses and midwives in this country, the INMO has said.

As a result of a motion passed at the INMO annual delegate conference in May, the INMO has called on the government to provide subsidised accommodation in large urban areas for nurses and midwives and to explore affordable and available housing models linked to our profession.

INMO members took part in the ICTU national 'Rally for Housing' in Dublin on Saturday, November 26, ensuring that the voice of nurses and midwives was heard in demanding real change on housing policy in Ireland.

INMO general secretary Phil Ní Sheaghdha recently outlined the extent of the problem affecting nurses and midwives in a letter to Minister for Housing Darragh O'Brien. She said the problem is such that in one large Dublin teaching hospital, only 43% of the most recent graduating class are remaining in the hospital, largely because they cannot afford to live close enough to work.

In addition, nurses and midwives being recruited from abroad are advising the INMO that they are not prepared in advance for the lack of suitable affordable accommodation. For example, two Indian nurses recently recruited to a Dublin teaching hospital advised that they were placed in accommodation in Straffan, Co Kildare for the first 28 days of orientation, where they were without public transport links while rosters commenced at 7.30am.

The INMO said this could be simply remedied if the government invested in a capital plan to build and subsidise city centre accommodation for essential workers. This is a feature of recruitment and retention of nurses and midwives in most big cities in the UK, the US and Australia – which are the main countries recruiting nurses/midwives from Ireland.

Ms Ní Sheaghdha said: "The recent **Daft.ie** report into the state of the rental market in Ireland made for grim reading but is a reflection of what many nurses and midwives are experiencing in larger cities and towns. The lack of suitable available accommodation and increasing rents is having a hugely negative impact on our ability to retain nurses and midwives, not just in Dublin but in other cities and towns where there is significant pressure on the rental market.

"Affordable accommodation in close proximity to healthcare settings should not be a pipe dream for nurses and midwives who work long hours. Immediate provision and supports must be made to allow these essential workers to live within a reasonable distance of their place of work.

"Provision of housing assistance, subsidisation and zoned areas must be included in any planning for hospital builds, such as the new National Children's Hospital or the proposed new elective hospital in Cork City.

"Nursing and midwifery managers are now advising that all cities and big towns are affected. The current model of recruiting is not sufficient and is costly and time-consuming, and is undermined due to the inability to retain the same essential grades due to lack of available accommodation and extraordinarily high costs of accommodation when sourced.

"As we enter a winter of many unknowns for our health service, where the recruitment and retention of our nursing and midwifery workforce is going to be challenging, the availability of affordable housing is now key. We know in one large Dublin teaching hospital, only 43% of the most recent graduating class are remaining in the hospital, with the lack of affordable housing being a major factor in nurses not choosing to work in that hospital.

"Nurses and midwives earn modest incomes and if we want to have some hope of ensuring that hospitals in Dublin and other large urban areas such as Cork, Limerick, and Galway have safe staffing levels, we must ensure that there are homes that nurses and midwives can afford to live in."

Trolley numbers exceed 100,000 mark earlier than in any other year

THE number of admitted patients forced to go without beds in Irish hospitals this year surpassed 100,000 by November 8 – the earliest in any given year that trolley numbers have reached this "unacceptable level".

As we went to press the total numbers for November 2022 emerged and revealed that this was the worst November on record for hospital overcrowding. A total of 12,624 admitted patients went without beds in Irish hospitals during the month. Over 563 admitted children were on trolleys during November.

The five worst-hit hospitals so far this year were:

- University Hospital Limerick – 15,322 patients on trolleys in the year until November 8
- Cork University Hospital – 10,107
- Sligo University Hospital – 6,919
- St Vincent's University Hospital – 6,359
- Letterkenny University Hospital – 5,366.

The INMO has called for a four-pronged approach to tackle overcrowding and the recruitment and retention crisis, which is set out in the *panel above*.

Four steps to tackle overcrowding and the recruitment and retention crisis

- Cancellation of non-urgent elective care in public hospitals and use of private hospitals for this work
- Introduction of retention measures including provision of accommodation for essential workers such as nurses and midwives particularly in rent pressure zones
- Legislation to underpin the implementation of the safe staffing and skill mix framework
- Prioritisation of funding for publicly delivered long-term care in the community

INMO general secretary Phil Ní Sheaghdha said: "This was the earliest in any given year that trolley figures reached this unacceptable level. And now we have seen yet another chaotic month in Irish hospitals – there were only two days in November where there was less than 500 people admitted to hospital without an inpatient bed. For the first time we have had over 563 children in a month admitted without a bed in our hospitals. This cannot continue.

"It is not good enough that nurses and the patients they are trying to provide safe care to are expected to accept this as normal. Senior figures in the health service have warned the Irish public that waiting over 24 hours to be admitted to hospital is the new normal. In no other country would this level of indignity be accepted.

"Behind the trolley figures that the INMO publishes every day are vulnerable patients trapped in undignified and unsafe conditions. Our members are working incredibly hard, it is clear that our public health service can no longer provide both emergency care and elective care. To that end we are calling for all non-urgent elective care in public hospitals to be curtailed. Private hospitals must be now brought on the pitch to provide elective care until the end of March 2023 at the very least.

"Many nurses and midwives are signalling their intention to leave the profession or go abroad to work in safer conditions. Directors of nursing and midwifery in hospitals are telling us how incredibly difficult it is to recruit but also retain staff, particularly in large hospitals. We are now calling on the government to deal with this unsafe, unacceptable and inhumane situation.

"While it is welcome that safe staffing is prioritised in the HSE winter plan, we know that in many hospitals safe staffing is not being met. A number of hospitals around the country have insufficient rosters and inappropriate skill mix to provide safe care. We do not need more pronouncements of increasing bed capacity, which is meaningless without the staff to ensure that beds can be opened safely. The Department of Health and the HSE cannot afford to be passive. Between overcrowding and retention of nurses, the situation is worsening every day. Every possible measure that can be taken must be taken."

Unions call out delay in pay increases to HCWs

THE INMO, alongside other unions, has called on the HSE to ensure that pay increases agreed under the Building Momentum review are implemented immediately. The ICTU Group of Healthcare Trade Unions has said that any further delay to implementing cost-of-living related pay increases to healthcare workers (HCWs) is unacceptable.

HCWs had been left guessing about when they would receive the agreed increases, despite other members of the public sector having received theirs. The unions called on the HSE to make available funding to voluntary hospitals and organisations to ensure funding is released to them, as they said they couldn't pay increases until they received this funding.

"INMO members were incensed that they would not receive the terms of Building Momentum which was agreed between unions and the government in October as a response to the cost-of-living crisis," said INMO director of industrial relations Albert Murphy. "It is particularly galling this is the case given that HCWs worked through the pandemic to keep the country safe and other public servants have received their money while nurses, midwives and other HCWs are being made wait."

The HSE had advised at the interim National Joint Council meeting that it expected the Building Momentum payment of 3.28% would be applied in November 2022. At a further meeting between the HSE and unions on November 25 it was confirmed that the system will automatically apply new rates (sectoral bargaining increase and 3% increase on Feb 2, 2023) and will calculate arrears to basic and premia pay when the rates are updated in December for the following areas: East, South East, South, Mid-West, Midlands and North West.

Due to constraints the HSE is manually applying new rates and arrears to two areas – the West and North East for basic pay only in December. The INMO has been informed that the system will be updated automatically in January with any additional arrears due.

INMO director of industrial relations **Albert Murphy** updates members on current national issues

Talks continue on public health nursing

THERE have been a number of engagements in relation to public health nursing matters between the INMO and senior HSE managers in the community.

The INMO has agreed to a 'working group' that will streamline forms and processes which are under the control of public health nursing in order that this will reduce pressure on public health nurses.

In addition, it has been agreed that there will be separate discussion in relation to the issue of a number of other quality improvement developments and PHN staffing, which will take place on November 16, 2022.

National Investigations Unit reforms

A MEETING took place between the HSE and the unions regarding the National Investigations Unit. Under the reform proposals a new panel of 14 investigators will be selected through a panel of trade union nominees.

An adjournment was sought by trade unions to consider proposals made by management

Prior to this, management accepted objections from the INMO, Fórsa and the PNA regarding the proposal for single person investigations with the provision for expertise as required.

The INMO stated that where there is a clinical or Trust in Care issue, it is important that either the individual carrying out the investigation is from the relevant discipline or that an expert will be co-opted on to the investigation team. Management agreed to a revision of the wording on this matter.

Section 38 status good for hospice staff

FOLLOWING an announcement by the Tánaiste on October 6, 2022 and a subsequent debate in the Dáil, the government had announced a decision to reclassify four hospices from Section 39 entities (where the state partially funds the body) to Section 38 organisations, which reclassifies employees as public servants.

This brings the four hospices (Milford Care Centre in Limerick, Galway Hospice, Marymount Care Centre in Cork and St Francis Hospice in Dublin) under the financial control of the state.

It means that pay rates in these organisations will be restored and the pay link with the HSE will be secured going into the future. This is a very positive development following significant pressure from the ICTU.

The unions have written to the Department of Health seeking engagement on this matter.

INMO working to ensure health and safety issues progress nationally

THE INMO has set up a Health and Safety Committee to develop and support officials in health and safety matters, and to engage on a quarterly basis with the HSE National Employee Relations Services.

The INMO Health and Safety Committee includes: Albert Murphy, director of IR; Lorraine Monaghan, head of information; Mary Fogarty and Maeve Brehony, assistant directors of IR; and Karen Eccles, national health and safety representative.

The Health and Safety Authority attended a Health and Safety Committee meeting on October 20, 2022 and advised that in its 2022/2024 strategy it will prioritise and promote all aspects of the role of safety representatives and increase the provision of necessary supports and advice.

Meanwhile, as part of the WHO Healthy Workplace Framework, Mary Fogarty, INMO ADIR, has been elected by ICTU to sit on the National Implementation Committee and an invitation has been extended to her to attend the ICTU Health and Safety Committee on December 1, 2022.

Pandemic bonus appeals board

TWO meetings of the appeals board overseeing claims in relation to pandemic recognition payment took place in November and a process has been put in place to streamline the 3,400 appeals which have been lodged under the original HSE Circular. The appeals board is chaired by Caroline Jenkinson, former deputy chairperson of the Labour Court, and has equal representation from management and union sides. All cases will be reviewed and a decision made as to whether the appeal will be allowed or disallowed.

Long Covid – an occupational injury

A claim for long Covid to be treated as an occupational injury, similar to the Occupational Injuries Scheme has been referred to the Workplace Relations Commission. This matter was first referred to the Public Services Advisory Group (PSAG) which met in October 2022. The PSAG did not consider this a Public Service Agreement matter and therefore it has now been referred to the WRC in the normal manner and a hearing date is awaited.

Superannuation buy back claim

THIS issue of superannuation buy back was also referred to the PSAG and correspondence was issued to the Labour Court in relation to aspects of this claim. The Labour Court had initially ruled this matter out of order as a cost-increasing claim. However, it has agreed to the matter being raised again at the PSAG and the unions are seeking a recommendation that the claim would be re-heard on its merits rather than on the cost-increasing argument.

CHI EDs in crisis with children being forced to endure unsafe conditions

THE INMO is representing members across the Children's Health Ireland (CHI) sites in respect of inadequate and unsafe nurse staffing levels and a significant increase in the number of admitted children being 'housed' in emergency departments.

INMO members in CHI, Temple Street ED have experienced deficits in nurse staffing in the region of 45%, which significantly challenges them in their efforts to provide safe effective care. The CNM3 and CNM2 positions at the hospital remain vacant, which is a further indication of the seriousness of the staffing crisis and diminished managerial support within the department.

Members report a significant increase in verbal abuse which appears to be exacerbated by long wait times and overcrowding in the ED. The INMO continues to advocate for members with regard to the ongoing hazardous conditions in the ED. However, members are very frustrated at management's inadequate response to this crisis to date.

INMO members in CHI, Crumlin have experienced the highest numbers of admitted children housed and cared for across EDs. Last week Crumlin ED experienced the deplorable scenario of having to run an extremely busy ED in tandem with 21 admitted children in the department with minimal staffing numbers.

Similarly, members in CHI, Tallaght have had significant issues with unsafe levels of admitted children being lodged in the ED without any additional staffing.

In addition, Connolly ED members have faced attendance volumes that are almost double the attendances seen in other EDs and these are seen in a shorter period of time as this ED is not open 24/7.

INMO IRE Bernie Stenson: *"The INMO has raised the key concerns of recruitment, retention and capacity across all CHI sites"*

The challenges that are faced by our members across the CHI sites are negatively impacting on their health and wellbeing as well as being unsafe and unacceptable for both the staff and children alike. The admitted number of children across the CHI sites reached 50 on one day in November, resulting in minors being cared for on corridors and in chairs while awaiting a bed. A lack of space to examine and care for children and for resuscitation has had a significant impact on INMO members. Burnout, frustration and grave concern for safe delivery of care are common issues across the CHI sites.

The INMO is continuously representing members' concerns and engaging at local level across the sites. The union has raised the key concerns of recruitment, retention and capacity, which require an immediate response and robust planning to alleviate this crisis. It has also raised concerns relating to the safety, welfare and health of members as well as burnout and exhaustion, in tandem with concerns about the conditions that admitted children now endure across all CHI sites.

– Bernie Stenson, IRO

Talks ongoing on Blackrock Clinic pension changes

THE INMO is currently representing members in Blackrock Clinic due to proposed changes to their pension.

Management proposed changing the 'defined benefit' pension to a 'defined contribution' pension without appropriate engagement with the members of the scheme and their representatives. Management said it was implementing the change and gave staff notice of a date of implementation.

While new staff to Blackrock Clinic are entered into the defined contribution scheme, this change affects members who are currently members of the defined benefit scheme.

Defined benefit schemes provide a set level of pension at retirement, with the amount depending on a person's service and earnings at retirement or in the years immediately preceding retirement. A defined contribution scheme on the other hand is where an employee's own contributions and their employer's contributions are both invested, and the proceeds are used to buy a pension and/or other benefits at retirement.

Following INMO intervention, the date for the proposed change to the pension scheme was deferred. The union is continuing to engage with management on the effect of the proposed changes on members.

– Bernie Stenson, IRO

SVUH grappling with staff retention issues

STAFFING, skill-mix and capacity have continued to be at the forefront of the INMO's engagement with management in St Vincent's University Hospital (SVUH). Our members have voiced grave concerns relating to severe staffing issues and skill mix, which is dangerous and unsustainable especially during the winter surge months.

The INMO strongly advocated for the implementation of the Safe Staffing Framework on the hospital wards. To date 19 wards have been calculated, which has resulted in an uplift of 130 whole time equivalent (WTE) nursing posts. Under phase two of the Safe Staffing Framework, the emergency department at SVUH will receive an uplift of 30 WTE nursing posts.

The INMO continues to engage with SVUH management on skill-mix, recruitment and retention of existing staff. While active recruitment continues, retention is a key factor in the ongoing staffing crisis.

– Bernie Stenson, IRO

Progress on staff deficits at UMHL

Management confirms new appointments with more to come

FURTHER to midwives raising concerns on the closure of a maternity ward at University Maternity Hospital Limerick (UMHL) due to severe midwifery deficits, the INMO was advised at a recent meeting of some progress to fill the shortfall.

The INMO was advised that the permanent vacancies, previously 27 whole time equivalent (WTE) posts, had reduced to 16.7, while the previous 45 WTE temporary vacancies, had reduced to 38.

Management also confirmed that an additional 10 midwifery positions are in the process of being filled, with an ongoing plan to recruit overseas nurses for the neonatal unit and theatres.

Three new clinical skills facilitator posts have been approved and there are plans to recruit midwives from Ghana in spring 2023, with eight initial posts proposed.

Management further advised of 19 intern students shortly attending the hospital and that 23 direct-entry student midwives commenced this September. A further meeting with management is scheduled for January 2023 on this matter.

– Mary Fogarty, INMO assistant director of IR

Nurse vacancies giving rise to unsafe conditions in St James's ED and on wards

INADEQUATE and unsafe staffing levels and the increasing number of 'admitted patients' being accommodated in the emergency department are major concerns for INMO members working in St James's Hospital ED.

Members report a significant increase in attendance in the department which is often compounded by patients being diverted from outpatients in the evenings and being admitted to ED when no other beds are available in the hospital. These patients are often boarded in the ED overnight and into the following day. This is in addition to patients admitted through the ED pathway who also must remain in the department due to lack of bed capacity on the wards.

Mary Rose Carroll, INMO assistant director of IR: "Many nurses report significant levels of anxiety while on duty and when contemplating coming to work

Members are often required to care for up to 43 admitted patients in addition to their usual ED workload.

The INMO continues to advocate on behalf of these members.

Bennett Ward

Meanwhile, the INMO is also representing members on Bennett Ward at St James's Hospital, over the current nurse vacancies.

Nurses are being hampered in their efforts to provide safe care, with Trendcare data showing a deficit of 48-60 nursing hours for each long day shift.

Many nurses on this ward are newly qualified and are struggling to continue. They report significant levels of anxiety while on duty and when contemplating coming to work.

Endoscopy unit

The INMO is also representing members in St James's endoscopy unit, who sought assistance with regard to rostering issues and overbooking of the endoscopy lists. We continue to engage on this matter.

The INMO wishes to encourage all members in St James's to contact the union if they require advice or assistance, either individually or collectively.

– Mary Rose Carroll, INMO assistant director of IR

Joe Hoolan, INMO professional and regulatory services officer

Joe Hoolan joins INMO professional and regulatory services team

THE INMO has appointed Joe Hoolan to the role of professional and regulatory services officer. Mr Hoolan and David Miskell have taken over the regulatory services function from Edward Mathews who is now INMO deputy general secretary.

Mr Hoolan has worked as a full-time industrial relations officer (IRO) with the INMO for many years and moved to his new role on November 1, 2022. He will represent members who may be referred to the NMBI Fitness to Practise Committee at the Preliminary Proceedings Committee stage.

In addition, Mr Hoolan will also represent directors and assistant directors of nursing and midwifery on workplace-related matters. His role will also involve representation of members on a wide range of professional matters affecting the nursing and midwifery professions.

Grainne Walsh has taken over from Mr Hoolan as an IRO in the Dublin/Mid-Leinster region.

Update

Infection control post aligned

FOLLOWING representation by the INMO within HSE South/South-West Region, the INMO secured alignment of a key ADON post in infection control to that of similar posts across the region and nationally.

Representing our members' interests in this work location and potential candidates, the role will now be solely focused on infection prevention and control (IPC) and the management of the IPC team on this site.

– Liam Conway, IRO

Ballot for industrial action at Mercy

FOLLOWING a longstanding dispute between INMO members and Mercy University Hospital in relation to ongoing and future remuneration, including certain related superannuation matters of senior nurse managers, notice of the commencement of a ballot for industrial action has been served. The outcome of the ballot was due as we went to press at the end of November.

Temporary ED in Galway

A further conciliation conference took place regarding the temporary emergency department at Galway University Hospital, in which approvals which were secured under the WRC process.

A further review of this agreement is due to take place in early December 2022.

Members prepare for strike action over Clifden failures

MEMBERS of the INMO and SIPTU are preparing to ballot for industrial action due to the failure of the HSE in St Anne's CNU and Clifden District Hospital, Galway, to engage with the unions under the auspices of the Workplace Relations Commission. This follows the unilateral imposition of rosters and failure to be transparent about the future of Clifden District Hospital.

Conciliation talks at the WRC on November 24 failed to progress due to management's refusal to comply with the provisions of the Public Service Agreement as it pertains to roster changes and service reconfiguration at Clifden District Hospital.

"It is the belief of our members that management has orchestrated a situation whereby there is a critical shortage of nurses leading to an inability to maintain services on both sites. The blatant lack of workforce planning has resulted in this situation occurring," said INMO IRO Anne Burke.

Management proceeded to unilaterally impose rosters and have failed to provide any cogent information regarding the future of Clifden District Hospital.

A prior emergency conciliation conference took place on October 27 due to a press release issued by the HSE to the effect that Clifden District Hospital was closing down. At that conference the HSE said that was not the case and that a new unit would be developed on the site, which would take a number of years to complete.

Staff and the community are extremely concerned about the future of Clifden District Hospital.

Nurse faces unfair barrier to career progression after 17 years in Ireland

RECENT representation by the INMO on behalf of a member demonstrated how international nurses and midwives working in Ireland can face unfair barriers to their career progression.

This case involved a member who applied for a PHN sponsorship course but was refused on the grounds that she did not include her International English Language Test Score (IELTS) in her application. While English was not the member's first language, she is an Irish citizen and had worked in Ireland for 17 years.

The PHN sponsorship application form does specify that IELTS competency in the last three years is required. Prior to contacting the INMO, the member questioned the validity of this and appealed to the PHN sponsorship programme and the nursing department in UCC, but appeals were denied.

The reason given by HSE HR National Recruitment Services (NRS) was that the HEI academic criteria set by the colleges related to evidence of English language 'ability' was not met. However, this member had previously undertaken a level nine postgraduate programme in the same college where IELTS was not requested.

While assisting the member with this issue, with the help of INMO head of education Steve Pitman, it was clear that NMBI requirements for registration are generally higher than UCC requirements. This raised the question as to why there are any English language requirements for HEI nursing and midwifery courses for nurses and midwives already registered with the NMBI. This point is even more relevant for courses funded or sponsored by the HSE.

"It would appear that the application process from both UCC and the HSE NRS is not equitable for nurses and midwives whose first or native language is not English. This is regardless of whether they have met the NMBI English language competence, have practised in Ireland (or another English speaking country) or have completed a degree or postgraduate course in English. It is important that the current application process for the postgraduate PHN programme is reviewed and changes made that do not penalise and create barriers for international nurses and midwives working in Ireland," said INMO IRE Kathryn Courtney.

The member clearly met the requirements set out as part of the UCC Postgraduate English Language requirements being an Irish citizen (majority English speaking country), holds a level 9 qualification from university, had met NMBI English language requirements for registration and had worked in Ireland for 17 years.

The INMO appealed her case to UCC and the PHN sponsorship programme. The member was successful at interview after INMO intervention and is currently undertaking the PHN sponsorship programme in UCC.

ED forums tackle challenging issues

DUE to sustained pressures in the emergency department at Mercy University Hospital (MUH) caused by hospital overcrowding, the INMO has been actively involved in representations to hospital management and the South/Southwest Hospital Group.

The INMO ED forum, which meets bi-monthly, has provided an industrial relations platform for the INMO and hospital management to raise and address issues of concern for INMO members.

As we went to press, MUH was planning to open 30 additional beds, which it is hoped will alleviate overcrowding pressures. INMO members will continue to monitor existing conditions and challenges in the coming weeks.

Meanwhile, the EDs at both MUH and University Hospital Kerry (UHK) are beginning work on implementing the ED Safe Staffing Framework.

INMO IRO Liam Conway, said: "This is welcome as a significant positive development for our members in Cork and Kerry. The framework will ensure that going forward these departments, which have faced significant challenges in recent times, will have the necessary staffing levels based on the framework. The ceiling of staffing levels looks set to rise on both sites, most significantly in UHK.

"These developments build on progressive work done through extensive engagements via the ED forums throughout 2022. It must be noted that without the engagements and positive developments in 2022 from good industrial relations, both sites would face a greater challenge in implementing the framework in 2023."

The initial phase will begin with data collection and the formation of local implementation groups of which the INMO will be a member.

INMO Executive welcomes Nigerian ambassador

NIGERIAN Ambassador to Ireland, Ijeoma Obiezu, met with INMO Executive Council members at their monthly meeting at INMO headquarters in Dublin recently.

The INMO has a growing and thriving International Nurses Section which supports the integration of nurses and midwives from across the world into the Irish health service.

The Irish health service's reliance on non-EU nurses and midwives is increasing exponentially. There are currently 680 registered nurses and midwives from Nigeria, and over 1,477 nurses and midwives from the African continent working in Irish healthcare facilities.

(l-r): INMO members Adedayo Fadairo, Elizabeth Adenola, Ibukun Oyedele; Nigerian Ambassador Ijeoma Obiezu; members Toyosi Atoyebi, Mosun Olaosebikan and Grace Oduwole; and Mary Tully, INMO vice president

INMO vice president Mary Tully told to the ambassador: "We are very grateful to have so many international nurses and midwives working in our health service. We want to continue to grow links with the Nigerian community here in Ireland and be supportive of nurses and midwives who choose to make Ireland their home and contribute so much to our overburdened health service. As a trade union and professional organisation we take our role as a community support network extremely seriously, particularly for nurses and midwives who have just arrived on Irish shores.

"On behalf of our Executive Council and our International Nurses Section I am delighted to welcome you here to speak with us on how we can grow the bond and links between nurses and midwives from our two nations."

The INMO International Nurses Section facilitates the social, cultural and political integration of nurses and midwives from across the world into all levels of the Irish health service.

Red-circled contracts honoured

A COMPLICATED appeals process on behalf of two members working for BreastCheck in Cork has resulted in a satisfactory outcome.

The members in question had red-circled full-time contracts of 35 hours per week, since subsumption into the HSE in 2010. However the members were working reduced hours/taking annual leave. Following the increase in hours under Haddington Road in 2013, members' full-time hours were increased to 37 hours a week.

Both members availed of the hours reduction with corresponding pay alteration when offered in 2018 but their full-time hours remained at 37 hours a week. With the reversal of the Haddington Road hours in July 2022, HSE National HR advised that despite the red-circled contracts a "minimum of 37.5 hours per week for nursing staff" must be worked. Our members were informed that the whole time equivalent (WTE) for their role would remain at 37 hours per week.

Subsequent to advice and guidance from the INMO and appeals to National HR, both members have retained their WTE at 35 hours a week. The two members also received retrospection for incorrect pay related to WTE divisor.

This was an excellent outcome for the members from a process complicated by the red-circled arrangement, reduced hours and parental leave.

– Kathryn Courtney, IRE

Know your payslip

THE INMO was contacted by members in CHO3 with queries on their HSE payslip. All members are reminded to check their payslip to ensure their details are correct as errors can be made. All members are asked to ensure the following: correct increment point on scale; correct salary based on the hours of work; increment date; and hourly rate. The INMO has arranged a payslip information session in one service in CHO3, which can be rolled out to your workplace.

– Karen Liston, INMO IRE

INMO deputy general secretary **Edward Mathews** rounds up

Climate change, nursing and health

WHILE welcoming the decision by leaders at COP27 to set up a fund to alleviate the damage caused by climate change in the most affected countries, the International Council of Nurses (ICN) also said that COP27 missed the opportunity to take the necessary urgent action to reduce emissions.

ICN president Pamela Cipriano underlined that climate change is a significant driver of inequalities in health that mean billions of people are unable to access essential healthcare. She addressed the decision to set up a loss and damage fund for vulnerable countries as welcome, but said it was extremely disappointing that COP27 delegates, which included many heads of state, did not take the urgent action needed to bring the planet back from the brink of a global humanitarian catastrophe.

She stressed that nurses everywhere are witnessing the health effects of climate change every day and the ICN, on behalf of the world's 28 million nurses, is appealing to policymakers to act now. Many argue it may already be too late to reverse the devastating effects of global environmental change, and the world can ill afford to kick the can down the road to COP28.

The ICN believes that the nursing profession has a duty to contribute to climate change adaptation and mitigation, to the reduction in greenhouse gas emissions, to protecting health and wellbeing, and promoting social justice. The ICN position statement on *Nurses, climate change and health* lays out a strong commitment to climate action from the ICN, its member national nurses associations (which includes the INMO) and nurses in general.

The ICN is a member of the Global Climate and Health Alliance (GCHA), an organisation that seeks to tackle human-induced climate change and to protect and promote public health. It is proactive on a variety of climate projects throughout the year.

ICN nursing and health policy analyst Dr Gill Adynski sits on a GCHA working group which seeks to move the climate and health agenda forward within the World Health Organization and the United Nations. The ICN has also recently signed the petition calling for a treaty on fossil fuel non-proliferation, to end the expansion of fossil fuel use and the management of the global transition away from the use of coal, oil and gas.

Nurses at COP27

Dr Katie Huffling, a member of the ICN Nurse Practitioner/Advanced Practice Network and executive director of the Alliance of Nurses for Healthy Environments, which the INMO supports, attended COP27.

Dr Huffling said it was vitally important for nurses to be at COP27. "It is far too easy for the work of nurses to be unacknowledged. Throughout our history we have been innovators in public health and working with the community to prevent disease, and these are the same skills that are going to be so vital in addressing the climate crisis," she said.

Dr Connie Sensor, the League of Women Voters' liaison to the UN and a member of the American Nurses Association, also attended COP27 to advocate for the voices of nurses and women. Dr Sensor also represented the voice of nurses at the COP27 Health Protest. She said being a nurse provided an "opportunity to raise awareness about the impact of climate change on human health and the role that nurses play in innovative solutions. It means being a part of a world movement to empower nurses' and women's leadership at decision-making tables for healthier environments and sustainability of the planet."

The ICN added its voice to warnings that too few women were taking part in the COP27 climate negotiations, despite evidence that they bear a disproportionate burden from the effects of climate change.

What is COP27 and why is it important to nurses?

COP27 is the UN climate change conference of 2022. This year it was held on November 6-18 in Egypt, with climate activists, civil society representatives, heads of state and ministers all attending.

The United Nations Framework Convention on Climate Change (UNFCCC) is the secretariat of the UN that works to address the climate crisis facing our planet today. The goal of the UNFCCC is to uphold the 2015 Paris Agreement to keep the global average temperature rise to well below 2°C, preferably to 1.5°C, compared to pre-industrial levels. This will allow the stabilisation of greenhouse gas concentration, and give time to allow ecosystems to adapt, which also enables sustainable development.

This meeting is focused on reducing greenhouse gas emissions, building resilience, adapting to the inevitable impacts of climate change, and addressing financing climate action in developing countries.

The effects of climate change are now seen every day. Increased heatwaves, drought, floods and hurricanes are caused by climate change and are impacting the lives of billions of people. Nurses have been urged to address climate change through advocacy, education and global citizenship. Planetary health and human health are inevitably linked. Nurses need to be knowledgeable on the impacts of climate change and encourage health and other sectors to do their parts in reducing greenhouse gas emissions. Nurses also need to prepare for the inevitable impacts of climate change through maintaining competencies related to disaster preparedness, the health problems that will be faced by migrating populations, competencies related to asthma, COPD and lung diseases from increased pollution, and increasing mental health issues within populations that experience the impacts of climate change and any other climate related health impacts.

Finally, nurses need to advocate for funding from polluting countries to go to middle- and low-income countries to mitigate the effects. Lower-income countries are likely to see the worst impacts of climate change, despite them not having been the biggest polluters. These same countries often face higher burdens of disease than higher-income counterparts.

global nursing and midwifery news

A common aim for safer and equitable healthcare

WHO and the World Health Professions Alliance (WHPA) together signed a memorandum of understanding recently to enhance collaboration and protect and invest in the health workforce in order to provide safe, quality and equitable healthcare for populations around the world.

Emphasising the important role of the health professions, Dr Tedros said: "There is no health without health workers. With this memorandum of understanding, WHPA and WHO will assist healthcare professional associations and governments in protecting, safeguarding and investing in the multidisciplinary teams of health workers needed to deliver essential health services and prevent and respond to emergencies."

ICN CEO Dr Pamela Cipriano added that the WHPA has been working together since 1999 to ensure collaboration between the health professions, and the ICN is a proud to be a founding member of this important alliance.

The signing with WHO is not only a recognition that there can be no health without health workers, but it also underlines the close ties between WHO and the five health professional associations that make up the WHPA.

With this new memorandum of understanding, WHPA and WHO have formally joined forces to support the health professions around the world as they strive to prevent illness, promote health, and care for the sick, injured and vulnerable across the globe. The effects of the pandemic have shown us we must protect and invest in the health workforce and establish a 'new normal' where all health workers are valued and have the resources to provide compassionate care to patients.

The memorandum of understanding is a step toward this recognition which is invaluable to both health workers and patients alike. It is also a step forward for the health professions collectively to make greater progress towards universal health coverage and strengthen health systems and services.

Midwives speak out on Covid-19

THE International Confederation of Midwives recently facilitated an international survey of midwives on issues surrounding Covid-19. This identified the sheer scale of many of the global issues facing midwives and women from the start of the pandemic until mid-2021.

The peer-reviewed study explores the impact of the pandemic through the experiences of 101 midwifery organisations from around the world. It was published in the scientific journal *PLOS ONE* and is now open-access.

The representation of midwives' experiences in scientific publications is key in ensuring midwives' voices are heard, acknowledged and considered in health policy. All the regions and sub-regions where ICM has member organisations responded, including the INMO as the national midwifery association for Ireland.

Many countries reported being caught out by the severity of the infection and in some places, midwives were forced to make their own PPE, or reuse single use PPE. Disruption to maternity services meant women had to change their plans for place of birth, and in many countries maternity facilities were closed to become Covid-19 centres.

Half of all respondents stated that women were afraid to give birth in hospitals during the pandemic, resulting in increased demand for home birth and community midwifery.

Midwifery students were denied access to practical or clinical placements, and their registration as midwives has been delayed in many countries. More than 50% of the associations reported that governments did not consult them, and they had little or no say in policy at government level. These poor outcomes were found across high-, middle- and low-income countries.

Strong recommendations that stem from this research include the need to include midwifery representation on key government committees and a need to increase the support for planned out of hospital birth. Both these recommendations stand to enhance the effectiveness of midwives in a world that continues to face and may face future catastrophic pandemics.

World news

Nurses and midwives in action around the world

Australia

- Better nurse/midwife patient ratios will ease workloads and improve care

Brazil

- Nurses signal strike against suspension of new salary floor

Canada

- Nurses want salary increases to cope with inflation
- Canadian healthcare workers put in more overtime than ever in 2021
- Nurse unions applaud changes to 'outdated' language proficiency tests

Kenya

- Health workers issue seven-day strike notice despite fears of cholera spread

New Zealand

- 'Exhausted and demoralised': Healthcare workers plead for help amid burnout crisis
- "We are in crisis,' says ED whistleblower who claims 10 shifts every 24 hours vacant

Philippines

- As pandemic eases, more Filipino nurses set to seek work abroad

Portugal

- Union denounces health centres "trying to prevent" adherence to nurses' strike
- Nurses want salary retroactive to 2018

UK

- Government given ultimatum over nurse pay strikes

US

- Nurses plan two-day strike at 21 hospitals in Northern California
- 15,000 Minnesota nurses will vote on second strike

INMO

Irish **Nurses** and **Midwives** Organisation

Working Together

"You insure your car, you insure your house; Why not insure your profession?"

Nurses and Midwives; Together we are Stronger

Join INMO, Ireland's only dedicated union for Nurses and Midwives

- Advocating for safe quality care delivered by registered nurses and midwives
- Representing nurses and midwives individually and collectively in the workplace
- The leading voice for nurses and midwives in Irish health care
- Campaigning for restoration of Nurse and Midwife pay and hours
- Providing expert representation in workplace relations
- Full support in NMBI fitness to practice public hearings with expert professional and legal representation
- Professional development offering career development and professional education
- Professional library service
- Employment information service – law – conditions of employment – your rights and entitlements
- Access to income continuance protection plan (supplementary to the sick leave scheme)
- Discount shopping with INMO group scheme with major savings
- Free legal aid for occupational or bodily injury claims
- Legal and counselling helplines

Union membership costs €5.75 per week

Join today by visiting www.inmo.ie/joininmo

Benefits of Child Benefit

The double Child Benefit payment has reopened a debate on why we 'waste' public money on wealthy parents, writes **Laura Bambrick**

CHILD Benefit is a cash payment from the State to families with children under the age of 16, or under 18 if in full-time education or training. It is worth €140 a month tax-free for each child, with a higher rate paid for twins and other multiple births.

Unlike other social welfare payments, Child Benefit is not means tested – you don't have to show your household income is below a certain level to qualify. Nor is it contributory – you don't need a history of paying social insurance while in employment to get it. It is paid for all children regardless of the size or source of their parents' income, with the exception of asylum seekers and persons seeking leave to remain in the State.

Child Benefit is one of the largest expenditures from the Department of Social Protection annual budget. In 2020 €2.1 billion was paid to 630,000 families for 1.2 million children.

Why and how such a large sum is spent is open to regular criticism. Some argue that the public purse should not be part-funding people's choice to have a child. More often, others argue that, rather than scrapping it completely, Child Benefit should be taxed or only paid to low-income families.

These arguments surfaced again when the payment rate was doubled for November 2022, as a once-off measure to assist young families with the surge in the cost of living.

Why not target needy families? Child Benefit is one of our longest running social welfare payments. It was first introduced in 1944 and was originally only paid to fathers with three or more children under age 16 as an anti-poverty measure for large families.

This made Ireland unusual among European countries who had also introduced children allowances but with the purpose of encouraging couples to have larger families to replace the population that had been lost in the wars.

Nearly a century on, Child Benefit continues to be used by governments throughout Europe to contribute towards the cost of raising a child and to invest in future generations who will in turn provide the pensions for today's workers.

Child Benefit is a particularly important policy instrument in Ireland given that our income tax system doesn't give extra tax relief to parents and the vast majority of working families are not entitled to the other means-tested supports from the State towards the cost of raising children.

It wasn't until 1973 that the payment was made payable to Irish mothers. At the time few married women had an independent income. Greater awareness of the potential for wives and children to be financially neglected by their husbands shifted public attitudes to accepting the long-held European view of Child Benefit as a housewife's wage.

Along with the huge cost and administrative burden involved in means testing more than 600,000 families, within-household poverty – the withholding of money from women – remains a key reason for keeping Child Benefit a universal payment. That is, while there may be a high earner in a household we cannot assume that the income is shared.

Ultimately however, Child Benefit is a payment from the State for the child not for its parents.

Where next for Child Benefit?

In 2013 the UK government started to tax and even stop the payment of Child Benefit for the children of high earners. For each £100 a parent earns over £50,000, 1% of the amount of Child Benefit received has to be repaid in tax. If a parent earns £60,000 or more the full amount is clawed back.

The savings from this reform have not gone to children in poorer families. Child Benefit has increased by a mere £6.50 to £94 a month for the first born and to £63 for any additional children, and is now worth less than it was in 1999, when adjusted for rising prices.

The recent Commission on Taxation and Welfare does not recommend Ireland follows the UK example. It recommends that Child Benefit should remain tax free and paid for every child. It does however recommend some reform in the form of a top-up to the standard €140 monthly payment for children in low-income families. This new means-tested second tier Child Benefit would replace the current child increase paid to parents receiving a weekly social welfare payment, such as Jobseeker's Allowance or One Parent Family Payment, to remove disincentives to work and reduce the poverty risk for low paid working families.

For the few parents who occasionally pop up in the media declaring that they don't want or need the money, it is worth remembering that Child Benefit is an opt-in payment. You don't automatically receive it, rather you have to apply for it and you can opt out at any time by contacting the Department of Social Protection to close your claim.

Laura Bambrick is social policy officer with the Irish Congress of Trade Unions

A year for recognition and reward

The INMO made many significant gains in 2022, a year that saw the professions finally receive long-overdue remuneration and recognition for their fight against Covid-19. **Freda Hughes** reports

AT THE beginning of 2022 the INMO called on the HSE to take extra measures to protect the nursing and midwifery workforce. The INMO recommended the HSE provided proper air filtration units such as HEPA filters across our hospitals, especially in overcrowded EDs and waiting areas. We also insisted that free antigen tests be provided to the nursing and midwifery workforce.

In January, after a successful campaign and multiple calls from the INMO, we welcomed a recommendation that working time in the public service should be restored to pre-Haddington Road Agreement levels from July 1, stating that the additional hours had disproportionately impacted our largely female workforce and pushed many nurses and midwives into part-time work due to the additional pressure on the caring professions.

We also lodged claims for nurses and midwives to receive a €1,000 pandemic bonus and welcomed the announcement it would be paid but demanded more details on how it would be applied. In May we called on the Minister for Health to ensure that this bonus was paid to nurses, midwives and other frontline workers as only two hospitals nationwide had done so at that stage.

In February we unveiled two memorials at the Richmond Education and Event Centre. The first memorial is to commemorate the anniversary of the Stardust tragedy and the 48 victims who lost their lives on February 14, 1981.

The second memorial commemorates the lives lost during the pandemic, in particular those of the brave healthcare workers who passed away due to Covid-19 and honours the extraordinary contribution of nurses and midwives since the start of the pandemic. Taoiseach Micheál Martin, Charlie Bird, artist Robert Ballagh, INMO president Karen McGowan and general secretary Phil Ní Sheaghdha all spoke at the event.

In the spring, the INMO offered its solidarity to the people of Ukraine following the onset of the conflict there, stating that access to healthcare and the delivery of humanitarian assistance must remain a priority for all concerned as cities were attacked and tens of thousands of people were displaced.

In March the INMO presented to the Oireachtas joint committee on health on how ongoing hospital overcrowding is impacting nurses and midwives, as well as patient safety. Our demands included the full implementation and funding of the Framework for Safe Nurse Staffing and Skill

Executive Council members Mary Tully, Ciaran Freeman, Audrey Horan and Elizabeth Egan representing the INMO at the cost-of-living protest in Dublin in June

February 2022: Taoiseach Micheál Martin, Charlie Bird and INMO president Karen McGowan at the Richmond Education and Event Centre for the unveiling of the memorial for the victims of the 1981 Stardust tragedy

President Michael D Higgins pictured with INMO president Karen McGowan at Áras an Uachtaráin in March


Members from St Joseph's Foundation, Charleville picketing outside their workplace in September

Mix. We also called for bed occupancy to be reduced to 85%, zero tolerance of overcrowding and a commitment to multi-annual funding of Sláintecare.

On Workers Memorial Day on April 28, INMO management and president Karen McGowan attended a memorial service hosted by ICTU in the Garden of Remembrance and called on healthcare employers to do more to ensure safe working conditions for Irish nurses and midwives.

At the INMO annual delegate conference, which was held in Sligo in May, a new Executive Council was elected and delegates took the opportunity to bring attention to the issue of assaults on frontline nurses and midwives, as well as cost-of-living increases and the need for across-the-board salary increases for nurses and midwives.

The theme for International Midwives Day on May 5 was '100 years of progress' and the theme for International Nurses Day on May 12 was 'Nursing the world back to health'.

The INMO welcomed the publication of the HIQA report on the ED at University Hospital Limerick, which described conditions there as 'inhumane'. The report focused on three key issues: staffing levels, capacity and patient flow, and respect, dignity and privacy for patients in the ED.

The report noted significant capacity issues, with around 40% of patients in the ED being treated on trolleys. It also described staffing levels as "insufficient to meet the needs of people attending the department", leading to a significant impact on safety and safe care.

The INMO's Trolley Watch continued to record and highlight the overcrowding crisis, which saw numbers return to pre-pandemic highs. Several worrying trends emerged throughout the year, including a significant increase in the number of children waiting on trolleys, severe overcrowding in hospitals directly due to staff shortages, and unprecedented trolley numbers in the summer months. The INMO repeatedly highlighted the unsafe conditions that members were working in and called for action at a local level throughout the country.

Members at St Joseph's Foundation, Charleville who had not received a pay increase in more than a decade, took strike action as part of ICTU's 'Valuing Care, Valuing Community' campaign in September. They are still fighting for justice.

In October, members voted nationwide by a margin of 97% to accept proposals arising from the review of 'Building Momentum' in a physical ballot. The proposals contain a number of measures to increase pay for nurses and midwives who are employed by the public sector.


Jan Hailey Reyes and Dianne Lopez, from Naas General Hospital pictured on International Nurses Day, May 12

The INMO was proud to co-host two All-Ireland Midwifery conferences in 2022, the Sláintecare nursing festival in March and the 12th Nurse Practitioner/Advanced Practice Nurses Network Conference in September, along with the Irish Association of Advanced Nurse and Midwife Practitioners and the International Council of Nurses.

Photos by Lisa Moyles


INMO head of education Steve Pitman (right) pictured with other delegates and speakers at the ICN NP/APN Network Conference in UCD in August

Members pictured at the 2022 INMO ADC in Sligo celebrating International Day of the Midwife on May 5

Hope springs maternal

Freda Hughes spoke to a recently qualified midwife and a student midwife about the student experience and their hopes for the future

IN IRELAND there are 144 direct entry midwifery college places available each year across the country. There are also alternative routes to qualifying as a midwife if you have attained an initial nursing qualification.

For Laura Henry *(pictured left)* the journey to becoming a midwife was long but she was determined to reach her goal and work in her chosen career. Initially she completed a pre-nursing course, which she highly recommends to anyone considering a career in nursing and midwifery.

With the limited access to post-Leaving Cert places and high demand for midwifery, Ms Henry initially studied as an intellectual disability (ID) nurse. She enjoyed it but having completed the first year she knew her heart was in midwifery. She deferred her second year and repeated her Leaving Cert which afforded her enough points to finally attain a midwifery college place. She told *WIN*: "As hard as it was to have to wait so long, the experiences I gained were a huge asset to me in my training. Healthcare training is intensive regardless of discipline and of course I encountered bumps along the way, but I got my NMBI pin last March and attended my graduation only a few weeks ago."

Hannah McTaggart *(pictured above right)* always wanted to work in a hospital setting, but wasn't sure what area she wanted to specialise in. Talking to *WIN*, she described a visit to Letterkenny Hospital with her mother to meet a midwife friend of hers as a formative experience. "She took me into the theatre and then all of a sudden the whole room went quiet and we heard this baby scream its first cry, I just knew this was what I was going to do. I still haven't lost that feeling," she said.

Ms McTaggart signed up for the four-year direct entry midwifery course in University of Galway and has done most of her training in Galway University Hospital and Sligo University Hospital. She is currently in her fourth year as an undergrad.

While both Ms Henry and Ms McTaggart want to stay in Ireland, they admit that working life in other countries is very attractive given the staff shortages here.

Ms Henry went on an Erasmus placement to England and also undertook an observational placement outside of college in Cambodia, and says both experiences benefited her professionally.

Ms McTaggart said she would stay in Ireland to build her confidence in a system she knows, but feels that learning how midwifery is done in other countries would broaden the scope of her experience. "If the hospitals are pushing to get the midwife-to-patient ratio right that makes such a big difference. It can be hard on the wards when you have so many people to deal with," she said.

Clinical placement

Both midwives worked on placement during the Covid-19 pandemic and felt this experience added an extra layer of pressure to their education. Remote learning meant they didn't have the full college experience. They described the isolation some students felt while on placement, which takes up a large part of the academic year, saying it feels like a "sort of limbo" because you don't feel like a college student but you are not a fully qualified staff member yet either. They commended their preceptors for the support they provided at such a hectic time.

"Finishing my training during Covid was hugely challenging. It added huge pressure to everyone regardless of their experience. That constant pressure as a student and intern was a real stressor. The constant demand to hand up an assignment, keep up with evidence and give 100% on placement, even on your bad days because you know you're being assessed, weighs heavily on every student. Watching colleagues leave during training or even after qualifying tugs at your heart because they could have been such a gift to the people they care for if they had more support to reach the finish line," said Ms Henry.

"We saw the benefit of the INMO during Covid. It was the one place everyone could go for advice. We're scattered around the country and the union provided one voice for us to raise our concerns. We wouldn't have the pandemic bonus payment without our union," added Ms McTaggart.

Ms Henry noted the protection and security provided by union membership. She said she was able to build a network of colleagues and friends across the country in various disciplines through the INMO.

"During your career you'll be presented with new contracts and opportunities as well as changes to your role and remuneration. Getting involved in your union gives you the tools to understand the nuances of these and advocate for yourself and your profession. It also allows you develop your communication and critical thinking in a different way than you do in college," said Ms Henry.

Both midwives said that their profession has many rewards, including being in watchful attendance at the first moments of a person's life, supporting families at difficult times as well as joyous times, and working alongside such wonderful colleagues. They would like to see more midwifery-led care in Ireland, stressing that there is an over-reliance on obstetric birthing in our health service.

"Midwifery in Ireland is constantly changing, but if I were to change one thing, I would like to see more midwifery-led services. We had some experience with midwifery-led care in our training and the continuity of care was just fabulous. I never realised how independent a practitioner you can be as a midwife. People forget that there's midwifery beyond obstetrics. Midwives can bring a pregnant person from start to finish on their journey. We're dealing with well people and it's collaborative," said Ms McTaggart.

"I believe there is a real need for elevating midwives' voices where decisions are being made about our profession. Midwives are experts in the provision of 'normal' pregnancy continuum care yet so often we aren't at the table to advocate for ourselves and for families in our care. A chief midwifery officer for Ireland is sorely needed to meet the goals of the National Maternity Strategy and support midwives to provide the gold standard of care," Ms Henry added.

INMO at RCM annual conference

MEMBERS of the INMO Professional team Tony Fitzpatrick and Steve Pitman attended the Royal College of Midwives Annual Conference in Wales on October 4.

The Royal College of Midwives (RCM) is the only trade union and professional organisation in the UK that services whole midwifery teams. The INMO has had a longstanding collaboration with the RCM and was thrilled to be invited to its annual conference.

As the full effects of Brexit are now being felt, it is important that we get opportunities to work with our colleagues in the UK.

With sessions on workforce and culture, wellbeing, avoiding brain injury, language in labour and birth, there was much to be learned and valuable knowledge to gain.

Many of the issues discussed at the RCM conference by midwives in the UK could be mirrored by midwives in Ireland, particularly around safety in services, speaking up to maintain standards and how we can make our respective maternity services the best they can be for all who require them.

At the conference were Ruth May, chief nursing officer, England; Steve Pitman, INMO head of education; Tony Fitzpatrick, INMO director of professional services; and Sue Tranka, chief nursing office and nurse director, NHS Wales

The bonds between the two organisations continue to be strong. We look forward to continuing our rich collaborative partnership to benefit mothers and babies, through the profession of midwifery.

– Tony Fitzpatrick, INMO director of professional services

Meet the midwifery members

Paula Barry

Designated midwifery officer in home births, Coombe Hospital, Dublin

PAULA BARRY is midwifery officer in home births at the Coombe Women and Infants University Hospital, Dublin. Although she is now assistant director of midwifery level in her role, she still facilitates a weekly midwifery clinic in order to stay tuned into clinical practice and frontline midwifery.

Ms Barry began her career as a general nurse in Cork and worked in a variety of specialties in Ireland, the UK and Australia. In 2003 she undertook a higher diploma in midwifery at the Coombe Hospital and since then has completed a BSc and MSc in midwifery at Trinity College Dublin.

At the Coombe, Ms Barry has been instrumental in many developments to enhance the provision of maternity care. When she attended Trinity for her degree she met other midwives who also wanted to widen the scope of midwifery practice and normal birthing.

Ms Barry said: "When I did my degree it made me question, but when I did my masters I started to find solutions. We need champions for change in the clinical area. The woman is in charge of her birthing. The midwives, consultant and healthcare team are there to help and guide her."

The first issue Ms Barry sought to address was allowing women to take fluids during labour. She produced a short evidence-based report and had the changes implemented after two years. She then looked at the introduction of birthing aids such as beanbags and birthing balls, and the development of a water birth service at the Coombe.

Ms Barry became practice development co-ordinator in 2008 and took a break in 2015 to work on a research paper, which was the first study on water births to be published in Ireland. She is now designated midwifery officer for home births at the Coombe.

"I believe involvement in research is pivotal for the midwifery profession," Ms Barry told *WIN*. "It's also important that midwives in management keep in touch with clinical practice. Facilitating clinics keeps me in touch with practice, supporting midwifery students and maintaining relationships with midwifery colleagues."

Promotion of the autonomous role of the midwife will be a priority for Ms Barry on the Executive Council.

"I will advocate for full roll-out of the National Maternity Strategy, in particular the supported care pathway, which is essential for quality maternity care.

"I believe midwives are the cornerstone for exemplary maternity care and therefore need to be visible in order for real change to take place. Midwifery philosophy often becomes lost in medicalised settings. We need to feel valued and we need autonomy to practise our profession," Ms Barry concluded.

Audrey Horan

Staff midwife, University Maternity Hospital Limerick

AUDREY HORAN is a staff midwife at University Maternity Hospital Limerick (UMHL). She qualified as an RGN in 1994 and obtained her certificate in midwifery in 1998 from St Munchin's, now UMHL. She is passionate about midwifery and has worked throughout UMHL providing holistic, individualised and family-centred care for mothers and babies.

Ms Horan told *WIN*: "I knew during my nurse training that I would never feel complete in my career until I had made a difference in women's health. I'm passionate about women and children – I have dedicated my life to them."

Ms Horan came to appreciate the power of the union during the 1999 national strike. Prior to this she had not held a permanent midwifery post and was working in a nursing home, a private clinic and as an agency midwife. After the gains made in the 1999 strike, she returned to midwifery, initially working as a phlebotomist. The recommendations of the Nursing and Midwifery Commission in 2002 allowed her to become permanent in her role.

"We didn't realise we were making history back in 1999 and weren't aware of the huge positive influence we had on the professions. It opened new positions and career progression pathways and allowed us to specialise in areas we were passionate about. We could take ownership of our roles and really recognise ourselves for the talented professionals we are. We became more confident in our roles.

"It's so important to play to our strengths and have autonomy at work. Personal pride and being recognised for the work we do is so important in terms of job satisfaction," she continued.

Ms Horan would love to see a move away from obstetric birthing towards midwifery-led care. She feels this would also enhance the confidence of midwives and reduce the over-reliance on hospital-based maternity care.

Ms Horan intends to work with her fellow midwives on the Executive Council to pursue full implementation of the National Maternity Strategy, but also wants all INMO members to benefit from the support of their union.

"It is so important to be empathetic to our peers and colleagues. I hope nurses and midwives across the country feel represented and feel kindness, compassion and professionalism from their union. I am here to represent midwives but also all nursing and midwifery staff in need. We must stand united. We all have something to bring to the table. Nobody gets left behind," she said.

of the INMO Executive Council

Annette Keating

Midwife teacher, Cork University Maternity Hospital

ANNETTE KEATING is a midwife teacher at the Centre of Midwifery Education at Cork University Maternity Hospital (CUMH), having originally trained as a midwife in the UK.

Following her training she worked as a midwife in the Whittington Hospital in London, then in Australia for five years. She worked in the UK again for some time before joining the INMO Midwives Section on her return to Ireland in 1999.

Ms Keating told *WIN*: "Joining a union provides opportunities for midwives and nurses to work collectively towards influencing positive improvements in professional practice issues. It also offers industrial relations expertise and support when one is faced with work-related incidents. The support of the INMO can ease the burden of stress and isolation."

In 2001 Ms Keating registered under the nurse tutors division of the NMBI having completed a master of midwifery and postgraduate diploma in clinical health science education at Trinity College. She also served as secretary of the Midwives Section from 2002 to 2005.

Ms Keating was class tutor for the two-year higher diploma in midwifery programme in the College of Midwifery, Cork and transferred to UCC in 2006 where she worked as midwife lecturer and designed the curriculum document for the 18-month postgraduate diploma in midwifery and was programme co-ordinator. She was awarded a master of philosophy in 2007 from Glasgow Caledonian University for her thesis on facilitating normal physiological birth in an obstetric-led unit.

Ms Keating has been an active member of the Nurse and Midwife Education Section for many years and was nominated by the section to the education seat on the Executive Council. Her priority is to represent nurse and midwife educators at national level and to pursue the motion passed at INMO ADC 2022 that advocates for centres of education to operate in accordance with existing agreements.

"My priority is to highlight the inconsistencies between education centres and address the concerns of nurse and midwife teachers. This specifically relates to midwifery, because there is no head of midwifery education post in four of the national HSE nursing and midwifery education centres in Cork, Drogheda, Galway and Limerick. Under the 2006 agreement there was to be a head of midwifery education and he or she would have been remunerated accordingly. However, this has not happened so I will be making this my priority on the Executive Council."

While her main brief is to represent the Nurse and Midwifery Education Section, Ms Keating also works alongside the Midwives Section, with whom she is currently writing a position paper.

Lynda Moore

Staff midwife, Cork University Maternity Hospital

LYNDA MOORE is a staff midwife at Cork University Maternity Hospital (CUMH) and chair of the INMO Midwives Section. She qualified as a nurse in Newtownards Hospital, Northern Ireland in 1984 before training as a midwife in the Ulster Hospital. She went on to complete a bachelor of science in nursing in UCD after which she worked as a midwifery teacher, co-ordinating continuing professional education for nurses and midwives in Cork and Kerry.

Ms Moore has worked as a staff midwife in CUMH since 2015 with the midwifery-led 'Domino Team' which provides holistic care to women in the CUMH catchment area.

Ms Moore said: "We are a team of midwives who look after the women for their antenatal care all the way through from presentation at 20 weeks gestation until birth, then we go and visit them in their homes for five days after. We strive for continuity of care and provide midwifery-led care as opposed to obstetric care. We have a 12% Caesarean section rate in new mothers compared to 43% in obstetric care in CUMH."

Ms Moore would like to see the National Maternity Strategy implemented fully and a chief midwifery officer appointed to the Department of Health.

"The National Maternity Strategy provides such a strong voice for women and for midwives in Ireland, but if it is not implemented it is worthless. I would really like to see it implemented and properly funded. We need a chief midwifery officer in the Department of Health too. It's about having that strong voice at government level. Women want the choice of having midwifery-led care."

Ms Moore recently attended a protest over proposed restrictions to home birth policies which would see candidates for home births in her region selected based on their proximity to the hospital. She and her peers have called for an end to these proposals, bringing a successful motion to the ADC in May citing the danger of an increase in 'free births' where no midwife is present.

"We have seen clearly that there was no correlation between birth in water and a baby being sick. And yet, these restrictions have not been lifted."

Ms Moore urges all student and new graduate midwives to join the INMO.

"Having a body of midwives supporting one other is really important. It's great to have four of us providing a voice for our profession on the Executive Council. Together we're stronger."

Visible and valued

The 2022 All-Ireland Midwifery Conference offered midwives north and south the opportunity to share research and professional insights on the future of the profession. **Beibhinn Dunne** reports

Pictured at the 2022 All-Ireland Midwifery Conference in Cavan in November were (l-r): Angela Dunne, HSE; Lynda Moore, chair, INMO Midwives Section; Margaret Dunlea, education officer, Midwives Section; Anne McCormack, vice chair, Midwives Section; Karen Murray, RCM director for midwifery; and Anne Wilson, RCM national officer for midwifery

MIDWIFERY-LED care was the focus of many of the talks and presentations delivered at the 2022 All-Ireland Midwifery Conference in November, as more than 100 attendees from the INMO and RCM gathered in the Slieve Russell Hotel in Cavan to share research and professional insights on the midwifery profession.

The jointly hosted INMO and RCM conference – the theme for which was 'Midwives – Visible and Valued' – heard from Angela Dunne from the HSE National Women and Infants Health Programme on the importance of evidence-based approaches to midwifery, advocacy for women and developing the autonomy of midwives.

Ms Dunne highlighted the role of research in the future of midwifery to inform care and strategy and underlined the anticipated staffing shortfall in midwifery in the next decade. Attendees were advised of the importance of strategic initiatives in the education of midwives to promote the growth of the midwifery workforce, and the role of the provision of digital technologies, workforce planning and governance of the profession.

Mary Curtin, speaker

Angela Dunne, speaker

Mary Curtin, assistant professor and lecturer in midwifery at UCD, presented on 'Humanising Maternity Care' and the value of midwives. Ms Curtin discussed the role of the social determinants of birth and social context in maternity care, noting that deprivation and disadvantage must be part of maternity care planning in order to ensure positive outcomes across society.

Ms Curtin also noted the prevalence of disrespect and mistreatment in midwifery and maternity care, and discussed her research into humanised practice as opposed to medicalised care, as well as the implementation of the WHO

recommendation on respectful maternity care during labour and childbirth.

Homebirth team leader Paula Murray and Cork community midwife Mary Cronin presented on access to and provision of home births and community maternity services. The presentation highlighted the importance of choice and availability of options in maternity care in order to centre the needs and choices of women in childbirth.

Following the presentations, the conference broke into groups with participants attending two workshops. RCM policy and practice adviser Lia Brigante chaired a session on the Re:Birth Project, a collaborative project run by the RCM and incorporating the expertise of workers across the UK maternity community to develop a new positive narrative around birth.

Running concurrently, RCM director of field services Lynn Collins chaired the 'Caring for You: Making a Difference' workshop, highlighting the RCM initiative to refresh employers' commitments to midwife wellbeing, which incorporates measures such as flexible working, adequate rest breaks, as well as hydration and nutrition.

As co-chairs of the All-Ireland Midwifery Network, Dr Maria Healy and Prof Patricia Leahy-Warren were unable to attend. However, a presentation video was shown to attendees on launching a community of practice in midwifery to foster collaboration and communication and further evidence-based practice across the island of Ireland.

Wrapping up the plenary presentations, researcher and midwife Jean Doherty spoke about the high levels of burnout among midwives. Ms Doherty highlighted the need for a multifaceted approach to reduce burnout, in both hospital facilities and in the community, which addresses causative factors in the system, the organisation and the person.

A panel discussion featuring some of the event's speakers and chaired by the RCM's Karen Murray brought together some of the key issues facing midwives and maternity care in the current healthcare context and concluded a fascinating day of welcome insights and vital research shared in an atmosphere of community, collaboration and expertise.

A day prior to the conference, the organising committee arranged a tour of the midwifery-led unit at Cavan General Hospital, which is one of only two of its kind in Ireland. INMO members in Cavan and across the country have been key in ensuring the unit's continued availability to women in the region.

Photos by Lisa Moyles

Paula Murray and Mary Cronin both spoke at the conference

Lia Brigante hosted a workshop on the Re:Birth Project

Jean Doherty, speaker

Mary Cronin, speaker

Pictured at the visit to the Cavan MLU were (l-r): Margaret Dunlea, education officer, Midwives Section; Breege Lavin, advanced midwife practitioner, MLU, Cavan General Hospital; Jessica O'Brien, staff midwife; Anne Wilson, RCM national officer for midwifery; Georgina Crowe, director of midwifery, Cavan General Hospital; Fionnuala McElvaney, CNM2; Anne McCormick, vice chair, Midwives Section; Karen Murphy, RCM director for midwifery; Tony Fitzpatrick, INMO director of professional services; Lynda Moore, chair, Midwives Section

INMO Professional

INMO
Irish Nurses and Midwives Organisation
Working Together

IRNF
Irish Rheumatology Nursing Forum

Attention Students, Interns, Graduates and Staff Nurses

Nursing Career Options in Chronic Disease:

Meet the experts from

- **Rheumatology,**
- **Inflammatory Bowel Disease**
- **Dermatology**

Thursday, 19 January 2023

Venue: The Richmond Education and Event Centre
Time: 10.30am - 3.00pm

Supported by an unrestricted educational grant by

HEALTHCARE CELLTRION

FREE IN PERSON EVENT
for INMO members

BOOKING IS ESSENTIAL:
www.inmoprofessional.ie/conference or call 01 6640618/41

INMO Professional

INMO
Irish Nurses and Midwives Organisation
Working Together

NEW

INMO Section
Advanced Nurse/Midwife Practitioner
Clinical Nurse/Midwife Specialist

Following the recent International ANP Conference, and the subsequent heightened interest amongst our members, we are seeking to establish a national nursing and midwifery networking group for ANP/CNS members.

This forum will facilitate colleagues from across the country to link with each other for specialised networking, information sharing and above all else support for each other in these roles.

Please send an expression of interest to jean.carroll@inmo.ie, including your INMO membership number.

Briege Casey and Sarah-Jane Miggin report on the recent inclusion health conference in Dublin

Integrated healthcare in practice

MARGINALISATION and exclusion of individuals and communities is increasingly prevalent in the current context of rising poverty, forced migration and lack of provision/access to needed health and social supports. Inclusion healthcare works to identify and address the health needs of those marginalised through co-ordinated and integrated healthcare pathways.

The HSE defines integrated care as a service that "aims to join up our health and social care services, improving quality and putting patient outcomes and experiences at the centre of everything we do. It means changing the way that care is provided, so that people with complex needs can live healthier and more independent lives."

Some powerful examples of these approaches were showcased at the recent 'Integrated Care in Inclusion Health' conference run by Nurses and Midwives for Inclusion Health (NMIH) in collaboration with the School of Nursing, Psychotherapy and Community Health, Dublin City University (DCU) and the INMO. The theme of the conference was 'Integrated Care in Inclusion Health' and it was a fitting event for the NMIH to launch its recent research report: *An Analysis of Nurse-Led Covid-19 Interventions Among Homeless Populations in Dublin, Ireland*. Those who are homeless are particularly at risk from Covid-19.

Speaking at the conference Dr Siobhán Ní Bhriain, HSE national clinical director for integrated care, highlighted the centrality of integrated care principles and practice within the Sláintecare blueprint for reform and explained the manifestations of integrated care approaches and strategies across the national clinical programmes.

Dr Clíona Ní Cheallaigh, clinical lead, inclusion health service, St James Hospital, followed up by relating integrated healthcare to inclusion health practice, stressing the importance of interdisciplinary and interagency working to achieve client centred outcomes for people in marginalised health contexts.

The Donabedian and Institute of Medicine quality evaluation models were used to analyse the strengths and limitations of these initiatives. The report presentation by the NMIH research team leads (Briege Casey PI, Fiona O Reilly PI, Noelle Woods, Ann-Marie Lawlee, Emma Coughlan, Niamh Murphy, Maxine Radcliffe and PJ Boyle) identified prevailing and Covid-19-related integration and lack of integration of services for marginalised populations.

This research, which was funded by Research Collaborative in Quality and Patient Safety (RCQPS), examined the characteristics of a selection of nurse-led Covid-19 interventions in six Irish homelessness services, namely: HSE Homeless Healthlink, CHO Area 7; Inclusion Health Liaison Nursing, St James's Hospital, Dublin; Safetynet Primary Care, Dublin; Step-Up Step-Down Unit, Dublin Simon Community; city centre isolation facility – Peter McVerry Trust, Dublin; and the HSE Refugee Health Centre located at The National Reception Centre, Balseskin, Dublin.

Effective interventions in infection control, opportunistic detection and treatment of a range of illnesses as well as timely and successful support in substance use treatment were signalled as some of the positive outcomes of nurse-led Covid-19 interventions among homeless populations. The report also highlights the need for ongoing professional and practice development support for nurses and midwives working in the area of inclusion health.

The report was launched by Rachel Kenna, chief nursing officer, Department of Health, and Maureen Flynn, director of nursing, HSE Office of the Nursing and Midwifery Services Director and National Quality and Patient Safety Directorate, on behalf of the Research Collaborative in Quality and Patient Safety. Both speakers highlighted the value of these research findings for policy and practice development and offered their encouragement and support for nurses/midwives to further develop research and evidence practice as well as professional advancement.

The launch was followed by a range of presentations and discussions of contemporary practice, policy and research related to integrated care and inclusion health.

NIMH is a professional interest group of nurse and midwife practitioners working in contexts where access to or uptake of health services is limited as a result of marginalisation, discrimination or lack of awareness. Examples of these practice areas include: homeless health, migrant/refugee health, Traveller health, mental health, disability health, forensic and prisoner health, addiction health and sexual health.

The NMIH group is supported by the School of Nursing, Psychotherapy and Community Health, DCU and the INMO. The aims of NMIH are to share and develop excellence in nursing and midwifery inclusion health, and to support practitioners in professional and practice development, education and research. For more information scan the code.

Briege Casey is an associate professor at the School of Nursing, Psychotherapy and Community Health at Dublin City University and Sarah-Jane Miggin is a CNM 2 in inclusion health at the Mater Hospital, Dublin

Other allowances

3% due on 2nd February 2022 and 1% due on October 1, 2022

Grade	Nature of allowance	€
Public health nurses	Island inducement allowance*	1,953
Public health nurses	Fixed payment	31.13
Weekend work	First call on Saturday and first call on Sunday Each subsequent call on Saturday and Sunday Payment in lieu of time off for emergency work	41.32 20.69 31.09
Theatre nurses/midwives who participate in the on-call/standby emergency services	**On-call with standby – each day** Monday to Friday Saturday Sunday and public holidays *All of these figures based on a 12-hour period. Pro rata to apply after hours.*	 46.83 60.15 81.30
	Call-out rate – Monday to Sunday (a) Fee per operation per 2 hours (17.00-22.00 hours) (b) (i) Operation lasting > 2 hours and up to 3 hours (17.00-22.00 hours) (ii) Operation lasting > 4 hours and up to 5 hours (c) Fee per operation per hour (after 22.00 hours)	 46.83 70.23 117.05 46.83
	On-call without standby (i) Fee per operation, call-in without standby (ii) overruns from roster at normal overtime rates (no time back in lieu)	93.65
	On-call over weekend In situations where no roster duty is available over the weekend, the following will apply on a pro-rata basis (ie. appropriate rate divided by 12, then multiplied by number of hours available). No time back in lieu will apply.	
	Nurse co-ordinator allowance A shift allowance of €20.00 will be paid to a staff nurse who undertakes the role of formalising the reporting and accountability relationship with the theatre superintendent. The allowance only applies to a nurse who fulfils specified duties when called in (DOH circular refers).	
	Specialist co-ordinator allowance	4,777
How to work our hourly rate of pay for nurses/midwives: Example: senior enhanced salary scale €53,947. Take €53,947, divide by 52.18 and divide by 37.5, equals hourly rate of pay €27.56. This formula applies for all grades.		

Know your rights and entitlements

The INMO Information Office offers same-day responses to all questions

Catherine Hopkins and Catherine O'Connor at
Tel: 01 664 0610/19
Email: catherine.hopkins@inmo.ie,
catherine.oconnor@inmo.ie
Mon to Thur 8.30am-5pm; Fri 8.30am-4.30pm

- Annual leave
- Sick leave
- Maternity leave
- Parental leave
- Pregnancy-related sick leave
- Pay and allowances
- Flexible working
- Public holidays
- Career breaks
- Injury at work
- Agency workers
- Incremental credit

Q and A Bulletin Board

With INMO director of industrial relations Albert Murphy

Salary scales

Q. I am currently on the top of my CNM1 salary scale and have been there for more than three years. I was recently promoted to a CNM2 post and I thought that if you were at the top of the scale when being promoted, you would have an entitlement to an extra increment, my employer advised that this is not the case.

This is incorrect. Where a nurse or midwife's existing pay is greater than the first point of the new salary scale and has been at the top of their scale for at least three years, the nurse/midwife would move from their existing pay to the point on the new scale, which is nearest but not below existing pay, plus two increments.

Q. I have been a senior enhanced staff midwife for just over a year and have been offered a post as a CMM2. I currently receive the location allowance and will continue to receive this in my new role. What point of the salary scale will I move to?

Congratulations on your new post. Under the pay on promotion rules as your current salary (€53,947) is less than the first point of the CMM2 salary scale (€55,248), you will be placed on point 1 of the CMM2 salary scale.

Q. I am a newly qualified nurse and commenced employment in October. Can you set out for me what point of the salary scale I will be starting on.

From October 1, you will be placed on the first point of the salary scale for 16 weeks. Then in February 2023, you will benefit from the revised new entrant measure and skip point 2 and go straight to point 3. This will be your new increment date. At your next increment date (February 1, 2024), you will progress normally to point 4 of the old pay scale. However, you become eligible to move to point 1 of the new enhanced nurse/midwife practice scale on February 1, 2024 but t avail of this you must fill out the verification form, which your employer will provide. It would be beneficial to set a reminder in your diary to apply to your HR Department for the verification form so that you can benefit from the enhanced scale as soon as you become eligible. When you fill out the form, it is a good idea to take a copy of the completed form in case it is mislaid in the system.

Public holiday pay

Q. I have begun a new post as a staff nurse in a HSE-run day service that is open on weekdays. What happens on public holidays when the service closes, do I need to use my annual leave?

No, you should not need to use your annual leave for a public holiday. If a public holiday falls on a day that you are scheduled to work and the business closes down, you are entitled to a paid day off on that day. You should not be deducted annual leave for this day as you cannot be on two 'leaves' at the same time. If you are not scheduled to work on a day a public holiday falls, you are entitled to one-fifth of your weekly pay for that public holiday.

Annual leave

Q. I am a CNM1 with 12 years experience in the HSE and have recently reduced my hours from full-time to 30 hours per week. I work Monday – Friday and I know previously that I was entitled to 28 days annual leave, but I'm unsure what my annual leave entitlement is now?

The method to use to calculate your annual leave entitlement as a part-time worker is to divide the number of annual leave days for the full-time grade by 37.5, and multiply this by the number of hours you work each week. This would give you an entitlement to 22.4 days annual leave, ie. (28 ÷ 37.5) x 30 = 22.4 days.

Section focus

INMO Professional

Jean Carroll, Section Development Officer

Lively seminar highlights key role of CPCs

THE student experience of the clinical placement co-ordinator (CPC) role was one of a wide variety of topics discussed at the recent CPC Section seminar, which took place in person at the Richmond Education and Event Centre.

Recently qualified staff nurse Van Chester highlighted the invaluable effect that CPCs have on the students they work with, while Teresa Hennessy, HSE health promotion officer, spoke about the importance of self care, mindfulness and stress management.

Held in October, the well-attended seminar also featured an education session with Lorraine Gallagher and Hannah Kelly from the disability non-profit AHEAD on supporting students with additional needs.

The afternoon session saw Carolyn O'Donohue and Lorraine Clarke Bishop from the NMBI host an insightful workshop on the proposed undergraduate nursing degree programme reforms.

Ms O'Donohue and Ms Clarke Bishop were impressed with the points raised by members and promised to follow up on them in future meetings about how to improve the undergraduate experience for student nurses and midwives.

The feedback from attendees was positive, and the opportunity for in-person networking was appreciated by all.

Many requests were made to extend the length of the seminar for next year or to hold a seminar biannually.

Van Chester, speaker; Hannah Kelly, student engagement officer, AHEAD; Jennifer Phelan, chairperson, CPC Section; Rachael Dolan, education officer, CPC Section; Eileen Fallon, secretary, CPC Section; and Lorraine Gallagher, training officer, AHEAD

While work is already underway for next year's event, the CPC Section would like to thank all members who attended this year, as well as Jean Carroll for her help with organising the day, and the speakers who exceeded all expectations and facilitated lively discussion among members.

– Jennifer Phelan, chairperson, CPC Section

ODN Section discusses latest theatre nursing innovations

A MOBILE app designed to prepare children and guardians for surgery was among the many innovations in theatre nursing discussed at the recent Operating Department Nurses (ODN) Section annual conference in Co Limerick.

Corneal cross-linking, breast surgery innovations and awake-asleep fiber optics were also discussed at the conference, which was held at the Strand Hotel, Limerick in October.

Menopause, leadership and intra-operative haemorrhage were covered at length, sparking lively discussion and debate about these important issues.

Members also heard stories from Nuala Moore, an extreme sea swimmer, about her "journey to the end of the world" – a Guinness World Record-breaking swim from the Island of Cape Horn across Drake Passage and into the most dangerous waters in the world, where the Pacific Ocean meets the Atlantic. She was the first swimmer in the world to complete this challenge.

INMO general secretary Phil Ní Sheaghdha closed the conference by updating attendees on the recent national developments within the Organisation. Ms Ní Sheaghdha highlighted the importance of keeping abreast of developments and networking with colleagues.

The section was pleased to receive positive feedback from attendees, which is important for the planning of future conferences and events.

Jean Carroll, section development officer; Nuala Moore, speaker; Teresa Herity, ODN Section committee; Niamh Adams, INMO head of library services and Sandra Morton, ODN Section committee

The section is also grateful to its industry partners, whose support of the section greatly subsidises the cost of hosting these events.

The ODN Section will next meet virtually on Wednesday, January 18 at 7pm, and would like to remind members that the section is always eager to welcome new people to the committee.

INMO Professional

Continuing professional development for nurses and midwives

INMO EDUCATION PROGRAMMES

In the pull-out this month…

Adult Asthma – Getting the Basics Right *(online)*

Jan 6

This online programme is aimed at nurses and midwives working in clinical practice who require basic knowledge and skills to care for people with asthma on a day-to-day basis. The programme will assist participants in gaining an understanding of the clinical evidence underpinning the diagnosis and ongoing care and management of the person with asthma utilising current best practice.

Fee: €30 INMO members; €65 non-members

Introduction to Effective Library Search Skills

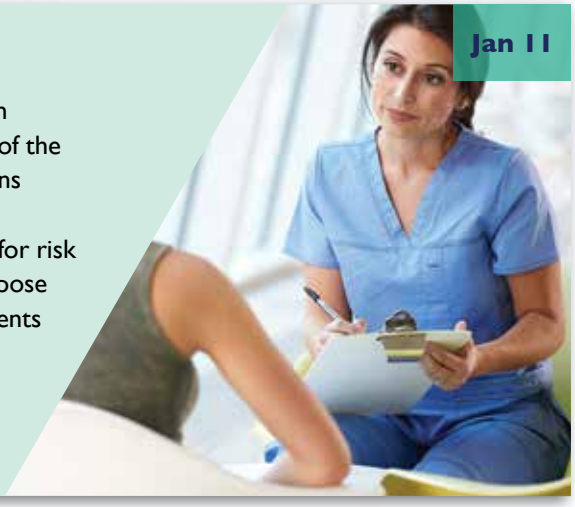
Jan 9

This short online course is aimed at nurses and midwives who would like to develop valuable lifelong information seeking skills to get the most up-to-date information for clinical practice, reflection or policy development. This course will assist participants who are undertaking academic programmes.

€30 INMO members; €65 non-members

Risk Management and Incident Reporting

Jan 11



This new online programme outlines the core principles of best practice in managing risk, underpinned by the philosophy and care needs. At the end of the session participants will be enabled to: understand key terms and definitions related to risk management in healthcare; outline the stages of the risk management process based on the international standard and framework for risk management; outline the five steps of risk assessment; understand the purpose and maintenance of a risk register and complete accurate records of incidents for incident reporting. Ultimately, this programme promotes best practice with risk management and patient safety.

€30 INMO members; €65 non-members

Season's greetings from INMO Professional

Steve Pitman
Head of Education and Professional Development

INMO Professional would like to wish all INMO members a merry Christmas and a happy new year. We would like to thank all members who have contributed to the work of INMO Professional through their participation in education courses, section meetings and conferences, as well as providing education courses.

The coming year will see a number of developments. The INMO is currently updating its members' database and website. Once this is complete, INMO Professional will introduce a new virtual learning environment (VLE) called INMOConnect. This resource will provide online learning and professional development resources free for members. The VLE will also offer a platform for INMO sections to communicate and share information.

The INMO Library has also recently updated its system, making it more accessible and user-friendly. If you are interested in using the new OpenAthens resource, please contact library@inmo.ie

INMO Professional will also be introducing a range of QQI-accredited programmes in 2023. We currently offer the five-day Training Delivery and Evaluation Seminar. In addition, a new frontline management course will be launched in the middle of the year. Information about the courses will be published in *WIN* and on the INMO website.

Nursing and Midwifery Board of Ireland

NMBI is engaged in a number of projects, with a new project planned for 2023. The recent publication of the first *State of the Register* report provides the most comprehensive breakdown of registered nurses and midwives in Ireland. This is a hugely important document as it provides data that can help us to understand the nursing and midwifery demographic and provide a solid foundation for workforce planning. More information is available at **www.nmbi.ie**

In November the NMBI published the public consultation regarding the *Statement of Strategy 2023-2025*. The strategy itself will be published early next year.

The NMBI has commenced a fundamental review of the undergraduate nursing and midwifery programmes. The initial stage will include research into the international best practice in nursing and midwifery education and consultation with key stakeholders in Ireland. Dr Mary Ryder, UCD, in collaboration with universities in Ireland and Australia, led the project's first phase. As part of the process, the research team is surveying recent graduates about their experiences of undergraduate nursing and midwifery education programmes in Ireland. Information and a link to the survey can be found at **https://bit.ly/3VzOGLi**

The work on the Maintenance and Monitoring of Professional Competence Scheme is ongoing. It is anticipated that the NMBI will provide further details on the plan for implementing this in early 2023. It is expected that the process will be renamed and introduced in 2024.

The NMBI is currently reviewing the PHN Post Registration Standards and Requirements. This process is expected to be completed in the first quarter of 2023.

HSE Office of the Nursing and Midwifery Service Director

The INMO is currently participating in a number of projects that are run by the HSE ONMSD. These include a review of the 2017 Professional Development Planning Framework and the 2020 HSE Pronouncement of Death policy.

CJ Coleman Award

INMO Professional is delighted to offer the CJ Coleman Research and Innovation Award again for 2023. The award is sponsored by CJ Coleman insurance brokers, who have generously sponsored the INMO members' research award for more than a decade. A bursary of €1,000 will be awarded for a completed research/change project, promoting and improving the quality of patient care and/or staff working conditions in an innovative way. The closing date for completed applications is Friday, March 10, 2022. More details and a link to the application form are available on the INMO website.

On-site Education

INMO Professional offers an extensive range of on-site programmes facilitated by expert practitioners. If you are interested in booking, you can email: education@inmo.ie or Tel: 01 6640618/41.

Delivering courses and writing for *WIN*

INMO Professional is eager to offer members the opportunity to work with us in delivering education courses. If you are an advanced nurse or midwife practitioner, a clinical nurse/midwife specialist or a nurse/midwife with expertise in clinical or management practice, we would like to hear from you by email: education@inmo.ie or Tel: 01 6640618/41.

INMO Professional is also interested in hearing from members who would like to write professional and clinical articles for *WIN*. Email steve.pitman@inmo.ie

INMO Professional

Education Programmes

Tel: 01 6640618/41
Email: education@inmo.ie

All of the following programmes are category 1 approved by the NMBI and allocated continuous education units
Online course fee: €30 members; €65 non-members
Time: 10am-1pm

Book three education programmes and get the fourth free
www.inmoprofessional.ie

Keep your CPD up to date • Extensive range of programmes • NMBI category 1 approved • Digital certification provided

Dec 8 **Restrictive Practices in Residential Care Settings for Older People**

This course encourages participants to reflect on interventions that could be seen as restraining residents if viewed from a resident's perspective. Many interventions within healthcare environments can restrict movement of older people. They are unintentional and can be argued as in the best interest or for the protection of residents, eg. a nursing home locked at night to protect residents and staff from intruders.

Dec 13 **Phlebotomy** *(sold out)*

This programme provides participants with the skill and theory to perform phlebotomy in a competent and safe manner. It will cover topics such as sites used for phlebotomy, criteria for evaluating a vein, principles of an aseptic technique as well as complications that may arise during and after the procedure. Guidance will be given on how to reassure the individual in relation to the procedure and gaining consent.

Jan 6 **Adult Asthma – Getting the Basics Right**

This short online programme is aimed at nurses and midwives working in clinical practice who require basic knowledge and skills to care for people with asthma on a day-to-day basis. The programme will assist participants in gaining an understanding of the clinical evidence underpinning the diagnosis and ongoing care and management of the person with asthma utilising current best practice.

Jan 9 **Introduction to Effective Library Search Skills**

This course is aimed at nurses and midwives who would like to develop valuable lifelong information seeking skills to get the most up to date information for clinical practice, reflection, or policy development. This course will assist participants who are undertaking academic programmes.

Jan 11 **Risk Management and Incident Reporting**

This new online programme outlines the core principles of best practice in managing risk, underpinned by the philosophy and care needs. At the end of the session participants will be enabled to: understand key terms and definitions related to risk management in healthcare; outline the stages of the risk management process based on the international standard and framework for risk management; outline the 5 steps of risk assessment; understand the purpose and maintenance of a risk register and complete accurate records of incidents for incident reporting. Ultimately, this programme promotes best practice with risk management and patient safety.

Jan 19 **Medication Management Best Practice 2020 Guidance for Nurses and Midwives**

This education programme supports nurses and midwives in providing safe, evidence-based practice in the area of medication management thus preventing medication errors and near misses. The programme will cover key topics such as: the key principles of medication management, the medication management cycle, management of controlled drugs and medication safety. Participants will have the opportunity to update their knowledge in line with the most up-to-date Nursing and Midwifery Board of Ireland Guidance for Registered Nurses and Midwives Administration (2020) and Health Information and Quality Authority requirements for medication management.

Jan 19 **Nursing Career Options in Chronic Disease**

This short online programme is aimed at nurses working in clinical practice who require basic knowledge and skills to care for people with COPD on a day-today basis. The programme will assist participants in gaining an understanding of the clinical evidence underpinning the diagnosis and ongoing care and management of the person with COPD utilising current best practice.

Jan 20 **Chronic Obstructive Pulmonary Disease – Getting the Basics Right**

This short online programme is aimed at nurses working in clinical practice who require basic knowledge and skills to care for people with COPD on a day-today basis. The programme will assist participants in gaining an understanding of the clinical evidence underpinning the diagnosis and ongoing care and management of the person with COPD utilising current best practice.

Cancellation policy: For cancellations five days before the course due date, a full credit to transfer onto a course at a future date will be offered. For non-attendance, there is no refund or transfer. If a course is cancelled due to insufficient numbers, a full online refund will be issued.

Jan 20 **Delegation Principles and Practices**

This programme is aimed at all nurses, midwives and clinical nurse and midwife managers who work with health care assistants. It explores the issues surrounding delegation and decision making, including appropriate clinical supervision for delegated functions. Participants will learn the difference between clinical and managerial delegation and how delegation differs from assignment of a task. Guidance will be provided on the assessment of a delegate's experience and role, and how best to match appropriate clinical supervision to a specific delegated function. The professional, legal and quality of care issues involved when deciding to delegate a function will also be explored.

Jan 25 **Phlebotomy**

This programme provides participants with the skill and theory to perform phlebotomy in a competent and safe manner. It will cover topics such as sites used for phlebotomy, criteria for evaluating a vein, principles of an aseptic technique as well as complications that may arise during and after the procedure. Guidance will be given on how to reassure the individual in relation to the procedure and on gaining consent.

Jan 25 **End of Life Care in Residential Care Settings for Older Persons**

This programme outlines information specific to the care and support of residents and their families in end-of-life care. The course aims to recognise signs and symptoms of deterioration and will look at physical, psychological, social and spiritual areas of care at end of a person's life. Participants will be able to identify and apply effective interpersonal communication with families of a loved one at end of life during this difficult period. Furthermore the outline of debriefing of staff and bereavement care for residents and relatives is addressed.

Jan 26 **Retirement Planning Seminar** *(in person)*

This seminar will ensure you are fully prepared for a secure retirement. Topics covered will include: superannuation and your entitlements; options for drawing down your AVC at retirement; lump sum AVCs before retirement; protecting your lump sum against inflation; key steps to long-term investing and top tax tips for retirement. Fee: €10 INMO members; €45 non-members.

Jan 26 **Infection Control Risk Register: Regulation 27: Guide to Thematic/Focused Inspections in your Facility**

This course is for staff who are interested in infection prevention and control standards. It will identify key areas relevant to the new focused HIQA infection control guidelines/inspections (October 2021). This programme will provide information and outline the actions required by registered providers to ensure that procedures, consistent with the National Standards for infection prevention and control in community services, published by HIQA, are implemented by staff.

Jan 27 **Infection Control Risk Register: Regulation 27: Development and Review**

This three-hour session will outline and provide support in the development of an infection control risk register for your facility. This is a requirement in meeting regulation 27 infection control in residential facilities in Ireland. The session will identify risk description, existing controls, additional controls required and complete a calculated risk rating score based a national framework. The sessions will assist the staff in achieving and maintaining Governance compliance in this area for their facility and staff and resident/service user safety.

Jan 27 **Tracheostomy Care Study Day**

This programme introduces a holistic and inter-disciplinary approach to the management of the adult 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 tracheostomy.

Jan 31 **Person-centred Care Planning**

The aim of this programme is to outline the nurse's role in person-centred assessment and care planning for service users within a legal and professional framework. This course is relevant to management and frontline staff in residential care and disability services.

Feb 1 **Subcutaneous Administration of Fluids** *(in person)*

This programme will educate participants in the administration of fluids by the subcutaneous route. It will cover topics such as accountability, indications for subcutaneous infusion, suitable sites and identification of fluids most commonly used. Calculation of the rate of infusion, the principles of an aseptic technique and complications which could occur before, during or after the procedure will be explored.

Feb 1 **Tools for Safe Practice** *(free for INMO members)*

This course provides safe practice tools to protect the nurse and midwife. This is an awareness session to ensure all staff have an understanding of the process involved regarding patient alerts, clinical incidents and thorough assessment. 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.

When booking online courses please note:
Places must be booked in advance. You will need a reliable computer and internet access. Please ensure a correct email is provided when registering. Certificates for participation will be issued in digital form and sent by email. Do not hesitate to contact us at Tel: 01 6640641/18 or email: education@inmo.ie

Feb 2 **Understanding and Developing Care Plans for Nurses and Midwives**

This programme provides nurses and midwives with the most up-to-date information regarding policy and standards. It will enhance their understanding of nursing care plans, reflecting on the past, present and future use of care planning and its importance in the workplace. It will focus on the need for comprehensive assessment, including risk assessment and care planning. Participants will be provided with practical tips on how to prepare for and carry out a comprehensive assessment, enabling them to develop a person-centred care plan.

Feb 3 **Paediatric Asthma – Understanding the Basics**

This online programme is aimed at nurses and midwives who are working in clinical practice who require basic knowledge and skills to care for children and their families with asthma on a day-to-day basis. The programme will assist participants in gaining an understanding of the clinical evidence underpinning the diagnosis and ongoing care and management of the child with asthma utilising current best practice.

Feb 9 **Falls Reduction, Assessment and Review**

The purpose of short online 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. The main aim is to assist nurses to identify those patients or residents who are at risk of falls and to reduce that risk by providing knowledge on falls reduction techniques, ultimately improving patient safety and minimising injuries in the older population.

Feb 15 **Introduction to Positive Behaviour Support**

This programme explores the key components of compassion and their application in the care setting. It is an internationally recognised evidence-based approach to supporting individuals with behaviours that challenge. It introduces participants to the model of positive behaviour support and outlines the benefits of its use.

Feb 15 **Best practice for Clinical Audit for Nurses and Midwives**

This programme equips nurses and midwives with the necessary skills to plan and implement a clinical audit, enabling them 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 informed about each stage in the clinical audit cycle: topic selection, standards development, data collection, data analysis, reporting, implementing changes and re-audit. There will be an emphasis on continuous quality and safety improvement in healthcare.

Feb 17 **The Know How of Inhaler Technique**

This programme will address issues around inhaler technique. The programme will introduce nurses and midwives to current best practice in relation to inhaler technique and assist in the understanding of the role of inhaled medication with the correct use of inhalation devices.

Feb 22 **Infection Control Risk Register: Regulation 27: Development and Review**

This three-hour session will outline and provide support in the development of an infection control risk register for your facility. This is a requirement in meeting regulation 27 infection control in residential facilities in Ireland. The session will identify risk description, existing controls, additional controls required and a calculated risk rating score based a national framework. The sessions will assist the staff in achieving and maintaining governance compliance in this area for their facility and staff and resident/service user safety.

Mar 1 **Phlebotomy**

This programme provides participants with the skill and theory to perform phlebotomy in a competent and safe manner. It will cover topics such as sites used for phlebotomy, criteria for evaluating a vein, principles of an aseptic technique as well as complications that may arise during and after the procedure. Guidance will be given on how to reassure the individual in relation to the procedure and on gaining consent.

Mar 1 **Management Skills**

This programme outlines 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. The programme will explore both management and leadership functions and how these are applied in practice so as to promote quality and safety of care.

Mar 2 **Tools for Safe Practice**

This course provides safe practice tools to protect the nurse and midwife. This is an awareness session to ensure all staff have an understanding of the process involved regarding patient alerts, clinical incidents and thorough assessment. 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.

FREE ONLINE COURSE

INMO Professional

Irish Nurses and Midwives Organisation
Working Together

TOOLS FOR SAFE PRACTICE

FOR NURSES AND MIDWIVES

Wednesday, 1 February 2023

Online from 10.00am - 1.00pm

Practical advice on:

- **Clinical Risk**
- **Report and Statement Writing**
- **Incident Reporting**
- **Documentation**
- **Fitness to Practise Complaints**

3 NMBI CEUS

HOW TO BOOK

Email: deborah.winters@inmo.ie or Tel: 01 6640618 with the following information;

☑ INMO Number | ☑ Email | ☑ Mobile Number

Mar 8 **Healthcare Provider CPR and AED** *(in person)*

This course will equip participants with the necessary theory and skills for the provision of CPR and AED use in emergency situations, in line with the latest guidelines recommended by the American Heart Association. The certificate awarded on completion of the course lasts two years. After this time it will then be necessary for nurses and midwives to re-certify. Fee: €135 INMO members; €175 non-members.

Mar 20 **Introduction to Effective Library Search Skills**

This course is aimed at nurses and midwives who would like to develop valuable lifelong information seeking skills to get the most up-to date information. This course will assist participants who are undertaking academic programmes.

Mar 22 **Medication Management Best Practice 2020 Guidance for Nurses and Midwives**

This course supports nurses and midwives in providing safe, evidence-based practice in the area of medication management. The programme will cover key topics such as: the key principles of medication management, the medication management cycle, management of controlled drugs and medication safety. Participants will have the opportunity to update their knowledge in line with the most up-to-date NMBI Guidance for Registered Nurses and Midwives Administration (2020) and HIQA requirements for medication management.

Mar 22 **The Importance of Documentation for Nurses and Midwives – Getting it Right**

This short programme will assist nurses and midwives in understanding their duty of care and responsibility in the area of best practice in documentation, keeping good records and their ethical and legal responsibility of getting it right. Introduction to legal and professional requirements: NMBI Code and Guidance for Recording Clinical Practice, relevant HIQA regulations and standards, adhering to consent and data protection legislation in record keeping, purpose of healthcare records and documentation, including questions and answers.

Mar 28 **Peripheral Intravenous Cannulation**

This programme provides guidance to participants in the skill of peripheral intravenous cannulation. Instruction will be provided on the sites used for peripheral intravenous cannulation, identifying criteria for evaluating a vein and the principles of an aseptic technique. The aim is for participants to be able to carry out the procedure in a competent and safe manner. While this course will provide the necessary knowledge and skills to undertake peripheral intravenous cannulation, it will be necessary for each nurse and midwife attending to ensure that they abide by their local policy on peripheral intravenous cannulation in their place of work.

INMO Professional

Irish Nurses and Midwives Organisation
Working Together

5 Day PROGRAMME

Training, Delivery and Evaluation

NEW!

May / June 2023

Day 1	Tuesday	23 May
Day 2	Wednesday	24 May
Day 3	Thursday	25 May
Day 4	Tuesday	27 June
Day 5	Wednesday	28 June

FULLY CLASSROOM BASED PROGRAMME

This five-day course "Training Delivery and Evaluation" 6N3326 award will equip the nurse/midwife with the knowledge, skills and confidence to plan, deliver and assess learning and evaluate training provision. This course would suit every nurse/midwife working with student nurses in a clinical learning environment and also in centres of nurse education.

A wide range of training methods, including role-play, small group work, case studies, action learning, online training and forums will be used to enhance the learning process. The course aims to foster and share the rich and diverse knowledge and skills of participants whilst providing them with the expertise and confidence to impart their knowledge effectively.

The course is delivered over five days from 9.30am to 5.00pm each day.

This training will lead to QQI level 6 component certificate in Training, Delivery and Evaluation (formally Train the Trainer FETAC 6) and it carries 15 ECTs (European Credit Transfer and Accumulation System). Throughout the programme, trainer support is also available for each nurse/midwife attending the course.

This programme is also category 1 approved by the Nursing and Midwifery Board of Ireland (NMBI) and awarded 34 continuing education units (CEUs).

Time: 9.30am - 5.00pm

Venue: The Richmond Education and Event Centre, North Brunswick Street, Dublin 7.

BOOK EARLY

34 NMBI CEUs Module 6N3326 - QQI Level 6
Category 1 Approved by NMBI

HOW TO BOOK

A non-refundable deposit of €200* must be made to reserve a place.

EARLY BIRD FEE

€550 INMO members

Available until Friday, 28 April 2023.
After this date the fee is €625 for INMO members.

*Payment in full must be made prior to **Friday, 12 May 2023.**

Fee for non members is €875

FOR MORE INFORMATION

Email: **education@inmo.ie** or call **01 6640641/18**

Spotlight on midwifery

Library resources available to INMO midwife members

WHETHER practising or studying, INMO midwife members can obtain up-to-date news, information and research as well as access to many resources aimed specifically at the midwifery profession.

Journals available through the INMO Library

There is a wide range of full text journals available to members through the online library. Specific journals for midwives include *British Journal of Midwifery, Practising Midwife, Midirs Midwifery Digest* and *RCM Midwives*. Student Midwives is another publication available for student midwives published by All4Maternity.

Recent articles

Reports, articles and news items available through Nurse2Nurse are identified by our team of professional librarians. Some recently published articles include:

- Power A, Atkinson S, Noonan M. "Stranger in a mask" midwives' experiences of providing perinatal bereavement care to parents during the COVID-19 pandemic in Ireland: A qualitative descriptive study. Midwifery. 2022; 111
- Hannon S, Gartland D, Higgins A, Brown SJ, Carroll M, Begley C, et al. Maternal mental health in the first year postpartum in a large Irish population cohort: the MAMMI study. Archives of Women's Mental Health. 2022;25(3):641–53
- Cazzini Het al. An exploration of midwives' experiences of the transition to practice in the Republic of Ireland. British Journal of Midwifery. 2022; 30(3):136–43
- Brophy C, Doherty J, Coughlan B, Sheehy L, Folan M, O'Brien L, et al. Improving care for new mothers with postnatal morbidity in Ireland. British Journal of Midwifery. 2022; 30(3):144–51
- Daly D et al. The maternal health-related issues that matter most to women in Ireland as they transition to motherhood - A qualitative study. Women & Birth. 2022, 35(1):e10–8
- Ryder M, Gallagher P, Coughlan B, Halligan P, Guerin S, Connolly M. Nursing and midwifery workforce readiness during a global pandemic: A survey of the experience of one hospital group in the Republic of Ireland. Journal of Nursing Management. 2022;30(1):25–32
- Daly D, Higgins A, Hannon S, O'Malley D, Wuytack F, Moran P, et al. Trajectories of Postpartum Recovery: What is Known and Not Known. Clinical Obstetrics & Gynecology. 2022; 65(3):594–610
- Smith V, Hannon K, Begley C. Clinician's attitudes towards caesarean section: A cross-sectional survey in two tertiary level maternity units in Ireland. Women & Birth. 2022; 35(4):423–8
- Murphy R, Foley C, Verling AM, O'Carroll T, Flynn R, Rohde D. Women's experiences of initiating feeding shortly after birth in Ireland: A secondary analysis of quantitative and qualitative data from the National Maternity Experience Survey. Midwifery. 2022; 107:N.PAG
- McGuinness D, Daniel U, O'Brien D, Greene E. What are the experiences of antenatal women with diabetes harvesting colostrum? MIDIRS Midwifery Digest. 2022; 32(1):86–91

Library services

The library has a number of services to support your practice and educational requirements, including literature searching, document supply, reference desk assistance and searching consultations. To find out more, call 016640614 or email: library@inmo.ie

Maternity and infant care database

Compiled from more than 400 English-language online and print sources, the maternity and infant care database is a dedicated maternity and pregnancy resource covering a range of relevant topics, including pregnancy, labour, maternity services, infant feeding, infant health and care, postnatal care and midwifery. The range of material in MIC includes original research, journal articles, books and book chapters, reviews, commentaries, news items, government reports and grey literature. As well as allowing users to perform their own searches, the database also provides a selection of more than 550 ready-prepared searches (called search packs) on popular topics, which you can view at no extra charge.

RCM i-learn

RCM i-learn is the Royal College of Midwives e-learning resource that has more than 100 courses now available to INMO midwife members. The courses provide lessons at all levels and range from 10-minute updates to more in-depth learning and are supported by video and audio resources, diagrams and case studies. Whether you are building on your existing knowledge or filling an educational gap, there is a course to suit you. More information is available at **www.inmoprofessional.ie/RCMAccess**

Shared knowledge

Have you come across information that you feel your colleagues may be interested in? Or have you undertaken some research in this specialty and would like to highlight it? If so, please contact us by email.

Contact the Library

If you require any assistance to access the online library on **www.nurse2nurse.ie** or would like to make an appointment for a remote/in-person search consultation, you can email us at library@inmo.ie or phone us on 01 6640614/25. Opening hours: Monday to Thursday, 8.30am-5pm; Friday, 8.30am-4.30pm.

Online – Introduction to Effective Library Search Skills

Next course date: Monday, January 9, 2023

Fee: €30 INMO members; €65 non-members

This course is aimed at nurses and midwives who would like to develop their searching skills to effectively find the most relevant information for clinical practice, reflection and policy development. This course will also be of benefit to those who are undertaking, or about to commence, post-registration academic programmes.

INMO Professional

RCM i-learn

THE ROYAL COLLEGE OF MIDWIVES

Coffee-break courses

RCM i-learn offers courses on a broad range of topics and some are very digestible, taking under 20 minutes to complete

MANY of the courses offered by RCM i-learn are short and very digestible, with many completed in under 20 minutes. The following are a sample of these coffee-time courses.

Hypermobile Ehlers Danlos syndrome (hEDS) and related disorders

For the majority, childbearing and caring for a newborn baby is a normal physiological life event. However, new research is uncovering a group of childbearing women with hypermobile Ehlers-Danlos syndrome (hEDS) and the related hypermobility spectrum disorders (HSD) who may not experience labour, birth and caring for their new-borns in the same way.

This 20 minute module summarises how hEDS/HSD affects those childbearing and how midwives can better support them in maternity services. On completion of this module, you will have:

- Understanding of the evidence in relation to hEDS/HSD
- Appreciation of how hEDS/HSD may affect childbearing
- Understanding of the impact that hEDS/HSD has on those childbearing and their families
- Knowledge and understanding on the midwife's role in caring for those with hEDS/HSD.

Inflammatory bowel disease in pregnancy

This module provides information and knowledge about inflammatory bowel disease (IBD) and the impact this may have on pregnancy for women living with this long-term condition. It will provide an overview of what IBD is and the symptoms often associated with it and explain the differences between and irritable bowel syndrome. It will also explore the ways in which IBD can affect pregnancy and how pregnancy can affect the disease.

Considerations needed for women living with irritable bowel disease during pregnancy will be discussed.

After completing this 15-minute module you will have:

- Understanding of the condition of IBD and how it affects the body
- Appreciation of how pregnancy and irritable bowel disease can affect each other
- Knowledge and understanding on how a midwife can best to care for a woman with IBD during her pregnancy.

Preventing pressure ulcers in maternity care

This brief module explores why some women are receiving sub-standard care in hospitals and how lessons can be learned to raise awareness and to prevent pressure ulcers happening in maternity care.

By the end of this 10-minute module you will have:

- Understanding of physiology of skin and skin damage
- Appreciation of common themes resulting in pressure ulcers in maternity
- Understanding of the impact of pressure ulcers on the woman and her family
- Knowledge and understanding on the midwife's role in preventing pressure ulcers.

Staying safe with social media

Whether or not you are currently a user of social media it tends to touch everyone's lives in one way or another. This module will look at the positives and negatives around the use of social media both personally and professionally. This module contains two videos of two to three minutes each and takes about 15 minutes to complete.

RCM i-learn access for INMO midwife members

Free access is available to all midwife members of the INMO. If you are interested in learning more about the modules outlined or in completing a learning module, visit **www.inmoprofessional.ie/RCMAccess** or email the INMO library at library@inmo.ie for further information

INMO Professional

Irish Nurses and Midwives Organisation
Working Together

IN PERSON COURSES

VISIT OUR WEBSITE

Venue: The Richmond Education and Event Centre, Dublin

NEW!

Phlebotomy

Wednesday, 25 January 2023

Time: 9.15am - 2.30pm

This programme provides participants with the skill and theory to perform phlebotomy in a competent and safe manner. It will cover topics such as sites used for phlebotomy, criteria for evaluating a vein, principles of an aseptic technique as well as complications that may arise during and after the procedure.

Fee: €90 INMO members; €145 Non members

NEW!

Subcutaneous Administration of Fluids

Wednesday, 1 February 2023

Times: 10.00am - 4.00pm

This programme will educate participants in the administration of fluids by the subcutaneous route. It will cover topics such as accountability, indications for subcutaneous infusion, suitable sites and identification of fluids most commonly used. Calculation of the rate of infusion, the principles of an aseptic technique and complications which could occur before, during or after the procedure will be explored.

Fee: €90 INMO members; €145 Non members

NEW!

Peripheral Intravenous Cannulation

Tuesday, 28 March 2023

Time: 10.00am - 4.00pm

This programme provides guidance to participants in the skill of peripheral intravenous cannulation. Instruction will be provided on the sites used for peripheral intravenous cannulation, identifying criteria for evaluating a vein and the principles of an aseptic technique. The aim is for participants to be able to carry out the procedure in a competent and safe manner.

Fee: €90 INMO members; €145 Non members

Limited places available on these courses, early booking is advisable.

BOOKING YOUR PLACE IS ESSENTIAL

Tel: **01 6640618/41** or go **to www.inmoprofessional.ie**

A column by Maureen Flynn

Quality & Safety

Open disclosure resources

HEALTHCARE is complex and sometimes despite our best efforts things can go wrong and patients may experience harm as a result. When a patient safety incident occurs the immediate and ongoing care of all those involved in or affected by the incident is critical. This includes the patient, service user, their relevant person(s) and the staff involved.

It is important that information is provided on the support services and resources that are available. In this month's column we introduce some helpful resources.

Patient and staff support resources

During the National Open Disclosure Week from November 7-13, 2022, the HSE launched two new documents:

- *List of Support Services and Resources for Patients and Service Users following an Incident*
- *List of Support Services for Staff following an Incident*.

The support services and resources listed in these documents are those provided by or endorsed by the HSE and which may most likely be of assistance to patients, service users, their relevant person(s) and staff following an incident.

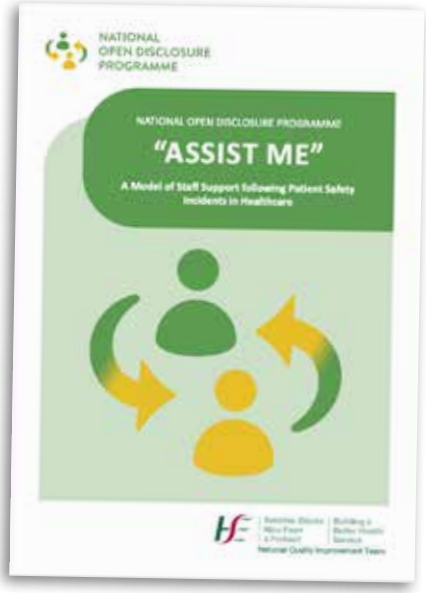
The resource for patients and service users provides information on advocacy services, patient representative groups, bereavement support services, national organisations and charities, HSE documents and patient information leaflets.

The resource for staff includes information on the various health and wellbeing support services, resources and training programmes, which are provided for staff by the HSE.

Both documents provide the name of the service/resource and links to further information.

Using the resources

These services and resources will provide additional guidance and support for managers and staff during the incident management and open disclosure process. They can be used as a quick reference guide and may be particularly helpful to staff who work in the role of the designated person (key contact person) and staff liaison person. The list of supports and resources is not exhaustive and patients, service users or staff may require the support of other specific services, which can be discussed at local level.



Opportunity to get involved

We are seeking wide support in making the documents available in all services. You can help by bringing these resources to the attention of all staff in your area. Discuss the importance of supporting all those involved in or affected by patient safety incidents. Encourage an open, honest and just culture in your organisation where the focus is on the care of those affected by incidents and on learning from them, and where staff feel safe to report and disclose incidents. Find out about other support services that are available and accessible in your local area.

More information

Access the staff support resource can be found at **https://bit.ly/3OjsGSr**

Access the patient support resource here

The ASSIST ME Model of staff support is available at **https://bit.ly/3tDFBFc**

Visit our website for these and other resources: **www.hse.ie/opendisclosure**

Maureen Flynn is director of nursing ONMSD, QPS Connect lead, HSE National Quality and Patient Safety Directorate

Acknowledgements
A special thank you to my colleagues in the National Open Disclosure Office, the Quality and Patient Safety Incident Management Team within the National Quality and Patient Safety Directorate. Thank you also to the Patient Advocacy Service and Patients for Patient Safety Ireland for their input

References
1. Health Service Executive (2019), Open Disclosure Policy: Communicating with Patients Following Patient Safety Incidents, Dublin: Health Service Executive, accessed at https://www.hse.ie/eng/about/who/tobaccocontrol/tobaccoproductdirective/hse-open-disclosure-policy.pdf
2. Health Service Executive (2022), Just Culture Guide, Dublin: Heath Service Executive, accessed at https://www.hse.ie/eng/about/who/nqpsd/qps-incident-management/just-culture-guide.pdf

INMO Professional DEVELOPMENT CENTRE

THE ROYAL COLLEGE OF MIDWIVES

RCM i-learn

NOW AVAILABLE AT

https://inmoprofessional.ie

INMO

Irish **Nurses** and **Midwives** Organisation
Working Together

Recruit a Friend

And We Will Give You a **€20 One4all** Gift Card*

One4all Gift Cards

Please recruit your friend/colleague and ask them to complete an INMO new member Application Form (*please contact any INMO office for a supply of Application Forms*). Insert **your** name and INMO membership number on the 'Recruited By' portion of the application form at the end of Section 1.

*For every new member or re-joining member recruited, you receive a €20 One4all Gift Card.

Managing costs on placement

Nursing and midwifery students have more than just living and education expenses to think about, writes **Róisín O'Connell**

AS WE head into December, student nurses and midwives all over the country have started clinical placements and are experiencing the highs and lows of working within the health service. Nursing and midwifery can be extremely rewarding professions but are not without challenges. I still remember my first placement like it was yesterday. I was nervous that I wouldn't know what to do and that I would struggle to keep up with my preceptor. I was inspired by the knowledge and skill of the staff who took the time to instruct me. The expertise they had, paired with the care they showed their patients, seemed to be the glue holding the whole system together.

During placement, students learn to navigate the complexities of professional relationships and structures within the health service. While learning to understand the concepts of professional accountability and responsibility, their coping mechanisms are challenged in a way that other types of students don't experience, all while developing clinical skills and a comprehensive knowledge base, and dealing with the pressures of exams and assignments.

Like all students, they must also manage their living and education expenses, but there are far higher expenses involved in attending clinical placements, especially in relation to accommodation and travel.

Allowances

Nursing and midwifery students in first to third year may claim allowances while on clinical placement. These allowances are outlined in HSE HR Circulars 09/2022 and 09/2004, which state: "The vouched accommodation allowance cap has been increased to €100 weekly and this will apply for the duration of the supernumerary placement where it is necessary for the student to obtain accommodation away from their normal place of residence, on the basis of receipts certified by the student and the student allocation officer (SALO) in the health service". This allowance is intended as a contribution towards the cost of clinical placement and it is not intended to meet the full cost of accommodation.

Travel

Travel costs for clinical placement may also be refunded, as outlined in HSE HR Circular 9/2004. Allowances may be claimed by students when they provide receipts to the SALO in the health service. It is important to note that the travel allowances are calculated from your college to your placement location, not from your home address.

Student nurses and midwives are in a more precarious situation than other students because they attend clinical placements, so it is necessary to provide additional financial supports. At a time when there is a recruitment and retention crisis for nurses and midwives, we need to re-examine the supports available to students to assist them on their path to registration. All eligible student nurses and midwives should avail of these allowances.

If you have any questions regarding the accommodation and travel allowances available, email roisin.oconnell@inmo.ie

McHugh report recommendations

Despite significant pressure from the INMO, student nurses and midwives are still waiting for the full implementation of the McHugh report and the revised system of allowances for subsistence, travel, accommodation and provisions for uniforms, despite these being due for implementation by the start of this academic year. Recently we urged our student members to write to their TDs asking them to put pressure on the government to implement these vital measures, setting out the urgency of providing support

to students receiving vital training in our health service during a housing and cost-of-living crisis. The INMO will continue to put pressure on the government to implement these long-overdue supports to help relieve the effects of what is a dire situation for many and an obstacle to training and retaining the future healthcare workforce.

Send in your class photos

If you have photos of your graduating class, please send original files (at their largest size) to roisin.oconnell@inmo.ie – along with the location the picture was taken – for publication in *WIN*.

Get involved

It is essential that each class has a student rep linked in with me. If your group does not have an INMO rep, please nominate one per year, discipline and placement area if you are spread across multiple sites. Student reps are distinct from student union reps as the INMO is the professional body representing nurses and midwives. Being a rep does not mean taking on a body of work and solving your class's problems by yourself. A rep is someone who lets me know the collective issues of their group so that I can either address these concerns or bring them to the attention of senior management so that your voice can be represented at national negotiations.

Róisín O'Connell is the INMO's student and new graduate officer. If you have a question for her, please email roisin.oconnell@inmo.ie

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

Help us to update your INMO membership contact details

IMPORTANT: PLEASE PRINT YOUR DETAILS IN ALL FIELDS IN BLOCK CAPITALS
**You will find your INMO number on the postage label of your copy of *WIN*

** INMO number:	NMBI number:
First name:	
Surname:	
Date of birth:	
Home address:	
Work location address:	
Study address:	
Employment grade (eg. CNM1, etc)	
If you are PHN or Community RGN Name of Local Health Office: Name of Community Care area:	
INMO Section:	
INMO Branch:	
Student: (Please tick appropriate) Yes ☐ No ☐	
Telephone Home:	Work:
Mobile Personal:	Work:

Please note that this mobile number will only be used by INMO for important updates and will not be given to any other party at any time. If you have any queries, please call the membership department Tel: 01 6640600

Email Personal:	Work:

The above details are correct as of:

Date: Signature:

Irish Nurses and Midwives Organisation,
The Whitworth Building, North Brunswick Street, Dublin 7, Ireland
Tel: 01 6640600 **Fax:** 016610466 **Email:** inmo@inmo.ie

Drogheda midwife Mairead Martin, winner of the 2022 WaterWipes Pure Foundation Fund, spoke to **Freda Hughes** recently about her work in the midwifery-led unit at Our Lady of Lourdes Hospital

Outstanding in her field

MIDWIFE Mairead Martin from Our Lady of Lourdes Hospital in Drogheda is the Irish winner of the Water Wipes 2022 Pure Foundation Fund, a bursary fund that recognises the outstanding work of healthcare professionals who have made a difference in the lives of parents and babies in their pregnancy, birth and postnatal journey.

More than 360 nominations were submitted from across the UK and Ireland, and the Irish winner was selected by a panel that included representatives from the INMO, WaterWipes and the Irish Neonatal Health Alliance (INHA).

Ms Martin has worked as a midwife for 32 years. While working as a staff nurse in Louth County Hospital, she began her midwifery training in the Royal Maternity Hospital (RMH), Belfast in 1989.

Ms Martin told *WIN*: "If RMH trained me to be a midwife, returning to work in the maternity unit in Louth County Hospital made me a midwife. Here I learned the art and science of midwifery practice, and the provision of holistic and women-centred care."

The maternity unit in Louth County Hospital closed its doors in 2001, but Ms Martin had the opportunity to move to Our Lady of Lourdes. It was here that she was nominated by her colleague Rachel Gallagher for the outstanding care and education she has provided throughout her career.

Ms Martin has always endeavoured to remain hands-on in direct midwifery practice in the midwifery-led unit (MLU), introducing the midwife-led examination of the new-born babies.

In the family

Midwifery runs deep in Ms Martin's family. Her great grandmother, Mary Casey, on finding herself a young widow with five children and no source of income, undertook a direct-entry midwifery course in the Rotunda Hospital in the early 1900s. On qualifying, she supported herself and her family by working as an independent community midwife for the women of Dundalk and its environs.

When asked how she felt about the award, Ms Martin said: "Winning this award at this stage of my career is such a wonderful gift. The staff of the MLU are an amazing team who go above and beyond to provide the best care to women and their babies during the antenatal, intrapartum, and postnatal period. My personal philosophy is that the service should suit the women who access it and not that the women should suit the service that is provided. It is my heart's desire to continue to do this most noble of professions for as long as I possibly can. I gladly pass on my love, knowledge and experience of midwifery to my sister midwives and student midwives so that as many women as possible in the North East can access this wonderful service."

A worthy cause

Ms Martin donated her €10,000 prize money to fund a resumption of water births, in appropriate circumstances, in the labour ward at Our Lady of Lourdes Hospital. She also plans to help fund essential training for midwives. "I would love to see a resumption of water births in the MLU, and their introduction in appropriate circumstances in the labour ward in the hospital. I want the prize fund utilised to train midwives in both areas so that we can begin to enhance the quality and scope of the care that we give."

High standards

Alongside the overall winner, runners-up were also recognised for their work and achievements, including: public health nurse Eimear Close; midwife Stephanie Hayes from St Luke's General Hospital, Kilkenny; and neonatal professional, Karen Prunty, who works on the frontline with new parents and newborn babies who require hospitalisation after they are born.

Ms Hayes told *WIN* about her work as a perinatal mental health midwife: "I felt incredibly honoured to have been a runner-up. This award recognises the vital support that perinatal mental health midwives offer women and their families at such a precious time in their lives, where a listening ear and a familiar face can help navigate the many different emotions that can be experienced throughout the pregnancy and postnatal journey. I feel privileged to meet the women, babies and families I support, and I look forward to being part of their journey to parenthood."

Steve Pitman, INMO head of education and member of the judging panel, said: "The standard of those nominated for this award was extremely high. This exemplifies the commitment of nurses and midwives to providing compassionate and high-quality care to babies and their families. The INMO would like to congratulate Mairead Martin on winning, as well as all those who were nominated."

Seven steps to a mindful Christmas

Aparna Shukla offers some advice on slowing down and taking time to experience a more mindful holiday season this year

IT IS once again that time of the year when shops and streets buzz with shoppers, and everyone is busy planning, budgeting and thinking about how to have a beautiful Christmas. As nurses and midwives, you might even be working on Christmas Day, so you could be thinking of how to make it up to your family. If you follow some simple steps to prepare your mind and body for what lies ahead, you can experience the Christmas festivities with a calm mind while staying present in those precious moments.

Christmas falls in midwinter, it can be a beautiful time of year as we celebrate coming together as one year ends and get ready to welcome the new year. Some people however can get sucked into over consumption and shop and eat mindlessly. There are excuses to justify this behaviour everywhere as we are bombarded with commercial pressures at every turn. Such behaviour can harm our financial, physical, mental and emotional health. Rather than waiting for the new year to take a fresh approach, my advice is to start now.

Benefits of mindfulness

In previous years if you have experienced anything from the list below, then perhaps you should try to take a different approach to this year's Christmas celebration.

- Your credit card bill was too high
- You were stressed by the amount of work you had to do
- Guests left you drained and tired and you had arguments with family members
- You didn't get enough sleep and rest
- Instead of happiness, you experienced anxiety and sadness
- You experience guilty feelings for having to work and not being with your family.

By starting now with simple meditation and informal mindfulness practices you can prepare the mind to deal with extra demands at this time of year, both physical and mental. Doing just five to 15 minutes of meditation daily will make you aware of the types of thoughts running through your head and your mind will start to slow down as you sit down to meditate.

One to two weeks of daily meditation practice will make changes in your consciousness, and you may experience:

- A relaxed body
- A spacious mind
- A joyous spirit.

Seven steps to mindfulness

1 Observe your thoughts. It may sound strange, but this is where your power to become aware of negative thinking patterns lies. You may become aware of fearful thoughts when you hear the names of some relatives who are coming to stay with you for Christmas. Mindfulness teaches us not to judge thoughts but to know where it is heading and before these negative thoughts steal your peace of mind, you can change the course of action and focus on your present moment experience. This is called 'checking in', a practice where you stop and ask yourself: How am I feeling?, What am I thinking? If the thought is productive, acknowledge it and if it is unproductive, then put it in the junk folder in your mind, where it can be deleted in due course.

2 Acceptance. This is one of the most powerful practices of mindfulness. Acceptance doesn't mean being resigned to a situation, but it's an active state of mind where we accept that something is not within our control or cannot be changed.

This practice may bring much-needed vitality to our relationships with family and friends. Instead of wasting your energy trying to change them, accept them for who they are. If your partner is inviting some guests you don't like, then choose to welcome them with an open mind without letting previous experiences cloud your perception. Meet them as if you are meeting them for the first time.

Bringing an attitude of openness and curiosity will put you in a better position to experience all dimensions of human relationships. Many people are stuck with their memories and can't find their way out of it and ruin the festival time by feeling angry and sad.

If you are rostered to work on Christmas day or eve, then accept that you chose to be there for your patients. Spread the joy of Christmas in your workplace.

3 Mindful walking. The weather is not ideal for outdoor walking in November and December, however, some people still go out to walk. It's essential to understand the difference. Mindful walking is less about walking and more about presence and awareness. No matter how small your room, it may be perfectly suitable for mindful walking. You can practise for five to ten minutes in the middle of the day. Even when you are at work, you can do it.

Choose to step out of your mind and walk slowly while noticing breath and body movement. Every time the mind starts to wander, bring it back to the feet on the ground. You may choose to do it in a small circle. This will clear your head of all the thoughts and create space in your mind; as a result, you will feel calmer and more relaxed.

4 Start your day by setting an intention and some meditation. Our minds like to know what lies ahead, so if you don't set the intention in the morning, it will get lost in past memories and future worries. As you wake up in the morning, look out the window and say to yourself what a beautiful morning. List the qualities you would like to experience on this day, for example, love, happiness, success and joy. Intention setting differs from expectation, so after setting intentions, do not have expectations and practise acceptance the rest of the day. Accept whatever happens. You do not get to control people and situations around you. This awareness itself is empowering.

You can also start your day by sitting in silence for five to 10 minutes and observing your breath during meditation, again a gentle reminder not to have expectations. Scientific research shows that sitting in meditation creates changes in your brain. This is called neuroplasticity. New neural pathways will be formed and you will start to feel more peace, happiness and less worry. Consistency is the key here, and these changes will not happen if you do not do it regularly.

5 End your day with the practice of 'GLAD'.

G – *Gratitude:* every night before bedtime, sit down, meditate and list three things you are grateful for on that day. Be as specific as possible, for example if a nurse colleague shared some of your work while you were on break, include their name in your gratitudes.

L – Learning: think of one new thing you have learned today, no matter how small, for example, a new medication in your patient's treatment or a new recipe you discovered. Do not get lost in details. Quickly name the new lesson and return to breathe in awareness.

A – Achievement: bring one achievement you feel proud of today, to the screen of your mind. By doing this, you are training your mind to see the good in life, which can get lost in an automatic pilot mode when the mind keeps thinking about all the bad and negative things that happened to us.

D – Delight: visualise those moments in the day when you felt lifted and happy. If you don't recall any such moment in your day, then deliberately smile and say, so it's now I am feeling delighted.

6 Mindful eating. Eating your food slowly and being fully aware while engaging all your senses is highly recommended at Christmas. Do not keep eating all day; stick to three meals and one or two snacks. When you eat cake and sweets, eat with full awareness and without guilt or shame.

7 Mindful shopping. Do not buy everything in the shop just because it is on sale. Ask yourself, Do I need this? Do I have space in the fridge for this? Shops are only closed for one day so there is no need to buy as if there is going to be famine. Shop with a list, stick to it and remain present with your choices.

Peace, love and joy

Practising these seven steps seven days a week may open a new door for Santa through which he will enter and give you the much desired three gifts of peace, love and joy. With a child-like attitude towards Christmas and a mind that is well balanced with the practice of mindfulness, you will smile and laugh with your friends, family and patients this Christmas.

Aparna Shukla has a master's degree in nursing and is a certified MBSR and yoga teacher. She regularly designs and facilitates mindfulness and yoga sessions for the INMO

Diabetes care at the end of life – new guidelines

End-of-life management of patients with diabetes should focus less on blood glucose targets and more on overall quality of life, write **Demelza Dooner**, **Siobhán Meehan** and **Mairead Walsh**

IN IRELAND, diabetes care towards the end of life has been an area lacking in quality standards and guidance. This deficit prompted the Midlands Diabetes Nurse Specialist Group and the HSE Midlands Specialist Palliative Care Services to publish clinical recommendations[1] for higher-quality, standardised care for people in Ireland who have diabetes and are approaching the end of their life. These recommendations, which were launched in June 2022, provide practical guidance for healthcare professionals caring for people with diabetes towards the end of their life, as well as for their families.

End-of-life care involves providing support to allow people to continue to live with dignity, keeping them as comfortable as possible until the end and helping families to cope with this often distressing time.

Towards the end of life, the focus shifts from prevention of long-term complications associated with diabetes to ensuring that the symptoms of high and low blood glucose levels are controlled and minimised. The priorities change to enhancing quality of life, liberalising the goals of diabetes care and simplifying treatment regimens by reducing medication burden. All of this should be achieved with the least invasive testing and the minimum effective amount of medication.

The recommendations aim to:

- Promote a consistent, high-quality approach to diabetes care towards the end of life
- Inform the wider healthcare workforce about key areas of diabetes care towards the end of life that provide a platform for sensitive, appropriate and supportive care
- Provide guidance for glycaemic targets that aims to avoid symptomatic hyperglycaemia and hypoglycaemia, with emphasis on less stringent blood glucose and HbA1c values for those approaching the end of life. Blood glucose targets of 6-15mmol/l are acceptable at end of life. People with existing diabetes will be familiar with blood glucose targets previously set and will need explanation and reassurance to agree a new set of targets
- Create awareness for the need to provide training and education in end-of-life diabetes care.

Individuals are approaching the end of life when they are likely to die within the next 12-24 months.[2,3] This includes individuals whose death is imminent (expected within a few hours or days). See *Table 1* for the stages of end-of-life care, as per the recommendations.

When considering the timeframe to end of life being 12-24 months, it was important to discuss areas such as the use of glucocorticoid treatment, hypoglycaemia, nutrition and sick day management for people with type 1 and type 2 diabetes.

Table 1: Stages towards end-of-life care

Less than two years to end of life
Review oral hypoglycaemic agents and the use of cardio-protective therapies and consider dosage reductions
Months to end of life
Keep interventions to a minimum. Simplify diabetes treatment, moving towards once or twice a day insulin. Increased likelihood of carers being involved in insulin therapy. Consultation with the diabetes team is recommended
Weeks to end of life – deteriorating condition
All of the changes suggested above should be considered but note there may be little time to get used to a new insulin regimen. Managing diabetes can be an added stress at an emotional time for individuals and carers. Relaxing blood glucose targets for control may seem like 'giving up' for some, while others may view managing diabetes in addition to their terminal illness as 'pointless'
Final days/terminal care – days prognosis
By now, diabetes treatment should be minimised. Use *Figure 1*, aiming to minimise symptoms of diabetes and keeping invasive testing to a minimum. It can be reassuring for relatives and carers to know that this additional plan of care is being followed and that the diabetes is being managed differently rather than being 'ignored'.

Corticosteroids are a potent group of medicines, with many adverse effects, that are widely prescribed in palliative care for both specific and non-specific indications. Regardless of the indication, steroid use can have an impact on blood glucose levels and this may warrant temporary, additional and more active glycaemic management.

An algorithm for managing hyperglycaemia secondary to steroid therapy was developed and can be found on *page 18* of the recommendations.[1] Hypoglycaemia can be troublesome at any time in individuals with diabetes. It is particularly important to recognise signs and symptoms of hypoglycaemia and to treat appropriately. Hypo-inducing blood glucose-lowering treatment may need to be stopped at this time. Every effort should be made to avoid hypoglycaemia at the end of life. This should be done by agreeing

an individualised care plan and a review of blood glucose targets.

The effects of nutritional deficits, weight loss, opiates and other pain killers on appetite will have a major impact on blood glucose levels. Rationalisation of glucose-lowering treatment for diabetes is imperative for the prevention of hypoglycaemia. An algorithm for treating hypoglycaemia can be found on *page 20* of the recommendations.[1]

Nutrition

Nutrition and hydration are basic human needs. However, as a patient enters the end-of-life phase, their longing for foods and fluids can significantly decrease. Patients with diabetes presenting with poor appetite or swallowing issues can pose a concern due to the significant impact that reduced meal sizes can have on blood glucose levels. Support from a dietitian regarding appropriate food choices based on a patient's overall condition can be beneficial at this stage. Ideally, to avoid limiting diet, it would be preferable for medications to be adjusted in line with meal size and frequency.

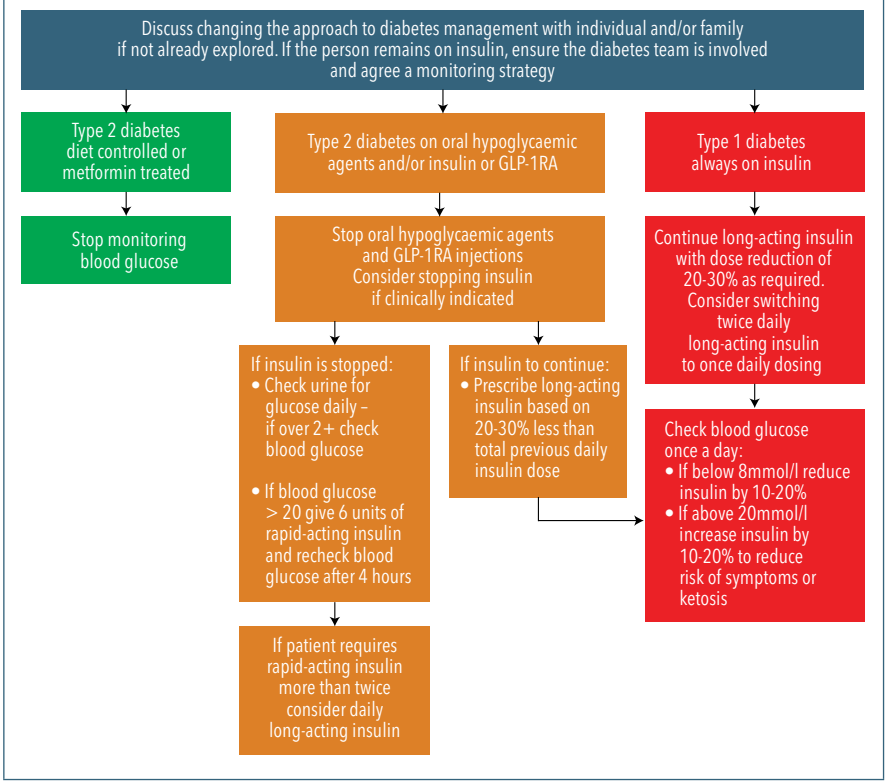
A strong communication pathway with the full multidisciplinary team, the patient and family members, is an integral part of managing this complex stage. Clear goals/aims of treatment should be agreed on an individual patient basis.

Sick day management

When people living with diabetes are ill, their bodies react by releasing hormones to fight the illness. These hormones can be triggered by any number of conditions, such as infections, cardiovascular ischaemic events, gastroenteritis and dehydration. The hormones released during an illness raise blood glucose levels and at the same time make it more difficult for insulin to lower them. For people living with diabetes, in particular type 1, even a minor illness can lead to dangerously high blood glucose levels. This may cause life-threatening complications such as diabetic ketoacidosis in people with type 1 diabetes and hyperosmolar hyperglycaemic state in those with type 2.

People with diabetes and their carers should work with the healthcare team to make an illness plan. They should discuss their blood glucose targets during an illness, how often to check their blood glucose and ketone levels, how to adjust their medicines and when to contact their healthcare team for help. When a patient with diabetes is ill, extra insulin might be necessary as blood glucose levels may rise, even if patients are unable to eat or drink normally. Further information and guidance on sick day rules can be found on *pages 21-22* of the recommendations.

Figure 1: Flow chart for diabetes care at the end of life



Diabetes care at the end of life

As the patient approaches the end of their life, their diabetes management becomes less about meeting blood glucose targets and more about overall quality of life, where the patient wants to be and who the patient wants to be with. Most medications can be stopped at this stage, apart from essential drugs such as basal insulin for people with type 1 diabetes, antiemetics and analgesics. Ideally by this time diabetes treatment will have been minimised so that few changes are needed in the last days of life.

The recommended blood glucose targets of 6-15mmol/l can often be relaxed further at this time, eg. to targets of 10-20mmol/l, with reduced blood glucose monitoring and simplification of treatment regimens. Most people with type 2 diabetes can come off their diabetes treatment and stop blood glucose monitoring. People with type 1 diabetes will still need to continue on basal insulin and reduce monitoring of blood glucose to once daily *(see Figure 1)*.

Conclusion

A terminal diagnosis can be a seismic shock to patients and their families, and they will need a significant amount of support. The need to balance the benefits of diabetes interventions with prognosis is paramount. Stages towards the end of life have been categorised within the recommendations, including treatment plans and flow charts to support each stage.

We feel these recommendations will enhance the quality of life of patients with diabetes and a terminal illness, and will give healthcare professionals greater confidence in providing care for such patients.

In the words of Dame Cicely Saunders, the founder of the modern hospice movement: "You matter because you are you, and you matter to the end of your life. We will do all we can not only to help you die peacefully but also to live until you die".

Demelza Dooner is an ANP in diabetes, Midland Regional Hospital Tullamore; Siobhán Meehan is a CNS in diabetes and Mairead Walsh is a CNS in diabetes, both with the HSE Midland Diabetes Structured Care Programme

References
1. Midlands Diabetes Nurse Specialist Group & the HSE Midlands Specialist Palliative Care service. Diabetes Care Towards End of Life: Clinical care recommendations 2021. Available at: https://www.hse.ie/eng/about/who/acute-hospitals-division/hospital-groups/dublin-midlands-hospital-group/news/diabetes-care-towards-end-of-life-clinical-care-recommendations.pdf
2. Irish Hospice Association website [Online]. Available at: www.hospicefoundation.ie/aboutus hospice-palliative-and-end-of-life-care/definitions
3. General Medical Council (2010). Treatment and care towards the end of life: good practice in decision making. Available at: www.gmc-uk.org/-/media/documents/treatment-and-care-towards the-end-of-life---english-1015_pdf-48902105.pdf

WHEN LIFE'S LITTLE THINGS ARE HARD TO OVERCOME,

you can help simplify their methotrexate injections.

Methofill® SelfDose is designed to be easy and comfortable to grip, even for patients with declining dexterity. [1]
With audible and visual cues to inform of the injection progress, it puts the patient in control of their injection. [2]
Methofill® SelfDose has a 50 mg/ml concentration with low injection volume. Low subcutaneous injection volumes are associated with reduced injection site pain. [3-5]

Help give your active RA patients confidence[6] and control[2] in their methotrexate injections, give them Methofill.

ABBREVIATED PRESCRIBING INFORMATION
Please refer to the Summary of Product Characteristics (SmPC) before prescribing
Methofill (Methotrexate) 7.5mg, 10mg, 12.5mg, 15mg, 17.5mg, 20mg, 22.5mg, 25mg, 27.5mg and 30mg, solution for injection in pre-filled injector.
Presentation: Each pre-filled injector contains 7.5, 10, 12.5, 15, 17.5, 20, 22.5, 25, 27.5 or 30 mg methotrexate. **Indications:** Active rheumatoid arthritis in adults. Polyarthritic forms of severe, active juvenile idiopathic arthritis, when response to nonsteroidal anti-inflammatory drugs (NSAIDs) is inadequate. Severe recalcitrant disabling psoriasis, not adequately responsive to other therapy such as phototherapy, PUVA, and retinoids, and severe psoriatic arthritis in adults. Mild to moderate Crohn's disease alone or in combination with corticosteroids in adults refractory or intolerant to thiopurines. **Dosage and Administration:** Important warning about the dosage of Methofill. Methofill (Methotrexate) **must only be used once a week** for the treatment of Rheumatoid arthritis, Juvenile arthritis, Psoriatic arthritis, Psoriasis, Crohn's disease. Dosage errors in the use of Methofill (Methotrexate) can result in serious adverse reactions, including death. Please refer to SmPC. *Adults with rheumatoid arthritis*: Recommended initial dose is 7.5mg of methotrexate **once weekly**, administered subcutaneously. May be increased gradually by 2.5mg per week. Weekly dose of 25mg should not be exceeded. Doses exceeding 20mg/week are associated with significant increase in toxicity. Response to treatment expected after approximately 4 – 8 weeks. Upon achieving therapeutically desired result, reduce dose gradually to lowest effective maintenance dose. *Children and adolescents below 16 years with polyarthritic forms of juvenile idiopathic arthritis*: Children with body surface area below 0.75m^2 cannot be treated with this product. Recommended dose 10 - 15mg/m^2 body surface area (BSA)/**once weekly** by subcutaneous injection. Weekly dosage may be increased to 20mg/m^2 BSA/**once weekly**. Increase monitoring frequency if dose increased. Refer patients to rheumatology specialist in the treatment of children/adolescents. Use in children < 3 years of age not recommended. *Psoriasis vulgaris and psoriatic arthritis*: Administer test dose of 5 – 10mg parenterally, one week prior to therapy to detect idiosyncratic adverse reactions. Recommended initial dose 7.5mg **once weekly** subcutaneously. Increase dose gradually. Do not exceed weekly dose of 25mg. Doses exceeding 20mg per week are associated with significant increase in toxicity, especially bone marrow suppression. Response to treatment expected after approximately 2 – 6 weeks. Upon achieving therapeutically desired result, reduce dose gradually to lowest effective maintenance dose. Increase dose as necessary but do not exceed maximum recommended weekly dose of 25mg. Exceptionally a higher dose might be clinically justified, but should not exceed a maximum weekly dose of 30mg. *Crohn's Disease*: Induction treatment 25mg/week subcutaneously. Response to treatment expected after approximately 8 to 12 weeks. Maintenance treatment 15mg/week subcutaneously. *Renal impairment*: Use with caution. See SmPC for dose adjustments based on creatinine clearance. *Hepatic impairment*: Use with great caution, if at all, in patients with significant current or previous liver disease, especially if due to alcohol. If bilirubin is > 5mg/dl (85.5 µmol/l), methotrexate is contraindicated. *Elderly patients*: Consider dose reduction. *Third distribution space (pleural effusions, ascites)*: Half-life can be prolonged to 4 times the normal length , dose reduction or discontinuation may be required. Patients must be educated and trained in the proper injection technique when self-administering methotrexate. The first injection of Methofill should be performed under direct medical supervision. **Contraindications:** Hypersensitivity to the active substance or any of the excipients. Severe liver impairment. Alcohol abuse. Severe renal impairment (creatinine clearance less than 30 ml/min). Pre-existing blood dyscrasias. Serious, acute or chronic infections. Ulcers of oral cavity and known active gastrointestinal ulcer disease. Pregnancy, breast-feeding. Concurrent vaccination with live vaccines. **Warnings and Precautions:** Clearly inform patients that therapy should be administered **once a week**, not every day. Supervise patients so that signs of possible toxic effects or adverse reactions are detected and evaluated with minimal delay. Treatment should be initiated and supervised by physicians with knowledge and experience in use of antimetabolite therapy. Possibility of severe/fatal toxic reactions, patients should be fully informed by physician of risks and recommended safety measures. *Before beginning or reinstituting treatment*: Complete blood count with differential and platelets, liver enzymes, bilirubin, serum albumin, chest x-ray and renal function tests. If clinically indicated, exclude tuberculosis and hepatitis. *During therapy (at least once a month during the first six months and every three months thereafter)*: Examine mouth and throat for mucosal changes. Complete blood count with differential and platelets. Profound drop in white-cell or platelet counts indicates immediate withdrawal of treatment and appropriate supportive therapy. Advise patients to report signs and symptoms of infection. Patients taking haematotoxic medicinal products (e.g. leflunomide) simultaneously should be monitored closely with blood count and platelets. Liver function tests: Do not start treatment if abnormality of liver function tests, other non-invasive investigations of hepatic fibrosis or liver biopsies present. Stop treatment if abnormalities develop. Temporary increases in transaminases have been reported. Persistent elevation of liver enzymes and/or decrease in serum albumin may be indicative for severe hepatotoxicity. Consider dose reduction or discontinuation in the case of a persistent increase in liver-related enzymes. Histological changes, fibrosis and more rarely liver cirrhosis may not be preceded by abnormal liver function tests. Non-invasive diagnostic methods for monitoring of liver condition should be considered, in addition to liver function tests. Liver biopsy should be considered on an individual basis. Hepatotoxic medicinal products should not be given during treatment with methotrexate unless clearly necessary. Alcohol consumption should be avoided. Closer monitoring of liver enzymes should be undertaken in patients concomitantly taking other hepatotoxic medicinal products. Increased caution should be exercised in patients with insulin-dependent diabetes mellitus. Renal function should be monitored by renal function tests and urinanalysis. Where renal function may be compromised (e.g. the elderly), monitor more frequently particularly when concomitant medicinal products affect the elimination of methotrexate, cause kidney damage or can lead to impairment of blood formation. Dehydration may also intensify methotrexate toxicity. Respiratory system: Be alert for symptoms of lung function impairment. Pulmonary effects require quick diagnosis and discontinuation of methotrexate. Pulmonary symptoms (especially dry non-productive cough) or a non-specific pneumonitis occurring during methotrexate therapy may be indicative of a potentially dangerous lesion and require interruption of treatment and careful investigation. Acute or chronic interstitial pneumonitis, often associated with blood eosinophilia may occur and deaths have been reported. This lesion can occur at all dosages. Pulmonary alveolar haemorrhage has been reported with methotrexate used in rheumatologic and related indications. This event may be associated with vasculitis and other comorbidities. Prompt investigations should be considered when pulmonary aleveolar haemorrhage is suspected to confirm the diagnosis. Methotrexate may impair response to vaccination and affect result of immunological tests. Particular caution needed in presence of inactive, chronic infections (e.g. herpes zoster, tuberculosis, hepatitis B or C). Vaccination using live vaccines must not be performed. Malignant lymphomas may occur in which case therapy must be discontinued. Concomitant administration of folate antagonists has been reported to cause acute megaloblastic pancytopenia. Radiation induced dermatitis and sunburn can reappear (recall-reaction). Psoriatic lesions can exacerbate during UV-irradiation and simultaneous administration of methotrexate. Methotrexate elimination is reduced in patients with a third distribution space (ascites, pleural effusions) requiring careful monitoring for toxicity and dose reduction or discontinuation of methotrexate. Pleural effusions and ascites should be drained prior to initiation of methotrexate. Diarrhoea and ulcerative stomatitis require interruption of therapy. Products containing folic acid, folinic acid or derivatives may decrease effectiveness. Treatment of psoriasis with methotrexate should be restricted to severe recalcitrant, disabling psoriasis not adequately responsive to other forms of therapy and only when diagnosis established by biopsy and/or after dermatological consultation. Encephalopathy / Leukoencephalopathy have been reported in oncologic patients. In patients receiving Methotrexate, cases have been reported of progressive multifocal leukoencephalopathy (PML), mostly in combination with other immunosuppressive medication. PML can be fatal and should be considered in the differential diagnosis in immunosuppressed patients with new onset or worsening neurological symptoms. Methotrexate has been reported to cause oligospermia, menstrual dysfunction and amenorrhoea in humans, during and for a short period after cessation of therapy and to cause impaired fertility during its administration. These effects appear to be reversible on discontinuing therapy. The absence of pregnancy should be confirmed before methotrexate is administered. Contains less than 1 mmol sodium (23 mg) per dose, i.e. essentially "sodium free". Methotrexate has minor or moderate influence on ability to drive and use machines. **Pregnancy and Lactation:** Methotrexate is teratogenic. Contraindicated in pregnancy and breast feeding. It has been reported that methotrexate treatment could lead to abortion. Women getting pregnant during therapy should receive medical counselling about risk of adverse reactions for the child. Effective contraception (women and men) is required during treatment and for at least 6 months thereafter. **Adverse events include: Adverse events which could be considered serious include:** *Common:* Leukopenia, thrombopenia, pneumonia. *Uncommon*: Pharyngitis, pancytopenia, precipitation of diabetes mellitus, pancreatitis, renal impairment, gastrointestinal ulcers and bleeding. *Rare*: Pericarditis, pericardial effusion, pericardial tamponade, pulmonary fibrosis, Pneumocystis jirovecii pneumonia, acute hepatitis, renal failure, anuria,anaphylactic shock, allergic vasculitis, sepsis, hypogammaglobulinaemia. *Very rare*:Acute aseptic meningitis,lymphoma, agranulocytosis, convulsions, paralysis, retinopathy, haematemesis, hepatic failure, Stevens-Johnson syndrome, toxic epidermal necrolysis (Lyell's syndrome), lymphoproliferative disorders, bone marrow suppression. *Frequency unknown:* Pulmonary toxicity, pulmonary alveolar haermorrhage, hepatotoxicity, renal toxicity, neurotoxicity, leukoencephalopathy, encephalopathy, osteonecrosis of jaw (secondary to lymphoproliferative disorders), skin exfoliation / dermatitis exfoliative, injection site necrosis. **Other Very Common adverse events:** Stomatitis, dyspepsia, nausea, loss of appetite, abdominal pain, abnormal liver function tests (increased ALAT, ASAT, alkaline phosphatase and bilirubin). **Other Common adverse events**: Anaemia, headache, tiredness, drowsiness, oral ulcers, diarrhoea, exanthema, erythema, pruritus,interstitial alveolitis/pneumonitis often associated with eosinophilia. See SmPC for details of other adverse events. **Shelf Life:** 36months. **Pack size:** 7.5mg/0.15ml; 10mg/0.20ml; 12.5mg/0.25ml;15mg/0.30ml;17.5mg/0.35ml; 20mg/0.40ml; 22.5mg/0.45ml; 25mg/0.50ml; 27.5ml/0.55ml; 30mg/0.60ml. **Marketing Authorisation Holder (MAH):** Accord Healthcare Ireland Limited, Euro House, Euro Business Park, Little Island, Cork, T45 K857, Ireland. **MA Number:** PA 2315/060/002, 003, 004, 005, 006, 007, 008, 009, 010, 011. **Legal Category:** POM. Full prescribing information including the SmPC, is available on request from Accord Healthcare Ltd, Euro House, Little Island, Co. Cork, Tel: 021-4619040 or www.accord-healthcare.ie/products. Adverse reactions can be reported to Medical Information at Accord Healthcare Ltd. via E-mail: medinfo@accord-healthcare.com or Tel: +44(0)1271385257. **Date of Generation of API:** October 2022 IE-01922

References: **1.** Data on file UK-01467. **2.** Methofill® solution for injection in pre-filled injector. SmPC. **3.** Müller-Ladner U, *et al. Open Rheumatol J.* 2010;4:15-22. **4.** Jørgensen JT, *et al. Ann Pharmacother.* 1996;30:729-32. **5.** Heise T, *et al. Diabetes Obes Metab.* 2014; 16:971-6. **6.** Data on file UK-01465.

Adverse events should be reported. Reporting forms and information can be found on the HPRA website (www.hpra.ie), or by e-mailing medsafety@hpra.ie.
Adverse events should also be reported to Medical Information via email: medinfo@accord-healthcare.com or tel: 0044 (0)1271 385257.

Accord Healthcare Ireland Ltd, Euro House, Euro Business Park, Little Island, Cork, T45 K857. Phone: 021 461 90 40
Date of Preparation: November 2022 IE-01946

accord Autoimmune

Chronic disease nursing
The rheumatology experience

In a new series on chronic disease nursing, **Patricia Minnock** explores the role rheumatology ANPs play in the delivery of holistic care to patients with rheumatic musculoskeletal diseases

THE RISE in the prevalence of chronic illness, also known as non-communicable diseases (NCDs), is having a significant impact on the delivery of health and social services.[1] It is estimated that the care of people with NCDs consumes between 70-80% of all healthcare spending.[2] Ireland-specific evidence from the World Health Organization (WHO) shows that NCDs are estimated to account for 91% of all deaths (29% cardiovascular disease; 30% cancers; 21% other NCDs).[3]

Cinderella NCDs

The WHO 2010 *Global Status Report on Noncommunicable Diseases*[4] confines itself to four NCDs with high mortality, namely cancer, cardiovascular, diabetes and chronic respiratory conditions. Similarly, the recently published *National Framework for the Integrated Prevention and Management of Chronic Disease in Ireland (2020-2025)*[5] scarcely mentions any other NCD, albeit ones with relatively low mortality but high morbidity rates. This is despite evidence of the personal, societal and health burden of many aptly labelled 'Cinderella' or less well-recognised NCDs, so named due to the likelihood of occurring at any stage in life and their chronicity.[6]

Immune-mediated inflammatory diseases (IMIDs) are NCDs comprising a clinically diverse group of conditions that are currently incurable. They are driven by common underlying pathogenetic features ('public' immune pathways), but also present unique 'private' pathways that define, for example, their clinical presentation, age and sex distribution, tissue localisation and therapeutic response profile.[7] IMIDs include, among others, inflammatory rheumatic diseases (rheumatoid arthritis, the spondyloarthritis disease spectrum, connective tissue disorders), cutaneous inflammatory conditions (including psoriasis and atopic dermatitis) and inflammatory bowel disease (including Crohn's disease and ulcerative colitis).[7]

Table 1: EULAR recommendations for the role of the nurse[17]

Patients should have access to a nurse for needs-based education to improve knowledge of chronic inflammatory arthritis and its management throughout the course of their disease
Patients should have access to nurse consultations in order to enhance satisfaction with care
Patients should have the opportunity of timely access to a nurse for needs-based support; this includes telehealth
Nurses should participate in comprehensive disease management to control disease activity, reduce symptoms and improve patient-preferred outcomes; this leads to cost-effective care
Nurses should address psychosocial issues to reduce patients' symptoms of anxiety and depression
Nurses should support self-management skills to increase patients' self-efficacy
Nurses should have access to and undertake continuing professional education in the specialty of rheumatology to improve and maintain knowledge and skills
Nurses should be encouraged to undertake extended roles after specialised training and according to national regulations

Despite therapeutic advances, these conditions can cause significant multi-system disorders and corresponding healthcare management and quality-of-life challenges. More especially, we know that these patients succumb to the same comorbidities (including infections, cardiovascular, metabolic and respiratory malignancies) at an increased rate to the general population, especially if their disease is not well controlled. These further compound the negative impact on quality of life and mortality.[7,8]

The 2020 *State of the World's Nursing Report*[9] emphasises that nurses are critical to delivering on the promise of "leaving no one behind" and making a central contribution to both national and global targets relating to a wide range of health priorities, including universal health coverage, non-communicable (often chronic) diseases and delivery of integrated people-centred care.[9] In Ireland, rheumatology, dermatology and IBD nursing have developed into recognised specialties, with nurses working at an advanced practice level (CNS and ANP). Such role and licence expansion for nurses is supported by policy in Ireland in the context of Sláintecare.[10,11]

This first article in a series for *WIN* promoting rewarding careers in chronic disease nursing will showcase rheumatology nursing as a pathway that has the potential to deliver on the promise of leaving no one with a chronic NCD behind.

Rheumatology

Rheumatology is concerned with healthcare provision for people with rheumatic musculoskeletal diseases (RMDs). This relatively young field of medicine evolved into a well-recognised specialty in the 20th century and boasts an almost parallel ANP development. Rheumatology nursing, first mooted in the 1960s, was formally recognised as a subspecialty as recently as the 1980s in the US and UK and the 1990s in Ireland, with nurses undertaking advanced practice roles in caring for patients with RMDs.[12]

Nurse metrologists for rheumatology drug trials during the 1970s systematically co-ordinated and documented clinical measurements and embraced the opportunity for learning as well as for frequent contact with patients. Subsequently, the

value of the inherent nurse-patient education, advice and support was increasingly recognised by clinicians and patients alike as being central to comprehensive patient care of this chronic NCD patient group. This heralded the establishment of nurse-led arthritis clinics driven by issues such as an increasing service need, waiting lists and a shortage of medical staff.[12]

Such historic and current readiness among nurses to expand and advance their roles, skills, competencies and licence continues to drive advanced practice nursing for this chronic NCD. Advancement in complex therapies in rheumatology has required nurses to expand their practice scope since the late 1990s, in parallel with the global professional movement to develop advanced practice nursing.[13]

Today, global health policy supports the re-definition of nursing roles to address health worker shortages, universal healthcare provision challenges, ageing populations and the increase in chronic disease and associated costs.[9,10] In Ireland, in the context of Sláintecare, *A Policy on the Development of Graduate to Advanced Practice Nursing/Midwifery*[10] heralded a six-fold increase in rheumatology ANP posts (n = 4 to n = 24) to address these challenges and the implementation of universal healthcare.

RMD overview

Rheumatic disease is not a single disorder; RMDs encompass more than 200 different diseases that span from various types of arthritis to osteoporosis and systemic connective tissue diseases.[14] RMDs are among the most prevalent. They can affect all ages and genders, with a preponderance for women, and are not induced by climate or diet. Factors that increase the risk of developing rheumatic disease include smoking, excessive weight, genetic factors, certain occupations that lead to injury and overuse of joints, and increasing age.

These very symptomatic diseases have the potential to cause persistent joint pain and tenderness; inflammation indicated by joint swelling; stiffness, redness and/or warmth; loss of range of motion or flexibility in a joint; joint deformity; extreme fatigue, lack of energy, weakness and a feeling of malaise. Rheumatic disease can also affect internal organs. Consequences of inflammatory rheumatic disease are usually caused by a combination of problems of the immune system, inflammation, infections or gradual deterioration of joints, muscle and bones leading to varying levels of disability.[15,16]

Rheumatology nursing

From a task perspective, rheumatology nurses operate telephone advice lines, provide self-management support, patient education and counselling, participate in disease management, monitor disease-modifying treatments, give intra-articular steroid injections, aspirate inflamed joints, prescribe and titrate drug treatments, help to prevent and manage comorbidities, and refer patients to other health professionals. In Ireland, nurse-led clinics, both virtual and face to face, are well established. These are grounded in evidence of added value to patient outcomes and equal the cost of traditional physician-led follow-up.[17-23]

From a more comprehensive and holistic healthcare perspective, rheumatology nurses participate in comprehensive management of patients' disease and psychosocial issues, engage in health promotion and secondary prevention employing brief intervention therapy to make every contact count, promote patient self-management skills to enhance control, self-efficacy and empowerment, practise according to evidence-based protocols and guidelines, and maintain and develop knowledge and skills through continuing education and clinical preparation.[17]

Modern, established treat-to-target strategies for rheumatic disease draw from this concept used in other chronic NCDs such as diabetes and hypertension.[24] Rheumatology treat-to-target strategies aim to significantly reduce the overall burden of disease through monitoring patients closely and titrating medication to achieve either the agreed goal of clinical remission or low disease activity, usually within the first six months of diagnosis.[24] Not only do APNs implement treat-to-target strategies, they also inculcate comorbidity screening into comprehensive care management of this chronic NCD group.[17]

While the long-term prognosis of IMIDs in rheumatology has improved since the availability of highly effective medications, this is contingent on close monitoring and regular treatment adjustment to achieve the targets of low disease activity or remission, as well as the systematic measuring of vital signs and laboratory measures to detect otherwise unrecognised and sometimes silent comorbid conditions.[25] This is the essence of rheumatology advanced nursing practice.

Practice is guided by three overarching principles:

- Rheumatology nurses are part of a healthcare team
- Rheumatology nurses provide evidence-based care
- Rheumatology nursing is based on shared decision-making with the patient.

These principles are derived from a robust evidence base on rheumatology nursing,[17,26] as well as current treatment strategies for the optimisation of patient outcome in this area of chronic disease management[24] and eight European League Against Rheumatism (EULAR) recommendations[17] derived from 51 studies, including 14 RCTs *(see Table 1)*.[17] These recommendations and standards[17,26] serve as a benchmark for all current and future advanced practice nurses. Indeed, logic suggests that these recommendations highlight the transferable nature of such a broad skill base and competencies set across all chronic disease areas.

Today, nurses can access two higher-level specialist rheumatology modules for continuing professional development or to obtain a postgraduate diploma in chronic disease nursing, a partnership provision by the Rheumatic Musculoskeletal Disease Unit at Our Lady's Hospice and Care Services, Harold's Cross and University College Dublin since 2001,[27] along the pathway to a master of science in advanced practice. Furthermore, the thriving Irish Rheumatology Nursing Forum[28] provides NMBI-approved education on an ongoing basis, as well as collegial leadership towards advancing the professional development of chronic disease nursing.

A rewarding career choice

History and current practice dictate that rheumatology advanced practice nurses will remain at the forefront in the delivery of high-quality, person-centred, holistic healthcare, working to enhance patient outcomes and reduce the personal and societal burden of immune-mediated RMDs. The vignettes *(opposite)* from the lived experience of Irish rheumatology nurses reflect the rewarding career choice from graduate to advanced practice that a career pathway in rheumatology nursing represents.

Dr Patricia Minnock (PhD) is a rheumatology ANP at Our Lady's Hospice and Care Services, Harold's Cross, Dublin

References
1. WHO (2022) Non-communicable diseases. Key Facts. Noncommunicable diseases (who.int)
2. HSE 4.1 chronic illness framework (lenus.ie), HSE 2008
3. WHO Noncommunicable Diseases (NCD) Country Profiles, 2018. https://cdn.who.int/media/docs/default-source/country-profiles/ncds/irl_en.pdf?sfvrsn=92a332d3_36&download=true
4. WHO. 2011. Global status report on noncommunicable diseases 2010
5. The National Framework for the Integrated Prevention and Management of Chronic Disease in Ireland 2020-2025
6. Anyfanti P, Dara A, Angeloudi E, Bekiari E, Dimitroulas T, Kitas GD. Monitoring and Managing Cardiovascular Risk in Immune Mediated Inflammatory Diseases. J Inflamm Res 2021; 14:6893-06

Graduate to ANP career pathway

"I work as a registered advanced nurse practitioner (RANP) in the rheumatology department at Naas General Hospital having started my candidacy in 2017. Traditionally, experienced nurses moved into ANP roles after working in specialist areas for quite some time, likely already in extended and expanded roles. The NMBI states that "all applicants who successfully complete the NMBI-approved master of science in nursing (advanced practice nursing) programme may apply for registration as an ANP" along pathway one. This is a more direct and streamlined path than the traditional route. I progressed from graduate nurse to RANP along ANP pathway 1 after graduating with a BSc in general nursing (UCD) in 2013.

"Although I began the master of science in advanced practice nursing programme as a graduate nurse, I had already completed a postgraduate certificate in professional development and clinical competence and a postgraduate diploma in respiratory care nursing. I have since continued my formal education, completing a stand-alone module in pathophysiology of rheumatic and musculoskeletal disease and I am currently undertaking a musculoskeletal joint injection therapy module in the school of physiotherapy at RCSI.

"Rheumatology was not the specialty I had intended specialising in. I was briefly exposed to it as a student nurse in the Rheumatic and Musculoskeletal Disease Unit in Harold's Cross but at the time I didn't appreciate the complexity of the specialty. Rheumatology diagnosis is like a jigsaw puzzle: horribly frustrating when the symptoms don't piece together to meet a diagnosis criterion but satisfying when the treatment fits. I am delighted to have embarked on this journey as an RANP."

– Rachel Kenny, RGN, RNP, RANP (rheumatology and chronic illness disease), Naas General Hospital

Career pathway travelled in chronic disease nursing

"I must admit that when I was initially offered a post as a staff nurse in a rheumatology ward it was with the promise that if I did not like it, I could move to another area within the hospital. That was 28 years ago – I stayed put! Since then, I have progressed from a staff nurse, clinical nurse manager, clinical nurse specialist and currently work as an advanced nurse practitioner. Along this journey I have been encouraged, facilitated and supported to undertake various academic courses to support my practice in caring for patients living with chronic disease.

"What continues to strike me when caring for patients, through their stories, is the complexity of their health needs at various times in their lives and how we as nurses can respond and identify care deficits. An area that I have focused on is rheumatology reproductive health, traditionally an area that was poorly understood among all clinicians. Over the past six years, I have been able to influence and lead healthcare delivery by developing a specific care pathway, a multidisciplinary clinic with the goal of improving health outcomes for women with rheumatic disease. Another consequence that has followed on from this work is being invited to be the nurse representative in European guideline development and special interest groups where there are opportunities to showcase the unique role of chronic disease nursing.

"As I reflect, I am fortunate to have had a long, happy and fulfilling career in chronic disease nursing. No two days are the same; patients living with chronic disease will inspire and motivate you to do better and remember that there are various opportunities for career progression. If only I had known this back at the start of my career, maybe I would not have been so reticent about chronic disease nursing."

– Louise Moore, RGN, RNP, RANP (rheumatology), Our Lady's Hospice and Care Services, Harold's Cross, Dublin

Return-to-work career pathway

"I returned to work following a 10-year career break; it was like starting over again. I found myself on a rheumatology rehabilitation ward. While here, I attended the rheumatology workshops run by the Irish Rheumatology Nurse Forum every year. The IRNF is a volunteer group that has established, along with Connolly Hospital, an NMBI category 1-approved education programme for nurses who provide healthcare to patients with chronic rheumatic musculoskeletal diseases. Their enthusiasm and support are faultless, and they inspired me to want to progress further with my education.

"I applied for a postgraduate diploma in chronic illness, at 50 years of age, and I was setting foot in UCD for the first time. Learning is invigorating, so I continued the next year with a master's in clinical practice, undertaking the module 'Pathophysiology of Rheumatology' while doing the masters. At this stage I was promoted to CNM1.

"The rheumatology nursing role is multifaceted, interesting and every day is different. Rheumatology nursing was not on my radar as a young nurse; however, having 'fallen' into the specialty, it has been very rewarding with lots of opportunities for career and educational progression. It continues to evolve and will continue to offer new prospects for those willing and interested. Collegial support both from the ANPs and CNSs locally within my organisation and countrywide has been unparalleled. I would highly recommend a career in rheumatology nursing."

– Martina Slattery RGN, RM, RNP, CNS (rheumatology), Our Lady's Hospice and Care Services, Harold's Cross, Dublin

Change of career pathway

"In January 2020 I made the transition to rheumatology after 13 years as an orthopaedic nurse with my postgraduate diploma in specialist nursing (orthopaedics). The transition was challenging as I was settling into my new role just as the pandemic was starting.

"After a number of months redeployed on the wards for Covid-19, I then got a chance to settle into rheumatology. The transition into chronic disease management was a steep learning curve but I had excellent support from my nursing colleagues and medical team.

"I enjoyed the many rheumatology webinars and Zoom meetings hosted by the Irish Rheumatology Nurse Forum throughout the pandemic which helped and supported me in my new role.

"As the rheumatology nurse I am the link to the service for our patients who often need support and advice to manage their chronic conditions. My role includes patient assessment, flare management advice, monitoring, education about rheumatology conditions and medications, health promotion as well as helping patients develop self-management skills. Plans for the future include examining patient experience, further education and service development".

– Andrea Burgess, CNM2 (rheumatology), Tallaght University Hospital

7. McInnes IB, Gravallese EM. 2021. Immune-mediated inflammatory disease therapeutics: past, present and future. Nat Rev Immunol 21, 680-6
8. Robinson D Jr, Hackett M, Wong J, Kimball AB, Cohen R, Bala M; IMID Study Group. Co-occurrence and comorbidities in patients with immune-mediated inflammatory disorders: an exploration using US healthcare claims data, 2001-2002. Curr Med Res Opin. 2006 May;22(5):989-1000. PMID: 16709321
9. WHO. 2020. The State of the World's Nursing 2020 report
10. Policy on the Development of Graduate to Advanced Nursing and Midwifery Practice'. Department of Health, 2019
11. Committee on the Future of Healthcare Sláintecare Report . 2018. https://www.oireachtas.ie/en/committees/32/future-of-healthcare/documents/
12. Hill J. Rheumatology nursing: a creative approach. 2006, Chichester, England; Hoboken, NJ: John Wiley & Sons
13. Report of the Commission on Nursing a blueprint for the future. 1998. The Stationery Office, Dublin, Ireland
14. Khalidi, Nader & O'Neill, John. 2015 Arthritis: A Diagnostic Approach. 33-44
15. EULAR. 2015. Ten facts about Rheumatic and Musculoskeletal Diseases (RMDs)
16. WHO 2022. Musculoskeletal Health. https://www.who.int/news-room/fact-sheets/detail/musculoskeletal-conditions
17. Bech B, Primdahl J, van Tubergen A, et al. 2018 update of the EULAR recommendations for the role of the nurse in the management of chronic inflammatory arthritis. Ann Rheum Dis 2020 Jan; 79(1):61-8
18. Eden Hout WB, Tijhuis GJ, Hazes JMW et al. Cost effectiveness and cost utility analysis of multidisciplinary care in patients with rheumatoid arthritis: a randomised comparison of clinical nurse specialist care, inpatient team care, and day patient team care. Ann Rheum Dis 2003; 62:308-15
19. Sørensen J, Primdahl J, Horn HC, et al. Shared care or nurse consultations as an alternative to rheumatologist follow-up for rheumatoid arthritis (rA) outpatients with stable low disease-activity RA: cost-effectiveness based on a 2-year randomized trial. Scand J Rheumatol 2015;44:13-21
20. Ndosi M, Vinall K, Hale C et al. The effectiveness of nurse-led care in people with rheumatoid arthritis: a systematic review. Int J Nurs Stud 2011;48:642-54. dis-2019-215458. Epub 2019 Jul 12. PMID: 31300458
21. Ndosi M, Lewis M, Hale C et al. The outcome and cost-effectiveness of nurse-led care in people with rheumatoid arthritis: a multicentre randomised controlled trial. Ann Rheum Dis 2014;73:1975-82
22. Carney M. Advanced practice literature review 2016. web page: nursing and midwifery board of Ireland (NMBI)
23. van Eijk-Hustings Y, van Tubergen A, Boström C et al. EULAR recommendations for the role of the nurse in the management of chronic inflammatory arthritis. Ann Rheum Dis 2012;71:13-9
24. Smolen J. Treat-to-target: rationale and strategies. Clinical and Experimental Rheumatology 2012. 30(4 Suppl.73): p. S2-6
25. Gabriel, S. and Michaud, K. 2009. Epidemiological studies in incidence, prevalence, mortality, and comorbidity of the rheumatic diseases. Arthritis Research & Therapy, 11, 229. http://dx.doi.org/10.1186/ar2669
26. American Nurses Association and Rheumatology Nurses Society, Rheumatology Nursing: Scope and Standards of Practice. 2013, Maryland: nursesbooks.org.
UCD. Care of the Person with Rheumatic Musculoskeletal Disease (NMHS33220)
27. University College Dublin, Pathophysiology and Management of Musculoskeletal and Rheumatic Disease (NMHS42640)
28. Irish Rheumatology Nursing Forum https://irnf.ie/cases/

Melanoma: diagnosis and treatment

Melanoma is a very aggressive cancer and while survival rates have greatly improved, early detection offers the best prognosis, write **Leonie Mahon** and **Patrick Ormond**

MELANOMA is a potentially serious type of skin cancer that develops in the pigment-producing skin cells called melanocytes. Melanocytes produce a protein called melanin, which protects skin cells by absorbing ultraviolet (UV) radiation. Normal melanocytes are in the basal layer between the epidermis and the dermis. Melanocytes are found in equal numbers in dark and pale skinned people.

As melanocytes in darker skin produce much more melanin, they are less likely to be damaged by UV radiation. Melanoma develops as an uncontrolled proliferation of melanocytic stem cells that have undergone a genetic transformation. Both familial and environmental factors play a role in the aetiology of melanoma.[1]

The outcomes of melanoma depend on the stage presentation, as in the case of nearly all malignancies. The earliest stage of melanoma starts with the melanocytes growing out of control – a radial growth phase. The tumour is less than 1mm thick and spreads at the level of the basal epidermis. If detected at this stage, it is unlikely to have spread to other parts of the body, through vessels deeper in the skin.[2]

Skin cancer is the most common cancer in Ireland. Although melanoma is the third most common skin cancer in Ireland, it accounts for more cancer deaths than all other skin cancers combined. Around 1,100 new cases of melanoma are diagnosed in Ireland each year, with approximately 160 deaths.[3] Cutaneous melanoma is the fourth most common cancer in Ireland. Between 2020 and 2045, it is predicted that the number of cases of melanoma per year among males and females will increase by 67%.[4]

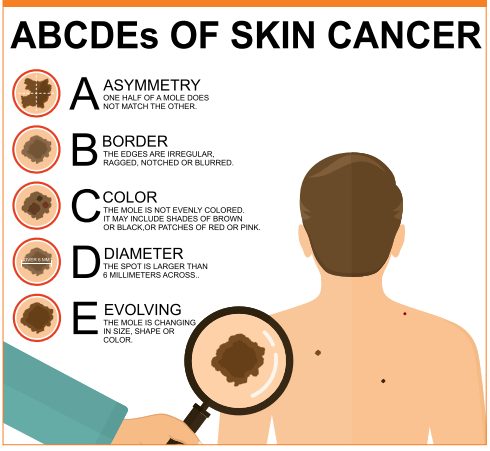
Risk factors for melanoma development are multifactorial, relating to phenotype, prior history of melanoma, multiple clinically atypical moles (naevi), immunosuppression and hereditary factors.

Melanoma is most common in pale skinned individuals, Fitzpatrick types I to III account for most of the Irish population.[5] Red hair, pale skin and > 100 naevi are especially potent markers.[6] The genetic mutation responsible is MC1R, a melanocortin-1 receptor, which increases the risk of melanoma.[6] However, melanoma can occur in any ethic group and in areas of the body not exposed to the sun.

Fair skin has less melanin which means less protection from UV radiation. Exposure to radiation (UVA and UVB) is one of the major contributors to developing a melanoma causing genetic mutations in a single cell over a lifetime. Most melanomas are considered sporadic, about 90%, with damage to the genes occurring after a person is born.[7]

An inherited risk of melanoma is suspected if two or more first-degree relatives are diagnosed, called familial melanoma.

Figure 1: ABCDE criteria for evaluating pigmented lesion suspicious for melanoma



Studies show approximately 10% of melanoma is familial. Genetic studies have shown 45% of these patients exhibit a hereditary mutation in a melanoma predisposition gene.

The most common gene is CDKN2A, a regulator of cell division, with a risk of melanoma to carriers of up to 67% by 80 years of age. This risk doubles with the presence of other highly penetrant melanoma genes such as MC1R, BAP1, BRCA1 and MITF. A high incidence of common cancers combined with other risk factors should prompt genetic testing consideration.[6]

Other risk factors apart from familial

melanoma, include increased age, large numbers of congenital or atypical naevi (moles), previous non-melanoma skin cancers, a history of blistering sunburn and/or sunbed exposure, immunosuppression such as organ transplant recipients, lymphoma and HIV.[8]

Symptoms

When evaluating a pigmented lesion suspicious for melanoma, the ABCDE criteria is used as a screening tool. Initially published in 1985 as the ABCD – **A**symmetry, **B**order, **C**olour, **D**iameter > 6mm to educate GPs and the public in the detection of early melanomas. The letter E for Evolution was added in 2004 as the history of a changing lesion can be an important factor (*see Figure 1*).

Another useful tool in assessing pre-existing moles (naevi) is the 'ugly duckling' sign – a naevus that looks different than a patient's other naevi.[9]

Diagnosis

The National Cancer Control Programme (NCCP) produced the pigmented lesion referral guidelines in 2010. A national GP referral form was developed, now electronic via Health Link, that facilitates rapid access depending on the ABCDE criteria and known melanoma risk factors. The referral is made to a dermatologist or plastics surgeon consultant via a rapid pigmented lesion clinic, with the lesion intact.

The NICE guidance on melanoma assessment and management recommend that all pigmented skin lesion be assessed using dermoscopy.[11]

Subtypes of melanomas

Melanomas are described according to appearance and growth phase. The superficial types tend to develop slowly and have a horizontal growth phase, and include superficial spreading malignant melanoma, lentigo maligna melanoma, subungual melanoma and acral lentiginous melanoma (*see Figure 2*).

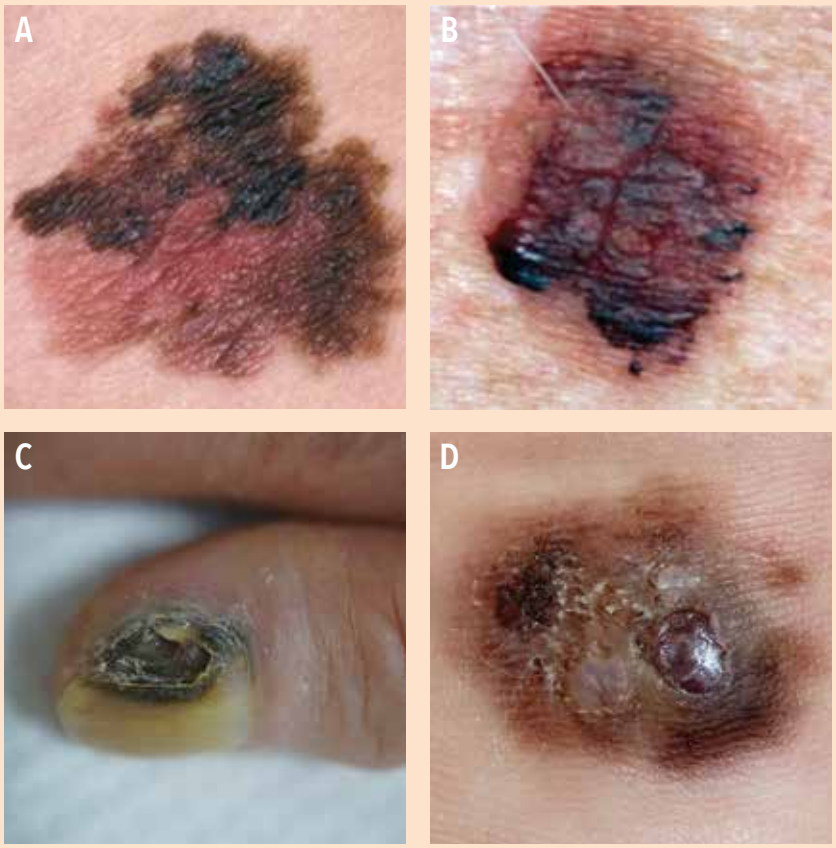
Superficial spreading malignant melanoma is the most common, accounting for 70% of cases. Approximately 50% arise from existing naevi. Most common sites are the back, trunk on a male and lower legs on women.

Lentigo maligna melanoma account for 10% of cases; it develops slowly and occurs mostly in sun-exposed body sites, such as the face in older people.

Melanomas that develop quickly and have a vertical growth phase include nodular melanoma, desmoplastic melanoma and amelanotic melanomas.

Accounting for 5% of cases, nodular melanoma develop rapidly, usually arise *de novo* and can ulcerate. They are more common on head, neck, chest or back.

Figure 2: Superficial subtypes of melanomas



Superficial subtypes of melanomas include: (a) Superficial spreading malignant melanoma (HSE image); (b) Lentigo malignant melanoma (HSE image); (c) Subungual melanoma (stock image); (d) Acral lentiginous melanoma (stock image)

Treatment and staging of melanoma

A suspicious pigmented skin lesion should undergo a complete excisional biopsy, with a narrow 1-3mm margin, to establish a diagnosis of melanoma. A histopathologic analysis of the primary tumour provides the histological melanoma subtype, the pathological stage and the Breslow depth (tumour thickness). The NCCP recommends that all histopathology proven melanoma diagnosis cases are discussed at the skin cancer multidisciplinary team meeting, to confirm treatment plan.

Cutaneous melanomas are staged as localised disease with no evidence of regional or distant metastases (stages 0-II), regional nodal/in-transit disease (stage III) and distant disease (stage IV).[11] American Joint Committee on Cancer (AJCC) staging to version 8 has resulted in a refinement of the pathologic staging.[13]

The primary treatment for both *in situ* and invasive primary melanoma, is a wide local excision (WLE) to prevent local recurrence.[12] A WLE involves removal of all tissue to the level of the fascia with a recommended clinical margin dependent on the Breslow depth (tumour thickness).[13] The Breslow depth and recommended clinical margins (in brackets) are as follows: *in situ* primary melanoma (0.5cm); < 1.0mm (1cm); > 1.0-2mm (1-2cm); > 2.0-4mm (2cm); and > 4mm (2cm).[13]

Other histological factors reported on the primary tumour are ulceration, high mitotic rate, lymphovascular and perineural invasion, which determine whether a sentinel lymph node biopsy (SLNB), staging scans and/or molecular mutation testing is required. It is best practice to complete a WLE at the same time as the SLNB. All melanoma diagnosis should be clinically staged when WLE, SLNB and staging scans are completed.[11]

Most regional node melanoma presents microscopically and is detected by preforming an SLNB. The NCCN recommends the consideration of an SLNB in pathological stages pT2a to pT4b, with a Breslow depth 0.8mm or greater, as the probability

of positivity is > 10%.[14] An SLNB is a minimally invasive staging procedure and not curative. Patients with a positive SLNB are at higher risk of recurrence and may require a complete lymph node dissection (CLND) and/or adjuvant systemic therapy.[15]

Traditionally, all patients with a positive SLNB have been advised that a CLND is required. Two recent clinical trials (DeCOG-SLT and MSLT-2) conclude there is no survival benefit for a CLND in patients with a positive SLNB but have no macroscopic lymph node disease detected.[16,17]

This has led to a significant reduction of CLND when there is no radiological or clinical evidence of macroscopic disease.

Genetic testing is offered if targeted adjuvant systemic therapy is an option. We consider BRAF analysis from stage IIA and IIB, IIC to IV.

Staging scans with whole body FDG PET-CT and MRI brain is recommended from stage IIC, however ease of access can cause delay in commencing treatment. If not locally available CT thorax/abdomen/pelvis and brain with intravenous contrast is recommended with the agreement of the regional skin cancer multidisciplinary team meeting.[11]

Leonie Mahon is a clinical nurse specialist in melanoma at St James's Hospital, Dublin and Patrick Ormond is a consultant dermatologist at St James's Hospital and skin cancer lead clinician at St James's, the Dublin Midlands Hospital Group and the Trinity St James's Cancer Institute

Follow-up article: Part two of this article will look at staging, adjuvant treatment and surveillance and survival

References

1. Zalaudec I et al. Three roots of melanoma. Arch Dermatol 2008;144:1378-9

2. Gershenwald et al. Melanoma Staging: Evidence-Based Changes in the American Joint Committee on Cancer Eighth Edition Cancer Staging Manual. CA Cancer J Clin 2017; 67(6):472-92

3.National Cancer Registry Ireland (2020) Cancer in Ireland 1994-2018 with estimates for 2018-2020: Annual report of the National Cancer Registry. NCRI, Cork, Ireland

4.National Cancer Registry (2019) Cancer incidence projections for Ireland 2020-2045. National Cancer Registry, Cork

5. Fitzpatrick TB. The validity and practicality of sun-reactive skin types I through VI. Arch Dermatol 1988; 124(6):869-71

6. Potrony M, Badenas C, Aguilera P, et al. Update in genetic susceptibility in melanoma. Ann Trans Med 2015; 3(15):210

7. Hocker TL, Singh MK, Tsao H. "Melanoma genetics and therapeutic approaches in the 21 st century: moving from the benchside to the bedside." Invest Dermatol 2008; 128(11):2575-95

8. Johnson MM, Leachman SA, Aspinwall LG, et al. Skin cancer screening: recommendation for data-driven screening guidelines and a review of the US Preventive Services Task Force controversy. Melanoma Manag 2017; 4(1):13-37

9. Daniel Jensen J, Elewski BE. The ABCDEF rule: combining the 'ABCDE rule' and the 'ugly duckling sign' in an effort to improve patient self-screening examinations. J Clin Aesthet Dermatol 2015 Feb; 8(2):15

10. Verver D, van Klaveren D, van Akkooi ACJ et al. Risk stratification of sentinel node-positive melanoma patients defines surgical management and adjuvant therapy treatment considerations. Bur J Cancer 2018; 96:25-33

11. NICE guidance NG14 on Melanoma: assessment and management Published:29 July 2015. Last updated :27 July 2022

12. Swetter SM, Tsao H, Bichakjian CK et al. Guidelines of care for the management of primary cutaneous melanoma. J Am Acad Dermatol 2019; 80:208-50

13. Amin MB, Edge S, Greene F, et al, eds. AJCC Cancer Staging Manual, 8th ed. New York, NY: Springer International Publishing; 2017

14. National Comprehensive Cancer Network. NCCN clinical practice guidelines in oncology (NCCN guidelines): cutaneous melanoma. version 2.2021

15. Fares et al. Completion Dissection or Observation for sentinel-node metastasis in melanoma. N Engl J Med 2017; 376(23):2211-22

16. Morton DL. Overview and update of the phase III Multicenter Selective Lymphadenectomy Trials (MSLT-I and MSLT-II) in melanoma. Clin Exp Metastasis 2012; 29:699-706

17. Leiter U, Stadler R, Mauch C et al. Complete lymph node dissection versus no dissection in patients with sentinel lymph node biopsy positive. melanoma (DeCOG-SLT): a multicentre, randomised, phase 3 trial. Lancet Onco l2016; 17:757-67

A matter of nutrition

The health effects of malnutrition must be communicated to patients using accessible language, according to the authors of new research

GOOD nutritional status and physical function are vital for healthy ageing. However, a recent systematic review and meta-analysis estimated that 23% of European older adults are at high risk of malnutrition, with a prevalence of 8.5% among those living in the community.[1]

Malnutrition is preventable and manageable when detected early through screening for those 'at risk' of malnutrition using a validated and reliable malnutrition screening tool. Its management encompasses food-first advice (eg. high protein, high energy diet, including advice on food fortification) and evidence-based use of oral nutritional supplements (ONS). Early identification and intervention will reduce the incidence of malnutrition and associated morbidities, and improve quality of life in older adults.

ONSPres is an interdisciplinary research project led by University College Dublin (UCD) and funded by the Irish Health Research Board (HRB) under a patient quality and safety stream (RSQPS). Following qualitative research to establish the perspectives of patients and healthcare professionals (HCPs) on the management of malnutrition and ONS prescribing, an online education programme for HCPs was developed and evaluated. To date, 10 full peer-reviewed manuscripts describing the project's results have been published in international journals, indicating the level of interest in this topic.

A well-resourced national policy with clear evidence-based care pathways for HCPs is required to identify and manage malnutrition. This will improve the quality of life of many older adults and reduce the economic burden of malnutrition through provision of appropriate food-first advice and prescription of oral nutritional supplements.

On March 10, 2022, key findings from the ONSPres research study were presented in a webinar and discussed by HSE representatives for nutrition support, older adults and the wider multidisciplinary team. Funded by a UCD Seed Funding for Dissemination and Outputs grant, the webinar was attended by approximately 90 healthcare and research staff, and focused on the future direction for research and practice for malnutrition screening, management and prescribing of oral nutritional supplements in the community/primary care setting in Ireland. The webinar included four sessions, with a panel discussion following each.

Session 1: Patients' and healthcare professionals' experiences of malnutrition management and ONS prescribing in the community

This session was presented by Dr Sarah Browne and was followed by a panel discussion with Catherine Devaney, health and social care professions clinical advisor for older persons at the National HSCP Office, and Mary McKeon, clinical specialist dietitian for older persons, CHO area 8.

Key findings

- There is a stigma and fear among patients around the term 'malnutrition'
- Patients felt uncertainty around discharge care plans from hospitals, and perceived a lack of integrated care between the hospital and community healthcare settings
- Patients described a lack of clarity surrounding the prescription of oral nutritional supplements and the protocol for discontinuation.

Panel discussion

- Malnutrition is a clinical diagnosis, and its health impact needs to be communicated to patients using clear, plain language
- Healthcare professionals can become desensitised to terms frequently used and may not realise their impact on patients
- Like communication in other areas of healthcare (eg. person-first language for obesity), future research needs to focus on the language used around malnutrition. Older people who associate poverty or blame with malnutrition may not identify with the condition and therefore fail to comply with treatment
- A food-first approach should be first-line management when treating patients who are malnourished or at risk of malnutrition. Practical advice on nourishing meals and snacks, how to fortify foods with energy and protein, in combination with oral nutritional supplements when appropriate, can effectively increase energy intake and body weight in older adults across healthcare settings
- Regular education of HCPs on malnutrition management has resulted in effective malnutrition screening and management in CHO 8
- The importance of formally embedding malnutrition screening into clinical care pathways to promote opportunistic screening and early identification
- The need for the National Integrated Care for Older Persons to develop an effective intervention programme for community-based older people who are malnourished or frail.

Education on malnutrition needs to be integrated into HCP education, both at undergraduate and postgraduate level, to effectively address the identification and management of malnutrition in the community/primary care setting.

Session 2: Nutritional supplement dispensing patterns in Ireland

This session was presented by Dr Aisling Geraghty and was followed by a panel discussion with Anne-Marie Bennett, senior dietitian, Primary Care Eligibility and

Reimbursement Service (PCERS), HSE; Karen Finnigan, chief II pharmacist, HSE Medicines Management Programme and Dr Catriona Bradley, executive director, Irish Institute of Pharmacy.

Key findings

- The dispensing patterns of non disease-specific ONS products in 2018 from CHOs 6, 7, and 9 from data available from the HSE PCERS service (representing one-third of the general medical services population nationally with 81% of the cohort living independently and 19% in residential care)
- Of 1,027 GPs working across the three CHOs, 700 were linked to a prescription for dispensed ONS; 32% did not prescribe ONS across the entire year
- More than half of ONS users were female (58%), however younger males (< 65 years) were dispensed higher volumes/units of ONS than women (135 units across the year for males versus 90 units for females). This gender difference did not apply to those aged > 65 years
- Older people in residential care patients were dispensed twice the volume of ONS compared to those living independently.

Panel discussion

- The variation in prescribing practices merits further investigation into the drivers and barriers to ONS prescribing
- Ms Finnigan emphasised that the HSE Medicines Management Programme wants to support decision-making on appropriate, evidence-based prescribing of ONS and focus on cost-effective prescribing in residential care settings
- The panel supported dietitian prescribing rights for ONS. Ms Bennett indicated strong support for dietitian prescribing of ONS within PCERS management
- Dr Bradley emphasised the importance of flexible training that allows the learner to quickly identify the training they need. She also commented that CPD courses need to be innovative and time-efficient to match HCP work schedules
- There is a need to disseminate practical information and resources to primary care HCPs that can be used in patient consultations.

Session 3: Education programme for healthcare professionals

This session included a presentation by Dr Aisling Geraghty, which was followed by a panel discussion with Prof Gerard Bury, professor of general practice, UCD School of Medicine; Dr Carla Perrotta, GP and assistant professor in public health and general practice, UCD School of Public Health and Dr Sharon Kennelly, clinical specialist dietitian and project manager, community strategy, HSE).

Key findings

- Evaluation of the eModule on malnutrition management among GPs was positive, with improvements in knowledge and practice observed and GPs commenting that the eModule was quick, user friendly and informative
- It is intended that the eModule will be made available to other HCPs.

The module covers five topics: the definition and prevalence of malnutrition, including latest evidence; identifying malnutrition in clinical practice; food-first advice; reviewing malnutrition and ONS.

Particular emphasis is placed on a food-first approach for the management of malnutrition, with practical advice on a high-protein, high-energy diet, how to fortify foods and snack ideas. Similarly, practical, evidence-based information is provided on when, why and how to prescribe ONS, the goals of management and when and how ONS should be reviewed. Accessible resources are clearly signposted, including downloadable patient materials and how to access dietetic services.

Panel discussion

- Prof Gerard Bury and Dr Carla Perrotta emphasised the importance of multidisciplinary team working to optimise patient-centred care
- Interdisciplinary education and promoting continuous professional development in malnutrition was supported by the Panel. Prof Bury suggested that students in medicine and nutrition/dietetics need to learn together during their education to enhance each other's expertise.

Session 4: Building on current knowledge – future steps for action and research

The presenter for this session was Dr Sharon Kennelly, whose talk was followed by a panel discussion with Sinead Fitzpatrick, HSCP development manager, Health and Social Care Professions Office, HSE; Mary McKeon, clinical specialist dietitian in older persons care, CHO area 8 and Prof Clare Corish, School of Public Health, Physiotherapy and Sports Science, UCD).

The final session summarised the ONSPres project's findings and focused on the future steps for practice and research.

Panel discussion

- GPs need and want support from nursing and dietetics to manage malnutrition in the community
- The research has highlighted the importance of dietetic representation on HSE clinical programmes and guideline development groups. This will support the incorporation of malnutrition management into the integrated care pathways that are currently being developed
- Dr Kennelly stated that dietitian prescribing rights for ONS is under active consideration by HSE Primary Care Strategy and Planning
- Ms Fitzpatrick emphasised that the design, planning, management and delivery of person-centred care requires more practice professional placements and education on malnutrition
- Prof Corish suggested that the high use of ONS by young males warranted further investigation and that practical support needs to be incorporated into the provision of meals in residential care settings to reduce reliance on ONS.

Edel Dillon is an MSc in clinical nutrition and dietetics student at UCD; Sarah Browne is a registered dietitian and assistant professor of clinical nutrition and dietetics at UCD; Aisling Geraghty is clinical trials manager at UCD; Sharon Kennelly is a registered dietitian and portfolio lead at the Project Management Office, Quality, Safety and Service Improvement,HSE; Clare Corish is a registered dietitian and professor of clinical nutrition and dietetics at UCD

References

1. Leij-Halfwerk S, Verwijs MH, van Houdt S et al. Prevalence of protein-energy malnutrition risk in European older adults in community, residential and hospital settings, according to 22 malnutrition screening tools validated for use in adults≥ 65 years: a systematic review and meta-analysis. Maturitas 2019; 126:80-9
2. Cadogan CA, Dharamshi R, Fitzgerald S et al. A systematic scoping review of interventions to improve appropriate prescribing of oral nutritional supplements in primary care. Clin Nutr 2020; 39(3):654-63
3. Geraghty AA, Browne S, Reynolds CME et al. Malnutrition: A misunderstood diagnosis by primary care health care professionals and community-dwelling older adults in Ireland. J Acad Nutr Diet 2021; 121(12):2443-53
4. Reynolds CME, Dominguez Castro P, Geraghty AA et al. 'It takes a village': a qualitative study on malnutrition and oral nutritional supplements with older adults in Ireland. Eur J Public Health 2021; 31(6):1284-90
5. Browne S, Kelly L, Geraghty AA et al. Healthcare professionals' perceptions of malnutrition management and oral nutritional supplement prescribing in the community: A qualitative study. Clin Nutr ESPEN 2021; 44:415-23
6. Castro PD, Reynolds CM, Kennelly S et al. An investigation of community-dwelling older adults' opinions about their nutritional needs and risk of malnutrition; a scoping review. Clin Nutr 2021; 40(5):2936-45
7. Dominguez Castro P, Reynolds C, Bizzaro MG et al. Characteristics and determinants of high volume dispensing in long-term oral nutritional supplement users in primary care: a secondary analysis. BJGP Open
8. Dominguez Castro P, Reynolds CM, Kennelly S et al. GPs' views on malnutrition management and oral nutritional supplementation prescription in the community: A qualitative study. Clin Nutr ESPEN 2020; 36:116-27
9. Geraghty AA, McBean L, Browne S et al. Disparities in oral nutritional supplement usage and dispensing patterns across primary care in Ireland: ONSPres Project Nutrients. 2022; 14(2):338
10. Browne S, Dooley S, Geraghty A et al. Reflections on recruiting healthcare professionals as research participants: Learning from the ONSPres Study. HRB Open Research 2022; 5(47):47
11. Geraghty A, Dominguez Castro P, Reynolds C et al. Impact of malnutrition management e-learning module on general practitioners' knowledge. BJGP Open 2022; (accepted for publication)

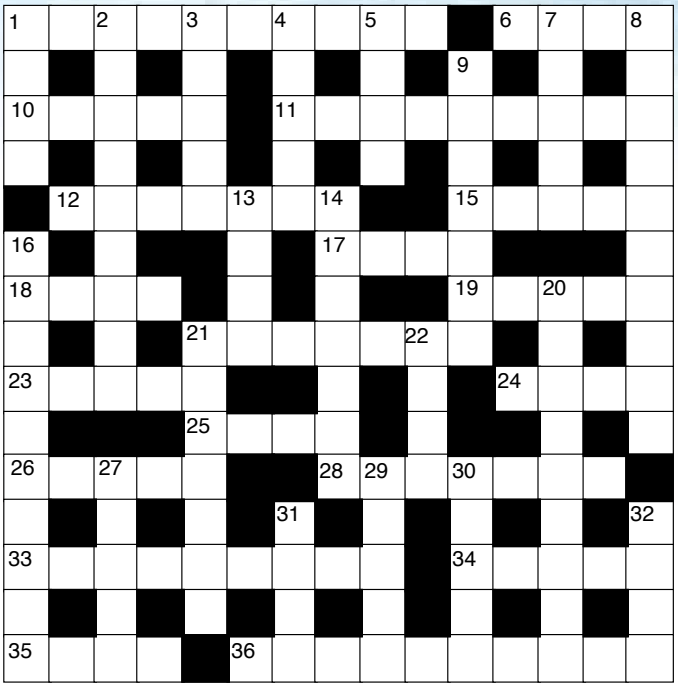
WIN a €50 gift voucher

Take a break with CROSSWORD Competition

Affordable Live-In Homecare

Across

1 Get going on one's journey (3,3,4)
6 Notion (4)
10 Dances favoured by anglers? (5)
11 Entertaining the neighbourhood with Christmas songs (9)
12 Relaxation - ie, rules broken (7)
15, 26a & 32d Are they on track to continue being a popular Christmas present? (5,5,4)
17 Roster (4)
18 In the Bible, Jacob's brother (4)
19 Many families play them at Christmas time (5)
21 Gladly received (7)
23 Radio, TV, newspapers, etc (5)
24 Presently, one will see a French refusal (4)
25 Emotion that means nothing to tennis players (4)
26 See 15 across
28 One of the 12 percussionists my True Love sent to me (7)
33 Endurance event involving swimming, cycling and running (9)
34 Fly an unpowered plane (5)
35 Oriental wrestling style (4)
36 Do they hold the documents relating only to short trials? (10)



Down

1, 2d & 8d Traditional Christmas carol (4,3,6,6,4)
2 See 1 down
3 Those who throw parties (5)
4 Happen again (5)
5 Wary, confused and distorted (4)
7 Used a tea towel on washed dishes (5)
8 See 1 down
9 Feathers (7)
13 Encourage, incite (4)
14 Built, put up (7)
16 I'm tardiest getting around to identifying a skin disease (10)
20 Seasonal savoury offerings, or what a Cockney sees with! (5,4)
21 They are used in a Waldorf salad (7)
22 As seen in a restaurant or computer programme (4)
27 In mathematics, it's given as correct, needing no proof (5)
29 Wash out with water (5)
30 Conjury (5)
31 Imputation (4)
32 See 15 across

Name:

Address:

You can email your entry to us at **nursing@medmedia.ie** by taking a photo of the completed crossword with your details included. Please ensure to put *'Crossword Competition'* in the subject line. The closing date for entries is: **January 20, 2023.** If preferred you can post your entry to: WIN Crossword, MedMedia Publications, 17 Adelaide Street, Dun Laoghaire, Dublin, A96E096

November crossword solution

Across: 1 Lop 3 Icebreakers 8 Ogress 9 Depended 10 Doubt 11 Sprat 13 Chasm 15 Galahad 16 Otalgia 20 Czech 21 Shard 23 Lento 24 Honolulu 25 Aramis 26 Tom and Jerry 27 Lay

Down: 1 Look daggers 2 Portugal 3 Inset 4 Bodhran 5 Abets 6 Endure 7 Syd 12 Tchaikovsky 13 Craic 14 Mitch 17 Grand mal seizure 19 Magnum 22 Dylan 23 Lorry 24 Hit

The winner of the November crossword sponsored by Affordable Live-in Homecare is: Rosanne O Donovan, Ballincollig, Cork

CHI Crumlin opens new neonatal unit

New neonatal service will treat Ireland's sickest and smallest babies

CHILDREN'S Health Ireland (CHI) recently opened a new neonatal unit at Crumlin, marking a major step on the way to delivering the neonatal intensive care unit (NICU) in the new Children's Hospital and providing worldclass neonatal care.

The 18-bed unit in CHI at Crumlin includes six neonatal high dependency beds for babies with additional care needs. Together with six well-established neonatal high dependency beds in CHI at Temple Street, this will provide long-planned specialised cots for a particularly vulnerable group of patients. The new unit, which will transfer directly into the new Children's Hospital, will also contain specialist equipment, suitable for taking care of small and delicate babies.

Prof Adrienne Foran, clinical director at CHI, said that the new Children's Hospital would bring together services for Ireland's sickest and smallest newborns all on one site.

"The fantastic work behind the scenes now essentially means we will be ready to transfer the service directly into the new hospital as a fully operational service. This is a huge undertaking, with recruitment and training of specialised staff a particular focus. The new hospital will deliver an outstanding neonatal service tailored to patients and families, while investing in staff development and wellbeing."

Jenny Dunne, clinical nurse specialist, said: "Complex surgical and medical neonates require specialist neonatal nursing care as it has been shown to have a positive impact on patient outcomes.

"In preparation for the NICU in the new Children's Hospital we have created education pathways including the development of a CHI neonatal foundation programme and established links with our maternity colleagues so that we can develop and attract a highly skilled neonatal nurse workforce."

In 2021, the neonatology service at CHI at Crumlin and Temple Street cared for over 460 babies. Neonatal patients can sometimes stay for months in hospital – the average stay of a neonatology patient is approximately three times longer than the CHI average.

Meanwhile, with approximately 4,500 babies born premature in Ireland each year, new research has found that an alarming seven in 10 (77%) Irish parents of premature babies admitted into a NICU claim that the experience was the most challenging of their lives. Some 67% of parents claimed they felt anxious to touch their baby for the first time, and half report to feeling scared (55%) and helpless (49%) throughout their journey.

Nurse providing specialist care for a newborn in the new neonatal unit at CHI Crumlin

While the research showed interesting results from the mother/birthing parent's perspective, the survey also highlighted surprising insights into how their partner coped throughout this experience.

Two-thirds of mothers (67%) thought that their partners felt they were unable to help them during their stays in the NICU and a startling 47% thought their partner felt it was their fault their baby was in the NICU. Over half (55%) said their partner struggled to know how to support them during this time, and two-thirds (67%) reported that the first few weeks after leaving the NICU were even more difficult than the NICU stay. The research was carried out by WaterWipes.

Potel award winner

Staff nurse Kristine Mannion from Douglas was awarded the 2022 Potel Award which recognises student nurses training at the Bon Secours Hospital , Cork for their academic performance and their work on the wards

Innovation recognition for Cork CNS

Cork Kerry community healthcare chief officer Michael Fitzgerald (centre right), pictured presenting Debby Murphy, clinical nurse specialist, and her CAMHS South Lee 2 team in Cork with a finalist certificate in the 'Innovation in Service Delivery' category of the national HSE Excellence Awards. Ms Murphy's short-listed project was called 'CAMHS Intellectual Disability through a new lens'

RVEEH celebrates 125th anniversary

Dublin's 'Eye and Ear' marks anniversary with an art exhibition

THE Royal Victoria Eye and Ear Hospital (RVEEH) is Ireland's national hospital for eye, ear, nose and throat disorders. The hospital was established in 1897 by amalgamating the National Eye Hospital and St Mark's Ophthalmic Hospital for Diseases of the Eye and Ear, which had been founded in 1844 by William Wilde, father of Oscar Wilde.

The RVEEH, or the 'Eye and Ear' as it is known in Dublin, is Ireland's only specialist hospital for ophthalmology and otorhinolaryngology, and treats more than 100,000 patients each year, ranking first in the National Patient Experience Survey. To mark its recent 125th anniversary and to celebrate World Sight Day, the hospital hosted an exhibition of artwork by Belfast-based artist Ed Reynolds. The event, entitled 'Listen and See', was a wonderful celebration of the work of the hospital and its dedicated staff. It was opened by the Irish writer Tim Pat Coogan and featured 12 paintings by Mr Reynolds.

Pictured at the exhibition at the RVEEH were Diana Malata, advanced nurse practitioner in ophthalmology, with artist Ed Reynolds alongside one of his paintings of the hospital

This is the fourth exhibition in Mr Reynolds' 'Listen and See' series. At the launch, he spoke of how his mother had trained as a nurse in the RVEEH and commended all of the staff who worked there. All of the artworks included in the exhibition feature or were inspired by the hospital and its staff.

ICN welcomes WHO's online programme to improve health training

THE International Council of Nurses (ICN) has congratulated the World Health Organization on the development of its online programme on mental health, recovery and community inclusion course.

ICN president Dr Pamela Cipriano said: "Training nurses to better support the mental health and wellbeing of the people they care for can make an enormous difference to an individual's quality of life. This targeted training programme is easy to access and members of the nursing family who complete it will also gain personal benefits from the lessons they learn. It is very timely because we know that the world's nurses and care workers continue to suffer distress from the pandemic."

The course, which is available in 11 languages, covers a full range of issues including taking care of one's own mental health, supporting friends, family and colleagues, tackling stigma, discrimination, abuse and coercion.

The ICN has confirmed that the course meets the standard for accredited nursing continuing education points. It can be found at: **www.who.int/teams**

Brain health supplement launched as result of breakthrough Irish research

AS A result of a scientific study from the Nutrition Research Centre Ireland (NRCI) at South East Technological University, a new nutritional supplement has been launched on the Irish market. The ReMind supplement demonstrated positive effects on Alzheimer's patients' quality of life in the most recent NRCI study.

The clinical trial named Re-MIND (Memory Investigation with Nutrition for Dementia), found that patients with mild-moderate Alzheimer's disease who consumed three daily supplement capsules containing fish oil, carotenoids and vitamin E demonstrated benefits from the intervention. The double-blind, placebo-controlled, randomised clinical trial was a follow-on from a 2018 study by the NRCI. The trial was led by Prof John Nolan and Dr Rebecca Power of the NRCI, working with Prof Ríona Mulcahy, consultant physician in general and geriatric medicine at University Hospital Waterford.

After 12 months, patients consuming the supplement showed statistically significant increases in blood concentrations of carotenoids, omega-3 fatty acids and vitamin E in comparison to those on placebo.

Outcomes of the trial included slower rates of disease progression and improvements in mood and memory, as reported by the carers of patients receiving the active intervention. The researchers concluded that this formulation should be used as part of the overall management of Alzheimer's.

"The relationship between targeted nutrition and brain health is now well established and even more important than ever because of our growing and ageing population," said Prof John Nolan.

Nurse Paula Bergin, who worked on the trial said: "As nurses we see first-hand the devastating impact a progressive disease like Alzheimer's has on the patient themselves as well as their loved ones. I was privileged to provide care for the patients participating in the Re-MIND trial. Over the trial, carers began reporting a significant improvement in their loved one's mood. They described them as being less irritable, being much easier to manage and generally more content in themselves. Both patients and carers alike also noted improvements in memory, meaning patients were able to carry out daily living tasks themselves and hold onto their independence."

December

Saturday 3
Midwives Section meeting. 10am online

Saturday 3
Special Schools Section meeting. 10am online

Tuesday 6
Orthopaedic Section meeting. 4pm via Microsoft Teams

Saturday 10
PHN Section meeting. 10:30 online

Monday 12
Nurse/Midwife Education Section meeting. 9am

January

Monday 16
National Children's Nurses Section AGM. 11am via Zoom

Tuesday 17
Retired Nurses Section AGM. 11am via Zoom

Wednesday 18
Operating Department Nurses Section AGM. 7pm via Zoom

Saturday 21
Midwives Section AGM. 7pm via Zoom

Tuesday 24
Care of the Older Person Section AGM via Zoom

Wednesday 25
Telephone Triage Section AGM via Zoom

Thursday 26
Assistant Directors Section AGM via Zoom

Saturday 28
School Nurses Section AGM in Midlands Hotel, Portlaoise

February

Thursday 2
International Nurses Section AGM. 5pm via Zoom

For further details on any listed meetings or events, contact jean.carroll@inmo.ie (unless otherwise indicated)

INMO Membership Fees 2023

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

Condolences

- We extend our deepest sympathies to the family, friends and colleagues of Ann Martin. Ann was an INMO member throughout her career and held the role of president from 2003 to 2004. She also held a seat on the NMBI. We thank Ann for her advocacy and support over many years and for speaking up for her colleagues at difficult times. On behalf of all INMO members we offer deepest condolences to her husband Barry, her children and grandchildren and many friends. *Leaba I measc na naomh duit Ann.*
- INMO membership and staff were deeply saddened to hear of the tragic and untimely passing of Marie Farragher. Marie had recently retired from her post as a theatre nurse in Galway University Hospital and will be missed by all of her colleagues there. We send our most sincere condolences to Marie's husband Tom, her children Sarah, Gearóid and Mark, her extended family, friends and former colleagues at this difficult time.

Retired Section

- Retired Nurses Section night out, Gibson Hotel Dublin, Thursday, January 26, 2023. Bed and breakfast €195. Dinner €40. Tel: 01 6815000 and quote ID 430682 to avail of this rate. For further information contact Ann Gee at Tel: 087 1459289

INMO Golf Society

The INMO Golf Society looks forward to hosting its annual golf outing in 2023 at Ballinasloe Golf Club.
Date: **Friday, May 19, 2023**
Tee times: 8am to 3pm
Format: 18-hole stableford (full handicap applies, Golf Ireland swipe card required
Fee: €60 (non-refundable)
Includes tea/coffee and scone on arrival

Tee-time and dinner bookings open on April 19, 2023 from 10am-4pm

To book, contact:
Helen Carrigg at Tel: 087 9950372 / email hguinan@gmail.com
Eilish Brennan at Tel: 087 6960223 / email elizabethbrennan08@gmail.com
Nora Callaghy at Tel: 087 6205281 / email callaghynora@gmail.com

Bookings will only be confirmed on receipt of payment within five days

Nurse On Call

Nursing services and recruitment

Nurses, midwives, student nurses and healthcare assistants: we all want more flexibility in our work lives, and that's what **Nurse On Call** offers.

- Do you want to be able to work around family life and work when it suits you?
- Do you want to be in charge of your own work schedule?
- Do you want to make some extra money for holidays or for something special?
- Do you want to avoid a stressful work environment?
- Do you want to try out a hospital/worksite before committing to a permanent position?

Join Nurse On Call, an approved supplier of agency nurses, student nurses and HCAs to every HSE/HSE-funded worksite in the Republic of Ireland – we would love to have you!

For more information, email **interviewer@nurseoncall.ie** or **corkoffice@nurseoncall.ie** if you are based in the south.

**Zoom interviews Monday to Friday 8:30am-5pm.
Please text your address to **087 1437417** for an application form or download one from our website: **www.nurseoncall.ie****

Galway Hospice Foundation

Galway: Renmore Avenue, Renmore, Galway, H91 R2TO. **Tel: 091 770868**
Regional West of Ireland Specialist Palliative Care Centre, with CHKS Accreditation and ISO 9001:2015 Certification. Winner of CHKS International Quality Award 2011 and 2014

Arising from our ongoing development of Palliative Care Services in the West of Ireland, the Galway Hospice Governed Services are seeking motivated and enthusiastic individuals to join our organisation in supporting patients with advanced diseases needing palliative care to attain the best quality of life possible.

A wide range of benefits will be on offer to successful candidates such as support for further education and development, competitive salary, subsidised restaurant, free parking as well as working with a dedicated and experienced team of professionals.

Clinical Nurse Specialist (CNSp.) Galway Hospice Community Team

The successful candidates will join a team of experts to provide seamless patient care. The remit of the CNSp. is on the relief of physical and psychosocial distress for patients and families and the provision of support and guidance to those involved in the delivery of care. The role will involve a strong clinical component, delivering a specialist services in the community, in addition to the other core competencies of the Clinical Nurse Specialist role (patient / client advocacy, education & training, audit & research and consultancy).

Candidates will:
- Be a Registered General Nurse with the Nursing and Midwifery Board of Ireland (NMBI)
- Have at least 5 years post registration experience in the division of the register in which the applicant is currently practising
- Have a minimum of 2 years' experience in the specialist area of Palliative Care
- Have the ability to practise safely and fulfil their professional responsibility within their scope of practice
- Demonstrate evidence of continuing professional development
- Post-registration qualification in the specialist area of Palliative Care, prior to application; or a commitment to undertake same following probation.
- Relevant Paediatric experience is desirable.

Staff Nurse with a view to progressing to CNS position

The successful candidate will provide a quality, effective and efficient palliative care service to the Hospice's patients and their families. This is achieved through participating in a multidisciplinary team approach to the provision of a palliative care service, as well as the development of clinical expertise, leadership ability and teaching skills through nursing practice

Candidates will:
- Be a Registered General Nurse with the Nursing and Midwifery Board of Ireland (NMBI).
- Have at least 3 years relevant post registration experience
- A commitment to obtaining the relevant experience, in the IPU or Community, to progress to CNS role
- Have the ability to practise safely and fulfil their professional responsibility within their scope of practice
- Demonstrate evidence of continuing professional development
- A Post-registration qualification in the specialist area of Palliative Care, prior to application; or a commitment to undertake same following probation

Informal enquiries can be made by telephoning Ms. Geraldine Cooley, CNM III Community Palliative Care on **091-770868** or by email at **gcooley@galwayhospice.ie**

Please also contact Ann Dolan, Director of HR **adolan@galwayhospice.ie** for a detailed job description and Application Form or with expressions of interest.

REMARKABLE PEOPLE | SPECTACULAR PLACE

Join our Emergency Department Nursing Team in Kerry, Ireland

UNIVERSITY HOSPITAL KERRY

OSPIDÉAL NA hOLLSCOILE, CIARRAÍ • A UNIVERSITY AFFILIATED ACUTE HOSPITAL

The Emergency Department at UHK provides an opportunity for nurses to work as part of an energetic, progressive, dynamic innovative multi-disciplinary team with a focus on the delivery of high quality care to a range of life threatening and non-life threatening emergencies. Education is paramount for all the ED nursing team with supportive induction, ongoing educational opportunities and associated bursaries*.

If you are interested in joining the Emergency Department Nursing Team at University Hospital Kerry please contact:

Mairead O'Sullivan, ADON Emergency Department.
T: +353 (0)87 343 1003 • E: mairead.osullivan4@hse.ie

- **Permanent Pensionable Posts**
- **Induction Course Included**
- **Enhanced Scale***
- **Full-time / Part-time Posts**
- **Overseas Re-Location Packages***
- **Qualification Allowance*** (with Higher Diploma in ED nursing)
- **Opportunity to complete ED Foundation Programme / Sponsored Post-graduate Programme*.**

* subject to meeting the relevant criteria

UHK is continually welcoming nurses in **Medicine, Surgery, Orthopaedics, Paediatrics, Theatre, Critical Care, Oncology & Dialysis.** For details on these vacancies please contact: **Joanne Evans,** CNM3 Nursing HR, T: +353 (0) 87 4006751 • E: joanne.evans@hse.ie

Staff Midwife & Community Midwife positions available - great opportunities for family-friendly hours, education and promotion. Contact **Sandra O'Connor**, Director of Midwifery, T: +353 (0)66 7184023 • E: sandra.oconnor@hse.ie

HSE

Affiliated UCC

uhk.ie/careers

Nurse / Nurse-Midwife Advisor

Salary: INMO Scale
Location: Dublin (Herbert Place, D2)
Department: Medical Operations
Reporting to: Triage & Midwifery Services Team Manager

- Are you a Registered Nurse (Adult/Paediatric) or Registered Nurse-Midwife looking for a full-time or part-time job?
- 24/7 365 Telephone Triage & Health Information and Advice
- Full-time/Part-time/Permanent (20-39 hours per week available)
- Do you have an interest in hybrid working (50% office based) after a successful probationary period?
- Would you like to work in a fast-paced environment using your expert knowledge and skills to provide excellent care to patients through the specialised area of telephone and computer-based triage?
- Motivated to help patients receive the best level of care; calm in challenging situations; focused on finding solutions effectively and adaptable to changing situations.

Summary of the Role
We are recruiting Registered Nurses and Midwives to provide triage, health information and advice to a varied demographic in the Republic of Ireland. For a full job description and to apply please go to **www.crisis24-careers.com**

Qualification, Experience & Training
- Hold current professional registration with the NMBI – Dual qualifications Nurse-midwife desirable
- 3 years' post registration experience in an acute care setting, Previous experience in A&E or GP Practice is desirable
- Be able to assimilate large quantities of information quickly, accurately and communicate outcomes clearly
- Excellent IT/computer skills and telephone manner
- Be proactive and have good use of initiative
- Organised and reliable
- Excellent communication skills
- Work well individually and as part of a team, as well as quickly and accurately under pressure
- Self-motivated and committed to the delivery of high-quality patient care.

Please note only those eligible to work in the Republic of Ireland will be considered for this vacancy

Irish Nurses Rest Association

A committee of management representing the Guild of Catholic Nurses of Ireland, the INMO, the Association of Irish Nurse Managers and Director of Public Health Nursing exists to administer the funds of the Irish Nurses Rest Association. It's open for applications from nurses in need of convalescence or a holiday for a limited period who are unable to defray expenses they may incur or for the provision of grants to defray other expenses incurred in purchase of a wheelchair/ other medical aids.

Please send applications to:
Ms Margaret Philbin, Rotunda Hospital, Dublin 1.
email: mphilbin@rotunda.ie

Irish Cancer Society Night Nurses

The Irish Cancer Society are seeking Registered General Nurses who can provide a minimum of 6 nights per month and have some palliative experience. Training will be provided.

- Job description on **www.cancer.ie**
- Email CV to **recruitment@irishcancer.ie**
- Informal enquiries to Amanda on 01-231 0532

Irish Cancer Society

Read a good book recently? Write a review for *WIN*

Every month we publish a book review written by one of the *WIN* team or by an INMO member. It doesn't have to be nursing/midwifery related, but if you have read something that you found helpful to your practice, please consider writing a review for an upcoming issue of *WIN*.

Submit your review to nursing@medmedia.ie

Breastfeeding: The best start

Breastmilk is the ideal food for newborns and infants. It gives infants all the nutrients they need for healthy development. It is safe and contains antibodies that help protect infants from common childhood illnesses such as diarrhoea and pneumonia, the two primary causes of child mortality worldwide. Breastmilk is readily available and affordable, which helps to ensure that infants get adequate nutrition.

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

The Irish Nurses and Midwives Organisation supports breastfeeding
For more information log onto **www.breastfeeding.ie**

NEW

INMO Community Intervention Teams National Section

Members who wish to join this recently established national section are asked to please email **membership@inmo.ie.**

For those working in CIT and interested in getting involved please contact: **membership@inmo.ie**

INMO
Irish Nurses and Midwives Organisation
Working Together

A NIGHT OUT

has been organised for the

Retired Nurses Section

on

Thursday, 26 January 2023

at the

Gibson Hotel, Dublin

Price €120 – Double room bed and breakfast. Dinner €40.00

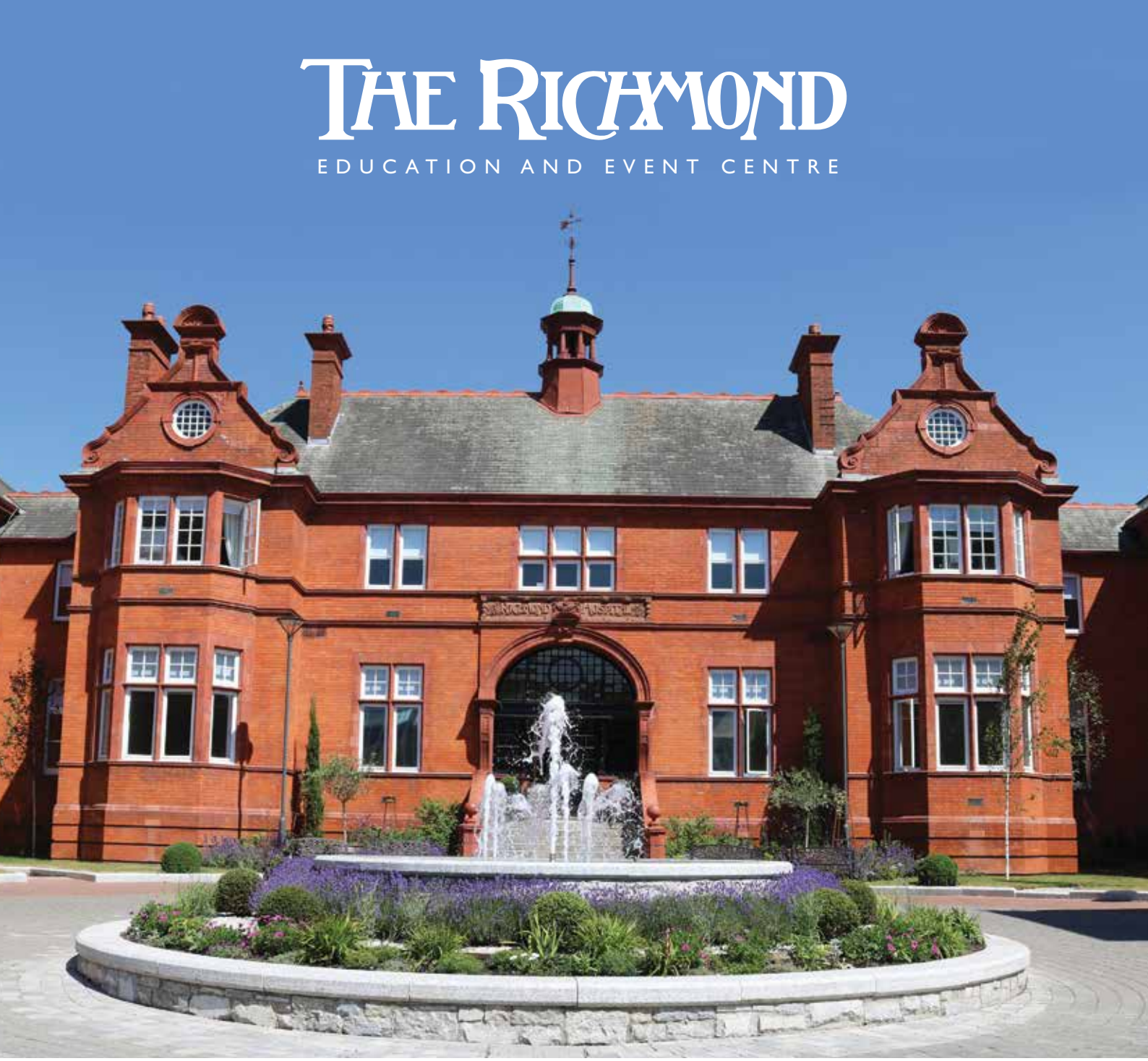
Please phone the Gibson Hotel 01 8859000 and quote ID 435682 to avail of this rate.

Contact Ann Gee, from the retired section social committee for further information on: 087 1453269.


We wish you
a very merry christmas
and
a happy new year!
Professional Connections
GLOBAL HEALTHCARE RECRUITMENT
https://www.profco.com

THE RICHMOND

EDUCATION AND EVENT CENTRE



SPECIAL RATES FOR INMO MEMBERS

DUBLIN'S NEWEST SMALL CONFERENCE AND EVENT CENTRE

Your ultimate event venue. Special rates for public sector organisations

Tel: 016640645/9 | Email: edel.reynolds@inmoprofessional.ie / cathriona.mcdonnell@inmoprofessional.ie