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WIN

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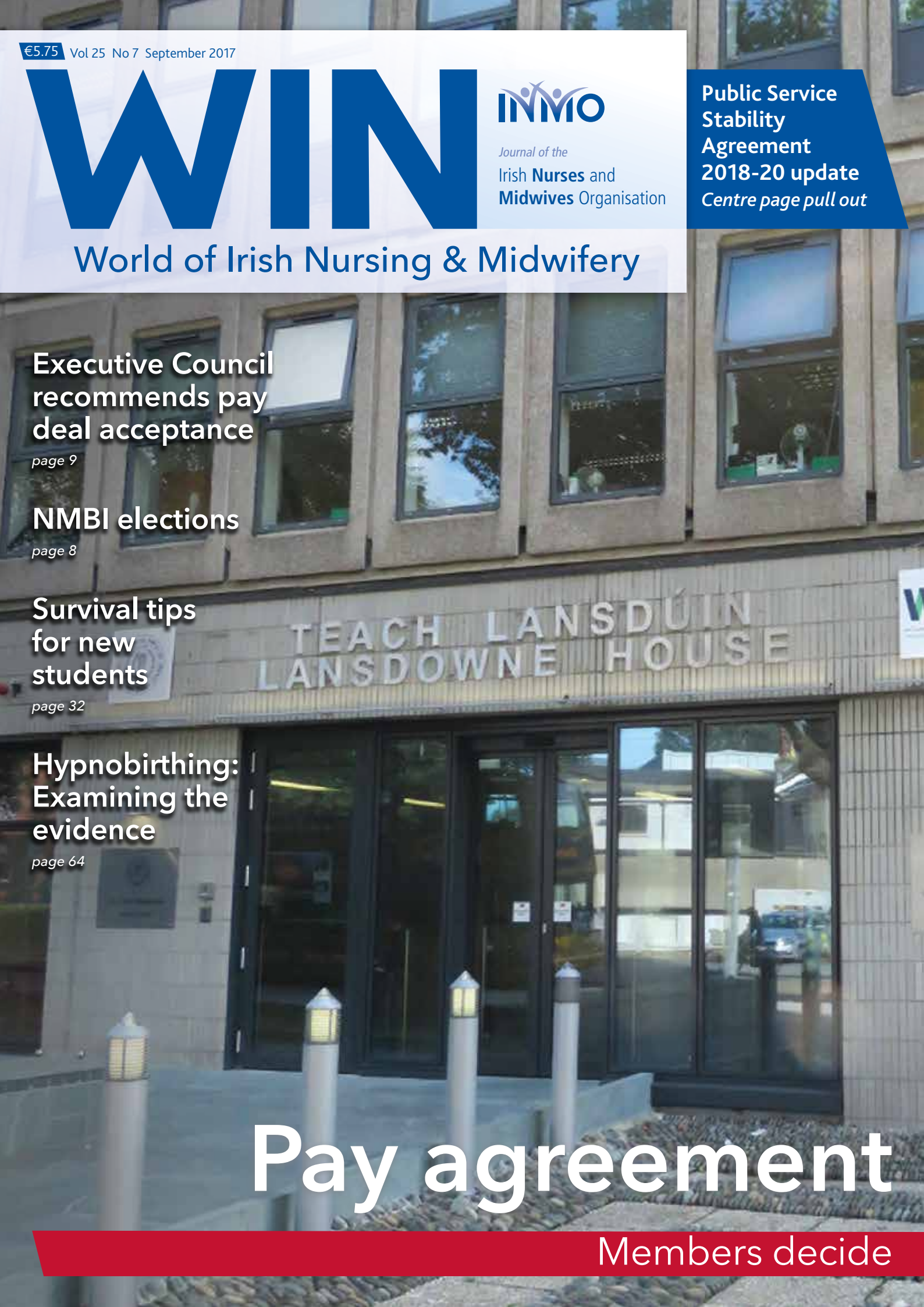
World of Irish Nursing & Midwifery

Public Service Stability Agreement 2018-20 update
Centre page pull out



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Council recommends acceptance of LRA 2

THE Executive Council, following detailed examination and clarification on the proposed new pay agreement (Public Service Stability Agreement 2018-2020) for all public servants, has decided to recommend acceptance in the nationwide ballot that is ongoing at this time.

The proposed new agreement, which applies to all public servants (circa 300,000) is designed to continue to unwind the pay cuts imposed, under the FEMPI legislation introduced in 2009. However, in addition to providing for pay restoration, it has to be noted the agreement also proposes the replacement of the pension levy with a lower, additional superannuation contribution, which will be permanent.

From an INMO perspective, a key element of the proposals is the facility – clarified in recent weeks at the insistence of the INMO – that there will be a separate examination, undertaken by independent experts on behalf of the Public Service Pay Commission (PSPC), to examine and issue a report on the factors that will resolve the recruitment and retention crisis facing nursing and midwifery.

The proposed agreement, together with the clarifications received, confirm that, if the agreement is accepted, this special review will commence immediately and a report will issue during the second quarter of 2018. Critically, the clarifications obtained by the INMO confirm that the government will sit down with the Organisation within four weeks to discuss implementation of whatever recommendations are issued by the Public Service Pay Commission, in the context of the report from the independent experts.

It is also important to note that the agreement, while providing for this special examination for grades that have recruitment/retention difficulties, also states there cannot be any knock-on claims across the wider public service. This approach effectively addresses the criticism, with regard to public sector pay, that if one grade gets an increase every other grade must also get the same increase to maintain pay relativity. The proposed agreement, for the first time in many agreements, explicitly provides for a grade, that has a recruitment/retention problem, ie. nursing and midwifery, to have that problem independently examined with any improvements in pay recommended confined to that specific grade or group.

Members are also asked to note that the proposed agreement provides for a number of other initiatives including the restoration of allowances for new entrants since 2012. The agreement also provides that the annual NMBI registration fee will be maintained at €100 per annum until the end of 2020. There are other aspects to the agreement, covering such important areas as working hours, outsourcing and new entrants into the public service which members are asked to also study in detail.

A special question and answers document that provides further details on the proposed agreement, can be found in the centre pages of this issue of *WIN*. In addition, this briefing document will be available via our website and will be circulated at all of the workplace information meetings which are taking place across the country ahead of balloting.

In arriving at this decision, the Executive Council has been acutely conscious to ensure that the agreement provides the potential for progress on both the restoration of pay and our demand for parity of pay with other degree-level health professionals. It is the view of Council, after very detailed consideration, that the current proposals provide this potential and it is in the best interests of members to exhaust these proposals in pursuance of these twin goals.

All members are called on to read the explanatory material on the proposed agreement and attend local information meetings before casting their ballot (details of times, dates and venues will be circulated locally and can be found on our website).

The ballot result will be known on Friday, September 15.

Liam Doran
General Secretary, INMO

Your priorities with the president

Martina Harkin-Kelly, INMO president

Pay agreement

THE Executive Council met on August 28 to consider the proposed Public Service Stability Agreement for the period 2018-2020. The meeting was further informed by the continued meetings with the Department of Public Expenditure and Reform and the Public Services Committee of Congress. Following protracted discussions Council took the decision to recommend acceptance of the proposals for pay restoration which emerged under the agreement. This process was also very much influenced by the March staffing/recruitment/retention national agreement which has continued to progress, albeit at a slow pace. I believe it is in members' best interest to accept the proposals under LRA2 as a rejection of same, in advance of the Public Service Pay Commission concluding its work, would be premature and not serve the best interests of nursing and midwifery *(full details, centre pages)*.

Congress Biennial Conference, Belfast

A 29-strong INMO delegation attended this three-day conference which was opened by Michael D. Higgins, Uachtarán na hÉireann. His opening address (which can be read on **www.ictu.ie**) was entitled 'Of the discourse that we need and the role of the trade union movement'. He said: "We need it, so as to be able to give real meaning to terms like flexibility, globalisation, productivity, innovation and social protection." I spoke to the INMO motion on the future of healthcare in Ireland which was seconded by Mary Leahy, vice president. I was proud of the INMO involvement and the esteem with which we are held by fellow unions.

Slaintecare Report

I attended a discussion meeting in July, along with general secretary designate Phil Ní Sheaghdha and deputy general secretary Dave Hughes, with Róisín Shorthall, TD (chair of All Party Committee on Health). The aim of the meeting was to ensure that healthcare reform is kept on the political agenda and that the recently published Slaintecare Report is kept alive and more importantly implemented.

International Nursing Research Conference

DUBLIN'S Convention Centre was the venue for this five-day international event, with some 1,400 nurses and midwives in attendance from all over the globe. I attended as a guest on Thursday, July 27. This year's keynote speaker was Frances Hughes, CEO, ICN. Her address was inspirational and urged nurses and midwives to become globally strategic and influence at a political level as we are the key influencers given our wealth of research.

National Implementation Group

A FURTHER meeting with this group was held on August 1. The quarterly HSE report was forwarded to the Oireachtas on June 30. It is certain that this is one agreement that it cannot afford to be complacent with. The INMO is now seeking, with some urgency, a progress report on the Workforce Plan, Pre-Retirement, RNID CNM 1s and the retired/rehired pay. The next Implementation Group meeting is planned for early September.

ICTU youth event – Liberty Hall

Liam Conway, INMO student/new graduate officer, and I attended this event which forms part of ICTU's Youth Committee move to encourage trade union activism. An ICTU survey report of October 2016, identified key areas for action targeting young workers and members which includes research, education, awareness raising, communications, organising and campaigning. The event was entitled a 'Skills academy for future leader' and covered interviews, campaigning and negotiation skills, lobbying, public speaking, global issues, mental health, women in leadership, social media and dignity and respect.

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

Quote of the month

"Trade unions are collective. There is a culture that goes with collectivity, a strength that comes from membership, from what is shared as a value beyond the self."
– Michael D. Higgins, Uachtarán na hÉireann ICTU Biennial Conference, Belfast 2017

Report from the Executive Council

THE Executive Council met on July 10-11 and August 28-29.

Aside from the normal business of the Executive Council, these meetings set out Council's approach to the issuing of a recommendation on the Public Service Stability Agreement 2018-2020. Having consulted with you the members in June and debated and discussed the content of the agreement with the management team, the recommendation of acceptance was issued on August 28. This decision was not taken lightly by the Executive. As you know I am not the most moderate of INMO presidents but I will say one thing – I am measured. We are at a crossroads in nursing and midwifery in this country, therefore staying within process as opposed to being outside, is the strategic thing to do – for now. Our professions need to be represented at the table given the ultimate prize that is at stake – parity of pay and conditions with all other allied healthcare professionals. Therefore, as your president, I urge you all – despite perhaps suffering from ballot fatigue – to make an informed decision and attend the regional and workplace information meetings and balloting sessions *(see www.inmo.ie for the venues and dates)*. The ballot will conclude on September 14 with the count on September 15.

The next full Executive Council meeting is October 2-3 where the outcome of the democratic voting process will form a central part of discussions.

Don't forget to forward your ideas, advice and thoughts on how to Plan for a Future Health Summit.

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

INMO candidates for NMBI elections

Members asked to vote for three INMO-endorsed candidates

THE INMO is campaigning for the election of the following three INMO-endorsed candidates in the Nursing and Midwifery Board of Ireland elections 2017:

- **Sharon Phelan,** *RNID,* who is running for the seat in *Category 2 – Intellectual Disability Nursing*. Sharon currently works at Muiriosa Foundation, Moore Abbey, Monasterevin, Co Kildare
- **Mary Gorman,** *RGN, RM, Dip. Health Service Management,* who is running for the seat in Category 4 – Midwifery. Mary currently works at Our Lady of Lourdes Hospital, Drogheda
- **Eileen Kelly,** *RGN, Dip in Gerontology Nursing, BA, MA*, who is running for the seat in Category 5 – Care of Older Persons. Eileen currently works in Sacred Heart Hospital, Roscommon.

All INMO members are asked to vote for these three candidates when **e-voting takes place from Wednesday, September 20 at 9am to Thursday, September 28, 2017 at noon.**

Election and e-voting information has been issued to all nurses and midwives registered with NMBI on August 21, 2017. Further information on the election process is available on the NMBI website, **www.nmbi.ie**

Sharon Phelan Candidate for Intellectual Disability Nursing seat

SHARON PHELAN is currently a clinical placement coordinator in the Muiriosa Foundation, Moore Abbey, Monasterevin, Co Kildare. She works with students and registered nurses to deliver the highest quality educational experience and to enhance the lives of those availing of the services.

"I am committed to nursing and the role of the RNID and this has been central not only to my day to day work, but also to my role as a representative for the INMO where I have taken a leading role in the local committee," said Sharon.

Sharon is a Registered Nurse in Intellectual Disability, having first registered as an RNID in 1995, after training in Moore Abbey. She completed a BNS degree in Dublin City University in 2007. Since registration she has worked continuously in intellectual disability settings. She believes in the value of evidence based practice, and achieving the highest quality of life possible for persons with an intellectual disability, irrespective of the service they use or the location where they live.

"I am conscious that the role of the RNID has been marginalised in many services and that persons availing of services in those locations have a missed opportunity in terms of the knowledge, skills and competencies."

Mary Gorman Candidate for Midwifery seat

MARY GORMAN is currently a clinical midwife manager 3 at Our Lady of Lourdes Hospital, Drogheda. Her responsibilities include maternity gynae OPD, a maternity day unit, foetal assessment parent craft, teenage pregnancy, antenatal ward, postnatal ward, gynae ward and colposcopy.

She is an RGN and RM, and holds a postgraduate diploma in clinical practice midwifery from TCD and a diploma in healthcare management. She has 23-years' experience in all areas of midwifery. Mary is a member of the INMO Executive Council.

She was involved in the MIDU study, which led to the development of the midwifery-led units' service.

Mary has represented the INMO at national level and was a key member of the Maternity Strategy Steering Committee and a member of the Maternity Care Assistant Review Group.

"My experience on the Midwifery Strategy Steering Committee and the Maternity Care Assistant Review Group make me an ideal spokesperson for the profession on the Board of the NMBI," said Mary.

She is deeply committed to the implementation of the Maternity Strategy and the continued development for the fulfilment of midwives in their roles.

Eileen Kelly Candidate for Care of Older Persons seat

EILEEN KELLY is currently a CNM2 working on a 20-bed long stay ward in the Sacred Heart Hospital, Roscommon.

She co-ordinates and manages the daily care of residents and ensures that it is delivered according to best practice guidelines and in tandem with legal and regulatory requirements.

Eileen is a nationally-elected member of the INMO Executive Council. She qualified as a registered general nurse from Beaumont Hospital working predominantly in surgical divisions post qualification.

She later undertook a BA in journalism and completed her final year thesis on the National Cancer Strategy. She completed a certificate in psychology and gained a masters in human rights and international law.

Following studies,Eileen took up a post in the Sacred Heart Hospital as a staff nurse. She completed a postgraduate diploma in gerontology and worked for five years as a community RGN with the Intermediate Care Service, which provided short term domiciliary rehabilitation services to older people.

"I am committed to ensuring that high quality, safe and effective care is delivered and am equally eager to fulfil the role of supporting and advising nurses and midwives on how best to maintain practice standards in all healthcare settings," said Eileen.

INMO Executive Council decides to recommend acceptance of LRA 2

DPER commits to a robust analysis of nurse/midwife staffing issues

FOLLOWING lengthy deliberations during its meeting on August 28, the INMO Executive Council took the decision to recommend acceptance of the proposals for pay restoration which have emerged under the Public Service Stability Agreement (LRA 2).

In arriving at this decision, the Executive Council took into consideration the proposal, under the Public Service Pay Commission (PSPC), to comprehensively examine those areas of the public service where recruitment and retention issues are clearly evident.

At the insistence of the INMO, two meetings were held with the Department of Public Expenditure and Reform and the ICTU Public Services Committee, which clarified the following:

- Nursing and midwifery (recruitment and retention) will be examined by the PSPC immediately if this agreement is ratified
- The PSPC will engage relevant independent experts to assist it in examining underlying difficulties in recruitment and retention of nursing and midwifery staff, who will forward a report to the PSPC
- The PSPC will, informed by this expert report, recommend options for resolving the problems identified
- The Department of Public Expenditure and Reform has confirmed that the PSPC will adopt a modular approach to its work. This will allow sectors and grades already identified in the first PSPC report to be examined independently of other sectors and within an earlier timeframe. The modular approach will allow for a report to issue earlier than the timeframe that is set out in the original proposal, ie. the end of 2018. It has been confirmed that nursing and midwifery will be examined in the first module with the PSPC issuing a report during the second quarter of 2018
- Within four weeks of the receipt of the proposals from the PSPC, detailed in the first modular report, the Department of Public Expenditure and Reform has committed to meeting the INMO to discuss implementation.

The Executive Council has now completed its review of the proposals, taking into account the clarifications now received with regard to recruitment/retention and has decided to recommend acceptance of the proposals.

INMO general secretary designate Phil Ní Sheaghdha,: *"The commitments given by the Department of Public Expenditure and Reform should ensure that a robust, expert analysis of the problems in recruiting and retaining nurses/midwives, will be undertaken and any recommendations implemented"*

INMO president Martina Harkin-Kelly: *"It is in members' best interest to accept the proposals under LRA 2 as rejection of same, in advance of the Public Service Pay Commission concluding its work, would be premature and not serve the best interests of nursing and midwifery"*

Phil Ní Sheaghdha, INMO general secretary designate said: "In adopting this recommendation, the Executive Council believes that the commitments given by the Department of Public Expenditure and Reform in respect of the work of the Public Service Pay Commission, should ensure that a robust, expert analysis of the problems in recruiting and retaining nurses/midwives, will be undertaken and any recommendations implemented."

INMO president Martina Harkin-Kelly said: "I believe it is in members' best interest to accept the proposals under the current Public Service Stability Agreement (LRA 2) as rejection of same, in advance of the Public Service Pay Commission concluding its work, would be premature and not serve the best interests of nursing and midwifery."

New pay agreement – members decide

THE INMO, together with other public service unions, were involved in protracted negotiations, over a three week period, in June, on a new public service pay agreement.

The Public Service Stability Agreement 2018-2020 (LRA 2) emerged from these talks and must now be balloted on, by members. A special national meeting of all INMO campaign committees was held on June 27, 2017 and the INMO Executive Council held lengthy discussions before recommending acceptance of the agreement *(see above)*.

Members decide

Following this decision, the Organisation has now commenced information meetings and a nationwide workplace ballot of all members.

All members are asked to familiarise themselves, with the details of the proposed agreement and, if possible, attend regional/local information meetings, before balloting.

See the special pull-out section in the centre of this issue of *WIN* for further details on the agreement. This document answers key questions on the agreement and sets out pay measures and how the agreement will continue the unwinding of the FEMPI Acts, which were used to cut the pay of public servants, including nurses and midwives, from 2009-2013.

Balloting

Balloting of members has commenced and will conclude with the count on Friday, September 15.

• *See centre pages*

Govt must address health funding

Record patient numbers on trolleys for first seven months of 2017

THE latest Trolley/Ward Watch figures confirm a record number of patients (57,674), admitted for care, on trolleys in the first seven months of 2017 *(see Table)*. However, for the month of July, the figures show a 6% reduction when compared to July 2016.

The year-to-date figures continue to be a source of concern as, despite many initiatives, the number of patients, admitted and requiring inpatient care, left on trolleys in EDs or on wards, continues to increase. These figures also show that several hospitals continue to endure ever increasing levels of overcrowding including:

- University Hospital Limerick – 4,782
- Cork University Hospital – 3,949
- University Hospital Galway – 3,688
- Mater Hospital, Dublin – 3,319
- South Tipperary General Hospital – 3,100.

These figures, alongside recent record waiting list figures for outpatient appointment/procedures, confirm the lack of capacity, leading to lack of access, within the public health system.

The INMO believes it is imperative that the government, Department of Health and HSE immediately agree the necessary additional funding, with incentives to recruit staff, so that we can expand services to meet both scheduled and unscheduled care demands.

INMO general secretary Liam Doran said: "The record levels of patients on trolleys in the first seven months of 2017 is most alarming as we prepare for the autumn/winter period.

"These figures are further confirmation that, regardless of the initiatives that have been taken, demand continues to outstrip the capacity of the health service to provide timely, appropriate and dignified care.

"If our health service is to respond to both the emergency and planned admissions, additional bed capacity, and community nursing services, must be introduced," he said.

Table. INMO trolley and ward watch analysis (January – July 2006-2017)

Hospital	May 2006	May 2007	May 2008	May 2009	May 2010	May 2011	May 2012	May 2013	May 2014	May 2015	May 2016	May 2017
Beaumont Hospital	2,594	3,628	4,873	5,134	5,182	4,201	4,463	4,020	3,409	4,932	4,282	2,193
Connolly Hospital, Blanchardstown	1,426	1,613	1,534	1,734	1,637	2,694	2,406	3,406	2,945	3,349	1,767	1,414
Mater Misericordiae University Hospital	2,755	3,101	3,357	2,915	3,519	2,167	2,718	1,969	1,775	3,075	2,633	3,319
Naas General Hospital	2,294	847	1,169	2,505	1,703	3,307	1,329	1,291	1,498	2,241	2,131	2,033
St Colmcille's Hospital	1,069	486	336	1,632	1,363	1,258	1,433	960	n/a	n/a	n/a	n/a
St James' Hospital	1,802	668	1,367	1,601	866	1,064	905	1,244	946	1,930	866	1,527
St Vincent's University Hospital	2,512	3,311	3,418	3,219	3,608	3,704	2,840	2,404	1,214	2,996	2,989	1,366
Tallaght Hospital	3,902	2,182	3,449	4,196	4,001	3,817	1,454	2,351	2,316	2,704	2,732	2,853
Eastern	**18,354**	**15,836**	**19,503**	**22,936**	**21,879**	**22,212**	**17,548**	**17,645**	**14,103**	**21,227**	**17,400**	**14,705**
Bantry General Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	79	205	476	427
Cavan General Hospital	2,023	1,901	1,379	853	1,707	2,999	1,859	1,221	332	362	621	207
Cork University Hospital	2,752	2,226	2,621	2,601	4,118	4,312	3,081	2,607	2,206	2,519	3,284	3,949
Letterkenny General Hospital	1,724	1,105	251	231	294	331	331	577	2,234	1,917	707	2,813
Louth County Hospital	103	79	140	97	25	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mayo University Hospital	1,279	929	852	817	1,178	494	934	931	1,294	1,249	1,227	769
Mercy University Hospital, Cork	1,044	876	950	899	1,002	1,263	1,003	1,566	1,207	1,549	1,383	1,764
Mid Western Regional Hospital, Ennis	481	860	180	306	229	365	120	333	0	73	248	120
Midland Regional Hospital, Mullingar,	88	74	102	220	1,326	1,736	1,606	2,015	2,292	2,786	3,081	2,862
Midland Regional Hospital, Portlaoise,	291	171	316	211	182	807	461	423	1,082	1,272	1,980	2,252
Midland Regional Hospital, Tullamore,	49	28	15	64	282	1,127	867	932	2,162	1,386	2,808	2,774
Monaghan General Hospital	59	243	196	119	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	46	90	58
Our Lady of Lourdes Hospital, Drogheda	1,930	1,927	1,359	2,365	1,866	3,937	4,094	2,259	3,488	4,800	3,304	1,848
Our Lady's Hospital, Navan	183	549	429	683	347	923	483	671	794	623	363	1,387
Portiuncula Hospital	204	208	286	194	676	461	513	645	441	826	255	1,248
Roscommon County Hospital	317	395	481	522	568	719	n/a	n/a	n/a	n/a	n/a	n/a
Sligo Regional Hospital	551	425	471	498	1,077	974	1,069	717	1,189	1,577	1,640	1,297
South Tipperary General Hospital	504	302	719	296	606	333	1,259	1,653	1,408	1,279	2,832	3,100
St Luke's Hospital, Kilkenny	n/a	n/a	n/a	n/a	0	574	383	976	1,349	1,991	1,959	2,456
University Hospital Galway	1,114	1,368	1,931	1,949	2,530	3,376	2,891	2,377	3,085	4,091	3,292	3,688
University Hospital Kerry	761	304	583	191	386	434	318	481	500	847	860	1,203
University Hospital Limerick	1,144	697	889	1,401	2,007	1,873	2,118	3,892	3,494	4,128	4,395	4,782
University Hospital Waterford	n/a	n/a	265	403	703	762	860	1,221	1,571	1,419	2,221	2,918
Wexford General Hospital	1,952	614	978	918	1,321	2,070	579	1,081	459	1,166	582	1,047
Country total	**18,653**	**15,281**	**15,393**	**15,838**	**22,430**	**29,870**	**24,829**	**26,578**	**30,666**	**36,111**	**37,608**	**42,969**
NATIONAL TOTAL	**37,007**	**31,117**	**34,896**	**38,774**	**44,309**	**52,082**	**42,377**	**44,223**	**44,769**	**57,338**	**55,008**	**57,674**

Comparison with total figure only:
Increase between 2016 and 2017: 5%
Increase between 2015 and 2017: 0.6%
Increase between 2014 and 2017: 29%
Increase between 2013 and 2017: 30%
Increase between 2012 and 2017: 36%
Increase between 2011 and 2017: 11%
Increase between 2010 and 2017: 30%
Increase between 2009 and 2017: 49%
Increase between 2008 and 2017: 65%
Increase between 2007 and 2017: 85%
Increase between 2006 and 2017: 56%

Phil Ní Sheaghdha, INMO general secretary designate,

Congress biennial conference 2017

THE Irish Congress of Trade Union's biennial delegate conference 2017 took place in Belfast from July 4-6. The two-yearly conference featured several hundred delegates from all unions affiliated to the Congress, as well as observers and guests, including Uachtarán na hÉireann Michael D Higgins.

In his address to the conference, President Higgins lent his support to the trade union movement, saying: "Your movement, with over 700,000 members in over 40 affiliated unions, is Ireland's largest civic society body. Your contribution to the evolution of politics, economy and society in every part of this island has been essential and it has been emancipatory in so many ways."

The INMO was represented at conference by: INMO president Martina Harkin-Kelly; general secretary Liam Doran; deputy general secretary Dave Hughes; general secretary designate Phil Ní Sheaghdha; director of regulation and social policy Edward Mathews; and members of the Executive Council.

Future

Martina Harkin-Kelly addressed the conference on a motion on the future of healthcare in Ireland, which called for all citizens to be treated equally in health via a single tier system. Liam Doran also spoke on this motion, while Dave Hughes spoke on the motion on pensions.

Phil Ní Sheaghdha also addressed conference, supporting the Irish Medical Organisation's motion on the Irish public health system. The focus of this motion was on the €77 million spent on agency staff this year by the HSE.

It also focused on the drastic and detrimental effect of poor staffing, including serious assaults on staff, with nearly 3,500 physical assaults on staff in acute hospitals from 2011-2016.

Congress Biennial Delegate Conference 2017: *Phil Ní Sheaghdha, INMO general secretary designate, pictured speaking in Belfast in July*

Martina Harkin-Kelly, INMO president, addressed conference on a motion calling for all citizens to be treated equally under a single-tier health service

Time and one-sixth for social care sector

IN JULY, following long negotiations, the INMO and other health sector unions were pleased to announce the restoration of the time and one-sixth payment to those working within the social/primary care sector, following the extension of the Transfer of Tasks – nursing/medical interface as provided for under the Lansdowne Road Agreement. See **www.inmo.ie** to view the circular.

Key WRC conciliation conferences

THE INMO was in the WRC during May and June for conciliation conferences with HSE management relating to the two issues:

- The ED implementation agreement
- A policy on safeguarding vulnerable adults at risk of abuse.

ED implementation agreement

A review of the ED agreement of 2016 is currently overseen by the WRC. This group met on June 16, 2017 to discuss progress to date. A number issues have progressed, including:

- WTE nursing figures for admitted patients
- CNM1 posts – 127 are now in the process of being filled nationally
- The triage escalation policy is currently being reviewed by the group.

The next meeting of this review group is scheduled for October 23, 2017 and a further update will issue following this.

Safeguarding vulnerable adults at risk of abuse

The INMO, along with colleagues in other nursing unions, has referred the matter of the HSE policy on safeguarding vulnerable persons at risk of abuse to the WRC for conciliation.

Two conciliation conferences have been held in relation to this, please go to INMO web site **www.inmo.ie** to view a note to members in May 2017. A second conciliation conference was held on June 16, 2017 and progress has been made on many issues.

For further information see **www.inmo.ie**. The next WRC conciliation conference will take place on October 23, 2017.

reports on current national IR issues

Amended PHN contract nears completion

A CORRECTED contract for public health nurses has now been agreed, following lengthy negotiations between the INMO and HSE management.

Amended PHN contracts have been almost completed, however there remains a disagreement between the HSE and the INMO regarding location of work.

All other aspects of the contracts are now, finally, in accordance with the nationally agreed framework with the following areas now clearly outlined:

- The reporting relationships are now corrected to read: "to the assistant director of public health nursing/director of public health nursing"
- An agreement on working hours worked, which now reads as follows:

The standard weekly working hours of attendance for the grade is 39 hours per week. The normal weekly working hours are 39 hours and contracted hours of work are liable to change between the hours of 8am-8pm over seven days to meet the requirements for extended day services in accordance with the terms of the (Extended working day/week) Framework Agreement.

PHNs required to work unsocial hours and/or night duty will be remunerated at the nationally-approved rates for the grade. PHNs may be required to work overtime, remuneration for which will be in line with nationally-approved rates for the grade.

The INMO has referred the outstanding non-agreed issue of work location to the WRC for conciliation, a date for which is awaited.

Update on Recruitment and Retention Agreement 2017

In relation to the Recruitment and Retention Agreement 2017 brokered in February 2017 between the HSE and the INMO, circulars have been issued which implement aspects of the agreement.

The quarterly update from the HSE to the houses of the Oireachtas, as required and agreed under the Recruitment and Retention Agreement, was issued in June 2017.

Pre-retirement initiative

In June 2017, and as part of the above agreement, a pre-retirement initiative was re-introduced, following the issuing of circular 014/2017.

Return to work following retirement

As part of the Recruitment and Retention Agreement, the HSE issued circular 018/2017 in which it clarifies the incremental point of scale for nurses and midwives who choose to return to the workplace following retirement. Staffing who retired at a higher grade (CNM1, CNM2 etc), if they return to that grade, they will be remunerated at the incremental point they were on at the time of retirement. However, if they return as a staff nurse, they can only be remunerated at the maximum point of that scale.

See **www.inmo.ie** to view these circulars

Injury at work allowance

In July, HSE management confirmed that the injury at work scheme will continue for health service workers who are members of the public service single scheme pension. However, the HSE introduced a two-year vesting period which the INMO objected to.

Following consultation, the HSE stated: "We are in agreement with your view that the vesting period would only be relevant for the purposes of ill-health retirement calculations that may be required in respect of employees who are deemed to be permanently incapacitated as a result of the injury.

"In the case of employees who are deemed to be temporarily incapacitated, the injury allowance may be granted at any stage following commencement of employment subject to compliance with the standard eligibility criteria. This point will be made clear when drafting the provisions governing the injury allowance scheme for single scheme members."

Staffing and skill mix phase II

INMO members were invited to attend a final consultation session, of the safe staffing and skill mix phase II (emergency departments), which forms part of the framework development stage.

This took place on August 21 at St James's Hospital, Dublin. For further information see INMO website **www.inmo.ie**

There is much to admire about Ireland, but the use of politically derived statistics to justify underfunding public services is not one of them, writes INMO deputy general secretary **Dave Hughes**

Walking in a summer wonderland

ON A warm sunny July evening in Croke Park Chris Martin, lead singer with Coldplay, bounded on to the stage and declared that far too much time had passed since they had previously played in Dublin. As he enchanted his 84,000-strong audience with an array of the band's hits, he delivered a series of highly complimentary comments on Ireland and the Irish.

Beacon of hope

He said international bands were queuing up to play to audiences like the one he was experiencing in Croke Park, which he described as the biggest he had ever played to. He also said that the eyes of the world were looking at Ireland and that it was standing proud like a beacon. In support of this he cited the decision, by referendum of the people, for equal marriage – the first nation in the world to achieve this by popular vote. And more recently, the election of an openly gay prime minister, one of whose parents was from India. According to Martin, while much of the world is going backwards, Ireland is a shining beacon of hope for many people across the globe.

Wonderland

The wonderland that Chris Martin described to his audience is not necessarily an Ireland that everyone recognises and could be questioned by many. High among these are the people, including children, on lengthy waiting lists for surgical procedures as well as those waiting on trolleys in overcrowded emergency departments. Another example of those who may not feel so positive about Ireland are the clients of the older person services offered by private providers, which, during the summer, were shown to be offering poor quality care.

As 2,500 more refugees drowned in the Mediterranean Sea, our Supreme Court found that the State's treatment of genuine asylum seekers was unconstitutional and needed to be changed.

Statistics and politics

But the real *Alice-in-Wonderland* measure was produced by the otherwise highly reliable Central Statistics Office (CSO). The independence of this office and its excellent presentation and analysis of our census data through the years seemed beyond political interference until this summer when the CSO rolled out a new statistical toy in July. This is known as 'modified gross national income' (GNI) and it truly is a thing from wonderland.

The new measure was apparently announced because of the reporting, by vested interests, of Ireland's economic growth based on a so-called 26% increase in gross domestic product (GDP) in 2015.

While the headline figure was real, it was quickly labelled, by economists working for vested interests, as 'leprechaun economics'. This phrase, quickly picked up by the media, led to disc jockeys and others becoming experts in ridiculing GDP as an economic indicator and the CSO.

In response, the CSO came up with this new measure, GNI, to run in parallel with our GDP, which will give the government the option of using either measure depending on its audience.

What the new measure does, is to shrink the size of the economy by one-third from €275 billion in GDP terms to just under €190 billion in the modified GNI terms. This means that our headline debt ratio increases from 73% to 106%. It is difficult to know whose interest this is in, but when one looks at what is excluded from our GDP, in order to give this lower value to the economy, some conclusions might be drawn.

The factors that are now to be excluded in forming this lower GNI measure are intellectual property, aircraft leasing and corporate inversion income. By ignoring all of the money collected from these sources, Ireland's bumper current account surplus becomes a deficit, which suggests we are importing more than we are exporting. This, it will be argued, means we are consuming too much domestically and not exporting enough, which brings us into topsy-turvy land where on one hand we argue our bumper export trade as a success story, and for this measure we say it is not a success at all.

IBEC

Interestingly, IBEC, the employers' confederation, has openly criticised the new GNI measure. It is arguing that the GDP measure, which is used by every other country in Europe, is the only correct measure of domestic product and whether it is growing or otherwise. The country's ability to borrow or to fund capital investment could be damaged if the government adopts the GNI as their standard measure for international discussions. As a result, whatever benefit it gains in convincing the Irish people to moderate their demands for housing, better healthcare or higher wages, may well be outstripped by the lost opportunity in terms of developing our country.

Casualty of war

They say that the first casualty of war is the truth. This is surely a case in point in terms of the economic war, which has been waged for the past 10 years. It is a poor day when an organisation whose sole purpose is to produce quality statistics has found it necessary to bow to sloganistic descriptions from vested interests.

The American writer, Mark Twain, popularised the phrase "lies, damned lies and statistics" as a phrase to describe the persuasive power of numbers to bolster weak arguments. He attributed the phrase to UK prime minister Benjamin Disraeli, although there is no record of Disraeli having said it.

Ireland

Ireland is a wonderful country with increasingly diverse, educated, proud and inventive people. We have a lot to offer in terms of human ingenuity, socialisation and advanced thinking. It is most unfortunate that, in spite of all our talents, there are those in positions of power who would prefer to attempt to influence the information provided to the public and use statistics to avoid responding to the real need for public services – properly funded and based on the real wealth of our economy.

Tony Fitzpatrick is interim IR director

IRO Tony Fitzpatrick has taken up the post of INMO director of industrial relations for a six month period replacing Phil Ní Sheaghdha who is now general secretary designate of the INMO.

Mr Fitzpatrick will take a lead role on many relevant IR/HR issues and will assist in formulating, and implementing, INMO policy in the areas of pay levels, career structures and conditions of employment. He will assist, under the direction of the general secretary, in the formulation, and implementation, of INMO strategy and policy, which will ensure the pay levels, career structure and overall conditions of employment, for nurses and midwives, properly reflect the contribution made by them to the country's health service.

Tony Fitzpatrick joins INMO management team as interim director of industrial relations

Mr Fitzpatrick trained in Our Lady of Lourdes Hospital, Drogheda after which he spent some time working in Australia. On his return he took up a post in the emergency department of Beaumont Hospital, Dublin. He completed a higher diploma in emergency nursing in the RCSI. He also has an Masters in Business Administration (MBA) from the University of Wales and an advanced diploma in employment law from Kings Inns. He joined the INMO as an industrial relations officer in 2002 and has worked in the South East and North East regions.

Mr Fitzpatrick will be a member of the Organisation's management team and will work very closely with the general secretary and all members of the team, to ensure that all issues of relevance and concern to nurses and midwives are central to all the IR/HR decisions and initiatives taken within the Irish health service.

INMO general secretary Liam Doran said: "Tony has worked tirelessly on behalf of the members he represents. He will be a great asset to the management team and we wish him every success in his new role."

Condolence: Fionnuala Boyle

It is with deep and profound sadness that the Organisation has learned of the premature passing of our friend and colleague Fionnuala Boyle. Over a number of years Fionnuala provided the Organisation with support and expertise leading to the development of our Trolley Watch infrastructure and, more recently, she developed the website for the INMO Professional Development Centre with an online booking system, which revolutionised services for booking and recording education programmes for members. We extend our deepest sympathies to her family, particularly her partner Colm and daughter Sonya, and all of her other friends who have suffered this terrible loss. May Fionnuala Rest In Peace.

Caution needed with social media

ARISING from a number of complaints which have been made concerning INMO members' fitness to practise, it is necessary to caution members in relation to the use of social media.

Guidance in relation to the use of social media is available for nurses and midwives, which was prepared by the NMBI in conjunction with both the INMO and PNA. Despite this however, the INMO is experiencing complaints in relation to our members' use of social media. These complaints have arisen even in circumstances where the nurse or midwife has been careful in attempting to restrict access to their social media account. Complainants have accessed material through friends of friends and through other means, and have brought these to the attention of the NMBI. Complaints have been made not only about specific references which might identify individual patients or colleagues, but also in relation to comments which have been made in relation to work in a general sense, or comments by a professional which might reflect on their attitude or approach to their profession, or any element of their profession. Complainants have used this material as a ground for a complaint against the professional on the basis that the person has fallen below the standard expected of a professional in their position.

As the INMO has become aware of this, the Organisation is warning members that there is an increasing instance of complaints against professionals across all professions in relation to the content published on social media websites. The INMO urges members to be very cautious when posting content to social media platforms, and when commenting on other posts on social media. Members should ensure that they know who their 'friends' or contacts are on social media platforms and to ensure that your content is only shared with those you actually wish to share with. Also be extremely cautious when commenting on matters relevant to nursing and midwifery, as complainants have used these comments to mount a complaint with regard to a professional's good standing.

Social media is a powerful tool to communicate positive views within society, to communicate valid criticism within society, and also to facilitate enjoyment of general communication with others. That said, when nurses and midwives, or other professionals, comment on social media, they are making public comment, and when this concerns any aspect of their professional life, or the professions of nursing and midwifery, be conscious that this material can be used in lodging a complaint before the NMBI. Thus extreme caution is required.

– Edward Mathews, director of regulation and social policy

Staffing levels hit crisis point at St Ita's

THE INMO has sought engagement with management in respect of a critical shortage of nurses and unfilled nurse manager positions at St Ita's Hospital in Newcastlewest, Limerick. At the time of going to press a meeting with hospital management awaited confirmation.

– Mary Fogarty

Redundancy secured for practice nurse

THE INMO was recently successful in securing the payment of redundancy to a GP practice nurse member. This legitimate claim has been pursued for more than a year and was finally addressed through the services of an adjudication officer at the Workplace Relations Commission.

The redundancy occurred following the retirement of the employing general practitioner.

– Mary Power

HSE's recruitment process for CMN2 posts criticised

A RECENT adjudication officer's (AO) hearing into the manner of how the HSE conducted a recruitment process for CNM2 posts, ruled in favour of an INMO member who was disadvantaged by the conduct of the National Recruitment Service (NRS) and the HSE.

The member applied for one of three CNM2 posts advertised in her area of work. Initially, she was informed that her application was rejected, as she did not meet the eligibility criteria. This was a mistake, and the member appealed this decision.

While waiting for her appeal to be heard, the NRS continued processing other applicants for the three posts, and then proceeded to interview. During this time, our member waited to hear the outcome of her appeal. Despite frequent contact to the NRS, the member waited two weeks before being informed that her appeal was successful and that she would also be interviewed.

In the meantime, following interview, the NRS began placing other candidates on a panel and then began offering posts to some of those. On the date of her interview the member became aware that the three CNM2 posts had now been offered and accepted to panelled candidates. Therefore, she interviewed for a post which no longer existed.

Joe Hoolan, INMO IRO: "It was only through the diligence and vigilance of our member that she succeeded in being interviewed for one of the three posts"

Following her interview, our member was placed number three on the panel, in a competition for three posts. Despite being one of the three best candidates there was no post for the member but the HSE refused to address the matter any further.

The AO, in her findings, was critical of the NRS and HSE, and stated: "The interview of the complainant on the same day as the post was being offered to another candidate indicates that there was a communication breakdown and the complainant suffered as a result."

The AO recommended that the complainant "be appointed on a personal-to-holder basis as a CNM2 from January 1, 2017 and that she be appointed to the next available post at that level in the same general geographical area".

IRO Joe Hoolan said: "There was a clear breakdown in communication within the NRS regarding our member's application, appeal and interview. It was only through the diligence and vigilance of our member that she succeeded in being interviewed for one of the three posts.

"The AO recommendation vindicates our member that she was treated extremely unfairly throughout the recruitment process. It is hoped that lessons, at NRS level, will be learned from this case."

Progress made in St Joseph's Hospital roster review

INMO members in St Joseph's Hospital, Ennis have proactively engaged with a review of rosters to enable greater staffing levels in the evening time for residents. As part of the negotiations with the HSE, the INMO has secured all CNM2 and CNM1 positions at the hospital.

Additionally, the filling of vacant staff nurse positions by the HSE will be critical in the implementation of new rosters. The INMO has agreed that the rosters will be based on the following principles as requested by members:

- A consensus approach to finding a workable solution on rosters is being undertaken, which if necessary will be put to a ballot of all union members
- Flexible working arrangements currently approved will continue to be incorporated into individual unit rosters
- The CNM2 will continue to have primary responsibility for undertaking the weekly roster in their unit
- Rosters will be equitable for all staff
- Local arrangements on flexibility for days off will continue to apply via the CNM2. In some units this was undertaken by the nursing office. In the new rosters it is agreed that this will be uniform to the CNM2 in each unit
- Future concessions on applications for reduced working hours will take cognisance of the revised unit rosters. This means that a reduction in 39 hours will fit in with the rostered shifts on the units. This will remove the high level of variable start/finish times, as requested by nurses.

At the time of going to press the HSE and the INMO agreed to commence a 10-week trial of the rosters from August 7 with a review meeting scheduled for early September.

– Mary Fogarty

Connolly grads to receive increments and pay owed

FOLLOWING a recent intervention by the INMO, 21 members affected by an underpayment at Connolly Hospital will receive back pay of between €400 and €1,500.

The INMO pursed two issues on behalf of the 2011-2015 graduates recently in relation to:

- The correct application of Circular 16/2016, which provides for the recognition of the 36-week rostered clinical placement for incremental credit purposes
- The delay in placing registered nurses on the staff nurse salary scale following receipt of their PIN from the NMBI.

The INMO discovered when meeting members on the first matter that they had erroneously remained on the pre-registered nurse salary scale for a number of months following registration, resulting in a loss of earnings.

Liam Conway, INMO student/new graduate officer, and I met with members concerned to discuss this issue. The INMO worked with these members as a group to determine correct increments and loss of earnings resulting from the delayed implementation of incremental credit. We have now reached a positive resolution in terms of each member's salary and backdated pay due to the correction of this issue. Each of the 21 members affected will now receive the back pay owed to them. These 21 members graduated from 2011-2015. This process demonstrated the effectiveness of a group of members coming together led by the INMO.

Should you have any queries in respect of the graduate increment in your area, contact Liam Conway by emailing: liam.conway@inmo.ie

– Lorraine Monaghan, IRO

INMO seeks parity in Bon Secours group

DISCUSSIONS between the INMO and management at Bon Secours Hospital (Barringtons), Limerick have commenced following a recent Transfer of Undertakings. Up to this point the former Barringtons Hospital did not recognise trade unions for the purpose of collective engagement. However, the situation for employees has changed now as the Bon Secours Group offers full union recognition.

The INMO is seeking to secure – for all nurses in the Limerick Hospital – full parity of all terms and conditions of employment within the Bon Secours Group. Additionally, the Organisation is seeking the immediate appointment of a full time director of nursing to oversee nursing governance at the hospital.

– Mary Fogarty, IRO

Agency cuts cause staff shortages at St Finbarr's

THE INMO described the ongoing low staffing levels at St Finbarr's Hospital, Cork as "hazardous". According to the Organisation up to 11.5 additional nurses are urgently required to maintain safe care and dignity for residents at the hospital.

A directive issued by HSE (CHO4 Southern Region) to the hospital has, according to an INMO spokesperson, forced hospital management to cut agency staff employment.

Mary-Rose Carroll, INMO industrial relations officer for the region, said: "With the stroke of a pen, HSE South senior management have taken eight nursing staff out of frontline care. The situation is now hazardous and patient care will suffer. Nobody consulted the nursing workforce to assess the impact of such a dramatic drop in nursing staff on the lives and wellbeing of residents at St Finbarr's."

Mary Rose Carroll, INMO IRO: "Members are concerned at falling standards"

Patient care is now significantly compromised. The director of nursing post is filled on a temporary basis and other nurse management positions remain unfilled. The INMO is calling on HSE senior management to immediately restore the agency cover and fill all current vacancies.

"Our members are seriously concerned at the falling standard of care and feel compelled to speak up for their patients," said Ms Carroll.

World news

Nurses and midwives in action around the world

Australia
- The path to stronger wages is stronger unions
- Fears of personal care workers replacing nurses rise as nursing role cuts are announced

Dominican Republic
- Health system bogged down in eternal deficiency

Greece
- Danger to patients' lives due to nurse understaffing

Kenya
- We will work with whoever wins election, all we want is our cash – nurses' union

New Zealand
- District nursing hub move one of several review recommendations
- Local nurses join Shout Out for Help campaign

Peru
- The Federation of Nurses of the Minsa begins indefinite strike

Portugal
- Nurses in protest meet with Health Minister

South Africa
- Overworked ICU nurses won't do more without more pay

South Korea
- Struggling healthcare workers join labour unions in droves

UK
- Number of senior nurses quitting NHS doubles after staff shortages, pressure and poor pay contribute to 'perfect storm'
- NHS 'could go under' if EU staff are not assured job security post-Brexit

US
- GOP single payer ploy shows just how very sick US healthcare debate remains

Clare Treacy appointed to key Labour Court post

INMO industrial relations officer Clare Treacy is set to take up the full-time position of worker representative with the Labour Court, having been nominated for this position by the ICTU.

Speaking on her appointment, INMO general secretary Liam Doran said that the move was a "tangible recognition" of Ms Treacy's excellent track record in the field of industrial relations in this country.

"This is also an historic development as it is the first time, in the history of the INMO that one of our officials will sit on the Labour Court, which is the highest industrial relations body in the land," he said.

"I also want to take this opportunity to acknowledge Clare's work, over many years, with the Organisation and to thank her, most sincerely, for her commitment, dedication and effectiveness in all of the posts she has filled. I am sure you will join me in wishing her every success and happiness in her new assignment. Due to the needs of the Court, it is my understanding that Clare will leave us very shortly so that she can take up her post, with the Court, from September 11, 2017."

New Labour Court appointment: *Clare Treacy appointed to full-time position of worker representative with the Labour Court*

Adjudication officer hearing rules in favour of suspended INMO member

A RECENT adjudication officer's (AO) hearing ruled in favour of an INMO member regarding the procedure followed by management when suspending the member from work.

The INMO member was subject to a complaint and the matter was initially examined under the employers' protection of vulnerable adults policy – a policy that had not been agreed with the INMO.

She was informed a complaint existed and was requested to submit a statement about her interactions with the patient on the date the complaint referred to. Crucially, the member only received a copy of the complaint after submitting her statement. This statement was relied on by the employer to suspend her from work.

Following her suspension, our member was then informed she was to be the subject of a full Trust in Care investigation.

The Trust in Care policy, an agreed policy with the INMO, sets out clearly the procedures to be followed in the event of a complaint being received and, from an employee's perspective, to ensure this is "in accordance with natural justice". The policy is also clear on the employee's right to be represented at any preliminary meeting and, if suspension is being considered, that is "reserved for only the most exceptional circumstances".

Following the intervention of the INMO, the complaint was screened for a second time, the member's suspension was immediately lifted and no investigation under the Trust in Care policy took place.

The AO was highly critical of the employer, a Section 38 provider, and in his findings stated: "I find that the complainant was entitled to more protection than she was afforded and that the company's decision to place her on administrative leave did not afford her the right to natural justice".

The AO awarded our member €6,000 and one week's annual leave.

INMO IRO Joe Hoolan said: "The cavalier attitude taken by management in dealing with this matter, denied our member any right to fair procedure and natural justice. It is hoped this award will remind employers of the consequences of breaching these rights."

Section round up

Upcoming INMO/RCM midwifery conference

THE all Ireland joint INMO/RCM midwifery conference will take place on Thursday, October 12, 2017 in the Armagh City Hotel and cover topics such as the implementation of the maternity care strategy, vaginal birth after Caesarean section, bullying, perinatal mental health, mindfulness, listening to service users and hearing what they have to say, and lessons learned from the *Lancet* series on the value of midwifery. To book a place at the conference go to **inmoprofessional.ie** or Tel: 01 6640616. *Full details are available on page 50.*

Telephone triage conference

The 13th Annual Telephone Triage Section conference will be held on September 27 in the Midlands Park Hotel, Portlaoise (formerly the Heritage Hotel, Portlaoise). Topics will include headaches and migraines, domestic abuse, temperatures and hydration in children, flu management and vaccines, epilepsy and legal updates. The conference, while organised by Telephone Triage Section officers, is of relevance to almost every discipline of nursing and midwifery as it covers a wide array of topics. To book go to: **inmoprofessional.ie** or Tel: 01-6640616.

Culturefest

The International Nurses Section is busy organising its annual conference and culturefest which will take place on October 21 in INMO HQ. There will be a morning education session followed by an afternoon of cultural events and activities. Further details will be issued to all International Nurses Section members (*see page 78).*

EORNA 2017 snapshot

Claire McGuire and **Liz Waters** report on the EORNA conference – *The Colossus of Perioperative Nursing* – from the Greek island of Rhodes

MORE than 1,000 delegates from all over Europe and the world attended the eighth annual EORNA Congress on the Greek island of Rhodes over four days in May. At the time of the conference the venue was not accessible by direct flight from Ireland which presented the 18 Irish delegates with somewhat of a challenge to reach their destination by plane, bus, rail, boat and car, with some using all five modes of transport.

The opening ceremony was exhilarating; each EORNA country was represented in the parade of flags set against images of each country's landscape and accompanied by well-known music of each representative nation. Caroline Higgins, immediate past EORNA president had the honour of carrying the Irish flag to the river dance tune. We were also treated to a display of colourful and graceful traditional Greek dancers .

The ceremony was spectacular and the atmosphere electric. The scene was set and a great sense of anticipation prevailed and we were ready to absorb the new knowledge that lay ahead.

As it was EORNA's 25th birthday, all past presidents were invited to say a few words and Caroline Higgins gave an excellent and motivating five-minute speech that lifted spirits. The Irish were well represented with 18 delegates and of the 249 posters 15 were Irish. Of the 110 oral presenters five were Irish: Puja Pushpan, St James Hospital; Rachel O Reilly Byrne, Tallaght Hospital; Margaret Givern and Teresa Donnelly, Sligo General Hospital; and Liz Waters, Naas General Hospital .

Conference highlights

Jane Reid, a keynote speaker from the UK, discussed violations and mitigations in the perioperative environment. She discussed how we perform is directly related to the culture of the work environment. She outlined how small violations of policy or practice that are allowed to continue cause migration from good practice and then serious errors occur. She asked us to be aware of our fallibility, ie. expect ourselves to make a mistake... have situational awareness and collective mindfulness. She explained that the potential to commit error ratio is 3:1,000 and the error of omission ratio is 1:100. She then called on a just culture for the victim who makes the mistake as the mistake is often not just human error but caused by a numbers of environmental and organisational factors. ***(LW)***

Power of positivity

Another keynote speaker, Anastassios Stalikas, professor in Psychology Department, at the Panteion University of Social and Political Sciences, discussed the power of positivity and positive emotions. He described positive emotions as "the omega 3 of our psyche". He said that it is not just a matter of positive thinking, which can be a temporary state but rather that positivity is learned. He said that positive emotions improve physical and mental health, help to build resilience and improve productivity and quality of performance in work. They also help healthy relationships. He said that this manifests in three ways, firstly, chemical – raises, dopamine, serotonin and endorphins, secondly, cognitive – problem solving creativity and openness, and thirdly, emotional – in positivity, extroversion and antidote hypothesis.

Mr Stalikas outlined how to invite the positive by smile, compliment, approval and sharing and provoke positivity by remembering, appreciating, helping, exercising, changing poor habits and music. He advised that we think of three positive moments and make three positive comments every day. ***(LW)***

Student placements

Paula Foran, senior lecturer at the university of Tasmania and senior lecturer at Deakin University School of Nursing & School of Medicine and National Education officer for the Australian college of operating room nurses, conducted both a qualitative and quantitative research national research study in Australia to examine the learning outcomes of student nurses who had perioperative placement versus non perioperative placement. Her research found that students who undertook a guided clinical placement developed transferable skills during their placement in theatre that better equipped to manage a deteriorating patient on the surgical ward. They also had a more enjoyable experience during their perioperative placement and were therefore more likely to consider perioperative nursing as a career.

Separately, Paula discussed the creation and delivery of a National Perioperative Webinar Education Programme in Australia developed in 2013. This innovative forum enables 5,000 perioperative nursing members across 4,000km to access monthly online education sessions on a variety of perioperative patient care topics in an affordable and convenient way at home or in the workplace. International membership is welcome. ***(CM)***

Mosquitos and spiders

Geert Driessen, manager, clinical affairs & education, 3M Europe, gave an inspirational presentation for perioperative nurses to speak up for patient safety in the OR and to be the "Mosquito in patient safety" – a very small insect effective in achieving its aim. He offered a further analogy that perioperative nurses are the "spider in the web of patient centred care with many contact points". He said it was vital that the many personnel around the hospital communicate to enable safe and integrated patient care. Our focus should be to personally keep healthy and well balanced in order to achieve this. ***(CM)***

Appreciative inquiry

Another inspirational keynote speaker was Suzi Kimpen, a perioperative nurse from Belgium, who spoke about the power of appreciation or appreciative inquiry (AI.) This involves asset based thinking, ie. a problem is an opportunity to improve. AI requires intellectual intelligence left side of brain, spiritual intelligence whole brain and emotional intelligence right side of brain.

She reinforced the idea of allowing yourself to recharge so you can be the best you can be to effectively care for your patients and your colleagues. The growth mindset should be encouraged so that we enable opportunities for our colleagues to grow and develop, to support and to encourage. This will then positively affect the care we provide our perioperative patients.

Ms Kimpen said that "teamwork makes the dream work... Be professional, promote equality, give opportunities and enable people to shine. Beautiful minds, inspire others, so be a lighthouse for yourself and others. Be a tree with strong roots so you bend in the storm and bounce back. Look for the mentors who give you honest feedback to enable you to grow. Develop a passion for learning. Fail is only First Attempt In Learning and a NO is the Next Opportunity." ***(LW & CM)***

Patrick Voight from US spoke about Global Healthcare Transformation. It is vital that perioperative nurses must expand their role in healthcare, develop financial and business competencies by undertaking an MBA in order to initiate and lead innovative change in the OR ***(CM).***

Wendy Watson spoke about empowering theatre staff to introduce supply chain management technology in the OR to help raise awareness and reduce surgical costs. When an automated system for consumables and implants were introduced into her facility in Canada the savings made enabled one surgeon to perform an additional 178 surgical cases per year. ***(CM)***

Interesting facts

Of a CDC study of 1,600 US nurses 68% had a psychiatric condition due to stress and 40% of those 1,600 nurses had lost their enthusiasm due to stress. ***(LW)***

Speaker Teresa Donnelly, from Sligo Regional Hospital in Ireland, talked about building resilience. Teresa used an innovative approach to her presentation by co-presenting with a patient and her friend Greg Tansey on 'Share the care! Stress and can we become more resilient to this epidemic'. They outlined the stress of illness and life changing events and the heroes they encounter each day in work as a staff member and a patient. They recommended that we look towards our colleagues/heroes who are good in the management of stress in the workplace. This will enable us to develop these skills to emulate these effective strategies. ***(LW)***

A research study by a Turkish presenter of perioperative nurses in Turkey demonstrated long working hours had an effect on the nurses fatigue scale.

A speaker from the US talked about perioperative safety and urged Nurses to stand up and speak out for "safe quality practice environment" and stated "if you are not able to advocate for yourself how can you advocate for your patients."

Another Greek speaker did research on the effects of verbal abuse on doctors and nurses in the OR. The findings concluded that incidents of verbal abuse cause a decrease in productivity and an increase in errors. ***(LW)***

INMO

I would like to sincerely thank the INMO operating department nurses section for affording me this opportunity to attend this great congress. I was honoured to be accepted to present at the congress and to represent Irish perioperative nursing. ***(LW)***

It was a wonderful opportunity to be part of this international perioperative nursing event. I really enjoyed the informative lectures, networking with colleagues from all around the world and visiting the many trade stands with new technology on offer. I would like to sincerely thank the INMO operating department nurses section for affording me this opportunity. It was a very valuable learning opportunity and I was delighted to be there to support our Irish colleagues who were presenting. I was honoured to present a poster on a Tallaght Hospital quality improvement project on the prevention of Inadvertent Hypothermia in Perioperative Patients, at the congress and to represent Irish perioperative nursing. ***(CM)***

Pictured at EORNA 2017 were: (Top l-r) #Irish@EORNA at the gala dinner; Caroline Higgins, EORNA past president, Liz Waters and Sandra Morton, EORNA board member; Betsey Anthony, RGN Temple Street Children's Hospital; Theresa Donnelly, Sligo Regional Hospital with patient Greg Tansey; Rachel O Byrne, Clodagh Wogan, Claire McGuire and Katie O Byrne; and some of the Irish delegates in Rhodes
(Above top to bottom) Anastassios Stalikas presenting on the power of positivity; Theresa Donnelly and Margaret Givern; and Caroline Higgins carrying the Irish flag into the EORNA opening ceremony

INTERNATIONAL NEWS

Reducing bureaucracy and enhancing protection

Guest authors **Franklin Shaffer** and **Frances Hughes** discuss the ICN's forthcoming inaugural Regulation and Credentialing Summit and reflect on 40 years' of GCFNS International

IN NOVEMBER this year, the International Council of Nurses (ICN) will hold its inaugural Regulation and Credentialing Summit in Estoril, Portugal. The event, which will bring together experts from a variety of fields to address the changes taking place around the world and discuss major topics facing the regulatory and credentialing community, is being held in partnership with the International Centre on Nurse Migration (ICNM), a comprehensive knowledge resource created by the ICN and the Commission on Graduates of Foreign Nursing Schools (CGFNS) International.

With the theme 'Working in Complex and Uncertain Times', the two-day event will open discussions on the changes and adaptations brought forth by globalisation and geopolitical challenges and their consequences for regulatory bodies.

Regulation has long been a key part of the ICN's work and this Summit will not only ensure that the ICN delivers on that commitment to regulation, addressing the global concerns of nursing workforce mobility, technological advances and geopolitical challenges, but it will also help the ICN to develop a new regulation and credentialing strategy to guide future work.

Partners

The ICN and CGFNS have a longstanding relationship, partnering over the years, not only to improve regulation and credentialing of nursing around the world but also to bring nursing experts together for international think tanks to explore challenges to global nurse migration. In 2006 the two organisations co-created the ICNM to emphasise the development, promotion and dissemination of research, policy and information on global nurse migration.

Joint initiative

This latest joint initiative will help to address some of the challenges faced by regulatory and credentialing bodies around the world. The Summit, which will take place 20-21 November, will explore the interface between nursing regulatory bodies and nursing professional organisation' role in credentialing as well as nurses' role in the protection of the public. Expert speakers will identify potential threats and opportunities to enhance the procedures and methods used by regulatory and credentialing bodies to protect the body and explain how harmonisation across geographical boundaries will reduce bureaucracies, while enhancing applicant experience and reinforcing public protection.

Key topics include cyber security, frameworks to measure health profession regulation strengthening, trade agreements, regulation of marijuana and other topical issues. High-level international speakers include André Verani from the Center for Disease Control; Dr Jean-Christophe Dumont, OECD; Christiane Wiskow, ILO, Dr James Buchan, University of Technology, Sydney, Australia (WHO Collaborating Centre); Dr Michael Dor, Israel's chief medical officer; Sara Kavach-Clark, UK Nursing and Midwifery Council; Linda Lavarch, Queensland Nurses Union; Dr Tetsuya Tanioka, Tokushima University (Japan); and Dr Antonia Espingardiro and Dr Gilles Dussailt, New University of Lisbon.

Join us at this inaugural event in November 2017. More information on the Regulation and Credentialing Summit as well as on early bird pricing and special discounts on flights and hotel can be found here: **www.icn.ch/images/stories/documents/news/press_releases/PR_30_RegCred_special_pricing.pdf**

You can also register now on **www.eventbrite.com/e/icn-regulation-credentialing-summit-tickets-34333402130.**

– Franklin Shaffer and Frances Hughes

CGFNS International, Inc

Since the establishment of CGFNS International by the American Nurses Association (ANA) and the National League for Nursing (NLN) 40 years ago, we have had the privilege of serving the global community with a primary focus on the migration of internationally/foreign educated nurses and other health professionals. As the world's largest credentials evaluation organisation, it is important that CGFNS be the standard bearer for the credentials evaluation community in assessing internationally/foreign educated applicants for their comparability to their domestic peers while protecting the public's safety. CGFNS has grown and diversified, offering a comprehensive suite of educational, credential assessment and workforce development programmes, as well as consultative services. We are honoured to hold a unique position as the world's leading resource for health professionals as they traverse their careers over time.

Our state-of-the-art, one-of-a-kind educational database, designed and enriched over our 40 years of research and experience, has gained a unique and trusted position as the global source for the most complete and dynamic career repository. We have gained global credibility and a solid reputation among health professionals, regulatory bodies, and public/private organisations through our research expertise and knowledge of accreditation, education, regulation, licensure, and practice.

While we are proud of our accomplishments, we are ever mindful of our responsibility and accountability to the health professions, the regulatory bodies and, above all, the public we strive to protect.

Among our most valued strategic partnerships include the International Council of Nurses in establishing the International Centre on Nurse Migration (ICNM), the National Nursing Assessment Service (NNAS), becoming a non-governmental organisation of the United Nations, as well as being certified by the US Department of Homeland Security for assessing health professionals seeking an employment visa in the US.

The beginning

Our story began in 1977, during a time when the US was experiencing a severe shortage of nurses, creating a reliance on recruiting nurses educated beyond US borders. Many of these nurses were unsuccessful in passing the US nurse licensure exam, which led to the Federal government, employers, and professional associations becoming increasingly concerned and challenged as to what should be done.

This scenario led to the creation of the Commission on Graduates of Foreign Nursing Schools, which later changed its name to CGFNS International when it became independent of ANA and NLN. The original intent of the Commission was to create the qualifying exam, which is a predictor exam of how nurses would fare on the licensure exam prior to migration to the US.

Evolution of an organisation

Throughout the next 40 years and beyond, CGFNS would continue to evolve and serve health professionals, students, and professionals from other sectors as they look to migrate and achieve their lifelong dreams. Since its creation, CGFNS has touched the lives of over three million nurses and healthcare professionals from 189 countries around the world.

We are here to serve, predominantly, those people who are seeking a better career or a better life while protecting the public. This dedication to global competency is not unique to our applicants, but also our staff who represent 25 countries of the world and speak 35 different languages. This September, CGFNS celebrates its past, present, and future with an appreciation and recognition of those we have served while they were facing some of the most difficult challenges of their lives as they left their homes and families behind.

Celebration

The 40th Anniversary Celebration, held on the evening of September 17, 2017, will bring together global leaders representing policy, academia, regulation, migrating professionals, healthcare facilities, and others in celebration of our 40 years.

During this celebration, CGFNS will induct its 2017 International Distinguished Leadership Fellow, Barbara Nichols, DHL, MS, RN, FAAN, former President and CEO of CGFNS, as well as its 2017 Adele Herwitz Scholar Dr James Buchan, PhD, DPM, MA, longtime partner and ally of CGFNS.

Ms Nichols guided our organisation from 1999 to 2011, during which she introduced vital programs such as VisaScreen, a streamlined visa credentialing service, and International Standards for Professional Nurses (ISPN), a benchmark for global health practices. Ms Nichols is also recognised for partnering with ICN to establish ICNM, an organisation dedicated to promote and disseminate research, policy, and information regarding global nurse migration.

Dr Buchan, while not a nurse himself, has contributed immensely to topics of international importance such as the global nursing shortage, nurse workforce sustainability, and trends in international nurse migration. Dr Buchan has been a longstanding partner of CGFNS, working diligently to advance the nursing profession through his research and advocacy for the global nursing workforce.

As part of this celebration, on September 18, 2017, CGFNS will hold its ninth International Leadership Symposium in Philadelphia, under this year's theme, Beyond Borders: Connecting Tomorrow's Workforce. This symposium will bring leaders from around the world to explore the challenges and potential solutions facing the preparation of the evolving healthcare workforce required to meet global societal demands. This day of deliberation will begin with our keynote speaker Rear Admiral Sylvia Trent-Adams, PhD, RN, FAAN, acting surgeon general of the US.

Throughout the day, other global leaders will present topics facing the global health workforce such as the UN High-Level Commission on Health Employment and Economic Growth, the UN Sustainable Development Goals, ethical international recruitment practices, and new trends in nurse migration.

We welcome our colleagues from across the globe to join us in our celebration as you have become a vital part of our legacy.

For more information on our anniversary and symposium see **www.cgfns.org**

– Franklin Shaffer

Dr Franklin A Shaffer, Secretariat, International Centre on Nurse Migration. The International Centre on Nurse Migration (ICNM) serves as a comprehensive knowledge resource created by the Commission on Graduate of Foreign Nursing Schools (CGFNS) international in partnership with the International Council of Nurses (ICN). The ICNM emphasizes the development, promotion, and dissemination of research, policy, and information on global nurse migration.

Dr Frances Hughes, CEO, International Council of Nurses. The ICN is a federation of more than 130 national nurses associations representing more than 16 million nurses worldwide. Founded in 1899, ICN is the world's first and widest reaching international organisation for health professionals. Operated by nurses and leading nurses internationally, ICN works to ensure quality nursing care for all, sound health policies globally, the advancement of nursing knowledge, and the presence worldwide of a respected nursing profession and a competent and satisfied nursing workforce

Q and A Bulletin Board

With INMO director of industrial relations Phil Ní Sheaghdha

Query from member

I qualified as a staff nurse in 2008 and continued to work in the public health service until I left to work abroad in 2011, at that time there was no career breaks. I resigned from my post and went to work in the NHS UK for a number of years. I have now returned to Ireland and have been advised by my employer, in the public health service, that I will be regarded as a new entrant. This means I will enter on the new pay scale on a lower point and will be at a loss. I believed because I worked previously in the public health service that I would not be regarded as a new entrant.

Reply

If you were employed in the public health service prior to December 2010 you would not be regarded as a new entrant and therefore placed on the pre-2011 salary scale. In addition, following a case taken by the INMO in 2014 it is now established that service in the NHS (and EU service) is considered the same as service within the Irish public service for the purpose of starting pay. As you know incremental credit was negotiated by the INMO previously to apply to worldwide genuine nursing service. In this instance, you should be placed on the nurses/midwives pay scale pre-2011, you should be placed on the point of that scale applicable to your service, in Ireland and abroad.

Query from member

I am a nurse currently working in a private hospital. I work 30 hours per week. My employer is granting me 16 days annual leave for all hours worked. The employer does not apply the same terms and conditions of employment as a nurse/midwife working in the public health service regarding entitlement of annual leave. A friend who is working in another private hospital said that she is getting 20 days' annual leave and we both work the same hours.

Reply

To be eligible for 20 days' annual leave, you must work at least 1,365 hours in a leave year (unless it is a leave year in which he or she changes employment). This is the legal minimum entitlement to any worker (nurse/midwife) under the Organisation of Working Time Act 1997. As a nurse who works 30 hours per week the number of weeks in the year worked is 1,560 hours, because you have exceeded the 1,365 hours in the leave year the entitlement to 20 days' annual leave applies, unless there is a collective agreement in place that allows more annual leave than the legal minimum. In the public service, the INMO has an established negotiated collective agreement awarding annual leave in excess of the legal minimum. This has also been negotiated by the INMO in a number of private hospitals.

If the conditions in your employment location require negotiation, we are quite prepared to pursue this for INMO members. To progress this issue therefore you would need to contact the industrial relations officer with responsibility for your work location with a view to discussing this further. Details of the industrial relations officer for your area/work location can be found on **www.inmo.ie**

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

Health cover on your holidays

Liam Conway advises students on why they need a European Health Insurance Card, how to apply and when and where they can be used

What is a European Health Insurance Card?

THE European health insurance card was introduced on June 1, 2004. The card gives Irish citizens access to the necessary healthcare in the public system of any EU/EEA country or Switzerland if you become ill or injured while on a temporary stay in that country.

Why should you have the European Health Insurance Card (EHIC)?

As a member of the EU, each EU citizen is entitled to receive necessary healthcare in the public system of another member EU country. It is free – there are no costs involved for applying or having a card.

You should apply for the European Health Insurance Card if you:

- Plan to go on holiday to another EU/EEA country or Switzerland
- Regularly visit any of these countries, for example on business, as a transport worker or for leisure
- Plan to go to any of these countries to seek work
- Are being sent by your employer to work in any of these countries temporarily but will continue to pay tax in Ireland
- Intend to undertake a course of study in any of these countries but still consider yourself as ordinarily resident in Ireland
- Intend to visit any of these countries for any other type of temporary stay where healthcare in itself is not the aim of the visit.

How do you apply?

There is no charge for the European Health Insurance Card. Any website attempting to charge you for your card is not connected to the HSE or any State services.

If you already have a medical card or a drug payment scheme card you can apply online at: **www.hse.ie/eng/services/list/1/schemes/EHIC/apply/** The application only takes one minute to complete.

If you do not have a medical card or a drug payment scheme card, you can apply in person by completing an application form at your local health office or apply by post by downloading an application form. Complete the application form and return it by post to your local health office.

What personal details do I need to give in order to get my card?

You will need to provide your name, address, date of birth and personal public service (PPS) number. You may be asked to show evidence of your PPS number, such as a P60 or a social services card.

You may also need to show proof that you are ordinarily resident in Ireland. More details are provided on the application form or available from your local health office.

Where can I use my card?

You can use your card to get necessary healthcare while on a temporary stay in all the countries of the European Economic Area and also in Switzerland. The European Economic Area includes the 28 member states of the EU and four member states of the European Free Trade Association.

Finally, it is always recommended that anyone travelling in the EU should have travel insurance also. Travel insurance is designed to protect your health, belongings and the cost of your trip.

INMO members can get discounted rates on travel insurance with Cornmarket Ltd.

Liam Conway is INMO student and new graduate officer
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www.facebook.com/irishnursesandmidwivesorganisation

Making the most of your first year

INMO student and new graduate officer, **Liam Conway**, gives incoming students some tips for surviving their first year as nursing and midwifery students

WELCOME to the Irish Nurses and Midwives Organisation. As a new student in nursing or midwifery, you are now joining the trade union that represents nurses and midwives exclusively with over 40,000 members nationwide.

As your officer, I am here to help you and your classmates in any way I can. I am always available to provide support, advice and information or deal with any issues or concerns you may have. If you have an issue or concern when training, always contact the INMO as we provide free advice and representation to our members.

As your trade union we provide a wide range of services and members benefit from the following:

- Free indemnity cover and legal advice
- Free INMO representation on an individual and group basis
- INMO rewards scheme **(www.inmo.ie/Rewards_Scheme)**
- Access to further education and free courses – **www.inmoprofessional.ie** (dependent on course and availability)
- Discounted car, home and travel insurance with our partners Cornmarket Insurance
- Monthly *Student Link* (online magazine for student news and updates)
- Student focus (educational piece for students) available on our website
- Dedicated student and new graduate tab on our website
- National campaigns to improve nursing and midwifery conditions in Ireland.

For your one-stop shop for all student needs visit **www.inmo.ie/Student_New_Graduates**

Tips for starting college

College may be a completely new experience for you. I remember how daunting it was walking into a packed room of over 150 other students. I came from Tipperary to study in UCD, Dublin.

My advice is this, sit beside someone you don't know every day. A simple line in the middle of a lecture like "do you understand that?" or "I didn't catch what the lecturer said, what did they say?" is the perfect ice-breaker.

INMO Student Section and Youth Forum members pictured (l-r): *Antoinette Ryan, third-year general nursing student, GMIT and PR officer, INMO student section; Fidelma Kenny, general nursing graduate, NUIG and Western Youth Forum; Lynn Muldowney, general nursing graduate, NUIG and Western Youth Forum; Clarence Soliman, Dublin Youth Forum and INMO SVUH Branch; John Nolan, ID nursing graduate and chairperson of the INMO Student Section; Catherine O'Connor, chairperson of the INMO Dublin Youth Forum; and Liam Conway, INMO student and new graduate officer*

Take as many notes as you can in lectures. Trust me, when it comes to exams these are a lifesaver. Your attendance is crucial in succeeding too. You will be surprised how much information you retain by taking a few notes, even if you have been socialising the night before.

Try to have a good filing system for each module. Put your lecture slides in a folder on your laptop labelled for each module and similarly have a folder for hard copy notes. Back these up on a harddrive or USB, especially assignments as laptops and computers can be unpredictable.

A diary is essential. You will need to keep a record of module lectures, what time they are on and where they are on and even sometimes what building they are in. Having a diary is also important for noting assignment due dates and exams. It focuses the mind on the tasks ahead.

If you do a little bit every night, then you don't have to climb Mount Everest the night before an assignment is due. If you attempt to do assignments last minute your grades will suffer, even if you meet a deadline.

Use the library to get as much information as needed for an assignment. The week before an assignment is due, there won't be a nursing book to be found in the library so the best advice I can give is to get in as soon as the assignment title is given and start collecting the information you need. Even if you don't start the assignment for another two weeks, you will have the material to work with.

Socialising

Socialising is important. Join as many societies and clubs as you can. I took up Lua Gar kickboxing in first year. Try something different, college is all about gaining new experiences and if you get the balance right between study and social life you are on to a winner.

Another piece of advice that is very important is to always be safe and careful on social media. As a student of nursing and midwifery, you are now a professional in training. Posting content about you, your colleagues or your profession can have serious consequences. Always ask yourself 'Does that paint a good picture of me as a nursing or midwifery student'? If it doesn't, don't post it, like it or share it.

Dear first-year self,

The first day of first year is exciting, nerve wracking and empowering all at the same time. You're in, you've succeeded – but you feel a bit apprehensive. You are about to embark on the most up and down, but best, year of your life. Keep the head down as much as you can. Join the INMO as your backbone, take notes, go to the lectures but definitely make time for that drink before home or an over priced lunch – they are just as important. When you do your placement module you will be that new girl/guy but work hard, ask to be involved, put the effort in because your reputation is very quickly gained and a reputation as an eager, pleasant, hard-working and courteous student will stand to you big time. Do not leave everything to the last minute – there is no worse feeling than leaving an exam with a heavy heart because you think you failed and having to plan your summer holidays around repeat dates. Keep the head down but most of all enjoy it. Nursing is a brilliant course no matter what discipline.
– Niamh Donohoe, 2nd year ID nursing, TCD

From my perspective as a (very) mature student, there are a few things I think are important which have served me well over the last three years. Like most mature students of a certain vintage, I'm sure you will all have other commitments like family and work. Finding the right balance will be crucial over the next four years. Firstly, don't leave assignments and portfolios to the last minute. I know this is an old cliché but trust me this is a key piece of advice. This will ease the pressure and make college life a bit easier and free up time for your other commitments. Utilise all services available in the college for example, academic writing tutorials. I used this service and my assignments marks improved by over 20%. There are other services which will also make college life easier, just do some research and find what is available in your particular college. If, like myself, you are returning to education for the first time in a very long time I'm sure you are going to have some reservations. On this note I would like to put your mind at ease, yes your class will be full of younger people and yes it might feel a bit daunting at the beginning but your life experience and knowledge will become a valuable asset to the class. Enjoy all aspects of college life, it's a fantastic experience, and trust me the next four years will pass you by in a flash. **– Clyde Corentin, 4th-year psychiatric nursing student**

Preceptors are often so busy that you may be occasionally left by the wayside. In these cases, the best way to become involved is to ask "what can I do to help?" and take the initiative of asking the nurses to take you with them if they're going to do something you think you'd benefit from seeing. They have so many students from the whole four-year programme that they may forget which skills you may not have seen/attained yet. While your first time on the ward can seem daunting, rest assured that it all comes with experience. Remember, if the year before you were able to get through it, then so can you. Good luck!
– Catherine O Connor, RGN

A way to learn medications that can be beneficial is to carry a small address book in your pocket while on the wards. Write the generic name of the drugs in alphabetical order in the book and then in brackets write the brand name. In two to three lines you can then write the indications, main side-effects, contraindications and any special precautions.
– Dublin Youth Forum

Remember that college is not just about engaging in your studies – take every opportunity that is given to you and perhaps join a club or society to meet like-minded people. Become acquainted with your tutor as soon as possible because he/she can give you advice on any topic, whether it be a personal or academic issue. Don't ever be afraid to ask questions and remember there's no such thing as a silly question! **– Megan Skelly, 4th-year intern, NUIG**

Four years may seem like a long way away right now but trust me it flies! You will make friends and memories for life as well as gain invaluable knowledge and life skills. I would advise incoming first-years not to underestimate the importance of just sitting and talking to patients on placement. Nursing can be so embedded in routine and some people are miles from home in a place they have never been before and just need someone to listen and talk to. I would also encourage first-years to get involved as much as possible in college activities, clubs and societies, the INMO Student Section and on clinical placements. Don't be afraid to follow your nurse and ask 101 questions too!
– Rebecca Moylan, 4th year general student, NUIG

Congratulations on being accepted to your degree. Try your best to study hard and never forget why you wanted to become a nurse or midwife as the courses are not easy. Even as a student you will have a big impact on your patients' lives so always put yourself in their shoes and give them the best care you can. The academic semesters can be heavy but remember that you bring everything you learn in college into the clinical environment. The Student Section of the INMO is great for networking with other students around the country.
– Breffni Monahan, 3rd year, UCD

There are so many support services available in college. Link with your peers, lecturers and personal tutors if you have any academic queries. Your lecturers and tutors will always go out of their way to assist you if needed. There is also a student chaplaincy service on campus, your students union if you have issues around health services, accommodation, financial supports etc, and, of course, you have us.

The INMO is here to support you and provide you with any information needed. You should contact us if you have issues in clinical placement or if you are asked to attend a meeting that you're not sure about. If you just want to find out more about anything, you can always contact me. There is no such thing as a silly question.

I will contact you via email once a month with an update and I will also send the *Student Link*. You can also keep up-to-date on our social media platforms and of course on the INMO student/graduate section on the INMO website.

I look forward to meeting you all throughout your training.

Liam Conway is INMO student and new graduate officer
email: liam.conway@inmo.ie

Quality & Safety

A column by Maureen Flynn

Supported decision making

THIS month we look at the legal changes which support a person-centred approach to decision making across our public services. We all make decisions, big and small, every day of our lives and most of us can make these decisions by ourselves. Sometimes we may seek information, advice, or support if the decision we are making is more complex.

Assisted decision making

A new law has been passed which maximises a person's right to make their own decisions, with legally recognised supports, wherever possible. The Assisted Decision Making (Capacity) Act 2015 has implications for all nurses and midwives in the way we work. The Act sees a move away from blanket capacity tests which determine that a person has no capacity to make any decisions, to a functional approach that takes account of the fluctuating nature of capacity. For example, a person may temporarily lose capacity following a serious injury. Others may have limited capacity to make complex decisions but may be able to make more routine decisions. This new approach to capacity and decision making provides some legally recognised supports to maximise a person's right to make their own decisions.

Capacity

Under the Act a person lacks capacity if they cannot understand information relevant to the decision they need to make, retain the information for long enough to make the decision, use or weigh up the information in relation to the decision or communicate their decision. The new legislation has the potential to enable significant improvements in the lives of many of the people nurses and midwives care for and support – as their ability to make decisions for themselves will be enhanced by the law.

Wards of Court system

The Act abolishes the Wards of Court system and, on full commencement, will start the discharge of thousands of people from the Wards of Court System. Under

the new system some people may be discharged fully and some, who still need assistance, may transition to the new structures of support.

Role of decision-making assistants and decision-making representatives

People who consider that their capacity is in question, or may shortly be in question will be able to enter into formal agreements to appoint a trusted person to act as their decision-making assistant to assist them in making decisions, or as a co-decision maker, who will make decisions jointly with them. For people who are not able to make decisions even with assistance, the Act provides for the Circuit Court to appoint a decision-making representative.

The Act provides for the individual's right of autonomy and self-determination to be respected through an 'enduring power of attorney' and an 'advance healthcare directive' – made when a person has capacity; to come into effect when they may lack decision-making capacity.

Get involved

The Act, while enacted it has not been fully commenced. Nurses and midwives now have an opportunity to prepare and lead practice developments in anticipation of the changes. At your next team, ward or unit meeting or journal club you might consider talking about how the changes will be supported in your service.

More information

The HSE is doing many things to prepare staff and services for full commencement. It has established a National Steering Group which includes staff, service users and expert advisers. It has prepared draft national guide for staff on what the Act will mean for day-to-day practice. The guide will be ready by the end of 2017. A training and education programme to support staff and services to use the Act in their everyday services is now being developed. For more information go to **www.assisteddecisionmaking.ie** or contact caoimhe.gleeson@hse.ie or Jacqueline.grogan@hse.ie

Example: John, a young man, sustained a traumatic brain injury in a car accident. Before the accident John loved to travel with his girlfriend who he had hoped to marry. He now lives in a residential service for people with physical disabilities. He received a large award following the court case associated with his accident and the decision was made to make him a Ward of Court. As a Ward of Court he is unable to make any financial decisions or any medical decisions without the approval of the court. He is also unable to travel abroad without the permission of the Court, and he is unable to marry. Once the Assisted Decision Making (Capacity) Act 2015 is fully commenced, he will be able to access different legally recognised supports to help him make decisions. He will be discharged from Wardship, which will allow him to make as many decisions as possible and to travel abroad. While he may still require supports to manage certain decisions, eg. complex financial decisions, the new law will provide for these supports while maximising his autonomy to make decisions and ensuring that his wishes in all matters including family life are fully respected.

Maureen Flynn is the director of nursing and midwifery ONMSD, lead governance and staff engagement for quality HSE Quality Improvement Division

Acknowledgement: Thanks to Caoimhe Gleeson, National programme lead, Assisted Decision Making, Quality Improvement Division and colleagues for sharing information and assistance in preparing this column

Croup overview

In the latest update in this continuing professional development series, **Amanda Greenall** and **Gerry Morrow** discuss croup

CROUP is a common childhood respiratory disease. Croup is characterised by the sudden onset of a seal-like barking cough, often accompanied by stridor (loud, harsh, high pitched respiratory sound), voice hoarseness and respiratory distress. The symptoms are a result of upper-airway obstruction due to generalised inflammation of the airways, caused by viral infection,typically parainfluenza virus types 1 or 3.[1]

Croup affects about 3% of children per year, mostly between the ages of six months and three years. Boys are slightly more commonly affected than girls, with a ratio of around 1.4 to 1.

Hospital admissions due to croup peak in September to December, but cases occur all year round. An observational study in a US paediatric group practice found croup to be the confirmed diagnosis in 15% of all cases of lower respiratory infection. Parainfluenza virus epidemics tend to occur every other year, resulting in a 50% increase in the number of children admitted with croup during these periods.[1,2]

Age is the biggest risk factor for croup. Children between six months and six years are most commonly affected and incidence peaks in the second year of life. However, croup can be seen in infants as young as three months of age and also occurs, although rarely, in older children, adolescents and adults.

Mild croup tends to be self-limiting even without treatment, with shorter time to resolution with dexamethasone treatment. In most cases of moderate croup, symptoms resolve without significant complications. With a combination of dexamethasone and nebulised epinephrine the outlook even for severe croup is excellent. However, severe upper airway obstruction can, rarely, lead to respiratory failure and arrest. Death from croup is rare, occurring in no more than one in every 30,000 cases.[1,2,3]

Diagnosis

Croup should be suspected in a child with a sudden-onset, seal-like barking cough, often accompanied by stridor and chest wall (intercostal) or sternal indrawing. Symptoms are typically worse at night and increase with agitation. Non-specific upper respiratory tract symptoms (blocked or running nose, non-barking cough, mild fever) may have been present for between 12 and 48 hours previously. Hoarse voice is also common. In moderate or severe cases, the child may be showing signs of respiratory distress or failure, such as persistent agitation, lethargy/fatigue, asynchronous chest wall and abdominal movement, pallor or cyanosis, and decreased level of consciousness.

Differential diagnoses such as epiglottitis, upper airway foreign body, retropharyngeal abscess, tonsillar abscess, angioneurotic oedema, or allergic reaction should be considered.[1,3]

- Bacterial tracheitis – suspect in a child with fever, sudden onset stridor, and respiratory distress, following a viral-like respiratory illness from which they appear to be recovering but then become acutely worse
- Epiglottitis – suspect in a child with sudden onset high fever, dysphagia, drooling, anxiety, non-barking cough, and their preferred posture is sitting upright with head extended. Note: This is rarely seen since widespread immunisation against *Haemophilus influenzae B*
- Foreign body in upper airway — suspect in a child with sudden onset dyspnoea and stridor, usually a clear history of foreign body inhalation or ingestion, no symptoms of viral illness, and no fever (unless the develop a secondary infection).
- Retropharyngeal/peritonsillar abscess — suspect in a child with dysphagia, drooling, stridor (occasionally), dyspnoea, tachypnoea, neck stiffness, and unilateral cervical adenopathy. Onset is typically more gradual than with croup and is often accompanied by fever.
- Angioneurotic oedema — suspect in a child with acute swelling of the upper airway which may cause dyspnoea and stridor. Fever is uncommon. Swelling of face, tongue, or pharynx may be present. Can occur at any age.
- Allergic reaction — suspect in a child with rapid onset of dysphagia, stridor, and possible urticarial rash. Can occur at any age. Suspicion should be further raised if there is a personal or family history of prior episodes, or allergy.

Management

When examining the child take care not to frighten them as agitation can cause worsening of symptoms. To ensure comfort, the child should be seated comfortably in the parent/carer's lap.

The severity of the symptoms are categorised as follows:[1]

- Mild croup – seal-like barking cough, but no stridor or sternal/intercostal recession at rest
- Moderate croup – seal-like barking cough with stridor and sternal recession at rest; no agitation or lethargy
- Severe croup – seal-like barking cough with stridor and sternal/intercostal recession associated with agitation or lethargy
- Impending respiratory failure – increasing upper airway obstruction, sternal/intercostal recession, asynchronous chest wall and abdominal movement, fatigue, pallor or cyanosis, decreased level of consciousness. The degree of chest wall recession may diminish with the onset of respiratory failure as the child tires. A respiratory rate of over 70 breaths/minute is also indicative of severe respiratory distress

Hospital admission

Consider the need for hospital admission; all children with features of moderate or severe illness, or impending respiratory

failure should be admitted to hospital. Hospital admission should also be considered for children with a respiratory rate of over 60 breaths/minute. Children with mild illness may require admission if they have risk factors which warrant a lower threshold for admission, such as:

- Chronic lung disease (including bronchopulmonary dysplasia)
- Haemodynamically significant congenital heart disease
- Neuromuscular disorders
- Immunodeficiency
- Age under three months
- Inadequate fluid intake (50 to 75% of usual volume, or no wet nappy for 12 hours)
- Factors that might affect a carer's ability to look after a child with croup, such as adverse social circumstances, or concerns about the skill and confidence of the carer in looking after a child with croup at home, or the carer being able to spot deteriorating symptoms
- Longer distance to healthcare in case of deterioration. [1,4]

While awaiting admission to hospital controlled supplementary oxygen should be given to all children with symptoms of severe illness or impending respiratory failure. A dose of oral dexamethasone should be administered (0.15 mg/kg). If the child is too unwell to receive medication, inhaled budesonide (2mg nebulised as a single dose) or intramuscular dexamethasone (0.6 mg/kg as a single dose) are possible alternatives.

If hospital admission is not required (mild illness) a single dose of oral dexamethasone (0.15 mg/kg) should be prescribed to be taken immediately.[1]

Advise the parents/carers about the expected course of croup, including that symptoms usually resolve within 48 hours. A patient information leaflet is available from the HSE at: **www.hse.ie/eng/health/az/C/Croup.**

Advise the parent or carer to take the child to hospital if stridor can be heard continually, the skin between the ribs is pulling in with every breath, and/or the child is restless or agitated. They should also be advised to call an ambulance if the child is very pale, blue, or grey (includes blue lips) for more than a few seconds, is unusually sleepy or is not responding, is having a lot of trouble breathing (for example, the belly is sinking in while breathing, or the skin between the ribs or over the windpipe is pulling in with each breath; the nostrils may also be flaring in and out), is upset (agitated or restless) while struggling to breathe and cannot be calmed down quickly, if they want to sit instead of lie down, and/or if they cannot talk, are drooling, or having trouble swallowing.[1]

Advise the parents/carers to use either paracetamol or ibuprofen to treat a child who is distressed due to fever. Antipyretic agents should not be used with the sole aim of reducing body temperature and should be continued for only as long as the child appears distressed. Advise the parent to consider alternating paracetamol and ibuprofen if the child's distress is not alleviated, but not to give both medicines simultaneously and to only alternate these agents if the distress persists, or recurs before the next dose is due.

Parents should not attempt to reduce fever by underdressing the child, or with use of tepid sponging. They should encourage the child to take fluids regularly. For infants who are breastfed, breastfeeding should be continued. Parents or carers should check on the child regularly, including through the night.[5]

Arrange follow-up, using clinical judgment to determine the appropriate time of follow-up.

Amanda Greenall is clinical author at Clarity Informatics, Nina Thirlway is style editor at Clarity Informatics and Dr Gerry Morrow is editor and medical director at Clarity Informatics. Clarity Informatics is contracted by the National Institute for Health and Care Excellence (NICE) to provide clinical content for the Clinical Knowledge Summaries service available through the Clarity Informatics Prodigy website at: http://prodigy.clarity.co.uk

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CPD Quiz

There may be more than one correct answer to the multiple choice questions listed here. The correct answers *(given below in the inverted text)* are those deemed most appropriate by the authors in the context of this CPD article.

1. Croup is characterised by:

A) Loud, high pitched respiratory sound
B) Quiet, low pitched respiratory sound
C) Voice hoarseness
D) Seal-like barking cough

2. Croup more commonly affects:

A) Boys
B) Girls
C) New-born children
D) Children between 6 months and 3 years old

3. Signs of impending respiratory failure include:

A) Increasing upper airway obstruction
B) Sternal/intercostal recession
C) Fatigue
D) Respiratory rate of 30 breaths/minute

4. Children with which of the following should be admitted to hospital:

A) Mild croup
B) Moderate croup
C) Severe croup
D) Impending respiratory failure

5. Children who do not require hospital admission should be:

A) Given antipyretics if distressed due to fever
B) Encouraged to drink regularly
C) Transferred to hospital if they show signs of deterioration

After reading this article you may wish to reflect on what you have learned, how this might be applied to your own work and to make a note of this in your portfolio.

For further information and resources: **www.clarity.co.uk**

Answers: Question 1= A, C, D; Question 2= A, D; Question 3= A, B, C; Question 4= B, C, D; Question 5= A, B, C

Introducing Executive Council members

Karen McGowan

ANP, ED,
Beaumont Hospital

I WORK as an advanced nurse practitioner (ANP) in the emergency department at Beaumont Hospital in Dublin. I trained as an RGN in Beaumont Hospital and completed my Bachelor of Nursing Science in Dublin City University. I have a post graduate diploma in emergency nursing and an MSc from the RCSI. I have also completed a certificate in drug prescribing and ionising radiation, as well as a certificate in advanced assessment in UCD.

I am the secretary of the INMO's Dublin Northern Branch. Additionally, I serve as a local nurse representative. I am actively involved with local workplace issues and have participated in a number of WRC discussions including the ED agreement.

This is my first term on Executive Council and as part of this I serve on Nursing and Midwifery Education Committee, which I have learned so much from.

I am very passionate about furthering nurse education and feel that it is necessary in order for the role of the nurse to expand and advance. As someone who practises at an advanced level I can see the improvement this role has on patient care. I am very motivated and love to encourage others in furthering their knowledge.

Marie O'Brien

CNM1,
Ennis Hospital

I AM currently working as a CNM1 in Ennis Hospital. I qualified as an RGN and RM in Limerick Regional Hospital and St Munchin's Maternity Hospital, Limerick. I completed my management course in University Limerick.

I am an active INMO member and have been a workplace representative since 1988. I am currently involved in workplace issues and have been present at WRC discussions as a nurse/midwife representative. I also worked with the INMO as part of the action committee that fought for the retention and development of services in Ennis Hospital during the reconfiguration of the ED and ICU services.

My position on the INMO Executive Council allows me a platform to discuss and highlight the issues that nurses and midwives must overcome daily. I will continue to fight for safe, secure working environments, appropriate patient/staff ratios, parity and pay restoration. Above all my desire is for Irish nurses and midwives to feel valued and respected in their professions while being afforded the luxury of decent working conditions.

It is a privilege to represent my fellow nurse and midwife colleagues on the INMO Executive Council. I will continue to strive and work tirelessly to ensure that every nurse and midwife can do their job safely and securely, as it should be. One of my main priorities as CNM1 is to ensure optimal patient care, however in order to achieve this nurses and midwives must be valued and have a safe working environment with mandatory staffing levels and full pay restoration. I get great satisfaction when a staff member or patient complements the new wards I was part of securing with INMO backing.

Bridget O'Donnell

Staff nurse, ED,
University Hospital Limerick

I CURRENTLY work as a staff nurse in the emergency department of University Hospital Limerick. This is my third term on Executive Council. I have been an INMO rep in the ED of University Hospital Limerick for many years and continue to highlight issues of concern, both locally and nationally regarding patient safety.

We recently moved to the new emergency department at the hospital, which is a state-of-the-art clinical environment for patients and staff. Up to the weekend before it opened there were many issues of concern to members that had not been addressed. I, along with my colleagues Ingrid O'Brien and Sarah Watkins, highlighted the issues by placing them on public record. We secured the necessary commitments from management for the opening to go ahead. I am also involved with the national ED Taskforce.

I am a vociferous INMO activist, both locally and nationally through the Executive Council. My priorities lie in ensuring adequate and safe staffing levels in all departments to ensure safe and effective patient care in line with their dependency and acuity levels and to ensure a safe working environment for members to carry out these tasks.

In today's climate with gross overcrowding and understaffing and the expectation to give more for less it is hard to remain optimistic. Nurses and midwives are frustrated and demoralised but to achieve anything we need to remain strong and unified. We need to promote the health and wellbeing of each and every nurse and midwife. This can only be achieved by all of us realising our self-worth and the major contribution of our professions to the health service. I urge more members to come forward and become an active rep in your area. Remember you, the members, are the INMO.

Separating fact from fiction with the HPV vaccine

Primary healthcare professionals play an important role in promoting vaccination, correcting misinformation and informing the public about vaccine effectiveness, writes **Breda Cosgrove**

HUMAN papillomavirus (HPV) is the most common sexually transmitted infection worldwide and causes cervical and other cancers.[1] HPV vaccine is a safe and effective vaccine that has been offered to Irish girls as part of a school-based vaccination programme since 2010. High vaccine uptake is key to the success of the HPV school vaccination programme.

However, due to unsubstantiated safety concerns, a recent decline in vaccine uptake has been observed. This development is of concern to all involved in cancer prevention. Nurses have a pivotal role to play in promoting vaccination and providing the public with accurate information.

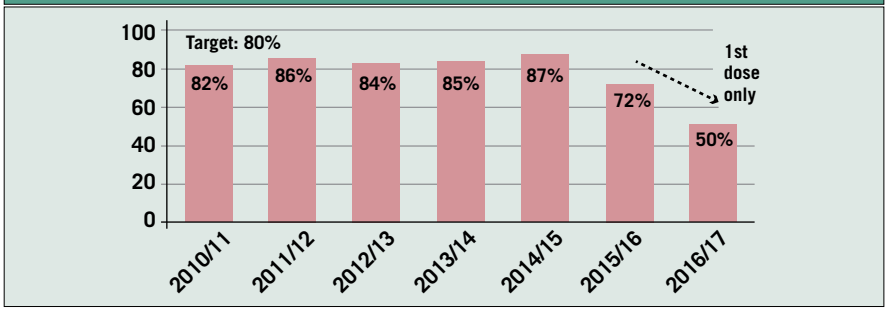
HPV and disease burden

HPV is spread by direct (usually sexual) contact with an infected person. Approximately 80% of women will have a HPV infection in their lifetime, usually in their late teens and early 20s.[2] Approximately 40 HPV types can infect the genital tract. These are categorised into high-risk (oncogenic) and low-risk (non-oncogenic) types.

Most infections clear naturally but some caused by high-risk HPV types may persist and progress to cancer. In Europe, types 16 and 18 are responsible for over 70% of cervical cancers. Low-risk types 6 and 11 are associated with over 90% of genital warts. In Ireland, almost 300 women develop cervical cancer each year and almost 90 die from the disease.[3] Furthermore, over 6,500 women are diagnosed with high-grade cervical intraepithelial neoplasia (CIN) annually.[4]

HPV is also a known cause of several other cancers including vulvar, vaginal, penile, oropharyngeal and anal cancers.[1]

Figure 1: HPV vaccine uptake in Ireland



HPV vaccine

Two HPV vaccines have been licensed by international regulatory bodies since 2006.[5] Both vaccines HPV4 (Gardasil) and HPV2 (Cervarix) protect against HPV types 16 and 18 and can be given to females and males from nine years of age. The vaccines are over 99% effective in preventing CIN associated with HPV types 16 and 18. In addition, HPV4 vaccine protects against types 6 and 11 and is 99% effective in preventing genital warts.

HPV9 (Gardasil 9) was licensed in 2015. This vaccine includes five additional HPV types so this vaccine will protect against 90% of cervical cancers.

Ideally, the vaccine should be administered before exposure to HPV at sexual contact and has been shown to induce a better immune response in girls aged between nine and 15 years compared with older teenage girls and young women (aged 16-26 years).[6,7]

HPV school vaccination programme

The National Immunisation Advisory Committee recommends that HPV vaccine should be given to all 12-13-year-old girls to prevent cervical cancer.

Since 2010, HPV4 vaccine has been offered to all girls in first year of second level school and age-equivalent girls in special schools and those educated at home. Two doses, administered six months apart, are recommended for girls up to 14 years of age. Girls aged 15 years and older require three doses. Immunity lasts for at least nine years and is likely to be long-lasting. The need for a booster dose has not yet been determined.[2]

The target for uptake of two doses of HPV vaccine is ≥ 80%. Vaccine uptake exceeded the target and increased every year up to 2014/15 when uptake was 87% – the highest ever since the programme began in 2010. However, in the academic year 2015/2016, this target was not met for the first time since commencement of the programme, with uptake falling to 72%.[8] Figures for the first vaccine dose in 2016/2017 are estimated at 50%. This decline is related to concerns about HPV vaccine safety.

Vaccine safety

HPV vaccines are approved for use in over 100 countries, with more than 200 million doses distributed worldwide.[5] In Ireland, more than 660,000 doses have been distributed and more than 220,000

girls have been fully vaccinated.

The safety of the HPV vaccine has been monitored for more than 10 years and is frequently reviewed by international bodies including the European Medicines Agency, the World Health Organization and the Centers for Diseases Control and Prevention. These bodies have continually reported that the vaccine is safe with no known long-term side-effects.[9,10,11] In Ireland, the Health Products Regulatory Authority (HPRA) continues to monitor the safety of HPV vaccine.

There has been considerable media reporting about the alleged long-term side-effects of HPV vaccine, with confusion between an adverse event (unfavourable sign, symptom or disease temporarily associated with but not necessarily caused by vaccination) and an adverse reaction (a known side-effect of vaccination with a causal relationship).

The known side-effects include pain, erythema and swelling at the injection site and headache (1 in 10), urticaria (1 in 100 to 1 in 1,000), and anaphylaxis (1 in 1 million). Syncope can occur after vaccination, especially in adolescents.[5]

There is no scientific evidence of an increase in chronic fatigue syndrome (CFS) following the introduction of HPV vaccine. CFS has been known for over 200 years. It is three to four times more common in females and more common in adolescents. In Ireland, estimates suggest a prevalence rate of 0.2-0.4% (similar to that reported in other European countries) so at least 440-880 cases of CFS would be expected by chance among the 220,000 vaccinated girls. The numbers reported are much lower than expected.[5]

There is also no evidence to support a causal link between HPV vaccine and premature ovarian failure, postural orthostatic tachycardia syndrome (POTS), complex regional pain syndrome or any other long-term medical condition.[9-11]

Impact of HPV vaccination

The impact of vaccination has been observed in several countries that have introduced a vaccination programme since 2006 and have maintained high vaccine uptake rates. Cases of high-grade CIN have declined by up to 75% in Sweden, Australia, and Scotland.[12-17] On August 29, 2016, Australian professor Ian Frazer stated that after 10 years of HPV4 vaccine (Gardasil) use, "the number of new cases of cervical cancer in women has halved" in Australia.[18]

Since the vaccination programme began in Australia in 2007, there has also been a 93% reduction in the number of diagnoses of genital warts in women aged up to 21 years.[19] In Scotland, research has shown that the levels of cancer-causing human papillomavirus have dropped by 90% in young women following the vaccination campaign that began in 2008. The researchers believe that this may lead to a 90% reduction in cervical cancer cases in Scottish women where 90% of girls have been vaccinated annually since 2008.[20]

Cervical screening

Cervical screening is still necessary after vaccination as the HPV4 vaccine (Gardasil) only protects against 70% of cervical cancers. HPV vaccination is a preventive measure to be used in conjunction with cervical screening.

Key messages

HPV vaccination is safe and effective and protects girls from developing cervical cancer in adulthood. The recommendation of a health professional has been shown to lead to increased vaccine uptake. Primary healthcare professionals have an important role to play in the promotion of all vaccinations and HPV vaccine in particular, to correct misinformation and to inform the public about vaccine effectiveness and safety.

The HSE is running a catch-up vaccination programme for schoolgirls who have missed their HPV vaccine. For more information see **www.hpv.ie**

The HPV vaccine is safe and protects against cervical cancer

Breda Cosgrove is a specialist registrar in public health medicine with the National Immunisation Office

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Asthma Education

In the first of a two-part series, **Ruth Morrow** discusses patient education and treatment adherence in asthma

THIS article is the first of a two-part series on asthma. In this first article, patient education and adherence to treatment will be explored. In the second article, barriers to management and steps to address these will be discussed.

Asthma is a heterogeneous disease, usually characterised by chronic airway inflammation which is defined by the history of respiratory symptoms such as wheeze, shortness of breath, chest tightness and cough that vary over time and in intensity, together with variable expiratory airflow limitation.[1]

Asthma is one of the most common chronic diseases worldwide affecting an estimated 300 million people. Prevalence is increasing in many countries, especially in children. Asthma is a major cause of school and work absence.[2] Developed economies might expect to spend 1-2% of total healthcare expenditure on asthma with developing economies likely to face increased demand due to increasing prevalence of asthma.

Poorly controlled asthma is expensive in terms of hospitalisations, visits to out of hour services, days missed from school and the negative impact on quality of life for children and their families. The Asthma Insights and Reality in Europe study revealed that a child with asthma will lose 10 days from school per year.[2,3]

Burden of asthma

It is estimated that 475,000 people in Ireland have asthma. In 2011, the Asthma Society of Ireland estimated that there were 56 deaths from asthma, 100 discharges from intensive care units, 5,200 inpatient discharges, 50,000 GP out of hours attendances and 240,000 people who have uncontrolled asthma. Furthermore, it was estimated that children with asthma lost 10 days of school per year.[4]

Patient education

Patient education is essential to promote, encourage and foster self-management for all adults and children with asthma. GINA (2017) strongly recommends the use of written self-management plans and education following diagnosis. This needs to be revisited at every opportunity to ensure that patients are fully informed.[1]

Patient education should include:

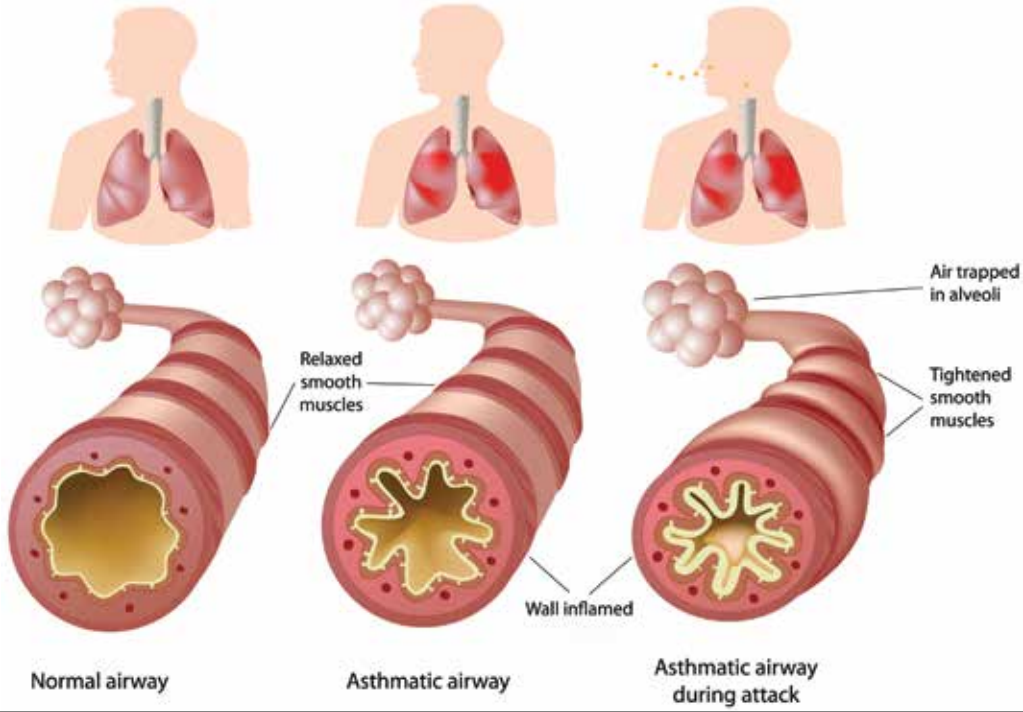
- Education in the disease process giving the rationale for prescribed treatment. There is a number of online and written materials available as well as models of airways which are very useful when educating patients *(Figure 1)*
- Management of trigger factors including minimising and, if possible, avoidance of exposure to trigger factors. Assessment and identification of trigger factors can be challenging and very often, patients and parents may not be aware of the potential trigger factors. Asking the patient or parent to observe for potential trigger factors over a period of time can be useful. Trigger factors can be inhaled (house dust mite, pollen, strong odours, smoke, animal dander), swallowed (foods, food additives and preservatives, medications such as ibuprofen and beta-blockers), non-allergic (exercise, cold air, hormonal, acid reflux, laughing or crying) and occupational
- Pharmacological therapy – the mechanism of action of inhaled corticosteroids (ICS) and bronchodilator therapy providing the rationale for treatment. According to GINA (2017), most patients should be commenced on early ICS therapy following confirmation of asthma diagnosis and stopping inhaled corticosteroids is not advised. Down titrating of inhaled corticosteroids is recommended and the addition of leukotriene receptor antagonists can assist with this (GINA, 2017)
- Inhaler technique – each inhaled device has specific characteristics for its use and care and therefore can be confusing for patients if they are on more than one different device. Every effort should be made to ensure that patients are prescribed the same device for all their inhaled medications. However, this may not be possible depending the drugs required to be delivered. In recent times, this has proved easier as there has been a surge of inhaled devices to the market which can be used in combination. Good inhaler technique is essential
  - to optimise drug deposition into the lungs
  - to manage treatment failure
  - to improve symptoms
  - to prevent inappropriate escalation of treatment
  - to avoid side effects, eg. hoarseness, dysphonia
- Self-management plan – all patients with asthma should have a written self-management plan which provides them with information on what to do when they experience worsening of their asthma and what to do if what they have done doesn't work. Self-management may also involve the use of peak flow meters and the interpretation of the readings.

Adherence

Considerations when choosing a device

A number of considerations need to be taken into account when deciding on the appropriate device for a patient. Experience and research has shown that involving the patient in choosing the device aids better adherence.[5] What the patient wants from their inhaler, the drug formulary, the range of devices, the range of therapies and the

Figure 1: Pathophysiology of asthma



cost of the medication are all considerations which health professionals should take into account.

From the patient's perspective, the medication needs to fit into their lifestyle; their ability to use the device and the presence of physical or sensory impairment all can impact on the patient's ability or willingness to use the device.

Inspiratory effort – for the drug to be optimally delivered to the lungs, adequate inspiratory effort is required. This can be checked by using an in-check dial device to ensure the patient has sufficient inspiratory effort for the drug to reach the airways *(Figure 2)*. A minimum inspiratory effort of 30 litres/min is required for optimal deposition. Some devices require higher inspiratory effort. Poor inspiratory effort will result in poor control of symptoms and an increased risk in side effects as the drug is deposited in the mouth and oropharynx.

Common errors in inhaler technique

The errors with inhaler technique can be categorised as follows: errors with the device, errors with patient, and errors with the health professional.[6] Cultural barriers also exist with inhaler use. In some populations, the use of an inhaler is seen as improper or impolite and oral medications may be preferred.[7]

Errors with the device include:

- Incorrect preparation of the device
- Poor inspiratory effort
- Using different devices to deliver different drugs – where possible the devices should be the same
- Poor dexterity – inhaler aid devices are available to assist patients with reduced dexterity
- Poor co-ordination of actuation and inspiration.

Figure 2: In-check dial meter

Errors with the patient include:

- Reduced dexterity which may affect the patient's ability to actuate the device
- Learning difficulties or cognitive impairment
- Inhaling too fast or too slow for the device
- Inappropriate device for the patient's lifestyle.

Errors with the health professional include:

- Not explaining to the patient how to use the device
- Not demonstrating the inhaler technique
- Not checking inhaler technique at every opportunity
- Inadequate assessment of the patient's inspiratory effort to ensure the device is appropriate
- Inadequate assessment of the patient's ability to use the device correctly.

Evidence indicates that patients who express a preference for a particular device are more likely to use their inhaler correctly and are easier to teach correct inhaler technique.[5]

In conclusion, this article has explored patient education and adherence in caring for the person with asthma. Education needs to be tailored and delivered in a way that is appropriate for the patient whether the patient is an adult, adolescent or a child, taking into account their learning ability and previous experiences.

Ruth Morrow is an ANP in primary care and a registered nurse prescriber in practice in Leitrim

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The aim of pharmacological treatment is to prescribe the minimum dose of medication for the optimal control of symptoms

Managing the unknown

Setting up an MDT that includes a specialist nurse can ease suffering and uncertainty in cases of cancer of unknown primary, writes **Tanya Knott**

CANCER of Unknown Primary (CUP) is a term used to describe a cancer that presents with metastases at diagnosis with no identifiable primary site. CUP patients are a forgotten group of patients, with no specific holistic care pathway. The CUP patient's path is one of complete uncertainty, which requires specialised medical team and nursing support. The standard treatment for the past 15 years has been based on empiric broad-spectrum chemotherapy. However, advances in this area have seen diagnostic improvements such as molecular profiling assays to complement the standard pathological diagnosis. These advances combined with an organised multidisciplinary team approach can improve survival and minimise suffering for CUP patients.

Cancer is the second most common cause of death in Ireland after disease of the circulation such as heart disease and stroke. Each year approximately 28,480 Irish people develop cancer, and over 8,000 patients will die each year.

It is estimated by 2020 there will be a 25% increase in new cases reported on the level recorded in 2010, with a proportionate increase in the number of treatments.[1]

CUP is when a secondary cancer is diagnosed, but doctors can't tell where the primary cancer started. An alternate name for CUP is metastases of unknown origin (MUO). Ordinarily a secondary cancer is named according to the primary cancer. For example, a cancer that starts in the lungs and spreads to the liver is still a lung cancer. The secondary cancer in the liver is made up of lung cancer cells and not liver cells. Secondary cancers are also usually treated according to the primary cancer.

With CUP, the primary cancer isn't known. This means that treatment choices are often more difficult to make. For some patients the origin of the cancer will be found through further tests, however for many patients the primary cancer will never be identified and will remain unknown. A cancer diagnosis in itself is devastating for patients, families and friends, but for the cause of the cancer to be unknown is entirely overwhelming, a double agony.

CUP affects on average 600 patients in Ireland per year.[1] It is significant to note that while CUP is seen usually as a phenomenon affecting older people, it is possible for it to affect younger people.[2] At present, when compared with a patient in whom a site-specific cancer diagnosis is clear, the patient with CUP/MUO faces numerous significant, immediate problems:

- The lack of an explicit, efficient, formal system to manage the initial diagnostic phase
- Inadequate information on their illness
- Uncertainty about the nature and organisation of clinical plans
- Insufficient symptom control and delayed access to specialist palliative care
- No cancer nurse specialist support
- Referral to an inappropriate site-specific cancer team using a process, which does not provide necessary information for decision making, leading to delays in investigation and treatment.[4]

Currently there is no CUP lead oncologist or clinical nurse specialist (CNS) in Ireland and therefore there is no specified integrated holistic care pathway.

A CUP CNS is vital to co-ordinate the multidisciplinary team (MDT) that is required to treat patients with CUP.

Patients presenting with CUP often do not have the medical or other benefits available to those with site-specific cancers. For patients, the diagnostic process is agonisingly prolonged and involves multiple investigations, consultants and multidisciplinary meetings.

'MDT tennis' where the patient's case is sent from one MDT meeting to another and back again, is a feature of this medical dilemma as the team tries to find the primary site. This often results in no confirmed diagnosis at the end of it all.

The UK NICE guidelines recognises the need in CUP cases for the same basic infrastructure that underpins that for site-specific cancers.[3]

The main components required are:

- A team comprising a consultant oncologist with CUP expertise, a palliative medicine consultant and a designated CUP nurse specialist. The CUP team aligned with colleagues from radiology, pathology, pharmacists and team coordinator can then undertake traditional MDT functions. The CUP team can be in an advisory role without taking over care of the patient, initially
- A rapid review system, where patients not requiring inpatient stay can be cared for in outpatients service ensuring relevant testing is carried out in a timely manner, with clear patient communication and holistic support, rather than spending a significant amount of time waiting and having inappropriate tests carried out by different site specific teams
- The CUP team can develop and maintain much needed guidelines for the

treatment, management and diagnostics of CUP/MUO. Through audit, research and keeping up to date with advances in this otherwise neglected disease complex, they can ensure high quality care for all CUP patients.[4]

Early referral to palliative care is essential for patients with confirmed CUP. Typically most patients have a high burden of symptoms that require intervention at presentation. This combined with complex emotional and psychological needs means palliative care services are paramount.

There are much needed support groups designated to site-specific cancers but in Ireland there is no specific support group for patients with CUP. The incredible work of John Symons and the CUP Foundation in the UK is perhaps the main and only site worldwide to offer information, support and the most up-to-date research for patients, families and healthcare professionals.[5]

Advances

There have been major advances in tests to attempt to identify the source of the cancer or the responsible genetic mutations, in someone with metastatic cancer.

An accurate predication of the tissue of origin is now possible for the majority of patients with CUP, using either improved panels of immunohistochemical stains or molecular gene expression tumour profiling.[6]

Molecular and gene expression profiling of these tumours have been shown to be very successful in finding 'primary -like' genotype.[7] Although the anatomical primary sites cannot be found in most patients even after the tissue of origin is predicted, increasing clinical experience confirms that these predictions can effectively guide site-specific therapy for patients with CUP.

The era of empiric chemotherapy administered to all patients is coming to an end, and customised therapies are favoured.[7]

At present, patients diagnosed with CUP in Ireland have tremendous uncertainty and no clear treatment path. Not only do they deal with the anguish of a cancer diagnosis but it is a cancer diagnosis with no focused management pathway. Patients are often suffering significant symptoms as well as psychological trauma. It is vital that CUP clinical guidelines are developed in order to provide an appropriate patient diagnostic and treatment pathway, which will eliminate MDT tennis, allowing for rapid patient review, and effective decision-making.

Modern advancements in diagnostics such as genetic profiling are showing promise in revealing more effective customised therapies. With further research and audit these can be used to improve survival in CUP patients. Formation of a specialised MDT with a specialist nurse position can implement focused management plans to ease the suffering and the uncertainty surrounding this condition.

Tanya Knott is an RGN and director of the Sarah Jennifer Knott Foundation

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Hypnobirthing: An alternative approach

Helena Long and Carmel Bradshaw examine the evidence on the use of hypnobirthing in labour and birth

THE use of complementary and alternative therapies has become increasingly popular in pregnancy and among labouring women as a means of alleviating pain and decreasing the need for pharmacological analgesia during labour.[1]

In maternity care, the most commonly cited complementary medicine or practices for pain management in labour are categorised into mind-body interventions such as yoga, relaxation techniques and hypnosis, alternative medical practice such as homoeopathy, and manual healing methods such as massage and reflexology. These methods are popular because they emphasise the individual's personality, and the interaction between mind, body and environment. This article will review some of the evidence in relation to the use of hypnosis/hypnotherapy in labour and birth particularly women's satisfaction with its usage

Hypnosis is a skill of using words and gestures often referred to as 'suggestions' in a particular way to achieve specific outcomes that result in apparent spontaneous changes in perception or behaviour.[2] This form of communication allows dissociation and allows the woman to become focused.[3] Hypnosis has been used in maternity care for more than a century.[4]

Identifying publications related to the use of hypnosis during the labour process involved a comprehensive search using the EBSCO host and included AMED, CINAHL plus with full text, MEDLINE, psycARTICLES, psycINFO and the UK and Ireland reference centre.

Women's hypnobirthing experience

Finlayson et al conducted a qualitative study using the participants from the SHIP trial.[5,6] The aim of the SHIP study conducted in the UK was to establish the effect of antenatal group self-hypnosis for nulliparous women on intrapartum epidural use. Interviews were conducted by Finlayson et al with women randomised to the intervention arm of the SHIP trial to explore their views and experiences of using self-hypnosis during labour and birth.[5]

Forty eight of the 343 women in the intervention group were invited to participate. Of these women, 16 were interviewed over a 12-month period, all of whom were first time mothers and had no prior experience of labour pain. All the women described feeling anxious or fearful about labour before they attended the self-hypnosis training sessions.[6]

All 16 subjects felt calmer and more confident after the self-hypnosis sessions, recognising they could now rely on hypnotic techniques to reduce any feelings of anxiety. Women who considered themselves sceptical about the use of hypnosis, admitted to feeling more empowered following just one session of self-hypnosis training.

Refuge

The hypnotic state provided women with what was described as a 'refuge' where their minds could visit in times of anxiety during labour. Some of the women highlighted that when they arrived at hospital in active labour, they were not taken seriously by admission staff who considered them to be 'too relaxed' to be in labour. The five themes that were identified from the data were 'Calmness in a climate of fear', 'From sceptic to believer', 'Finding my space', 'Delays and disappointments' and 'Personal preferences' indicated that all of these women felt less anxious about the labour process.

Similarly, Abbasi et al undertook a phenomenological study of Iranian women during pregnancy to examine whether hypnosis for labour pain could enhance the experience of labour.[7] This study involved six women who were trained in self-hypnosis for labour in a maternity hospital in Iran. All six women had experienced previous normal vaginal births without any medical intervention. None of these women had previously used any analgesic medications and had no experience with relaxation methods. The hypnotic intervention consisted of progressive relaxation with guided imagery of a safe place or a 'refuge' similar to the study by Finlayson et al.[5]

Suggestions, which were tailored to the needs of the six women, were used to control or change pain perceptions. All six women described how hypnosis provided them with "a sense of pain relief" which was consolidated through all stages of their birth process and reported a decrease in fear of pain in natural childbirth when compared to their previous birthing experience.

One of the researchers in this study was also the hypnotherapist and attended all six women in labour and birth providing continuity in instruction but also a constant presence with the women for labour. Hodnett et al, in a review of continuous support in labour, found that women who received this support were more likely to give birth spontaneously and less likely to use intra partum analgesia. These women were also more likely to be satisfied with their experience of childbirth, had shorter labours and were less likely to have a Caesarean section or instrumental vaginal birth.[8] This suggests that use of hypnosis may not have been the only factor in this study that enhanced women's satisfaction with labour and birth.[7]

Another limitation of Abbasi et al study might be that the women were

self-selecting and therefore highly motivated in the use of hypnosis.[7]

Reducing fear, anxiety and stress

Mehl-Madrona conducted a study to determine if prenatal hypnosis could facilitate birth by reducing fear, anxiety and stress.[9] Some 520 women in the US were recruited and interviewed over a 10-year period. The women were randomly assigned to either hypnosis with the author or a discussion group where issues about childbirth could be reviewed with a PhD candidate in psychology, or to a control group. The author reported that women's experience of fear was associated with complicated birth, but levels of fear as measured by the Taylor Manifest Anxiety Scale were reduced when prenatal hypnosis was used.

Grantly Dick-Read in his seminal work in 1944 stated that the fear-tension-pain syndrome associated with the pain of labour and birth arises at a physiological level via the autonomic nervous system, triggered by a woman's belief system and her emotional state concerning childbirth.[10] The findings of Finlayson et al, Abbasi et al and Mehl-Madrona appear to support that the use of hypnobirthing in pregnancy, labour and birth may alleviate the fear and tension leading to reduced pain or better coping mechanisms for pain.[5,7,9]

Outcomes

Outcomes other than women's satisfaction with the use of hypnobirthing have also been researched. A Cochrane review for example notes that hypnosis may reduce the overall use of pharmacological pain relief during labour, but does not seem to reduce epidural usage.[11] Women using hypnosis are no more likely to have a normal vaginal birth. However, where hypnosis was used women often reported a more satisfying birth experience but the authors of the review do sound a note of caution in relation to the limited research available. Similarly, research has been conducted that considered the impact of hypnosis on the duration of labour but the findings have been inconclusive.[12,13]

In summary, hypnosis in labour and birth might well be a significant factor for women in relation to increased birth satisfaction, better coping mechanisms in labour and reduced need for pharmacological analgesic other than epidurals. Hypnosis might also be important for women in relation to maintaining control and feeling empowered by their preparation and planning for childbirth. Hypnosis is something that could feasibly be introduced into the maternity services but would need to be resourced from a midwifery education and training perspective.

Currently in Ireland, women have only very limited access to the use of hypnobirthing facilitated by the maternity services. Formal education and training is required for midwives to develop these skills and respond to women's needs, contributing to a truly woman centred experience of pregnancy, labour and childbirth.

Helena Long is a midwife at the University Maternity Hospital, Limerick and Carmel Bradshaw is a midwifery lecturer at the University of Limerick

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MONEY MATTERS

A starter guide to car insurance

Ivan Ahern advises students on how to save money on car insurance premiums

WHEN it comes to your first car, choose wisely. A sports car might be fun to drive, but they're notoriously expensive to run and cost a small fortune in car insurance and fuel. Instead choose a car with a smaller engine size, free of modifications. It will save you in tax too. If your car was manufactured before July 2008, tax is based on the engine size. After July 2008, tax is calculated on carbon dioxide emissions output.

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Fully comprehensive, on the other hand, as it implies, covers eventualities such as personal injury, damage to other cars and any damage done to your own car and property. Choosing the right plan from the start could save you a lot of money in the long-term. Decide which cover is right for you before you look for a quote.

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Look at your excess

An excess is the amount of money that you need to pay out yourself before your car insurance cover kicks in. Many people don't check this and it can make a significant difference in the price of your policy. Usually, the lower the excess is, the higher the price of the policy. Ask if there is a difference in price if you go for a higher excess and weigh it up.

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Avoiding penalty points is also an obvious one. If you're a novice driver (N plate) you have a lower threshold of seven penalty points for breaking the rules of the road. It pays to be a safer driver – literally.

Public health nurses

If you use your car for work it is important that your policy includes employer indemnity cover. Some insurance companies may charge additional fees and place limits on the number of business miles you can clock up in a year. Make sure you are covered for unlimited business miles as standard.

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Installing an alarm and immobiliser could reduce the cost of your car insurance too. Security can be overlooked by most people. Don't forget to tell the insurer of any extra security features on your car when looking for a quote.

Serious injury

It's the unthinkable but you may want personal injury cover for serious injury as a result of an accident, especially if you don't have health insurance. This could be an optional extra so don't just assume it's included. It's worth checking.

Personal belongings

This cover is nice to have but as it may increase your premium, ask yourself do you regularly have valuable items left in your car? Regardless of whether you choose this cover, you should always keep valuables out of sight.

Driving other cars

Some policies cover driving of other cars as standard. So, if you don't like driving a long journey home for the weekend, but like the independence of having the car when you get there, you might want this benefit. It means you will be covered to drive your siblings' or parent's car. So you can avoid the traffic jams, relax and even watch a movie en route home. If you decide you want this benefit, shop around, check if it's included and whether the cover is fully comprehensive or third party.

Ivan Ahern is a director at Cornmarket

For more information on the INMO-endorsed nurses and midwives car insurance scheme visit www.cornmarket.ie/inmo or Tel 01-470 8042.

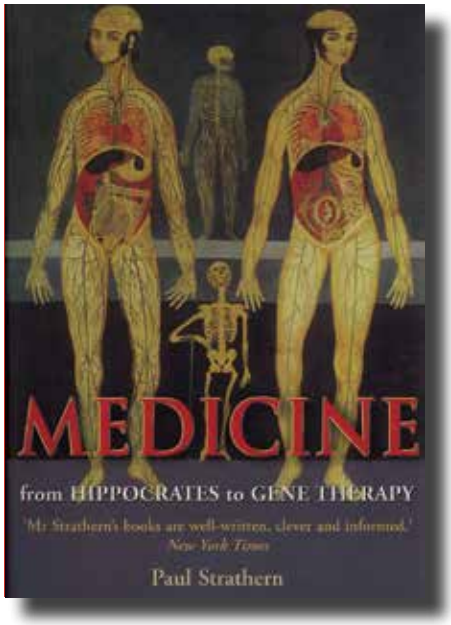
A journey in medical history

THE history of medicine largely comprises a long period of ignorance followed by a short period of rapid progress. Nothing much really happened until William Harvey discovered the circulation of blood in 1628 and provided the first pointers as to how the body actually works and how many diseases develop. Harvey modestly admitted that before his discovery 'I did almost believe that the motion of the heart was known to God alone'.

He was not alone in his previous ignorance. Before Harvey's publication of *de Motu Cordis*, medical orthodoxy had largely adhered to the medical teachings of the ancient classical masters.

Back in the time of ancient Greece, the man known as the father of medicine, Hippocrates, was the first to try to bring a more rational and philosophical approach to medicine. Removed from superstition, his beliefs marked considerable progress at the time. He believed that liquid was the source of life, that the body contained four 'humours': blood, phlegm, black bile and yellow bile, and that illness was caused by one fluid accumulating in one part of the body.

Hippocrates gave us the doctor's oath and a more holistic approach to medicine. He also bequeathed us his aphorisms,



pearls of wisdom that sometimes hit the mark. For example:"Life is short, art is long, opportunity elusive, experience fallacious, and judgement difficult" (tell me about it). But then he opines: "People who are bald do not suffer from varicose veins."

This Paul Strathern's *A Brief History of Medicine, from Hippocrates to Gene Therapy* provides a concise and informative outline of the development of medical treatment and disease prevention, and how so many diseases, particularly those related to infection changed from killers to curable, sometimes by chance but sometimes through genius. It takes in milestones such as the smallpox vaccine – which was successfully developed as far back as the late 18th century, the progress of physiology, the development of antiseptics, preventive medicine, antibiotics and the polio vaccine.

Incidentally, Alexander Fleming, revered as the discoverer of penicillin, discovered it by accident, eventually abandoned further experimentation with it and had relatively little to do with its development (by others) as a life-saving treatment in the mid 20th century.

There is a chapter dedicated to 'pioneering women' which takes in Florence Nightingale and her important work on cross contamination. There are also tales of grave robbing, germ theory and syphilis to name a few. This book provides an informative insight for both the general and specialised reader.

– Niall Hunter

A Brief History of Medicine, from Hippocrates to Gene Therapy, by Paul Strathern is published by Robinson. ISBN 9781845291556. Available from Amazon at STG£12

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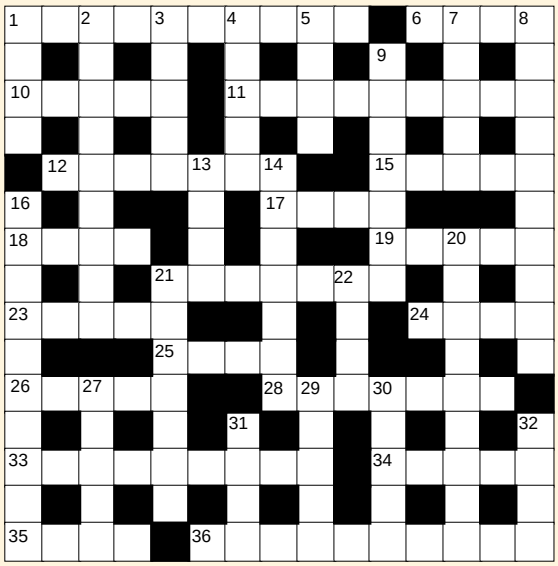

Across

1. Inappropriate behaviour may be the custom in DC (10)
6. Fragrant powder (4)
10. Scrap of bread (5)
11. Wanton destruction (9)
12. An elevated beginning for an insolent person (7)
15. Make amends (5)
17. Cut up (when upset) (4)
18. The skua is disturbed by these diving-birds (4)
19. Sweet bakery products (5)
21. The attempt to turn base metals into gold (7)
23. Is the king near distraction because of her? (5)
24. Rabbit's tail (4)
25. Statuesque, physically eminent (4)
26. Canines, perhaps, are found in that settee there (5)
28. Port town in East Cork (7)
33. Fails to notice (9)
34. Higher than (5)
35. Cheese that is made backwards (4)
36. Hospital machine that may be seen, literally, on oriental TV (10)

Down

1. Small rodents (4)
2. Card game played only where horses are bred (4,5)
3. Path around a celestial body (5)
4. Port on the English Channel (5)
5. Biscuit that holds whipped ice-cream (4)
7. Spanish pal (5)
8. Make up for what the copse meant, possibly (10)
9. A position needing to be filled (7)
13. Beverly Hills cop Foley is hiding in a beeswax elephant (4)
14 & 30d. A high trolley might be needed for what the Arthurian knights sought (3,4,5)
16. Put money on a debilitating incident to make one swim like this (10)
20. Informal game of football (9)
21. Convert a tin hall to a place where insects may live (7)
22. Seen in a restaurant/computer program (4)
27. Some serene matrons use it to give you that empty feeling (5)
29. Attack with broken stone (5)
30. See 14 down
31. The femur, for example (4)
32. Stag or doe (4)

Name: .....
Address: .....
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The prize will go to the first all correct entry opened.
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Post your entry to: Crossword Competition, WIN, MedMedia Publications, 17 Adelaide Street, Dun Laoghaire, Co Dublin

Solutions to September crossword:

Across:
1. Croissants 6. Half 10. Mafia 11. Red salmon 12. Distant 15. Nudge 17. Alum 18. Rung 19. Adolf 21. Postman 23. Vista 24. Afro 25. Redo 26. Tweak 28. Society of Friends 33. Argentina 34. Joeys 35. Nora 36. Meningitis

Down
1. Camp 3. Smart-Alec 4. Aaron 5. Tidy 6. Aimed 8. Finger food 9. Rain Man 13. Alto 14. Tattoos 16. Gravy train 20. Off-street parking 27. Eager 29. Okapi 30. In jig time 32. Uses

The winner of the July/August crossword is: Kitty Lawler Bagenalstown Co Carlow

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It's the unthinkable but you may want personal injury cover for serious injury as a result of an accident, especially if you don't have health insurance. This could be an optional extra so don't just assume it's included. It's worth checking.

Personal belongings

This cover is nice to have but as it may increase your premium, ask yourself do you regularly have valuable items left in your car? Regardless of whether you choose this cover, you should always keep valuables out of sight.

Driving other cars

Some policies cover driving of other cars as standard. So, if you don't like driving a long journey home for the weekend, but like the independence of having the car when you get there, you might want this benefit. It means you will be covered to drive your siblings' or parent's car. So you can avoid the traffic jams, relax and even watch a movie en route home. If you decide you want this benefit, shop around, check if it's included and whether the cover is fully comprehensive or third party.

Ivan Ahern is a director at Cornmarket

For more information on the INMO-endorsed nurses and midwives car insurance scheme visit www.cornmarket.ie/inmo or Tel 01-470 8042.

First ANP in plastic surgery appointed in Ireland

ROSCOMMON University Hospital's Amanda O'Halloran has recently been appointed as a registered advanced nurse practitioner in plastic surgery – the first RANP post in plastic surgery in Ireland.

Ms O'Halloran completed her general nursing training in St James's Hospital and began working in Roscommon University Hospital in 2005. She has had a keen interest in clinical care and quality improvement since her student days and her interest in plastic surgery came to the forefront when she began working alongside Dr Deirdre Jones, consultant in plastic surgery in late 2011. Ms O'Halloran completed the burns and reconstructive acute clinical pathway in the University of Brighton and then undertook her MSc in advanced practice with nurse prescribing in NUI Galway.

One of her achievements was as a member of the team who won first prize for a poster named the 'See and Treat Model of Care' from Dr Aine Carroll at the inaugural Integrated Care Conference at Dublin Castle in June 2015. This 'See and Treat Model of Care' is in place for patients in Roscommon University Hospital and means that the patients receive their consultation and procedure during the same visit.

Amanda O'Halloran, Roscommon University Hospital, was recently appointed as the first ever registered advanced nurse practitioner in plastic surgery in Ireland

Manchester to host breastfeeding symposium

MEDELA'S 2nd UK National Breastfeeding Symposium will take place in Manchester at the Mercure Piccadilly Hotel on October 13 from 8.30am-4pm.

Featured speakers include:

- Paula Meier - Donor human milk and mothers' own milk for very low birth weight Infants: outcomes and costs are different
- Kathy Dewhurst - Family integrated care
- Annie Aloysius - senior clinical specialist speech and language therapist (neonatology) Family integrated care parent app
- Doona Geddes - What's on the menu? How the dynamicity of human milk composition is shaped.

In addition to providing a packed scientific agenda this event is designed to be an ideal platform for investigators, advocates and allies in the field of breastfeeding and lactation to meet and share their current research and exchange thoughts and experiences. Entrance is free and open to all nurses and midwives.

Tackling head lice in schools

AS THE new school year fast approaches, healthcare brand Hedrin is calling on parents to spread the word, not the lice, as their latest consumer attitude survey, 'the facts of lice', suggests one in every three parents continue to keep their child's head lice outbreak a secret.

With 50% of parents saying their biggest concern is the spread of head lice, this September, Hedrin is urging parents to spread the word to teachers and other parents.

To alleviate the stress of head lice, the healthcare brand recommends a simple three-step process; check, treat, complete to tackle the problem.

Local youths make their mark on art project at site of new children's hospital

CHILDREN and young people from Dublin 8 are taking part in an art project that will see a section of the hoarding erected around the new children's hospital transformed to a design of their creation.

A group from the Rialto Youth Project was the first local group to work on the hoarding, under street artists Emmalene Blake, Gordon Rice and Lanni Power.

Located across from the Rialto Luas station, a 60 metre section of hoarding that now surrounds the construction site will be illustrated by local children and will remain in place for the duration of the four-year construction of the new children's hospital.

This is the latest initiative by the National Paediatric Hospital Development Board to involve the local community in the development of the hospital.

Ingrid McElroy, Community Benefit Programme manager, said: "The NPHDB is committed to ensuring that the new children's hospital is a good neighbour and that the local community benefits from its location in their area. The hoarding around the construction site will be in place for the next four years. As well as showing images of what the new hospital will look like, we wanted the local community to have an input into its design. The new children's hospital will be a world-class facility. It will transform children's healthcare for all of Ireland, and it will also be a catalyst for regeneration in the communities surrounding it so we have a programme of work in place to ensure that locals benefit from having the hospital on their doorstep as much as is possible, particularly in terms of employment opportunities," she said.

Skechers Work Collection competition

THE winner of the Skechers shoe competition, which ran in last month's *WIN*, is **Marian Ryan, Cappagh, Co Tipperary.**

Strike action yields results in Kerala

MANY nurses from Kerala, a beautiful state that lies at the southern side of India, work in Ireland and are INMO members. Kerala is a model for all other Indian states as it has achieved social and educational development comparable to most developed countries. However, the state has not yet taken measures to improve the working and living conditions of nurses. There were no trade unions for nurses until four years ago. Government sector nurses are reasonably well paid but those in the private sector can be exploited.

In 2012, a committee set up by the Kerala government to look into the problems of nurses working in the private sector recommended that private hospitals should be allowed to exploit qualified nurse practitioners by appointing them as 'trainees'.

It also recommended that the government direct private hospitals to give appointment orders to nurses specifying pay and service conditions, and apart from maintaining eight-hour shifts, that the extra hours put in by a nurse be documented and compensated with leave or additional benefits. The committee made over 50 recommendations of which only eight were approved. However, only about 200 of 1,500 private hospitals, where the unions were strong, implemented these recommendations.

In 2016, a recommendation by a special committee assigned by the Supreme Court had said that all privately owned hospitals with 50-bed plus capacity had to ensure that nurses get salaries at par with those in the government sector. This came after nurses had agitated in 2013.

The nurses of the private hospital sector began an indefinite strike state-wide on June 28, 2017 after the hospital managements rejected their pay revision demands. The mediation panel, appointed by the Kerala High Court, held talks with the representatives of hospital managements and nurses' associations. However, the nurses stood firm on their demand for Rs20,000 as minimum salary to which the managements responded in the negative. The Kerala High Court then told the government that the Essential Services Maintenance Act must be evoked against the nurses who are on strike. However, the United Nurses Association (UNA) informed that they will not back out from the planned strike. The Indian Nurses' Association and the UNA determined to escalate their protest.

In one district in Kerala , the District Collector said government hospitals were handling patients beyond their capacity and directed that the nursing students be deployed in private hospitals to care for the patients, but the students union rejected this order as it was illegal and unsafe practice to deploy students to take the responsibility of a qualified nurse.

The UNA, who had been on protest for about a month, then decided to go on an indefinite strike from July 17. However, on July 20 Kerala chief minister called a meeting with union members and private hospital managements. The Kerala government said it would implement the Supreme Court directive of Rs20,000 as a minimum salary to nurses in the state.

Around 80,000 nurses in the private sector are expected to benefit from the decision. The UNA has now called off the one-month long action. I am so proud of all my nursing friends in Kerala.

Unnimol Jose works in Lourdes Orthopaedic Hospital, Kilkenny

September

Thursday 7
Retired Nurses and Midwives Section day trip. Newbridge Estate, Hearse Road, Donabate. Train departs Connolly Station at 11.17 and 11.45. It is a 10-minute walk to Newbridge House or a taxi is available at Tel: 01 8460869. Lunch is available onsite. Admission to house/farm costs €6. For further information email: magnordell@gmail.com

Thursday 14
Retired Nurses and Midwives Section meeting. INMO HQ. 11am-1pm. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Thursday 14
PHN Section meeting. INMO HQ. 2.30pm. The meeting will take place following an education programme for PHNs. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Saturday 16
CRGN Section meeting. INMO HQ. 11am-1pm. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Saturday 16
CNM/CMM Section meeting. INMO HQ. 11am-1pm. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Thursday 21
Assistant Directors of Nursing Section meeting. Limerick. Venue TBC. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Thursday 21
Legal and Professional Issues Workshop organised by the Nursing and Midwifery Education Section. Tel: 01 6640641 for further details or log on to **www.inmoprofessional.ie**

Saturday 23
School Nurses Section meeting. Midlands Park Hotel, Portlaoise, Laois. From 10am. Education session on Documentation. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Wednesday 27
Telephone Triage Section conference. Midland Park Hotel, Portlaoise. See page 53 for full details.

Wednesday 27
ED Section meeting. Venue TBC. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Friday 29
Research Nurses/Midwives Section meeting. INMO Cork Office. Time TBC. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details.

October

Saturday 7
ODN Section meeting. Mater Hospital Dublin. 11.30am. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Saturday 7
Radiology Nurses Section meeting. Venue TBC. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Thursday 12
All Ireland Midwifery Conference Armagh City Hotel. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Monday 16
Retired Nurses and Midwives Section autumn break to Tower Hotel, Co Waterford. Cost: Three-night stay, dinner bed and breakfast per person sharing €159. Single rate €219. Tel: 051 862300. For further information email: magnordell@gmail.com

Wednesday 18
Care of the Older Person Section meeting. INMO Cork Office. 11am-1pm. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Saturday 21
International Nurses Section Culturefest. INMO HQ. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

November

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

Saturday 18
CNM/CMM Section meeting. INMO HQ. 11am-1pm. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Wednesday 22
ED Section meeting. INMO HQ. 12.30pm. Venue TBC. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Wednesday 29
CPC Section meeting. INMO HQ. 10.30am-12.30pm. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

INMO Membership Fees 2017

A Registered nurse *(Including temporary nurses in prolonged employment)*	€299
B Short-time/Relief *This fee applies only to nurses 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 members	No Fee

Education programmes for Sections in the INMO PDC

- An education programme on risk assessment and documentation, specifically for public health nurses, will take place on September 14, 2017 from 11am-2pm in INMO HQ. The PHN Section meeting will take place at 2.30pm following this programme. Tel: 01 6640641/18 or go to **www.inmoprofessional.ie** to book

Condolences

- The North Tipperary Branch of the INMO and the INMO Limerick Office extend their deepest sympathy to Jean Armitage, INMO rep in Nenagh Hospital, on the recent passing of her father, James Armitage. RIP
- The INMO extends its condolences to the family of Grainne O'Donnell, who sadly passed away from meningitis at just 20 years of age. Her mother, Maria O'Donnell, is an INMO member who has been involved in fundraising to raise awareness of meningitis in the wake of this tragedy
- INMO staff and members would like to extend their deepest sympathy to Noel Treanor and Rebecca Malone on the recent death of Katie Treanor, Noel's mother and Rebecca's grandmother. RIP

Retired Nurses and Midwives Section outing

- The Section's Autumn break will be held in Tower Hotel, Waterford City from October 16 to October 19. Cost is €159 per person sharing and a single room is €219. Price includes three nights accommodation with breakfast and evening meal.

Is your INMO membership up to date?

Please advise the INMO directly if you have changed employer or work location

Contact the membership office with any updates through the main INMO switchboard at Tel: 01 6640600 or email: membership@inmo.ie

Irish Nurses and Midwives Organisation
Working Together

PUBLIC SERVICE STABILITY AGREEMENT 2018-2020

Updated Briefing Document for INMO Members

EXECUTIVE COUNCIL RECOMMENDING ACCEPTANCE

INTRODUCTION

The INMO, together with other public service unions, were involved in protracted negotiations, over a three week period, in June, on a new public service pay agreement.

The Public Service Stability Agreement 2018-2020 must now be balloted on, by members, following a special national meeting of all campaign committees held on June 27, 2017, and consideration by the Executive Council.

Below is a summary of the key points contained within the agreement.

KEY QUESTIONS

Q.1 When will the agreement come into operation?

If ratified, these proposals will come into effect on January 1, 2018 and will run until December 2020. All outstanding pay and allowances to be restored, under the current Lansdowne Road Agreement, will continue to apply.

Q.2 FEMPI

The principle intention of the agreement is to continue the unwinding of the Financial Emergency Measures in the Public Interest (FEMPI) Acts, which were used to cut the pay of public servants in the period 2009 – 2013.

Accordingly, under the proposed terms, more than 90% of all public servants will have exited FEMPI reductions by the conclusion of this proposed agreement. Those who have not completely exited FEMPI, by 2020, will exit by 2022 and this will be dealt with by legislation as per the Lansdowne Road Agreement.

Pay Measures

If accepted the following pay measures i.e. the unwinding of FEMPI pay reductions, will apply across the lifetime of this agreement:

- January 1, 2018, annualised salaries to be increased by 1%
- October 1, 2018, annualised salaries to be increased by 1%
- January 1, 2019, annualised salaries up to €30,000, to be increased by 1%
- September 1, 2019, annualised salaries to be increased by 1.75%
- January 1, 2020, annualised salaries, up to €32,000, to be increased by 0.5%
- October 1, 2020, annualised salaries to be increased by 2%

Points to Note

(i) Only those earning less than €30,000 and €32,000 respectively will receive the increases applicable on January 1, 2019 and January 1, 2020

(ii) Pay restoration, for higher paid grades, under the current Lansdowne Road Agreement, will continue into 2018 and 2019 where provided for in that agreement.

Q.3 Pension Related Deduction

As part of the unwinding of FEMPI, the Government has proposed that the Pension Related Deduction (PRD) will be replaced by a permanent additional superannuation contribution (ASC).

This ASC would become effective on January 1, 2019 and would operate as follows:

(i) Public Servants who are members of pre-2013 Pension Schemes with Standard Accrual Terms:

January 1, 2019	
Up to €32,000	Exempt
€32,000 to €60,000	10%
€60,000	10.5%
January 1, 2020	
Up to €34,500	Exempt
€34,500 to €60,000	10%
€60,000	10.5%

(ii) Public Servants who are members of the Single Public Service Pension Scheme, ie. entrants since January 1, 2013

January 1, 2019	
Up to €32,000	Exempt
€32,000 to €60,000	6.66%
€60,000	7%
January 1, 2020	
Up to €34,500	Exempt
€34,500 to €60,000	3.3%
€60,000	3.5%

It is important to note that the ASC, unlike the current PRD, will apply to pensionable remuneration *only* so will now *NOT APPLY* to overtime and on-call payments, thus increasing the take home value of these payments.

Q.4 What will be the total increase in take home pay (combining pay increases and pension deductions) under the terms of the proposed agreement?

The following details the combination of the increase in pay/pension deductions contained within the proposals:

(i) Points on Staff Nurse/Midwife Scale

Current salary	Increase as at 1 October, 2020	Total Pay Increase	Total PRD Benefit	Combined Total (Salary/PRD)	% Increase
€ 28,483	€ 30,609	€ 2,126	Exempt as below € 32,000	€ 2,126	7.5
€ 34,189	€ 36,196	€ 2,007	€ 575	€ 2,582	7.6
€ 40,952	€ 43,356	€ 2,404	€ 575	€ 2,979	7.3
€ 46,954	€ 49,711	€ 2,757	€ 575	€ 3,332	7.1

(ii) Other salary ranges

- For those earning between €50,000 and €55,000 per annum, the combined benefit will €3,675 or 7% approx
- For those earning between €55,000 and €80,000 per annum, the combined benefit will be between €3,864 or 6.9% and €5,280 or 6.6% approx.

Q.5 Are there any changes to overtime payments?

From January 2019, non-pensionable overtime payments would no longer be subject to the pension levy. This would increase the value of overtime payments by around 10%.

Unions had sought the full restoration of overtime rates, which were cut during the emergency, but management were not prepared to concede this in the context of other measures leading to income restoration.

Q.6 What about the restoration of the Haddington Road Pay Cuts (applicable to public servants earning above €65,000)?

The 2011 Haddington Road Agreement introduced temporary pay cuts for staff who earned €65,000 a year or more. This was a third pay cut – which did not apply to public servants earning less than €65,000 a year. The restoration of these cuts began in April 2017 and full pay restoration, as previously agreed, will take place on January 1, 2019.

Q.7 Recruitment and retention - What is proposed?

In relation to the recruitment and retention issues, affecting the nursing and midwifery professions, and the health service in general, the proposals allow for a process to commence, under the Public Service Pay Commission, to comprehensively examine those areas of the public service where recruitment and retention issues are clearly evident.

At the insistence of the INMO, supported by other nursing and medical unions in the health service, this process is time limited and a commitment to engage with relevant parties, following the Commission's recommendations, is also in the agreement.

Q.8 Have any further clarifications been obtained, since the proposals were issued, regarding how the Public Service Pay Commission will address the issues of recruitment and retention?

At the insistence of the INMO, two meetings have been held, on June 26 and August 4, 2017, with the Department of Public Expenditure and Reform and the Public Services Committee (ICTU), to discuss this issue. Following these meetings the following has been clarified:

(i) Nursing and Midwifery (recruitment and retention) will be examined by the Public Service Pay Commission (PSPC) immediately if this agreement is ratified

(ii) The PSPC will engage relevant independent experts, to assist them in examining underlying difficulties in recruitment and retention of nursing and midwifery staff, who will forward a report to the PSPC

(iii) The PSPC will, informed by this expert report, recommend options for resolving the problems identified

(iv) The PSPC has confirmed that it will adopt a modular approach to its work, ie. some sectors/grades will be examined independently of other sectors and within an earlier timeframe. This approach will allow for a report to issue earlier than the timeframe that is set out in the original proposal, ie. the end of 2018. It has now been confirmed that nursing and midwifery will be examined in the first module with the PSPC issuing a report during the second quarter of 2018

(v) Within four weeks of the receipt of the proposals from the PSPC, detailed in the first modular report, management have committed to meeting with the INMO to discuss implementation.

Q.9 New entrants - all grades

Clearly, the issues of recruitment/retention and new entrants are linked. An acknowledgement was secured that issues, affecting post January 1, 2011 entrants, still require to be addressed, and will be reviewed by the parties to the agreement, commencing within 12 months, if the agreement is ratified.

Points to Note:

- **As is the case with recruitment and retention further clarifications have been requested and discussions are expected to take place in mid-September**
- **This affects a number of public service grades, ie. nursing/midwifery/ teachers.**

Q.10 Time and attendance system

The Government side are insistent that modernised time and attendance systems, including electronic systems, must be introduced. Where it is proposed to introduce, develop, modernise or update current time and attendance systems, full consultation and, where necessary, industrial relations engagement must take place.

Q.11 Working hours

The Government side was unyielding in their determination to maintain the additional productivity generated by additional hours under the Haddington Road Agreement. However, in recognition of work-life balance issues, public servants may, at defined points, seek to arrange to return to their pre-Haddington Road Agreement hours. However, there would be a pro-rata reduction in salary should this occur.

Q.12 What has been agreed on outsourcing and agency staff?

(i) ***Outsourcing:*** There has been no change to existing outsourcing protections that unions secured in the Croke Park and Haddington Road negotiations.

Management sought to dilute existing protections that require management to consult with unions, and produce a business plan setting out the case for what it calls 'external service delivery', if it wanted to outsource a service or part of a service. Critically the current agreement does not allow management cite labour costs (ie. pay) as part of the business plan. Management also wanted to amend the agreement to allow projects, worth €10 million or less, be outsourced without reference to existing protections, or any consultation.

The unions declared this a 'red line', (as it effectively means privatisation), and management eventually withdrew its proposals.

(ii) ***Agency staffing***: On agency staffing the proposals require management to engage with unions with a view to minimising the use of agency staff as much as possible.

Q.13 Work–life balance

The proposals commit management to ensure that work-life balance arrangements (including flexible working) are available, to the greatest possible extent, across the public service. The proposals say disputes on local/sectoral implementation, of work-life balance arrangements, can be processed through normal disputes resolution processes. The proposals also say management, in each sector, must monitor progress on gender balance in career progression.

Q. 14 Is there any change to the NMBI fee?

As this proposal is an extension of the LRA the commitment obtained by the **INMO**, to maintain the professional registration fee, at the current rate of **€100**, will be extended to at least the expiry of this proposed agreement (2020).

Q. 15 Will allowances, which were removed from post-2012 new entrants, be restored?

Yes – all nursing/midwifery allowances, which were removed from new entrants post-2012, will be restored as follows:

(i) Midwifery Qualification in the community
(ii) Registered General Nurse in the community
(iii) Nurse Co-Ordinator Allowance
(iv) Nurse Tutor - Specialist Co-Ordinator Allowance
(v) Nurses assigned to Occupational Therapy.

These allowances will be restored, if the agreement is ratified, from July 1,2017.

NEXT STEPS

As previously advised the Executive Council undertook an initial review of the proposals at its meeting on Tuesday, June 13, 2017. The Council decided to convene a special national meeting, of all campaign committees, which took place in the Green Isle Hotel, on Tuesday, June 27, 2017.

The Council, in the context of the feedback from this special meeting, decided, at its meeting on July 10-11, 2017 to defer making any decision, with regard to a recommendation, to allow for further clarification to be sought, from the management side, on the recruitment/retention aspects of the proposals (as mentioned earlier in this briefing document).

The Executive Council has now completed its review of the proposals, taking into account the clarifications now received, with regard to recruitment/retention, and the emerging picture, with regard to other public service unions, towards the agreement.

The Executive Council has decided to recommend **ACCEPTANCE** of the proposals in view of the following:

Rationale

(i) In adopting this recommendation, the Executive Council believes that the commitments, given by the Department of Public Expenditure and Reform, in respect of the work of the Public Service Pay Commission, should ensure that a robust, expert, analysis of the problems, in recruiting and retaining nurses/midwives, will be undertaken. They have also confirmed that nursing and midwifery will be the first module of that review. In this context the Organisation should await the recommendations from this independent review as this is what we sought as directed by the ADC motion.

(ii) If we reject the proposals, the Executive Council also believes that, at that point, members will be excluded from the Public Service Stability Agreement, including the pay and pension levy reductions. The recruitment/retention review may not take place, or worse, that it may proceed without input from the INMO.

(iii) The Executive Council's opinion is that engaging in industrial action, in advance of the Public Service Pay Commission concluding its work, would be premature and not in the best interest of members.

MEMBERS DECIDE

Following this Council decision, the Organisation has now commenced information meetings and a nationwide workplace ballot of all members.

All members are asked to familiarise themselves, with the details of the proposed agreement and, if possible, attend regional/local information meetings, before balloting.

Monday, August 28, 2017