€5.75 Vol 28 No 2 March 2020

WIN

INMO
Journal of the
Irish **Nurses** and
Midwives Organisation

World of Irish Nursing & Midwifery

Executive Council elections 2020 ballot papers enclosed

INMO president nominated for Seanad

page 8

Midwives being used to 'paper over cracks'

page 9

Latest INMO CPD education listings

page 29

Postpartum diabetes prevention

page 47

Nursing in a war zone

Irish nurse wins prestigious humanitarian award

Affordable Live-in Homecare

One to One Care at Home for Less Than the Cost of a Nursing Home or Visiting Care Service

alh
Affordable Live-In Homecare

Carer duties:

- Housekeeping
- Preparing meals
- Keeping company
- Personal care, if required

All our carers are Garda vetted and provided with ongoing training and support.

Three week trial period with all placements.

We place carers nationwide

For more information, phone Eileen or Tom today on 0879916791

www.alhomecare.ie

On the cover this month:
Vivien Lusted, nurse with the International Red Cross and recipient of the 2019 Florence Nightingale medal

NEWS & VIEWS

FEATURES

CLINICAL

LIVING

JOBS & TRAINING

WIN – World of Irish Nursing & Midwifery is distributed by controlled circulation to **more than 38,000** 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 28 Number 2
March 2020

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:
Martina Harkin-Kelly; Catherine Sheridan; Eilish Fitzgerald, Kathryn Courtney

INMO editors:
Michael Pidgeon (michael.pidgeon@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

Government must fund healthcare

THROUGHOUT the general election campaign, the INMO lobbied hard on key health and public pay topics. As the government talks continue, we continue to work with political parties to ensure that our members' interests are reflected in any future programmes for government.

Our message has been clear: parties must reform, resource and adequately staff our health service in the next programme for government. Underfunding and understaffing of frontline services costs lives and wastes taxpayers' money due to more expensive care delivery. It is vital that the next government provides the necessary funding to deliver the Sláintecare health reform project, to give our service much needed direction and change.

During our lobbying, a worrying pattern became clear: a disconnect between public representatives and the HSE on major issues. For example, all parties talked about support for Sláintecare, but were unaware of HSE plans to close 220 care of older person beds in 2020. When the INMO raised the issue, all party health spokespersons immediately committed to reversing the proposal and increasing beds. The wider question is whether there's too much vagueness around Sláintecare, that allows people to support growing the public health service with one hand, while shrinking it with the other.

Whichever government we end up with, one of its key challenges in health will be implementing Sláintecare. It is clear that this will need close monitoring and real scrutiny to ensure this fundamental reform package is delivered.

In late February, the INMO made a comprehensive submission to the development of the HSE's strategic plan. We highlighted areas where nursing and midwifery can lead services in a safe, effective, efficient and patient-centred manner. The submission included examples of nursing and midwifery-led care around the world, an area that is relatively underdeveloped in Ireland. The movement from a hospital-focused service to a community-focused one will require greater use of nursing and midwifery-led services.

In terms of the strike settlement, implementation and payment of the enhanced practice salary scale has now commenced following protracted meetings with the HSE to ensure the scale is implemented correctly. Please contact the INMO if you have any queries about joining the scale or any back money owed. The change to allow staff nurses and midwives to move up to the senior level sooner (after 17 years instead of 20) is now in place and should be processed from November 2019 onwards. This is always done each November.

The expert group, which was a major part of the strike settlement, now has terms of reference in place and members of the group are in the process of being appointed. The first task for the group will be to immediately examine issues relating to nurse and midwife manager pay. This examination must be completed by May 2020 with a view to including the resultant recommendations in the negotiations on public service pay that are due to commence in May or June.

Other important issues relative to the professions of nursing and midwifery in the 21st century will be examined in the second part of the work of the expert group, which is due for completion in October 2020. This will require input from nurses, midwives and their trade unions, input that will be continuous throughout the process. These consultations will shape the future of nursing and midwifery; we will inform members once we have further details on how to get involved in this process.

Finally, please remember to return your Executive Council ballot paper, which is an important part of our union's democracy. The Executive Council leads and directs the INMO's operations and strategies: please take time, read up on the candidates seeking your vote and return your completed ballot paper.

Phil Ní Sheaghdha
General Secretary, 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

Your priorities with the president

Martina Harkin-Kelly, INMO president

General election 2020

SINCE the historic general election on February 8, there has been much back and forth over manifestos, policies and principles. Yet while we await the formation of a new government, dire social problems continue without any solutions in sight. Whichever parties take their seat at the table of power, I hope they will work together for the greater good and, from our members' perspective, move to implement and honour all agreements.

Amid all of this political change, we note the retirement of our colleague, chief nursing officer at the Department of Health, Siobhán O'Halloran. On behalf of the INMO officers, Executive Council, management team and members, I would like to take this opportunity to wish Dr O'Halloran every good fortune as she embarks on a new chapter in her life. During her career, Dr O'Halloran was witness to many changes in our professions, including the launch and pilot of the *Framework for Safe Staffing and Skill Mix* as accepted government policy, which the INMO will continue to push forward and advocate for alongside Dr O'Halloran's successor as chief nursing officer.

HIQA maternity report

ON February 12, the Health Information and Quality Authority (HIQA) published its recommendations to ensure the sustainability of Ireland's maternity services. The HIQA publication offers an overview of its inspection of Ireland's 19 maternity units and hospitals, identifying opportunities for improvement and stressing that services have only been maintained due to staff going above and beyond the call of duty. The INMO's response called for the long-delayed implementation of the *National Maternity Strategy*, which would increase midwife-led care and bring staffing levels up to the scientifically proven safe ratio of one midwife per no more than 29.5 births *(see page 9)*.

Year of the Nurse and Midwife celebrations

THE World Health Organization has designated 2020 the International Year of the Nurse and Midwife in honour of the 200th anniversary of Florence Nightingale's birth. Among the initiatives planned for the year, the INMO will take the opportunity at our annual delegate conference to celebrate and recognise this momentous event. Over the coming months, branches and sections will be notified of themes and speakers, and we hope many of you will also mark this important year in your own areas and take the opportunity to showcase and celebrate the remarkable professions of nursing and midwifery.

Nursing Now and EFN endeavours

THE European Federation of Nurses Associations (EFN) recently hosted a Nursing Now and Year of the Nurse and Midwife event at the European Parliament in Brussels. The event was attended by MEPs, European Commission delegates, patients, industry partners and key stakeholders. INMO general secretary Phil Ní Sheaghdha attended as an elected member of the EFN executive, as did Elizabeth Adams, EFN president and Nursing Now global board member. The EFN executive is scheduled to meet next on April 15, and the full general assembly is due to meet on April 16-17. Both Phil Ní Sheaghdha and I will attend. As the Nursing Now campaign continues, the Florence Nightingale leadership challenge is well underway. This challenge is a growing global movement that involves 528 regional, national and local groups, as well as professionals from more than 112 countries. The challenge calls on every health employer around the world to provide leadership and development training for a group of young nurses and midwives in 2020, the Year of the Nurse and the Midwife. The initiative has been highly successful to date, as global figures include 25,300 nurses undertaking leadership programmes, with 662 employers committed to providing such programmes in 69 countries. In Europe alone, 6,156 nurses and 204 employers are committed to the leadership challenge.

For further details on the above and other events see **www.inmo.ie/President_s_Corner**

Thought for the month

"It's difficult to score when the goal posts keep moving. Even harder when nobody knows where the actual goal posts should be. Any player who gets a score on this field of play is not to be underestimated!"

Report from the Executive Council

THE National Executive met on February 3 and 4, 2020. The meeting began with a warm welcome to Anne Harney and Elizabeth Allauigan as new co-opted members of the Executive. With nominations now closed for Executive Council elections, the outgoing members are looking forward to seeing a new Council elected at this year's annual delegate conference. Many thanks to all of those who have put themselves forward for these busy yet rewarding roles.

The HSE framework document on medication management in intellectual disability services was discussed and commentary was forwarded to the HSE. The Executive also proposed amendments to the HSE's strategy document, emphasising the need for more nurse and midwife-led services.

It was requested that further updates from the HSE be sought for members regarding the coronavirus, including information on special leave, training and length of shifts.

Two members of the Executive will attend ICTU's leadership programme – Eilish Fitzgerald, second-vice president, and Niamh McKeon.

The next meeting of the National Executive is scheduled for March 2 and 3, 2020.

Get in touch

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

President nominated for Seanad

Members urged to lobby TDs and councillors to put a nurse in Seanad

INMO President Martina Harkin-Kelly has been nominated by the Irish Congress of Trade Unions (ICTU) for the labour panel of Seanad Éireann.

ICTU is one of two nominating bodies for a sub-panel of the labour panel which has 11 seats in total. There are four seats on the sub-panel. At the time of going to press ICTU have only nominated four people.

It is likely that the Irish Conference of Professional and Service Associations (ICPSA) will also make nominations prompting an election for those four seats.

The elite election process for the Seanad means that only sitting TDs, county councillors and outgoing senators have a vote.

INMO president Martina Harkin-Kelly has been nominated for the labour panel of Seanad Éireann

Members are urged to get behind our president by lobbying their TDs and councillors to put a nurse in the Seanad.

The elections for Seanad Éireann takes place between March 16-30, 2020, with the count set to be held on March 30, 2020.

INMO wishes Siobhán O'Halloran well as she retires as Ireland's chief nurse

SIOBHÁN O'Halloran is retiring from her position as Ireland's chief nursing officer (CNO) after almost seven years in the role.

With a nursing career spanning over 30 years, Dr O'Halloran had been head of the School of Nursing, Midwifery, Health Studies and Applied Science at Dundalk Institute of Technology, before moving to the Department of Health.

Previously at the Department, she had been a nursing advisor, overseeing the implementation of the transfer of undergraduate nursing education to the third-level sector, and advising the HSE board on nursing and midwifery issues.

Immediately before becoming CNO, she had been HSE assistant national director with lead responsibility for acute services.

Born and bred in Dublin, Dr O'Halloran first trained in Galway, later embarking on an educational career leading to qualifications from five different universities.

She worked in A&E in London, as a ward sister in intellectual disability, and spent some time in a Romanian hospital for infants with HIV/AIDS, during a time of political turmoil in the country.

INMO general secretary Phil Ní Sheaghdha said: "We are immensely grateful for Siobhán O'Halloran's many years of service in this role and others. She had made a lasting impact on Irish nursing and midwifery, particularly in her work on moving our professions to university level.

"Siobhán always struck the right balance between a public service leader and a representative of the nursing and midwifery professions.

"After many years of campaigning by the INMO, the CNO's role was set at the senior level of assistant secretary in the Department of Health. On behalf of INMO members across the country, we wish Siobhán well."

Chief nursing officer Siobhán O'Halloran retiring after seven years in the post

The chief nursing officer is tasked with representing nursing and midwifery at the highest level of policy making for the health service. She gives official leadership for the professions, advises on regulation, and provides expertise on workforce planning.

Following Dr O'Halloran's retirement, the position of chief nursing officer will be filled through a competition on **publicjobs.ie**

Midwives being used to "paper over cracks" in Irish maternity services

MIDWIVES are working at an unsustainable rate to provide care for patients, a new report from the Health Information and Quality Authority (HIQA) has found.

While key patient outcomes were found to be good and staff "excellent", the report found the maternity system was understaffed and "very reliant" on "midwifery staff working overtime to maintain service levels".

The INMO said that this is further evidence of the chronic understaffing in Ireland's 19 maternity units and that midwives' dedication was being used to "paper over cracks" in the service. The union called for the long-delayed implementation of the National Maternity Strategy, which would increase midwife-led care and bring staffing levels up to the scientifically proven safe ratio of one midwife per no more than 29.5 births.

The union is calling for:

- Immediate HSE approval of midwifery posts to reach safe staffing levels
- An end to the HSE recruitment freeze in nursing and midwifery
- A renewed commitment from the next government to implement the National Maternity Strategy, including expanded midwife-led units.

INMO general secretary Phil Ní Sheaghdha: *"The HSE's go-slow approach has left midwives in an unsustainable position"*

INMO general secretary Phil Ní Sheaghdha said: "This report rightly celebrates the incredible dedication and skill of Ireland's midwives. But their commitment is being abused and their hard work used to paper over cracks in staffing.

"There is a very clear strategy for the maternity service, but the HSE hasn't properly implemented it. We need to lift the recruitment embargo, get the staffing levels right, and pay them a fair, competitive wage.

"Part of this comes down to speed. Whether it's recruitment, the strike settlement or the Maternity Strategy, the HSE's go-slow approach has left midwives in an unsustainable position.

"The Irish National Intensive Care Unit Audit published last month shows that there simply isn't enough capacity across the health service. Building up staffing and capacity must be a key goal for the next government."

Pressure on HSE to get going on Maternity Strategy

THE HSE must develop a comprehensive, time-bound and fully costed plan to implement the National Maternity Strategy in full – this is the first of eight recommendations set out by the Health Information and Quality Authority (HIQA) following its inspections of Ireland's 19 maternity units and hospitals over the past 18 months.

In its overview report, HIQA said that while it found good practice in how maternity services detect and respond to obstetric emergencies, it also identified opportunities for improvement to ensure that maternity services remain safe and effective into the future.

The report highlighted the overall level of professionalism, teamwork and commitment displayed by staff providing maternity care across the country, in what is a highly pressurised and demanding environment.

Mary Dunnion, HIQA's director of regulation, said: "Overall, our findings provide assurance that improvements have been made in maternity services since HIQA's investigation into maternal care in Midland Regional Hospital, Portlaoise. However, we found a lack of clarity and national leadership within the HSE regarding the responsibility for implementing the National Maternity Strategy. This strategy provides a framework for a new and better maternity service that improves choice for women, and ensures that smaller maternity units, in particular, are better supported to provide sustainably high-quality and safe care.

"It was of concern to HIQA that the HSE had made only limited progress in advancing this strategy since it was approved by government in 2016, and a more comprehensive, time-bound and costed implementation plan is required. While more formalised governance structures were introduced by the HSE at the end of 2019 to improve national leadership in this area, the HSE must now implement the strategy and establish maternity networks to ensure that pregnant women, mothers and newborns across the country have access to the same level of care and support regardless of where they live."

Sean Egan, HIQA's head of healthcare, said: "Our inspections showed that services around the country were reliant on front-line medical staff working onerous rosters – some on call every three nights – and midwifery staff working overtime to address staffing deficits and maintain service levels.

"In addition, the poor infrastructure and physical environment across maternity services significantly impacts on a woman's comfort, dignity and privacy, and increases the potential risk of cross infection for women and babies. Addressing the ageing infrastructure across many maternity services will require significant funding."

HIQA has made eight recommendations to the HSE to improve the quality and safety of maternity services, including the development of a comprehensive plan to fully implement the National Maternity Strategy as well as the National Standards for Safer Better Maternity Services.

Ms Dunnion added: "It is imperative that the HSE acts on HIQA's eight recommendations in a timely manner to ensure that Irish maternity services are enhanced and placed on a more sustainable and equitable footing for women and their babies."

The Overview report of HIQA's monitoring programme against the National Standards for Safer Better Maternity Services, with a focus on obstetric emergencies, and all 19 inspection reports, can be accessed at **www.hiqa.ie**.

Political leaders called on to back up promises as trolley figures spike

"All that's needed is investment and political will" – general secretary

THE trolley crisis was a hot topic in the build-up to last month's general election as it was reported that 12,024 admitted patients were left without beds in January, representing the second-worst month for overcrowding since INMO records began.

Prior to the election, INMO general secretary Phil Ní Sheaghdha called on Ireland's political leaders to set out their stalls on how their parties plan to redress the ongoing crisis in the health service.

"To show real leadership on health, political leaders need to set out how they will grow capacity, recruit more staff, and really kickstart the Sláintecare reforms," she said. "It's not rocket science: we know how to fix the health service. The plan is there. All we need is the investment and political will to back up manifesto promises. All parties and political leaders must commit to lifting the recruitment freeze, funding safe staffing levels, and fully implementing Sláintecare."

January also saw record high levels of overcrowding on January 6 and 7, when 760 admitted patients on each day were being cared for on trolleys or chairs instead of hospital beds. The worst-affected hospitals were:

- University Hospital Limerick – 1,215 patients
- Cork University Hospital – 1,107 patients
- University Hospital Galway – 872 patients
- South Tipperary General Hospital – 824 patients
- Mater Hospital – 607 patients.

Table 1. INMO trolley and ward watch analysis (January 2006 – 2020)

Hospital	Jan 2006	Jan 2007	Jan 2008	Jan 2009	Jan 2010	Jan 2011	Jan 2012	Jan 2013	Jan 2014	Jan. 2015	Jan 2016	Jan 2017	Jan 2018	Jan 2019	Jan 2020
Beaumont Hospital	414	543	661	769	794	574	634	602	710	692	710	386	355	334	435
Connolly Hospital, Blanchardstown	259	280	250	286	216	456	378	279	635	595	372	225	363	286	307
Mater Hospital	482	433	568	538	531	345	324	356	292	410	481	505	542	537	607
Naas General Hospital	441	45	216	355	367	491	194	239	221	369	437	240	516	310	287
St Colmcille's Hospital	300	119	76	276	293	235	186	190	n/a	n/a	n/a	n/a	n/a	n/a	n/a
St James's Hospital	351	200	211	319	215	150	148	142	101	236	222	229	284	238	274
St Vincent's University Hospital	372	351	535	474	509	466	310	470	334	438	598	276	559	476	479
Tallaght Hospital	812	219	805	632	528	635	238	181	348	394	337	546	494	408	507
National Children's Hospital, Tallaght	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	9	17	1
Our Lady's Children's Hospital, Crumlin	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	87	80	62
Temple Street Children's University Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	98	82	33
Eastern total	**3,431**	**2,190**	**3,322**	**3,649**	**3,453**	**3,352**	**2,412**	**2,459**	**2,641**	**3,134**	**3,157**	**2,407**	**3,307**	**2,768**	**2,992**
Bantry General Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	47	52	111	123	77	154
Cavan General Hospital	408	361	287	196	277	516	316	220	91	71	183	33	63	101	340
Cork University Hospital	293	273	413	446	726	695	574	443	361	366	600	667	832	947	1,107
Letterkenny General Hospital	320	428	57	57	43	64	118	42	247	437	110	522	671	587	392
Louth County Hospital	41	14	52	62	4	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mayo University Hospital	158	253	168	271	261	144	91	165	256	311	159	70	321	257	422
Mercy University Hospital, Cork	197	165	200	155	169	272	117	316	211	170	228	290	355	291	431
Midland Regional Hospital, Mullingar	38	23	36	54	284	214	295	171	447	374	426	540	635	265	361
Midland Regional Hospital, Portlaoise	70	15	60	53	48	111	209	43	140	210	308	477	258	288	113
Midland Regional Hospital, Tullamore	40	n/a	4	32	55	205	186	77	249	219	319	503	556	337	203
Mid Western Regional Hospital, Ennis	157	197	28	29	35	127	21	79	n/a	7	92	46	40	24	45
Monaghan General Hospital	n/a	50	52	29	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Nenagh General Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	28	18	29	6	26
Our Lady of Lourdes Hospital, Drogheda	349	313	290	399	476	455	589	410	462	735	601	469	491	160	198
Our Lady's Hospital, Navan	21	164	131	107	31	178	117	85	421	189	69	259	153	95	382
Portiuncula Hospital	82	71	115	46	148	79	60	169	119	208	63	379	191	109	223
Roscommon County Hospital	79	91	162	165	146	191	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Sligo University Hospital	94	72	124	143	197	245	108	96	142	191	302	279	439	499	346
South Tipperary General Hospital	155	27	134	54	158	52	126	245	294	158	302	556	511	629	824
St Luke's Hospital, Kilkenny	n/a	n/a	n/a	n/a	n/a	38	130	96	204	239	313	536	615	369	355
University Hospital Galway	155	170	286	319	365	523	558	378	602	519	526	618	681	534	872
University Hospital Kerry	131	97	133	93	91	93	64	88	93	75	199	187	382	297	418
University Hospital Limerick	304	225	118	213	453	404	304	437	564	631	682	793	1,003	970	1,215
University Hospital Waterford	n/a	n/a	n/a	68	95	88	100	138	296	125	430	480	550	547	397
Wexford General Hospital	546	162	129	50	226	283	111	106	102	268	196	125	189	193	208
Country total	**3,638**	**3,171**	**2,979**	**3,041**	**4,288**	**4,977**	**4,194**	**3,804**	**5,301**	**5,550**	**6,188**	**7,958**	**9,088**	**7,582**	**9,032**
NATIONAL TOTAL	**7,069**	**5,361**	**6,301**	**6,690**	**7,741**	**8,329**	**6,606**	**6,263**	**7,942**	**8,684**	**9,345**	**10,365**	**12,395**	**10,350**	**12,024**
Of which were under 16	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**211**	**190**	**104**

Percentage increase/decrease:
2019 compared to 2020: 16%
2018 compared to 2020: -3%
2017 compared to 2020: 16%
2016 compared to 2020: 29%
2015 compared to 2020: 38%
2014 compared to 2020: 51%
2013 compared to 2020: 92%
2012 compared to 2020: 82%
2011 compared to 2020: 44%
2010 compared to 2020: 55%
2009 compared to 2020: 80%
2008 compared to 2020: 91%
2007 compared to 2020: 124%
2006 compared to 2020: 70%

*based on 25% reduction in cravings at nearly 3 hours

Nicorette Icy white 4mg Medicated Chewing Gum. For the treatment of tobacco dependence by relieving nicotine craving and withdrawal symptoms, thereby facilitating smoking cessation in smokers motivated to quit. Helping smokers temporarily abstain from smoking . In smokers currently unable or not ready to stop smoking abruptly. Gum may also be used as part of a programme to reduce smoking prior to stopping completely.. **Dosage:** ***Smoking cessation:*** The gum should be used whenever there is an urge to smoke. Not more than 15 pieces of the chewing gum may be used each day. If not successful after 12 weeks the patient should be encouraged to make a fresh attempt to stop smoking. ***Temporary Abstinence:*** See full prescribing information. ***Gradual cessation:*** See full prescribing information. **Contraindications:** Use in non-smokers, Use in persons hypersensitive to nicotine or any ingredient in the formulation. **Special Warnings and Precautions:** The benefits of quitting smoking outweigh any risks associated with correctly administered NRT. A risk-benefit assessment should be made by an appropriate healthcare professional for patients with the following conditions: - Cardiovascular disease: Dependent smokers with a recent myocardial infarction, unstable or worsening angina including Prinzmetal's angina, severe cardiac arrhythmias, recent cerebrovascular accident, and/or who suffer with uncontrolled hypertension should be encouraged to stop smoking with non-pharmacological interventions (such as counselling). If this fails, Nicorette Gum may be considered but as data on safety in this patient group are limited, initiation should only be under close medical supervision. Renal and hepatic impairment: Use with caution in patients with moderate to severe hepatic impairment and/or severe renal impairment as the clearance of nicotine or its metabolites may be decreased with the potential for increased adverse effects. Gastrointestinal Disease: Nicotine may exacerbate symptoms in patients suffering from oesophagitis, gastric or peptic ulcers and NRT preparations should be used with caution in these conditions. Phaeochromocytoma and uncontrolled hyperthyroidism: Nicotine, both from NRT and smoking, causes the release of catecholamines from the adrenal medulla. Therefore, Nicorette should be used with caution in patients with uncontrolled hyperthyroidism or pheochromocytoma. - Diabetes Mellitus. Patients with diabetes mellitus should be advised to monitor their blood sugar levels more closely than usual when smoking is stopped and NRT is initiated, as reductions in nicotine-induced catecholamine release can affect carbohydrate metabolism. Patients with diabetes mellitus may require lower doses of insulin as a result of smoking cessation. - Smokers who wear dentures may experience difficulties in chewing Nicorette Gum. The chewing gum may stick to and may in rare cases damage dentures. Transferred dependence: Nicotine in any dose form is capable of inducing a dependence syndrome after chronic use and is highly toxic after acute use. However, dependence with Nicorette Gum is a rare side-effect and is both less harmful and easier to break than smoking dependence. Danger in children: Doses of nicotine tolerated by smokers can produce severe toxicity in children that may be fatal. Products containing nicotine should not be left where they may be handled or ingested by children.. **Undesirable Effects:** See full prescribing information for full list of undesirable effects. Immune System Disorders: Hypersensitivity - Common Anaphylactic reaction - Not known. Psychiatric Disorders – Abnormal Dreams – Uncommon. Nervous System Disorders: Headache - Very Common, Burning sensation, Dysgeusia, Paraesthesia – Common. Eye Disorders: Blurred Vision, Lacrimation increased – Common. Cardiac Disorders: Palpitations, Tachycardia - Not known. Vascular Disorders: Flushing, Hypertension – Uncommon. Respiratory, Thoracic and Mediastinal Disorders: Cough, Throat irritation - Very common. Bronchospasm, Dysphonia, Dyspnoea, Nasal Congestion, Sneezing, Throat tightness – Uncommon. Gastrointestinal Disorders: Hiccups, Nausea - Very common. Abdominal pain: Diarrhoea, Dry mouth, Dyspepsia, Flatulence, Salivary hypersecretion, Stomatitis, Vomiting – Common. Eructation Glossitis, Oral mucosal blistering and exfoliation, Paraesthesia oral – Uncommon. Dysphagia, Hypoaesthesia oral, Retching – Rare. Dry throat, Gastrointestinal discomfort Lip pain - Not known. Skin and Subcutaneous Tissue: Hyperhidrosis, Pruritus, Rash, Urticaria Disorders – Uncommon. Erythema - Not known. Musculoskeletal and Connective Tissue Disorders: Pain in jaw – Uncommon. Muscle tightness - Not known. General Disorders and Administration Site Conditions: Fatigue – Common. Asthenia, Chest discomfort and pain, Malaise – Uncommon. Allergic reactions including angioedema - Rare. **MA Holder:** Johnson & Johnson (Ireland) Limited, Airton Road, Tallaght, Dublin 24, Ireland. **MA Number:** PA 330/37/9 **Date of Revision of the Text:** June 2018. **Legal Category:** Products not subject to medical prescription. Further information available upon request from Johnson & Johnson (Ireland) Ltd. IRE/NI/20-4051

Tony Fitzpatrick, INMO director of industrial relations, focuses on current

INMO and HSE in ongoing talks to iron

THE INMO has met with the HSE on numerous community nursing issues in recent months.

PHN sponsorship programme and transfer panel

Chief among these issues was the PHN sponsorship programme and transfer panel. The parties agreed that a clear process was needed for this year to ensure that difficulties in the past two years, when more than 100 places were left unfilled, are not repeated.

The HSE said it was undertaking an internal review involving directors of public health nursing, primary care operations, the HSE Health Business Services (recruitment) and the colleges. The parties agreed that the clear aim for 2020/21 is to maximise the uptake of places on the PHN sponsorship programme.

Therefore, it was necessary to ascertain all vacancies within public health nursing in January and to be clear about the number of development/new posts required so as to match activity demand and assist with the implementation of Sláintecare.

In addition, the process of managing the vacancies within the system via the transfer panel needed to be expedited to identify the community care areas (CCAs) with places for the sponsorship programme. Therefore, vacancies had to be declared early and offered to the transfer panel initially. Thereafter, the positions will be backfilled via the sponsorship programme.

The INMO proposed the following to make the sponsorship programme more attractive for 2020/21:

- That the student/sponsored PHN would be retained at their existing salary, rather than drop to student PHN pay
- That the 55 individuals on the panel for PHN sponsorship in 2019/20 who did not receive a place, should be offered available places for the 2020/21 academic year, rather starting the recruitment process from scratch. Therefore, when the CCA placements are available, these 55 panellists should be offered a choice of those locations (running in tandem with the normal recruitment process).

However, the HSE rejected these proposals.

The INMO sought an update on the outcome of the internal review which at this stage should be completed. A further meeting with the HSE took place on February 5, 2020, at which it was confirmed that 142 PHN vacancies will require filling via the sponsorship programme. Management was unable to provide detail on CCAs, but provided the following breakdown: CHO1 – 8 places; CHO2 – 0 places; CHO3 – 13 places; CHO4 – 25.27 places; CHO5 – 13.6 places; CHO6 – 20 places; CHO7 – 25 places; CHO8 – 4 places; and CHO9 – 34.6 places.

Several actions are now required and the allocation of PHN development posts must be made available prior to the advertisement of the sponsorship programme. According to the HSE Service Plan there are 1,000 additional posts going into primary care, therefore, to comply with Sláintecare and the Bed Capacity Report, which identifies the requirement for 500 additional PHNs by 2026, there is a need to allocate significant additional numbers to the PHN sponsorship programme. The INMO pointed out that advertising 160 places only addresses normal staff attrition. There is a clear need for additional places due to deficits in the system and the fact that maternity leave and other leaves are not covered.

A further meeting between the INMO and the HSE on these matters was scheduled to take place as we went to press. The HSE had agreed to examine the current transfer panel to identify those who have already been offered a transfer but have not yet been able to move. It would be assumed that these individuals would move when the current sponsorship class graduates in June /July.

The 142 vacancies identified above must now be offered to the transfer panel with a quick turnaround. Once individuals on the transfer panel have indicated their preference, the areas that require backfill should be the CCAs that are offered to the sponsorship programme. When the sponsorship programme is advertised, the CCAs with vacancies must be clearly identified so that prospective candidates can indicate their preference. Those on the transfer panel who wish to transfer to one of the 142 locations must be aware that their transfer will not be accommodated until the graduates qualify in summer 2021.

Recruitment

THE INMO stressed the need to expedite the recruitment process to fill PHN vacancies and also to build in relief staff to fill temporary positions due to staff leave. The union pointed out that several areas were working short and repeated its concern about the lack of built-in relief to the PHN roster and that PHNs often have to cross cover areas. In addition, due to the HSE's current employment control processes, maternity leave, long-term sick leave and other leaves are not being replaced.

The INMO outlined that as per the Recruitment and Retention Agreement of 2017, directors of public health nursing must have delegated authority to back-fill vacancies as they arise. Under the agreement, the director of public health nursing does not need to apply through various levels of management within the CHO and ultimately to the national director in order to fill a funded post.

The INMO sought that a tailored recruitment campaign be run to recruit permanent PHNs for the significant deficits that exist in the Dublin region, particularly in CHO 6, 7 and 9. Similarly, an agency conversion process could be run in tandem. However, the INMO said it is important that the PHN transfer panel be respected, with recruitment only taking place for locations to which no one is waiting to transfer. The HSE is to identify the CCAs which no PHNs have requested to transfer into.

At the meeting on February 5, 2020, the HSE confirmed that an advertisement campaign will run after the PHN sponsorship programme advertisement at end of February/early March. Therefore, the recruitment process should take place in March 2020.

Weekend working

DUE to difficulties with the current system of covering planned essential calls at weekends in many areas, the INMO proposed to the HSE the introduction of a system similar to the Dublin Agreement.

PHNs are reluctant to

out several community nursing issues

put their names forward to do weekend working due to poor rates of remuneration for planned essential calls and other factors. Therefore, the INMO is seeking an arrangement like the Dublin Arrangement to apply nationally. There is a need to fast track an agreement with regards to weekend working in order to avoid a crisis situation regarding weekend calls.

The HSE outlined that local interim arrangements could be put in place to keep the service safe, but ultimately, there is a need for an interim arrangement around weekend working. The HSE outlined that it was working on this and is to revert to the INMO with firm proposals on weekend working.

HPV for boys

THE INMO secured additional posts to cover the extension of the national HPV immunisation programme to boys in September 2019. Under a WRC agreement, these posts were to be filled in a permanent capacity. However, it appears that a significant number of these posts were filled on a temporary rather than a permanent capacity. Matters have arisen that derogation with regards to recruiting staff on a temporary basis must be renewed after six months. The INMO confirmed with the HSE on February 5, 2020 that these posts will be derogated. However, the INMO would prefer these posts were filled on a permanent capacity. It has been confirmed that if these posts are identified, and submitted via the derogation process, they will be approved. The HSE reiterated that posts submitted via the employment control process should be highlighted as immunisation posts and would be prioritised. Further engagement is now to take place at CHO level with the INMO on implementation of the agreement.

Vaccination Review Group

THE terms of reference for the Vaccination Review Group were shared among stakeholders and the INMO submitted amendments to them, which were then accepted. The first meeting of this group took place in January.

Nurture/ASQ

THE HSE Nurture programme on the Ages and Stages Questionnaire (ASQ) remain on hold pending a proposal from the HSE. However, agreement has been reached on the use of a uniform child health record in all 31 CCAs, as well as on the four early childhood training modules and a one-day skills-based training course. PHNs will be facilitated to complete this training in their work time. The HSE is to revert with a proposal to the INMO on the roll-out of Nurture/ASQ. No cooperation should take place pending receipt of this.

CervicalCheck

Siobhan McArdle, HSE, provided an outline on CervicalCheck issues, the 221+ women who were affected and a further review by the Royal College of Obstetrics and Gynaecology that was completed by the Department of Health. This review indicated that 1,038 women had discordant smear results. The HSE has appointed liaison officers in CCAs. These officers had to have a clinical background and most individuals selected via an 'expression of interest' process are nurses. The aim of these liaison officers is to assist affected women to navigate the HSE systems to access follow up care.

Implementation of Labour Court 21900

The INMO expressed concern at significant delays with the implementation of the Labour Court Recommendations and subsequent circulars, including delays regarding:

- 20% increase in qualification and location allowance, retrospection to March 1, 2019
- Processing applicants for enhanced nurse/midwife scale
- Processing applications for senior staff nurse/midwife
- Expansion of location allowances to be paid to all PHNs not in receipt of the specialist qualification allowance retrospective to March 1, 2019.

Jackie Nix, HSE, outlined that she is liaising with the nine heads of HR on expediting the above. The INMO sought clarification as these are national circulars so individual CCAs and CHOs would not have to seek specific derogation for each post. It was confirmed that there is no derogation required to implement the HSE HR circulars that emanated from the Labour Court Recommendations. Therefore, all 20% increases and new allowances should be applied, and applications should be received and approved for the enhanced staff nurse/midwife scale without any further delay.

Safeguarding

A meeting has taken place with the National Safeguarding Office. The HSE is to engage further with the Department of Health and is to revert to the unions by May 2020. The HSE has shared information that will be circulated separately. However, the new proposed policy is not agreed, and discussions continue between the HSE and trade unions.

Meitheal approach

The Meitheal Project was piloted in three sites in 2019. Tusla has developed the Meitheal approach to help children who may need the support of more than one service. While the INMO has indicated acceptance of the concept of Meitheal, it pointed to the need for appropriate resources and staffing to allow further roll out and engagement with the INMO on same.

Non-sponsored PHNs' pension buy back

The INMO has been in negotiation with the HSE regarding the buying back of unsponsored PHNs' training year for pension purposes. The INMO requested that further consideration be given to this longstanding claim, in light of the recent WRC agreement on trainee gardaí. This dealt with gardaí who entered the force from 1989-2003 whose six-months training before attestation did not count for pension purposes and is now to be reckoned for pension purposes. Therefore, the INMO believes that the training period of PHNs who undertook training prior to the sponsorship agreement, be deemed reckonable for superannuation purposes. Note that the trainee Gardaí were not paid a salary during the period in question but were paid an allowance. The INMO believes that trainee PHNs who were not salaried but who received a similar allowance as the trainee gardaí should now be eligible to have their training period reckonable for pension purposes.

TRELEGY▼ELLIPTA

(fluticasone furoate/umeclidinium/vilanterol)

The only COPD Triple Therapy delivered in a single daily inhalation.[1]
Improvement in quality of life vs. ICS/LABA.[2,3]

LESS TO TAKE. **MORE TO TAKE IN.**

A combination of ICS/LAMA/LABA (FF/UMEC/VI) administered through a single daily inhalation from the Ellipta inhaler, which is easy to use[1-5]

TRELEGY▼ELLIPTA
fluticasone furoate/umeclidinium/vilanterol

▼This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions.

TRELEGY Ellipta FF/UMEC/VI 92/55/22 mcg OD is indicated for Maintenance treatment in adult patients with moderate to severe COPD who are not adequately treated by a combination of an inhaled corticosteroid (ICS) and a long-acting β_2-agonist (LABA) or a combination of a LABA and a long acting muscarinic antagonist.

COPD, chronic obstructive pulmonary disease; FF, fluticasone furoate; ICS, inhaled corticosteroids; LABA, long-acting β_2-agonist; LAMA, long-acting muscarinic antagonist; OD, once-daily; UMEC, umeclidinium, VI, vilanterol.

References: 1. TRELEGY Ellipta SmPC, available at www.medicines.ie, last accessed October 2019. **2.** Lipson DA *et al. Am J Respir Crit Care Med* 2017; 196:438–446. **3.** Lipson DA, *et al.* N Engl J Med. May 3 2018;378(18):1671-1680. **4.** Svedsater H *et al. BMC Pulm Med* 2013; 13:72–86. **5.** van der Palen J *et al. NPJ Prim Care Respir Med* 2016; 26:16079.

Trelegy▼ Ellipta (fluticasone furoate/umeclidinium/vilanterol [as trifenatate]) Prescribing information.
Please consult the full Summary of Product Characteristics (SmPC) before prescribing.

Trelegy Ellipta (fluticasone furoate/umeclidinium/vilanterol [as trifenatate]) inhalation powder. Each single inhalation of fluticasone furoate (FF) 100 micrograms (mcg), umeclidinium bromide (UMEC) 62.5 micrograms and vilanterol as trifenatate (VI) 25 mcg provides a delivered dose of 92 mcg FF, 55 mcg UMEC and 22 mcg VI. **Indications:** Maintenance treatment in adult patients with moderate to severe COPD who are not adequately treated by a combination of an inhaled corticosteroid (ICS) and a long-acting β_2-agonist (LABA) or a combination of a LABA and a long acting muscarinic antagonist. **Dosage and administration:** One inhalation once daily at the same time each day. **Contraindications:** Hypersensitivity to the active substances or to any of the excipients (lactose monohydrate & magnesium stearate). **Precautions:** Paradoxical bronchospasm, unstable or life-threatening cardiovascular disease or heart rhythm abnormalities, convulsive disorders or thyrotoxicosis, pulmonary tuberculosis or patients with chronic or untreated infections, narrow-angle glaucoma, urinary retention, hypokalaemia, patients predisposed to low levels of serum potassium, diabetes mellitus. In patients with moderate to severe hepatic impairment patients should be monitored for systemic corticosteroid-related adverse reactions. Eye symptoms such as blurred vision may be due to underlying serious conditions such as cataract, glaucoma or central serous chorioretinopathy (CSCR); consider referral to ophthalmologist. Increased incidence of pneumonia has been observed in patients with COPD receiving inhaled corticosteroids. *Risk factors for pneumonia include:* current smokers, old age, patients with a history of prior pneumonia, patients with a low body mass index and severe COPD. Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take Trelegy. *Acute symptoms:* Not for acute symptoms, use short-acting inhaled bronchodilator. Warn patients to seek medical advice if short-acting inhaled bronchodilator use increases. Therapy should not be abruptly stopped without physician supervision due to risk of symptom recurrence. *Systemic effects:* Systemic effects of ICSs may occur, particularly at high doses for long periods, but much less likely than with oral corticosteroids. **Interactions with other medicinal products:** Caution should be exercised with concurrent use of β-blockers. Caution is advised when co-administering with strong CYP3A4 inhibitors (e.g. ketoconazole, ritonavir, cobicistat-containing products), hypokalaemic treatments or non-potassium-sparing diuretics. Co-administration with other long-acting muscarinic antagonists or long acting β_2-adrenergic agonists is not recommended. **Pregnancy and breast-feeding:** Experience limited. Balance risks against benefits. **Side effects:** *Common (≥1/100 to <1/10):* pneumonia, upper respiratory tract infection, bronchitis, pharyngitis, rhinitis, sinusitis, influenza, nasopharyngitis, candidiasis of mouth and throat, urinary tract infection, headache, cough, oropharyngeal pain, arthralgia, back pain. *Uncommon (≥1/1,000 to <1/100):* viral respiratory tract infection, supraventricular tachyarrhythmia, tachycardia, atrial fibrillation, dysphonia, dry mouth, fractures; *Not known (cannot be estimated from the available data):* vision blurred. **Marketing Authorisation (MA) Holder:** GlaxoSmithKline Trading Services Limited, Curabinny, Co. Cork, Ireland. **MA No. [EU/1/17/1236/002]. Legal category:** POM B. **Last date of revision:** June 2019. **Code:** PI-2093. Further information available on request from GlaxoSmithKline, 12 Riverwalk, Citywest Business Campus, Dublin 24. Tel: 01-4955000.

Adverse events should be reported to the Health Products Regulatory Authority (HPRA) using an Adverse Reaction Report Form obtained either from the HPRA or electronically via the website at www.hpra.ie. Adverse reactions can also be reported to the HPRA by calling: (01) 6764971. Adverse events should also be reported to GlaxoSmithKline on 1800 244 255.

A full list of adverse reactions can be found in the Summary of Product Characteristics.
In common with other corticosteroid-containing medicines, there is an increased risk of pneumonia in patients with COPD treated with TRELEGY Ellipta.[1] Trelegy Ellipta should be used with caution in patients with unstable life-threatening cardiovascular disease.[1]

Please see www.trelegy.ie to find out more

TRELEGY Ellipta was developed in collaboration with INNOVIVA

PM-IE-FVU-ADVT-190002
Date of preparation: October 2019

WRC reactivates ED oversight forums

AN updated conciliation proposal has emerged from the Workplace Relations Commission, following the INMO's referral of the issue of hospital crowding back to the WRC over breaches of the ED Agreement of 2016.

This is against the backdrop of recently released figures indicating that 2019 was the worst year on record for overcrowding in emergency departments throughout the country.

The WRC conciliation conference took place on January 16, 2020. This resulted in an updated WRC conciliation proposal, which allows for the reactivation of the local and executive forums in order to ensure full implementation of the ED agreement, particularly, the provision of 20 CNM2s for admitted patients and 180 WTE staff nurses to care for admitted patients within emergency departments.

Furthermore, a recalibration exercise will be conducted using Prof Jonathan Drennan of University College Cork's methodology to assess the numbers of additional staff needed to care for admitted patients examining the period from August 2019 to January 2020. This will be done jointly between the HSE and the INMO. The WRC proposal also addresses the non-compliance sites with regards to the separation of ADON patient flow from the ADON ED operational role.

INMO officials will be engaging directly with acute hospitals with regards to these matters.

– Tony Fitzpatrick, director of industrial relations

Revised proposals on theatre nursing on-call issues

THE INMO was back before the WRC on January 8, 2020 to present its proposals on theatre nursing to management.

Following discussion and negotiation, a further amended document was received following this hearing. This matter will require discussion at the IR subcommittee, however, the key to ensuring compliance with Circular 33/2003 and the Organisation of Working Time Act is to immediately commence engagement with the hospital groups. There is a need to establish uniformity throughout the system on the management of theatres in the out-of-hours period. In addition, significant engagement is required with regards to addressing theatre overruns.

The draft WRC document was considered by the INMO IR subcommittee, which is recommending acceptance of the document by the Executive Council.

This would allow INMO officials to engage with each of the theatre departments and hospital groups to ensure standard application of previous theatre on-call circulars and this WRC proposal.

INMO officials will be conducting members' meetings in all theatre departments in preparation for INMO management meeting with the employer.

– Tony Fitzpatrick, director of industrial relations

Update

Location allowance in endoscopy: Following the lodgement of an INMO claim in October 2019 on behalf of members in endoscopy services in St John's Hospital, Limerick, agreement was reached for payment of the location allowance to all nurses working in this area.

Older persons services CHO3: The INMO engaged with management of CHO3, which covers Clare, Limerick, North Tipperary and East Limerick, to determine the level of nursing vacancies and approvals received nationally. Management confirmed that all identified vacancies in the nine HSE sites concerned have been approved for filling, with recruitment processes ongoing.

– Mary Fogarty, assistant director of IR

Outgoing branch officers thanked

THE INMO extends its thanks to all the members and reps who attended the recent INMO Branch AGMs in Clonakilty (Clonakilty/Skibbereen Branch), Bantry (Bantry Branch), Mallow (Mallow Branch) and Cork (Cork HSE Branch).

INMO IRO Liam Conway wished all branch officer and new reps well in their roles for the coming year and said he looked forward to working with them in 2020 as we see the roll out and implementation of the Labour Court recommendations from the dispute in 2019.

Outgoing branch officers

The Cork HSE Branch would like to acknowledge the contributions of outgoing officers Jean O'Connell, Adrianne Murphy and Lorraine O'Connor. Incoming branch chairperson, Ester Fitzgerald, acknowledged their outstanding commitment to the profession and to the INMO. Mr Conway thanked the officers for their outstanding efforts throughout the years.

At a presentation to the outgoing officers of the Cork HSE Branch were (l-r): Jean O'Connell, outgoing chairperson; Liam Conway, INMO IRO; Eilish Fitzgerald, INMO second-vice president; and Lorraine O'Connor, outgoing secretary

Also pictured were: Niamh Prayher, Rebecca Amosa, Marie Kennedy, Jenilyn Deliro, Bernie Lucy, Laurence Doran, Jean O'Connell, Helen McCarthy, Margaret Coughlan, Mary Rea, Ger McCarthy, Amy O'Connell, Ester Fitzgerald, Richie Butler, Eilish Fitzgerald and Lorraine O'Connor

INMO calls for full pay restoration for Section 39 workers

Section 39 pay restoration: *The INMO joined other unions in a rally outside Government Buildings last month. INMO protesters included (above, l-r): Noelle Hamilton, INMO IRE; Albert Murphy, INMO assistant director of IR; Catherine Courtney, INMO Executive Council; and Caroline Rea, CNS in Marymount Hospice, Cork*

THE INMO is calling on the incoming government to address pay restoration for staff working in Section 39 organisations.

While progress was made on pay restoration last year in some Section 39 organisations, there has been no progress on pay in more than 250 such organisations throughout the country. The staff in these organisations provide personal assistance and healthcare to vulnerable adults and children.

Unions representing Section 39 workers staged a rally outside Government Buildings last month, to drive home the message that any incoming government had to realise that "unfinished business" in relation to pay restoration for Section 39 staff had to be addressed. According to the unions, while Section 39 organisations were urged to cut staff pay in line with cuts in public servants' pay during the austerity years, Section 39 workers have not seen pay restoration unlike direct State employees.

Section 39 organisations are voluntary organisations that are funded by both the Department of Health and private fundraising.

– Albert Murphy, assistant director of IR

INMO stalwart Marie O'Brien retires

THE INMO wishes to acknowledge the contribution of Marie O'Brien as the INMO representative and Executive Council member on the occasion of her recent retirement from the HSE.

Marie worked as a clinical nurse manager in Mid Western Regional Hospital for many years and was central in preserving nurse-patient staffing levels prior to and, significantly, post the reconfiguration of services at the hospital.

Ms O'Brien always advocated for better conditions for nurses and patients alike, and her contribution to the nursing profession in Ennis was appreciated by all INMO members.

The Clare Branch of the INMO wishes Marie many years of happy retirement.

– Mary Fogarty, assistant director of IR

Marie O'Brien, INMO rep and Executive Council member

Inishowen North Branch AGM: *Branch treasurer, Katie Shields making a presentation to INMO IRO Maura Hickey, at her final AGM before she will step down as IRO for the region*

Branch chair Maria Mc Laughlin makes presentation to INMO general secretary Phil Ní Sheaghdha at the recent Inishowen North Branch AGM held in Carndonagh Community Hospital. Also pictured is branch secretary, Rita Doherty

A tripartite just transition – involving unions, employers and government – is needed to ensure the workforce is protected in the face of necessary changes, writes **Dave Hughes**

'Could 'just transition' be a new political philosophy?

THE phrase 'just transition' has come into the Irish vocabulary in the context of the closure of commercial peatlands and the potential loss of employment and communities as a result.

Climate change and the need to address it has developed a sharp focus globally. The knowledge that the heating of our planet due to human activity is posing a significant threat to our survival is not new. Governments have committed to reducing carbon emissions and an international system of imposing fines where they failed to meet targets is in place.

The pace of change arising from those measures seems slow in the context of what is required. New political focus pushed on by student protests has prompted an acceleration of restructuring away from climate heating technologies to alternative energy sources and conservation.

Tripartite just transition

The coal industries across Europe are winding down and thus the need to protect the community and social structure in what are major population centres has prompted the development of tripartite just transition, involving trade unions, employer organisations and governments. The philosophy is that alternatives must be provided in terms of employment and wealth generation for the communities and workforce impacted by necessary and technological change.

Social contract

But in this philosophy are we actually looking at a new social contract with far wider application? Until now the restructuring of industry due to technological advances has been fought out as a battle between capital and labour:

- The closure of pits throughout the UK was brutally played out between the National Union of Mineworkers and the Tory government under Margaret Thatcher as prime minister
- The advent of IT in the print industry saw the demise of the ancient craft of printing and the consequent elimination of tens of thousands of jobs
- Likewise, the advancement of telecommunications saw the elimination of the role of telephonist across industries and particularly in the Department of Posts and Telegraphs.

Taking these as examples of how society has dealt with major change that impacts on working people and their communities it is clear that, if it was a battle between capital and labour, capital has won.

The realisation that digitalisation has the potential to eliminate many more of what are today seen as essential jobs has awakened many trade unions to the need to apply 'just transition' as a principle in the social contract.

The development of information technology to date has seen the concentration of wealth in smaller and smaller numbers as jobs are replaced by technologies, with the financial benefits of scientific advancement going to the owners of the technology. These are not necessarily the inventors but those who buy the technology.

The law and trade union approach up to now has been to compensate through redundancy payments for loss of individual employment.

Under a developed just transition policy the future might see a social contract which would value workers and communities by underwriting a career life which maintained incomes and thus communities. Such a social contract could see workers changing their career during their working life and being encouraged to do so without loss of income.

Naturally, there would have to be rules to incentivise work, but in such a situation lifelong learning would be a reality with time to genuinely engage in it, without risking income or family sustainability.

The recent general election has taught us that the current model simply does not work. Maybe it is time to look at an alternative political system which is neither capitalism nor socialism, but is 'just transition' with elements of both. More than 100 years after the First World War we live in a world almost as unstable as the conditions that led to that catastrophic event in world history.

The political philosophies that we practise today largely came out of that and what preceded it. Perhaps it is time to question their validity and look for a better way.

Human needs don't change, we all require the basics for health and happiness. Having a roof over our heads and feeling secure in our home is essential to peace and security in society.

Dave Hughes is INMO deputy general secretary

World news

Nurses and midwives in action around the world

Australia

- ANMF welcomes Senior Counsel's calls for minimum staffing in aged care

Canada

- Nurses unions warn national standards for coronavirus protection too low
- Nurses union holds rallies around Alberta protesting plan to cut 500 full-time jobs
- Tense negotiations ahead as UCP searches for healthcare system savings

Honduras

- Auxiliary nurses will receive an increase of $80 in two years

Kenya

- Vihiga nurses' strike disrupts services in public hospitals

New Zealand

- NZNO heartened by GPs lobbying for funding to pay practice nurses more

Philippines

- Philippines 'ill-prepared' as it grapples with coronavirus threat

Portugal

- Algarve nurses demand fulfilment of commitments

Spain

- Nursing union demands nurseries in Castilla and León social and health centres in order to promote work-life balance

US

- RNs at San Joaquin General Hospital issue 10-day strike notice for two-day strike
- RNs at Southern California Hospital at Culver City to hold informational pickets for patient safety

Book Now for Early Bird

INMO Professional

Meaningful Healthcare Risk Mangement

for Clinical Nurse Managers and Clinical Midwife Managers

Wednesday May 27, 2020

The Richmond
Education and Event Centre,
North Brunswick Street,
Dublin D07 TH76

10.00am - 4.00pm

€95 INMO members;
€145 non members

Early bird
€65
INMO Members
before April 28, 2020

EARLY BIRD DISCOUNT

5
NMBI CEUs

Special Programme for Clinical Nurse and Clinical Midwife Mangers

Programme facilitator:

Dr Luke Feeney, Professional Doctorate in Healthcare Risk, Incident and Audit Management, MSc Quality and Safety in Healthcare Management

This programme designed specifically for Clinical Nurse and Midwifery Managers provides a practical, introductory insight, understanding and guidance as front line managers in evidence-based, best practice healthcare risk management principles and practices. At the end of the programme participants should understand how to plan and implementation (with a Team) an evidence-based, best practice risk management process. CNMs and CMMs perform both managerial and leadership functions in order to provide effective healthcare delivery to patients.

All material is 100% evidence based and the frameworks and processes presented have all been implemented in healthcare organisations in Ireland and internationally.

To book call **01 6640641/18** or visit
www.inmoprofessional.ie

Retired Section hears from wide range of speakers at biennial conference

INCLUSION health for marginalised groups was the focus of the Retired Section's biennial conference at the Richmond Education and Event Centre on February 13, 2020.

The 40 members who were in attendance enjoyed a thought-provoking presentation from Prof Briege Casey, School of Nursing Psychotherapy and Community Health at DCU and member of the Nurses and Midwives of Inclusion Health (NMIH) group. She spoke about the opportunities, challenges and roles for nurses and midwives in the area of inclusion health.

Prof Casey said the group's aims are to develop excellence in nursing and midwifery inclusion health and support practitioners in professional and practice development, education and research. For more information on NMIH visit: **sites.google.com/dcu.ie/nmih**

Other speakers included Dave Hughes, INMO deputy general secretary, who spoke about the history of the Organisation, and INMO head of education Steve Pitman, who spoke about Nursing Now in the context of 2020 being International Year of the Nurse and Midwife.

Clinical nurse specialist Niamh Hulm presented on the use of complementary therapies in the care of the older person. She said the most commonly used therapies are massage, aromatherapy and reflexology, and that these therapies should be used alongside orthodox medical treatments.

Lisa Marry (left) and Cathleen Osbourne (right) from Cancer Control HSE offered members tips on reducing cancer risk

Lisa Marry and Cathleen Osbourne from the HSE's Cancer Control programme delivered a talk on the *National Cancer Strategy*, including tips to reduce one's risk of cancer and an overview of the screening processes.

Advances in Immunotherapy and Implications for Service Delivery Immuno-oncology

Masterclass provides support for nurses with IrAR management, best practice sharing and service optimisation

This Immuno-oncology Masterclass was a promotional meeting organised by BRISTOL-MYERS SQUIBB PHARMACEUTICALS (BMS) in partnership with the Irish Association for Nurses in Oncology (IANO). The aims of the masterclass were to facilitate discussion between the MDT team, particularly nurses and pharmacists, around the following objectives:

- **Appraise the current status of immunotherapy use in Ireland, with a focus on renal cell carcinoma (RCC)**
- **Educate delegates on appropriate identification and management of immune-related adverse reactions (irARs), through examples and case studies**
- **Consider service provision solutions and opportunities for improved care models that accommodate immunotherapy**
- **Motivate delegates to take key learnings back to their centres, and implement positive changes**

This meeting took place on 16th November in Killashee hotel where delegates heard essential information regarding the integration of immunotherapies in clinical practice, whilst considering approaches to service provision optimisation. The one-day masterclass chaired by Aileen O'Meara (Advanced Nurse Practitioner, St Vincent's University Hospital) and Carol Spillane (Clinical Nurse Specialist, St James Hospital), was comprised of plenaries, workshops, and bespoke sessions focusing on providing tailored support for multidisciplinary teams (MDT) working in cancer care.

A variety of topics were discussed, including fundamental principles of immunotherapy use; evolution of the renal cell carcinoma (RCC) landscape with combination immunotherapy; immune-related adverse reaction (IrAR) management, resilience skills, and service redesign. The aim was also to consider service provision solutions and opportunities for improved care models that accommodate immunotherapy, and to motivate delegates to take key learnings back to their centres and implement positive changes.

Consultant Oncologist, Dr Austin Duffy of Mater University Hospital in Dublin, delivered a clear understanding of fundamental principles concerning immunotherapy (I-O). Dr Duffy described immunotherapy as "an attempt to induce, exploit, mimic or manipulate a patient's immune system to attack their cancer". He presented a complex topic in an understandable and engaging manner.

Professor Ray McDermott, Consultant Medical Oncologist from St Vincent's University Hospital presented on the evolution of first-line treatment of advanced renal cell carcinoma (RCC). Professor McDermott provided an overview of the RCC treatment landscape, including the impact of combination immunotherapy on patient outcomes.

Immunotherapy Lead Nurse Trudy-Jane Guinan from The Clatterbridge Cancer Centre (CCC) NHS Foundation Trust discussed the management of immune-related adverse reactions (IrARs) in an Acute Oncology setting. Immunotherapy is an option in certain tumours and has improved the prognosis for some

patients. As the use of this therapy grows, it has significantly changed cancer treatment and improved the prognosis for many patients however, it has given rise to a group of IrAR events and toxicities. Within the centre is the I-O toxicity management service which has had a significant impact on timely identification and response to toxicity, reduced duration of admissions, reduced grade of toxicity, reduced re-admissions, and importantly the improvement in patient care and quality of patient life. CCC toxicity grading protocols are available to download from the CCC website. Trudy highlighted that the majority of patients experience manageable toxicities and that collaboration with various medical specialities is essential for the appropriate toxicity management.

Advanced Nurse Practitioner and Lead Nurse, Sherwin Criseno from the University Hospitals Birmingham NHS Foundation Trust presented a IrAR deep dive session and interactive case-based discussion to help identify and manage endocrine IrAR associated with immunotherapy in timely way. Sherwin clearly outlined the endocrine glands and I-O induced endocrinopathies by disorder and grade. Case studies were discussed, drawing attention to the do's and don'ts of assessing and monitoring symptoms, identifying 'red flags', and employing the 'Sick Day Rules'. The importance of consulting with an endocrinologist was emphasised to help ensure earlier diagnosis and therefore treatment for the prevention of life-threatening outcomes. This interactive session sparked lots of interest with the delegates which was clear from the conversations and questions throughout.

Jacqui Warden (Advanced Nurse Practitioner) and Roberto Vilar (Senior Specialist Cancer Pharmacist) from the Oxford University Hospitals NHS Trust presented an interactive session on their innovative service redesign case studies. Jacqui presented on the nurse-led IO telephone review clinic, The Oxford model. The clinic has resulted in reduced delays, increased capacity, and reduced wastage. Roberto went on to discuss the role of the pharmacy team in new models of care.

A workshop enabled delegates to share their ideas to facilitate improvements in care models, and to drive change in treatment centres.

The last session focussed on upskilling delegates on improving resilience in the workplace and overcoming day-to-day pressures.

Overall 77 delegates attended the masterclass and all sessions were rated highly relevant. Delegates reported being inspired to make positive/practical changes, based on the case examples provided by the speakers and several delegates reported increased confidence in managing irARs. Further insight from specialist physicians would also be useful. Ongoing education for healthcare professionals was encouraged by many attendees and BMS/IANO look forward to working on further educational collaborations.

THIS IS A PROMOTIONAL ITEM CONSISTING OF A MEETING REPORT FOR A PROMOTIONAL MEETING ORGANISED AND FUNDED BY BRISTOL-MYERS SQUIBB PHARMACEUTICALS

transplant related complications should be made case by case. Treatment with Opdivo may increase the risk of severe GVHD and death in patients who have had prior allogeneic HSCT, mainly in those with prior history of GVHD. The benefit of treatment with Opdivo versus the possible risk should be considered in these patients. Tumour lysis syndrome (TLS) has been observed at an unknown frequency. *In all indications:* For patients with poorer prognostic features and/or aggressive disease, where nivolumab should be used with caution after careful consideration of the potential benefit/risk on an individual basis, please consult SmPC section 4.4. *Patients on controlled sodium diet:* Please refer to SmPC. **DRUG INTERACTIONS:** Opdivo is not metabolised by drug metabolising enzymes, therefore metabolic drug-drug interactions are not expected. Systemic corticosteroids and other immunosuppressants should be avoided before starting Opdivo; however, systemic corticosteroids and other immunosuppressants can be used after starting Opdivo to treat immune-related adverse reactions. **PREGNANCY AND LACTATION:** Opdivo is not recommended during pregnancy and in women of child-bearing potential not using effective contraception unless clinical benefit outweighs potential risk. Effective contraception should be used for at least 5 months following the last dose of Opdivo. It is unknown whether Opdivo is secreted in human milk. **UNDESIRABLE EFFECTS: Opdivo monotherapy:** *Very Common (≥ 1/10):* neutropaenia*[,a], diarrhoea*, nausea, rash, pruritus, fatigue, increased AST*/ ALT*/ ALP/ lipase/ amylase/creatinine, hypocalcaemia, hyperglycaemia*[,b], lymphopaenia, leucopoenia, thrombocytopaenia, anaemia, hypercalcaemia, hyperkalaemia, hypokalaemia, hypomagnesaemia, hyponatraemia. *Common (≥ 1/100 to < 1/10):* upper respiratory tract infection, infusion-related reaction*[,b], hypersensitivityb, hypothyroidism*, hyperthyroidism*, decreased appetite, peripheral neuropathy, headache, dizziness, hypertension, pneumonitis (including interstitial lung disease)*[,a,b], dyspnoea*[,a], cough, colitis*[,a], stomatitis, vomiting, abdominal pain, constipation, dry mouth, vitiligo, dry skin, erythema, alopecia, musculoskeletal pain, arthralgia, pyrexia, oedema, increased total bilirubin, hypoglycaemia, hypermagnesaemia, hypernatraemia, weight decreased. *Uncommon (≥ 1/1,000 to < 1/100):* pneumonia[,a], adrenal insufficiency (including secondary adrenocortical insufficiency)*, hypopituitarism*, hypophysitis*, diabetes mellitus*, dehydration*, hepatitis*[,b], autoimmune neuropathy (including facial and abducens nerve paresis)*, uveitis*, pericardial disorders (including cardiac tamponade), pancreatitis*, gastritis*, tubulointerstitial nephritis*, renal failure (including acute kidney injury)*[,a,b]. *Rare (≥ 1/10,000 to < 1/1,000):* diabetic ketoacidosis*, Guillain-Barré syndrome*, demyelination*, myasthenic syndrome*, encephalitis*[,a,b] myocarditis*[,a], lung infiltration*, myositis (including polymyositis)*[,a], rhabdomyolysis*[,a], toxic epidermal necrolysis*[,a], Stevens-Johnson syndrome*[,a], anaphylactic reaction*[,b]. *Not known:* aseptic meningitis*, solid organ transplant rejection*, sarcoidosis*, hypoparathyroidism*, Vogt-Koyanagi-Harada syndrome*. **Opdivo (1 mg/kg) in combination with ipilimumab (3 mg/kg):** *Very Common (≥ 1/10):* hypothyroidism*, decreased appetite, headache*, dyspnoea*, colitis*[,a], diarrhoea*, vomiting, nausea, abdominal pain*, rash*, pruritus, arthralgia, fatigue*, pyrexia, increased AST*/ALT*/ total bilirubin*/ ALP/ lipase/ amylase/ creatinine, hyperglycaemia*[,b], hypoglycaemia, lymphopaenia, leucopoenia, neutropaenia, thrombocytopaenia, anaemia, hypocalcaemia, hyperkalaemia, hypokalaemia, hypomagnesaemia, hyponatraemia. *Common (≥ 1/100 to < 1/10):* pneumonia, upper respiratory tract infection, eosinophilia, infusion-related reaction*, hypersensitivity, adrenal insufficiency*, hypopituitarism*, hypophysitis*, hyperthyroidism*, thyroiditis, dehydration*, hepatitis*[,b], peripheral neuropathy, dizziness, uveitis*, blurred vision, tachycardia, hypertension, pneumonitis*[,a,b], pulmonary embolism*[,a], cough, stomatitis, pancreatitis*, constipation, dry mouth, vitiligo, dry skin, erythema, alopecia, urticaria, musculoskeletal pain, renal failure (including acute kidney injury)*[,a,b], oedema, pain, hypercalcaemia, hypermagnesaemia, hypernatraemia, weight decreased. *Uncommon (≥ 1/1,000 to < 1/100):* sarcoidosis*, diabetic ketoacidosis*[,b], diabetes mellitus*[,b], Guillain-Barré syndrome*, autoimmune neuropathy (including facial and abducens nerve paresis)*, encephalitis*[,b], arrhythmia (including ventricular arrhythmia)*[,a], myocarditis*[,a], intestinal perforation*[,a], gastritis*, duodenitis*, myositis (including polymyositis)*[,a], rhabdomyolysis*[,a], tubulointerstitial nephritis*. *Rare (≥ 1/10,000 to < 1/1,000):* toxic epidermal necrolysis*[,a], Stevens-Johnson syndrome*[,a]. *Not known:* aseptic meningitis*, solid organ transplant rejection*, hypoparathyroidism*, Vogt-Koyanagi-Harada syndrome*, pericardial disorders (including cardiac tamponade)*. **Opdivo (3mg/kg) in combination with ipilimumab (1 mg/kg):** *Very Common (≥ 1/10):* hypothyroidism*, hyperthyroidism*, decreased appetite, diarrhoea*, vomiting, nausea, rash*, pruritus, musculoskeletal pain, arthralgia, fatigue*, pyrexia, increased AST/ALT/total bilirubin/alkaline phosphatase/ lipase/amylase/creatinine, hyperglycaemia*[,b], hypoglycaemia, lymphopaenia, leucopoenia, neutropaenia*[,b], thrombocytopaenia, anaemia, hypercalcaemia, hypocalcaemia, hyperkalaemia, hypokalaemia, hypomagnesaemia, hyponatraemia. *Common (≥ 1/100 to < 1/10):* pneumonia, upper respiratory tract infection, conjunctivitis, infusion-related reaction*, hypersensitivity, adrenal insufficiency*[,b], hypophysitis*[,b], thyroiditis, diabetes mellitus*[,b], dehydration*, hepatitis*[,b], headache*, peripheral neuropathy, dizziness, blurred vision, tachycardia, hypertension, pneumonitis*, dyspnoea*, pleural effusion, cough, colitis*, stomatitis, pancreatitis*, abdominal pain*, constipation, dry mouth, dry skin, erythema, urticaria, arthritis, muscle spasms, muscular weakness, renal failure (including acute kidney injury)*[,b], oedema (including peripheral oedema), pain, chest pain, chills, hypermagnesaemia, hypernatraemia, weight decreased. *Uncommon (≥ 1/1,000 to < 1/100):* aseptic meningitis*, diabetic ketoacidosis*[,b], hypopituitarism*, autoimmune neuropathy (including facial and abducens nerve paresis)*, myasthenia gravis*[,b], uveitis*, arrhythmia (including ventricular arrhythmia), myocarditis*[,b], gastritis*, SJS*, myositis (including polymyositis)*, rhabdomyolysis*, tubulointerstitial nephritis*. *Not known:* hypoparathyroidism*. **Please refer to SmPC for full list of adverse reactions.** *Denotes serious adverse reaction. [a]Denotes fatal cases. [b]Denotes life-threatening cases. **LEGAL CATEGORY: Opdivo:** POM. **Yervoy:** POM. **MARKETING AUTHORISATION NUMBER AND BASIC NHS PRICE for Opdivo:** 40 mg / 4mL 1 vial (EU/1/15/1014/001) £439.00; 100 mg / 10mL 1 vial (EU/1/15/1014/002) £1,097.00; 240 mg / 24 mL 1 vial (EU/1/15/1014/003) £2,633.00 **MARKETING AUTHORISATION NUMBER AND BASIC NHS PRICE for Yervoy:** 50 mg / 10 ml vial (EU/1/11/698/001) £3,750; 200 mg / 40 ml vial (EU/1/11/698/002) £15,000. **MARKETING AUTHORISATION HOLDER:** Bristol-Myers Squibb Pharma EEIG. **LOCAL REPRESENTATIVE IN UK:** Bristol-Myers Squibb Pharmaceuticals Ltd, Uxbridge Business Park, Sanderson Road, Uxbridge, Middlesex UB8 1DH. Tel: +44 800-731-1736. **LOCAL REPRESENTATIVE IN IRELAND:** Bristol-Myers Squibb Pharmaceuticals UC, Plaza 254, Blanchardstown Corporate Park 2, Dublin 15, Tel: +353 1 483 3625. **DATE OF LAST REVISION:** October 2019. **ADDITIONAL INFORMATION AVAILABLE ON REQUEST** 1506UK1901208-01.

Adverse events should be reported. Reporting forms and information can be found at: UK - www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store; Ireland - Freepost HPRA Pharmacovigilance, Earlsfort Terrace, IRL - Dublin 2; Tel: +353 1 6764971; Fax: +353 1 6762517. Website: www.hpra.ie; E-mail: medsafety@hpra.ie. Adverse events should also be reported to Bristol-Myers Squibb via medical.information@bms.com or 0800 731 1736 (UK); 1 800 749 749 (Ireland).

7356IE2000673-01 | Date of approval Feb 2020

INMO Professional

RCM i-learn

THE ROYAL COLLEGE OF MIDWIVES

Involving fathers in maternity care

A father who is actively involved in his partner's pregnancy can have a significant positive impact on the health of the mother and baby

THIS module provides a brief overview of issues relating to the involvement of fathers in maternity care, including practical advice and guidance on engaging fathers. This module takes approximately 30 minutes to complete.

Objectives

This module will help you understand:

- The ways in which the role of the father during pregnancy and birth has changed over time
- The benefits to women, infants and society of engaged and active fathers
- The barriers that prevent some fathers from playing a greater role
- How maternity services and practitioners can encourage the involvement of fathers during pregnancy, birth and the postnatal period.

Benefits of active fatherhood

There is increasing recognition, supported by evidence, that the involvement of fathers during pregnancy, birth and the postnatal period can positively affect the health and wellbeing of mothers, babies and their families. Fathers can have a positive influence on the lifestyle and behaviour choices, eg. smoking or alcohol consumption, that their partner makes during pregnancy.

Women who have the active support of their partner during labour are less likely to require pain relief and more likely to feel positive about their birth. The emotional and practical support that fathers provide after the birth can enhance the ability of women to initiate and sustain breastfeeding.

Barriers to active fatherhood

Despite most expectant fathers having a strong desire to support their partners during pregnancy and birth, some public services are still predicated on the assumption that mothers are the exclusive caregivers and that fathers are a risk to be managed.

For some men their interaction with maternity services has left them feeling marginalised, uninformed and anxious. This impression is corroborated by mothers who feel that their partners receive little in the way of support or preparation for parenthood from healthcare professionals. This suggests that some maternity services are missing an important opportunity to engage men and thereby support positive outcomes for the whole family.

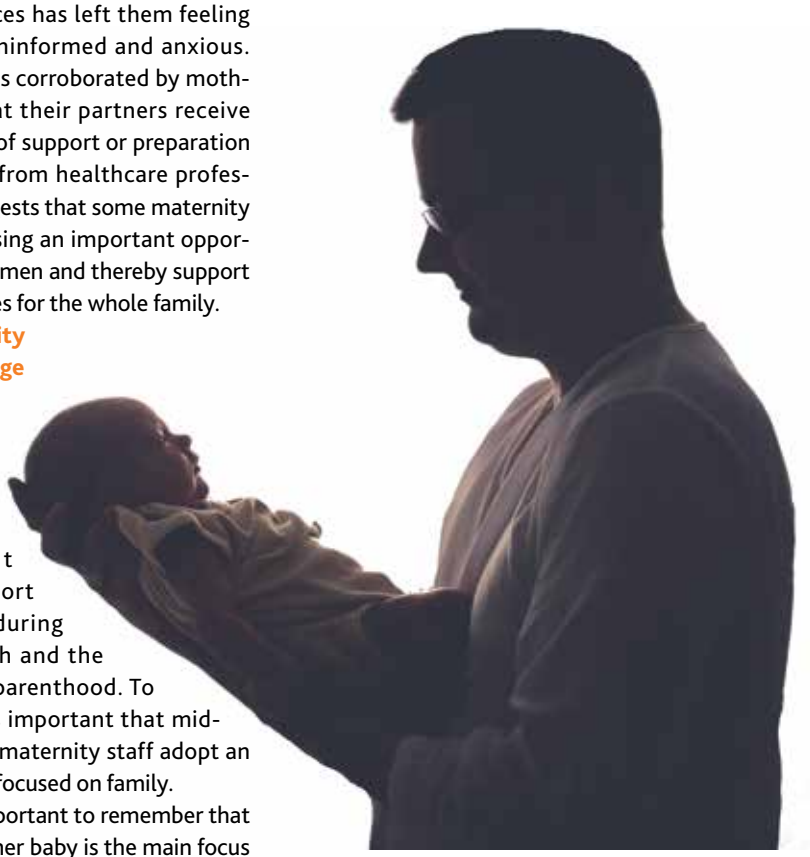
Getting maternity services to engage with fathers

Maternity services are ideally placed to help and encourage expectant fathers to support their partners during pregnancy, birth and the transition into parenthood. To achieve this it is important that midwives and other maternity staff adopt an approach that is focused on family.

It is always important to remember that the woman and her baby is the main focus of the midwife's care. While the majority of women want their partners to be part of the childbirth experience, midwives should provide the woman with an opportunity to discuss any concerns in private.

Conclusion

By informing, guiding and supporting fathers to be actively involved in the maternity care of their partner and infant, midwives and other maternity staff can further promote a positive pregnancy, birth and parenting experience for both parents and their child.



RCM i-learn access for INMO midwife members

If you are interested in learning more about involving fathers in maternity care and completing the module, visit **www.ilearn.rcm.org.uk** Free access is available to all midwife members of the INMO. Email: library@inmo.ie for further information

www.inmoprofessional.ie/RCMAccess

Spotlight on: Naomi O'Donovan

NAOMI O'Donovan returned to college as a mature student in 2004 to study nursing at University College Cork (UCC), having been inspired by her brother's girlfriend, who was also a nurse. She was 24 at the time and trained at the Mercy Hospital in Cork.

Ms O'Donovan's family had identified her caring nature when she looked after her sick granduncle as a teenager. He always said she should be a nurse, so when nursing started to be offered as a degree course, Ms O'Donovan, who had always wanted her work to have an educational component, finally decided to follow through with it.

Six months following qualification, Ms O'Donovan found herself in agency and community work as the recruitment moratorium had forced her to leave her role at the Mercy Hospital. She later returned to UCC to undertake her midwifery postgraduate training at Cork University Maternity Hospital (CUMH), where she has worked since 2013.

Within CUMH, Ms O'Donovan has worked in the outpatients department, the labour ward, the postnatal ward and in theatre. She has worked as a staff midwife on the labour ward for the past three years and loves her work, despite the difficulties presented by understaffing.

She said: "Staffing numbers are thin on the ground, so it is really important that we all work together as a team."

When Ms O'Donovan was a student, INMO reps often came around the wards to speak about the importance of union membership. This was the first time she had learned about what a union was or what it could do for its members. She was inspired by working with INMO activist Margaret Frahill in organising a protest over working hours in 2007. Her involvement grew further during her postgraduate training, working with Patsy Doyle, then an INMO industrial relations officer and now an adjudicator for the Workplace Relations Commission.

Ms O'Donovan attended her first INMO annual delegate conference in 2013 and 18 months later she joined the Executive Council. She is actively involved in the INMO Midwives Section and in organising the All-Ireland Midwifery Conference. She is also active within her local branch and strike committees.

Ms O'Donovan has met midwives from all over the world and would love to see midwives in Ireland have greater autonomy and independence.

She says: "In other parts of the world midwives can prescribe medications and contraception, and they are involved in sexual health promotion. For women in many countries midwives are cheaper, more accessible and the preferred option. I'd like to see much more continuity of care here in Ireland. Midwives should be able to play a greater role in healthcare provision by being more autonomous and also by working outside of the hospital setting."

When asked what she felt nurses and midwives could bring to leadership roles, Ms O'Donovan referenced the ambition of the International Confederation of Nurses in trying to broaden the horizons of the professions and make them more visible worldwide.

"In more disadvantaged countries there is an aim to get midwives into government and onto educational panels, health promotion panels and environmental panels. All of these things affect women's lives, and this is where the midwife's heart is. If it affects babies, mothers and families, we want to be there making it better."

For Ms O'Donovan it is essential that midwives elevate their status so that they are regarded by the public as professionals in much the same way as doctors are.

"We are not just people who work in hospitals; we are people who will be there with you at your home and in the clinic. We are people you go to because you trust us. We are a bit different in terms of our autonomy, it's a very specialised area and we are experts in what we do."

She feels that while it would be great to see more women in government, it would also be great to see more men in midwifery, which is a predominantly female profession.

Naomi O'Donovan: *"If it affects babies, mothers and families, we want to be there to make it better."*

Ms O'Donovan is acutely aware of the risks involved in working in an overcrowded and understaffed health service, stating: "Uncertainty and fear often drives us and pushes us to be better, but we would rather have a more normal working environment. It is so important that we see the National Maternity Strategy enacted sooner rather than later."

Ms O'Donovan stresses the importance of working together as part of a team, with strong communication and the ability to listen and respond to patients' needs. Working in such difficult circumstances also means it's essential to be a member of a union, according to Ms O'Donovan, and to fight for better conditions for your colleagues and your patients.

Even in the face of great adversity, Ms O'Donovan is passionate about her job and about furthering the role and remit of midwifery both in Ireland and around the world.

This article is part of our Nursing Now series. Nursing Now is a worldwide campaign that aims to achieve recognition of nurses' contribution to healthcare, gender equality, the economy and wider society. The aim of the campaign is to improve health globally by raising the profile of nurses worldwide and influencing policymakers and supporting nurses to lead, learn and build a global movement. For more information visit ***www.nursingnowireland.ie***

Freda Hughes spoke to International Red Cross nurse Vivien Lusted about her work in conflict and disaster zones

Irish nurse recognised for humanitarian work

IRISH nurse Vivien Lusted was awarded the 2019 Florence Nightingale medal, the highest distinction a Red Cross/Crescent nurse can achieve. The award was instituted in 1912 and only a few Irish nurses have received it over the years since then. The selection committee comprised the International Committee of the Red Cross, the International Federation of the Red Cross and the International Council of Nurses.

Ms Lusted, originally from Loughrea, Co Galway, grew up reading about different countries and cultures. She had a desire to travel from a young age, but she also had a longstanding inclination to help people. She volunteered with the Irish Red Cross as a teenager and saw nursing as a caring profession but also saw it as an opportunity to travel overseas. Having completed her general nurse training, she worked for one year in Ireland before she contacted Concern with a view to working abroad.

Her first overseas placement with Concern was in Cambodia in 1992 near the end of the Khmer Rouge era. It was a time of huge change for the people there. They wanted to get back to work and begin rebuilding their lives. It was a period of regrowth for the country but there was also a great deal of trauma evident, which would take a long time to overcome.

Here Vivien worked in primary healthcare. Her work involved helping to re-establish health services in communities while helping existing health authorities to implement services. She saw the reality of the situation when she arrived and realised the magnitude of the problem. The system had collapsed. There were no well-established hospitals, so she set about working with health staff to re-establish those services. Speaking of this first mission, Ms Lusted recalled a "rude awakening".

"I had to stop and think and learn as I went. I had some skills and knowledge but realised quickly that it's about responding to the needs of each given situation. We need to be careful as international humanitarian workers not to impose our ideas on people but to listen and respond to their needs in their time. It's not about the feel-good factor. You must be patient. Progress can often take months or even years."

> "I do not have to think outside the box as, for me, there is no box or restrictions in that there are always solutions, we just have to find them."

Ms Lusted subsequently experienced working on the frontlines in many conflict zones – including Palestine, Iraq, Myanmar, Liberia, Nigeria, Zimbabwe and Sudan – and saw the impact this had on communities where whole societies had broken down.

Having completed her masters in community health, she returned to work with the Red Cross working mostly in conflict areas or sites of natural disaster. For much of the past decade she has been working with prisoners specifically in conflict or post-conflict areas or in countries that are unsettled or in turmoil, including in Mosul in Iraq, which was largely reduced to rubble during the conflict with Isis.

"I accepted the medal in recognition of the people I was working with in Iraq, the people who are on the frontline day after day. Yes, we work hand in hand together, but without that team I couldn't have achieved what I achieved. I see this award as recognition for nurses and midwives in many countries and the often-unseen work that they do. I'm proud to receive this award but I am also humbled by it," said Ms Lusted.

When services are suddenly destroyed through conflict or natural disaster the Red Cross teams that go in often have to start from scratch. In some countries with prolonged problems health services will start to decline, but in other countries health services are still trying to build themselves up. The fundamental basics of what is needed in a health service such as well-trained human resources, medicines and equipment are the same in every country. What differs is how healthcare is delivered. This can be hugely influenced by the economy of the country and where priority is placed.

In some countries the prison system might be under-resourced whereas in others it might be that these services were completely destroyed through conflict. This means Ms Lusted and her team must start from scratch using whatever resources available.

She explained that the needs of a conflict or post-conflict community will always be huge and diverse. Prisons are part of a bigger infrastructure of hospitals, schools, roads and services and in many situations the whole infrastructure is gone.

"We don't want to reinvent the wheel. We want to get people and communities back on their feet. There's always a lot of attention when the conflict is on, but physical reconstruction and economic recovery are essential too.

"Every country after a conflict will take years to recover, the social fabric has been destroyed and suddenly everything has changed. People's neighbours are gone, their school may be gone. It takes a huge toll on mental health too. Even if it's difficult, I have a choice to be there but most people in these areas don't have that choice," she said.

"I have great trust in the people I work with. We are there to support them, listen to them and respond to the needs they identify. We maintain this ethos in our work. It is important, particularly in the Year of the Nurse and Midwife, to try to raise the profile of nurses and midwives in many countries. They are the backbone of the health services, so it is important that they are listened to and their needs are addressed.

"In every country I have been, whether it's post tsunami or post conflict, I am amazed by the strength that people have to pick themselves up and try to move on. Resilience is astounding. We can't fully understand it until we're faced with disaster," she observed.

Ms Lusted regularly asks herself if she is doing enough, but also has to remind herself that she is just one person. She stresses the importance of working as part of a team so that burdens are shared, and responsibility is not shouldered by just one person.

"You have to accept that sometimes things are out of your hands. To do the best you can do, you have to look after yourself and your team. Sometimes you will face situations where there is nothing you can do. That is a very difficult thing to accept."

Syria is Ms Lusted's next destination and, for her, a lifestyle of moving to conflict zones or to countries ravaged by war has become normal. Over the years she has learned how to process the strangeness of returning home. It can take her a few days to re-acclimatise but she enjoys coming home as it gives her a chance to recharge her batteries. Ms Lusted still considers Galway home but normality for her is very different. She lives out of her suitcase wherever she goes and the friendships she makes in different places often lead to keeping in touch via Skype rather than meeting up for coffees.

"My normal life is wherever I am at the time, but Galway is where my family is. I make my home wherever I am and with the people around me. This life isn't for everyone. Some people need to be centred in one place, but I don't feel that need. We often come from quite extreme situations, so it is important to have peer support and to keep in touch with people you have worked with. It's also important that we remain neutral in the various situations we end up in."

Vivien Lusted pictured working on site at the Central Prison Clinicin Monrovia in Liberia

Ms Lusted is proud to be a nurse and draws on the long tradition in Ireland of overseas volunteering. She feels that there is a lot of compassion out there for helping others and that it is important that we put a human face to those who we help. She has recently been awarded an honorary fellowship at the Royal College of Surgeons in Ireland for her work overseas.

"Traditionally we're a welcoming nation and it's important we keep up this tradition. We are very lucky to have such freedom of movement and often don't realise it until we see how others have their freedom restricted.

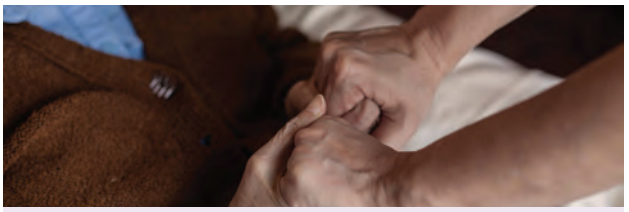
"Everyone does what they need to do. This is my choice but people working in the health services here are doing their work in difficult circumstances every day. This is my norm and I know that is quite different from what many other people would consider as normal.

"It is the 200-year anniversary of the birth of Florence Nightingale and it is a year to motivate. I happen to be overseas, but I think the fundamental reasons why we all go into nursing are the same. This year is about finding that passion in what we do again. I do not have to think outside the box as, for me, there is no box or restrictions in that there are always solutions, we just have to find them.

"We have strength in numbers, and we achieve more when we work together. This year there is a spotlight on our professions. I'm getting a lot of recognition because of the award, but it is about nurses everywhere," said Ms Lusted.

INMO Professional

CONFERENCES 2020



Care of the Older Person Nurses Section
Tuesday, 26 May 2020
Midland Park Hotel, Portlaoise, Co Laois

RNID Section
Tuesday, 15 September 2020
The Richmond Education and Event Centre

Public Health Nurse Section
Saturday, 19 September 2020
The Richmond Education and Event Centre

Telephone Triage Nurses Section
Tuesday, 13 October 2020
Midland Park Hotel, Portlaoise, Co Laois

All Ireland Annual Midwifery Conference
Thursday, 5 November 2020
The Richmond Education and Event Centre

Operating Department Nurses Section
Date to be confirmed
Venue to be confirmed

Occupational Health Nurses Section
Date to be confirmed
Venue to be confirmed

For information contact
Jean Carroll,
Section Development Officer,
by email: jean.carroll@inmo.ie
www.inmoprofessional.ie

Nursing now Ireland

2020 INTERNATIONAL YEAR OF THE NURSE AND THE MIDWIFE

Realising women's rights

In recognition of International Women's Day, **Edward Mathews** takes stock of the progress made in the global pursuit of gender equality

INTERNATIONAL Women's Day, which takes place on March 8 each year, is a day with origins in global women's workers movements. Reports suggest that it began in New York in 1909, at a time when women were demanding universal suffrage and the right to hold public office, while protesting societal and workplace discrimination. It was only 10 years later, in February 1919 when the first meeting of what would later become the INMO took place in Dublin, to similarly discuss the poor working conditions of our predecessors.

Many years of struggle have seen advancements and, in a small number of areas, resolutions. However, the fight against gender discrimination remains as important today as it was in 1909. Violence against women, under-representation of women in leadership roles, participation in the labour market, the gender pay gap, the gender pension gap, failure to recognise caring roles, health inequalities and high rates of persistent poverty are all concerns that continue to affect our society in a detrimental way.

The theme of UN International Women's Day 2020, 'I am Generation Equality: Realizing Women's Rights', is aligned with UN Women's new multigenerational campaign 'Generation Equality', which marks the 25th anniversary of the Beijing Declaration and Platform for Action (BDPfA). Adopted in 1995 at the Fourth World Conference on Women in Beijing, the BDPfA is recognised as the most progressive roadmap to date for the empowerment of women and girls globally.

2020 will prove a pivotal year for the advancement of gender equality worldwide as the global community takes stock of the progress made for women's rights since the adoption of the BDPfA.

This year will also mark several other galvanising moments in the gender equality movement: a five-year milestone towards achieving the Sustainable Development Goals; the 20th anniversary of UN Security Council Resolution 1325 on women, peace and security; and the 10th anniversary of the establishment of UN Women.

The emerging global consensus is that despite some progress, real change has been agonisingly slow for most women and girls in the world. Today, not a single country can claim to have achieved gender equality, but 2020 represents an unmissable opportunity to mobilise global action to achieve gender equality and human rights for all women and girls.

The INMO is part of a global nursing, midwifery, women's and workers movement and we join the workers of the world in their renewed call for action and change. 2020 provides an extraordinary generational opportunity to reinvigorate the unfulfilled promise of the BDPfA, which remains the enduring blueprint for achieving gender equality.

The political declaration that will be adopted by governments at the 64th session of the Commission on the Status of Women must be ambitious and progressive; it must acknowledge current global threats to peace and democracy, to the environment, to human rights, to workers' rights and to women's rights. It must offer up a progressive and feminist vision to counter these threats and resume the advance towards gender equality and social justice, rooted in the implementation of the BDPfA and the *2030 Agenda for Sustainable Development*.

Conscious of our changing world of work and the centrality of decent work to women's economic independence and autonomy, trade unions are committed to a transformational agenda advancing women's leadership and defending the rights of female workers.

The INMO proposes that the aspirations of the BDPfA be made real by action on four key goals:

- Guarantee the fundamental human rights of freedom of association and collective bargaining of all women workers
- Invest in care for gender equality and development to redistribute the burden of unpaid care work, ensure access to quality public services and create millions of quality green jobs
- Eliminate gender-based violence and harassment in the workplace
- Promote women in leadership through a feminist approach to leadership.

Women in the INMO have been fighting for gender equality for more than 100 years and that fight continues today, whether through fighting for the best terms and conditions of employment for members, fighting against the change in pension age which will disproportionately effect female healthcare professionals, fighting the blight of gender violence, fighting poverty, challenging the oppression of women and girls across the world and never forgetting that gender equality is the unfinished business of our time.

The INMO Executive Council, management and staff wish all members, and all women and girls across the world, a happy International Women's Day 2020.

Edward Mathews is INMO director of professional and regulatory services

INMO Professional

New upcoming

Oncology Programmes

These one-day programmes are intended to give nurses and midwives the knowledge needed to care for cancer patients. An overview of cancer care in Ireland will be provided and key topics discussed. They will also provide nurses and midwives with an opportunity to develop communication skills around cancer discussions with patients.

From Symptom to Specialist

Tuesday, April 21, 2020

5.5 NMBI CEUs

The following topics will be covered on this day:

- **Introduction to oncology - what is cancer?**
- **Carcinogenesis**
- **Patient pathway**
- **Staging and grading**
- **Preparing a patient for treatment**

Solid Tumours and Treatments

Tuesday, April 28, 2020

5.5 NMBI CEUs

The following topics will be covered on this day:

- **Breast, prostate, colorectal and lung cancer overview**
- **Management of side-effects**
- **Side-effects of treatments**
- **Treatment choices**
- **Oncological emergencies**

Venue: The Richmond Education and Event Centre, North Brunswick Street, Dublin D07 TH76

Time: 9.15am - 4.30pm

Fee: €90.00 INMO members; €145 Non members

To book call **01 6640641/18** or visit
www.inmoprofessional.ie

INMO EDUCATION PROGRAMMES

Continuing professional development for nurses and midwives

INMO Professional

Book your place on this issue's highlighted courses

CPC Annual Seminar

Celebrating the nursing and midwifery professions – where to from here?

The Clinical Placement Co-ordinators (CPC) Section has developed this seminar, which will focus on the transition and growth in undergraduate education and training for nurses and midwives. Participants will hear from a wide range of professional speakers from different backgrounds. Please visit **www.inmoprofessional.ie** for further details or Tel: 01 6640618 to book a place.

Date and time: Wednesday, April 29, 2020
Fee: €90 INMO members; €145 non-members
Early bird discount: €70 (for members only when booked before April 15)

Book now for early bird discount

Understanding and Managing Burnout and Work Engagement for Nurses and Midwives

This programme is designed to explore the nature of burnout and work engagement. Burnout can be prevented by focusing on engagement, organisational assessment and the early detection of burnout. The key focus of this programme will be on the causes, measurement and interventions that can help create a more positive, fulfilling and engaging workplace. At the end of this course, participants will understand the causes and characteristics of burnout and work engagement, distinguish between their definitions, differentiate between different approaches to measuring burnout and engagement and be able to identify interventions that can be employed to enhance engagement in the workplace.

Date: April 28, 2020
Fee: €90 INMO members; €145 non-members

Time is Brain

A Guide to Nursing Management, Assessment and Treatment of Acute Stroke

This programme covers stroke assessment, treatment and management when dealing with patients during the acute and rehabilitation phases. Approximately 60% of all new ischaemic strokes occur in people younger than 70, with 7% of people diagnosed under 44 years of age. Furthermore, stroke applies to every discipline in nursing, from emergency nursing to surgical nursing. There is currently no formal nursing training day for stroke in Ireland. With an ageing population and increasing stroke rates, it is important for nurses to learn about prompt assessment and treatment.

Date: April 30, 2020
Fee: €90 INMO members; €145 non-members
CEUs: 5.5

Steve Pitman
Head of Education and Professional Development

The year is rapidly moving on, and so it is important to make the most of your opportunity to celebrate the International Year of the Nurse and Midwife (IYNM). The International Days of the Midwife and Nurse take place on May 5 and 12 respectively, and individuals and organisations are encouraged to make plans for events and celebrations. Information and resources can be found at **www.nursingnowireland.ie** and remember to follow the Nursing Now Ireland campaign on Facebook, Twitter and LinkedIn.

Conferences

INMO Sections will be running conferences throughout the year. The next conference to be hosted will be that of the Care of the Older Person Nurses Section, which will take place on Tuesday, April 26 at the Midland Park Hotel in Portlaoise.

On the April 29, the Clinical Placement Co-ordinators Section seminar will take place at the Richmond Education and Event Centre. Details about this and other conferences can be found at **www.inmoprofessional.ie**

CPD courses

INMO Professional will host a number of courses in March and April. Two courses that may be of interest to clinical nurses and managers are 'Introduction to change' on March 24 and 'Understanding and Managing Burnout' on April 28. April will also see two oncology programmes take place: 'From Symptom to Specialist' on April 21 and 'Solid Tumours and Treatments' on April 28. To book your place, visit **www.inmoprofessional.ie**

Other dates for your diary: The 'Nursing and Midwifery Conference', celebrating the IYNM is scheduled for May 25 and has been organised by the Office of the Nursing and Midwifery Services Director, the Department of Health Chief Nursing Officer and the Nursing and Midwifery Board of Ireland.

The National Cancer Control Programme will also be hosting a conference, 'Celebrating Cancer Nursing', on June 12 in Farmleigh.

ADC poster competition

The INMO has just launched its poster competition for the Annual Delegates Conference (ADC), which takes place at the Radisson Blu Hotel and Spa, Rosses Point, Sligo from May 6-9. We are calling for examples of excellence in nursing or midwifery research, practice development or quality improvement for a first-place prize of €300. The closing date for submissions is April 20 – if you are interested, further details are available at **www.inmo.ie**

Nightingale Challenge

The INMO has accepted the Nightingale Challenge as part of the Nursing Now and IYNM campaigns. This is an initiative designed to bring together health employers and other organisations to inspire the next generation of nurses and midwives as practitioners, advocates and leaders in health. The initiative is aimed at nurses and midwives under the age of 35 and will provide an opportunity for participants to learn more about themselves and about leading nurses and midwives at a local, national and international level. The programme will be open for applications following the launch at the ADC. Further information will be available on **www.inmo.ie**

All-Ireland Maternity and Midwifery Festival

More than 400 midwives and other delegates attended the All-Ireland Maternity and Midwifery Festival at Croke Park on February 11. Keynote speakers included Sheena Byrom, whose research has been published in the peer-reviewed journal *The Practicing Midwife*; Prof Cecily Begley, TCD; and Nora Casey, publisher and broadcaster. The opening address was delivered by Maeve Gaynor, staff midwife, Our Lady of Lourdes Hospital, Drogheda and member of the INMO Executive Council. A video of each presentation is available at **www.vimeopro.com/narrowcastmedia/ireland-mmf-2020** and it is anticipated that the festival will return in 2021.

Access to medicine

The Access to Medicines Ireland Annual Conference, titled 'Towards an Alternative Future for Medicines', will take place on April 7 at the RCSI. Further details can be found at **www.accesstomedicines.ie**

RCM resources available to INMO members

Don't forget to sign up for free access to the full range of updated RCM professional development resources. If you are a midwife (including public health nurses, practice nurses and students) and would like to register for access, visit **www.inmoprofessional.com/RCMAccess**

On-site education

INMO Professional offers an extensive range of on-site quality programmes facilitated by expert practitioners. If you are interested in booking CPD courses for your organisation, please contact Marian Godley by email: marian.godley@inmo.ie or at Tel: 01 6640642.

Delivering courses and writing for *WIN*

INMO Professional is eager to offer members the opportunity to work with us in developing and delivering education courses. If you are an advanced nurse or midwife practitioner, a clinical nurse or midwife specialist or a nurse/midwife with expertise in clinical or management practice, we would like to hear from you.

We are also interested in hearing from you if you would like to write professional and clinical articles for *WIN*. Please email me at steve.pitman@inmo.ie

Education Programmes

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

Venue: INMO Professional,
The Richmond Education and Event Centre,
North Brunswick Street, DO7 TH76
Dublin 7
Tel: 01 664 0618
Email: pdc@inmoprofessional.ie

Check out our new courses by logging onto www.inmoprofessional.ie or calling Tel: 01 664 0618

Date	Programme	Fee	CEUs
Mar 24	**Introduction to Change Management**	**€90 members; €145 non-members**	**TBC**
	The aim of this course is to enhance the understanding of nurses and midwives of change management and strategies to improve the potential for successful change initiatives. Change is a constant in life, no more so than in the health service. This programme is an introduction for nurses and midwives to key concepts related to change management. The programme aims to enhance participants' understanding of change management and strategies to improve the potential for successful change initiatives. The programme will include the following topics: the nature of change, leading change, initiating change, understanding and managing resistance, change models, the importance of communication and the role of stakeholders.		
Mar 25	**Assessment and Care Planning in Residential Care Settings for Older People**	**€90 members; €145 non-members**	**5.5**
	This programme provides nurses caring for older persons with the most up-to-date information regarding policy and standards. It will focus on the need for comprehensive assessment, including risk assessment and care planning for older people in residential care settings. Participants will be provided with practical tips on how to prepare for and carry out a comprehensive assessment of a new resident in a nursing home, enabling them to develop a person-centred care plan. The programme will outline the appropriate steps for writing a person-centred care plan, how to conduct a review of an individual's care plan, and how to update it in accordance with changing needs.		
Mar 26	**Competency-based Interview Skills**	**€90 members; €145 non-members**	**5**
	This programme assists participants to prepare for a competency-based interview, which is based on the premise that past experience can predict future behaviour. This is an increasingly common style of interviewing that enables candidates to show how they would demonstrate certain behaviours and skills in the workplace by answering questions about how they have reacted to, and dealt with, previous workplace situations. The programme will provide an overview of CV development and will outline the steps in the interview process. Role play will be used to ensure that participants are able to communicate their knowledge and experience effectively for any future interviews.		
Mar 27	**Subcutaneous Administration of Fluids**	**€90 members; €145 non-members**	**5**
	This course will educate participants on the administration of fluids by the subcutaneous route. The course will cover topics such as awareness of the nurse/midwife's accountability when undertaking this role, the identification of indications for subcutaneous infusion, suitable sites used for subcutaneous infusions, identification of fluids most commonly used in subcutaneous infusions. It will be necessary for each nurse and midwife attending to ensure that they abide by their local policy on subcutaneous administration fluids in their place of work and to have undertaken the management of anaphylaxis course (within the last two years).		
Mar 31	**Basic Life Support for Healthcare Providers**	**€135 members; €195 non-members**	**6**
	This healthcare provider cardiopulmonary resuscitation (CPR) and automated defibrillation (AED) course provides the information, rational and practical skills training for the 2015 CPR and ECC guidelines. The two-year certification period for both basic and advanced life support is recommended by ILCOR. Participants need to be physically fit to carry out this training. On completion, you will be awarded the AHA/IHF healthcare – two-year certificate.		
Apr 7	**Getting the most from your library: Advanced library searching techniques**	**€90 members; €145 non-members**	**5**
	This programme is specifically aimed at nurses and midwives who would like to develop their information-seeking skills in order to avail of the most-up-to-date information for clinical practice, personal reflection and policy development.		

Date	Programme	Fee	CEUs
Apr 16	**Strategies for Managing Conflict**	**€90 members; €145 non-members**	**6**

This programme presents a practical approach for dealing with conflict. Using group work, self-evaluation and case-study based discussion, it will demonstrate the knowledge, skills and confidence needed to intervene at an early stage to resolve conflict situations before they escalate. Managed in the wrong way, real and perceived differences between people can spiral out of control. Conflict is not necessarily destructive; managing conflict effectively may result in positive outcomes such as new ideas and the development of positive communication, active listening and problem solving skills. Developing and maintaining positive relationships and the ability to deal with difficult people and situations is an essential skill for the work environment.

Apr 21	**Peripheral Intravenous Cannulation**	**€90 members; €145 non-members**	**4**

This course will provide instruction on the sites used for peripheral intravenous cannulation, identification of the criteria for evaluating a vein, and guidance on adhering to the principles of an aseptic technique and techniques for reassuring the individual in relation to the procedure and to gain their consent. It will be necessary for each nurse and midwife attending to ensure that they abide by their local policy in their workplace on peripheral intravenous cannulation and hold the following certificates: hand hygiene training, management and administration of intravenous drugs and the management of anaphylaxis (all within the last two years).

Apr 21	**Introduction to Oncology – From Symptom to Specialist**	**€90 members; €145 non-members**	**TBC**

This programme empowers nurses to care for cancer patients by advancing their existing knowledge and offering guidance on how to integrate this knowledge into practice. A combination of theoretical learning and case study presentations makes this programme an enjoyable learning experience. The programme aims to meet the learning needs of nurses who do not have specialist cancer postgraduate education who are caring for cancer patients. An overview of cancer care in Ireland will be provided and key topics discussed. The programme will explore the patient pathway from diagnosis to treatment as well as carcinogenesis, the causes of cancer and the metastatic process.

Apr 22	**Incident Reporting and Investigation**	**€90 members; €145 non-members**	**6.5**

This programme enables participants to implement an effective system of incident reporting and investigation. Participants will be shown how to complete accurate incident reports and investigations using tools such as the '5 whys' and root cause analysis. The programme will also cover how to analyse incidents on a scheduled basis as part of a continuous improvement approach. Professional and legal requirements for incident reporting and investigation based on regulations and best practice guidance will be outlined in detail. The programme will include a group exercise whereby participants can practise completing an incident report.

Apr 23	**Leg Ulcer Study Day**	**€90 members; €145 non-members**	**5.5**

This programme enables participants to distinguish between the different causes of ulceration and associated pathophysiology and also epidemiology, risk factors and assessment. It provides participants with an opportunity for continuing professional development to ensure that their practice is founded on the latest research and guidance. The programme will involve a practical aspect whereby various compression bandages and techniques will be presented as well as a demonstration on the use of a Doppler for assessment of the lower limbs. Psychosocial issues and the impact of living with a leg ulcer on the person's day-to-day life will also be explored.

Apr 28	**Introduction to Oncology – Solid Tumours and Treatments**	**€90 members; €145 non-members**	**5.5**

This programme empowers nurses to care for cancer patients by advancing existing knowledge and integrating that knowledge into clinical practice. A combination of theoretical learning and case study presentations will make this course an enjoyable learning experience. The programme will focus on solid tumours and treatments. It will provide nurses with an opportunity to develop communication skills around cancer discussions with patients. There will be discussion on major tumours and how these are treated collectively and specifically. Breast cancer, colorectal cancer, lung cancer and prostate cancer will be discussed in detail, as well as cancer treatments and treatment side effects.

Apr 28	**Understanding and Managing Burnout and Work Engagement for Nurses and Midwives**	**€90 members; €145 non-members**	**TBC**

Do you understand the nature of change or how to effectively manage change to ensure the best possible outcomes? This course introduces participants to key concepts and approaches to change. It explores the importance of managing people and understanding resistance.

Apr 29	**CPC Annual Seminar**	**€90 members; €145 non-members**	**TBC**

Details of this seminar are available on **www.inmoprofessional.ie** – Special members only early bird discount of €70 if you book before April 15.

Date	Programme	Fee	CEUs
Apr 29	**Mindfulness and Meditation for Holistic Nursing and Midwifery Care**	**€90 members; €145 non-members**	**5.5**
	We invite all nurses and midwives to learn mindfulness for their personal and professional use. Many scientific researches have proven across the globe that practice of mindfulness brings measurable physiological changes in the brain called neuroplasticity. Practitioners report improved general sense of wellbeing and less stress and pain. We will explore the process of psychosomatic illnesses and how we can help our patients during difficult times. Therapeutic use of mindfulness techniques such as turning towards the symptoms, pain, anger, fear, anxiety, depression, discomfort, instead of fighting the pain and wishing it goes away experiencing the pain as it is without adding or trying to subtract the pain. Mindfulness based practices are part of national healthcare system in many countries. Let's reduce suffering and bring peace in our health care system.		
Apr 30	**Falls: Prevention, Management and Review**	**€90 members; €145 non-members**	**5**
	This programme promotes a consistent approach to falls reduction and management for older people through risk assessment, individualised care planning and post-falls review. It will outline causes and risks for falls and will assist participants to identify those patients or residents who are at risk of falls. Risk assessment tools such as FRAISE, FRAT and STRATIFY will be explored. There will be a focus on individualised care planning to mitigate falls and promote patient safety, and falls reduction techniques, with the aim of improving patient safety and minimising injuries in the older population. Participants will practise completing a post-falls review.		
Apr 30	**'Time is Brain' – A Guide to Nursing Management, Assessment & Treatment of Acute Stroke**	**€90 members; €145 non-members**	**5.5**
	Two million brain cells die every minute, increasing the risk of permanent brain damage, disability, or death. When a patient presents with stroke symptoms, every minute counts. This course involves knowledge and skills around stroke assessment, treatment and management for nurses during the acute phase and rehabilitation stage.		
May 7	**Phlebotomy**	**€90 members; €145 non-members**	**4**
	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 their consent. While this course will provide the necessary knowledge and skills to undertake phlebotomy, it will be necessary for each nurse and midwife attending to ensure that they abide by their local policy on phlebotomy in their place of work and hold an up to date hand hygiene training certificate (within the last two years).		
May 11	**Nursing the Cardiac Patient**	**€90 members; €145 non-members**	**6.5**
	This programme provides a forum to update nurses on national and international trends in the holistic management of patients with cardiac disease. A particular focus of the course is to ensure that content is based on current evidence-based practices within the field of cardiology. The programme is designed to examine new developments in cardiac nursing, particularly in the area of medications and chronic heart failure. Other key topics which will be covered include; cardiac anatomy and physiology, cardiac tests and assessments. The programme promotes the delivery of quality care for patients which is based on current evidence-based practice.		
May 12	**ECG Interpretation**	**€90 members; €145 non-members**	**6**
	This programme enhances knowledge of cardiac electrophysiology. It will provide participants with knowledge of cardiac rhythms, rhythm analysis and ECG interpretation. It will explore monitoring for arrhythmias and such topics as sinus rhythm, sinus bradycardia, atrial flutter, atrial fibrillation and AV block. The interpretation of P wave, QRS complex, ST segment, T wave and the identification of abnormal features will also be covered. The 3 lead, 5 lead and 12 lead ECG will be explained and illustrated with examples. Lead placement and position will be explored, as well as how to systematically read an ECG. Note that this study day may be taken as either a follow-on from the study day 'Nursing the Cardiac Patient' or as a stand-alone day. It is advisable to complete the previous study day before participating in this one.		
May 13	**Management of Adult Tracheostomy**	**€90 members; €145 non-members**	**6**
	This programme will give nurses who encounter tracheostomies in their workplace to care for their patients safely and provide evidence based care for their patients. It will give nurses confidence in managing all aspects of tracheostomy care.		
May 19	**Epilepsy – Its Presentation and Management**	**€90 members; €145 non-members**	**6**
	Topics covered during this one-day programme will include seizure classification/recognition, demonstration of buccal midazolam through the use of dummies, epilepsy treatment and management, as well as medication side effects, seizure triggers and epilepsy in women, teens and people with intellectual disabilities.		

Date	Programme	Fee	CEUs
May 20	**Principles and Practice of Risk Management in Residential Care Settings**	**€90 members; €145 non-members**	**6**
	This one-day education course will outline the principles of risk management and how to apply them to residential care settings. The workshop will encompass requirements and guidance from HIQA as well as the ISO Australian/New Zealand international standard for risk management.		
May 21	**Wound Care Management**	**€90 members; €145 non-members**	**5**
	This programme will allow participants to ensure professional competency in the area of wounds as per the NMBI Code of Professional Conduct and Scope of Practice for Nursing and Midwifery, which states that nurses must work within their competence. Furthermore, it will provide participants with the knowledge to ensure that their practice is founded in the latest research and guidance.		
May 21	**Diabetes Management for Healthcare Professionals**	**€90 members; €145 non-members**	**5**
	The increased prevalence of diabetes presents significant challenges for healthcare planners and providers in terms of resource allocation and appropriately skilled staff. This course aims to prepare nurses/midwives with the theoretical knowledge and clinical skills required to facilitate diabetes care consistent with best practice recommendations and meet participants' expectations.		
May 26	**Basic Life Support for Healthcare Providers**	**€135 members; €195 non-members**	**6**
	This healthcare provider CPR and AED course provides the information, rational and practical skills training for the 2015 CPR and ECC guidelines. The two-year certification period for both basic and advanced life support is recommended by ILCOR.		
May 26 & 27	**Management in Practice** *(two-day workshop)*	**€230 members; €350 non-members**	**11**
	In the current dynamic nursing and healthcare environment, nurses and midwives are taking on an influential role in restructuring existing and new healthcare services in Ireland. To achieve this management, development is critical for those who direct and organise both work and employees. This training programme will guide nurses, midwives and other healthcare professionals in how best to deal with people and drive them to realise their potential so that standards, competency and skills are maintained and exceptional care is provided at all times. This is an intense, comprehensive and participative workshop developed to ensure improved effectiveness in management in all participants		
May 27	**Meaningful Healthcare Risk Management**	**€90 members; €145 non-members**	**5**
	This day is designed specifically for CNM/CMMs to give a practical introductory insight into evidence-based best practice healthcare risk management principles and practices. The day will be facilitated by Dr Luke Feeney, PhD in healthcare risk, incident and audit management, MSc in quality and safety in healthcare management. See *page 18* for more details. Book now for a special €65 members-only early bird rate.		
May 28	**Caring for Patients with Renal Impairment**	**€90 members; €145 non-members**	**7**
	This education programme is aimed at all registered nurses and focuses on developing competency in the assessment and management of patients presenting with impaired renal function. The programme will assist participants in implementing evidence-based practice while caring for this cohort of patients in the clinical setting. Common causes of acute kidney injury and chronic renal failure include sepsis, diabetes and hypertension, all of which are extremely prevalent in the acute, older person and community patient populations. It is envisaged that this programme will both inform and equip nurses to more comprehensively assess and care for patients with renal dysfunction.		
May 28	**Decision Making and Restraint Use in Residential Care Settings for Older People**	**€90 members; €145 non-members**	**6**
	This is a one-day education programme that outlines the requirements of the national policy, national standards and professional requirements for the use of restraint. Against this backdrop, the workshop outlines the decision-making process for consideration of the use of restraint as a therapeutic intervention for individual residents.		
Jun 11	**Preventing and Responding to Responsive Behaviours in the Older Person**	**€90 members; €145 non-members**	**5.5**
	This one-day education programme is aimed at registered nurses and outlines a person-centred approach to preventing and responding appropriately to responsive behaviours in residents. The programme includes assessment and care planning for residents with responsive behaviours.		

Education programmes coming to our Cork office

Date	Programme	Fee	CEUs
Mar 24	**Best Practice in Medication Management**	**€90 members; €145 non-members**	**5**

This programme supports nurses and midwives in providing safe, evidence-based practice in the area of medication management. It will cover topics such as the key principles of medication management, the medication management cycle, management of controlled drugs and medication safety. It will also explore relevant policy and legislation and will present scenarios in order to illustrate the various principles. Participants will have the opportunity to update their knowledge in line with NMBI and HIQA requirements for medication management.

Apr 7	**Phlebotomy**	**€90 members; €145 non-members**	**4**

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 their consent. While this course will provide the necessary knowledge and skills to undertake phlebotomy, it will be necessary for each nurse and midwife attending to ensure that they abide by their local policy on phlebotomy in their place of work and hold an up to date hand hygiene training certificate (within the past two years).

Apr 22	**Assessment and Care Planning in Residential Care Settings for Older People**	**€90 members; €145 non-members**	**6**

This programme provides nurses caring for older persons with the most up-to-date information regarding policy and standards. It will focus on the need for comprehensive assessment, including risk assessment and care planning for older people in residential care settings. Participants will be provided with practical tips on how to prepare for and carry out a comprehensive assessment of a new resident in a nursing home, enabling them to develop a person-centred care plan. The programme will outline the appropriate steps for writing a person-centred care plan, how to conduct a review of an individual's care plan, and how to update it in accordance with changing needs.

May 7	**Wound Care Management**	**€90 members; €145 non-members**	**5**

This programme will allow participants to ensure professional competency in the area of wounds as per the NMBI Code of Professional Conduct and Scope of Practice for Nursing and Midwifery, which states that all nurses must work within their competence. Furthermore, it will provide participants with the knowledge to ensure that their practice is founded and based in the latest research and guidance.

May 12	**Introduction to Clinical Audit**	**€90 members; €145 non-members**	**5**

This programme equips participants with the necessary skills to implement clinical audit in their practice and enable 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. A detailed overview will be given on the characteristics and dimensions of quality as well as how best to measure and monitor quality in the workplace. There will be an emphasis on continuous quality and safety improvement in healthcare.

May 21	**Delegation and Clinical Supervision**	**€90 members; €145 non-members**	**5**

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.

July 13 & 14	**Management in Practice** *(two-day workshop)*	**€230 members; €350 non-members**	**11**

In the current dynamic nursing and healthcare environment, nurses and midwives are taking on an influential role in restructuring existing and new healthcare services in Ireland. To achieve this management, development is critical for those who direct and organise both work and employees. This training programme will guide nurses, midwives and other healthcare professionals in how best to deal with people and drive them to realise their potential so that standards, competency and skills are maintained and exceptional care is provided at all times. This is an intense, comprehensive and participative workshop developed to ensure improved effectiveness in management in all participants

INMO Professional

Round-up of recent literature

This month the library looks at recently published research papers, review articles and reports relevant to nurses and midwives, as well as CPD articles on a variety of interesting topics

Handover

- Jia Qi Tan A et al. Enhancing the verbal handover process for nurses in inpatient orthopedic wards: a best practice implementation project. JBI Database of Systematic Reviews and Implementation Reports. 2020

Cancer nursing

- Horgan Cuffe C et al. Patients' experiences of living with multiple myeloma. British Journal of Nursing 2020; 29(2): 103-110 *(Irish article)*
- Costa A et al. Exploring perceptions and experiences of oral chemotherapy in people with cancer. Cancer Nursing Practice 2020. JBI Database of Systematic Reviews and Implementation Reports 2020
- Wu Y et al. Pre-treatment assessment for patients with breast cancer undergoing chemotherapy: a best practice implementation project. JBI Database of Systematic Reviews and Implementation Reports 2020.

Grief in paediatric health professionals

- Barnes S et al. Health professionals' experiences of grief associated with the death of pediatric patients: a systematic review. JBI Database of Systematic Reviews and Implementation Reports 2020.

Health behaviour

- Department of Health. Irish Health Behaviour in School-aged Children Study 2018.

Incontinence

- Kelly O'Flynn S. Faecal incontinence: an update on treatment and intervention. Gastrointestinal Nursing 2019; 17(Sup9) *(Irish article)*
- Martin-Losada L et al. Managing urinary incontinence in older people in hospital: a best practice implementation project. JBI Database of Systematic Reviews and Implementation Reports 2020.

Irish health statistics

- Department of Health. Health in Ireland – Key Trends 2019.

Midwifery

- Webster J. An exploration of the views and experiences of midwives who routinely screen for domestic violence in an Irish antenatal setting. MIDIRS Midwifery Digest 2019; 29(4): 451-457.

Public health nursing

- Pye V. Caseload management framework for public health nurses in the Republic of Ireland. British Journal of Community Nursing 2020; 25(1): 27-33 *(Irish article)*.

Pressure ulcer

- Moore Z et al. The prevalence of pressure ulcers in Europe, what does the European data tell us: a systematic review. Journal of Wound Care 2019; 28(11) *(Irish article)*.

CPD articles

- Knight J. Understanding and managing depression in older people. Nursing Older People 2019. doi: 10.7748/nop.2019.e1138
- Price B. How to make clear and compelling written arguments: advice for nurses. Primary Healthcare 2019. doi: 10.7748/phc.2019.e1571
- Marran JE. Supporting staff who are second victims after adverse healthcare events. Nursing Management. doi: 10.7748/nm.2019.e1872.

CPD survey

The INMO is undertaking a survey to find out your views and experiences of CPD as part of your professional practice. The survey is available at **www.inmo.ie** and the INMO Professional website at **www.inmoprofessional.ie/course**

Library assistance

If you would like any further information about library services, or if you would like to access the full text of any of the articles above, please contact us on library@inmo.ie or at Tel: 01-6640614/625. Opening hours are Monday to Thursday, 8.30am-5pm and Friday, 8.30am-4.30pm.

Getting the most from your library: Advanced Library Searching Techniques

Next course dates: Tuesday, April 7, 2020

Venue: INMO HQ, The Whitworth Building, North Brunswick Street, Dublin 7

Fee: €90 INMO members; €145 non-members

Course description: This one-day course is aimed at registered nurses and midwives who would like to develop their searching skills in order 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.

On-site Education

Bringing INMO Professional Development Education Programmes to YOUR workplace

- More than 100 tailored education programmes
- Highly skilled, expert facilitators
- Provided throughout Ireland
- One and two-day programmes
- Category 1 approved by the NMBI with CEUs
- Certificates, course packs and materials provided.

The Professional Development Centre has an extensive range of quality education programmes provided by expert facilitators that can be delivered to you directly on-site. On-site education is a more cost and time effective solution for your educational needs. Our fees are based on 'per day' rather than 'per person', with no other additional costs, which makes our education affordable and available to all.

For more information contact: marian.godley@inmo.ie | 01 6640642

Retirement Planning Seminar

This day, designed specifically for nurses and midwives, offers the most up to date information if you are contemplating retirement. The programme covers superannuation, AVCs, investments, tax and money saving tips.

- Superannuation
- Retirement Benefits
- Planning Your Finances
- Personal Taxation
- Budgeting and Money Saving Tips

Cornmarket

Wednesday, July 8, 2020

Venue: The Richmond Education and Event Centre, North Brunswick Street, Dublin D07 TH76

Time: 9.15am - 2.30pm (registration 9.00am)

Fee: €10 for INMO members, €45 for non-members

See our website www.inmoprofessional.ie for dates coming up in Sligo, Galway and Roscommon

For more visit www.inmoprofessional.ie/course or call 016640641/18

Tools for Safe Practice

FREE FOR INMO MEMBERS 01 6640618 | www.inmoprofessional.ie

FREE Practical Advice Workshop for INMO members. This short workshop will provide you with safe practice tools to protect you and the patient within current healthcare settings. If you would like to arrange this workshop for yourself and your colleagues in your workplace, please contact your Industrial Relations Officer. There is a fee of €150 for non-members. We require a minimum of 25 participants to provide this training. This programme is Category 1 approved by NMBI with 4 CEUs.

This can be booked through your Industrial Relations Officer.

For more information visit www.inmoprofessional.ie or call 01 6640618

Nursing now Ireland

2020 INTERNATIONAL YEAR OF THE NURSE AND THE MIDWIFE

Quality & Safety

A column by Maureen Flynn

HSE Patient Safety Strategy (2019 – 2024)

THIS month's column introduces our first *National Patient Safety Strategy*, published in December 2019. National and international evidence shows us that as many as one in eight patients suffer harm while using healthcare services. This is not acceptable and we have the opportunity to work together to reduce these devastating statistics that take such a human toll.

Vision and purpose

At its core, the Strategy has a vision where all patients, and those who use our health and social care services, consistently receive the safest care possible. This means:

- Making patients partners in their care
- Promoting an open and transparent patient-safety culture
- Learning from near misses and mistakes.

The Strategy was developed by a co-design group of patients and staff, working together to identify improvements in healthcare. It recognises that patients and those who use our services are often best placed to inform and support safety improvement. There is a significant emphasis on patients being central to the planning and the implementation of the Strategy.

A charter for patient safety

The Strategy sets out six commitments, which serve as the HSE's charter for patient safety:

- Empower and engage patients to improve patient safety
- Empower staff to improve patient safety
- Expect and respond to risks to patient safety
- Reduce common causes of harm
- Measure and learn to improve patient safety
- Provide effective leadership and governance to improve patient safety.

The aim is that we use these commitments in plans at every level, so that they support the building of a movement for patient safety within the health service. Each commitment comes with a set of associated actions *(see Table)*. These actions are designed for adoption by services. They recognise work already being undertaken, highlight further actions required and will be supported by the HSE.

Priority areas

The Strategy also identifies 13 initial priority areas for reduction of harm and patient safety improvement. These include healthcare-associated infections, antimicrobial resistance, medication management, sepsis, deteriorating patients, venous thromboembolism, transitions/handover of care, falls, pressure ulcers, safeguarding vulnerable patients, safety for those with disabilities and mental health needs, preventable birth injuries in babies and violence and aggression. These areas are all central to nursing and midwifery care and practice.

Initial implementation actions include an engagement and consultation process, the development of the *Patient Safety Knowledge and Skills Guide* and the identification of patient safety surveillance and monitoring processes. In partnership with patients and staff, priorities will be reviewed to help us ensure that the HSE is focusing its efforts on the areas of greatest need.

Supporting the strategy

At your next ward, team or unit meeting you might like to talk about patient safety and share your ideas about improving safety. Together we have the opportunity to develop a resilient health system that can respond to patient safety challenges in a timely and appropriate manner.

More information about the programme is available at **www.hse.ie** where you can also download a copy of the strategy.

Maureen Flynn is the director of nursing ONMSD, QI Connections Lead, HSE National Quality Improvement

Acknowledgements: Thank you to Dr Cate Hartigan and Dr Samantha Hughes from the Patient Safety Programme, Office of the Chief Clinical Officer, for collaborating in writing this column

HSE commitments to patient safety

Empowering and engaging patients to improve patient safety
We will foster a culture of partnership to maximise positive patient experiences and outcomes and minimise the risk of error and harm. This will include working with and learning from patients to design, deliver, evaluate and improve care.

Empowering and engaging staff to improve patient safety
We will work to embed a culture of learning and improvement that is compassionate, just, fair and open. We will support staff to practise safely, including identifying and reporting safety deficits and managing and improving patient safety.

Anticipating and responding to risks to patient safety
We will place an increased emphasis on pro-actively identifying risks to patient safety to create and maintain safe and resilient systems of care, designed to reduce adverse events and improve outcomes

Reducing common causes of harm
We will undertake to reduce patient harm, with particular focus on the most common causes of harm.

Using information to improve patient safety
We will use information from various sources to provide intelligence that will help us recognise when things go wrong, learn from and support good practice and measure, monitor and recognise improvements in patient safety.

Leadership and governance to improve patient safety
We will embed a culture of patient safety improvement at every level of the health and social care service through effective leadership and governance.

Mandatory open disclosure

With legal mandatory open disclosure on the horizon, **Edward Mathews** explains to members what will be expected of them

THE Oireachtas, just prior to the general election being called, began consideration of the Patient Safety (Notifiable Patient Safety Incidents) Bill, 2019. This Bill will, if passed, for the first time introduce legally mandatory open disclosure.

Open disclosure is not a new concept by any means, and members will know that it is a policy requirement of the health services currently. Additionally, and to ensure open disclosure can be a reality, through the efforts of the Organisation in 2017 we achieved protections to ensure that information provided and apologies given in making an open disclosure cannot be used in NMBI fitness to practise proceedings.

However, this legislation means that for the first time the law will mandate that open disclosure must be made in a defined list of circumstances and, where it is not made, then employers in the main could face conviction.

What is required?

Where a notifiable patient safety incident occurs, there is a requirement to make an open disclosure to the patient, or relevant others, in relation to the incident.

When is it required?

Notifiable incidents are those listed in Schedule 1 to the Bill, or those which may be added later by means of ministerial regulations. Schedule 1 lists notifiable patient safety incidents and in summary, in almost all instances, involves circumstances of care/interventions that result in unintended and/or unanticipated death, which did not arise from the illness of the patient or an underlying condition of the patient.

Additionally, a stillbirth, perinatal death and suicide deaths, whether anticipated or otherwise, are included. Finally, instances of babies who require therapeutic hypothermia, or those where this intervention was considered but deemed unsuitable due to the condition of the baby are included.

The list of instances above are expected to increase in due course and will do so by way of secondary legislation in the form of ministerial regulations. The minister may from time to time prescribe additional matters which come within the meaning of notifiable patient safety incidents. Extremely wide powers are given to the minister in regulating into the future. In doing so the minister must bear in mind learning from incidents which have occurred in the Irish health service or internationally, as well as learning from advances in clinical practice, healthcare and patient safety.

In prescribing new patient safety incidents as notifiable incidents for the purposes of this legislation, the minister must also have regard, per section 8(2), to a number of patient safety matters including: the nature of the incident; the consequences of the incident for a patient including the harm caused; the need to obtain and disseminate information and knowledge regarding an incident so as to avoid, lessen or eradicate re-occurrence through system-wide learning. Per section 8(3) regulations made under this section may make different provisions for different incidents or classes of incidents or provisions for different patients or categories of patients.

This is a considerable power, and it is clear from section 8, which gives the minister these powers, that the current limitations – which relate the notifiable incidents provisions almost exclusively to those relating to death – need not be adhered to in future secondary legislation.

Furthermore, the minister would have the power to legislate for wide ranging mandatory open disclosure as while there are limiting factors referred to in the section relating to death, permanent lessening of functioning, or 'serious' harm need, per section 8(3) these need not be adhered to. This is a potential concern into the future, and it would be more proportionate if the ministers' powers were properly constrained, in the terms of section 8(2) where the minister must have regard to set matters, and that section 8(3), which essentially rolls back the constraints on the minister, be deleted. We will be advocating for changes to this part of the legislation.

Who can be held responsible under the Bill?

The Bill defines health service providers and health practitioners. In short, providers are employers, and practitioners are employees which includes agency workers, and the definition of practitioners would be applicable to most of our members. Notably, these definitions extend to providers and practitioners in the public and private sectors, and includes acute, non-acute, social care and mental health.

The duty on health practitioners arises in section 6:

- Where in the opinion of a health practitioner a notifiable incident has occurred in relation to a patient, the health practitioner shall, as soon as practicable, inform the health services provider which is, at the time he or she has formed the

opinion, providing the health service to the patient
- This arises whether the notifiable incident occurred when providing services to the patient by the current provider, a previous provider, or if they are unsure.

This is an important part of the legislation, insofar as the duty under the Bill relating to mandatory open disclosure, at first instance, for most of our members extends to informing their employer as soon as is practicable that they have formed the opinion that a notifiable patient safety incident has occurred.

Of additional importance, the mandatory nature of the legislation is underpinned by potential criminal law sanctions, which are provided for in Part 7 of the Bill. There is no offence of failing to inform your employer. Therefore, there is no offence created which would potentially affect most of our membership.

The duty on a health service provider, the employer, is to make an open disclosure to the patient, or a relevant person, where a notifiable incident has occurred. This is provided for in section 5(1).

Section 5(2) requires said disclosure be made even if, none, or not all, of the likely consequences of the notifiable incident have presented or developed, or if not all of the information relating to the incident, including information relating to the cause of the incident, is available.

The requirement to disclose, notwithstanding the absence of all possible available information, is not so problematic. However, some concern arises where disclosure is required where none, or not all, of the likely consequences of the notifiable incident have presented or developed, yet considering the definitions of notifiable incidents, which almost exclusively refers to death, when then is the duty to disclose to arise? In short, bearing in mind the current definitions of notifiable incidents and the requirement for death to occur, how can section 5(2)(a) have any logical existence where death has not occurred?

One answer to this conundrum is that section 5(2)(a) is included as a preparatory element to further definitions of notifiable instances where lessening of functioning or harm is the consequence, and therefore if something occurred which could have led to such a consequence, but did not, then disclosure would be required. Overall this is an area where we are seeking further clarity.

Role of senior nurse/midwife managers

As mentioned, the duty to make an open disclosure rests with the employer. It is then necessary to consider who within the body of an employer may be liable for a breach of this duty. Section 49(6) refers to the offences of failing to make a disclosure, and provides that where such an offence is committed by a body corporate (that is an entity rather than a person) and it is proved that the offence was committed with the consent or connivance, or was attributable to any wilful neglect, of a person who was a director, manager, secretary or other officer of the body corporate, or a person purporting to act in that capacity, that person shall, as well as the body corporate, be guilty of an offence and may be proceeded against and punished if found guilty.

This may mean that where there is a failure to make a disclosure, as required, and it can be shown that a manager within the employment consented to or connived in failing to do so, or wilfully neglected to do so, then that manager may be held liable and prosecuted personally for the failure.

Considering the management structures in hospitals, primary care, and social care settings it is our view that our senior nurse/midwife managers may be implicated in this regard. Therefore, at first instance there is an offence created that could involve some of our members facing prosecution in the case of a failure to act, and thus the circumstances requiring action must be quite explicit. This requires much greater clarity and we will be engaging intensively on this.

What protections exist?

In keeping with the amendments we secured in the 2017 legislation, the making of an open disclosure, or provision of an apology, when this occurs in compliance with the Bill – the information provided, or apology given, cannot be used in evidence in fitness to practise proceedings.

Open disclosure process

The Bill provides specific guidance in relation to who should make the disclosure, the timing of same, preparatory matters, designation of a liaison person, the disclosure meeting, what to do if a person refuses to attend, what to do if there is an inability to contact a person, providing additional information and details of records to be kept.

These are highly detailed and technical provisions that impose quite onerous responsibilities. Some or all these responsibilities may rest with our nurse/midwife managers depending on the service in question and we will be advocating for extensive training in this area.

Per section 13 the disclosure itself is to be made on behalf of the provider by the principal health practitioner, which in relation to a patient, means a health practitioner who has the principal clinical responsibility for the clinical care and treatment of the patient and, in the case of a cancer screening service, means the health practitioner who has the principal clinical responsibility for the cancer screening service.

It is conceivable, though rare, that our members would meet this definition. However, section 13(2) provides that where the principal practitioner is not available or not in a position to make the disclosure then another health practitioner who is deemed appropriate may be designated to make the disclosure. Our members may well be nominated in such positions – this in itself does not expose our members to any legislative sanction so is really for note in terms of future development of the regime and differs little from the 2017 legislation.

Conclusion

Open disclosure is an important part of a system which promotes patient safety and respects those we work with through transparent systems which respect each individual and their right to know.

The proposed legislation is a significant development through the introduction of legal penalties for a failure to disclose and requires careful attention to ensure the correct balance is achieved in respecting the rights of all involved.

The focusing of legal duties on employers is a key and welcome development, as is the reiteration of fitness to practise protections, however, further work is required, and we are engaging with the Department of Health and members of the Oireachtas in relation to:
- The powers granted to the minister to increase the range of incidents requiring disclosure
- The circumstances requiring disclosure where the event has not occurred, but was likely to
- The potential exposure of senior nursing and midwifery managers and how to reduce this.

Finally, it is worth noting that the Bill proposes to extend the inspection and reporting remit of HIQA to private hospitals, and to facilitate clinical audit in furtherance of patient safety, there is an exemption created within the Freedom of Information Act, insofar as the results of same are not accessible.

Edward Mathews is INMO director of professional and regulatory services

Q and A Bulletin Board

With INMO director of industrial relations Tony Fitzpatrick

Query from member

I have a question in relation to an occupational injury. I was getting out of my car at the hospital car park and tripped. I am currently out on sick leave as a result of my injury. My employer advised me that I am not entitled to the injury allowance as it was not an injury at work. I am concerned that I will be using up my sick leave entitlement.

Reply

Yes, your employer is correct in this instance. Generally an injury allowance may be granted where a nurse/midwife employed in the public health service is injured:

(a) in the actual discharge of his or her duty, and

(b) without his or her own default, and

(c) by some injury attributable solely to the nature of his or her duty.

Entitlement to the allowance arises only where all three of these conditions are met.

If you are paying PRSI at class A, D, J or M you are eligible for injury benefit payable by the Department of Social Protection. Accidents while on an unbroken journey to or from work are covered under the Scheme. Application for injury benefit should be made within 21 days of your injury/incapacity. This is important because if you do not claim in time you may lose benefit.

Query from member

I am currently a senior staff nurse working in the public health service and am considering taking up a CNM1 post. I am due to retire at the end of the year. Will this affect my pension if I take up this promotional post? I currently work night duty and weekends.

Reply

If you take up a promotional post and then retire within three years of this promotion, your pension and lump sum may be affected. Your salary and allowances will be averaged over the previous three years prior to your retirement – any allowances held in the former grade prior to this three-year period will no longer be applicable. In order to determine if you would be at a loss as a result of your promotion, you should contact your superannuation department.

Know your rights and entitlements

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

Contact Information Officers Catherine Hopkins and Karen McCann at
Tel: 01 664 0610/19
Email: catherine.hopkins@inmo.ie, karen.mccann@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 pensions
- Flexible working
- Public holidays
- Career breaks
- Injury at work
- Agency workers
- Incremental credit

Sponsored by Cornmarket

Irish Nurses and Midwives Organisation

Preceptor of the Year 2020

www.inmo.ie

Nominations for the annual 'Preceptor of the Year' Award, sponsored by Cornmarket Group Financial Services, are now open.

Nominations for the 'Preceptor of the Year' must be made on the official nomination form, which can be completed on the INMO website.

The award recognises an INMO member who has inspired and motivated the student to reach their full potential.

The member chosen as 'Preceptor of the Year', together with a partner or colleague, will be invited to receive their award at the annual awards dinner, which will be held during the annual delegate conference in Sligo this year. The student member who nominated the chosen preceptor, along with a colleague, will also be invited to attend.

The deadline for nominations is the 1st of April 2020.

For more information visit www.inmo.ie/Preceptor_of_the_Year

INMO
Irish Nurses and Midwives Organisation
Working Together

Sponsored by Cornmarket

Managing your internship

Catherine O'Connor gives an overview of the rights and entitlements of interns

UNDERSTANDING rights and entitlements when transitioning from being supernumerary students to employed internship students can sometimes be challenging, so I have compiled some of the most frequently asked questions I have received in recent weeks to provide some clarity.

What are my annual leave entitlements? Interns are entitled to 14.5 days of annual leave during their internship.

What are my break entitlements? All employees are entitled to breaks as outlined in the Organisation of Working Time Act 1997, which can be accessed via the INMO Information Department. You are entitled to a 15-minute break once you have worked up to four and a half hours, and a 30 minute break once you have worked up to six hours, which may include the first break.

How many hours should I be working each week? Nursing and midwifery interns working in the public sector are required to work an average of 39 hours per week, inclusive of four hours protected reflective time.

What is protected reflective time (PRT)? The NMBI's Code of Professional Conduct and Ethics sets out that all nurses and midwives should engage in reflecting on their practice so as to identify areas where they need to improve in order to provide high quality to those in their care. Protected reflective time is time that is set aside where a student (both supernumerary and internship) has the opportunity to consolidate theory and practice.

How many hours of PRT should I be getting and how can I take it? Intern nurses and midwives are entitled to a minimum of four hours of PRT per week. There is some variation in how it is delivered between areas, and sometimes this is calculated as an average, eg. having a day of structured reflection with CPCs could count as PRT for multiple weeks of placement.

Is PRT paid? Yes, as an intern, PRT is paid.

Is PRT included in my 39-hour work week? Your internship is calculated as an average of 35 hours of clinical placement and a minimum of four hours PRT per week. This is comprehended by HSE HR circular 030/2009 and endorsed by a 2014 LRC Agreement.

What do I do if I am sick and have to miss a clinical day? Should you be ill during your internship, you need to refer to your local sick leave policy, which will outline the steps you need to follow. Although you are now classified as an employee in your clinical area, you are still a student and so still need to ensure you meet the minimum NMBI hours required to qualify. For this reason, you may need to pay back the hours missed.

Will I be paid for sick leave? Will I be paid for paying back time? Interns may be granted up to eight weeks of paid sick leave during their internship, provided they comply with the sick leave policy in their area, as per the HSE HR Circular 030/2009. The hours required to be paid back in order to meet the NMBI mandatory requirements will be paid.

How much should I be getting paid for internship? According to the HSE consolidated pay scales 2020, internship students are paid €14,671 for the 36 weeks of rostered placement.

What about premium pay? Premium rates of pay apply where employees work unsociable hours. Internship students should have access to premium hours in line with their staff nurse/midwife colleagues on a pro rata basis. A nurse/midwife who works a 'five over seven' roster (liable to work weekends) and is scheduled to work on Saturday is entitled to a premium payment of €15.30. This is a fixed amount and is payable irrespective of the number of hours worked. Sunday and public holiday premiums are both calculated as time + time (ie. double time) for each hour worked. Night duty premium is calculated as time + one-quarter per hour worked between midnight and 7am. For hours worked between 8pm and midnight, the rate of pay is calculated at time + one-sixth per hour worked. Additionally, for hours worked between 6pm to 8pm (twilight rate), nursing/midwifery students are paid at a rate of time + one-sixth.

Am I paying the right amount of tax? As you are now employees in your clinical areas, it is important to make sure you are paying the correct amount of tax. This can be done by logging on to **revenue.ie** and clicking on the 'myAccount' button in the top right-hand corner, followed by 'register now'. This will bring you through the steps of registering with Revenue and will allow you to apply for tax credits.

What about flat-rate expenses? Nurses and midwives can claim flat-rate expenses for their uniforms. While you would not have been able to claim this for your supernumerary placements, as you are now employees you can claim this online by using your Revenue 'myAccount'.

I don't feel like I'm coping well with internship – what should I do? Going from being a supernumerary student in third year, to being counted as 0.5 of a nurse/midwife in the roster can be daunting in the beginning, so do reach out for support.

If you have a good relationship with your preceptor or CNM, talk to them about concerns you're having. If you feel more comfortable with your CPC, link in with them. There are also supports in your college, eg. tutors, programme co-ordinators, counselling services. The INMO also provides access to a 24/7 telephone counselling helpline for members. Remember that it's normal to feel nervous in the beginning and to wonder if it's ever going to improve. Things will begin to 'click' in time – so give yourself some credit for making it this far and trust in yourself that you can make it through the rest of the internship!

Preceptor of the year

Check out our preceptor of the year award application form on the opposite page.

Get in touch

If you would like to get in touch with Ms O'Connor, you can reach her at: catherine.oconnor@INMO.ie or Tel: 01 6640684.

Check the registry

Through recording and analysing detailed patient data, the Cystic Fibrosis Registry of Ireland aims to greatly improve the outcomes of people living with this disease, writes **Sumesh Babu**

SERVING as a database relating to a particular disease and its progression in a given area, a patient registry functions by collecting and reviewing information to understand the roots of possible trends and scenarios.

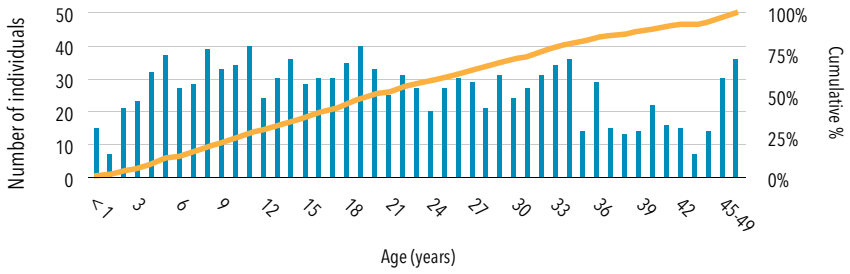
Established in 2001, the Cystic Fibrosis Registry of Ireland (CFRI) collects information on cystic fibrosis (CF) from people living with the disease in Ireland who consent to participate in the registry. In the beginning, the CFRI would collect information from a single point in time each year. Information would be collected on the annual assessment day and published in the registry's annual report. The registry evolved from using an annual assessment data point to employing an encounter model, wherein every clinical attendance or CF-related appointment is captured.

The number of people with CF in Ireland is recorded each year along with the number of CF births, diagnoses, transplants and deaths. The information collected on patients includes their CF genetics, weight, height, lung-function measurements, test results, health complications, medicines and treatments, hospitalisations and use of healthcare services, as well as information on how the condition and associated treatments have impacted them. This information is critical to understanding how CF patients are treated in Ireland. The CFRI is now a rich source of data on the health and wellbeing of these patients, spanning almost 20 years.

Inclusion criteria

There are 11 designated CF centres and five hospitals operating a CF clinic across Ireland, encompassing both adult and paediatric care. To be included on the registry, all a person with CF must do is attend any of these centres and consent to being part of the registry. In 2018 there were 1,337 CF patients living in Ireland, 1,239 of whom were listed on the registry. For more detailed clinical information on all aspects of the care of these patients, visit the 'publications' section at **www.cfri.ie**

Figure 1: Age distribution of people living with CF in 2018



What can a patient registry tell us?

New medications and improved treatments have extended the life of people with CF. Whereas CF was once a childhood disease, projected median age of survival now stands at 44.4 years.

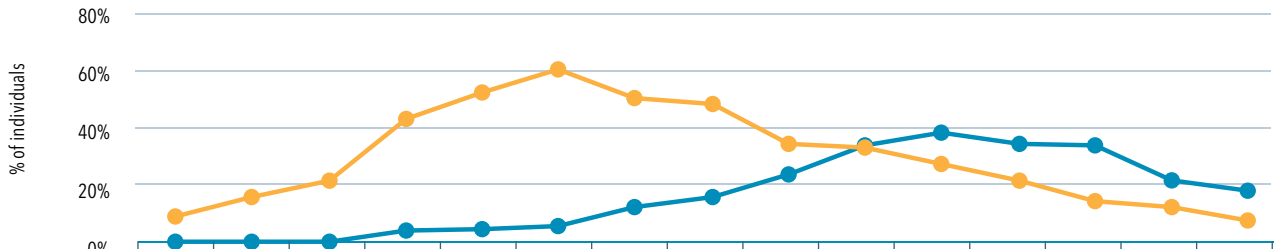
Between 2010 and 2018, the adult CF population in Ireland increased from 538 to 726. An increasing adult population requires increased adult CF programmes and has important implications for how CF services should be organised and resourced, at present and moving forward.

The registry also collects information on the experience of adults with CF (eg. employment rates, marital status and third-level education). This relevant data makes it possible to plan for the provision of adequate social support in the future.

The registry allows for the tracking of changes in patient care with different treatments; an important factor in strategic planning and the development of new initiatives. For example, *Figure 2* shows chronic infections by two bacteria among different age groups. It suggests that chronic *staphylococcus aureus* infection is more prevalent in the eight to 15 age group, while chronic *pseudomonas aeruginosa* infection is more prevalent in the 27-40 age group.

As outlined in *Table 1* overleaf, people living with CF commonly use mucolytics, bronchodilators, oral and inhaled antibiotics, nasal medications and inhaled steroids as well as positive expiratory pressure

Figure 2: Chronic *P. aeruginosa* and chronic *S. aureus* infection, 2018



	< 2	2-3	4-5	6-7	8-9	10-11	12-15	16-19	20-23	24-27	28-31	32-35	36-39	40-44	> 45
• Chronic PA	0.0%	0.0%	0.0%	3.6%	4.2%	5.4%	12.7%	15.6%	24.1%	34.0%	28.8%	34.8%	33.8%	21.6%	18.2%
• Chronic SA	9.1%	15.9%	21.7%	43.6%	52.8%	60.8%	50.8%	48.9%	34.5%	33.0%	27.2%	21.7%	14.1%	12.2%	7.6%

airway clearance techniques. This kind of information helps doctors, nurses and allied healthcare professionals to expand their roles in medication or therapy adherence initiatives.

The most significant aspect of a patient registry is the ability to examine the care that is provided at a population level instead of asking questions of individual patients. It is important to understand the burden of living with CF and how best caregivers, parents and other family members can help to ease this burden.

The CFRI has a wealth of data that can be used to improve the care provided by CF centres and other agencies. The registry works together with these centres, with Cystic Fibrosis Ireland and, most importantly, directly with CF patients.

The registry recently launched CF View, an app funded by a European innovation award, designed to enable CF patients view and track their data over time. Screenshots showing the layout of the app can be observed in *Figures 3 and 4*.

The CFRI aims to instigate change by identifying, recording, storing and analysing information, and to advance education by facilitating and undertaking research and providing accurate records for the monitoring and improvement of treatments. This change will contribute to improving the outcomes of people living with CF, as well as their quality of life.

The registry has its limitations, but it also has rich data collected over two decades that can be used at the point of care. Healthcare professionals can harness the value of the registry at the point of care by using the data to inform clinical decisions. There are major benefits linking registry data with other data sources, including prescribing and dispensing, transplant and newborn screening. Lastly and most importantly, the CFRI would like to encourage healthcare professionals, patients and their families to continue actively participating in and engaging with the registry, so that it can continue to contribute valuable information to the CF community.

Table 1: Medications captured in the CF registry

Long-term medications, 2018 (n = 1,203)				
	< 6 years n = 135	**6-17 years n = 379**	**Adult n = 689**	**All n = 1,203**
Pulmonary				
Oral antibiotic	66.7%	44.6%	70.6%	62.0%
Inhaled antibiotic	2.2%	24.8%	69.4%	47.9%
Mucolytics	62.2%	90.8%	63.3%	71.9%
Bronchodilator	43.0%	70.4%	77.0%	71.2%
Inhaled steroid	11.9%	22.4%	35.9%	29.0%
Nasal medication	15.6%	43.5%	56.1%	47.6%
Airway clearance techniques, 2018				
	Children n = 514	**Adult n = 689**	**All n = 1,203**	
Any form of positive expiratory pressure physiotherapy	57.5%	36.2%	45.3%	

Figure 3: Screenshot of the CF View login page

Figure 4: Screenshot of the CF View dashboard

Sumesh Babu is a clinical research associate with the Cystic Fibrosis Registry of Ireland

INVOKANA*® (canagliflozin) 100 mg & 300 mg film-coated tablets. PRESCRIBING INFORMATION. Republic of Ireland Please refer to Summary of Product Characteristics (SmPC) before prescribing. INDICATIONS:** The treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise as monotherapy when metformin is considered inappropriate due to intolerance or contraindications, or in addition to other medicinal products for the treatment of diabetes. **DOSAGE & ADMINISTRATION: Adults:** recommended starting dose: 100 mg once daily. In patients tolerating this dose and with eGFR ≥ 60 mL/min/1.73 m^2 needing tighter glycaemic control, dose can be increased to 300 mg once daily. For oral use, swallow whole. Caution increasing dose in patients ≥ 75 years old, with known cardiovascular disease or for whom initial canagliflozin-induced diuresis is a risk. Correct volume depletion prior to initiation. When add-on, consider lower dose of insulin or insulin secretagogue to reduce risk of hypoglycaemia. **Children:** no data available. **Elderly:** consider renal function and risk of volume depletion. **Renal impairment:** not to be initiated with eGFR < 60 mL/min/1.73 m^2. If eGFR falls below this value during treatment, adjust or maintain dose at 100 mg once daily. Discontinue if eGFR persistently < 45 mL/min/1.73 m^2. Not for use in end stage renal disease or patients on dialysis. **Hepatic impairment:** mild or moderate; no dose adjustment. Severe; not studied, not recommended. **CONTRAINDICATIONS:** Hypersensitivity to active substance or any excipient. **SPECIAL WARNINGS & PRECAUTIONS:** Not for use in type 1 diabetes. **Renal impairment:** eGFR < 60 mL/min/1.73 m^2: higher incidence of adverse reactions associated with volume depletion particularly with 300 mg dose; more events of elevated potassium; greater increases in serum creatinine and blood urea nitrogen (BUN); limit dose to 100 mg once daily and discontinue when eGFR < 45 mL/min/1.73 m^2. Not studied in severe renal impairment. Monitor renal function prior to initiation and at least annually. **Volume depletion:** caution in patients for whom a canagliflozin-induced drop in blood pressure is a risk (e.g. known cardiovascular disease, eGFR < 60 mL/min/1.73 m^2, anti-hypertensive therapy with history of hypotension, on diuretics or elderly). Not recommended with loop diuretics or in volume depleted patients. Monitor volume status and serum electrolytes. **Diabetic ketoacidosis (DKA):** rare DKA cases reported, including life-threatening and fatal. Presentation may be atypical (blood glucose <14mmol/l). Consider DKA in event of non-specific symptoms. If DKA is suspected or diagnosed, discontinue ***Invokana treatment immediately. Interrupt treatment in patients who are undergoing major surgical procedures or have acute serious medical illnesses. Monitoring of (preferably blood) ketone levels is recommended in these patients. Consider risk factors for development of DKA before initiating ***Invokana*** treatment. **Elevated haematocrit:** careful monitoring if already elevated. **Genital mycotic infections:** risk in male and female patients, particularly in those with a history of GMI. **Lower limb amputation:** Consider risk factors before initiating. Monitor patients with a higher risk of amputation events. Counsel on routine preventative foot care and adequate hydration. Consider discontinuing ***Invokana*** when events preceding amputation occur (e.g. lower-extremity skin ulcer, infection, osteomyelitis or gangrene). **Urine laboratory assessment:** glucose in urine due to mechanism of action. **Lactose intolerance:** do not use in patients with galactose intolerance, total lactase deficiency or glucose-galactose malabsorption. **Necrotising fasciitis of the perineum (Fournier's gangrene):** post-marketing cases reported with SGLT2 inhibitors. Rare but serious, patients should seek medical attention if experiencing symptoms including pain, tenderness, erythema, genital/perineal swelling, fever, malaise. If Fournier's gangrene suspected, ***Invokana*** should be discontinued, and prompt treatment instituted. **INTERACTIONS: Diuretics:** may increase risk of dehydration and hypotension. **Insulin and insulin secretagogues:** risk of hypoglycaemia; consider lower dose of insulin or insulin secretagogue. **Effects of other medicines on *Invokana*:** Enzyme inducers (e.g. St. John's wort, rifampicin, barbiturates, phenytoin, carbamazepine, ritonavir, efavirenz) may decrease exposure of canagliflozin; monitor glycaemic control. Consider dose increase to 300 mg if administered with UGT enzyme inducer. Cholestyramine may reduce canagliflozin exposure; take canagliflozin at least 1 hour before or 4-6 hours after a bile acid sequestrant. **Effects of *Invokana* on other medicines:** Monitor patients on digoxin, other cardiac glycosides, dabigatran. Inhibition of Breast Cancer Resistance Protein cannot be excluded; possible increased exposure of drugs transported by BCRP (e.g. rosuvastatin and some anti-cancer agents). **PREGNANCY:** No human data. Not recommended. **LACTATION:** Unknown if excreted in human milk. Should not be used during breast-feeding. **SIDE EFFECTS: Very common (≥1/10):** hypoglycaemia in combination with insulin or sulphonylurea, vulvovaginal candidiasis. **Common (≥1/100 to <1/10):** constipation, thirst, nausea, polyuria or pollakiuria, urinary tract infection (including pyelonephritis and urosepsis), balanitis or balanoposthitis, dyslipidemia, haematocrit increased. **Uncommon (<1/100) but potentially serious:** anaphylactic reaction, diabetic ketoacidosis, syncope, hypotension, orthostatic hypotension, urticaria, angioedema, necrotising fasciitis of the perineum (Fournier's gangrene) (frequency not known), bone fracture, renal failure (mainly in the context of volume depletion), lower limb amputations (mainly of the toe and midfoot, incidence rate of 0.63 per 100 subject-years, vs 0.34 for placebo). **Refer to SmPC for details and other side effects. LEGAL CATEGORY:** POM. **PACK SIZES & MARKETING AUTHORISATION NUMBER(S): *Invokana* 100 mg film-coated tablets:** 30 tablets; EU/1/13/884/002. ***Invokana* 300 mg film-coated tablets:** 30 tablets; EU/1/13/884/006. **MARKETING AUTHORISATION HOLDER:** Janssen-Cilag International NV, Turnhoutseweg 30, B-2340 Beerse, Belgium. ® INVOKANA is a registered trade mark of Janssen-Cilag International NV and is used under licence. © 2017 Napp Pharmaceuticals Limited. **FURTHER INFORMATION IS AVAILABLE FROM:** Mundipharma Pharmaceuticals Limited, Millbank House, Arkle Road, Sandyford, Dublin 18. For medical information enquiries, please contact medicalinformation@mundipharma.ie **IRE/INV-19401 Date of Preparation** November 2019

Adverse events should be reported to: HPRA Pharmacovigilance, Earlsfort Terrace, IRL - Dublin 2; Tel: +353 1 6764971; Fax: +353 1 6762517. Website: www.hpra.ie; E-mail: medsafety@hpra.ie. Adverse events should also be reported to Mundipharma Pharmaceuticals Limited on drugsafetyJNJ@mundipharma-rd.eu or by phone on 01 2063800 (1800 991830 outside office hours).

References: 1. INVOKANA SmPC www.medicines.ie November 2019. **2.** Afkarian M, *et al. Journal of the American Society of Nephrology.* 2013;24(2):302-3082. **3.** Perkovic V. *et al. Lancet Diabetes Endocrinol.* 2018 Sep;6(9):691-704. **4.** Neal B. *et al. N Engl J Med* 2017; 377:644-657.

Distributed in Ireland by: Mundipharma Pharmaceuticals Limited, Millbank House, Arkle Road, Sandyford, Dublin 18, Ireland. Phone +353-1-2063800 www.mundipharma.ie

INVOKANA is indicated for the treatment of adults with insufficiently controlled type 2 diabetes mellitus (T2DM) as an adjunct to diet and exercise.[1]

Improvements in renal outcomes with INVOKANA are additional benefits only and not licensed indications.

Did you know...

"Kidney disease predominantly accounts for the increased mortality observed in type 2 diabetes"[2]

Improved renal outcomes

47% relative risk reduction in time to first adjudicated nephropathy event (doubling of serum creatinine, need for renal replacement therapy, and renal death) HR 0.53 (95% CI 0.33-0.84), compared with placebo and SoC.

Absolute risk reduction: 1.3 fewer major adverse renal events per 1000 patient-years.[3]

27% reduction in the progression of albuminuria in patients with normo- or micro-albuminuria HR 0.73 (95% CI 0.67-0.79), compared with placebo and SoC.

Absolute benefit: 39.3 fewer instances of albuminuria progression per 1000 patient-years.[4]

The recommended starting dose of INVOKANA is 100mg once-daily.

SoC - *Standard of Care*

Invokana®
canagliflozin tablets

The renal reason to intensify

Postpartum diabetes:

How to make prevention work

It has been shown that women will engage with a diabetes prevention service if it can be delivered in a convenient way that fits a busy stage of life, writes **Sharleen O'Reilly**

GESTATIONAL diabetes is an increasingly prevalent and costly pregnancy complication worldwide. In fact it is estimated to affect one-in-eight Irish pregnancies, which makes it one of our most common pregnancy complications.[1] Gestational diabetes is associated with increased risk of pregnancy complications such as Caesarean section and shoulder dystocia. However, the longer-term consequences are equally important to consider.

Women with a history of gestational diabetes are at increased risk for developing type 2 diabetes, obesity and hypertension.[2] The risk of developing type 2 diabetes is estimated to be one-in-two women developing it within five to ten years after their first gestational diabetes-affected pregnancy.[3] This makes these women an important subgroup to work with if we want to bring down population diabetes rates.

Diabetes prevention is possible and for women with previous gestational diabetes, we know that healthy eating and increased physical activity can reduce risk by 58%.[4] The challenge with undertaking a diabetes prevention programme in women with previous gestational diabetes is that this subgroup are at a completely different life-stage to the average person at risk of diabetes. These women are usually in their early 30s, have young families and additional primary caregiver responsibilities.[5]

Another important difference is that the women have lived with diabetes during their pregnancy and in some cases, managed it with insulin. This lived experience creates a known emotional toll on women and can create negative associations that may make them less likely to want to address their longer-term diabetes risk.[6] All of this means that they face different barriers and enablers to behaviour change and that these factors need careful consideration when designing interventions for this population.

Studies on prevention

Over the past five to 10 years, the number of intervention studies being reported for women with previous gestational diabetes has grown dramatically. A recent meta-analysis and systematic review has explored these studies to see if interventions in the postpartum period are successful in reducing diabetes risk.[7]

Overall they found that study populations tend to be small and that they are conducted over an average of a six-month timeframe. The study designs were a mixture of interventions as well – some doing dietary and physical activity behaviour change and others doing either diet or physical activity. The methods used to deliver the interventions was also very varied – in person, in groups, using a website, providing written material, using an app and/or a mixture of methods.

The study identified that engaging with women early on in the postpartum period and having a longer follow-up duration (about 12 months) had positive influences on diabetes risk reduction.[7] In essence, starting and building a relationship and a system to support effective behaviour change is an important piece of the puzzle to reduce a woman's risk of developing diabetes after pregnancy.

Mothers After Gestational Diabetes in Australia (MAGDA)[2] was a large-scale partnership project between 2010-2016 that took a systems approach to the prevention of type 2 diabetes in women with previous gestational diabetes. The work was funded by the Australian National Health and Medical Health Research Council in partnership with Diabetes Australia and two state

Departments of Health (Victoria and South Australia).

MAGDA comprised three main studies. The first study looked at the impact of the National Gestational Diabetes Register (NGDR).

The NGDR is unique internationally as it is a national-level register that sends reminder letters to women for their six- to eight-week postnatal diabetes screening and annual follow-up by their GP. The study was able to examine the NGDR performance by comparing its data with the related State perinatal data collection and independent pathology laboratory data. The study analysed data over a two-year period.[8] The results showed that the universal screening process during pregnancy was working well, with around 97% women undertaking the oral glucose tolerance test at the appropriate time. The NGDR registration rate was also good at 91%. However, postpartum screening rates did not change after the NGDR was introduced,[8] which meant that, disappointingly, none of the reminder letters made any difference to follow-up diabetes screening rates.

The second study looked at the impact a diabetes prevention programme, specifically designed to meet the needs of a postpartum mother, could have on diabetes risk. This was a randomised clinical trial of a six-session group-based diabetes prevention programme with 573 women who started the programme during their first postpartum year.[9] The intervention resulted in weight stability, whereas the women receiving usual care continued to gain weight (mean change [intent-to-treat analysis] over 12 months being -0.95kg between groups; p = 0.04). Another key finding was that engaging women in a face-to-face programme was challenging and as a result, the intervention was adapted to be delivered using telephone health coaching and a mobile application.[10,11] Both of these formats were well received and for the telephone one, increased average weight loss to 2kg.[10] This points to women being able to engage in diabetes prevention when the intervention is designed to fit within their busy lives.

The third study was a 12-month quality improvement collaboration involving 15 general practices, which engaged in establishing practice-based registers and recall systems for blood testing, and type 2 diabetes prevention planning consultations.[12] The quality improvement process involved forming an expert advisory group, developing a handbook for the quality improvement, delivering a workshop online for practices every three months and collecting 'plan-do-study-act' cycle reports and audit measures.

The intervention doubled the review and testing of women (from 30% to 60% over 12 months) and increased measurement of BMI (from 51% to 69% over 12 months), but the uptake of specific type 2 diabetes prevention planning consultations was low (10%).[12] The key components that drove the uptake of the intervention were:

- Seeing the care of women as a central practice activity
- Taking a long-term community perspective on health and wellbeing
- Staff engagement in creating the quality improvement together
- Performing and acting on audit feedback.

Delivering an intervention at the level of a general practice means that this intervention has potential to be scaled up and improve diabetes prevention activity at a national level.

Big-picture perspective

Looking at the three studies together as parts of a system-level intervention enables a 'big picture' perspective to be taken. Australia's universal screening programme for diabetes in pregnancy is working well, but it is outside the controlled hospital environment that the diabetes screening processes and messaging need more work.

Diabetes prevention programmes need to be seen as relevant and accessible in order for people to use them. We know from MAGDA that women will engage with a diabetes prevention service if it can fit within their busy lifestage.

Primary care is a place where diabetes prevention could be driven from. Women regularly visit their GP or practice nurse and the practice can potentially marry the diabetes prevention activity with the normal care delivered. General practices are also in a unique position that they can share the results of that activity with the health service or a national register.

The MAGDA research team and I were recently successful in receiving further Australian government funding to improve the messaging behind the NGDR screening initiative and also extend the delivery of the diabetes prevention intervention described above. This and other work currently being done in Ireland and internationally will all add more pieces to the puzzle on how we prevent diabetes in women with previous diabetes. We don't have the answer just yet, but watch this space…

Main findings

Healthcare professionals need to build relationships with women during and after pregnancy to foster behaviour changes over time.

Reminder and recall letters do not appear to work, but using a national gestational diabetes register to populate family practice-based registers may be more successful at stimulating diabetes screening activity.

A low-dose intervention can halt progressive weight gain for women at high risk of developing type 2 diabetes.

Sharleen O'Reilly is assistant professor in nutrition and food science at the UCD Institute of Food and Health and UCD Perinatal Research Centre, School of Agriculture and Food Science, UCD

This article is based on a presentation at the recent Diabetes in Pregnancy Conference hosted by Diabetes Ireland

References

1. Noctor E, Dunne FP. Type 2 diabetes after gestational diabetes: The influence of changing diagnostic criteria. World Journal of Diabetes. 2015;6(2):234-44

2. Daly B, Toulis KA, Thomas N et al. Increased risk of ischemic heart disease, hypertension, and type 2 diabetes in women with previous gestational diabetes mellitus, a target group in general practice for preventive interventions: A population-based cohort study. PLOS Medicine. 2018;15(1):e1002488

3. Song C, Lyu Y, Li C et al. Long-term risk of diabetes in women at varying durations after gestational diabetes: a systematic review and meta-analysis with more than 2 million women. Obesity reviews : an official journal of the International Association for the Study of Obesity. 2018;19(3):421-9

4. Ratner RE, Christophi CA, Metzger BE et al. Prevention of Diabetes in Women with a History of Gestational Diabetes: Effects of Metformin and Lifestyle Interventions. J Clin Endocrinol Metab. 2008;93(12):4774-9

5. Nielsen KK, Kapur A, Damm P, de Courten M, Bygbjerg IC. From screening to postpartum follow-up - the determinants and barriers for gestational diabetes mellitus (GDM) services, a systematic review. BMC Pregnancy Childbirth. 2014;14(1):41

6. Parsons J, Sparrow K, Ismail K, Hunt K, Rogers H, Forbes A. A qualitative study exploring women's health behaviours after a pregnancy with gestational diabetes to inform the development of a diabetes prevention strategy. Diabetic Medicine. 2019;36(2):203-13

7. Goveia P, Cañon-Montañez W, Santos DdP et al. Lifestyle Intervention for the Prevention of Diabetes in Women With Previous Gestational Diabetes Mellitus: A Systematic Review and Meta-Analysis. Frontiers in Endocrinology. 2018;9(583):1-13

8. Boyle DIR, Versace VL, Dunbar JA, Scheil W, Janus E, Oats JJN et al. Results of the first recorded evaluation of a national gestational diabetes mellitus register: Challenges in screening, registration, and follow-up for diabetes risk. PloS one. 2018;13(8):e0200832

9. O'Reilly SL, Dunbar JA, Versace V et al. Mothers after Gestational Diabetes in Australia (MAGDA): A Randomised Controlled Trial of a Postnatal Diabetes Prevention Program. PLOS Med. 2016;13(7):e1002092.

10. Lim S, Dunbar JA, Versace VL et al. Comparing a telephone- and a group-delivered diabetes prevention program: Characteristics of engaged and non-engaged postpartum mothers with a history of gestational diabetes. Diabetes Res Clin Pract. 2017;126:254-62.

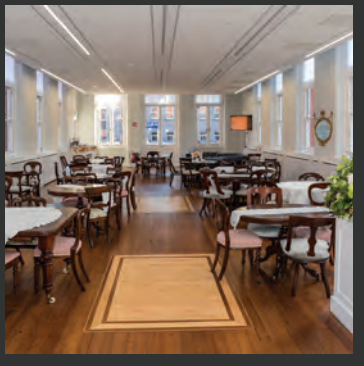
11. O'Reilly SL, Laws R. Health-e mums: Evaluating a smartphone app design for diabetes prevention in women with previous gestational diabetes. Nutrition & Dietetics. 2018;0(0)

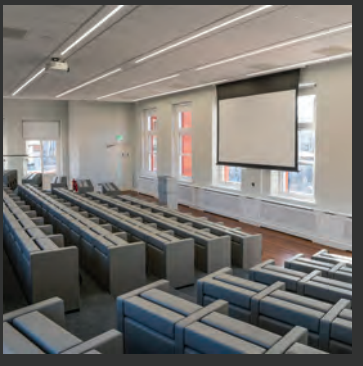
12. O'Reilly SL, Dunbar JA, Best JD et al. GooD4Mum: A general practice-based quality improvement collaborative for diabetes prevention in women with previous gestational diabetes. Prim Care Diabetes. 2019;13(2):134-41

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

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

Research focus

This month we take a look at some recent research in the area of gastroenterology

IBS researchers link pain to 'gut itch'

AUSTRALIAN researchers have identified a link between itchy skin and gut pain, caused by identical receptors signalling the nervous system. This is a significant finding in the management of irritable bowel syndrome (IBS) patients.

Flinders University researchers discovered receptors that cause itchy skin also exist in the human gut. These activated neurons result in IBS patients experiencing chronic gut pain – or a seriously painful 'gut itch.'

In millions of those with IBS, it seems these 'itch' receptors might be more numerous than in healthy people, meaning that more neurons are activated, causing the sensation of pain.

Prof Stuart Brierley, research fellow in gastrointestinal neuroscience, believes these gut itch receptors could offer a new way of targeting the underlying cause of gut pain.

"We found receptors that bring about an itchy feeling on skin also do the same in the gut, so these patients are essentially suffering from a 'gut itch'," he said.

"We've translated these results to human tissue tests and now hope to help create a treatment where people can take an oral medication for IBS.

"Patients with IBS suffer from chronic abdominal pain and experience a 'rewiring' of their nervous system so they feel pain when they shouldn't – we decided to ask important questions about how nerves in the gut are activated to cause pain in order to seek out potential solutions."

Prof Brierley said that pain experienced by IBS sufferers takes place when itch receptors are coupled with what's known as the 'wasabi receptor' in the nervous system, which normally causes a reaction in people consuming wasabi.

"If you think about what happens when you eat wasabi, it activates a receptor on the nerves and sends a pain signal – that's exactly what's happening within their gut as they experience an itch.

"Having shown these mechanisms contribute to chronic gut pain, we can now work out ways to block these receptors and thereby stop the 'gut itch' signal travelling from the gut to the brain. This will be a far better solution than the problems currently presented by opioid treatments," added Prof Brierley.

View the paper: **https://insight.jci.org/articles/view/131712**

FODMAPs diet relieves symptoms of inflammatory bowel disease

New research from King's College in London has found that a diet low in fermented carbohydrates has improved certain gut symptoms and improved health-related quality of life for sufferers of IBD.

In a paper published recently in the journal *Gastroenterology*, a team of researchers at King's College carried out a trial of a diet low in fermentable oligosaccharides, disaccharides, monosaccharides and polyols (FODMAP) in patients with IBD who were experiencing persistent gut symptoms despite gut inflammation being under control. The researchers found that a four-week low-FODMAP diet improved certain gut symptoms such as swelling of the stomach and flatulence, compared to those on a placebo diet.

The researchers studied 52 patients who suffer from IBD, and who had persistent gut symptoms despite the absence of ongoing gut inflammation. They were allocated to one of two groups: one a low-FODMAP diet group, restricting intakes of foods such as wheat, dairy, onions and garlic, and the other a controlled 'normal' FODMAP diet. Of the group that received the low-FODMAP diet, 52% reported adequate relief of gut symptoms, had a greater reduction in gut symptom severity and had a higher health-related quality of life score.

The researchers also discovered that the low-FODMAP diet reduced certain gut bacteria, such as *Bifidobacteria*, that may be beneficial to health and may reduce inflammation. Despite the changes in beneficial bacteria, gut inflammation did not appear to increase after the low-FODMAP diet in patients with IBD.

"We carried out this randomised controlled trial to establish whether these common gut symptoms in patients with IBD in remission could be managed by the low-FODMAP diet. Indeed, this could represent a safe and cost-effective management option," said Prof Kevin Whelan from King's College London.

The team next plans to study the effects of a longer-term low-FODMAP diet and establish the effect of FODMAP reintroduction on gut symptoms and gut bacteria.

Read more here: **https://doi.org/10.1053/j.gastro.2019.09.024**

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

A warm hug in film form

WE MIGHT not be overly familiar with the name in this part of the world but in the US Fred Rogers was something of a national treasure, a staple of children's television for the best part of 50 years. He was a cultural icon almost without peer. Who better then to play such a person than Tom Hanks, a national treasure and cultural icon in his own right.

The show Rogers hosted for 33 years, *Mister Rogers' Neighborhood*, ceased production in 2001 before his death in 2003, but director Marielle Heller brings the beloved figure and his programme back to life in her new film *A Beautiful Day in the Neighborhood*.

Hanks stars opposite Matthew Rhys, who plays the film's *de facto* protagonist Lloyd Vogel, a jaded journalist assigned by his editor at *Esquire* to interview Rogers for a 400-word profile on 'heroes'.

Vogel – based loosely on the writer Tom Junod, whose article *Can You Say... Hero?* was the inspiration for this film – travels to Pittsburgh to meet Fred Rogers on set for an interview he hopes will unmask the man behind the on-screen persona. What he finds instead is that Fred Rogers and the Mister Rogers character he portrays are one and the same – gentle, compassionate and unerringly kind.

Director Marielle Heller and Tom Hanks on the set of 'A Beautiful Day in the Neighborhood'

Although these traits are carried throughout the film, the feelings of warmth and whimsy espoused by Hanks are offset by the sullen, often grim tone struck by Rhys; his hair unkempt, his face unshaven, his eyes ringed in black and sunken.

Sporting a shiner sustained in a fist fight with his estranged father days prior, Vogel is initially irritated by Mister Rogers' disposition but their conversations over the ensuing weeks and months force the troubled writer to address his own outlook on life and reconcile with his past.

The director uses a clever device to marry the pair's opposing world views – many of the film's establishing shots, often depicting a grey and dreary New York, are populated by toy trains, model bridges and papier-maché trees, similar to the ones used on the set of *Mister Rogers' Neighborhood*.

Heller has now directed three feature films, each to critical acclaim. Female directors were largely overlooked this awards season, but following the success of *The Diary of a Teenage Girl* (2015), for which Heller also wrote the screenplay, *Can You Ever Forgive Me?* (2018) and now *A Beautiful Day in the Neighborhood,* it can't be long before she's writing acceptance speeches.

A Beautiful Day in the Neighborhood is in cinemas now

CROSSWORD Competition

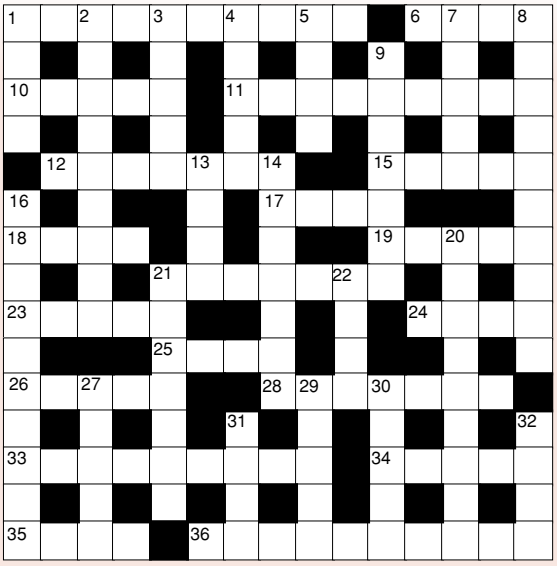
WIN a €50 gift voucher

Across

1 How to get into the abdominal cavity - using a Mayo portal! (10)
6 Strike with an open hand (4)
10 Fear greatly (5)
11 State treasury (9)
12 Bereaved man (7)
15 Brutish human type, as described in Gulliver's Travels (5)
17 Saga depicted in some bizarre pictures (4)
18 A barber cuts it (4)
19 North African country, capital Tripoli (5)
21 In fencing, a defensive lunge (7)
23 Accommodation for a minister of means (5)
24 This bird is a symbol of peace (4)
25 See 1 down
26 Animal-types often accompanying Flora (5)
28 Dance with a little sheepish type and a father (7)
33 No chalice can hold this red dye (9)
34 Picturesque scene seen in tidy Llanelli (5)
35 Scottish dagger (4)
36 These avian seasonal visitors might make a grebe tense (5,5)

Down

1 & 25a Stage name of the music superstar born Stefani Germanotta (4,4)
2 How I conspire with exactitude (9)
3 Cowboy competition (5)
4 Subject, connecting topic (5)
5 Spice used in jousting? (4)
7 & 29d Does this Shannon lake perform with Lough Foster? (5,5)
8 & 27d Unhealthy condition arising from a problematic report? Careful, Ed! (10,5)
9 Use the bottle bank, perhaps (7)
13 Dry riverbed (4)
14 Part of a funeral ritual in which the body is brought to a place of worship (7)
16 Visibly embarrassed to see one's cafe mashed up (10)
20 It can be categorised using the ABO system (5,4)
21 Symbols of monarchy (7)
22 Town in Galway (4)
27 See 8 down
29 See 7 down
30 Showy jewellery (5)
31 One fruit that sounds like two (4)
32 Azure (4)



February crossword solution

Across: 1 Web 3 Parachutist 8 & 16 Doctor Kildare 9 Road sign 10 Igloo 11 Doted 13 Bliss 15 Custard 20 Drunk 21 Equal 23 Bimbo 24 Biennial 25 Mantra 26 Groin strain 27 Dye

Down: 1 Wedding cake 2 Bacillus 3 Photo 4 Airmail 5 Undid 6 Idiots 7 Tan 12 Deteriorate 13 Bored 14 Stink 17 Animated 18 Tumbler 19 Tuxedo 22 Linen 23 Brawn 24 Bag

The winner of the February crossword is: Paul Phelan, Dunmore Road, Waterford

You can now email your entry to us at nursing@medmedia.ie by taking a photo of the completed crossword with your details included.
Closing date: Monday, March 24, 2020
If preferred you can post your entry to: Crossword Competition, WIN, MedMedia Publications, 17 Adelaide Street, Dun Laoghaire, Co Dublin, A96E096

Name:
Address:

Are you making the most of your Group Scheme?

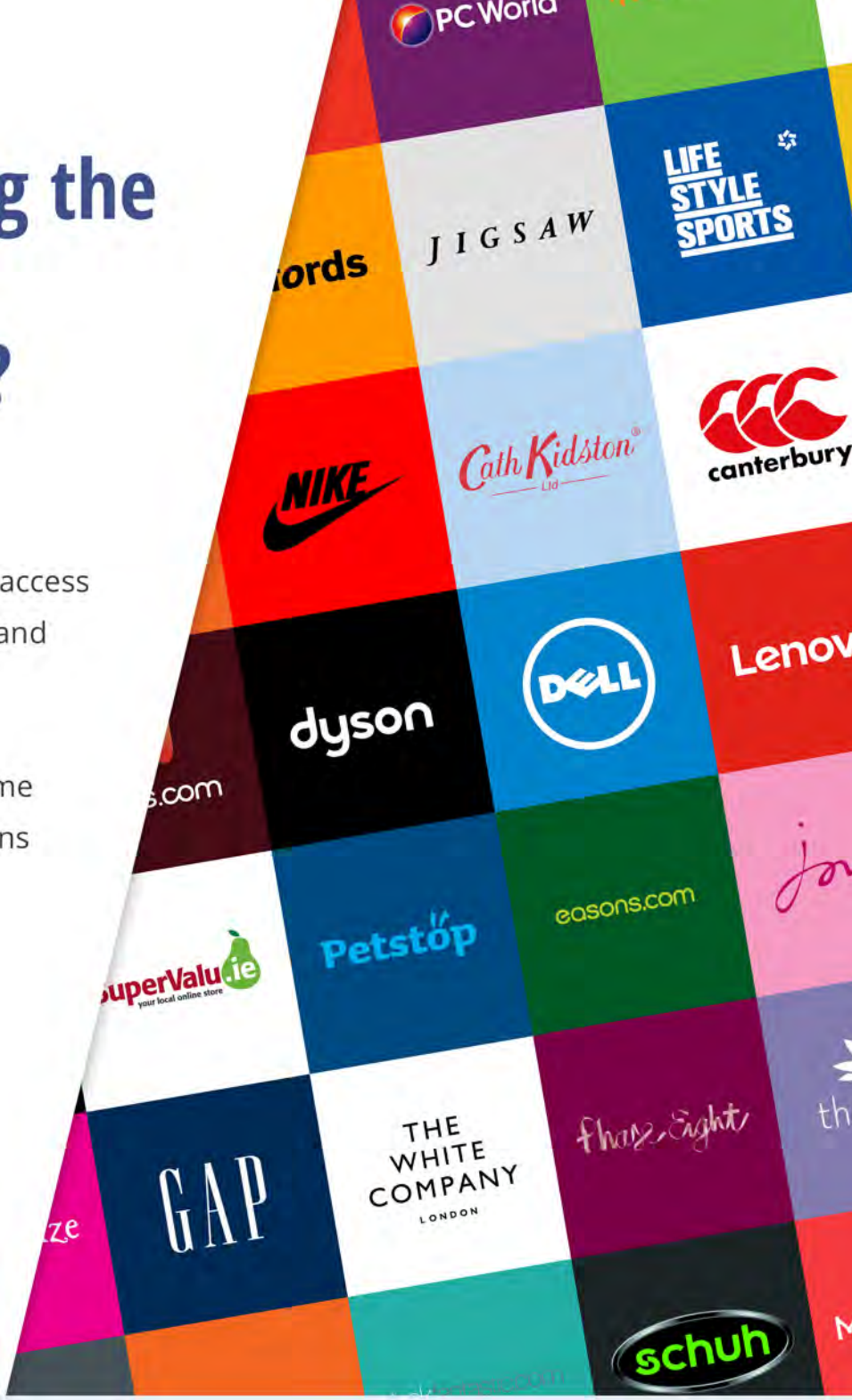
As an INMO member benefit your Group Scheme Platform gives you access to a huge range of Local, National and International discounts.

Sign up to your INMO Group Scheme for exclusive upcoming competitions

Come and visit our stand at the INMO conference on May 5th and 6th to find out more...

LOG IN TO YOUR GROUP SCHEME SITE AT

www.inmo.groupscheme.com



6 WAYS TO SAVE

- TRAVEL CENTRE
- CASHBACK
- ONLINE DISCOUNTS
- SHOPPING CARDS
- HOT DEALS
- LOCAL DISCOUNTS

All this and more available all the time at **www.inmo.groupscheme.com**

MONEY MATTERS

Putting safety first in the rain

The Cornmarket team offers some tips on how to stay safe while driving in heavy rain

IN IRELAND we are well accustomed to rain, however we need to be mindful when driving in heavy rain or floods as this can be a task. We want to keep you safe on the road, so we have put together great tips to help you drive in these unfavourable conditions. NB: It only takes a few inches of water to damage most vehicles. Avoid driving through water that is deeper than half the diameter of the wheels of your car.

Driving in heavy rain

Kill your speed: Slow down on wet roads as your car's reaction times are much slower when it is raining. Give yourself twice the stopping time you usually would on a dry road and maintain a greater distance between your car and the car in front of you. Excess speed can easily lead to aquaplaning, and no matter how good a driver you are, it is very difficult to manoeuvre your car safely if this happens.

Aquaplaning: Aquaplaning, or hydroplaning, occurs when a layer of water builds up between the surface of a wet road and the tyres of your car. The tyre tread fills with water and is unable to disperse it as usual – as a result it loses grip on the road. This results in you not being able to control steering, braking or accelerating.

We recommend you do not use cruise control when driving in the rain, wet or slippery conditions as it can significantly increase the likelihood, and dangerous effects, of aquaplaning.

In the event that your car begins to aquaplane:

- Remain calm
- Do not slam your foot on the brake
- Ease your foot off the accelerator and hold the steering wheel in the direction of travel, otherwise you could veer and skid into a collision
- When your car feels like it has more grip and control again, you can start to brake to slow yourself down.

Driving in flood conditions

Listen to weather forecasts before setting out on any journey when flooding is involved. Never drive through flood waters. Planning could allow you to choose an alternative and safer route.

Bodies of water: Do not enter water if you're unsure of its depth. If you do, it could lead to damaging your car and endangering yourself. Avoid driving into standing water as there may be deeper potholes or open drains you cannot see.

Reducing your speed will also reduce the likelihood of water entering the engine and consequently cutting it out. Keep the bow-wave of the water in front of your car at all times and use a low gear.

Enter water slowly, if the water level is up to the wheel's rims, be sure to test your brakes once you're out of the water if it is safe enough to do so.

It's important you avoid moving water. 60cm of water could easily carry your car away. It only takes 30cm of water to make your car float.

Your car and surroundings: If it is safe to do so, try to drive in the middle of the road as the surface tends to be higher there.

- Be extremely careful if you find yourself behind heavy-goods vehicles and trucks
- Keep a good distance as they generate considerable spray
- Drive with your dipped headlights on to increase your visibility for other drivers
- Keep an eye out for debris and foliage that may be around roads due to harsh weather conditions.

Is your car insurance up for renewal? Get in touch with Cornmarket today we are here to help! Tel: 01-4086202 today for more information.

The information contained in this article is from https://www.aviva.ie/insurance/car-insurance/driving-in-heavy-rain-and-flooding/. Source, Aviva October 2019. Cornmarket cannot be held responsible for content contained on external websites.

HSE launches national campaign to combat HIV-related stigma

A NEW national campaign has been launched to address HIV-related stigma and raise awareness that HIV treatment is effective in keeping people healthy and in preventing onward transmission.

The HSE Sexual Health and Crisis Pregnancy Programme (SHCPP) announced the new campaign in January, stating that campaign posters with the tagline 'Effective treatment means you can't pass HIV onto partners' will appear on buses, trains and college locations around the country, as well as online platforms.

The campaign was developed by the HSE SHCPP in consultation with community groups and sexual health non-governmental organisations. Funding for the campaign was provided by the Department of Health as part of the HIV Fast Track Cities initiative.

Dr Fiona Lyons, consultant physician at the GUIDE clinic, St James's Hospital, said: "It is important that people have access to early testing and treatment for HIV. Effective treatment prevents HIV-associated illness for those living with HIV and reduces the level of virus in the body to an undetectable level so that HIV cannot be transmitted to sexual partners."

Maeve O'Brien, HSE interim lead for sexual health and crisis pregnancy, said: "There is still a lack of understanding around HIV and what it means to live with HIV today and it's important to address this. This public awareness campaign will improve people's understanding of HIV and highlight the importance of early testing and treatment for HIV."

The HSE SHCPP says HIV-related stigma can occur when misconceptions about HIV are allowed to predominate, leading to negative attitudes towards people with HIV or misunderstandings about what it means to receive a diagnosis.

Such stigma, according to the HSE SHCPP, can have a significant negative impact on the mental health of a person living with HIV and can even prevent them from disclosing their HIV status or accessing essential treatment.

The campaign's main message is that early detection and effective treatment of HIV not only prevents the infection from being passed on, but can help people living with HIV to live healthy lives.

Healthcare professionals are encouraged to communicate this message to patients who may test positive for HIV and to reassure those who have been exposed to the infection not to be concerned about having a HIV test.

For further information about HIV transmission, testing and treatment, visit **www.sexualwellbeing.ie/HIV**

Details of the campaign can be found on Twitter: @_respectprotect

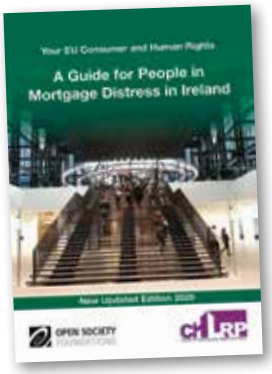
New consumer and human rights guide to help families in mortgage arrears

Guide outlines developments in Irish mortgage laws

A NEWLY updated guide, published by the Open Society Foundations and the Centre for Housing Law, Rights and Policy, aims to help households in mortgage distress learn about their EU and Irish consumer and human rights.

Your EU Consumer and Human Rights: A Guide for People in Mortgage Distress in Ireland cites two pertinent developments in Irish law in 2019:

- The case of *Grant v County Laois Registrar* (April 2019), clarified that judges and registrars must examine Irish mortgage contracts for unfair terms, on their own initiative and without having to be asked
- The Land and Conveyancing Law Reform Act 2019, which has been in force since August 2019, obliges Irish courts to consider a wide range of protections in mortgage cases. This includes whether the lender has made a statement of terms under which the borrower and their dependants could remain in the home, suitability of mortgage to rent and other issues. Any court order made must be proportionate, ie. cause least interference with the right to respect for the home.



The guide says Irish courts must also assess the human rights impact of an eviction on all occupants in the home, including children, older people and people with disabilities.

The guide is for information purposes only and it does not offer legal advice. The authors suggest it can be shared with your solicitor or state support service (Abhaile – **www.mabs.ie/en/abhaile/**).

For further information about the guide itself, visit **http://abusivelending.org**

ICN backs leprosy nurses for Nobel Peace Prize

THE International Council of Nurses (ICN) has backed a petition to have Austrian nurses Marianne Stöger and Margaritha Pissarek nominated for the Nobel Peace Prize for their work over a 39-year period in caring for more than 6,000 people on Sorok Island, the site of a leper colony, off the coast of Korea.

On World Leprosy Day, January 24, ICN CEO Howard Catton called for Ms Stöger and Ms Pissarek to be recognised for their work, which began in the early 1960s and involved raising funds for equipment and medicines, as well as building a special centre for children with leprosy who had been separated from their parents.

"Marianne and Margaritha dedicated their lives to the service of others less fortunate. Theirs was an enormous act of humanity, caring and compassion. We can't think of a better way to recognise nursing and its contribution to humanity than to have two wonderful nurses honoured with the Nobel Peace Prize," he said.

To sign the one million signature petition, visit **http://mm.kna.or.kr/**

Labour hopscotch to be rolled out nationally

THE National Maternity Hospital's (NMH) 'labour hopscotch' visual framework was found to be useful during labour by 94% of the women involved in a study jointly carried out by the NMH and UCD to determine the initiative's efficacy, and will be rolled out in all 19 maternity hospitals in the country this year.

The research, led by Sinead Thompson, NMH and Dr Denise O'Brien, UCD, was undertaken over a period of two years, and took in the experiences of 809 women and their partners.

The research found that 72% of women were confident or very confident to utilise labour hopscotch at home in early labour; 79% felt supported throughout the process by their birthing partner; 40% said labour hopscotch influenced their decision-making around pain relief in labour; 77% had a spontaneous onset of labour; 39% had epidurals and just 9% had lower segment Caesarean section (the national average is higher than 30%).

Labour hopscotch is a visual tool used to support women during labour, and to support midwives as an alternative means of assisting women to achieve a physiological birth. Its main principle is to inform women and midwives of the importance of the steps necessary to remain active during labour in order to avoid the need for interventions such as epidurals.

Pictured is the labour hopscotch research team (l-r): Dr Barbara Coughlan, UCD; Jean Doherty, research midwife, NMH; Mary Brosnan, director of nursing; Teresa McCreery, CMM3, Domino/Homebirth Scheme, NMH; Sinead Thompson, CMM2, Domino Scheme; Lucille Sheehy, clinical practice development co-ordinator/ADOM, NMH; and Dr Denise O'Brien, UCD

When asked about their experiences of labour hopscotch, participants described feeling "empowered", "in control" and "prepared and confident to stay at home".

Ms Thompson recently commenced a secondment with the National Women and Infants Health Programme for the national roll-out and, along with Ms O'Brien, presented the study's findings at last month's All-Ireland Maternity and Midwifery Festival.

How can ARC protect you in this crazy world?

Aslan frontman and cancer survivor Christy Dignam was among those who attended the official opening of ARC Cancer Support Centre's newest centre in south Dublin. TV and radio presenter Mairead Ronan and Dublin GAA star Brian Fenton were also in attendance as the new drop-in centre, located on Herbert Avenue, Dublin 4, was opened for business. The new centre is one of several cancer support centres operated by ARC across Dublin. Like the others, it will provide psychological, emotional, educational and practical support, complementary therapies and counselling services, all free of charge to people with cancer and their families, friends and carers. The centre is the latest in a series of ARC initiatives aimed at meeting the growing demand for cancer-related services, as the incidence of cancer grows.
Pictured at the opening of the centre were (l-r): Jincy Joseph, CNM3 oncology, SVUH; Peter O'Grady, oncology/haematology services manager, SVUH; Christy Dignam, Aslan lead singer; Mary Clarke, ADON, SVUH; Mary Moriarty, CNS psycho-oncology, SVUH; Mairead Ronan, TV and radio presenter; Dr Vincent Carroll, chairman, ARC Cancer Support Centre; Therese Lynch, oncology nurse specialist; and Brian Fenton, Dublin GAA footballer

Breastfeeding apps increasingly used – study finds

SMARTPHONE apps are increasingly being used to support breastfeeding decisions, sometimes at a cost, according to an Australian study published recently in the *Health Informatics Journal*.

The study, carried out by researchers at the College of Nursing and Health Science, Flinders University, Adelaide, found that the objective approach of most infant feeding apps gives mothers a perception of greater control, confidence and efficacy at a time of transition and stress in the early stages of parenting an infant.

However, with more than 100 such apps available, the mobile content can also present new mothers with other worries, including feeling overwhelmed by the information, concerns about over-reliance on the app and even questioning the app's advice.

Overall the women interviewed in the study were positive about using such apps, according to senior researcher Dr Jacqueline Miller, an expert in paediatric nutrition.

"Some apps provide information that is not always accurate and can't be tailored to the individual," she said.

"Information stored in the app can provide a useful history to discuss with healthcare providers who can then provide much more individualised advice, particularly with breastfeeding.

"A generation ago mums used a safety pin to remind themselves which side to start feeding on. But these days we use apps to record all sorts of facts."

Community and health professional support is important for maternal decisions, with self and social perceptions, lifestyle choices as well as physical and psychological issues also playing a part, according to Dr Carly Moores, who also contributed to the study.

Another co-author, Kaitlyn Dienelt, who conducted detailed interviews with nine nursing mothers using eight different infant feeding apps in South Australia over 12 months, said the study demonstrates the importance of smartphone apps in encouraging mothers and supporting them in their breastfeeding practices.

March

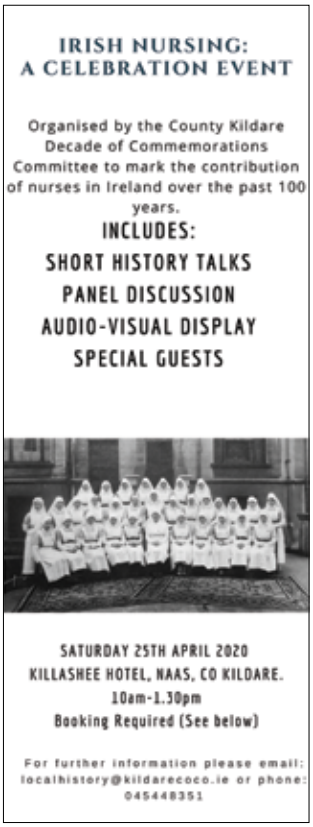
Thursday 5
Student Allocations Liaison Officers group, INMO Whitworth Building, 12-2pm

April

Wednesday 15
ED Section meeting, Richmond Education and Event Centre, 11am

Thursday 16
Retired Section meeting, Richmond Education and Event Centre, 11am

Tuesday 21
International Nurses Section meeting, INMO HQ, 5pm



Thursday 23
Assistant Directors Section meeting, Richmond Education and Event Centre, 11am

Saturday 25
PHN Section meeting, Richmond Education and Event Centre, 11am

Saturday 25
Community RGN Section Richmond Education and Event Centre, 11am

Wednesday 29
CPC Section seminar. Log onto **www.inmoprofessional.ie** to book your place

May

Thursday 14
Student Allocations Liaison group, INMO Whitworth Building, 12-2pm

Saturday 16
School Nurses Section meeting, Richmond Education and Event Centre, 10am

Saturday 23
Midwives Section meeting, Galway, 2pm

Tuesday 26
National Care of the Older Person Section conference, Midland Park Hotel, Portlaoise

For further details on any listed meetings or events, contact jean.carroll@inmo.ie (unless otherwise indicated)

INMO Membership Fees 2020

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 *Working (employed in universities & IT institutes)*	€116
E Associate members *Not working*	€75
F Retired associate members	€25
G Student nurse/midwife members	No Fee

ANNUAL DELEGATE CONFERENCE 2020

RADISSON BLU HOTEL, CO SLIGO

Wednesday to Saturday, May 6-9, 2020

The INMO Annual Delegate Conference 2020 will take place from Wednesday, May 6 to Saturday, May 9 in the Radisson Blu Hotel, Sligo. The gala dinner will take place on Friday, May 8, when the conference has ended.

For any enquiries regarding the Annual Delegate Conference, please contact Michaela Ruane, INMO HQ at Tel: 01 6640626 or email: michaela.ruane@inmo.ie

WIN Recruitment & Training

Mailed directly to Irish nurses and midwives every month

Acceptance of individual advertisements does not imply endorsement by the publishers or the Irish Nurses and Midwives Organisation

We are hiring **Nurses**

bluebird care

We are one of Ireland's leading Home and Community Care Providers. We look after children with complex care needs and are currently recruiting RGN, RCNs and RNID's

Why Join the Bluebird Care Team?

- Competitive Rates of pay
- Continuous Professional Development
- Career progression opportunities
- Fully supported by Clinical Nurse Manager
- Employee benefits packages

To Apply:

To find a location and a job near you logon to **www.bluebirdare.ie/careers**

Q MARK BUSINESS GROUP OF THE YEAR

bluebirdcare.ie

Night Nurses

The Irish Cancer Society are seeking Night Nurses who have some palliative experience and can provide a minimum of two nights per week. Job description on **www.cancer.ie**

Email CV to recruitment@irishcancer.ie
Informal enquiries to 01-231 0524 or mferns@irishcancer.ie

Irish Cancer Society

TONGUE TIE GALWAY

GP Dr Vanessa Stitt offers a tongue tie assessment and release service in Galway City

GET IN TOUCH

Email: info@tonguetiegalway.ie
Phone: 085 7642095
Web: www.tonguetiegalway.ie

Advertising in WIN

Don't forget to mention *WIN* when replying to advertisements

Next issue: April 2020
Booking deadline: Tuesday, March 24
Tel: **01 271 0218**
email: **leon.ellison@medmedia.ie**

BALI
32nd ICM Triennial Congress
Indonesia 21-25 June 2020
Midwives of the World: delivering the future

The 32nd Triennial International Congress of Midwives will be held in Bali, Indonesia from June 21-25, 2020.

Hosted by the Indonesian Midwives Association (IBI), this international gathering will explore the theme 'Midwives of the World: Delivering the Future' and provide an opportunity for midwives to build relationships and discuss the enormous challenges facing midwives around the world.

The Council of International Confederation of Midwives, ICM's global governing body, will convene from June 17-19, 2020. Participants who are members of ICM associations will be able to observe global midwifery leaders, identify the profession's priorities and future directions.

The INMO Executive Council will sponsor one INMO midwife member, subject to criteria laid down by the Council, who may wish to travel to this worldwide gathering of midwives sharing the latest information.

The early registration fee, payable on or before March 2, 2019, is US$815 for delegates, US$675 for newly qualified midwives and US$370 for student midwives. After this date the fee increases.

More information can be found at **www.midwives2020.org**

INMO Professional

Tell us about your Continuing Professional Development (CPD)

Nursing and Midwifery Continuing Professional Development Survey

The INMO is undertaking a survey to find out your views and experiences of CPD as part of your professional practice.

The survey is available on the **INMO website (https://inmo.ie)** and the **INMO Professional Website (https://inmoprofessional.ie/Course).**

The findings from the survey will be published at ADC in May.

INMO Professional DEVELOPMENT CENTRE

THE ROYAL COLLEGE OF MIDWIVES

RCM i-learn

NOW AVAILABLE AT

https://inmoprofessional.ie

St. Angela's College, Sligo
Coláiste San Aingeal, Sligeach
A College of NUI Galway

NUI Galway
OÉ Gaillimh

The Department of Nursing, Health Sciences and Disability Studies at Angela's College offer a range of Postgraduate/Part-time (online/blended learning) Programmes for September 2020

Nursing Education Programmes

- Master of Health Sciences: Nursing/Professional Studies
- Masters of Health Sciences (International Healthcare Management)
- Postgraduate Diploma in Health Sciences (Nursing/Professional Studies)
- Postgraduate Diploma in Nursing (Community Mental Health)
- Postgraduate Certificate/Diploma in Applied Health and Wellness Coaching

Standalone Professional Development Modules

- Quality and Healthcare Management
- Therapeutic Communication
- Early Intervention for People Developing First Episode Psychosis
- Introduction to Cognitive Behavioural Therapy
- Assessing and Managing Clients following Deliberate Self-Harm
- Eating Disorders in Adults and Adolescents
- Principles of Healthcare Leadership
- Fundamentals of the Coaching Relationship
- Advanced Research Skills
- Autism Spectrum Disorder
- Behaviours that Challenge
- Healthcare Ethics
- Historical Perspectives in Disability Studies

Disability Studies Programmes

- Postgraduate Certificate/Diploma/Master of Science in Disability Studies

www.stangelas.nuigalway.ie

*Go to **www.stangelas.nuigalway.ie** and then to Prospective Students – Programmes – Postgraduate. From here choose a programme from the dropdown menu for further information.*

Make space

for a cholesterol-lowering addition to your patients' diet

Improve your patients' cholesterol-lowering diet by simply recommending Benecol®. The plant stanols in Benecol are **clinically proven to lower LDL cholesterol**, and keep it lower with daily use.[1,2*]

For more information please visit: www.benecol.com/hcp

*Plant stanol ester has been shown to lower cholesterol. High cholesterol is a risk factor in the development of coronary heart disease. A daily intake of 1.5–2.4g plant stanols has been shown to lower cholesterol by 7–10% in 2–3 weeks.

References: 1. Gylling et al. Plant sterols and plant stanols in the management of dyslipidaemia and prevention of cardiovascular disease. Atherosclerosis 2014; 232(2): 346–360.
2. Párraga-Martínez et al. Long-term effects of plant stanols on the lipid profile of patients with hypercholesterolemia. A randomized clinical trial. Rev esp cardiol (Engl ed) 2015; 68(8): 665–671.