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WIN

Journal of the
Irish Nurses and
Midwives Organisation

World of Irish Nursing & Midwifery

Special report from ADC 2024 in Croke Park

See pages 14-31

Government must end recruitment freeze
page 7

Meet the new INMO president
page 42

INMO education programmes
page 33

Tackling complex menopause
page 58

Strength in numbers

Unions give a voice and support to those in need

WIN

monthly journal of the INMO delivered to almost **40,000 Irish nurses**

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Source: Survey, ADC, Croke Park, May 2024

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ADC 2024

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INMO Professional

INMO
Irish Nurses and Midwives Organisation
Working Together

Date		Event
13	SEP	**Inclusion Health Section** The Richmond Education and Event Centre, Dublin
24	SEP	**Telephone Triage Section** The Richmond Education and Event Centre, Dublin
05	OCT	**Operating Department Nurses Section** Slieve Russell Hotel, Cavan
19	OCT	**Public Health Nurses Section** Online Webinar
24	OCT	**Occupational Health Nurses Section** The Richmond Education and Event Centre, Dublin
16	NOV	**National Childrens Nurses Section** Online Webinar
21	NOV	**All Ireland Midwives Conference** Fairways Hotel, Dundalk, Co Louth

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Croke Park ADC hits the right notes

THE INMO annual delegate conference (ADC) 2024 was a busy event, characterised by significant discussions on rule changes, budget agreements and various motions. The event began with a private session on Wednesday, May 8 where delegates focused on the budget for 2025 and commenced the debate on motions.

That evening, we held a dinner event that was attended by many directors of nursing from Dublin North, celebrating our prize-giving. It was a pleasure to meet the award recipients and some of their family members who joined them. This year's INMO award winners included:

- Claire Walsh, who won the CJ Coleman sponsored research prize for her paper, 'The Introduction of 4AT to an emergency department'. Her research looks at improving patient care in emergency settings
- Majella Neeson, nominated by Grainne Gillespie, who received the Preceptor of the Year award sponsored by Cornmarket
- Ann-Marie O'Reilly and Eileen Colgan were honoured with the Gobnait O'Connell Award, nominated by their branch for their dedication to member support at branch and section level *(page 17)*.

A highlight on Thursday was the stimulating panel discussion on staffing and how best to measure and implement safe levels. This included international comparisons *(page 26)*.

We also were delighted to welcome and hear an address from the Palestinian ambassador to Ireland *(page 18)*. Delegates passionately debated a motion supporting a ceasefire in Gaza and the Boycott, Divestment and Sanctions (I) movement, proposed by the Castlebar Branch and supported by the Cork Voluntary/Private and Letterkenny Branches.

The day also saw debates on student and practice nurse issues, highlighting the importance of the INMO's role in employment conditions. Retired nurses proposed a motion on vaccine costs. The day concluded with the elections for president and vice presidents, which was a lengthy affair and saw many counts to ensure the process was democratic and within the rules. Delegates took the process in their stride and filled the time between counts, enjoying the music playing in the hall.

The gala dinner on Thursday evening provided an opportunity for us to show appreciation for the outgoing president Karen McGowan and celebrate her proud record as INMO president with her family.

On Friday, Minister for Health Stephen Donnelly addressed delegates *(page 16)*, with president Karen McGowan highlighting the key issues for INMO members *(page 14)*. Eleanor Carpenter, director of nursing at Wexford General Hospital, gave an insightful presentation on the hospital's response to a fire, demonstrating the critical role of nursing leadership in emergencies *(page 26)*.

The conference concluded with a review of the year's work and the formal handover of the presidential role from Karen McGowan to Caroline Gourley, newly elected for the 2024-2026 term. The new Executive Council was introduced and it was announced that ADC 2025 will be held in Wexford.

Overall, it was a great conference with many important debates and motions carried. It is so important for the democracy of the INMO that branches, sections and forums bring the issues that matter most to members for debate. Demonstrating the union at work, these motions now set the agenda for the next 12 months for the incoming Executive, who were meeting for the first time at their orientation meeting as this issue of *WIN* was going to press.

ADC 2024 addressed many important issues, with debates and motions that reflect the democratic nature of the INMO. These discussions will guide the union's actions in the coming year. Thanks to the Croke Park staff, the INMO staff who helped to organise the event and all delegates for their participation. We look forward to working on the priorities set at this conference over the next 12 months.

Phil Ní Sheaghdha
General Secretary, INMO

New package of measures for Mid West must address unsafe conditions

A PERMANENT reduction in the number of patients on trolleys will be the only measure of success for the new plans being put in place to address the pressures on health services in the Mid West region, according to the INMO.

This followed the announcement from Minister for Health Stephen Donnelly and HSE chief executive Bernard Gloster that a support team had been formed to address the current pressures on health services in the Mid West.

While saying it welcomed any measures to alleviate the pressure on nurses and midwives in the Mid West region, the INMO said it would like to meet the new support team at the first available opportunity in order to give the union's perspective and views on what can and should be implemented in the region.

"The provision of safe and timely care must be the priority for this team," the union said.

Emergency care review

Commenting on the announcement that a review would commence on urgent care capacity in the Mid West, INMO assistant director of industrial relations for the Midwest region, Mary Fogarty said: "A HIQA-led review into the emergency care options in the Midwest is very welcome. We look forward to engaging with HIQA and the Minister on the terms of reference.

"The issues that have dogged the emergency department in University Hospital Limerick have been well flagged by the INMO. So far this year, shocking numbers of patients have been admitted to University Hospital Limerick to be treated on a trolley, chair or in another inappropriate bed space.

"There is huge pressure on our members working in University Hospital Limerick due to capacity issues and staffing deficits, coupled with changes in demographics in the Mid West region.

"Any review into providing additional urgent care capacity will be welcomed by the INMO and we want to have input into the drafting of the terms of reference.

"It is clear that at this point we will need a Model 3 hospital in the Midwest," Ms Fogarty said.

No new beds possible without hiring more staff

THE delivery of any extra beds in the Irish hospital system is entirely contingent on the hiring of additional nursing and midwifery staff, the INMO said in response to the government's announcement of the planned delivery of 3,352 additional beds.

While welcoming the announcement, INMO general secretary Phil Ní Sheaghdha said: "For every new acute medical/surgical bed, it requires a minimum of one additional nurse per bed. Higher numbers are needed for high dependency and complex needs, and seven additional nurses per bed are needed for intensive care unit beds.

"To realistically achieve the proposed increase in beds, we must significantly increase undergraduate nursing and midwifery places and introduce bespoke retention measures to ensure nurses and midwives stay in the system.

"With this announcement it has never been more obvious that the HSE's recruitment embargo must be immediately lifted for nursing and midwifery grades.

"There is little point in announcing additional beds without a workforce plan in place. The HSE and Department of Health have yet to publish the funded workforce plan for 2024. If this is the methodology that will continue for workforce planning it is hard to have confidence in the HSE's ability to deliver these additional beds."

The new plan announced by the government on May 29, 2024 aims to deliver 3,352 additional hospital beds (2,997 new beds plus 355 replacement beds), across the six regional health areas. These beds are in addition to the 1,015 hospital beds under construction or already committed to, bringing the total to 4,367 new beds the government said will be delivered by 2031.

Legislation needed to strengthen HIQA's powers

THE INMO has called on government to fast-track the Patient Safety (Licensing) Bill in order to give the Health Information and Quality Authority (HIQA) more powers.

INMO general secretary Phil Ní Sheaghdha said: "The State has received ample reviews and inspections by HIQA that are all welcome. The reviews by HIQA compound what is being reported by our members on a daily basis.

"The powers of HIQA need to go further than inspection and comment. Government must now publish and prioritise the passing of the Patient Safety (Licensing) Bill which would give HIQA the powers to ensure its recommendations are being enacted by individual hospitals and healthcare settings it inspects.

"Recent reports by HIQA confirm that patients receive kind and compassionate care from the healthcare workers they interact with. It is clear that the conditions that they are working in are out of their control.

"Recommendations by HIQA should not just be words on a page, if government is serious about improving the safety of patients and healthcare workers they must fast-track the passing of the very important Patient Safety (Licensing) Bill," she said.

The Health Information and Quality Authority (HIQA) published six inspection reports of public hospitals recently.

The inspections were carried out between September and November 2023 at: University Hospital Limerick, Letterkenny University Hospital, Rotunda Hospital, Belmullet Community Hospital, Nenagh Hospital and the Coombe Hospital.

The inspection reports can be read at **www.hiqa.ie**

Serious response to overcrowding and recruitment freeze long overdue

WITH continued "out of control" levels of hospital overcrowding throughout May and into June, the INMO made several calls for a serious response from the HSE and government. The union called on the HSE to immediately end the recruitment moratorium for frontline healthcare workers.

INMO director of professional services Tony Fitzpatrick said: "This level of unacceptable overcrowding, coupled with the fact that nurses and midwives are constantly working short in many emergency departments and wards because of the HSE's recruitment freeze, is bad news for patient and staff safety.

"Many funded nursing vacancies that are arising because of staff retiring, leaving or going on maternity leave are remaining unfilled because of the recruitment freeze. This is having a detrimental impact on staff morale and wellbeing.

"We have many reports of nurses being interviewed for posts and accepting posts, but no start dates have been provided to them. The freeze is still in place when there is unprecedented demand on our health services, meaning that various departments and community services are working short.

"This level of overcrowding warrants a serious response from the HSE and individual hospital groups and cannot be allowed to continue into the summer. All vacant nursing and midwifery posts must be filled immediately by lifting the recruitment moratorium."

Vacancies

The INMO has been highlighting the high levels of nurse vacancies around the country. For example, over 70 nursing vacancies are currently unfilled in Tipperary University Hospital, Clonmel due to the HSE's ongoing recruitment moratorium.

INMO IRO Liam Conway said: "Nurses and midwives in Tipperary University Hospital are working in very challenging environments with overcrowding continuing to be a problem while staffing remains short.

"The framework on safe nurse staffing in the medical and surgical wards in Tipperary University Hospital has been completely eroded as funded posts are not being filled when someone leaves, retires or takes maternity leave. This is completely unacceptable.

"The longer this recruitment embargo continues, the stronger message it sends to nurses who are in two minds about staying in the public health service or those that want to come home from abroad, that safe nurse staffing is not a priority to the HSE. The people of Tipperary deserve a hospital that is staffed to provide safe care – that is not the case at the moment."

Meanwhile, there are over 50 nursing positions vacant in University Hospital Kerry, including over 8% of the nursing workforce in the hospital unfilled because of maternity leave.

"There are longstanding agreements in place that maternity leave cover will be provided, but this is not the case in University Hospital Kerry," according to Mr Conway.

"The ongoing recruitment freeze is eroding the safe staffing framework that is meant to be in place in University Hospital Kerry. Anecdotally we know that many nurses are indicating their intention to leave because of unsafe staffing. Without intervention from government and the HSE nationally, vacancies will continue to increase and, without replacement, lead to increased risk to patients and staff. The hospital is already experiencing significant overcrowding issues with over 1,300 patients placed on trolleys across the hospital so far this year.

"Furthermore, posts remain unfilled in primary care services and in care of the older person services such as West Kerry Community Hospital and Tralee Community Nursing Unit. Local management must be given sanction to fill these posts.

"The recruitment freeze is having a detrimental impact on the mental and physical health of our members who are continuously in a position where they are forced to work short-staffed all while being expected to maintain current service levels. This is ultimately going to impact patient safety."

Overcrowding levels

Following the June bank holiday weekend, trolley figures had once again surpassed the 600 mark.

INMO general secretary Phil Ní Sheaghdha said: "It is utterly inexcusable that we are seeing over 600 patients being treated in Irish hospitals on a trolley, chair or in another inappropriate bed space.

"Time and time again, we warn the HSE that intensive measures must be taken to avoid a post-bank holiday trolley surge and yet we are seeing a number of patients on trolleys in June that would have been described as a national emergency in past winters.

"This level of overcrowding, that is now consistent and continuing into the summer, at a time when winter respiratory infections are not circulating indicates that the system of hospital avoidance is not effective. At a minimum the HSE must endeavour to significantly increase acute hospital beds before year end. Community services must be increased also. Otherwise, overcrowding will be much worse this winter. The HSE must immediately end the recruitment ban for nursing and midwifery posts," she said.

Is your INMO membership up to date?

Important message from the INMO

In difficult times the INMO will be your only partner and representative.

Only fully paid up members can avail of the Organisation's services and support in such critical areas as: safe practice, fitness to practise referrals, pay and conditions of employment, other workplace issues and continued professional development.

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

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Working Together

Union Week highlights benefits for health workers being part of a union

THE INMO joined with other organisations within the Irish Congress of Trade Unions (ICTU) to celebrate Union Week (April 29-May 3) and promote trade union membership in Ireland, particularly among healthcare workers.

Union Week, which began on International Workers' Day 2024, marked a key point in a national campaign run under the slogan 'Better in a Trade Union', with members from across the trade union movement, including the INMO, appearing on ads across TV, print, online and outdoor media to promote trade union membership across all industries and professions.

During the week INMO officials joined with healthcare trade union colleagues in hosting events in workplaces around the country. The purpose of the events was to bring together members from across the movement and raise awareness of the unions providing support and advice to workers in healthcare settings.

Standing strong during Union Week : *INMO members pictured at the Union Week event in Naas General Hospital were (left) Jan Hailey Reyes, RANP, Emergency Department, and Kirsten Abigail Rioja, SN AMAU*

Events took the form of coffee mornings and staff visits in Mercy University Hospital, Connolly Hospital Blanchardstown, Tallaght University Hospital, Naas General Hospital, St James' Hospital, Our Lady's Hospice and Care Services and more, with staff from the INMO, Fórsa and SIPTU running information stands and sharing information about the benefits of trade union membership and how to go about joining a union.

Speaking about Union Week, INMO deputy general secretary Edward Mathews said: "INMO members are aware of the strength of their union, and the influence they wield in matters of health and working conditions in the healthcare system.

"However, in order to maintain that strength, it is vital that union membership continues to grow and that union members remain active and involved. This means we need to continue to promote the role of unions in securing safer conditions and better pay for workers.

"It is also important that we raise awareness of how important INMO membership is to individual nurses and midwives in terms of protecting their registration and navigating workplace difficulties.

"The 'Better in a Trade Union' campaign has been a great opportunity to champion the trade union movement and its impact on workers' rights in Ireland. For the INMO in particular it's an opportunity to demonstrate how indispensable the union is to nurses and midwives throughout their careers."

Over 4,106 nurses and midwives assaulted at work

MORE than 4,106 nurses were assaulted between January 2023-February 2024 according to figures obtained by the INMO.*

On Worker's Memorial Day, April 29, INMO general secretary Phil Ní Sheaghdha called to mind workers who had died while at work. "One death in the workplace is one too many", she said.

She continued that it was also a time to reflect on how to limit the number of injuries in the workplace.

"Far too many nurses and midwives are assaulted in the workplace, over 4,106 nurses were verbally, physically or sexually assaulted in their workplace in the past year. We know that this is a conservative figure as many nurses and midwives do not report these incidents, not indeed do their employers", Ms Ní Sheaghdha said.

"The HSE as an employer needs to radically shift its focus when it comes to the safety of its employees. Our members, the majority of whom are women, need to know that they can go about very difficult jobs of treating patients in a safe manner without having to worry about their own safety.

"Too many of our members have had career-ending or career-changing incidents happen to them in the line of their work through no fault of their own. Far too often it is the overcrowded conditions that they are working in that are to blame.

"It is imperative that each hospital reflects on its own security arrangements and what they are doing to keep nurses, midwives and other frontline healthcare workers safe while at work.

Welcoming the positive response to the INMO's request to establish an advisory division for health and social care services within the Health and Safety Authority, Ms Ní Sheaghdha said: "Our expectations are high and we will work with the HSA to ensure it has the same transformative impact on healthcare worker safety as it has had in the construction and farming sectors."

Ultimately the aim of the HSA's Health and Social Care Advisory Committee is to see a reduction in injury and ill health, and an improvement in compliance with occupational safety and health within the health sector – both public and private.

** Figures obtained by the INMO via a Freedom of Information Request*

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

Unions pursue new long Covid scheme in WRC

THE unions are continuing to pursue their call for an ongoing scheme for members suffering with long Covid.

The INMO made representations to government for the Special Leave with Pay Scheme for long Covid to be extended for a short period to allow the current negotiations in the WRC to take place between the HSE, the Department of Health and the trade unions. The union has put forward a proposal which would make provisions for care workers who are already on the Special Leave with Pay Scheme. The INMO understands that the Department of Health has put forward a proposal to the Minister for Health and it is hoped that this will form the basis for a resolution of this long outstanding matter.

The INMO attended at the WRC on June 11, 2024 and two previous occasions in relation to the issue, however agreement had not been reached at time of going to press. The matter was reconvened for June 25, 2024 at the WRC.

Pay increases to be paid in June and July 2024

Following the ratification of the Public Service Agreement (PSA) 2024-2026, it is expected that healthcare workers will finally receive their adjustments in relation to the pay and arrears in June and July 2024.

See below for the dates indicated by the HSE for receipt of payments in each region:

- *East:* new rates and arrears before Friday, June 28
- *Midwest:* new rates and arrears before Friday June, 28
- *Midlands:* new rates and arrears before Friday, June 28
- *North East:* new rates before Friday, June 228; arrears before Wednesday, July 31
- *Northwest:* new rates and arrears before Friday, June 28
- *South:* new rates and arrears before Tuesday, July 2
- *South East:* new rates and arrears before Friday, June 28
- *West:* new rates and arrears before Wednesday, July 31

The INMO is vigorously pursuing the matter of delayed payment of pay awards with the HSE. The union has made it clear to the employer that the length of time it is taking for members to receive pay awards is totally unacceptable and that greater emphasis needs to be placed on timely payment.

For the latest public service pay scales and allowances, see the 'Pay & Rights' section on the new INMO website, **inmo.ie**.

Marriage leave claim

FOLLOWING a union claim for harmonisation of marriage leave arrangements for health service workers with those in the Civil Service, a circular is due to be issued by the Departments of Health and Public Expenditure and Reform confirming harmonising of marriage leave.

For ongoing updates on industrial relations issues see **inmo.ie**

New Regional Health Areas must include executive nursing leads

THE INMO is due to meet with senior management of the HSE in relation to the restructuring of the Regional Health Areas and the establishment of an expected 20 Integrated Health Areas.

Under the restructured HSE there will be six Regional Health Areas, each headed by a regional director. In addition, it is expected that there will be 20 Integrated Health Care Areas which will be a combination of acute hospitals and community services reporting into the relevant Regional Health Area.

The INMO is keen to ensure that the Recommendations of the Expert Review Body in relation to executive nursing leads is fully applied by the HSE as this constitutes government policy and will be the subject of engagement between the HSE and the INMO shortly.

Rollout of part payment of pensions

ACCORDING to the HSE, 80% of all pension applications are now paid within eight weeks, however there can be delays for a variety of reasons in respect of the other 20%.

The HSE has confirmed that a system of part payment based on verified service is now in operation in six out of the eight payroll areas. The unions have requested that the HSE extends this system to the other two areas (West and Mid West). This means that the HSE now pays part pension, based on a safe level of service, on the month that the employee is due to retire. In cases where there is complete information the full pension will be paid.

Pension declaration forms

The INMO has received complaints from members in relation to the Pension Declaration Form whereby they are required to have a declaration signed by a non-relative or authorised person on an annual basis. While this is a statutory requirement and therefore can not be removed, the unions are seeking that the frequency of these declarations be reduced and we will be engaging with the HSE on this matter.

Unions agree rights in Section 39

THE INMO, along with Fórsa and SIPTU, signed an agreement with the Board of Management of CoAction West Cork on March 22, 2024, which gives official recognition to the three unions to engage on industrial relations issues on behalf of members.

CoAction is a Section 39 intellectual disability organisation that provides services across the West Cork area. In advance of the meeting, the union side had furnished a proposed collective bargaining and procedural agreement to the board. This was accepted in its entirety and the agreement was signed by the board and the unions at the meeting.

We can confirm that the INMO, Fórsa and SIPTU are now formally recognised unions by CoAction West Cork for collective bargaining purposes. This is a welcome development which will augur well for all stakeholders within the organisation, particularly union members who have fought in solidarity with regard to achieving trade union recognition by their employer.

During the meeting it was agreed by both management and unions that a full review of all internal policies and procedures is required as an initial step to commencing our collective engagement with the organisation.

It has also been agreed that management will engage with the unions on any current issues, both individual and collective, pertaining to workplace/industrial relations matters which remain outstanding and each union will communicate with the board chairperson and IBEC accordingly on behalf of their members.

– Kathryn Courtney, INMO IRE, Southern region

Repayment plan needed in face of payroll errors

SEVERAL members across the Southern Region have been informed by the National Finance Division of the HSE about overpayments noted since the rollout of NiSRP/SAP payroll system.

Some members have had amounts deducted without their consent and in cases where correspondence was received, suggested repayments have been far beyond what members can afford at one time. This situation can be very stressful and financially unviable for members.

The INMO has corresponded on behalf of members to ensure that a breakdown of alleged overpayment is received and, if required, a repayment plan that is affordable for the member is put in place. We urge any members with concerns to contact their local INMO office.

– Kathryn Courtney, IRE

Dispute over staff levels in Leitrim CNU resolved

A DISPUTE over unsafe staffing levels at St Patrick's Community Hospital, Carrick-on-Shannon has been resolved ahead of a conciliation hearing.

The INMO has been representing nurses working in the Rivermeade Unit at the hospital since March 2023 in relation to unsafe nurse-to-patient staffing ratios.

As extensive engagement at local level failed to yield a positive result, the dispute was therefore referred to the Workplace Relations Commission.

In advance of a hearing, the HSE put forward a proposal to increase the nurse-to-patient ratios to a satisfactory level which has now resolved the dispute.

Local INMO representatives played a key role in advocating for a safer service at this unit and gaining a positive outcome, which the Organisation wishes to thank them for.

– Christopher Courtney, INMO IRE, Northwest region

Migrant Nurses Ireland inaugurate new Cork Unit

Migrant Nurses Ireland (MNI) recently held a formal opening of its new unit in Cork, at which INMO IRE Kathryn Courtney represented the Organisation.

Pictured above at the event are members of the new unit (standing, l-r): Niha Batcha, Ashly John, Manju Sanjith, Sherlin Thomas, Susan Jacob, Jibin Soman, Reema Antony, Shinto Jose, Somy Thomas and Mini David; and (sitting, l-r): Punitha Vairamani, Melba Vilson, Rasheed Ajo and Varghese Joy

INMO rep training courses

Training courses for INMO reps are ongoing throughout the country. A group of 10 members from a range of specialties, including those working in Section 38 and Section 39 organisations, attended a basic rep training in Waterford on June 5-6. Led by assistant director of industrial relations Colm Porter, this course was also facilitated by IRO Grainne Walsh, IRE Kathryn Courtney and IRE Richie Butler.

Pictured are (standing l-r): Mavis Addai, Laura Oldacres, Siobhan McGovern, Aine Kearney, Pamela Ryan, Erin Walsh, and (seated) Viju Varghese, Mohammed Jesal Hamsa, Sandra Hickey and Susan Shinks

South Doc members seek pay increases

THE INMO is pursing pay increases for members in South Doc CIT and South Doc Killarney. While the INMO have successfully pursed pay alignment, the enhanced practice pay scale and the 37.5-hour week in CIT, pay alignment in Killarney is dependent on the Section 39 process. The INMO will continue to push for alignment for our triage members in Killarney who operate with a different service level agreement to that of Cork's CIT service.

– Liam Conway, IRO

Tension rising in Kerry CCA

SEVERAL issues and disputes have arisen for INMO members in the Kerry community care area. Weekend working arrangements are before the Workplace Relations Commission, while an NiSRP system error has incorrectly deducted annual leave when members worked on public holidays. Staffing levels and staff burnout have also been raised by our members in the region.

– Liam Conway, IRO

Short staffing cited for delay in payment of increments

THE INMO was contacted by a number of members in quarter one of 2024 when they had not received their pay increment. On enquiring on this issue for our members with the relevant HR departments, it emerged that the HSE department responsible for payroll/ increments was short staffed. No notice that delays would be expected was provided to the relevant local employers or unions. The INMO raised this matter at regional level and via the National Joint Council.

The staffing issue has now been rectified and our members' increments are now being processed with retrospection. This particularly impacted members from January-March 2024.

The INMO encouraged members to reach out to us and have ensured prioritisation of this issue and that payments owed were paid immediately.

It is another important reminder to members to check your payslips regularly. Some members only became aware of this issue following notices from the INMO.

– Liam Conway, INMO IRO Southern region

Standing in solidarity with protest against occupation of Palestine

A TRADE union contingent visited the University College Cork (UCC) encampment on May 23, 2023 to support the demand by UCC students and staff for full divestment from UCC's financial ties to all companies profiting from the occupation of Palestine.

Camped out on the Quad in UCC in solidarity with Gaza, the students want UCC to issue a statement condemning Israel's actions in Gaza including the destruction of its universities. They want the college to call what is happening a genocide. They also want their college to cut ties with Israeli institutions and corporations, and to support Palestinian students and academics who are fleeing the conflict.

INMO IRE Kathryn Courtney joined officials from other trade unions in showing solidarity with students protesting the Israeli occupation of Palestine. Pictured (l-r) are: students Kay and Mikey; John Bowen, TSSA, Kathryn Courtney, INMO; Ann Piggott, ASTI; Joe Kelly, SIPTU who is honorary president of Cork Council Trade Unions (CCTU); students Conor and Mark; and Natasha Linehan Tracey, SIPTU

– Kathryn Courtney, INMO IRE, Southern region

INMO rep retires after over 30 years of service

At her retirement celebration from at St Michael's House, Dublin, longstanding INMO rep Eileen Colgan (right), is pictured with her colleague Ann-Marie O'Reilly (left) and INMO IRE Karen Clarke

ST MICHAEL'S House, Dublin waved off Eileen Colgan on May 17, 2024 as she retired after 39 years of service.

Ms Colgan has been a longstanding INMO rep in St Michael's House and has been a stalwart member for over 30 years. She took up her post as a staff nurse in February 1989 and, together with her colleague Ann-Marie O'Reilly, worked tirelessly on behalf of members within the intellectual disability (ID) sector, giving them a strong voice at every forum and ultimately changing and strengthening the role of the ID nurse on the ground.

Ms Colgan will be missed by her many colleagues and friends in St Michael's House, as well as by the INMO members she has supported and represented over the years.

We wish her every happiness in this new chapter of her life and thank her for her commitment as an INMO rep.

– Karen Clarke, INMO IRE Dublin North region

Sláintecare:nursing's challenge

Freda Hughes reports on the Sláintecare All-Ireland Nursing Festival

"THE health of a population is critical to economic success and nurses and midwives play a fundamental role in delivering healthcare and caring for the people of this country." These were INMO president Caroline Gourley's opening remarks at the recent Sláintecare All-Ireland Nursing Festival that took place in DCU's Helix Theatre.

Nurses and midwives were front and centre of all aspects of the annual day-long festival, with attendees from various disciplines and work locations across Ireland and more taking part remotely.

At the festival were (l-r): Irene Kuria, INMO member; Liz Egan, INMO second-vice president; Thressia Devassy, INMO Executive Council; Caroline Gourley, INMO president; Sarah Maher, INMO Executive Council; and Jennifer Doyle, member

Pictured (l-r): Dr Sean Paul Teeling, University College Dublin; Dr Maureen Flynn, HSE ONMSD; Prof Geralyn Hynes, retired from Trinity College Dublin; and Tony Fitzpatrick, INMO director of professional services

The morning plenary session set the scene for the day by looking at ways to harness the forces driving change within the professions to reach the goal of fully integrated person-centred care.

Geraldine Shaw, director of nursing and midwifery at the Office of the Nursing and Midwifery Services Director (ONMSD), spoke about Sláintecare as a vehicle for driving positive change in healthcare since its inception in 2017. She referenced the increase in advanced practice positions and clinical specialist roles since 2017 and said that Sláintecare was progressing as a result of partnership between the HSE, the INMO, other healthcare unions and representative bodies. She gave an overview of the six new HSE health regions and said that bringing community health services and hospitals together meant "we can take a more patient-centred approach to healthcare".

Eileen Caruthers, president of the Irish Association of Directors of Nursing and Midwifery, picked up this point adding that, while change can be daunting it creates opportunities to improve care. "Change allows us re-imagine new ways of working together towards integrated care," she said.

Prof Mark White, executive dean, RCSI, prefaced his presentation by saying he intended to be provocative and spoke of the need to embrace new technologies in healthcare, stipulating that nurses must have input and control over how such advances are incorporated into health services. He discussed generational differences within the nursing and midwifery workforces, surmising that adaptable and generational leadership was necessary as younger workers placed greater value on minding their mental health and achieving a good work-life balance.

Ms Caruthers responded that these attitudes typically associated with millennials and Gen Z are slowly bringing about positive societal change that could potentially lead to a culture of compassion where everyone has a chance to flourish.

All three speakers addressed the global shortage of nurses and the need for greater investment in recruitment and retention. Burnout and the emotional demand of the work were cited as huge stressors that often led to graduates leaving the profession soon after their training and to experienced staff retiring early. Prof White shared the alarming statistic that one nurse attempts self harm or suicide every day in the UK.

All speakers agreed on the need for greater investment, more places and pathways to university for students who want to join the professions and for more responsive, compassionate leadership.

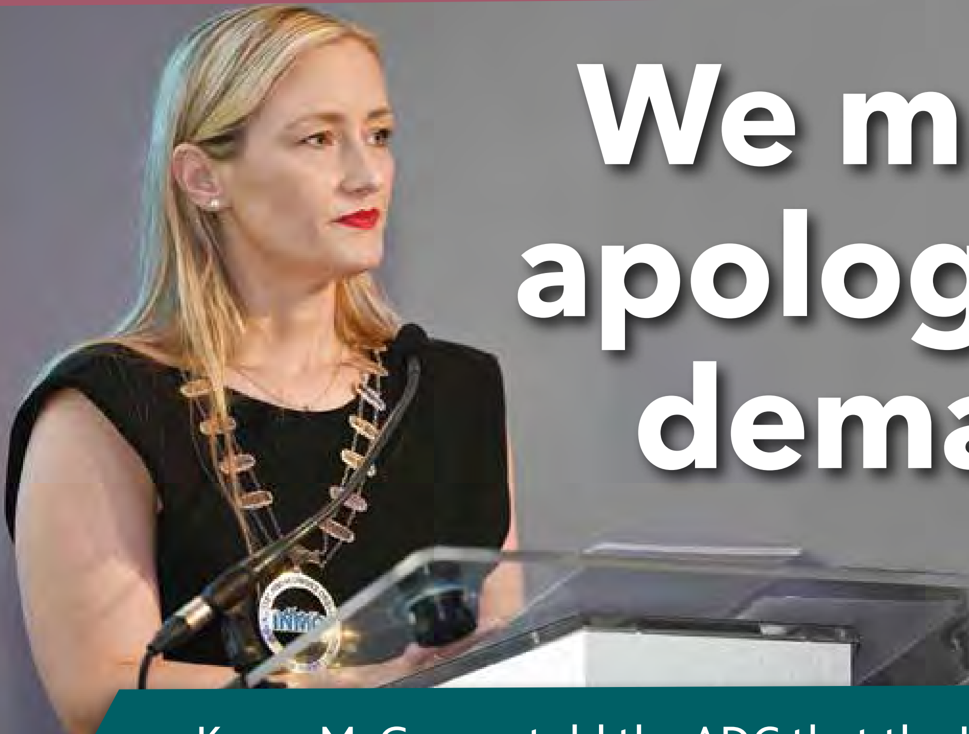
Dr Sean Paul Teeling, from UCD's Interdisciplinary Research, Education and Innovation Centre, said that person-centred care required a democratic approach to improvement. He outlined various models of person-centred care as lenses the professions could use to focus their endeavours, and spoke about the aim for patients to take control of their care in partnership with their medical team.

Prof Geralyn Hynes, retired associate professor, School of Nursing and Midwifery, Trinity College Dublin, shared her experiences as both a patient and professional, outlining her journey to recovery following a brain aneurysm. She said that being a patient cared for by a multidisciplinary team deepened her belief that a systematic and multidisciplinary approach was required to achieve fully integrated and patient-centred care.

Dr Maureen Flynn, director of nursing, national QPS lead, HSE ONMSD director, said that human connection is at the heart of good patient-centred care. "If we start from a place of kindness everything else follows. Safety, wellbeing and system performance are all necessary factors for successful patient care. Patient-centred care means treating patients as individuals and as equal partners in the business of healing. It must be personalised, co-ordinated and enabling. Everyone within that system, staff and patients, must be allowed to flourish."

INMO president Caroline Gourley discussed the vital role the INMO has played in pursuance of safe staffing, skill mix and patient-centred care. "We believe that establishing staffing ratios that are supported by legislation is crucial. Ratios that are enforceable are key to establishing safe staffing and for nurses to be able to deliver the care expected by the people of Ireland."

Break-out sessions, expert talks and workshops continued throughout the day, with the afternoon plenary focusing on education, standards and regulation within the professions.



We make no apologies for demanding better

Karen McGowan told the ADC that the INMO will not step back from highlighting the issues affecting nurses and midwives, their patients and their international colleagues. Alison Moore reports

THE INMO prides itself in giving a voice to those who cannot speak for themselves, be it patients or colleagues in Ireland or colleagues and victims of war overseas, thus INMO president Karen McGowan opened her address to the union's annual delegate conference by offering solidarity to those striving to save lives and assist the delivery of new lives under dangerous conditions in Palestine.

Palestine

"The conflict in Gaza demonstrates the violation of the most sacred of safe spaces, hospitals and ambulances. The death toll of women, children and men has now reached over 35,000 in Gaza alone and many more have been exposed to life-changing trauma," she said.

Ms McGowan said that the INMO welcomed the announcement by the Taoiseach that Ireland would formally recognise Palestine as a state and said the INMO had lobbied to seek stronger EU opposition to the systemic targeting of healthcare facilities in Gaza and was seeking support from the Department of Foreign Affairs for healthcare workers for Gaza.

"We call on the international community to exercise all powers to ensure it becomes a lasting peace, we need the powers that have influence to now concentrate on rebuilding the shattered lives and futures of so many in the region," she said.

Covid

Ms McGowan recalled taking office in October 2020 when the country was in the grips of the Covid pandemic, and while not wanting to dwell on this, she reminded Minister for Health Stephen Donnelly that for many nurses and midwives who answered Ireland's call, particularly those with Long Covid, the pandemic was far from forgotten.

She explained that a specific scheme was needed to provide certainty for those injured at work and to be viewed the same as many of their frontline public servant colleagues who have broad and encompassing injury at work schemes.

Ms McGowan also pressed Mr Donnelly on a date for the promised Covid inquiry.

"Our members want their union to be able to speak candidly on their behalf. Our experience is important and should be listened to. We are still bearing the marks of that extremely bruising time, colleagues who had a huge amount of experience are now leaving the profession before their time, young nurses who should be the future of the Irish healthcare system are now the future of health systems in Australia and the NHS," she said.

Safe staffing and safety at work

Another factor in nurses and midwives leaving the professions or leaving to work abroad is the ongoing issue of overcrowding and understaffing.

Ms McGowan told Mr Donnelly that "safety and our ability to do our jobs in a safe and timely manner cannot come secondary to fiscal and budgetary requirements."

She said that the HSE's recruitment embargo sent a message that safe staffing was no longer a priority and there was no point saying that safe staffing is fully funded if it is not being rolled out.

"We are telling you today, loud and clear, that the recruitment moratorium is making it impossible for us to carry out our jobs safely and it is time for you as Minister for Health to sanction a clinical review into how this is impacting patient care. We are working in a healthcare system that is dealing with huge population growth, complex co-morbidities, worrying levels of acuity and the system response from the State has been to stop hiring much needed healthcare staff at the time it needs it the most," she said.

Overcrowded hospitals play a significant part in concerns for safety in the workplace and Ms McGowan stressed to the Minister that as nurses and midwives spend the most time with patients and their families, they were the ones bearing the brunt of public anger for long waiting times and poor conditions.

"They are also the ones subjected to

many repeated inquiry procedures, internal and external to account for their actions," she added.

While the INMO welcomed the recent establishment of the Health and Safety Authority's advisory service for the healthcare sector, which was set up after the union's lobbying, Ms McGowan said that the safety of members had never been more pressing.

She said that at least 12 nurses and midwives were assaulted in their workplace every day, but the real figure was likely higher as the reporting process is arduous and finding the mental energy to write a report, that often doesn't receive the attention it should, was difficult.

"Accusations have been levelled at this organisation that we emphasise the issues arising too often, we make no apology for continually highlighting the issues faced by our members as they strive to provide safe care which is increasingly impossible under the circumstances they are forced to work in," stressed Ms McGowan.

These overcrowded, understaffed conditions coupled with the employers' lack of prioritisation of their legal obligation to provide a safe place of work are the root cause of many other problems.

"We cannot continue to be the subject of inquiries when those who make the decisions to curtail services or freeze recruitment are not. We will make no apologies for sounding the alarm on our conditions and making it clear to anyone who has a say in the implementation of the rollout of the Safe Staffing Framework that the conditions are unsafe and dismantling our ability to carry out our work safely."

Women's health

As an advanced nurse practitioner in gynaecology, Ms McGowan is passionate about women's health and she welcomed the government's investment in women's health and acknowledged the positive changes Mr Donnelly had introduced in this area, but she called for more investment in nursing and midwifery-led services.

When given the resources, she said that tangible differences would be achieved and evidence shows that year-long waiting lists can be reduced to under 12 weeks with the introduction of a nurse or midwife-led service.

Ms McGowan marked the recent International Day of the Midwife, which highlighted the deficit of more than one million midwives globally, and challenged the Minister on what Ireland was doing to keep our midwives working within the public health system.

"What are we doing to educate more midwives? We are not doing enough to expand the practise of our midwives within the scope of their education."

Ms McGowan said that the Irish system still relied heavily on consultant-led, hospital-based care, despite the National Maternity Strategy calling for expanding women's choices.

"Progress has been painfully slow, and political promises haven't turned into real action. Funding for midwives and midwifery-led units remains insufficient.

"Women want choice, our members in Cavan and Louth have showed that midwife-led systems work, so why aren't we replicating their model?" she asked.

Collective bargaining

On the subject of the EU Minimum Wage Directive which is expected to be adopted by member states, Ms McGowan said that Ireland lags well behind the 80% target for collective bargaining coverage and must ensure that the commitment contained within this directive to strengthen collective bargaining across all employments – a key priority of the entire trade union movement – was fully implemented.

She explained that many nurses in Ireland, mostly immigrants from non-EU countries recruited to work in private acute hospitals and private nursing homes, were vulnerable to rogue employment practices.

"We need to ensure they have the same rights as their colleagues in the public sector to be represented by their trade union in raising issues of concern with their employer. We have a long and proud history of supporting nurses and midwives in their professional development and employment issues, regardless of where they work... collective bargaining cannot be a privilege it must form the basis of all State contracts with private providers as an absolute right when working in the European Union," said Ms McGowan.

Year ahead

Ms McGowan observed that the year ahead was going to be very interesting politically and "one that this organisation will be watching carefully".

She said that a lot of promises would be made over the coming months in relation to the health service, staffing and bed capacity and she warned Mr Donnelly, and any one with an interest in his job, that the INMO was not willing to stand over unsafe care.

"The exemption of nursing and midwifery staff from this and any future moratorium must be your political priority, ensuring that we can provide safe care in a timely manner and that our conditions are no longer headlines of doom," she said.

Ms McGowan referenced her address at the 2023 ADC where she spoke about how Mr Donnelly's legacy could be to be remembered as the minister who made safe staffing a reality, and told him "You still have time and can make it happen."

International nurses

The INMO recently celebrated 20 years of it International Nurses and Midwives Section and Ms McGowan welcomed the Minster's commitment to establish an integration post for nursing and midwifery.

"We have continued to advocate for our members who have decided to make Ireland their home and as an ugly anti-migrant rhetoric begins to rear its head in Ireland, we want our internationally trained colleagues will be assured that they will be fully supported, and the integration post should only be the first of many such posts."

Thanks

Reflecting on her four years in office, Ms McGowan thanked the various members of the Executive Council, she was "privileged " to work with. She also thanked the first and second vice-presidents of both Executive Councils – Mary Tully, Caroline Gourley, Eilish Fitzgerald and Kathryn Courtney and the INMO staff she has worked with over her four years in office.

"I want to thank the INMO management team and staff for everything they do to keep the organisation going every day of the week. I particularly want to thank INMO general secretary Phil Ní Sheaghdha for her leadership. Phil not only leads with expertise but with empathy. I want to thank Phil and the INMO staff for empowering this Executive and myself to succeed.

"I want to thank my colleagues in the Dublin North Branch, not only for being brilliant hosts over the past three days but for being so supportive of me and pushing me forward.

"The directors of nursing in Beaumont and all of my colleagues in Beaumont and St Joe's also deserve a special go raibh míle," she added.

The outgoing president also thanks all the delegates and the branches and sections they were representing.

"Getting to lead an organisation that is made up of your peers and people who inspire you to keep going when times are tough has been the honour of a lifetime."

Finally, Ms McGowan wished her successor as INMO president, Caroline Gourley, best of luck, telling her "there is a lot that needs to be done and know that we will all support you on the path to success."

The Minister for Health acknowledged that actions, not words, were needed to implement policies and agreements. **Max Ryan** reports

A little less talk – more action

MAKING what he conceded could be his final address to the ADC as Minister for Health, Stephen Donnelly thanked outgoing INMO president Karen McGowan for facilitating a "creative tension" between the union and the Department that has allowed for a "partnership approach" to be taken towards advancing the nursing and midwifery professions.

"That doesn't mean there has been perfect agreement or alignment the entire time – and nor should there have been – but there has always been a creative tension and a view to doing more and innovating more," he told delegates at the conference in Croke Park.

In a week when the accommodation of asylum seekers in Ireland dominated the national conversation, the Minister was fulsome in his praise for the contribution to the health service of nurses and midwives who were trained overseas.

"We are lucky to have you; we are proud to have you; and we thank you for all you do every day. Without you we could not run our hospitals, our community health services or provide the care that patients need in every part of the country," he said.

On the Report of the Expert Review Body on Nursing and Midwifery, Mr Donnelly said that recommendation 45 – to extend the revised PHN/CNM2/CMM2 salary scale by the addition of one further scale point and to introduce a long service increment – was an issue he had discussed at length with the INMO.

He told delegates that he had submitted to the government that the same benefits that have been agreed with CNM2s and CMM2s are also applied to CNSs and CMSs, "as they have been historically".

"I am fully supportive of maintaining the historical link there has been between the CNM2 role and the CNS/CMS role. So the submission we have put in and what I am supporting is – as has been the case in the past – that the same benefits that have been agreed for the CNM2s are also applied to the CNSs and the CMSs."

Recommendations 44 and 46 of the report – respectively that the PHN salary scale be merged with that of the CNM2/CMM2 and that the specialist/location allowance currently available to CNM2/CMM2 grades be applied to CNM3s and CMM3s – were also being progressed, the conference heard.

On the new Public Service Agreement, Minister Donnelly was keen to acknowledge the frustrations within nursing and midwifery with regard to delays in fulfilment of the agreed pay increase.

ED overcrowding was as ever a hot topic at the ADC. In light of the ongoing crisis at University Hospital Limerick (UHL), the Minister announced that he had commissioned a review by HIQA of emergency care capacity in the Mid West Region, with a view to making a case for opening a second ED in the area *(see page 6)*.

Mr Donnelly said he was concerned that safe staffing levels had yet to be implemented at UHL despite funding being allocated. He did not offer any timeline for the HIQA review and said the review's terms of reference had yet to be finalised.

The Minister also promised delegates that he would continue to seek an end to the recruitment pause, adding that although the hiring embargo was placing an increased burden on staff, the addition of 400 nursing posts to the workforce through agency conversion this year "will get us much closer to where we need to be".

At last year's conference Mr Donnelly said he sought to lead a "revolution in women's healthcare". This year he said that great progress was being made in this area.

"Last year I supported the recruitment of a midwifery advisor to the chief nurse's office. Sinead Heaney is now well established in the role. We have continued to invest in maternity services, free contraception has been introduced and publicly funded IVF is now available."

An increase in the delivery of services being led by advanced practice nurses and midwives was having a significant positive impact on waiting lists, in particular for women awaiting gynaecological appointments, according to the Minister.

"Waiting lists have been falling because of the see-and-treat gynae clinics and midwives are leading on care delivered through postnatal hubs. In fact where waiting lists are falling the fastest are in community services driven by ANP-led teams."

Minister Donnelly reported modest progress in digital healthcare, with the opening of two virtual wards in UHL and St Vincent's University Hospital.

He also praised the launch by chief nursing officer Rachel Kenna of a three-year strategy for nursing and midwifery, saying that it would "continue the important progress that's been made for the professions".

Nothing short of full implementation of the Framework for Safe Staffing and Skill Mix would be acceptable, the Minister told delegates during his closing remarks.

"We want full and speedy implementation of all the recommendations of the Expert Review Body... to achieve our ultimate goal of universal healthcare – that every man, woman and child in the country gets the care they need, when they need it, from a publicly provided health service."

Pictured (above left, l-r) at the award ceremony at Croke Park were: Gobnait O'Connell prize winner Ann-Marie O'Reilly; INMO general secretary Phil Ní Sheaghdha; prize winner Eileen Colgan; and INMO president Karen McGowan

Also at the award ceremony were (l-r): Majella Neeson, winner of the Preceptor of the Year award; INMO president Karen McGowan; student nurse Grainne Gillespie; and INMO director of professional services Tony Fitzpatrick

Outstanding members celebrated by INMO at annual awards night

THE INMO announced the winners of its three annual member prizes at the ADC. The awards recognise outstanding contributions by members in the areas of research, mentorship and union activism.

The INMO's Preceptor of the Year award, sponsored by Cornmarket Financial Services, was awarded to nurse Majella Neeson in Letterkenny University Hospital, who was nominated by student nurse Grainne Gillespie.

In her nomination Ms Gillespie commented on Ms Neeson's commitment to teaching, saying: "Majella went above and beyond as a preceptor, taking every opportunity to guide and teach. Beginning internship with Majella showed me how students should be taught and treated, feeling equal and included. Majella's laugh brightens everyone's day, even with sensitive cases/bad news. I aspire to be not only as good a nurse, but also as good a person."

The CJ Coleman research prize was awarded to Clare Slevin Walsh, clinical nurse manager in the ED at Midland Regional Hospital Portlaoise, for her research project 'The introduction of 4AT to an emergency department'.

The Gobnait O'Connell award, which recognises members who have made an extraordinary contribution to the union and its work, was awarded jointly to assistant director of nursing Ann-Marie O'Reilly and clinical nurse manager Eileen Colgan, both INMO reps at St Michael's House, Dublin.

Pictured with the winner of the CJ Coleman Research Award Clare Slevin Walsh (third from left) were (l-r): Karen McGowan; Gillian Stefaniuk, CJ Coleman; and Tony Fitzpatrick

Nominating them, George Jeffries of the Dublin Northern Branch wrote: "They have both been devoted, committed stalwarts throughout their long careers and as INMO reps. Their presence and advocacy for the RNID and the importance of the role of the nurse in the ID sector has been integral to maintaining the integrity and honour of the role of the RNID in the health service.

INMO director of professional services Tony Fitzpatrick said that the awards were an opportunity to acknowledge the outstanding contributions many members were making, day after day, within their work.

"Nursing and midwifery are professions where people can demonstrate excellence and extraordinary commitment on a daily basis. Every year we receive huge numbers of nominations from members who want their colleagues to be recognised by the union and by their fellow members.

"These awards are a crucial part of our annual conference. We are incredibly proud of the dedication, innovation and professionalism displayed by nurses and midwives in Ireland, year after year, and it is a privilege to be able to recognise that," he added.

– Alison Moore

'You never fail our cause for freedom'

The Palestinian ambassador to Ireland told the ADC her people's suffering will give rise to a stronger generation. **Max Ryan** reports

MORE than 35,000 people dead, tens of thousands more injured or maimed, more than 10,000 missing and 1.5 million displaced. While these conservative estimates of the human toll taken by Israel's war in Gaza indicate the extent to which the conflict has decimated the lives of the Palestinian people, they do not account for the 408 school buildings that have been destroyed, the 19 university campuses that have been flattened, or indeed the 31 out of 36 hospitals that have also sustained varying degrees of damage or destruction.

Nor can these figures do justice to the fear and despair experienced daily by the surviving citizens of Gaza and the West Bank, Jilan Wahba Abdalmajid, Palestinian ambassador to Ireland, told delegates in an impassioned address to the annual delegate conference at Croke Park in May.

"These are not numbers; they are family members, friends and neighbours. They are students, teachers, professors, doctors, nurses, midwives, journalists, artists and poets," she said.

Speaking in response to a motion proposed by the Cork Voluntary/Private, Letterkenny and Castlebar Branches condemning the targeting of civilians and healthcare workers in Gaza and calling for a ceasefire, Ms Abdalmajid lauded the efforts of nurses and midwives in Ireland in supporting the Palestinian cause and highlighting the atrocities being committed against healthcare workers in the region.

"Thank you to the people of Ireland for your solidarity and for being vocal on the side of justice and humanity," she said. "You never fail our cause for freedom."

At the time of the conference, Israel's internationally condemned invasion of the city of Rafah in the southern Gaza Strip was underway, putting the 1.5 million people living in this 55km² area directly in harm's way.

To raucous applause from delegates, Palestinian ambassador to Ireland, Jilan Wahba Abdalmajid (pictured right) thanked the INMO and the people of Ireland for "being vocal on the side of justice and humanity"

"This small area used to have only 250,0000 Palestinians. Now it's more than 1.5 million," Ms Abdalmajid explained.

"Israel has ignored all of the calls not to invade Rafah, and instead started its bombarding of the eastern part of the city and occupying the crossing."

By blocking the crossing, the sole border point between Egypt and the Gaza Strip, the Israel Defence Forces (IDF) have ostensibly cut off any remaining opportunities for Palestinian people to evacuate or for aid to be brought in by land.

Ms Abdalmajid spoke of how the IDF has "weaponised" food, water and fuel throughout the conflict by limiting and in some cases entirely restricting the flow of humanitarian aid.

The ambassador called the war – which escalated following a Hamas-led attack on Israel on October 7, 2023 – a campaign of "collective punishment with visions of annihilation" and said Israel had shown contempt for all ceasefire demands.

"It has been more than 200 days of unrelenting Israeli atrocities, of war crimes and crimes against humanity, in breach of international law and against any measure of human decency," she said.

Ms Abdalmajid added that the "craziness and arrogance" of Israel's military campaign in Gaza has been somewhat facilitated and at times even encouraged by what she called the "international community's failure to ensure accountability". She said "this has only emboldened Israel to commit further crimes in occupied Palestine with intensifying savagery".

A siege on healthcare

At the time of writing, the death toll among healthcare workers in Gaza stood at 491. The secondary effects of a health system on its knees were also coming into sharp relief, according to Ms Abdalmajid's contacts in Palestine, with whom she communicates as often as they have access to WiFi.

"The system is struggling to address

people's basic needs, especially due to the outbreak of infectious diseases," she explained.

Nasser Hospital in the southern city of Khan Younis was one of the largest hospitals in Gaza. As of February 18, 2024, it is no longer functional. Dr Tedros Adhanom Ghebreyesus, director general of the World Health Organization, attributed the hospital's inability to continue operating to the siege and raid of the facility by the IDF that began on February 15, while the Gaza Health Ministry said 13 of its patients died due to a lack of oxygen and electricity at the hospital.

In April, following the IDF's withdrawal from the area, a mass grave of more than 300 people was discovered at the site of the hospital by Gazan civil defence workers. A similar discovery was reported at Al-Shifa Hospital in northern Gaza following its destruction on April 1.

"The mass graves found on the grounds of Nasser Hospital and Al Shifa Hospital expose a gross pattern of murder and total disregard for human life by Israel and its soldiers," Ms Abdalmajid said.

Combined, the ambassador told the conference that the bodies discovered at the two hospitals totalled 392, not including the people found dead above ground or those reported missing whose fates have yet to be learned.

"Doctors and nurses were found in these graves, some with their hands tied wearing the clothes of detainees or medics, some with wounds indicating execution, some who appeared to have been buried alive."

Ms Abdalmajid added that others were so badly mutilated as to be unidentifiable.

Public health consequences

On top of the loss of life and the thousands of people who have sustained life-limiting injuries during the conflict, Ms Abdalmajid told the conference that more than 800,000 tonnes of asbestos had been released into the atmosphere in Gaza as a result of the destruction of homes and infrastructure, as well as the 1,000s of tonnes of undetonated munitions.

The war in Gaza has made orphans of between 17,000 and 20,000 Palestinian children, an estimate the ambassador described as "conservative". Also conservative is the approximation that more than one million women and girls living in Gaza, including nearly 700,000 who have menstrual needs, have been left without or with limited access to food, clean water, toilets and sanitary products.

Ms Abdalmajid added that in addition to Gazan women and girls being put at a heightened risk of hepatitis, the WHO has reported more than 74,000 cases of scabies and lice among the female population of Gaza since October 2023.

She said more than 55,000 women in Gaza have become pregnant since the invasion began in October, with approximately 15% of the estimated 5,500 women giving birth every month expected to experience potentially life-threatening complications during labour.

"We will continue to give birth for all the people who live in Gaza and to continue the fight for our right to freedom," she said, adding that the children being raised in Gaza today will become the leaders of the Palestinian people in the future.

A shortage of anaesthetics, steroid creams, antibiotics and ointments has also been reported, the ambassador said, hampering the treatment of simple diseases and forcing people to endure limb salvage surgeries and amputations without adequate pain relief.

"According to the latest WHO data, an estimated 6,000 critical trauma patients and 3,000 patients with serious chronic conditions need to be urgently evacuated from Gaza," Ms Abdalmajid told delegates.

"There are more than 700,000 cases of acute respiratory infection in the Gaza Strip, in addition to more than 380,000 cases of acute water diarrhoea and over 47,000 cases of acute jaundice," she added.

A resilient people

The ambassador closed on a note of defiance, stating that the suffering of the Palestinian people will build the foundations for a stronger generation.

"Gaza without its schools, universities, hospitals, roads, gardens and houses is not Gaza. We will never lose our trust and resilience, and actually we will teach resilience. I will go personally to my parents' land in Gaza and cultivate the olives and dates in the next season.

"We will rebuild Gaza just as beautiful as it was before – but Gaza without its people is not Gaza."

INMO reaffirms call for ceasefire in Gaza

SPEAKING in response to ambassador Abdalmajid's address to the ADC, INMO general secretary Phil Ní Sheaghdha called for a permanent end to hostilities in Gaza, and told delegates that "we have a responsibility to bear witness to what the Israeli government is doing to our colleagues in the state of Palestine".

Ms Ní Sheaghdha also reiterated the union's support for the government's decision to join several other EU member states in formally recognising the state of Palestine.

She thanked the ambassador for her co-operation with the Healthcare Workers for Gaza group in Ireland, many of whom are numbered among the INMO's membership.

"We hope that when there is a ceasefire we will be able to practically help your country to rebuild, in particular the healthcare system," Ms Ní Sheaghdha said.

The general secretary told the conference of a visit she made to the West Bank in June 2023 in her role as vice president of the Irish Congress of Trade Unions (ICTU). She said it was clear even then that the ICTU delegation was entering an apartheid state.

"We didn't get permission to enter Gaza. The driver assigned to us explained there were certain roads he couldn't drive on because his number plate was the wrong colour.

"They identified you by the number plates on your car as to whether you were an Israeli or Palestinian citizen, and if you didn't have the right number plate you drove the long way around."

Ms Ní Sheaghdha added that this measure was also in place for emergency services.

"We saw checkpoints for ambulances where critically ill patients were queuing to get through and deliberately delayed. We saw women, very close to giving birth, who were left in that situation.

"We met non-governmental organisations, including Israelis, who are very brave and who stand against their government and call out the apartheid measures that are visibly on display."

Ms Ní Sheaghdha told delegates that the ICTU delegation visited Bethlehem, a Palestinian town south of Jerusalem in the West Bank, where they met generations of families who were still living in UN refugee camps.

"The message we kept receiving was: 'do more than just see'. They asked us to bear witness and go back to our country and promote with our government that the apartheid state was visible to us, that the lack of human rights was visible to us and not to be silent about it.

"We do not accept what the Israeli government is doing to our friends and colleagues in the State of Palestine."

The motion proposed to conference calling for a ceasefire in Gaza was passed unanimously.

'Huge change' in public presentation of INMO with new website launch

IN 2023 the INMO's Executive Council commissioned the development of a new website for the Organisation that has brought about a "huge change in the union's public presentation".

Deputy general secretary Edward Mathews told delegates at the ADC that the project had required a huge amount of work from all departments of the Organisation to ensure that all the necessary information from the old website was carried across.

He said that the new website was much easier to navigate and was wholly accessible via a mobile phone, which negated the need to ever develop an app.

The deputy general secretary explained that a new mass mail system was also under development. "You're going to see a very different format to the mass communications that come out from the Organisation, with a much more modern format, much more user friendly. It will link into this website and you'll have the information available there."

He also said that a major investment in the redevelopment of the INMO's customer relationship management/ membership system was also almost finished.

Edward Mathews, INMO deputy general secretary

He explained that this work had been ongoing for nearly two years and was soon coming to fruition.

He told delegates that while it was rightly of no interest to members in their day to day lives, it was vital to the Organisation "in terms of ensuring that we comply with our GDPR legal requirements, that we exercise the appropriate level of discretion and rectitude in protecting what is very sensitive data on your behalf, and ensuring that we can deliver a seamless service".

– Alison Moore

Lack of home help resources worsening bed crisis

IN THE interest of patient safety and in keeping with the aims of Sláintecare, it is vital to ensure that there are adequate resources in place to accommodate safe discharge planning to the community from district hospitals.

This was according to Frances Cullen of the Ballina/ Belmullet Branch who was proposing a motion calling on the HSE to ensure that an adequately trained number of home helps were employed to enable the safe discharge planning of patients to their own homes to alleviate the bed shortage crisis.

Ms Cullen said that the HSE needed to substantially increase the number of home helps for the community to enable appropriate discharges and ensure safe practice. She explained that due to the current method of counting delayed transfer of care listings at acute hospital level only, patients in community district hospital beds who were waiting for home support hours were not included within the data collected.

"Therefore, the true scale of the crisis is not acknowledged," said Ms Cullen.

She said that in order to capture the true scale of delay in the transfer of patients in care – also referred to as 'bed blockers' and 'delayed discharges' – community district hospitals must be included in the data collection.

"In the interest of patient safety it is of paramount importance to ensure that there are adequate resources in place to accommodate safe discharge planning to the community from the district hospitals.

We therefore call on the HSE to help us get our older patients back safely to their own homes, family and communities, thus alleviating the beds crisis.

Anne Maire Hart of the Roscommon Branch said that as a community RGN who had cared for her elderly parents, she was passionate about this motion and was angry that home support services were still not up to standard in this country.

She urged support for the motion to support nurses in trying "to get our elderly people home. They want to be in their own homes. They do better in their own homes. And research shows us that as well," she added.

George Jeffries of the Dublin North Branch and the Executive Council, who is a clinical nurse specialist for older people, described the current situation as "appalling".

"Discharging patients is now the only metric that matters in the HSE. Last year, the Minister for Health Stephen Donnelly, [at the ADC] said that some hospitals were failing to tackle overcrowding, that they're not fit and were failing to do what needs to be done. So what needs to be done?

"The mantra is get them out, they don't care where to, just get the older people out of hospitals. The state has failed to provide community services and home-help resources to get older people home. Home care packages are a postal lottery, it depends where you live.

***Frances Cullen:** HSE must increase home help service to enable safe, appropriate discharge*

"And instead of investing money in the community, we are investing millions into the private enterprises where we're placing older people. There is very poor evidence of shared decision making and the patients don't really have a say," Mr Jeffries told delegates, while urging support for the motion, which was carried.

– Alison Moore

Key events show union's strength

Single voice representing nurses and midwives in Ireland

THE signing of a key agreement with SIPTU, giving the INMO sole negotiating rights for nurses and midwives in the Republic of Ireland (excluding psychiatric nurses), was a key event in the past year to building a better and stronger union, Albert Murphy, director of industrial relations, told delegates.

"This is a mature agreement between two trade unions with a long history of organising and representing members. It allows us to be the largest and single voice for representing nurses in Ireland, but more than this, it means that the INMO and SIPTU, working together, can go on to organise private hospitals and private nursing homes, where nurses often work in poor conditions, very often being discriminated against," Mr Murphy said.

The 20th anniversary of the International Section also showed how strong the union is in representing members, he said. "The INMO has a proud record of representing all members and our officials have dealt with a large number of international nurses who have experienced direct discrimination in employment, whether in relation to visas or employment rights abuses," Mr Murphy said.

He pointed to one case of an international nurse working in a private nursing home who was dismissed because she was pregnant. "An adjudication officer found that she had been discriminated against solely on the basis of her pregnancy. She was awarded the maximum compensation permitted by law. That nurse was represented by the INMO," he said, paying tribute to Bernie Stenson, recently appointed INMO assistant director of IR.

Mr Murphy also highlighted other groups who had been let down by the system, including those suffering with long-Covid, as a direct result of contracting Covid-19 at work.

He cited as an example five nurses who work in the public health system in Cork.

"They were there when there was no PPE, like most people in this room. They went to work and unfortunately they got long-Covid and some may never work again."

He said the State had decided it was going to close off the special leave with pay scheme for Covid on March 31, 2024 for those workers until the INMO intervened.

"We got an extension to reinstitute the scheme for a short period of time so that we can go back to the WRC and finish the job to get a special scheme for those workers. The HSE can't do this to its own employees. Those individuals went to work, they put on the green jersey, they did their duty, and the State has a moral responsibility to protect these people – protect them in terms of their income and also in expenses that they have had through no fault of their own."

On the HSE's pay processes, Mr Murphy said delays in payment of increases due under the new pay agreement were unacceptable.

"The agreement was reached on March 27, 2024 and all the other groups in the public service got paid their increases promptly. But the treatment of workers in the HSE is that you won't get paid your pay increase until June or July – that's not good enough. The HSE has to streamline its processes. It's taking up to 12 weeks to get a Circular to get money into your pay packet – it is absolutely atrocious. That's why last year this union was the only union to put forward a claim for compensation for people who didn't get paid."

INMO director of industrial relations Albert Murphy: "INMO officials have dealt with a large number of international nurses who have experienced direct discrimination in employment"

– Tara Horan

INMO Professional ensures your voice is heard

INMO Professional and Library staff monitor consultation processes to ensure that the INMO voice is heard on all pertinent matters. Director of professional services Tony Fitzpatrick gave delegates an overview of the work this part of the INMO does in this area, and outlined the importance of this representation on behalf of nurses and midwives on social matters, education, regulation issues and more.

The staff compile submissions on matters that could have an impact on nurses and midwives in Ireland. He said that this was "vital work" that ensured that the voice of nursing and midwifery was heard in all consultation processes.

Recent submissions included:

- Oireachtas submission on welfare and safety of workers in the public health service
- European Semester 2023 and National Reform Programme
- Housing crisis – the challenges for nurses and midwives
- Interdepartmental working group on rising cost of health-related claims
- Pre-budget submission 2024
- Submission to the regulations for providers of home support service consultation
- Oireachtas sub committee on breastfeeding
- Consultation on the recognition of qualifications of third country nationals.

INMO director of professional services Tony Fitzpatrick: Ensuring the voices of nurses and midwives are heard is very important work carried out by INMO Professional and Library staff

– Alison Moore

Fast-track through occupational health needed for healthcare staff

HSE STAFF should get priority appointments with occupational health to facilitate timely treatment and a speedy return to work, said Elizabeth Lacey of the Kilkenny Branch.

In addition there needs to be a clear pathway from occupational health to fast-track staff members to consultant or physiotherapist care, rather than back to a GP to do the referral.

Karen Eccles, INMO national health and safety representative and Cavan Branch member, explained that the HSE Workplace Health and Wellbeing Unit is tasked to deliver support services which are "visible, responsive and proactive to ensure that staff continue to be physically and emotionally well during their working lives".

Karen Eccles, INMO national health and safety representative: *"Improved access to occupational health would reduce cumulative effects of injuries and ill health, and enable an early return to work"*

She called on the INMO to engage with the HSE to increase access times to "early high-quality, clinically-backed, gender-sensitive, occupational health services". She said this would reduce cumulative effects of injuries and ill health, and enable an early return to work.

Ester Fitzgerald, of the INMO Executive Council and Cork HSE Branch, added: "The Occupational Health Department in Cork is very clear in its role – it's fitness to work – full stop. Nothing else, no referrals, just go back to your GP for that.

"This is very frustrating particularly for those of us who work in the acute hospital setting where these services are available down the corridor within the hospital service.

"When you look for a physio appointment, you have to go to the occupational health doctor first, who then says yes you can have physio, and then you have another lengthy wait time.

"When the majority of us has some sort of musculoskeletal disorder I think timely access to physio would certainly help to have a speedy return to work. I call on the HSE to expand the role of occupational health."

The motion was carried.

– Tara Horan

Dilution of skill mix in OPD rejected by delegates

THERE can be no dilution of skill mix in the operating department, Helen Scully of the of the Operating Department Nurses Section told delegates, rejecting attempts by the HSE to bring in unregistered support staff to fill traditional theatre nurse roles as an answer to record high waiting lists.

Research shows that patient incidents in the operating theatre increase when this strategy has been implemented in other countries and impacts patient safety.

The motion was seconded by Ron Russell, of the Executive Council, Laois Branch and OPD Section, who said that substituting other healthcare workers into existing theatre nurse roles is neither acceptable practice nor safe practice.

One of several speakers who spoke in support of this motion was Jean Armitage of Tipperary North Branch who said: "You'll never miss a nurse until she's gone and believe you me you'll surely miss the nurse then".

The motion was passed.

Thanking delegates for supporting this important motion, Tony Fitzpatrick, INMO director of professional development, reminded delegates of the ICN position that substitution is not best practice.

Mr Fitzpatrick said that the INMO would be highlighting the issue of substitution by other grades with the Minister for Health.

– Tara Horan

Call for reimbursement for all mandatory training

SEVERAL motions called for protected time during the working week or overtime pay for all mandatory training courses requested by the HSE.

The Clonakilty/Skibbereen Branch, the Roscommon Branch and the Wicklow Branch each called for reimbursement for time and expenses while undergoing training.

Una Kehoe from the Clonakilty/Skibbereen Branch described how staff were being requested to come in during their rostered time off to do mandatory training and others were being asked to do training during their break times. She called for overtime payment for this extra work.

Colette O'Sullivan of the same branch recounted how in her workplace they were asked to complete a course on HSeLanD totalling 24 hours over a two-week period during their working day.

"In a very overstretched and understaffed busy primary care centre, how does one subsume 24 hours into the daily workload? I'm still trying to figure that out," she said.

Damian Farrell from the Roscommon Branch, said that time taken to do training courses at home is "time that is being stolen from us".

Maeve Eksts of the Wicklow Branch, echoed these thoughts calling for reimbursement for this additional but necessary aspect of the job.

All three motions were carried.

– Tara Horan

Government failure to implement safe staffing putting lives at risk

International evidence shows ratios must be legally mandated

INSUFFICIENT staffing and unmanageable workloads are obstructing the delivery of quality healthcare in Ireland and the ongoing failure to roster the appropriate number of nurses and midwives to deliver safe care is putting patients' lives at risk. This was according to Tracey Ó Fiaich, member of the INMO Executive Council and Mullingar Branch, who was proposing an emergency motion at the ADC.

The motion called for a revised approach to implementing safe nurse and midwife staffing across the health services, with mandated ratios to be underpinned by legislation and robustly enforced.

Ms Ó Fiaich said that where there are not enough nurses or midwives rostered, workplace fatigue and dangerous working conditions that can put patients lives at risk will manifest and compromise the safety of nurses and midwives at work. She said that this was despite agreements on the Framework for Safe Nurse Staffing and Skill Mix being in place.

She told delegates that increasing staff numbers made financial sense. Citing evidence from Australia, Ms Ó Fiaich said that decreasing the workload of a nurse by just one patient led to a 7% reduction in patients returning to hospital within a week, and that 30-day mortality rates decreased by 7%. Over two years, this led to an overall saving of AUS$68 million due to reduced admissions and shorter hospital stays.

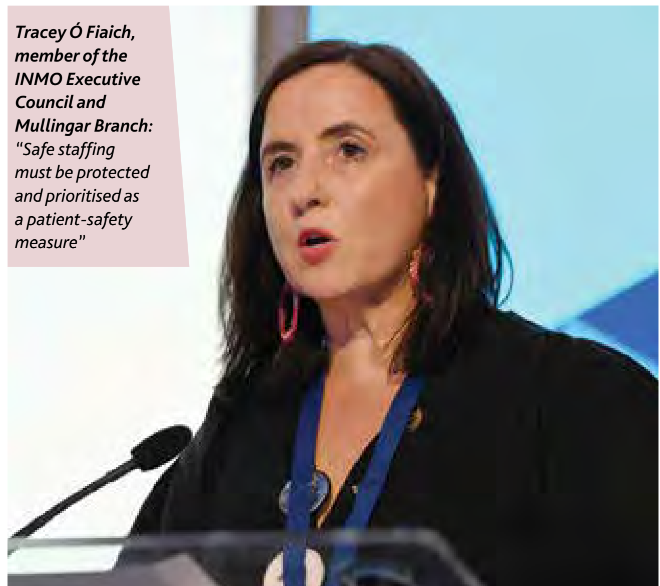
"Safe staffing must be protected and prioritised as a patient-safety measure and not subjected to recruitment freezes and moratoriums that put patients at risk. We believe the framework needs to be translated into meaningful and tangible mandated ratios that respond to the day-to-day staffing pressures experienced by nurses and midwives.

"We believe that each clinical area should be required to publicly display the agreed number of nurses and midwives to meet the safe ratio. We expect healthcare organisations to be responsible and accountable and, most importantly, obligated to comply with legislation that mandates safe staffing ratios.

Ms Ó Fiaich emphasised that it was imperative that the employer be compelled to co-operate with such mandates and that they must be adequately funded.

"Crucially, this must be enforceable with imposed penalties. As the text of this motion outlines, we believe that this can be achieved through inclusion in the proposed patient safety legislation.

"Above all, safe staffing ratios must be funded. Wards, areas of care and departments must only provide those services that are safely staffed as determined by the agreed ratio. We call on this conference to mandate the incoming Executive Council to commence a campaign to introduce safe nurse and midwife mandated staffing ratios in all areas of our health service, and to ensure robust enforcement measures, underpinned by legislation are in place."



Tracey Ó Fiaich, member of the INMO Executive Council and Mullingar Branch: "Safe staffing must be protected and prioritised as a patient-safety measure"

Seconding the motion, Mary Tully, also of the Executive Council, said that Ireland's concerning staffing shortages were the result of inadequate investments in nursing and midwifery education and training, and a failure to meet the growing demand.

She said that following the economic crash, more than 5,000 nursing and midwifery posts were lost from the Irish health service, which only returned to 2007 levels of staffing in mid 2020.

She told delegates that a growing number of countries and jurisdictions around the world have already implemented, or are seeking to implement, mandatory nurse-to-patient ratios. These include South Australia, New South Wales, Western Australia, British Columbia in Canada, and Oregon in the US.

Regardless of the model employed, Ms Tully said that the evidence consistently points to the fact that mandated nurse-to-patient ratios improve the safety of patient care.

"Having supported the framework for nurse staffing, we believe it has been completely undermined by incomplete funding to fully implement it and by the introduction of a [recruitment] moratorium. If an assessment is made that we need the posts, no impediment to implementation should be allowed. The INMO Executive Council believes that this will only ever be achieved by mandating nurse and midwife to patient ratios," said Ms Tully.

Another speaker said that while inadequate staffing impacts on the quality and safety of care provided to patients, the effect on staff cannot be forgotten.

She said the health and safety risks posed to nurses and midwives – caused by stress, increased demands, a feeling of loss of control, insufficient support and workplace conflict – are taking a daily toll on their physical and mental health.

The motion was carried.

– Alison Moore

HEA must offer career pathway in third-level

A MOTION calling for the INMO to petition the Higher Education Authority (HEA) to establish a robust framework and clear pathway for professional development, career progression and employment conditions for nurses working within the sector was passed by conference.

Laura Tully of the Third-Level Student Health Nurses Section told delegates that some 250,000 students are enrolled in higher education each year and it is third-level nurses who are largely providing their care. She said that many were lone practitioners running nurse-led services due to the GP crisis in Ireland.

She said that as students cannot get access to GPs it was leading to the overburdening of nurses and called on delegates for their support. Exacerbating the issue, Ms Tully pointed to the "enormous discrepancies" in the employment conditions, remuneration, professional development and career progression of nurses working in the third-level sector.

"This means that we feel stagnant and unsupported in our roles," she added.

As third-level nurses are employed directly by colleges, via the HEA, Ms Tully explained that their sole pathway to potential change and improvement lay with the HEA.

She said that they have "struggled too long as specialist healthcare providers in a world of academia" and passing the motion would allow the INMO to lobby the HEA and advocate on their behalf for fair remuneration and the role and grade recognition, as well as the benefits and employment conditions, that they deserved.

– Alison Moore

Paperwork burden must be reduced and standardised

STANDARDISATION of digital systems and documentation requirements across the HSE, would reduce the paperwork burden put on nurses and midwives. Proposing a motion calling for the INMO to engage with the HSE to seek that nursing and midwifery documentation was standardised across disciplines and specialties in the entire public healthcare sector, Ciaran McLaughlin of the Letterkenny Branch said that the current situation was a waste of time and resources that would be better spent in patient facing care.

"On admission, filling in the nursing care plan – a 58 page document that takes 55 minutes to complete. At the same time you are supposed to be looking after patients on a ward, giving IV drugs etc, so where does the care of the patient come into all of this?"

Mr McLaughlin added that the paperwork that nurses and midwives have to complete over their careers would amount to a "small rainforest" of paper.

There's forms for urinary catheters, stoma and colostomy care bundles, skin care bundles, oral care, PEG tube care bundles, MRSA, delirium screening and other care bundles, the list goes on," he told delegates.

He said that documentation should be universal and not dependent on which bed or hospital a patient was in.

Treasa Toye, also from the Letterkenny Branch, seconding the motion said that documentation was the bane of all nurses and midwives professional lives.

"How many of us spend lunch breaks working on documentation? If it is not written down it is not done," she said.

Ms Toye also said that the paperwork must be streamlined and transferable, and unnecessary duplication of work should be eliminated, citing the example of having to start documentation from scratch when a patient who is discharged is re-admitted the next day.

Tim Stevens from the Roscommon Branch said that this was an ongoing issue and that legislation was required to force change.

Eilish Fitzgerald from the Executive Council and Cork HSE Branch remarked with an eye roll, that her unit was paperless "but we print everything".

After the motion was carried, INMO director of professional services Tony Fitzpatrick said that the lack of standardisation across the HSE was challenging.

"This is a very important motion that has been put forward. Risk managers have decided that this documentation is needed, forgetting that it detracts from patient care. Australia had paperless systems 20 years ago and it is past time that we achieve this."

– Alison Moore

Proposal to increase children's nurses

A MOTION calling on the INMO to engage with stakeholders on the development of a pilot undergraduate programme, leading to a Bachelor of Science in Children's Nursing, was heard at the ADC

Jan Davis of the Children's Nurses Section, proposing the motion, said that children's nursing needs had changed significantly over the past 20 years and that Ireland was had of the highest demographics of children across the EU, representing 24% of our population.

Seconding the motion, Samantha O'Sullivan said that of 79,000 nurses practising in Ireland in June 2023, only 3,550 were practising as children's nurses, while the population of children was 1.2 million.

Jan Davis, INMO Children's Nurses Section

"We need a big increase in children's nurses. It is a problem for every citizen of Ireland. Children do better with approbate nursing," she said.

Speaking after the motion had been carried, INMO director of professional services Tony Fitzpatrick, said that the matter was timely and that the INMO would be raising the need for such undergraduate training at all appropriate forums.

"It is a vitally important issue because we have a new children's hospital coming and there is a shortage of children's nurses," he said.

– Alison Moore

"Remarkable strides" in health and safety – but journey has just begun

OUTLINING the "remarkable strides" that have been made through the INMO's safety, health and welfare at work campaign, Marian Spelman, vice-chair of the Galway Branch, called for every INMO branch and section to elect a safety representative, who in turn should be recognised by all workplace health and safety committees.

"The INMO's achievements are not just milestones, they are the foundation for a safer healthcare environment across Ireland," Ms Spelman said, pointing firstly to the Health and Safety Authority's (HSA) "pivotal" decision to establish an advisory committee specifically for the health and social care sector (similar to existing committees for the construction and agriculture sectors).

Secondly, she said, the training of more than 100 INMO safety representatives marked the significant empowerment of the nursing and midwifery workforce.

"These trained professionals are not just representatives. They are guardians of our workplace safety, ensuring that each voice is heard and that every concern is addressed," she told delegates.

However, Ms Spelman stressed that despite these achievements, challenges persist. "Overcrowding, burnout and workplace violence continue to plague our systems, exacerbated by the lack of clear directional leadership from some quarters," she said.

"It is now imperative that we select and support safety liaison officers, incorporate health and safety updates into all agendas, and ensure full participation of elected INMO health and safety representatives in all branch and section committees. We are at a crucial juncture. We must embed each trained representative into our robust and comprehensive safety structure within each nursing and midwifery workplace."

Marian Spelman, vice-chair of Galway Branch: "Overcrowding, burnout and workplace violence continue to plague our systems"

Following its passing by conference, INMO general secretary Phil Ní Sheaghdha, addressed delegates on the importance of this motion.

She reminded them that the HSA's decision to establish an advisory committee specifically for the health and social care sector was a direct result of intense lobbying by the INMO, particularly at last year's ADC in Killarney when the Organisation's officers and management team outlined the case to Simon Coveney, the minister with that responsibility at the time, and junior minister Neil Richmond.

"We made the case that it is not simply sufficient for the HSE to constantly look at the health and safety of patients and ignore the health and safety of their workforce," Ms Ní Sheaghdha said.

"In the private sector, this became very visible during Covid-19 when there wasn't even a sick leave scheme in place to allow those who contracted Covid themselves to be absent from work without penalty. The only reason that changed was that the State got nervous that the transmission of Covid-19 would be completely out of control and then they introduced a sick leave scheme for the private sector."

Following the meeting with the ministers, the Health and Safety Advisory Committee for the Health and Social Care Services was established, and former INMO deputy general secretary Dave Hughes was appointed as co-chair (as the Irish Congress of Trade Unions' nominee on the HSA itself).

The INMO general secretary is one of the four trade union representatives on the committee, which also includes representatives of the various employer bodies in the sector.

"It is going to be up to us what significant change the advisory committee brings about in the health service. The point we continuously make is that the HSE and all health employers have exactly the same obligation as any other employer in this state to make sure that they do everything in their power to prevent accidents, injuries and assaults occurring. It's not good enough to simply examine them afterwards."

Having been invited to feed into the HSA's strategy for the next three years, the INMO has submitted all issues that have come before many ADCs in respect of the health and safety of nurses and midwives to go to work.

"This is going to be a long journey, but it is one that we are 150% confident that we will win. We need health and safety reps to be far more visible in the workplace. We need health and safety reps that are trained to understand the powers that the Safety, Health and Welfare at Work Act gives them. They are not just employees, they have statutory powers given by the Act to act when the workplace is unsafe."

Ms Ní Sheaghdha also paid tribute to Karen Eccles, the INMO national health and safety rep, for the work on co-ordinating the training of health and safety reps and for highlighting the importance of this issue.

"It is really important that we now use the opportunity to ensure that we become as efficient as the construction industry. In the health service, if you're overworked, if you are in danger of burnout, there isn't even a measurement tool in the HSA's investigative procedures. That's one of the things we're saying to them – you must introduce a tool to determine if burnout is a feature because that is an employer's responsibility."

– Tara Horan

Government must act on safe staffing

Unions are key to authorities implementing safe staffing ratios

"THE world of nursing is pissed off. The world of nursing has had enough… No more pilots, no more research, let us do our job right and give us the tools to do our job right!"

These were the frank words of Linda Silas, president of the Canadian Federation of Nurses Unions, who was taking part in a panel discussion at the ADC on models for determining staffing levels.

Ms Silas called for employers to have courage and back legislation to mandate safe staffing, and for nurses and midwives to stick together on this issue.

"Where there is a will, there is a way, but the word I have for employers is 'courage'– courage to do the right thing. And for us nurses and union activists, the word is 'solidarity'. We have to stick to our guns and say safe staffing is a line in the sand."

INMO head of education Steve Pitman agreed that these

Linda Silas, president of the Canadian Federation of Nurses Unions: "We have to stick to our guns and say safe staffing is a line in the sand."

issues were the same around the world, "which is why we stand together as trade unions. We need to be persistent over time to fight for safe staffing. Trade unions will be resilient in standing up and fighting for its members".

Nicola Ranger, deputy chief nurse at University College London Hospitals, said that nurses and midwives need "to start getting some hope".

"Actually I believe that safe staffing is the hope. Nurses and midwives are the absolute glue, the golden thread and the lifeblood of any health system wherever you are. We don't value ourselves enough. And if we don't value ourselves more, ultimately, we're not valuing the patients and the women we're looking after."

Mary Brosnan, director of midwifery at National Maternity Hospital, Holles St, said that we have to keep the future in focus and that if we don't educate sufficient midwives in the future and develop and retain enough of our own workforce across the health service, that future will be compromised.

"If we don't make the conditions better in the Irish system for people to stay and flourish here, we are never going to achieve that future focus, but that's what keeps me going.

"Somebody once told me, midwives are [not only] the frontline but also the backbone of the maternity services, and I think that's what keeps me going… We have to make our professions as positive as we can for our young graduates to keep them,"she added.

Director of professional services Tony Fitzpatrick said that the research clearly demonstrated that safe staffing saves lives and delivers better care while staff feel better, but the problem was implementation.

He urged delegates not to "stay quiet and be polite", saying that the evidence shows if we impose ratios it makes employment more attractive and enhances care.

Ms Silas had the last word saying: "We learned about safe staffing and we learned about hope" before leading a chant of "We're not going to give up! We're not going to give up!" and "Nurses save lives! Nurses save lives!"

– Alison Moore

Wexford fire response "a story of nurse leadership"

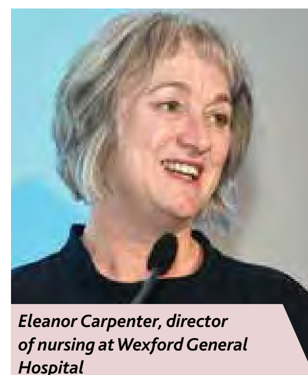
A POSITIVE relationship with the INMO came to the fore in the aftermath of a fire that forced the closure of Wexford General Hospital for nearly five months last year, Eleanor Carpenter, the hospital's director of nursing, told the ADC.

The conference heard of how OPD services at the hospital were maintained, patients repatriated to neighbouring hospitals, planned surgeries and endoscopies rescheduled and maternity services maintained following a fire that broke out in the old part of the hospital and affected maternity and paediatric wards, as well as the ICU.

A major clean-up exercise was carried out to clear out equipment that succumbed to fire or water damage and establish what could be salvaged. Anything that was salvageable was moved and every piece of furniture, equipment and bed space was marked. This proved to be vital for insurance purposes and when it came time to reopen, Ms Carpenter said.

The fire originated in the hospital's plant room, which is home to the medical gasses, electronics and information system that allow a hospital to run.

"Medical gases are among



Eleanor Carpenter, director of nursing at Wexford General Hospital

the most important things in a hospital, and since ours were compromised, the decision was made within an hour to evacuate patients."

The hospital's conference room was commandeered as an area to attend to evacuated patients, and this was overseen by the emergency services.

Due to a full IT failure, nursing staff reverted to the use of the ward book and whiteboards to co-ordinate the triage and transfer of patients to other hospitals.

Ms Carpenter said the INMO was central to efforts to redeploy staff to other hospitals, some of whom went to work in Waterford or Kilkenny the very next morning.

"This is a story of nursing leadership," Ms Carpenter said.

"You are more prepared than you think you are – and never give up your ward book!"

– Max Ryan

Executive protests cost of menopause treatment

THE potential for the careers of female workers to be negatively affected by menopause and menstrual conditions needs to be eliminated by making treatments such as HRT freely available, Audrey Horan, Executive Council, told delegates.

Ms Horan said that according to figures obtained by the INMO under the Freedom of Information Act, the average number of years of pensionable service for female nurses in the HSE is 24, whereas male nurses had on average of 29 years of pensionable service.

"Those of us who work on the frontline know that the overwhelming reason for early retirement is the physical nature of the job," she added.

"We don't enjoy fast-accrued pensions like our colleagues in other frontline roles and we are forced to work during what for many women is a particularly difficult time in their lives due to menopause symptoms."

Audrey Horan, Executive Council: "The overwhelming reason for early retirement is the physical nature of the job"

Ms Horan added that the costs associated with symptom management are an additional burden on nurses and midwives experiencing menopause.

"This burden is shouldered by women who may be experiencing interrupted sleep, fatigue, reduced concentration and other complications that affect their working lives.

"The Executive Council believes strongly that this is an employment issue, as female workers have this additional cost burden that their male colleagues do not," Ms Horan said.

The motion, seconded by Tracey O'Fiaidh of the Executive Council and Mullingar Branch, was carried.

– Max Ryan

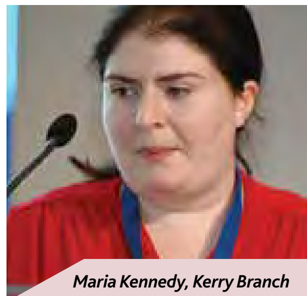
Reduction of working hours would aid recruitment and retention efforts

"IT IS well overdue that our weekly hours were reduced," Maria Kennedy, Kerry Branch, told delegates in proposing a motion calling for the INMO to progress the reduction in the working week from 37.5 to 35 hours.

In February 2022 the expert body established under Building Momentum issued a recommendation that from July 1, 2022 hours would change from 39 to 37.5 hours per week.

Ms Kennedy said a further reduction in hours would boost staff morale, aid recruitment and retention efforts and ease the burden on workers with caring responsibilities.

Teresa Kerins, also from the Kerry Branch, seconded the motion. "We commit all our working hours to caring for patients, liaising with families, and liaising with doctors and with multidisciplinary teams," she said.



Maria Kennedy, Kerry Branch

"We support our student nurses and midwives to complete their clinical training and we are also required to fulfil our own mandatory training and maintain our continuing professional development."

Mary O'Hanlon also spoke to the motion on behalf of the Kerry Branch. She said a reduction of hours was vital to keeping newly qualified nurses and midwives in Ireland.

"As a new graduate nurse during Covid-19 I saw first hand the impact of burnout on my colleagues," she added.

"Undeniably a 35-hour working week would boost morale in a very stressful, under-resourced working environment. More importantly it would encourage more new graduates to remain in the professions."

The motion was carried.

– Max Ryan

'Zero tolerance' for violence against staff

MORE than 4,000 assaults against nurses and midwives were reported between January 2023 and February 2024, according to the INMO. A motion proposed by Deirdre Conlon, Kilkenny Branch, called on the HSE to adopt a zero-tolerance approach to people who assault healthcare staff, wherein perpetrators are pursued through the relevant legal channels.

Ms Conlon highlighted the importance of training staff in de-escalation strategies and how to cope with challenging behaviour and implementing existing policies on workplace violence.

Eilish Corcoran, Executive Council and Cork Voluntary/Private Branch, spoke in favour of the motion.

"We are not the punching bags of the health service. We demand that all assaults are investigated by the employer with the Gardaí," she said.

Ms Corcoran added that healthcare staff should be made aware if a potentially violent patient has been admitted to their ward.

The motion, seconded by Emma Murphy, was carried.

Union to pursue auto access to enhanced scale

A MOTION calling for automatic access for nurses and midwives to the enhanced senior staff nurse/midwife pay scale upon reaching 17 years of service was passed unanimously by conference.

Alex O'Shea, Cork Voluntary/Private Branch, who proposed the motion, said that currently some employers are treating this scale as optional and "skirting around it" in certain cases. He said instead nurses and midwives should transition automatically to this scale upon reaching the 17-year qualifying threshold.

"Under the current system this is opt in and in many cases may be unknown or at times misunderstood. This leads to some nurses and midwives potentially missing the deadline for application and denying them their full financial worth and reward."

Students call for further financial support and back pay of allowances

WHILE the current allowance of €500 per year awarded to student nurses and midwives in years one to three of their degree is welcome, said Chris O'Dwyer, chair of the Student Section, "it does not go far enough".

Mr O'Dwyer, who proposed a motion to the ADC calling on the INMO to pursue further financial supports for undergraduate nursing and midwifery students, said the €500 payment is particularly inadequate for those on clinical placement.

"This is especially true for our integrated children and general nursing students who do an additional 14 weeks of supernumerary placement and do not get this allowance," he told delegates.

On behalf of his section, Mr O'Dwyer instead called for the introduction of a non-reckonable bursary of €3,000 per year net of tax to be paid to all students in respect of all placements up to the final 36 weeks, a call made initially by the INMO in the union's submission to the McHugh Report.

"This must remain a red-line issue for our Organisation to ensure that all nurses and midwives are supported during periods of clinical placement."

Mr O'Dwyer added that the delivery of the allowance has also fallen short of expectations, with many inaccuracies reported in payments made.

"There are a number of students who are still awaiting their back payment and are now owed €1,000."

Mr O'Dwyer said that student nurses in intellectual disability and mental health represent the single biggest cohort of students not to be paid on time.

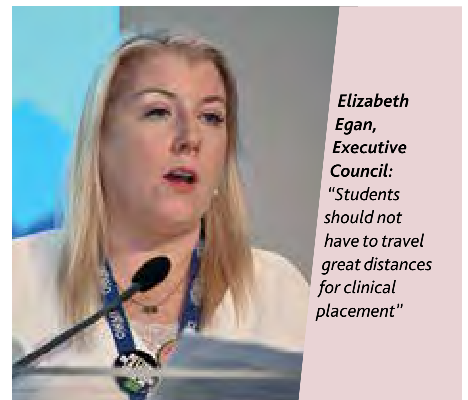
"This must be rectified, and all students must be paid on time and according to the circular."

Rebecca Brennan, secretary of the Student Section, seconded the motion and told delegates that a cost-of-living study for 2023-2024 from Technological University Dublin found that undergraduate students in Ireland living away from home are paying more than €14,000 per year in living expenses.

Ms Brennan said many student nurses and midwives who neither qualify for SUSI grants nor have financial assistance have to work in the evenings, on weekends off and on days between placements to support themselves.

"Student nurses and midwives have busy timetables, with many of us having classes scheduled 9am-5pm four or five times a week.

***Chris O'Dwyer, chair, student section and member of Executive Council:** "All students must be paid on time"*


***Elizabeth Egan, Executive Council:** "Students should not have to travel great distances for clinical placement"*

"We are worried about when we are going to be reimbursed for our expenses, and we're worried about whether we'll have to stay somewhere else that's not near our workplace.

"We are really frustrated the updated allowance and travel expenses have yet to be implemented," Ms Brennan added.

Elizabeth Egan, Executive Council and RNID Section, spoke in support of the motion. She told the conference of a student on placement at her workplace who has to travel two hours per day to make shifts. She added that this person also had to pay for additional accommodation to work on a placement at a site to which they could not commute from their primary accommodation.

The motion was carried.

– Max Ryan

'Improve access to shingles and RSV vaccines'

THE prevalence and debilitating nature of shingles, as well as the cost of vaccination, has given rise to the need for the NIAC-recommended vaccines for older adults, in particular for shingles and RSV, to be included in the National Immunisation Programme, Margaret McGuinness, representing the Retired Section, told the ADC.

Ms McGuinness said that making both vaccines available on the medical card and the Drugs Payment Scheme would maximise their uptake and accessibility. The section's motion called on the INMO to lobby the Minister for Health on this issue.

"The price of the shingles vaccine is exceedingly high – around €600 – and for seniors that's a lot of money," Ms McGuinness told delegates.

At around €200, the RSV vaccine is also costly for older people, she said, adding that the section hoped the INMO would make the case with the Minister for the vaccines to be available either free through the medical card or for just €80 under the Drugs Payment Scheme.

– Max Ryan

Behind the scenes at ADC 2024

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Section focus

INMO Professional

Jean Carroll, Section Development Officer

Conference highlights specific challenges in care of older people

THE INMO National Care of the Older Person Section annual conference took place in Portlaoise at the end of May. It was a successful day and the line-up of speakers received excellent evaluations from members.

The conference highlighted that care of the older person nursing is intensely emotional work with a specific set of challenges. Pertinent discussions took place on how people need to talk about issues such as bereavement and loss of friendships when a client passes away.

The promotion of the Employee Assistance Programme is also important in ensuring staff are well following an assault at work or other traumatic incidents.

New INMO president Caroline Gourley, who was chairperson of the section until January 2024, attended the conference, along with new chairperson Michael O'Dwyer *(see page 42)*.

A planned session on assisted decision-making was postponed due to illness, therefore a presentation on this topic will be offered to members in the near future. This will focus on supported decision-making and maximising a person's capacity to make a decision about their care as they age.

Poster call for ODN Section conference

THE conference planning committee of the Operating Department Nurses (ODN) Section has announced that there will be an opportunity to display posters at the section's conference in October. Applicants are encouraged to submit a poster on the topic of sustainability in the operating department.

Contact Jean Carroll, section development officer, by email at jean.carroll@inmo.ie for further details.

Meet the General Practice Nurses Section

Who are the officers of the section?

- Sharon Kinsella, chairperson
- Melissa Hammond, vice chairperson
- Rita Pender, secretary
- Pamela McCann, education officer

Who is eligible to join?

All general practice nurses (GPNs) are welcome to join, including those working in CNS/ANP roles.

What are the aims of the section?

The aim of the GPN Section is to highlight the current working conditions of the GPNs as private employees and advocate for improved working terms and conditions. The section aims for GPNs to have the same working conditions as their colleagues in the public sector, which includes incremental remuneration on par with HSE salary scales, access to benefits such as a pension, maternity and sick benefits, and access to educational support that will aid the progression of GPNs to specialist and advanced roles in line with the current advancement of their role as part of the current Sláintecare initiatives in primary healthcare.

The section aims to discuss the following points at senior management level with the HSE and relevant stakeholders:

- GPNs still have to personally negotiate their working terms and conditions with their employers, identifying the disparity in comparison to their public sector colleagues
- Identify how GPNs have had to expand their nursing role especially in the past 15 years in line with the development of primary care and national health strategies, without extra remuneration or recognition
- Highlight the crucial nursing role that GPNs do in promoting health and reducing patient morbidity and mortality
- Identifying the role that GPNs had during the Covid-19 pandemic without being included in the Pandemic Special Recognition Payment.

Member of the General Practice Nurses Section (l-r): Aoife Sheehan, Rita Pender, Melissa Hammond, Pamela McCann pictured at INMO ADC 2024 in Croke Park

Why should you join?

Nurses working in general practice still have to negotiate their working terms and conditions with their employers, and surveys have reflected that GPNs level of pay, and access to pensions and benefits are variable and don't reflect their previous working conditions in the public sector. It is a great time to join the section and have INMO representation at the negotiating table.

The section presented the following motion at the recent ADC in Croke Park: "Conference calls on the INMO to organise general practice nurses and launch a campaign to secure proper universal terms and conditions of employment for all GPNs. GPNs are privately employed; remuneration, terms and conditions of employment, including sick and maternity pay, are not standardised and do not reflect terms and conditions of direct HSE-employed nurses". The motion was carried.

Email jean.carroll@inmo.ie for further information on joining the section.

INMO EDUCATION PROGRAMMES

In the pull-out this month…

Risk management and incident reporting

Jun 25

This programme outlines the core principles of best practice in managing risk, underpinned by the philosophy that care needs must be balanced against risk in the clinical environment. Positive risk management is key from all stakeholders and requires comprehensive documentation to enhance an open, democratic and transparent culture. Identification and assessment of risk and controls to manage risk will be discussed, and a group exercise on clinical incident forms and reports will be conducted.

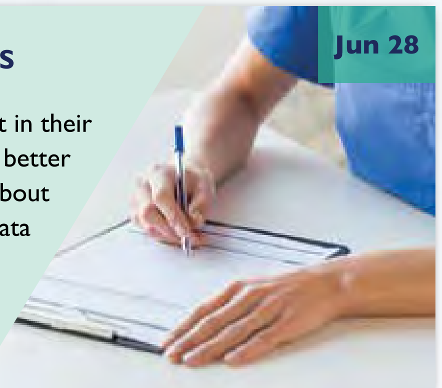
Fee: €50 INMO members; €85 non members

Best practice for clinical audit for nurses and midwives

Jun 28

This programme equips nurses and midwives with the skills to carry out a clinical audit in their practice and enable them to deliver evidence of improved performance for safer and better care. Participants will be provided with an overview of clinical audit and be informed about each stage in the audit cycle: topic selection, standards development, data collection, data analysis, reporting, implementing changes and re-audit.

Fee: €50 INMO members; €85 non members



Safe administration of medicines in residential care

Jul 29

This course will outline the professional, legal and best practice requirements for the safe administration of medicines in residential care. It will discuss the 10 rights of medication administration, the requirements for a valid prescription and the requirements for record keeping when administering medicines in the centre.

Fee: €50 INMO members; €85 non members

INMO Professional

Busy summer for INMO Professional

Steve Pitman
Head of Education and Professional Development

INMO Professional would like to welcome the new president Caroline Gourley and the Executive Council, whom we look forward to working with on professional issues.

Steve Pitman, head of education, INMO; Linda Silas, president, Canadian Federation of Nurses Unions; Caroline Gourley, president, INMO; Darlene Jackson, president, Manitoba Nurses Union; Jamie Murphy, student and new graduate officer, INMO

NMBI Code of Conduct

The NMBI is currently conducting a review of a number of professional guidance documents, including the Code of Professional Conduct and Ethics, the Scope of Nursing and Midwifery Practice Framework, Guidance for Registered Nurses and Midwives on Medication Administration, and the Recording Clinical Practice guidance. The INMO is actively participating in the review process as one of the key stakeholders. Watch out for further information from the NMBI and in *WIN*.

National LGBTQ+ Forum

At the ADC in May, the INMO agreed to set up a National LGBTQ+ Forum. The first meeting of the Forum took place on Monday, June 17.

The INMO will also be participating in the Dublin Pride Parade on Saturday, June 29, which is celebrating 50 years of Pride. We will be meeting at 12pm outside the ICTU Office on Parnell Square. If you would like further information, please contact steve.pitman@inmo.ie

CJ Coleman Award

INMO Professional would like to congratulate Clare Slevin Walsh as the winner of the CJ Coleman Award for 2024. Ms Walsh is a CNM3 in the emergency department at Midland Regional Hospital Portlaoise. The title of her submission was 'The introduction of 4AT to an emergency department'. The aim of the project was to implement the 4AT screening tool and the early identification and initial management of delirium in the emergency department/acute medical assessment unit algorithm. The introduction of the tool helped to decrease any delay in delirium recognition within a busy emergency department, and ensured the department met current national and international standards. A call for entry to next year's CJ Coleman Award will be made at the end of 2024, with details to appear in the *WIN* winter issue.

RCN Congress 2024

The INMO was invited to attend RCN Congress 2024, which took place in Newport, South Wales. This is one of the largest annual gatherings of nurses. The INMO attended as guests of the RCN and was represented by Caroline Gourley, INMO president; Steve Pitman, head of education and professional development; and Jamie Murphy, student and new graduate officer.

The RCN Congress was taking place in the midst of the UK General Election. A key objective for Prof Nicola Ranger, the RCN's interim general secretary, was to ensure that nursing was high on the election agenda. One of the priorities was the call for the introduction of safety-critical nurse-to-patient ratios in all care settings. Other priorities included the call to revoke legislation restricting the right to strike and the eradication of corridor care, and force reporting of it.

On-site education

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

Writing for *WIN*

INMO Professional would like to hear from members who would like to write professional and clinical articles for *WIN*. Please email an outline of your ideas to steve.pitman@inmo.ie

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Jun 25 **Risk management and incident reporting**

This programme outlines the core principles of best practice in managing risk, underpinned by the philosophy that care needs must be balanced against risk in the clinical environment. There is a clear emphasis that positive risk management is key from all stakeholders and requires comprehensive documentation to enhance open, democratic and transparent culture and reflective practice. Identification and assessment of risk and controls to manage risk will be discussed, and a group exercise on clinical incident forms and reports will be conducted. Ultimately, this programme promotes best practice with regard to risk management and patient safety.

Jun 28 **Best practice for clinical audit**

This programme equips nurses and midwives with the necessary skills to plan and implement a clinical audit in their practice and enable them to deliver evidence of improved performance for safer and better care for patients and improved quality service. Participants will be provided with an overview of clinical audit and be informed about each stage in the clinical audit cycle: topic selection, standards development, data collection, data analysis, reporting, implementing changes and re-audit. There will be an emphasis on continuous quality and safety improvement in healthcare.

Jul 29 **Safe administration of medicines in residential Care**

This course will outline the professional, legal and best practice requirements for the safe administration of medicines in residential care. It will discuss the 10 rights of medication administration, the requirements for a valid prescription and the requirements for record keeping when administering medicines in the centre.

Sep 3 **Nursing record under the spotlight** *(in person)*

This workshop is designed to equip nurses and midwives with the knowledge to maintain nursing records in accordance with legal and professional standards. Participants will be provided with the opportunity to review examples of records based on real case studies with a view to identifying and avoiding common legal pitfalls. The day will include both theory and practical sessions with interactive group work.

Sep 10 **Competency-based interview skills**

This programme will assist participants for a competency-based interview that enables candidates to show how they would demonstrate certain behaviours and skills in the workplace by answering questions about how they have reacted to and dealt with previous workplace situations. It will explore preparation, presentation and performance during the interview and briefly focus on CV preparation.

Sep 12 **Your safety toolbox – key aspects of workplace safety support**

This programme provides safe practice tools to protect the nurse, midwife and patient within the backdrop of staff shortages and skill mix realignment within current healthcare settings. This is an awareness session to ensure participants have an understanding of the processes involved regarding patient alerts, clinical incidents and thorough assessment, while remaining focused on the patient. It addresses patient and staff safety, and provides five key tools on areas of documentation, clinical incident reporting, safety statements, best practice guidelines regarding assessment and communication practices in the complex multifaceted health care arena.

Official sponsors of the Richmond Education and Event Centre
Cornmarket

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

Sep 12 **An introduction for nurses to basal and mealtime insulin management in people with type 1 diabetes**

This new course aims to give nurses an insight into the management of insulin for people who have Type 1 Diabetes. After completing this course nurses will understand insulin, have an insight into different insulin types, have learned how to manage insulin around bolus meal time insulin and basal insulin and have an insight into activity and the effects of activity on insulin.

Sep 17 **Stroke management** *(in person)*

This programme facilitates nurses working in the community setting to gain a greater understanding of caring for a person with a stroke, post discharge. The course provides an outline of the importance of the health promotion and the educational role of the nurse. Signs and symptoms of stroke are discussed, as well as communication challenges, and psychological and psychosocial changes within the person. The course examines family adjustment and also the development of a care pathway within the community setting. This introduction to stroke care programme promotes excellence in stroke care among community nurses. Fee: €110 INMO members; €185 non members.

Sep 17 **Understanding epilepsy**

Epilepsy is a chronic disease that affects 1% of the population and can be associated with significant physical and psychosocial sequelae. A person with epilepsy often has comorbid conditions and must carefully manage their epilepsy and concomitant diseases, as well as navigate how their life is affected by their diseases. The management of patients with complex medical conditions, including epilepsy, is increasingly being overseen by nurses. Nurses who are not specialists in epilepsy can play a central role in providing optimal care, education and support to their patients with epilepsy given the proper tools. This course will provide a foundation on which to build increasing knowledge of epilepsy and care of the patient.

Sep 18 **Wound care management** *(in person)*

This programme will allow participants to ensure professional competency in the area of wounds as per the NMBI Code of Professional Conduct and Scope of Practice for Nursing and Midwifery, which states that nurses must work within their competence. Fee: €110 members; €185 non members.

Sep 19 **Telephone assessment and advice skills**

This short online programme is for nurses and midwives involved in providing telephone assessment and advice in the ED, general practice and other community settings. Such calls assess patients' needs and may provide advice for self care, prompt the caller to seek immediate medical attention or refer the patient to another healthcare professional or agency. This course will provide strategies and guidance on how best to communicate with each caller in a professional and tactful manner.

Sep 26 **Adult asthma**

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

Oct 8 **Complaints management for healthcare staff (acute or residential healthcare setting)**

This short online programme is aimed towards the most relevant to senior nurse managers within the acute or residential healthcare settings to provide them with the key communication tools to minimize the negative impact complaints can have in their workplace. Therefore, effective management of complaints is central to improve services and prioritise an open, honest and transparent health service.

Oct 9 **Change management**

This programme is an introduction to key concepts related to change management. The programme aims to enhance the understanding of participants of change management and strategies to improve the potential for successful change initiatives. The programme will include the following topics: the nature of change, initiating change, understanding and managing resistance, change models, the importance of communication and the role of stakeholders. €110 INMO members; €185 non members.

INMO Professional

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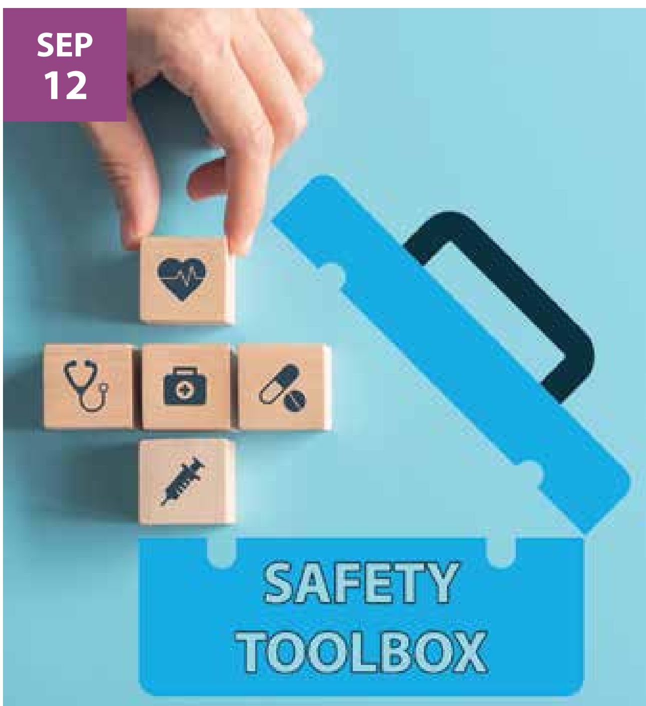
NEW Your safety toolbox

- key aspects to safety support in your workplace

SEP
12



This online programme provides safe practice tools to protect the nurse, midwife and patient within the backdrop of staff shortages and skill mix realignment within current healthcare settings.

- ☑ Have increased awareness of patient safety within the healthcare system
- ☑ Recognise the differences between person-centred and provider-driven documentation
- ☑ Understand key principles relating to documentation, such as chronology of events and following the SMARTER objectives
- ☑ Understand the role and specific strategies of statement writing.

Fee: €50 for INMO members; €85 for non members

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HAVE YOU BOOKED YOUR PLACE?

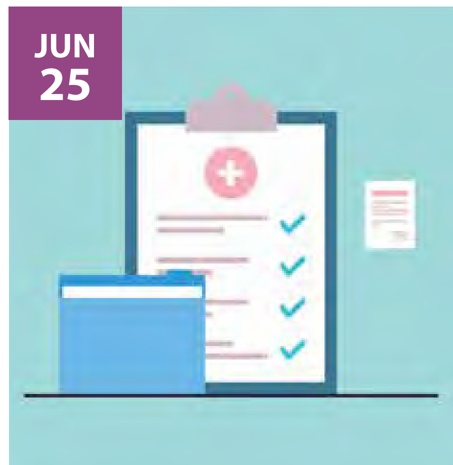
Below are some of the June/Sept online and in person courses for nurses and midwives.

JUN 19

Phlebotomy

(in person)

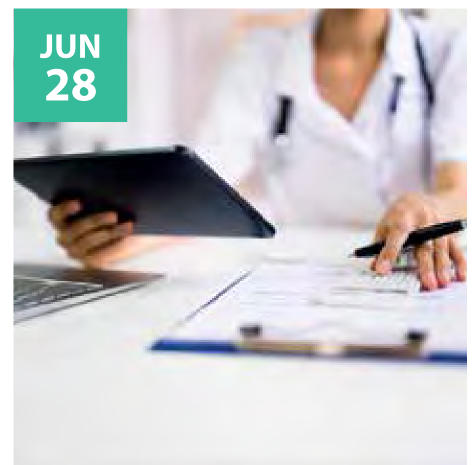
This course provides skills, theory and practice of phlebotomy. It will cover sites used for phlebotomy, criteria for evaluating a vein, principles of an aseptic technique and complications that may arise during and after the procedure.



JUN 25

Risk management and incident reporting

This programme outlines the core principles of best practice in managing risk, underpinned by the philosophy that care needs must be balanced against risk in the clinical environment.



JUN 28

Best practice for clinical audit

Participants will be provided with an overview of clinical audit and be informed about each stage in the clinical audit cycle.

SEP 03

Nursing records under the spotlight (in person)

This course is designed to equip nurses and midwives, working in a variety of healthcare settings, with the knowledge to maintain nursing records in accordance with legal and professional standards.

SEP 12

Basal and mealtime insulin management in people with Type 1 diabetes

This new course aims to give nurses an insight into the management of insulin for people who have Type 1 Diabetes.

SEP 17

Time is Brain (in person)

- a guide to nursing management, assessment and treatment of acute stroke

This course will include nursing assessment, cardiac rhythm, neurological observation and rehabilitation.

Book now, call us on **01 6640618/41**

For more information go to www.inmoprofessional.ie/course

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

Oct 10 **Paediatric asthma**

This online educational session will introduce the nurse to: epidemiology, pathophysiology, diagnosis and management of asthma in children. The Global Initiative for the Diagnosis and Management of Asthma will underpin the session providing the nurse with evidence-based material which will enable him/her to provide care to children with asthma and their families.

Oct 16 **Wound care management**

This short online course will advise participants on wound care management. Topics covered on the day include; wound healing, wound bed preparation and treatment options, and dressing selections. After completing this course members will be able to: understand the anatomy and physiology of wound management , understand and identify the factors influencing wound healing, understand and identify the differences between acute and chronic wounds, understand and implement a holistic assessment of individuals with wounds and understand the current modalities of different types of dressing and their application.

Oct 17 **Chronic obstructive pulmonary disease (COPD) – getting the basics right**

This short online programme is aimed at nurses working in clinical practice who require basic knowledge and skills to care for people with COPD on a day-today basis. The programme will assist participants in gaining an understanding of the clinical evidence underpinning the diagnosis and ongoing care and management of the person with COPD utilising current best practice. This online educational session will introduce the nurse to: epidemiology, pathophysiology, diagnosis and management of COPD. The Global Initiative for the Diagnosis and Management of COPD will underpin the session, providing the participant with evidence-based material which will enable them to provide care to people with COPD.

Oct 22 **Your safety toolbox – key aspects of workplace safety support**

This programme provides safe practice tools to protect the nurse, midwife and patient within the backdrop of staff shortages and skill mix realignment within current healthcare settings. This is an awareness session to ensure participants have an understanding of the processes involved regarding patient alerts, clinical incidents and thorough assessment, while remaining focused on the patient. It addresses patient and staff safety, and provides five key tools on areas of documentation, clinical incident reporting, safety statements, best practice guidelines regarding assessment and communication practices in the complex multifaceted health care arena.

Nov 14 **Retirement planning seminar** *(Dublin)*

INMO Professional in partnership with Cornmarket Financial Services have developed an in-person seminar to support members planning for retirement. Topics covered on the day will include: superannuation; when a full pension is available; the calculation of the lump sum; options for increasing your retirement benefits; AVCs; personal retirement savings accounts; savings plans; planning your finances in retirement; what to do about any surplus income you may have in retirement; individual requirements such as your investment goals, investment time frame, attitude to investment 'risk/reward; personal taxation and budgeting and money-saving tips.

Nov 21 **Retirement planning seminar** *(Galway)*

INMO Professional in partnership with Cornmarket Financial Services have developed an in-person seminar to support members planning for retirement. Topics covered on the day will include: superannuation; when a full pension is available; the calculation of the lump sum; options for increasing your retirement benefits; AVCs; personal retirement savings accounts; savings plans; planning your finances in retirement; what to do about any surplus income you may have in retirement; individual requirements such as your investment goals, investment time frame, attitude to investment 'risk/reward; personal taxation and budgeting and money-saving tips.

Care of the older person

This month the library looks at research in the area of care of the older person nursing. Contact the library for the full text of any of these articles

Exercise as falls prevention

- *Zinyemba V. Exercise as a falls prevention strategy in the care of older people. Nursing Older People 2024. doi: 10.7748/nop.2024.e1452*

Older people who fall may experience a range of adverse outcomes, such as distress, injury and loss of independence. Regular exercise is a pillar of falls prevention and can have major benefits for the older person. This article discusses exercise as a falls prevention strategy and supports nurses to develop their knowledge and confidence in promoting exercise in older people.

Incontinence in people with dementia

- *Aldridge Z et al. Identifying incontinence and promoting continence in people living with dementia. Nursing Older People 2023. doi: 10.7748/nop.2023.e1451*

Urinary and faecal incontinence are more prevalent in older people but these are not inevitable parts of ageing. The number of people living with dementia who experience continence issues is likely to be underestimated. There are several practical strategies that can reduce the incidence of incontinence, counter its negative effects and promote continence in people living with dementia.

Healthcare workforce

- *Prior M, Blake S, Lyndon H. Equipping the healthcare workforce to meet the complex health needs of older people in the community: a skills-led approach. Nursing Older People 2023. doi: 10.7748/nop.2023.e1454*

The shift towards delivering more clinical care in the community not only supports the healthcare system by avoiding unnecessary hospital admissions, but can also improve outcomes, particularly for older people with complex healthcare needs. This article details a project that involved the design and development of a replicable 'Ageing Well' programme to increase knowledge, skills and confidence among registered and unregistered practitioners, underpinned by a 'skills not roles' strategy.

INMO library access

The Nurse2Nurse website is no longer available. The INMO Library is now only available through OpenAthens and the INMO website (**inmo.ie**). Please contact the library for further information regarding access or library services by email at library@inmo.ie or at Tel: 01-6640614/25. Please also contact us if you require any articles in full text or if you would like to make an appointment to visit in person.

Urinary tract infection prevention

- *Trueland J. Management of urinary tract infections in older people. Primary Health Care 2024. doi:10.7748/phc.34.2.6.s2*

UTIs are a common cause of hospital admissions, particularly in older people. This article includes tips on prevention, diagnosis and treatment to improve quality of life, reduce adverse behavioural symptoms and outcomes.

Adverse effects in long-term care facilities

- *McGrane N, Dunbar P, Keyes LM. Contributing Factors to Adverse Events in Long-Term Care Facilities in Ireland, a Content Analysis. J Am Med Dir Assoc 2023*

Although there is substantial research into adverse events in acute settings, there is a scarcity of research for other settings, including long-term care facilities, where what is considered an adverse event is typically broader and applies to events that affect the quality and safety of the care of residents and their wellbeing. This article identifies factors in adverse events from long-term care facilities to inform quality improvement.

Gerontological nursing and the planet

- *Kagan, S. Gerontological nursing, plastics and the planet: A call for research in sustainable care for older people. International Journal of Older People Nursing (2024). 19 (3): e12612*

Plastic pollution is endangering the clean air, clean water and nutritious food supplies that Florence Nightingale and many other nurses who followed her advanced as fundamental to health. This editorial highlights the role nurses can play in policies, practices and procedures that involve the use of products made partly or wholly of plastics and provides them a gateway to sustainable healthcare research.

Online – Introduction to Effective Library Search Skills

Next course date: Check www.inmoprofessional.ie

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

Midwifery library update

THIS month's current awareness bulletin looks at a wide range of midwifery topics including some Irish research articles.

Irish articles

- McGuigan M, Larkin P. Laid-back breastfeeding: knowledge, attitudes and practices of midwives and student midwives in Ireland. International Breastfeeding Journal 2024 Feb; 19(1):1-1
- White M, Byrne H, Molphy Z, Flood K. How well do we truly understand clitoral anatomy? An Irish maternity hospital's perspective. Australian & New Zealand Journal of Obstetrics & Gynaecology 2024; 64(2):128-32
- Gallagher L, Brady V, Kuliukas L et al. Australian, Irish, and Swedish women's comfort levels when breastfeeding in public. BMC Public Health 23, 2535 (2023)
- Dempsey B, Connolly M, Higgins MF. 'I suppose we've all been on a bit of a journey': a qualitative study on providers' lived experiences with liberalised abortion care in the Republic of Ireland. Sexual and reproductive health matters 2023; 31(1):2216526

Breastfeeding

- Williams A. Are you knowledgeable about breast pump safety and assessment? Knowledge and skills for clinical practice. Clinical Lactation 2024 May; 15(2):72-80
- Qin M, Chang G, Zhou X,et al. Fathers' needs of breastfeeding support: Perspective of health nurses. Midwifery 2024 May; 132:103959
- Ouyang Y-Q, Guo J, Zhou J,et al. Theoretical approaches in the development of interventions to promote breastfeeding: A scoping review. Midwifery 2024 May; 132:103988
- McGuinness D, Mhurchu SN, Frazer K et al. A co-designed evaluation study to identify breastfeeding knowledge of general practitioners' and practice nurses'. Health Promotion International 2024 Apr; 39(2):1-10
- Whelan C, O BD, Hyde A. Mother's emotional experiences of breastfeeding with primary low milk supply in the first four months postpartum: an interpretative phenomenological analysis. Breastfeeding Medicine 2024 Mar; 19(3):197-207

Midwives' wellbeing

- Denton J, Evans D, Qunyan X, Vernon R. Supporting older nurses and midwives in the Australian healthcare workplace – A qualitative descriptive study. J Advanced Nursing 2024 May; 80(5):2065-79
- Dent J, Smeeton N, Whiting L, Watson T. The importance of recovery and staffing on midwives' emotional wellbeing: A UK national survey. Midwifery 2024 May; 132:103961
- Gammon J, Hunt J, Holland P, Tham TL, Williams S. Wellbeing, support and intention to leave: a survey of nurses, midwives and healthcare support workers in Wales. Br J Healthcare Management 2024 May; 30(5):1-13

Labour and birth

- Henshall BI, Grimes HA, Davis J, East CE. What is 'physiological birth'? A scoping review of the perspectives of women and care providers. Midwifery 2024 May; 132:103964
- Deys LJ, Wilson V, Bayes S, Meedya S. Using a novel approach to explore women's Caesarean birth experience. Br J Midwifery 2024 May; 32(5):258-63.
- Hoxha I, Grezda K, Udutha A et al. Systematic review and meta-analysis examining the effects of midwife care on Cesarean birth. Birth: Issues in Perinatal Care 2024 Jun; 51(2):264-74
- Marzoni ZA, Bakouei F, Delavar MA, et al. Midwife-led psycho-education intervention to reduce childbirth fear: a quasi-experimental study. Health Education Research 2024 Jun; 39(3):245-53
- Chua JYX, Choolani M, Lalor JG, Chong YS, Shorey S. Insights of healthcare professionals regarding waterbirths and water immersion during labour: A mixed studies review. J Advanced Nursing 2024 Jun; 80(6):2156-66
- Alcaraz VL, Leon LF, Robleda G, Vila Candel, Rafael. Exploring home births in Catalonia (Spain): A cross-sectional study of women's experiences and influencing factors. J Advanced Nursing 2024 Jun; 80(6):2363-78.

RCM iLearn

A new 30-minute course has been released this month on the RCM iLearn platform called Research module 3: *Embedding clinical research into practice.* This iLearn module has been developed to support you with transforming research knowledge into clinical practice as midwifery practitioners, researchers and leaders.

The module introduces midwives to the importance of a 'research active' culture, different ways of sharing research findings as well as the practicalities, enablers and barriers to implementing research findings in clinical practice.

Research Module 1 and 2 are also available, which look at clinical research in the NHS and exploring a career as a midwife or multi-support work (MSW) researcher.

On completion of module 3 you should:

- Have considered what creates a 'research active' culture
- Know effective ways to share research knowledge as a midwifery practitioner or researcher
- Have explored enablers and barriers to embedding research findings into practice
- Be able to undertake a review of research or practice on a specific topic.

Contact the library

For further information on any of the resources mentioned above, or to gain access to the INMO Library resources via OpenAthens or RCM iLearn, please contact us at email: library@inmo.ie or Tel: 01-6640614/25.

Commitment to solidarity and equality

New INMO president Caroline Gourley believes it is crucial that the voices of nurses and midwives unite and focus in a clear direction in order to negotiate the challenges ahead. Interview by **Freda Hughes**

NEWLY elected INMO president Caroline Gourley has pledged to make sure the Organisation remains relevant, inclusive and effective throughout her term in office. With more than 30 years as an INMO activist under her belt, she has already hit the ground running.

In her speech at ADC Ms Gourley said that "strength, good governance and integrity" would be her watchwords as INMO president.

"We need to be a union where there is a commitment to equality, to strong sustainable communities, to the sharing of history and to shaping of the future together – recognising our vulnerabilities, drawing on and enhancing our individual and collective capacities. I will work to ensure we remain relevant, inclusive and effective."

Ms Gourley is director of nursing for CHO Dublin North City and County (DNCC), based in St Mary's Hospital in Dublin's Phoenix Park, and has been an INMO representative at hospital and branch level since 1990. She holds a diploma in first-line supervisory management from the National College of Ireland, a BSc in nursing management from the Royal College of Surgeons, Ireland, an MSc in palliative care from University College Dublin (UCD) and an advanced diploma medical law King's Inns, Dublin.

Ms Gourley is originally from inner-city Dublin. Her husband works as a hospital porter and they have one daughter who is currently living abroad. She always wanted to be a nurse and while many of her aunts and uncles were psychiatric nurses, she decided to go into general nursing.

She moved to Ipswich in the UK in the 1980s where she started her training.

"My mother told me I used to bandage up the poor dog and stick plasters on him from a young age. In the late 80s there was no nursing intake in Ireland, so I had to go to the UK to train. It was a difficult time to be Irish in England as the Troubles were still ongoing," she recalled.

Having worked in England for a number of years, Ms Gourley returned to Ireland to work in infectious diseases and addiction services in Cherry Orchard Hospital, Dublin. She later transferred to a care of the older person (COOP) unit on the same campus where she found that this area of nursing was her passion. She has been working in this sector since 1995.

It was in Cherry Orchard that she met two empowered female activists Anne O'Connor and Eileen Hickey who encouraged her to join the INMO, something she has actively encouraged new nurses and midwives to do since then.

She joined the Dublin South West Branch and stayed with it for 26 years, before moving to the Dublin North West Branch when she changed jobs.

Ms Gourley is an active member of the INMO COOP Section and has served as chairperson having worked to reactivate it. In 2012 while attending INMO rep training, Ms Gourley met Eileen O'Keefe another COOP nurse from Cork. They spoke about rejuvenating the then dormant COOP Section and, with the help of Margo Lydon based in Achill and Noreen Watts in Galway, they got it up and running again, so successfully that it currently has 4,000 members.

Although she held the chairperson role for many years, in January 2024 Ms Gourley passed the baton to Michael O'Dwyer and addressed the recent COOP conference in Portlaoise as INMO president.

Union protection

Ms Gourley advises young nurses and midwives to protect themselves by joining the INMO. She feels that union membership opens you up to a network of your peers and provides invaluable support. She also stresses the importance of the education and representation provided by the union around your rights as a professional.

"If nursing or midwifery are your passion, pursue it, but be aware of the hurdles that you're going to come across. It is a very rewarding career but it's also challenging. I absolutely love my job but it is so important to protect yourself and know that someone has your back. On fitness to practise hearings I become acutely aware of the difference union representation makes. When you have a nurse or midwife that isn't represented, it's a very different and much more daunting process," she said.

Accessible, affordable housing for nurses and midwives is a major issue that Ms Gourley intends to pursue through ICTU as INMO president. She has previously represented directors of nursing in the Oireachtas alongside INMO general

secretary Phil Ní Sheaghdha and also met the Minister for Housing to discuss this issue.

She said that while the idea of bringing back on-site accommodation akin to the historic 'nurses homes' for qualified and trainee nurses and midwives may seem like an obvious solution, the situation is very different now.

Many nurses and midwives recruited from abroad or from across the island of Ireland need to find accommodation not just for themselves, but for their partners and children too in an expensive and overburdened housing market while most trainee nurses and midwives can't afford to move out of their parents' house to begin with.

Since joining the INMO Executive Council in 2020, Ms Gourley's priorities have been safe staffing and skill mix, with a heavy focus on health and safety in the workplace. She believes the only way to achieve and maintain safe staffing levels is to legislate for it. She sits on the National Taskforce on Staffing and Skill Mix as well as on both the HSE's safe staffing taskforce and its expert panel on the clinical governance of nursing homes.

"None of us are working in a safe environment. If it's not overcrowding, it's violence and aggression against staff. Overcrowded hospitals are not safe places for patients to be treated, many of whom are on trolleys in overcrowded emergency departments. I'm very passionate about the health and welfare of our patients and long-term residents, and that can only be achieved through safe staffing and safe skill mix. We need proper staffing ratios across the health service."

A recent INMO survey of student nurses and midwives showed that many of them plan to emigrate because of the unmanageable pressure and exhaustion that comes with working in overcrowded facilities with no safe staffing levels. Ms Gourley says it's imperative we do more to retain these skilled professionals. She feels that significant remuneration for the difficult jobs nurses and midwives do, greater access to education and respect for their roles would go a long way towards retaining workers.

Ms Gourley would like to see more older people looked after in the community and stresses that this would take pressure off the acute hospitals. In order to achieve this she feels it is imperative that there are more nurse-led services, nurse prescribing and community nurse-led units with person-centred care within the COOP sector.

Attending the recent Care of the Older Person Section conference were (l-r): Debora Muresan, Shini Antony, Biju Job, Nancy Qureshi, INMO president Caroline Gourley, Dolores Bond, Claire Hillary, Daragh Rodger and Joy Gicale, all staff of St Mary's Hospital in Phoenix Park, Dublin

Margot Lydon, vice chairperson, Care of the Older Person Section; Caroline Gourley, INMO president; and Michael O'Dwyer, chairperson, Care of the Older Person Section

Caroline Gourley pictured with INMO general secretary at the recent ADC in Croke Park

Leadership

In both her workplace and as INMO president Ms Gourley espouses compassionate and generational leadership. This means adjusting her approach as necessity requires and being to each generation the leader that they need. This leadership style involves being extremely flexible and adaptable. Empowering all members of the team to feel valued in their role is essential to her.

"As a leader it is so important to support your team. You do have to be whoever you need to be for that team at that time, and each team is different. A 'thank you' at the end of a shift doesn't cost anything but it means a lot. No one should ever worry alone; you need the support of your colleagues. The greatness of a community is best measured by the compassion of its members," she said.

Since the Covid-19 pandemic, Ms Gourley feels that the public do not have the same trust in nurses and midwives that they had before. She would love to see that trust, respect and kindness return to the professions' relationship with the public.

She recounted how she saw nurses and midwives excel during the pandemic often running towards the danger where others turned away, driven by the urge to keep their patients safe, and care for them with the dignity and respect they deserve. She emphasised that their sense of duty must not be taken for granted.

Looking ahead to her term as president, she acknowledged that there will be challenges. "I wholeheartedly believe in our professions and how valuable we are to the health service. As we all know it takes a remarkable person to be a nurse or a midwife. They are professions where joy and sadness normally come in equal measure, where inspiration can be met by frustration and where courage must outweigh fear.

"We must be heard, we must be protected and we must be rewarded. I believe it is crucial that the voice of nursing and midwifery unites behind one clear direction, during this period of unprecedented health service reform, and the pressures each and every one of us are facing within our workplaces, regardless of our grades or roles. The decisions taken now will have a profound impact on our professions for many years to come."

Strength in solidarity

The climate crisis and global conflict were hot topics on May 5 as the International Day of the Midwife sought to highlight major issues

THE THEME for International Day of the Midwife on May 5 – 'Midwives: A Vital Climate Solution' – reflected the importance of sustainability for both the midwifery workforce and the environment. The model of care delivered by midwives is inherently sustainable and, by promoting continuity of midwife care, this ensures healthier outcomes while using a sustainable, low-resource approach.

Climate change poses unprecedented challenges to health, especially for women and babies. Midwives play a pivotal role in reducing the effects of climate change. The International Council of Midwives stated that midwifery-led care leads to optimal and safe outcomes by using fewer resources, resulting in less medical waste and a reduced ecological footprint. In turn this helps to ensure that resources and the time and expertise of obstetricians are available to women with more complex care needs.

Members of the INMO Midwife Section at the annual delegate conference in May (l-r): Maeve Gaynor, Lynnette McGoey, Audrey Horan, Annette Keating, Edel Peoples and Lynda Moore

By offering continuity of care in communities, midwives reduce the need for avoidable travel to health facilities, thereby cutting the carbon footprint of healthcare while ensuring accessibility. Continuity of midwifery care also empowers mothers to meet their breastfeeding goals, meaning women will often breastfeed longer. Midwives are also champions of sexual and reproductive health, and are often medical first responders when someone has been the victim of sexual violence.

As midwives across the world celebrated on May 5, the International Council of Midwives called for "investment, resources, autonomy and a seat at every decision-making table to include continuity of midwife care as a cornerstone of health system planning for climate resilience".

Midwives across Ireland celebrated on May 5, with the INMO stating that midwives are vital to the future of sustainable high-quality care across maternity services.

Show of solidarity

Some INMO midwife members celebrated the day with a sea swim in Cobh, Co Cork and in Seapoint, Co Dublin. They used the opportunity to acknowledge the central role played by midwives in providing a safe and environmentally sustainable maternity service. They made three distinct calls on the Irish government: to ensure safe staffing; to champion midwife-led birthing; and to show solidarity with midwives in Gaza who are working in horrendous conditions under unrelenting attack from the Israeli army.

Margaret Dunlea, assistant professor of midwifery in Trinity College Dublin and education officer of the INMO Midwives Section, made the case for midwifery-led care.

"Evidence shows that midwives are the best and most cost-effective intervention for safeguarding women and babies and preventing avoidable maternal and newborn deaths. A safe service needs qualified, competent, compassionate midwives as key decision makers in our maternity services. We must safeguard women's rights to wait for labour to start spontaneously, to birth naturally and to choose to birth safely at home, in a midwife-led birthing centre or in the hospital."

The INMO Midwives Section stressed that safeguarding midwives means safeguarding physiological birth, and that championing physiological birth and breastfeeding plays a key role in protecting our planet from global warming.

According to the WHO, there is a global shortage of almost one million midwives. Rectifying this deficit could prevent two-thirds of maternal and newborn deaths and save millions of lives.

On Gaza, Dr Dunlea said: "On International Day of the Midwife, we especially want to honour our courageous midwifery colleagues in Gaza, who are beyond exhausted, working under horrendously unsafe conditions for eight months now, with no resources, no food, no water, no heating, no rest and under constant bombardment.

"Many tell us they have not seen their families for weeks and worry for their safety. Many midwives in Gaza have lost their lives while trying to save others. All women and midwives, as well as allied healthcare professionals, need a safe place to give birth and work. Childbirth is more than just surviving; it is about thriving," she continued.

The Midwives Section has called on the government to demand an end to this inhumanity by calling for an immediate ceasefire and standing up to oppression. The section also made a donation to Doctors Without Borders.

Day of the Midwife
Safe staffing
Making It Happen
Day of the Midwife
Safe staffing
Making It Happen

INMO
Midwives Delivering on Quality

International Day of the Midwife
#IDM #IRELANDSOUTH

The power to care

This year on International Nurses' Day, the ICN made a strong economic case for investing in nursing around the world

CELEBRATED around the world on May 12, the anniversary of Florence Nightingale's birth, International Nurses Day this year carried the theme 'Our Nurses, Our Future: The Economic Power of Care'. With this message the International Council of Nurses (ICN) aimed to illuminate the benefits of elevating the nursing profession with an in-depth analysis of how the nursing profession is transforming healthcare delivery, economic development, peace and societal wellbeing.

The ICN believes that supporting and investing in nursing not only improves the health and wellbeing of populations, but it also boosts economic growth and strengthens healthcare systems.

The ICN launched its International Nurses Day report entitled *The economic power of care*, which demonstrates the contribution nurses and nursing can make to global economic growth with adequate investment. The report found that poor health costs the global economy 15% in GDP.

Speaking on May 12, ICN president Dr Pamela Cipriano extolled the economic benefits of investing in nursing. "Our report focuses on the economic benefits of having more nurses for the whole global economy. We know that healthier people are more engaged and more economically productive, but millions of people lack access to the essential healthcare that they need, most of which is delivered by registered nurses.

"Effective universal health coverage could save 60 million lives and add 3.7 years to the average life expectancy by 2030, but achieving this requires a massive increase of investment in the nursing workforce," she continued. "What governments must recognise is that such investment in nursing is not a cost: investing in healthcare saves money, and our experts say having a healthy population could boost global GDP by $12 trillion (US) or 8%."

Across Ireland, nurses celebrated International Nurses Day in their workplaces and colleges. The INMO took the opportunity to call for safer workplaces and safe staffing levels and to celebrate all that nurses contribute to their communities and society.

INMO members also expressed their solidarity with their nursing colleagues in Gaza who continue to provide care despite the genocide unfolding around them.

The ICN report is available online at: ***icn.ch*** *under resources/publications.*

Bulletin Board

With INMO director of industrial relations Albert Murphy and the staff of the Information Office

Parental leave rights and entitlements

Q. I recently applied for parental leave but my employer has refused this request. I thought I had an entitlement to take parental leave. Where do I stand?

Parental leave is a statutory entitlement based on the provisions of the Parental Leave Act. There is a requirement on employees to advise their employer of their intention to take parental leave and also to request the manner in which that leave is sought. Some employees seek to take a block of time (26 weeks or separate blocks of a minimum of six continuous weeks), others seek to have the time taken as one day a week or a number of hours per week. How the period of parental leave is taken has to be agreed with the employer. If the employer does not agree, then the matter might require some negotiation. A confirmation document specifying the date of commencement of the leave, its duration and how it is to be taken, must be prepared and signed by both the employee and employer at least four weeks before the leave is due to commence. Once the confirmation document has been signed, the terms set out within it cover the agreement. The employer has the right to postpone the commencement of parental leave if the confirmation document has not been signed. Leave can be postponed for up to six months but, prior to postponing it, your employer must consult with you.

Assault in the workplace

Q. I work for the HSE and was assaulted in my workplace and am currently on sick leave as a result. My employer said that I would be paid sick leave under the normal sick-pay scheme, is this correct?

This is incorrect. If an employee has been physically assaulted at work they are paid sick leave under the Serious Physical Assault Scheme, which is six months' full pay including premium pay and if needed this may be extended twice, three months' full pay and another three months' basic pay. Medical expenses incurred may also be recouped as follows:

- A refund of expenditure in respect of treatment provided by the Irish public health service, GP, emergency, outpatient and consultant visits, and prescription charges
- Where employees have medical insurance they must claim where appropriate, with the employer paying the excess
- Where there are long waiting times for treatment or where treatment is not available in the public health service, private treatment costs in these exceptional circumstances will be refunded.

Where you believe you meet the criteria to be included under this scheme and your employer denies this, there is an appeals procedure that the INMO has referred a number of similar cases to with successful outcomes. If you are in this situation, do not delay in contacting the INMO official with responsibility for your area and your case will be reviewed to seek the best outcome.

Early retirement

Q. I am currently working in the public health service as a staff nurse. I would be interested in retiring at age 56 but would like to know how this might affect my pension and lump sum?

For nurses and midwives who entered the public sector before April 1, 2004, normal retirement age is 60. For nurses/midwives who entered after this date it is 65.

On April 1, 2004, cost-neutral early retirement was introduced to allow public servants to retire early, if your normal retirement is 60 you can retire between ages 50 to 59. If your normal retirement age is 65 you can retire between ages 55 to 64. If you decide to retire early, both your gratuity and pension will be subject to an 'actuarial reduction' to take account of the fact that your gratuity is being paid earlier than anticipated and that your pension will now have to be paid over a longer period. The reduced rate of pension applies throughout the lifetime of your pension (Department of Health Circular 10/2005).

All applications for cost-neutral early retirement are considered based on business needs. Nurses and midwives opting for this scheme should contact their superannuation department.

Know your rights and entitlements

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

Contact Information Officers Catherine Hopkins and Catherine O'Connor at
Tel: 01 664 0610/19
Email: catherine.hopkins@inmo.ie, catherine.oconnor@inmo.ie
Mon to Thur 9am-5pm; Fri 8.30am-4.30pm

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

INMO Professional

INMO
Irish Nurses and Midwives Organisation
Working Together

SAVE THE DATE

Join us at the

Dublin Pride Parade 2024

on

Saturday, 29 June 2024

Celebrating 50 Years of Dublin Pride

For more information contact

Steve Pitman, steve.pitman@inmo.ie, www.inmo.ie

Irish Nurses and Midwives Organisation
Working Together

2024 Nurse and Midwife Representative Training

The INMO provides Representative Training to our members.

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

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

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

If you are interested in attending a Representative Training Course in 2024, please make contact with your INMO Official.

Month	Date	Location
JULY	16 & 17	Dublin
SEPTEMBER	10 & 11	Dublin
OCTOBER	03 & 04	Sligo
	08 & 09	Cork
	14 & 15	Dublin

**Please note that the dates and locations are subject to change*

CONTACT YOUR INMO OFFICIAL

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

Student and new graduate update

With Jamie Murphy

Taking pride in our future at the ADC

THIS May in the iconic location of Dublin's Croke Park, the INMO held its annual delegate conference (ADC). Delegates from all areas of nursing and midwifery from across Ireland gathered to debate and vote on the union's direction for the next 12 months. The theme was Strength, Safety and Solidarity. The ADC is a fantastic opportunity to hear stories from colleagues across different areas and disciplines. Some are difficult to hear as many staff are facing difficult situations at work. Hearing these stories confirms how important it is to stand together and support each other.

Students have a strong, valued voice within the INMO and this year the Student Section presented a motion calling on the INMO to continue to pursue further enhanced support for undergraduate students in years one to three, along with the prompt payment of same. This motion was passed and I am delighted to work with the INMO to advocate for enhanced supports for students.

This year I have been contacted by many students about delays in payments. I have worked tirelessly with the INMO's local industrial relations teams and engaged with employers to resolve this issue. The Student Section had an emergency meeting in order to identify which students had received payments and who had not. I am extremely grateful to the section for its work on the issue. If you are an undergraduate student and would like to get involved with our Student Section, please contact me directly *(email address below)*.

The new Executive Council was appointed at the ADC. A student member sits on Executive Council to represent their peers and Christopher O'Dwyer was elected to this seat for the 2024-2026 term.

Christopher is motivated and passionate about the welfare of students. Together with INMO members and staff we will attend the LGBTQ+ Pride Parade in Dublin city centre on Saturday, June 29 this year. We hope that students and new graduates will join us on the day. If you would like details on where we plan to meet and attend together, please contact me directly.

Pictured at the recent INMO ADC in Dublin were: Jilan Wahba Abdalmajid, the Palestinian ambassador to Ireland (centre); with INMO student members (l-r) Rebecca Brennan, Christopher Hughes, Chris O'Dwyer and Kate Kelly

Here is what some of our student delegates had to say about ADC.

Christopher Hughes

"I'm very lucky to have been able to attend this year's ADC. It was a great opportunity to meet with other students and nurses and midwives to discuss and debate issues within our professions. It was eye opening to hear the motions brought forward by members from across the country. I found a great sense of community support and everyone I met was very welcoming. Experienced nurses and midwives provided advice to me as a student to use going forward in my career.

"Along with other student delegates, I was fortunate enough to speak with the Palestinian ambassador to Ireland Dr Jilan Wahba Abdalmajid. We got the opportunity to convey our support for Palestine and she told us about the experiences of student nurses in Palestine who are continuing their learning, despite the destruction of their universities and hospitals, by visiting and providing care to those who have been forced to live in tents in Rafah. I feel very fortunate to have attended ADC this year and found it very beneficial and enjoyable."

Claire Corcoran

"I think the ADC was such a special experience because it brought together a group of people from all corners of Ireland and abroad, from students to directors of nursing, with the unanimous goal of creating a better nursing future for all. It was a conference that empowered you to share your opinion and welcomed healthy debate without judgement.

"I think it is so important that students are involved with the INMO to have their voices heard. We will be the future of nursing and midwifery in Ireland, and we need to continue to improve our working environment and conditions for both us and the generations of nurses and midwives to come".

Jamie Murphy is the INMO student and new graduate officer. You can contact her with any problems, queries, questions or ideas that you might have – relating to students and new graduates – by email to: Jamie.murphy@inmo.ie

INMO Professional

INMO
Irish Nurses and Midwives Organisation
Working Together

Telephone Triage Nurses Section Annual Conference

Tuesday, 24 Sept 2024

The Richmond Education & Event Centre, Dublin

Topics will include, amongst others:

- **Infectious diseases**
- **Childhood illnesses and rashes**
- **Acquired brain injuries**
- **Safeguarding mental health patients**
- **Asthma**
- **Inflammatory bowel disease**

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Quality & Safety

A column by Maureen Flynn

New radiation safety training available on HSELanD

NURSES and many other healthcare staff work in areas where people are undergoing radiological procedures for assessment and/or treatment. This month we introduce two new HSELanD training modules to assist us all in being aware of and keeping ourselves and patients safe during these procedures.

Why safety training matters

It is a legal requirement for a hospital, community or dental service (referred to as the 'undertaking' in legislation) to ensure that all staff are appropriately trained and competent to work with medical ionising radiation. The HSE National Radiation Protection Committee (NRPC) and the National Radiation Protection Office (NRPO) are developing a suite of online training resources for radiation protection to support us all in understanding our responsibilities.

The programme aims to provide national standardised training information based on international guidelines, to support all staff in understanding the principles of radiation protection, how to limit their exposure and what to do in the event of something going wrong.

The first two modules have been developed and are available on HSELanD.

First module

Entitled 'An Introduction to Radiation Safety Awareness', the first module is a general introduction to medical ionising radiation. This is suitable for all staff and is intended to be used as part of an induction training programme and is appropriate for any staff member who works in a facility using ionising radiation for diagnosis or treatment purposes to complete. It explains what medical ionising radiation is, why it is considered a danger and outlines the necessary precautions all staff must take to limit their potential for occupational exposure.

Second module

Module two, entitled 'Ionising Radiation - Protecting our Patients in the Healthcare Setting', focuses on educating clinical staff who refer patients for procedures that necessitate exposure to medical ionising radiation. It explains the legal obligations imposed on referrers, the principles of radiation protection and highlights the typical failures in care associated with poor referral practices.

A number of nurses are referring patients for radiological procedures. This is an expanded role for registered nurses following successful completion of a Nursing and Midwifery Board of Ireland (NMBI) approved education programme. Module two will be of particular interest to nurse referrers for radiological procedures.

This national programme is designed to standardise training and promote safe practice. It will support the important work of local radiation protection teams, however, it does not replace the need for more in-depth, onsite training for those at high risk of occupational ionising radiation exposure.

Get involved

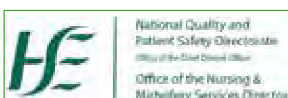
At your next ward, team or department meeting you could talk about your role in radiation protection and how you can update your knowledge and skills. To get started enrol for the modules which are self-paced and interactive. Both modules are available on the HSELanD platform. Certificates of attendance are issued on completion of the modules and are valid for a period of two years across all locations.

More information

You can contact the Radiation Protection Committee within your service area or the HSE National Radiation Protection Office (NRPO) by email at: radiation.protection@hse.ie You can read more about work of the NRPO here: **https://bit.ly/HSEradiationprotection**

Dr Maureen Flynn is the director of nursing and QPS lead with the HSE Office of the Nursing and Midwifery Services Director

Acknowledgements
A special thank you to my colleagues Dr Andrew Bolas, assistant national oral health lead, chair of the module development group and to Janet Wynne and Rose Lindsay of the National Radiation Protection Office, for collaborating and assistance in writing this column



The Office of the Nursing and Midwifery Services Director (ONMSD) collaborates with National Quality and Patient Safety (NQPS) Directorate. We work in partnership with those who provide and access our health and social care services to build quality and patient safety capacity and capability in practice; and drive and monitor implementation of the Patient Safety Strategy 2019-2024 including reducing common causes of harm, enhancing processes for safety-related surveillance, safe systems of care and sustainable improvements. Read more at hse.ie or link with us on Twitter: @nationalQPS @NurMidONMSD or email NQPS@hse.ie

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KEYTRUDA® (pembrolizumab)

ABRIDGED PRODUCT INFORMATION Refer to Summary of Product Characteristics before prescribing. **PRESENTATION** KEYTRUDA 25 mg/mL: One vial of 4 mL of concentrate contains 100 mg of pembrolizumab. **INDICATIONS** • KEYTRUDA as monotherapy is indicated for the treatment of adults and adolescents aged 12 years and older with advanced (unresectable or metastatic) melanoma. • KEYTRUDA as monotherapy is indicated for the adjuvant treatment of adults and adolescents aged 12 years and older with Stage IIB, IIC or III melanoma and who have undergone complete resection. • KEYTRUDA as monotherapy is indicated for the adjuvant treatment of adults with non-small cell lung carcinoma who are at high risk of recurrence following complete resection and platinum-based chemotherapy. • KEYTRUDA as monotherapy is indicated for the first-line treatment of metastatic non-small cell lung carcinoma (NSCLC) in adults whose tumours express PD-L1 with a ≥50% tumour proportion score (TPS) with no EGFR or ALK positive tumour mutations. • KEYTRUDA, in combination with pemetrexed and platinum chemotherapy, is indicated for the first-line treatment of metastatic non-squamous NSCLC in adults whose tumours have no EGFR or ALK positive mutations. • KEYTRUDA, in combination with carboplatin and either paclitaxel or nab-paclitaxel, is indicated for the first-line treatment of metastatic squamous NSCLC in adults. • KEYTRUDA as monotherapy is indicated for the treatment of locally advanced or metastatic NSCLC in adults whose tumours express PD-L1 with a ≥1% TPS and who have received at least one prior chemotherapy regimen. Patients with EGFR or ALK positive tumour mutations should also have received targeted therapy before receiving KEYTRUDA. • KEYTRUDA as monotherapy is indicated for the treatment of adult and paediatric patients aged 3 years and older with relapsed or refractory classical Hodgkin lymphoma (cHL) who have failed autologous stem cell transplant (ASCT) or following at least two prior therapies when ASCT is not a treatment option. • KEYTRUDA as monotherapy is indicated for the treatment of locally advanced or metastatic urothelial carcinoma in adults who have received prior platinum-containing chemotherapy. • KEYTRUDA as monotherapy is indicated for the treatment of locally advanced or metastatic urothelial carcinoma in adults who are not eligible for cisplatin-containing chemotherapy and whose tumours express PD L1 with a combined positive score (CPS) ≥ 10. • KEYTRUDA as monotherapy or in combination with platinum and 5-fluorouracil (5-FU) chemotherapy, is indicated for the first-line treatment of metastatic or unresectable recurrent head and neck squamous cell carcinoma (HNSCC) in adults whose tumours express PD-L1 with a CPS ≥ 1. • KEYTRUDA as monotherapy is indicated for the treatment of recurrent or metastatic HNSCC in adults whose tumours express PD-L1 with a ≥ 50% TPS and progressing on or after platinum-containing chemotherapy. • KEYTRUDA, in combination with axitinib, is indicated for the first-line treatment of advanced renal cell carcinoma (RCC) in adults. • KEYTRUDA, in combination with lenvatinib, is indicated for the first line treatment of advanced renal cell carcinoma in adults. • KEYTRUDA as monotherapy is indicated for the adjuvant treatment of adults with renal cell carcinoma at increased risk of recurrence following nephrectomy, or following nephrectomy and resection of metastatic lesions. Microsatellite instability high (MSI-H) or mismatch repair deficient (dMMR) cancers. *Colorectal cancer (CRC).* • KEYTRUDA as monotherapy is indicated for adults with MSI-H or dMMR colorectal cancer in the following settings: - first line treatment of metastatic colorectal cancer. - treatment of unresectable or metastatic colorectal cancer after previous fluoropyrimidine based combination therapy. *Non-colorectal cancers.* • KEYTRUDA as monotherapy is indicated for the treatment of the following MSI H or dMMR tumours in adults with (a) advanced or recurrent endometrial carcinoma, who have disease progression on or following prior treatment with a platinum containing therapy in any setting and who are not candidates for curative surgery or radiation, (b) unresectable or metastatic gastric, small intestine, or biliary cancer, who have disease progression on or following at least one prior therapy. • KEYTRUDA, in combination with platinum and fluoropyrimidine based chemotherapy, is indicated for the first-line treatment of locally advanced unresectable or metastatic carcinoma of the oesophagus in adults whose tumours express PD-L1 with a CPS ≥ 10. • KEYTRUDA, in combination with chemotherapy as neoadjuvant treatment, and then continued as monotherapy as adjuvant treatment after surgery, is indicated for the treatment of adults with locally advanced, or early stage triple negative breast cancer at high risk of recurrence. • KEYTRUDA, in combination with chemotherapy, is indicated for the treatment of locally recurrent unresectable or metastatic triple negative breast cancer in adults whose tumours express PD L1 with a CPS ≥ 10 and who have not received prior chemotherapy for metastatic disease. • KEYTRUDA, in combination with lenvatinib, is indicated for the treatment of advanced or recurrent endometrial carcinoma in adults who have disease progression on or following prior treatment with a platinum containing therapy in any setting and who are not candidates for curative surgery or radiation. • KEYTRUDA, in combination with chemotherapy with or without bevacizumab, is indicated for the treatment of persistent, recurrent, or metastatic cervical cancer in adults whose tumours express PD L1 with a CPS ≥ 1. • KEYTRUDA, in combination with trastuzumab, fluoropyrimidine and platinum-containing chemotherapy, is indicated for the first-line treatment of locally advanced unresectable or metastatic HER2-positive gastric or gastro-oesophageal junction adenocarcinoma in adults whose tumours express PD-L1 with a CPS ≥ 1. • KEYTRUDA, in combination with fluoropyrimidine and platinum-containing chemotherapy, is indicated for the first-line treatment of locally advanced unresectable or metastatic HER2-negative gastric or gastro-oesophageal junction adenocarcinoma in adults whose tumours express PD L1 with a CPS ≥ 1. • KEYTRUDA, in combination with gemcitabine and cisplatin, is indicated for the first-line treatment of locally advanced unresectable or metastatic biliary tract carcinoma in adults. **DOSAGE AND ADMINISTRATION** See SmPC for full details. Therapy must be initiated and supervised by specialist physicians experienced in the treatment of cancer. The recommended dose of KEYTRUDA in adults is either 200 mg every 3 weeks or 400 mg every 6 weeks administered as an intravenous infusion over 30 minutes. The recommended dose of KEYTRUDA as monotherapy in paediatric patients aged 3 years and older with cHL or patients aged 12 years and older with melanoma is 2 mg/kg bodyweight (up to a maximum of 200 mg), every 3 weeks administered as an intravenous infusion over 30 minutes. For use in combination, see the Summary of Product Characteristics (SmPC) for the concomitant therapies. KEYTRUDA must not be administered as an intravenous push or bolus injection. When administering KEYTRUDA as part of a combination with intravenous chemotherapy, KEYTRUDA should be administered first. Treat patients until disease progression or unacceptable toxicity (and up to maximum duration of therapy if specified for an indication). For the adjuvant treatment of melanoma, NSCLC, or RCC, KEYTRUDA should be administered until disease recurrence, unacceptable toxicity, or for a duration of up to one year. Refer to the SmPC for dosing in neoadjuvant and adjuvant treatment of locally advanced, or early stage triple-negative breast cancer at high risk of recurrence. KEYTRUDA, as monotherapy or as combination therapy, should be permanently discontinued (a) For Grade 4 toxicity except for: endocrinopathies that are controlled with replacement hormones; or haematological toxicity, only in patients with cHL in which KEYTRUDA should be withheld until adverse reactions recover to Grade 0-1; (b) If corticosteroid dosing cannot be reduced to ≤10 mg prednisone or equivalent per day within 12 weeks; (c) If a treatment-related toxicity does not resolve to Grade 0 1 within 12 weeks after last dose of KEYTRUDA; (d) If any event occurs a second time at Grade ≥ 3 severity. Patients must be given the Patient Card and be informed about the risks of KEYTRUDA. *Special populations Elderly:* No dose adjustment necessary. *Renal impairment:* No dose adjustment needed for mild or moderate renal impairment. No studies in severe renal impairment. *Hepatic impairment:* No dose adjustment needed for mild or moderate hepatic impairment. No studies in severe hepatic impairment. *Paediatric population:* Safety and efficacy in children below 18 years of age not established except in paediatric patients with melanoma or cHL. **CONTRAINDICATIONS** Hypersensitivity to the active substance or to any excipients. **PRECAUTIONS AND WARNINGS** *Assessment of PD-L1 status* When assessing the PD-L1 status of the tumour, it is important that a well-validated and robust methodology is chosen to minimise false negative or false positive determinations. *Immune-mediated adverse reactions* Immune-mediated adverse reactions, including severe and fatal cases, have occurred in patients receiving pembrolizumab. Most immune mediated adverse reactions occurring during treatment with pembrolizumab were reversible and managed with interruptions of pembrolizumab, administration of corticosteroids and/or supportive care. Immune mediated adverse reactions have also occurred after the last dose of pembrolizumab. Immune-mediated adverse reactions affecting more than one body system can occur simultaneously. Immune-mediated adverse reactions are immune-mediated pneumonitis, immune-mediated colitis, immune-mediated hepatitis, immune-mediated nephritis, immune-mediated endocrinopathies (including adrenal insufficiency, hypophysitis, type 1 diabetes mellitus, diabetic ketoacidosis, hypothyroidism, and hyperthyroidism), immune-mediated skin adverse reactions (also including Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN)). Refer to SmPC for more information and management of immune-mediated adverse reactions. *Complications of allogeneic Haematopoietic Stem Cell Transplant (HSCT):* Cases of graft-versus-host-disease (GVHD) and hepatic veno-occlusive disease (VOD) have been observed in patients with classical Hodgkin lymphoma undergoing allogeneic HSCT after previous exposure to pembrolizumab. Infusion-related reactions: Grades 1, 2, 3 or 4 infusion reactions including hypersensitivity and anaphylaxis, could be seen with pembrolizumab treatment. Refer to SmPC for more information and management of infusion-related reactions. Patients with Biliary tract carcinoma (especially those with biliary stents) should be closely monitored for development of cholangitis or biliary tract infections before initiation of treatment and, regularly, thereafter. *Overdose:* There is no information on overdose with pembrolizumab. In case of overdose, monitor closely for signs or symptoms of adverse reactions and treat appropriately. **INTERACTIONS** No formal pharmacokinetic drug interaction studies have been conducted with pembrolizumab. No metabolic drug drug interactions are expected. The use of systemic corticosteroids or immunosuppressants before starting pembrolizumab should be avoided because of their potential interference with the pharmacodynamic activity and efficacy of pembrolizumab. Corticosteroids can be used as premedication, when pembrolizumab is used in combination with chemotherapy, as antiemetic prophylaxis and/or to alleviate chemotherapy-related adverse reactions. **FERTILITY, PREGNANCY AND LACTATION** *Women of childbearing potential* Women of childbearing potential should use effective contraception during treatment with pembrolizumab and for at least 4 months after the last dose of pembrolizumab. *Pregnancy* No data on use in pregnant women. Do not use during pregnancy unless the clinical condition of the woman requires treatment with pembrolizumab. *Breast-feeding* It is unknown whether pembrolizumab is secreted in human milk. A risk to newborns/ infants cannot be excluded. *Fertility* No clinical data available. **SIDE EFFECTS** Refer to SmPC for complete information on side effects. Pembrolizumab is most commonly associated with immune-mediated adverse reactions. Most of these reactions resolved with appropriate medical treatment or withdrawal of pembrolizumab. The most serious adverse reactions were immune-mediated and infusion-related adverse reactions. When pembrolizumab is administered in combination with axitinib or lenvatinib, refer to the SmPC for axitinib or lenvatinib prior to initiation of treatment. For additional lenvatinib safety information related to advanced RCC see the SmPC for Kisplyx and for advanced EC see the SmPC for Lenvima. **Monotherapy:** *Very Common:* anaemia, hypothyroidism, decreased appetite, headache, dyspnea, cough, abdominal pain, nausea, vomiting, constipation, musculoskeletal pain, arthralgia, asthenia, oedema, pyrexia, diarrhoea, pruritus, rash, fatigue. *Common:* pneumonia, thrombocytopenia, neutropenia, lymphopenia, hyponatraemia, hypokalaemia, hypocalcaemia, insomnia, neuropathy peripheral, lethargy, dry eye, cardiac arrhythmia (including atrial fibrillation), hypertension, hyperthyroidism, dizziness, dysgeusia, pneumonitis, colitis, dry mouth, hepatitis, severe skin reactions, vitiligo, dry skin, eczema, alopecia, dermatitis acneiform, erythema, dermatitis, myositis, pain in extremity, arthritis, influenza like illness, chills, AST and ALT increases, increase in blood alkaline phosphatase, hypercalcaemia, blood bilirubin increased, blood creatinine increased, infusion related reaction. **In combination with chemotherapy:** *Very Common:* Anaemia, neutropenia, thrombocytopenia, hypothyroidism, hypokalaemia, decreased appetite, insomnia, neuropathy peripheral, headache, dyspnoea, cough, diarrhoea, vomiting, nausea, abdominal pain, constipation, alopecia, pruritus, rash, musculoskeletal pain, arthralgia, pyrexia, fatigue, asthenia, ALT increase, AST increased. *Common:* pneumonia, febrile neutropenia, leukopenia, lymphopenia, infusion related reaction, adrenal insufficiency, thyroiditis, hyperthyroidism, hyponatraemia, hypocalcaemia, lethargy, dizziness, dysgeusia, dry eye, cardiac arrhythmia (including atrial fibrillation), hypertension, pneumonitis, colitis, gastritis, dry mouth, hepatitis, severe skin reactions, erythema, dermatitis, dry skin, dermatitis acneiform, eczema, myositis, pain in extremity, arthritis, acute kidney injury, oedema, influenza-like illness, chills, blood bilirubin increased, blood alkaline phosphatase increased, blood creatinine increased, hypercalcaemia. **In combination with axitinib or lenvatinib:** *Very Common:* urinary tract infection, anaemia, hypothyroidism, decreased appetite, headache, dysgeusia, hypertension, dyspnoea, cough, diarrhoea, abdominal pain, nausea, vomiting, constipation, rash, pruritus, arthralgia, musculoskeletal pain, myositis, pain in extremity, fatigue, asthenia, oedema, pyrexia, lipase increased, alanine aminotransferase increased, aspartate aminotransferase increased, blood creatinine increased. *Common:* pneumonia, neutropenia, thrombocytopenia, lymphopenia, leukopenia, infusion-related reaction, adrenal insufficiency, hyperthyroidism, thyroiditis, hyponatraemia, hypokalaemia, hypocalcaemia, insomnia, dizziness, neuropathy peripheral, lethargy, dry eye, cardiac arrhythmia (including atrial fibrillation), pneumonitis, colitis, pancreatitis, gastritis, dry mouth, hepatitis, severe skin reactions, dermatitis, dry skin, erythema, dermatitis acneiform, alopecia, arthritis, nephritis, influenza like illness, chills, amylase increased, blood bilirubin increased, blood alkaline phosphatase increased, hypercalcaemia. **PACKAGE QUANTITIES** KEYTRUDA 25 mg/mL: 4 mL of concentrate in a 10 mL Type I clear glass vial. **Legal Category:** POM. **Marketing Authorisation numbers:** EU/1/15/1024/002. **Marketing Authorisation holder** Merck Sharp & Dohme B.V., Waarderweg 39, 2031 BN Haarlem, The Netherlands. **Date of revision:** December 2023. © 2023 Merck & Co., Inc., Rahway, NJ, USA and its affiliates. All rights reserved. **Further information is available on request from:** MSD, Red Oak North, South County Business Park, Leopardstown, Dublin, D18 X5K7 or from www.medicines.ie. II135_II138

Adverse events should be reported. Reporting forms and information can be found at www.hpra.ie.
Adverse events should also be reported to MSD (Tel: 01-2998700)

Reference

1. KEYTRUDA Summary of Product Characteristics, Available at www.medicines.ie. Accessed March 2024.

Scan the QR code with your phone to view the KEYTRUDA SPC on **medicines.ie**

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Date of Preparation: March 2024

IE-KEY-00855

Positive breast cancer research news at ASCO

WIN looks at some of the research presented at ASCO 2024

Majority of young women treated for breast cancer can go on to have children

New research has found that young women who have survived breast cancer can go on to have children. The study, which tracked nearly 200 young women treated for breast cancer, found that most of those who tried to conceive during a median of 11 years after treatment were able to become pregnant and give birth.

The findings were presented at the 2024 Annual Meeting of the American Society of Clinical Oncology (ASCO), which was held recently in Chicago.

The patients in this study were participants in the Young Women's Breast Cancer Study, which is tracking the health of a group of women diagnosed with breast cancer at or under the age of 40. Of 1,213 eligible participants, 197 reported an attempt of pregnancy over a median follow-up period of 11 years. Within this latter group, the median age at the time of diagnosis was 32 years, and most were diagnosed with hormone receptor-positive breast cancer. Participants were periodically surveyed about whether they had tried to become pregnant and whether they had conceived and given birth.

Over the course of the study, 73% of women attempting to conceive achieved a pregnancy and 65% had a live birth, researchers found. Those who opted for fertility preservation by egg/embryo freezing before cancer treatment tended to have a higher live birth rate, while older participants tended to have lower pregnancy and live birth rates.

Participants in the study had breast cancers ranging from stage 0, which are non-invasive and confined to the inside of the milk duct, to stage III, in which the cancer has spread to the lymph nodes. Researchers found that the stage of the disease at diagnosis wasn't statistically associated with achieving a pregnancy or live birth.

"For many young women with breast cancer, the ability to have children following treatment is a major concern. The findings of our study can be helpful when counselling patients about fertility issues. The finding that egg/embryo freezing before treatment was associated with a higher live birth rate underscores the need for accessibility to fertility preservation services for this population," said the study's first author, Kimia Sorouri of the Dana-Farber Cancer Institute in Boston.

Ultra-sensitive blood test can predict recurrence of breast cancer before relapse

New research has found that a novel blood test can predict the recurrence of breast cancer in high-risk patients, months or even years before they relapse.

A team from the Institute of Cancer Research (ICR) in London, used an ultra-sensitive liquid biopsy to detect the presence of tiny amounts of cancer DNA left in the body following treatment for early breast cancer.

Presented at ASCO, the findings involved analysing blood samples from the ChemoNEAR sample collection study for circulating tumour DNA (ctDNA) that is released into the bloodstream by cancer cells.

"Breast cancer cells can remain in the body after surgery and other treatments, but there can be so few of these cells that they are undetectable on follow-up scans. These cells can cause [patients with] breast cancer to relapse many years after their initial treatment. Ultra-sensitive blood tests could offer a better approach for the long-term monitoring of patients whose cancer is at high risk of returning," explained lead study author Isaac Garcia-Murillas, a staff scientist at the ICR.

By helping to spot the patients most likely to relapse, the researchers hope the results will lead to a new strategy for recurrent breast cancer treatment, which can be started much earlier, without waiting for incurable, advanced disease to show up on a scan.

Although earlier studies have shown that ctDNA blood tests can identify relapse before it can be seen on a scan, most tests use a technique called whole exome sequencing (WES) as it focuses on the exons – the protein-coding regions of genes – which are directly related to diseases. However, the approach in this study involves sequencing the entire genome, known as whole genome sequencing (WGS). This enabled researchers to identify up to 1,800 mutations, which is much more sensitive and includes a larger number of cancer-related changes that could occur in a patient's DNA.

For this study, researchers used blood samples from the ChemoNEAR sample collection study to detect the presence of ctDNA in 78 patients with early breast cancer – 35 of whom had HER2-positive breast cancer, 23 had triple-negative breast cancer, 18 had hormone receptor-positive breast cancer and two had an unknown breast cancer subtype.

The samples were collected from the women at diagnosis before their therapy, after the second cycle of chemotherapy, following their surgery and every three months during follow-up for the first year. After that, samples were collected every six months for the next five years.

The results showed that detection of ctDNA at any point after surgery or during the follow up period was associated with a high risk of future relapse and poorer overall survival.

This proof-of-principle retrospective study lays the groundwork for better post-treatment monitoring and potentially life-extending treatment in patients.

"Testing a patient's blood for ctDNA will allow clinicians to diagnose the return of cancer at the very earliest stage. However, further research and testing are needed before we can demonstrate whether detecting molecular residual disease could guide therapy in the future," said study co-author Nicholas Turner, professor of molecular oncology, ICR and a consultant medical oncologist at the Royal Marsden National Health Service Foundation Trust in the UK.

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Latest urology research

WIN looks at some of the research presented at the recent annual congress of the European Association of Urology held in Paris

THE 39th annual congress of the European Association of Urology (EAU) took place in Paris recently, with more than 1,700 abstracts presented and moderated live. The four-day scientific programme included surgery, state-of-the-art lectures, case discussions and debates. This article highlights some of the research presented.

Oral vaccine for UTI is potential alternative to antibiotics

Recurrent urinary tract infections (UTIs) can be prevented for up to nine years in more than half of people given an oral spray-based vaccine and is a potential alternative to antibiotic treatments, according to research.

Initial results from the first long-term follow-up study of the safety and effectiveness of the MV140 vaccine for recurrent UTIs were presented at the EAU Congress. The findings show that in both men and women with recurrent UTIs, more than half (54%) of study participants remained UTI-free for nine years after the vaccine, with no notable side-effects reported. Full results of the study are expected to be published by the end of this year.

UTIs are the most common bacterial infection. Recurrent infections, in need of short-term antibiotic treatment, develop in 20-30% of cases. With antibiotic-resistant UTIs now on the rise and drugs becoming less effective, new ways of preventing and treating these infections are needed.

Carried out by clinicians at the UK's Royal Berkshire Hospital, this long-term follow-up looked at the safety and efficacy of the MV140 vaccine in 89 patients originally treated privately at The Urology Partnership, Reading.

MV140 is a new vaccine for recurrent UTIs and is administered with two sprays of a pineapple-flavoured suspension under the tongue every day for three months. While researchers have previously studied MV140's short-term safety and effectiveness, this is the first long-term follow-up study to report globally.

Dr Bob Yang, consultant urologist at the Royal Berkshire NHS Foundation Trust, who co-led the research, said that before having the vaccine, all the participants suffered from recurrent UTIs. "Nine years after first receiving this new UTI vaccine, around half of the participants remained infection-free. Overall, this vaccine is safe in the long-term and our participants reported having fewer UTIs that were less severe. Many of those who did get a UTI told us that simply drinking plenty of water was enough to treat it."

Forty-eight participants remained entirely infection-free during the nine-year follow-up. The average infection-free period across the cohort was 54.7 months (four and a half years) – 56.7 months for women and 44.3 months, one year less, for men. 40% of participants reported having repeat doses of the vaccine after one or two years.

Gernot Bonkat, professor of urology at the Alta Uro Medical Centre for Urology in Switzerland and chairman of the EAU Guidelines on Urological Infections, said: "While we need to be pragmatic, this vaccine is a potential breakthrough in preventing UTIs and could offer a safe and effective alternative to conventional treatments."

Urine test halves painful procedures in bladder cancer follow up

A simple urine test can more than halve the number of cystoscopies necessary to follow up high-risk bladder cancer patients, new research has found. Cystoscopies involve inserting a flexible probe through the urethra into the bladder, which allows a clinician to look at the bladder lining for signs of cancer. While predominantly safe procedures, cystoscopies do incur some risk of urinary infections and bleeding, and can also cause pain and discomfort.

Initial results from a two-year study, presented at the congress, suggest that there is also no increased risk of recurrence in patients who had a urine biomarker test rather than a standard flexible cystoscopy.

The study was carried out in Denmark, where post-surgical follow-up for high-risk bladder cancer recommends a cystoscopy every four months for two years. High-risk patients with the most aggressive form of bladder cancer have a 60-70% likelihood of cancer returning within five years post-surgery, which is why follow-up for these patients is so intensive.

The new research is the first time a urine biomarker test has been assessed in a randomised interventional controlled trial with high-risk patients. This trial design allowed the researchers to assess whether the test could reduce the number of cystoscopies patients had to undergo, as well as picking up any signs of returning cancer. Previous studies have only assessed biomarker tests observationally, adding the biomarker tests to existing standard of care.

The researchers recruited 313 patients, half of whom were randomised to receive the standard three cystoscopies per year. The other half were randomised to receive just one cystoscopy per year, with their remaining two follow-up cystoscopies replaced with the Xpert Bladder Cancer Monitor test, a urine biomarker test. The test monitors for recurrence of bladder cancer by measuring levels of five target mRNAs, or genetic markers.

Any patients who received a positive result on their urine test were called into

the hospital for a cystoscopy to check for evidence of the cancer returning. The urologists undertaking the cystoscopy were aware of the positive result, as they would be in normal practice. After two years, for patients receiving primarily the urine test, just under 44% of follow-up appointments involved a cystoscopy, compared to nearly 100% in those on standard treatment.

The researchers also found strong evidence that the urine test could pick up cancer recurrence before any disease was visible through the cystoscopy. For more than half of the patients who had a 'false positive' test – that is, the biomarker test showed positive but the cystoscopy was clear – the researchers found evidence of recurrence at a later visit.

Thomas Dreyer, a researcher on the Bladder Cancer Research Team at Aarhus University Hospital, Denmark, who carried out the study, said that patients can dread cystoscopy appointments, but go through with them because they want to be sure they are free of the cancer and if given the option to provide a urine sample instead, most would choose that, so long as they were confident that it was just as effective.

Five-year interval shown to be safe for prostate cancer screening

A simple blood test every five years is sufficient to screen low-risk men for prostate cancer, new research has shown. The PSA blood test checks the level of prostate-specific antigen, a marker for prostate cancer. The German study, presented at the congress, involved over 12,500 men aged between 45 and 50 years taking part in the ongoing PROBASE trial, which is testing different prostate cancer screening protocols. The research has also been accepted for publication in *European Urology*.

PROBASE is recruiting men aged 45 and splitting them into three groups based on their initial PSA test. Men with a PSA level of < 1.5ng/ml are deemed low risk and followed up with a second test after five years. Men with a PSA level of 1.5-3ng/ml are deemed intermediate risk and followed up in two years. Those with a PSA level > 3ng/ml are seen as high risk and given an MRI scan and biopsy.

Of over 20,000 men recruited to the trial and deemed low risk, 12,517 have now had their second PSA test at age 50. The researchers found that only 1.2% of these (146 in total) had high levels of PSA (> 3ng/ml) and were referred for an MRI and biopsy. Only 16 of these men were subsequently found to have cancer – just 0.13% of the total cohort.

The EAU recommends that men should be offered a risk-adapted strategy (based on initial PSA level), with follow-up intervals of two years for those initially at risk, in which they include men with PSA > 1ng/ml. The new findings suggest that the screening interval for those at low risk could be much longer with minimal additional risk.

Lead researcher Prof Peter Albers, from the Department of Urology at Heinrich-Heine University, Dusseldorf, explained that by "raising the bar" for low risk from 1ng/ml to 1.5ng/ml, they enabled 20% more men within their cohort to have a longer gap between tests and very few contracted cancer in that time.

"Our study is still underway, and we may find that an even longer screening interval, of seven, eight or even 10 years, is possible without additional risk," he added.

Prostate cancer screening has historically been a controversial subject, with concerns raised both around false positives leading to unnecessary invasive treatments and false negatives leading to cancers being missed.

The researchers stated that current guidelines and policies from European governments and health bodies are contradictory and unclear, leading to high levels of opportunistic testing and inequality of access to early diagnosis. The study reviewed early detection policies across the EU and carried out focus groups with urologists to identify how guidelines were interpreted in clinical practice.

The researchers said that each country needs to design a screening programme that fits their health system and the resources available and that new findings, such as those from the PROBASE trial, can help to design appropriate screening programmes.

Pelvic floor exercises combined with behavioural therapy successful in treating men with LUTS

The initial results from the Bladder Emptying Disorder Therapy (BEST) Trial, presented at the EAU Congress, revealed that an app-based therapy leads to significant improvements in the lower urinary tract symptoms that many millions of men experience – hesitancy, straining, frequent urges to urinate and emptying the bladder effectively. Full results of the trial are expected to be published later this year.

Carried out in Germany, this was the world's first randomised controlled trial to look at combining pelvic floor training, behavioural therapy and bladder control techniques for mild, moderate and severe bladder emptying disorders in men, all delivered as an app-based therapeutic.

Bladder emptying disorders can start to appear from the age of 30 and typically affect a large proportion of men aged over 50. While clinical guidelines recommend physiotherapy, behavioural therapy and lifestyle changes as a first-line of treatment, they are often neglected by clinicians due to a lack of available evidence.

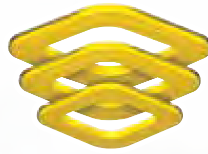
Prof Christian Gratzke, from University Hospital Freiburg in Germany, who co-led the trial, explained that frequent urges to urinate and issues emptying the bladder were the most prevalent urinary conditions in men following UTIs.

The researchers recruited 237 men aged over 18 from across Germany into their 12-week study. Half the men were randomised to receive standard medical care, while the other half were given access to the Kranus Lutera app-based therapy alongside standard care. These participants were asked to record a urination diary, which was used to inform their treatment, and complete questionnaires about the severity of their symptoms and their overall quality of life.

After 12 weeks, the trial found significant and clinically meaningful improvements in symptoms and quality of life measures from participants given the app-based therapy, who reported an average seven-point increase in symptom scores compared to those in the control group. Crucially, the study found that the app-based therapy was more effective than medical therapy.

"Many men with bladder emptying disorders are ageing and have other medical conditions that require drug treatments," said Prof Gratzke. "For those with mild-to-moderate urinary symptoms, this digital therapy is without side effects and improves symptoms by a magnitude we have not seen before. Simply strengthening the pelvic floor makes all the difference, it's a no-brainer."

The researchers compared data from men whose symptoms were due to an overactive bladder with those whose symptoms were due to an enlarged prostate. They found that both groups benefited from the therapy. However, it did not compare the effect of therapy on different forms of bladder emptying disorder.



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The tablet may be taken with or without food. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed in section 6.1 of the SPC. Severe uncontrolled hypertension defined as systolic blood pressure ≥ 180 mm Hg and/or diastolic blood pressure ≥ 110 mm Hg. **Warnings and Precautions:** Renal impairment: BETMIGA has not been studied in patients with end stage renal disease (eGFR < 15 ml/min/1.73 m^2 or patients requiring haemodialysis) and, therefore, it is not recommended for use in this patient population. Data are limited in patients with severe renal impairment (eGFR 15 to 29 ml/min/1.73 m^2); based on a pharmacokinetic study (see section 5.2 of the SPC) a dose of 25 mg once daily is recommended in this population. This medicinal product is not recommended for use in patients with severe renal impairment (eGFR 15 to 29 ml/min/1.73 m^2) concomitantly receiving strong CYP3A inhibitors (see section 4.5 of the SPC). Hepatic impairment: BETMIGA has not been studied in patients with severe hepatic impairment (Child-Pugh Class C) and, therefore, it is not recommended for use in this patient population. This medicinal product is not recommended for use in patients with moderate hepatic impairment (Child-Pugh B) concomitantly receiving strong CYP3A inhibitors (see section 4.5 of the SPC). Hypertension: Mirabegron can increase blood pressure. Blood pressure should be measured at baseline and periodically during treatment with mirabegron, especially in hypertensive patients. Data are limited in patients with stage 2 hypertension (systolic blood pressure ≥ 160 mm Hg or diastolic blood pressure ≥ 100 mm Hg). Patients with congenital or acquired QT prolongation: BETMIGA, at therapeutic doses, has not demonstrated clinically relevant QT prolongation in clinical studies (see section 5.1 of the SPC). However, since patients with a known history of QT prolongation or patients who are taking medicinal products known to prolong the QT interval were not included in these studies, the effects of mirabegron in these patients is unknown. Caution should be exercised when administering mirabegron in these patients. Patients with bladder outlet obstruction and patients taking antimuscarinics medicinal products for OAB: Urinary retention in patients with bladder outlet obstruction (BOO) and in patients taking antimuscarinic medicinal products for the treatment of OAB has been reported in postmarketing experience in patients taking mirabegron. A controlled clinical safety study in patients with BOO did not demonstrate increased urinary retention in patients treated with BETMIGA; however, BETMIGA should be administered with caution to patients with clinically significant BOO. 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The most common adverse reactions reported for adult patients treated with BETMIGA 50 mg during the three 12-week phase 3 double blind, placebo controlled studies are tachycardia and urinary tract infections. The frequency of tachycardia was 1.2% in patients receiving BETMIGA 50 mg. Tachycardia led to discontinuation in 0.1% patients receiving BETMIGA 50 mg. The frequency of urinary tract infections was 2.9% in patients receiving BETMIGA 50 mg. Urinary tract infections led to discontinuation in none of the patients receiving BETMIGA 50 mg. Serious adverse reactions included atrial fibrillation (0.2%). Adverse reactions observed during the 1-year (long term) active controlled (muscarinic antagonist) study were similar in type and severity to those observed in the three 12-week phase 3 double blind, placebo controlled studies. Adverse reactions: The following list reflects the adverse reactions observed with mirabegron in adults with OAB in the three 12-week phase 3 double blind, placebo controlled studies. The frequency of adverse reactions is defined as follows: very common (≥ 1/10); common (≥ 1/100 to < 1/10); uncommon (≥ 1/1,000 to < 1/100); rare (≥ 1/10,000 to < 1/1,000); very rare (< 1/10,000) and not known (cannot be established from the available data). Within each frequency grouping, adverse reactions are presented in order of decreasing seriousness. The adverse events are grouped by MedDRA system organ class. *Infections and infestations:* Common: Urinary tract infection, Uncommon: Vaginal infection, Cystitis. *Psychiatric disorders:* Not known (cannot be estimated from the available data): Insomnia*, Confusional state*. *Nervous system disorders:* Common: Headache*, Dizziness*. *Eye disorders:* Rare: Eyelid oedema. *Cardiac disorders:* Common: Tachycardia, Uncommon: Palpitation, Atrial fibrillation. *Vascular disorders:* Very rare: Hypertensive crisis*. *Gastrointestinal disorders:* Common: Nausea*, Constipation*, Diarrhoea*, Uncommon: Dyspepsia, Gastritis, Rare: Lip oedema. *Skin and subcutaneous tissue disorders:* Uncommon: Urticaria, Rash, Rash macular, Rash papular, Pruritus, Rare: Leukocytoclastic vasculitis, Purpura, Angioedema*. *Musculoskeletal and connective tissue disorders:* Uncommon: Joint swelling. *Renal and urinary disorders:* Rare: Urinary retention*. *Reproductive system and breast disorders:* Uncommon: Vulvovaginal pruritus. *Investigations:* Uncommon: Blood pressure increased, GGT increased, AST increased, ALT increased. * signifies adverse reactions observed during post-marketing experience. Prescribers should consult the SPC in relation to other adverse reactions. **Overdose:** Treatment for overdose should be symptomatic and supportive. In the event of overdose, pulse rate, blood pressure, and ECG monitoring is recommended. **Basic NHS Cost:** Great Britain (GB)/Northern Ireland(NI): BETMIGA 50 mg x 30 = £29, BETMIGA 25 mg x 30 tablets = £29. Ireland (IE): POA. **Legal classification:** POM. **Marketing Authorisation number(s):** (GB): PLGB 00166/0415-0416. NI/IE: EU/1/12/809/001-006, EU/1/12/809/008-013, EU/1/12/809/015-018. **Marketing Authorisation Holder:** GB: Astellas Pharma Ltd., 300 Dashwood Lang Road, Bourne Business Park, Addlestone, United Kingdom, KT15 2NX. NI/IE: Astellas Pharma Europe B.V. Sylviusweg 62, 2333 BE Leiden, The Netherlands. **Date of Preparation of Prescribing information:** January 2023. **Job bag number:** MAT-IE-BET-2023-00001. **Further information available from:** GB/NI: Astellas Pharma Ltd, Medical Information: 0800 783 5018. IE: Astellas Pharma Co. Ltd., Tel.: +353 1 467 1555. For full prescribing information, please see the Summary of Product Characteristics, which may be found at: GB: www.medicines.org.uk; NI: https://www.emcmedicines.com/en-GB/northernireland/; IE: www.medicines.ie.

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Adverse events should be reported. Healthcare professionals are asked to report any suspected adverse reactions via: HPRA Pharmacovigilance, Website: www.hpra.ie or Astellas Pharma Co. Ltd. Tel: +353 1 467 1555, E-mail: irishdrugsafety@astellas.com.

Date of preparation: January 2023

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MAT-IE-BET-2023-00002

A milestone in managing complex menopause

In the first of a series on complex menopause, **Brenda Moran, Karen Soffe** and **Rachel Guerin** outline some treatment options available to the perimenopausal woman with a more challenging medical history

SINCE the opening of the complex menopause clinic in Cork University Maternity Hospital (CUMH) last year, there is now a complex menopause service in every hospital group in Ireland. As in all the regional clinics, the service at CUMH is funded by the National Women and Infants Health Programme (NWIHP) as a result of the Women's Health Action Plan 2022-2023, which acknowledged that there was a need for a change in approach to menopause care in Ireland, with increased public supports for women before, during and after menopause.[1]

The CUMH complex menopause clinic saw its first patients through the door last September. This clinic is run on a weekly basis with two 0.1 equivalent doctor sessions, one full time clinical nurse manager (CNM2) and a 0.5 part-time administrator. The clinic has eligibility criteria in order to make the best use of resources as the majority of women are able to receive menopause care within primary care without the need for additional input in a complex clinic setting. The criteria in CUMH are in line with the benchmark set by the National Maternity Hospital as the first established clinic, and includes patients with a previous or current history of conditions such as:

- Established ischaemic heart disease, structural heart disease and arrhythmias
- Cerebrovascular disease and transient ischaemic attack (TIA)
- Venous thromboembolism and conditions leading to an increased risk of VTE
- Active liver disease
- Immunological disease
- Breast or hormone sensitive cancers
- Premature ovarian insufficiency (POI), ie. menopause before the age of 40 years.

In short, patients are usually those with an actual, perceived or historical contraindication to the use of hormone replacement therapy (HRT), or those with POI or an early menopause.

By virtue of catering for complex cases, the clinic usually requires access to relevant specialty letters stating the medical condition and treatment, investigations and histology, so as to have all relevant clinical information in advance of the first consultation so that a fully informed clinical opinion and discussion can take place. Otherwise, the consultation could result in delayed decision making. This can be a frustrating bureaucratic layer, especially for referring GPs, as currently most of this information cannot be sent as attachments via Healthlink, and usually must be sent separately via post or secure email. In time, we are hoping to have a standardised national referral template on Healthlink for all complex menopause clinics which will standardise the referral process.

As with most clinical services, there was a lead-in period and operational overview before the clinical aspect of the service started. This involved a significant amount of content creation such as: the design of pre-clinic patient questionnaires, defining the eligibility criteria and referral process; setting up templates; learning to work on a new patient software (Cerner); the creation of comprehensive patient information leaflets; and creating educational template replies for certain conditions and themes, which can usually be managed in primary care initially, such as family history of breast cancer, starting HRT in the late menopausal stage and progesterone sensitivity.

Initial consultation

Every patient who comes through the clinic fills out the clinic questionnaire which consists of a symptom checker (a modified version of the Greene Climacteric Scale) and pertinent clinical questions.[2] The symptom checker is useful as it can then be referred to over subsequent consultations when assessing response to treatment options. The clinic puts a lot of value on the first question in the questionnaire: "What is bothering you the most?", as this ultimately leads the consultation and can be surprisingly different to what was anticipated based on information from the referral letter and symptom checker.

The clinic also gathers information on factors affecting bone health, breast cancer risk and gynaecological history, as these are relevant to the overall benefit/risk to the patient of potentially starting HRT if this is an option for them. We ask for a contraceptive history and whether there is any use of contraception at present, as most women require contraception until the age of 55. Although fertility rates sharply decline in the perimenopause, pregnancy can still occur, and HRT is not a contraceptive unless the levonorgestrel 52mg IUD is being used as the progesterone component.[3]

We try to give all patients adequate time and space to feel listened to, and to discuss and implement a management plan. There is much to cover within a menopause consultation, irrespective of having a history, that can make this more challenging. Our aim is to provide individualised care while often balancing the paucity, or complete absence, of evidence pertaining to HRT in particular, for many of these conditions. Navigating uncertainty can be difficult and challenging for both the healthcare professionals and the patient, and this is an area in which we frequently find ourselves. Good communication is an essential component of good menopause care, and no more so than in a complex menopause setting. Acknowledging this uncertainty

during the consultation is part of the process, which then usually leads to shared decision making.

We discuss health promotion with all patients and suggest lifestyle modification when indicated. This is because regardless of HRT usage, establishing good lifestyle and behavioural habits at this point is integral to long-term health. The advent of perimenopause and menopause for some women can lead to:

- Loss of bone mineral density and muscle loss which can be a risk factor for the development of osteoporosis and sarcopenia
- Increased risk of cardiovascular disease, type 2 diabetes and metabolic syndrome due to a potential adverse effect on lipid profile, a small increase in blood pressure, a negative effect on coronary artery intimal thickness, an increase in abdominal adiposity and an increase in insulin resistance
- A risk factor for the development of cognitive decline in a small cohort of women with a likely genetic susceptibility.[4]

Positive lifestyle changes that can improve menopausal symptoms and potentially reduce the risk of developing some of the aforementioned conditions include a Mediterranean style diet, regular exercise and movement encompassing weightbearing and strengthening exercises, reducing alcohol intake, stopping smoking, healthy sleeping habits, and incorporating cognitive behavioural therapy (CBT) and mindfulness principles into practice.[4,5]

For optimising brain health, we discuss the recommendations from the International Menopause Society's 2022 White Paper on brain fog and memory difficulties in menopause, which encompasses many of the aforementioned lifestyle habits as well as advising to minimise stress, stay socially connected and continue to engage the brain by keeping it active.[6]

Delivering a large volume of information can be overwhelming, therefore this is gauged to each patient, summarising and writing down key points so that they can look at it again later. We usually provide a copy of the *Let's Talk About Menopause* booklet, produced by Cork-Kerry Community Healthcare, which is an evidence-based resource which describes many of the behavioural and lifestyle interventions in an easy to navigate fashion.[7] One of the key skills of good menopause care is condensing large volumes of information, simplifying it and tailoring it to the person in front of us.

Complex menopause clinic: role of the clinical nurse manager

HAVING come from a background of urology and urogynaecology, I was keen to pursue a career more focused on women's health. Seeing first-hand the effects of menopause on women, in particular genitourinary syndrome of menopause (GSM), I was keen to upskill in women's health, with a particular interest in menopause.

As the clinical nurse manager of the complex menopause clinic, my role is to ensure we have a well-run clinic, dealing with day-to-day queries, triaging, sourcing information and support services for patient, and ensuring we have all the additional information we need to make the most of the consultations. My role involves educating and supporting women in their menopause journey, whatever management option they choose. I have a keen interest on optimising lifestyle and focusing on the health gains.

In order to provide patients with this information, I liaise with other healthcare professionals and community initiatives to keep up to date on new support services for patients. I also carry out monthly audits within the service for the HSE and NWIHP, while also collecting data that may be of benefit in the future and help fill in the current gaps in research. My role continues to evolve as the service expands.

– Rachel Guerin, CNM2

Assessing for and asking about symptoms of genitourinary syndrome of menopause (GSM) is an important aspect of the consultation as it is often not volunteered, yet can negatively impact quality of life. We discuss the importance of vaginal moisturisers and lubricants and determine whether a referral for pelvic physiotherapy would be useful. We will often initiate a course of vaginal oestrogen as this is an effective treatment option for GSM and can often be used in those with a contraindication to systemic HRT or when systemic HRT is not desired.[8]

We then assess whether additional treatments are desired or required such as HRT or prescribed non-hormonal options for vasomotor and other symptoms. For most women, including those who start HRT, a multimodal model is used whereby different treatment options are recommended to maximise impact. This can include pelvic physiotherapy, vaginal moisturisers and lubricants, vaginal oestrogen, psychosexual therapy, yoga and pilates, prescribed non-hormonal options and HRT, in addition to the lifestyle and behavioural factors and interventions previously mentioned.

Other than an active or previous history of a sex-hormone receptor sensitive cancer, most people with complex histories can have a trial of HRT using low to standard doses of transdermal oestrogen as first-line options, with counselling of the paucity of evidence in certain cases.[9]

We usually end the consultation by providing a written management plan, information leaflets and signposting to other resources and supports when required such as Arc House for those with a history of cancer, and The Daisy Network UK for those with a history of POI.[10,11] The therapeutic value of listening and conveying that every woman has treatment options even if hormonal therapy is not recommended, cannot be underestimated.

Review consultation

For most who attend the clinic, there will be a scheduled review consultation to assess how treatment is faring, although for some, several reviews might be required. The majority of patients will eventually be discharged back to their GP so that others can get an appointment in the clinic. The most common referrals to date have been those with either a history of VTE or breast cancer, and we will explore the counselling and treatment options for these patients in follow up articles over the next two issues.

Dr Brenda Moran and Dr Karen Soffe are joint clinical leads and Rachel Guerin is the clinical nurse manager of the Complex Menopause Service at Cork University Maternity Hospital

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Why we need to take hay fever seriously

The results of an Asthma Society of Ireland survey underscore the disruptive and often unrecognised effects of allergic rhinitis on daily life

DURING periods of elevated pollen levels, hay fever or allergic rhinitis can pose particularly serious health risks for people with asthma. Given this, the Asthma Society of Ireland carried out a survey earlier this year, in which they asked 1,274 people in Ireland about their asthma and/or hay fever.

Of those surveyed with hay fever (727), more than three-quarters (76%) said that it limits their/their child's daily activities and has a disruptive effect on their lives. Additionally, 42% of people surveyed reported missing at least one day of work or education due to hay fever in the past year, with one in five missing more than three days.

Almost half (47%) of those surveyed believe hay fever is not taken seriously by their friends or family. Furthermore, 44% of respondents don't think healthcare providers take hay fever seriously, and 75% feel the same about policy-makers and politicians.

Prof Patrick Mitchell, respiratory consultant physician at Tallaght University Hospital and member of the Asthma Society of Ireland's Medical Advisory Group, said: "The results of our recent survey underscore the disruptive and often unrecognised effects of allergic rhinitis, or hay fever, on people's quality of life, with three-quarters of the respondents reporting that their daily activities are limited by their symptoms.

"It's important for individuals, especially those with asthma, to take preventative measures to minimise hay fever symptoms. Often, antihistamines and, if needed, steroidal nasal sprays will relieve symptoms. Over 450,000 people in Ireland have asthma, and allergic rhinitis can trigger asthma symptoms, like coughing and shortness of breath, and even an asthma attack. It can also be a risk factor in developing asthma. By effectively managing hay fever, people with asthma can enhance their quality of life and we can promote better respiratory health overall.

"Treatment for more persistent allergic rhinitis is also available, with sublingual immunotherapy (SLIT) proving particularly effective. Frustratingly for healthcare professionals and patients, though, Ireland has yet to approve SLIT for reimbursement which presents a cost barrier to effective care. Missing school and work due to allergic rhinitis can reduce people's immediate and future earning potential. These lost days also have implications for the wider economy. There is an onus on Irish policy-makers to catch up with the rest of Europe and make effective treatment more accessible."

Typical symptoms of seasonal hay fever and perennial allergic rhinitis include but are not limited to:

- Sneezing, as well as an itchy, blocked or runny nose
- Red, itchy or watery eyes
- An itchy throat, inner ear or mouth
- A postnasal drip
- A diminished sense of taste and smell
- Headaches, reduced concentration and generally feeling unwell.

A combination of medical and lifestyle advice can help people manage symptoms of allergic rhinitis. Appropriate medications can be accessed through a pharmacy or general practice.

Ruth Morrow, respiratory nurse specialist at the Asthma Society, said: "Pollen and dust levels are rising as the planet warms and hay fever season is getting longer. From the substantial numbers contacting me through our patient services and attending our webinars every year, it is clear that people are struggling with their symptoms."

Emphasising the importance of proper management techniques, Ms Morrow said: "For individuals impacted by hay fever during sports or outdoor activities, planning ahead is essential. This includes taking antihistamines as prescribed, using nasal sprays to alleviate congestion, wearing wraparound sunglasses to protect the eyes from pollen, and splashing your eyes with cold water to flush out pollen and soothe them."

Further ways to manage the symptoms of allergic rhinitis include:

- Avoid exercising outside when the pollen count is high, and wear a cycle mask when cycling
- Shower, wash your hair and change your clothes if you have been outdoors for an extended period
- Avoid drying clothes outdoors because pollen spores may cling to them
- Try to stay away from grassy areas and avoid mowing the lawn, as clouds of pollen can be created. Consider creating an allergy-friendly garden
- Minimise contact with pets that have been outside, as pollen can linger on their fur
- Keep car windows closed when driving. Some cars can be fitted with a pollen filter
- Apply a barrier gel/spray to the nostrils to prevent pollen from settling in the nose.

For those with asthma, make sure you have a personalised asthma action plan. An asthma action plan sets out the steps each patient needs to take to stay well with asthma and how to manage flare-ups when they happen.

– Tara Horan

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Nutrition and joint health

Raechel Joy, **Ray O'Connor** and **Alwin Sebastian**

examine if practical dietary solutions can assist patients with joint disease?

DID my diet contribute to my arthritis? Is there a diet that could improve my joint pain? Maybe I should start cooking with turmeric or spend on those glucosamine supplements? These were common questions I heard from patients during a recent GP training post I completed in rheumatology. Rheumatic and musculoskeletal diseases, which encompass a wide range of conditions that primarily impact joints, result in pain and reduced function, and they are one of the leading causes of global disability.[1]

Due to the side effects of treatment in diseases such as rheumatoid arthritis or the lack of disease modifying agents in osteoarthritis, patients and doctors often contemplate other avenues, particularly lifestyle modification, in pursuit of improved outcomes. Diet is an appealing area that provides a dual opportunity both for patients to feel empowered and for doctors to confer autonomy.

Every day, we navigate many factors – preference, cost, availability and time – that influence our food choices. In rheumatic and musculoskeletal diseases, these food choices can positively or negatively influence immune function, and inflammatory and oxidative stress pathways. The literature shows that a considerable portion of patients with rheumatic and musculoskeletal diseases recognise this, with up to one-third of patients perceiving that food can effect their symptoms and then initiating dietary changes without formal guidance.[2,3]

Furthermore, there is evidence that divergence can exist between a patient's goals and those of their healthcare professional, which can often be bridged with non-pharmacological lifestyle measures. An example of this is the importance of reaching biological remission for the doctor (control of inflammation), as well as symptom remission for the patient (control of disease impact).[4] Translating complex biochemical pathways into meaningful health outcomes for patients presents a considerable challenge. With patients already taking steps to adjust their diets, our responsibility lies in guiding them towards evidence-based practical and sustainable everyday food choices, which is a big ask for diet and easier said than done.

Conducting whole food dietary pattern studies presents challenges due to the complexity of accurately controlling for bias and confounding factors. Additionally, assessing outcomes in rheumatic and musculoskeletal diseases poses its own set of barriers in attempting to measure parameters such as disease activity, pain, function, etc. Despite these challenges, the two leading authorities in rheumatology, namely the American College of Rheumatologists and European Alliance of Associations for Rheumatology, recently summarised the best available evidence, publishing comprehensive lifestyle guidelines for rheumatic and musculoskeletal diseases, which we will discuss.[1,5]

A common pattern emerges across rheumatic and musculoskeletal diseases concerning dietary interventions – promoting anti-inflammatory while reducing pro-inflammatory food patterns, optimising the microbiome, as well as addressing overall metabolic health and cardiovascular risk factors. We will now examine these patterns across rheumatic and musculoskeletal diseases.

Rheumatic and musculoskeletal diseases

Rheumatoid arthritis involves immune mediated disruption and a premature immune ageing phenotype.[6] Control of immune cell number and function is closely linked with nutrient metabolism, particularly anti-inflammatory nutrients. Additionally, comorbidities (including obesity, insulin resistance and type 2 diabetes) would also benefit from cardioprotective dietary intervention.[6]

In osteoarthritis, inflammatory cytokines and metabolic derangement are key drivers of pathogenesis and progression.[7] Obesity, diabetes and metabolic syndrome have shared mechanisms of inflammation and oxidative stress in osteoarthritis.[7] Targeting excess adiposity, hyperglycaemia and endocrine imbalance are important dietary targets.

In systemic lupus erythematosus, there is a medley of metabolic disruption, including vitamin and mineral deficiencies, with potential immunomodulatory effects.[8] Given the systemic nature, there may be a greater role for overall protein and carbohydrate manipulation as well as an anti-inflammatory diet.[9]

Spondyloarthritis encompasses a heterogenous group of immune-mediated inflammatory diseases.[10] There is a common genetic background, strongly associated with HLA-B27, alongside autoimmune dysfunction, altered microbiome and intestinal immune response.[10,11] Anti-inflammatory nutrients and a diverse microbiome have the potential to influence disease activity.

Crystal arthritis involves crystals of monosodium urate or calcium pyrophosphate

deposition (CPPD), resulting in articular manifestations of disease, ie. gout and pseudo-gout. Gout has a well-established association with diet, and has been called "the disease of kings". Traditionally, pathogenesis focused on purine intake as the problem, leading to excess uric acid as a breakdown product. As a result, low-purine diets were recommended, involving decreased consumption of foods such as offal, meat extracts (eg. stock/gravy) and seafood.

However, this approach is only the tip of the gouty iceberg as dietary purines constitute just one-third of total body purine, with the remaining two-thirds originating from endogenous processes.[12] What lies beneath is an insulin resistant state driving underexcretion.[12] Therefore, gout can be seen as a manifestation of the metabolic syndrome, prompting dietary management to look beyond the simple low purine approach (which may have some role in an acute flare) and instead tackle risk factors such as obesity and cardiovascular comorbidities.[13,14]

There is limited evidence for any dietary interventions in pseudogout as it does not share the same metabolic risk factors as gout. Ageing, osteoarthritis, trauma, hyperparathyroidism and haemochromatosis all have associations with CPPD.[15] Although some disorders of calcium metabolism are associated with pseudogout, restoring circulating calcium levels in these disorders does not halt further CPPD.[15] Hypomagnesaemia is a known risk factor for CPPD, therefore examining proton pump inhibitors may have a role in decreasing risk factors.[16]

The anti-inflammatory antidote

After exploring rheumatic and musculoskeletal disease, a distinct battle unfolds between anti- and pro-inflammatory forces influencing pathogenesis and progression. The so-called 'western diet' is epitomised by a pro-inflammatory pattern. It is a broad term used to reflect a diet high in refined sugars, saturated fats, animal products, processed foods and salt. This dietary pattern, along with other factors such as physical inactivity, regular snacking (ie. a prolonged postprandial state), insufficient sleep, loneliness due to social isolation and increased psychological stress all culminate to characterise our modern western lifestyle.[17]

In food-based terms, it is an inverted version of our national healthy eating guideline – the food pyramid (*see Figure 1*). We consume a narrow base of colourful plant-based foods and wholegrains, gradually broadening as we move up to animal and dairy products, with a wide apex of high fat, sugar and processed foods at the top. Overall, this leads to dyslipidaemia, insulin resistance, sympathetic nervous system overstimulation, renin-angiotensin system overactivation, oxidative stress and gut dysbiosis.[18,19,20]

These factors collectively contribute to low grade systemic inflammation, evidenced by increased CRP and IL-6, adding further burden to the mentioned rheumatic and musculoskeletal diseases above.[18,19,20]

So, what is the anti-inflammatory antidote to this western pattern of an inverse food pyramid driving inflammation and metabolic dysregulation? All roads appear to lead back to the Mediterranean diet and lifestyle. While the American College of Rheumatologists' guideline, mentioned earlier, "conditionally recommends" the Mediterranean diet above any other, the European Alliance of Associations for Rheumatology acknowledges the "costly and burdensome challenges" of this ideal but still emphasises the importance of "a healthy, balanced diet".[1,5]

The Mediterranean diet focuses on a high intake of vegetables, fruit, whole grains, legumes (beans, peas, lentils), nuts, seeds and olive oil, with moderate amounts of low-fat dairy and fish, and limited added sugars, salt, refined carbohydrates, processed foods and animal products/saturated fat.[5] Overall, this pattern is rich in antioxidants, mono- and polyunsaturated fats, fibre and polyphenols, making it an ideal blueprint for an anti-inflammatory diet.[20]

The European Alliance of Associations for Rheumatology is concerned about the affordability of dietary recommendations, especially in non-Mediterranean regions. However, evidence from a UK study suggests this amounts to an increase of €0.23/day as the higher cost of incorporating healthier foods, such as fruits, vegetables and fish, is offset by reducing consumption of less healthy options, such as red and processed meats, and confectionery.[21]

As well as focusing on diet to decrease inflammation, another area the American College of Rheumatologists was 'unanimous' on was approaching weight management in obesity due to its association with increased disease activity, reduced physical function, and less effective treatment response in rheumatic and musculoskeletal diseases, leading to poorer long-term health outcomes.[5] The Mediterranean diet also serves as a model here as it reverses the top-heavy, energy-dense western patterns back to the intended broad base of nutrient-rich whole foods with less caloric density.

Another area worth noting in this context is the consumption of ultra-processed foods, which is linked to excessive caloric intake (500kcal/day), disrupted appetite regulation and faster eating habits, all contributing to weight gain.[22]

Supplements

Regarding supplements, the American College of Rheumatologists recommends a "food first approach".[5] Food is more than the sum of its individual nutrient parts and supplements can never recreate the complexity of whole foods and dietary patterns, particularly with huge variety in dose and bioavailability.[5] Therefore, supplementation should focus on deficiency, eg. vitamin D, along with pharmacological-related supplementation, eg. folic acid with methotrexate and calcium (plus vitamin D) with prolonged steroid use.

Evidence for additional supplementation beyond this is conflicting but turmeric can be a safe and effective option in osteoarthritis for relieving progression and pain due to its polyphenol compounds.[23]

Glucosamine also has a long history of use in osteoarthritis with a Cochrane review in 2005 noting its role in reducing pain and functional impairment (with less convincing

evidence for chondroitin alone).[24,25] However, the European Alliance of Associations for Rheumatology reports varying effect is likely related to a wide variation in bioavailability and individual metabolism, therefore Cochrane's recommendation of 1,500mg per day should be used.[1,24] Furthermore, evidence is emerging that disorders in glucosamine pathways are seen in cardiovascular disease, diabetes, obesity and cancer, which all feature chronic inflammation, therefore providing a possible role for also targeting related metabolic risk factors while treating osteoarthritis.[26]

Practical recommendations

Imagine it is a busy morning in the clinic, you're faced with a long-standing patient of yours with rheumatoid arthritis who has developed hypertension and who wonders if diet can help? Another patient is experiencing a gout flare but also has a background of type two diabetes with a rising HbA1c. How can you effectively convey the insights discussed above in a manner that resonates with your patients, while addressing their rheumatological concerns as well as the associated metabolic risk factors?

As we have learned, the Mediterranean diet is the current ideal for rheumatic and musculoskeletal diseases and their associated metabolic risk factors. However, prescribing an ideal diet isn't always the solution for every patient. Change can be daunting and it is important not to let 'perfect be the enemy of good'.

Our role is to meet the patient where they are and make personalised changes unique to them. Here are some practical recommendations to gradually transition patients towards the Mediterranean dietary pattern – one lifestyle modification at a time, while simultaneously modulating inflammation and displacing our pro-inflammatory western habits:

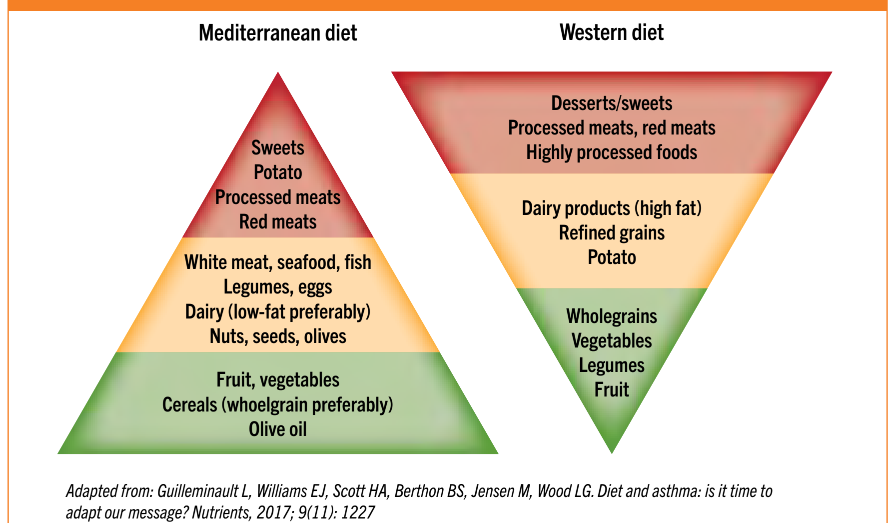
Choose real foods

As often as possible choose whole, unprocessed foods over processed alternatives to reduce inflammation.[20] Get back to basics and choose more food that is local and in season, and learn to cook a few simple meals. An easy test for ultra-processed foods is to check the food label for ingredients you wouldn't find in your kitchen cupboard, eg. emulsifiers and hydrogenated oils.

Start with breakfast

Porridge is an all-round microbiome and cardiovascular winner due to its soluble and insoluble fibre content. Skipping breakfast alone is associated with chronic inflammation.[27] Therefore, it is worth negotiating a solution to tackle this risk factor, eg. grabbing a piece of fruit, a yoghurt, glass of milk, slice of toast etc.

Figure 1: Mediterranean diet and western diet



Adapted from: Guilleminault L, Williams EJ, Scott HA, Berthon BS, Jensen M, Wood LG. Diet and asthma: is it time to adapt our message? Nutrients, 2017; 9(11): 1227

Transition towards plant-based choices

Eat more fish and vegetarian meals to boost anti-inflammatory choices, while displacing pro-inflammatory meat options.

Eat less beige and more colour

Eat a rainbow of fruit and vegetables to boost antioxidant intake. Aim for at least one-third of a dinner plate filled with vegetables/salad and eat fruit as snacks throughout the day. Reduce 'beige' ultra-processed foods to reduce inflammation.[18]

Choose healthy fats

Use less animal fats replacing them with anti-inflammatory vegetable fats – less butter, more olive oil, seeds and nuts. Include oily fish (salmon, mackerel, sardines, trout) at least twice a week for cardiac and joint anti-inflammatory benefits.

Diversify the microbiome

Choose wholegrain breads/pasta, basmati/wholegrain rice, beans, peas and lentils to add fibre and prebiotics to nourish the microbiome. The added fibre will also lower the glycaemic index, improving glycaemic control and appetite. Have a handful of nuts/seeds as a snack or add to yoghurt/porridge.

Reap the added cardiovascular health benefits too with a boost of antioxidants and unsaturated fats. A probiotic supplement may also be useful on occasion, particularly after an antibiotic or to improve gastrointestinal symptoms.

Prioritise bone health

Have three portions of dairy per day, eg. a glass of milk, 'matchbox' portion of cheese, a yoghurt pot, to provide calcium for bone but also blood pressure benefits. Stick to the whole foods guide and use natural yoghurts – 'fruit flavoured'/'diet' can have added sugars/sweeteners potentially making them ultra-processed. Choose less cheese due to high saturated fat and salt content.

Supplement deficiencies

Focus on supplementing what food alone cannot provide, ie. vitamin D or omega 3 if not meeting two portions of oily fish/week. Choose an omega 3 supplement that has at least 250mg total fatty acids as an optimal dose. Avoid cod liver oil – it has lower essential fatty acids and excess vitamin A which may be hepatotoxic.

Approach weight sensitively

Use what we have learned to change behaviours first to improve overall health. Focus on shared health goals rather than numerical weight targets. Aim for one simple change at a time.

Enjoy an occasional social drink

As a nod to the Mediterranean lifestyle, an odd glass of red wine will provide polyphenols, but remember moderation is key to keep benefit from turning to harm.

Conclusion

One of the greatest advances in medicine is the recognition of the fundamental effect that lifestyle has on the aetiology of many diseases. By attending to a few simple lifestyle changes, many of these conditions, including autoimmune inflammatory conditions, can be improved or even reversed.

Raechel Joy, formerly a dietitian, is now a GP trainee in the Mid-West Specialist Training Scheme in General Practice, Ray O'Connor is a GP in Limerick and assistant programme director of the Mid-West Specialist Training Programme in General Practice, and Alwin Sebastian is a consultant rheumatologist at University Hospital Limerick and GP trainee post supervisor

References on request by email to nursing@medmedia.ie (Quote: Joy R. WIN 32(5) 62-64)

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1. INDI 2022. Wound Healing in Nutrition Support Reference Guide. Chapter 17, p271-281 **2.** HSE National Wound Management Guidelines 2018. Health Service Executive. **3.** European Pressure Ulcers Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers/Injuries: The International Guideline. Emily Haesler (Ed.). EPUAP/NPIAP/PPPIA: 2019. **4.** Neyens J, Schols J, Rondas A, Van Leen M. The effects of an arginine-enriched oral nutritional supplement on chronic wound healing in non-malnourished patients: A multicentre case study in the Netherlands. EWMA J Suppl 2013;1:2. **5.** Neyens J, Cereda E, Rozsos I et al. Effects of an Arginine-enriched Oral Nutritional Supplement on the Healing of Chronic Wounds in Non-Malnourished Patients; A Multicenter Case Series from the Netherlands and Hungary. J Gerontol Geriatr Res, 2017; 6(2). **6.** Van Anholt R, Sobotka L, Meijer E et al. Specific nutritional support accelerates pressure ulcer healing and reduces wound care intensity in non-malnourished patients. Nutrition, 2010; 26: 867-872. **7.** Nutricia Data on File 2022

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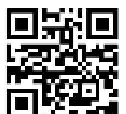

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Across

1 Athlete with a drugged sweater? (4,6)
6 Grew older (4)
10 Fabric associated with Donegal and Scotland (5)
11 Part of a flower and rooms in a prison combine to provide these important body parts (4,5)
12 Is present (7)
15 Go one better (5)
17 Mausoleum (4)
18 Notion (4)
19 The capital of Jordan (5)
21 Tramp (7)
23 Steed (5)
24 Trace mineral important in the immune system (4)
25 Speed competition (4)
26 Discharge a weapon (5)
28 Arid places (7)
33 This ethical quality is the undoing of a tiny tiger! (9)
34 The second planet from the sun (5)
35 Change direction (4)
36 It allows pedestrian passage across a river or railway, for example (10)

Down

1 Detest, abhor (4)
2 Grab a tree wrongly, and see Ursa Major (5,4)
3 Magistrate (5)
4 Pondered (5)
5 Pitcher, water jug (4)
7 Sleeveless, quilted jacket (5)
8 Unplug (10)
9 Agile performer (7)
13 American space agency (1111)
14 Began (7)
16 Period of work during the dark hours (5,5)
20 How Tom denies having made things damp! (9)
21 Condition characterised by dizziness (7)
22 Breaking stories (4)
27 Riverside or marine mammal (5)
29 The Land of the Pharaohs (5)
30 Young eel (5)
31 Beach associated with Venice (4)
32 Small, insular location (4)

Name: ....

Address: ....

....

You can email your entry to us at **nursing@medmedia.ie** by taking a photo of the completed crossword with your details included and putting *'Crossword Competition'* in the subject line. Closing date: **August 20, 2024.** Alternatively post your entry to: WIN Crossword, MedMedia Publications, 17 Adelaide Street, Dun Laoghaire, Dublin A96E096

May crossword solution

Across: 1 Dub 3 Mountainous 8 Ulster 9 Oil paint 10 Limps 11 Lying 13 Fates 15 Rotunda 16 Benefit 20 Delve 21 Melee 23 Bugle 24 Longship 25 Clutch 26 Wheelbarrow 27 Tar

Down: 1 Double cream 2 Basement 3 Meets 4 Neonate 5 Impel 6 Origin 7 Sot 12 Get-together 13 Faded 14 Suede 17 Forget it 18 Slipper 19 Blonde 22 Easel 23 Bylaw 24 Low

The winner of the May crossword sponsored by MedMedia is Catherine Rotte-Murray, Waterford

Slow progress on gender pay parity 'damaging to health systems' – ICN

World Economic Forum report reveals "unacceptable inequalities"

THE progress on gender pay parity revealed by a recent World Economic Forum (WEF) report is "unacceptably slow" and "damaging to our healthcare systems and wider economies", according to the International Council of Nurses (ICN).

The 18th edition of the WEF's *Global Gender Gap Report* shows that parity between men and women in terms of economic participation, education, health and political empowerment will take 134 years to achieve at the current rate of progress.

The report shows that while half the economies included in the survey made incremental gains, globally the gender gap has only closed by 0.1% to 68.5% since last year.

The report says that the slow progress that had been made in women being hired into leadership roles is now starting to erode from a peak in 2022, and that as the global economy has cooled it is women who have been disproportionately affected, reinforcing the systemic issues that hold women back in the workplace.

The WEF report says governments and businesses must shift resources and mind-sets to embrace gender parity as essential for sustainable growth, adding that it is only through collaboration and targeted interventions that a 50/50 world can be achieved.

ICN president Dr Pamela Cipriano said while nurses are no strangers to gender inequality, particularly in leadership roles, it must remain a priority issue.

"Nursing, as a female-dominated profession, is spearheading progress and opening up leadership opportunities for women which were not there in the past, but governments and employers need to commit additional resources to accelerate progress towards gender equity, including through investments in nursing education, jobs and particularly leadership roles," Dr Cipriano said.

"Gender parity is not only the right thing to do, but also essential if we want our world to progress in a sustainable direction as defined by UHC2030 and the Sustainable Development Goals," she added.

"The current rate of progress towards gender parity is wholly unacceptable and damaging to our healthcare systems, communities and economies."

MedMedia ADC prize-draw winner

Congratulations to Isabel Redulla, Dublin, who is the winner of the draw for a €100 gift voucher among visitors to the MedMedia Publications, publishers of *WIN*, stand at INMO ADC 2024 in Croke Park. Visitors to the stand had lots of favourable comments

Children's palliative care event highlights work of Mayo Roscommon Hospice

Pictured at the 6th All Island Children's Palliative Care Conference in Portlaoise recently were (l-r): Dee Hickson, CNM3, Roscommon palliative care team; Tina Kenny, clinical nurse co-ordinator, Roscommon; Ursula Donoghue, Roscommon community palliative care; Sarah Banaghan, Roscommon community palliative care; Stephen Donnelly, Minister for Health; Martina Jennings, chief executive, Mayo Roscommon Hospice Foundation; and Catherine Bannister, senior social worker, Roscommon community palliative care. During his speech, Mr Donnelly recognised the collaborative efforts of the Mayo Roscommon Hospice Foundation, Roscommon University Hospital and the HSE in delivering an exceptional integrated service through Roscommon Hospice and Community Palliative Care. This ensures that individuals requiring palliative care and support for life-limiting illnesses receive it, according to their needs. (Photo: Joe Conroy)

June

Monday 24
Education Section meeting. 9am online

Wednesday 26
Telephone Triage Section meeting. 11am online

July

Monday 8
National Children's Nurses Section meeting. 7pm online

September

Tuesday 3
Retired Section meeting. Online and in person

Friday 6
Third Level Student Health Section meeting. 11am at the Richmond

Monday 9
Inclusion Health Section meeting. 11am online and in person

Tuesday 10
PHN Section meeting. 7pm online

Thursday 12
RNID Section meeting. 2.30pm online

Friday 13
Inclusion Health Section conference at the Richmond. See *page 4* for further information

Monday 16
Nurse/Midwife Education Section meeting. 9am online

Tuesday 17
ODN Section meeting. 6pm online

Tuesday 24
Telephone Triage Section conference at the Richmond

Thursday 26
Assistant Directors Section meeting. 2.30pm online

October

Tuesday 1
CIT Section meeting. 11am at the Richmond

Saturday 5
ODN Section conference in Cavan

Monday 7
National Children's Nurses Section meeting. Online

Tuesday 8
CPC Section seminar at the Richmond

Saturday 12
School Nurses Section meeting at the Richmond

Thursday 17
SALO Group meeting. Online and in person

Saturday 19
PHN Section webinar

Thursday 24
OHN Section conference at the Richmond

November

Monday 11
Nurse/Midwife Education Section meeting. Online

Tuesday 12
Retired Section seminar at the Richmond

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Reunions

- Former classmates of the 1970-1974 class at Our Lady's Hospital for Sick Children are organising a reunion. If you were part of this group and would like to meet up to celebrate 50 years as a qualified nurse, please contact: Marie Coughlan at: mariefrcn@gmail.com or Mary Caulfield at: marycronin8183@gmail.com
- The Meath Hospital past nurses annual reunion will be held in the Clayton Hotel, Burlington Road, Dublin 4 on Saturday, October 5. Cost €60 per person. Contact Mary Kelly at: marykellym55@gmail.com

Condolences

- We extend our deepest condolences to the family and friends of Elaine Guerin, who worked in the emergency department in University Hospital Kerry for many years. Elaine was a kind, caring person who was an amazing patient advocate. Her passing has left a huge void in the lives of her family, friends and colleagues at the hospital.
- The Retired Nurses and Midwives Section offer their deepest sympathy to section member Eileen Hodge Cullen on the death of her dear husband John Cullen, who passed away earlier this year. Our thoughts are with Eileen and her son Austin.
- We were saddened to hear that Josephine Bartley had passed away suddenly at her home. Josephine was a former director of nursing at Beaumont Hospital and at the Richmond Hospital, Dublin. She was also a founding member of the Faculty of Nursing and Midwifery at the Royal College of Surgeons in Ireland. We extend our deepest sympathies to Josephine's sisters, nieces, nephews, extended family and friends.
- Our deepest sympathies are with the friends, family and former colleagues of Maureen McCann, who was recently laid to rest in her native Sligo. Maureen worked at the Mater Hospital, Dublin for many years and was a stalwart of the INMO. She will be remembered for her direct and open nature and for her inspirational work as an advocate for her profession and her patients.
- The INMO Limerick Office extends sincere condolences to INMO Limerick Branch officer Tom Ryan on the recent passing of his brother Seán. May he rest in peace.
- It was with great sorrow that we learned of the passing of Nicholas Barry, who worked in the Tralee Community Nursing Unit. He will be dearly missed by all his colleagues. Our thoughts are with his parents, brothers, extended family and friends at this difficult time.

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