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WIN

INMO
Journal of the
Irish Nurses and
Midwives Organisation

Latest INMO CPD education programme
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World of Irish Nursing & Midwifery

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Catch up with the president
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Safe staffing

Members demand end to recruitment caps

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Working Together

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The voice of nurses and midwives

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Use your vote to call for safe staffing

THE INMO has highlighted key issues for nurses and midwives that it believes should be prioritised by election candidates. As *WIN* is going to print mid campaign, we hope you will use this opportunity to find out where your local candidates stand on the issues facing you and you colleagues.

Nurses and midwives have dual responsibility as regulated professionals and employees to provide safe care and advocate for patients when this is not possible.

This is why the HSE's introduction of restrictions on recruitment are so objectionable – as an employer the HSE is obliged to provide a safe environment in which safe care can be delivered. Nurses and midwives are constantly being asked to do more with less and are increasingly concerned that their employer puts safety and risk secondary to balancing the books. We are safety critical professionals and restricting and delaying recruitment processes increases risk for patients and compromises the provision of safe care.

The Pay and Numbers Strategy introduced in July 2024 cannot be considered a 'done deal'. HSE employees, through their unions, were not consulted. The strategy publication therefore breached their right to be informed on changes to employment conditions. Staff deserve transparency and a say in decisions.

Ireland's population grew by 21% from 2006 to 2022, while the workforce only grew by 12%. Since 2019, the population has increased by 8.5%, with an increase of 98,700 from April 2023 to April 2024 – the highest annual increase since 2008. Currently, 15% of the population is over 65.

In addition, the 2007 recruitment embargo led to a reduction in staffing numbers that took 12 years to recover from. Staffing levels were beginning to recover in 2020 when the health service was struck by the effects of Covid-19 and many new services were required overnight.

Consequently, we have a larger and older population and additional services. Recruitment is not keeping pace with these growing demands on the health service.

Political commentators like to state that 'we have never had as many nurses and midwives', the reality however is that we still do not have sufficient nurses and midwives to provide safe care. We must continue to recruit to meet growing demands and provide sufficient numbers to deliver safe care. The country's needs are increasing and we require realistic and agreed workforce planning to allocate resources effectively. Direct hires should be prioritised over reliance on agency staffing.

The HSE's arbitrary downsizing decisions, particularly regarding safety critical frontline positions, must stop. We need a patient-centred health service that supports both patients and staff.

The INMO's immediate priority is to end this recruitment moratorium so that directors of nursing and midwifery have appropriate authority to recruit and fill posts as necessary to ensure safety and to meet service demand. This will ensure that there is safe staffing at the bedside. A longer-term solution sought by INMO is the introduction of legislation to underpin safe staffing – so that the measured safe staffing levels are enforced by law.

This is not recruitment without restraint but measured staffing to ensure safety. Nurses and midwives are critical to patient safety, and the Patient Safety (Licensing) Bill must include provisions for safe staffing ratios. Just as primary and secondary school pupil-teacher ratios are protected under the Education Act, patients deserve similar protections with nurse-patient ratios to ensure safety, which cannot be compromised.

Remember to use your voice – ask the candidates who are looking for your vote if they will support the introduction of legal safe staffing levels for nursing and midwifery professionals? Ask them to justify the embargo when the direct result is fewer nurses and midwives at work which is resulting in unsafe care for patients who are their constituents. Use your vote wisely and make it known that safe staffing must be a priority for the next government.

Phil Ní Sheaghdha
General Secretary, INMO

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

Nurse and Midwife REPRESENTATIVE TRAINING 2025

2024 has proved to be an extremely successful year for INMO Nurse and Midwife Representative Training and we would like to thank our members for making this possible. The INMO trained more than 100 new representatives.

The INMO will provide Representative Training again in 2025 for our members, dates are outlined below.

Date	Location
11 & 12 February 2025	Cork Office
17 & 18 February 2025	Dublin
5 & 6 March 2025	Dublin
11 & 12 March 2025	(Advanced Course) Dublin
25 & 26 March 2025	Limerick
26 & 27 May 2025	Dublin
4 & 5 June 2025	Waterford
11 & 12 June 2025	Galway
22 & 23 September 2025	Dublin
1 & 2 October 2025	Sligo
21 & 22 October 2025	Cork

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 2025, please make contact with your INMO Official.

CONTACT YOUR INMO OFFICIAL

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

Safe healthcare must top the agenda for general election candidates

THE INMO has highlighted key issues for nurses and midwives that it believes should be prioritised by general election candidates.

The top issues for nurses and midwives to highlight to candidates throughout this election campaign are set out in the *Table*.

Top issues to highlight on the doorstep
• The introduction of legislated safe staffing for nurses and midwives through the Patient Safety (Licensing) Bill
• Multi-annual funding for a rapidly changing health service
• Growing and retaining the nursing and midwifery workforce
• Reversing the privatisation of long-term care
• Addressing the housing crisis

INMO deputy general secretary Edward Mathews said: "It is clear after this election that we need a reset in how we approach the staffing of our public health service. Blunt instruments such as prolonged recruitment embargoes are not the answer to the HSE's perennial financial woes. Nurses and midwives are constantly being asked to do more with less and are increasingly concerned that their employer puts safety and risk secondary to balancing the books.

"Nurses and midwives are safety-critical professionals and restricting and delaying recruitment processes increases risk for patients and compromises the provision of safe care.

"Our members are rightly concerned about the future of the Irish health service. They want to be assured that sufficient numbers of nurses and midwives are being trained here in Ireland to keep pace with a growing and ageing population and that they are incentivised to stay in Ireland following their graduation. Creating the right conditions in our workplaces, along with providing affordable housing near healthcare settings, would greatly help retain young Irish nurses and midwives.

"On doorsteps across the country, thousands of nurses and midwives will welcome discussion and expect clear answers and plans from those canvassing their vote.

"In the almost five years since the last general election, a global pandemic, more than 458,000 people on trolleys, and crisis after crisis in the HSE has exposed the frailties in our most important services. Politicians must show they have the answers to widespread workforce shortages and increased strain on our health services."

Current trolley numbers a grim indicator for overcrowding over this winter period

THE number of admitted patients treated on trolleys in Irish hospitals this year surpassed 100,000 in the third week of October. This came as the INMO together with other unions held hospital protests, calling for an end to the obstacles to recruitment laid out in the HSE's 2024 Pay and Numbers Strategy.

The INMO has also commenced a ballot of members in relation to potential industrial action in response to these obstacles to recruitment.

INMO general secretary Phil Ní Sheaghdha said: "Sadly, this figure of 100,000 comes as no surprise. We have been warning for months that the chronic problems in the health service will only be exacerbated by the suppression of posts and the implementation of recruitment caps, and unfortunately we have again been proven right.

"The HSE and the Department of Health make repeated commitments to making the health service safer, but this is directly contradicted by their actions in terms of this recruitment policy.

"INMO members are now constantly scrambling to provide safe care to an increasing number of patients, in environments that are not safely staffed. This often means working long hours without breaks, working extra hours and contending with unmanageable workloads in highly stressful environments.

"The HSE and the government have effectively accepted recruitment processes will be slowed down to a crawling pace when replacing staff who retire or go on long-term leave, and in the meantime it is up to the existing staff to fill in the gaps.

"As the political system turns its focus to polling day, all candidates who aspire to be in government must commit to expediting the passage of the Patient Safety (Licensing) Bill which would put safe staffing on a legislative basis. "

The month of October alone saw more than 10,515 patients being treated on trolleys, chairs or in inappropriate bed spaces throughout hospitals.

According to the INMO trolley/ward watch analysis, the five most overcrowded hospitals in October were:

- University Hospital Limerick, 1,876 patients
- Cork University Hospital, 1,126 patients
- University Hospital Galway, 989 patients
- St Vincent's University Hospital, 681 patients
- Sligo University Hospital, 663 patients.

Ms Ní Sheaghdha said: "The fact that over 10,000 sick people were treated on a trolley in October is a grim indicator for the level of overcrowding we are bound to see over the winter period.

"Staffing is an issue across all hospitals. Not having a safe number of nursing staff in our emergency departments, inpatient wards, long-term care and community services continues to exacerbate the persistent problem of overcrowding in our hospitals. Again this winter, our members are not assured that their safety and that of their patients is a priority. The HSE and the government must protect frontline services by lifting the recruitment embargo immediately and accelerating the hiring process, which has been hindered by the current pay and numbers strategy."

"Recruitment caps must go" – INMO reps recount effects of short staffing

INMO delegation addresses Oireachtas on unsafe staffing levels

EXAMPLE after example of short staffing and high-risk situations arising from the HSE's *de facto* recruitment ban were recounted by members from workplaces throughout the country at a national meeting of INMO representatives on October 12, 2024.

Their input clearly illustrated how large gaps in the nursing and midwifery workforce are impacting their ability to provide safe care.

The meeting, held at the INMO's Richmond Centre in Dublin, heard that many nursing posts in cancer, palliative, paediatric and rehabilitation care are being left vacant. This in turn is leading to increasing demands from HSE management on staff to work on their days off, stay on for significant unpaid periods after a rostered shift ends, and deal with increasing levels of frustration from the public who are waiting longer for services.

INMO members spoke of posts not being filled when a colleague leaves or retires – including posts designated as essential under the Emergency Department Agreement not being filled. Many of the posts measured as necessary to the provision of safe care under the Framework for Safe Nurse Staffing and Skill Mix are not being filled. A large number of temporary vacancies are being left vacant due to leave, particularly maternity leave, which is leading to extremely high-risk situations for patients, as well as working conditions that compromise the health and safety of the rostered nurses and midwives.

One INMO student member outlined how unsafe staffing levels are impacting her training and have prompted her to move abroad when she is fully qualified. She said: "I have encountered sub-optimal staffing levels while on placement. It means that we don't get taught properly because the staff simply don't have the time. It also means we are sometimes asked to do things outside of our scope of practice because the staff don't have time to do it all. I plan to go abroad after I qualify because I have heard that in Australia they have higher nurse to patient ratios, they work shorter hours, are better supported in the workplace and receive better pay."

With severe gaps in staffing across maternity, oncology and palliative care in various acute hospitals across the country including Wexford General Hospital, Connolly Hospital, University Hospital Limerick, Cork University Hospital and Galway University Hospital, the INMO began balloting its members for industrial action on October 14. That ballot is ongoing as we go to print.

The decision to ballot was not taken lightly.

INMO addresses Oireachtas

An INMO delegation led by general secretary Phil Ní Sheaghdha addressed the Oireachtas Joint Committee on Health on October 2, 2024. Alongside INMO president Caroline Gourley and director of public health nursing Neill Dunne, Ms Ní Sheaghdha described the serious knock-on effects of the recruitment ban.

The meeting, which took place at the request of the INMO, sought to address staffing issues across acute and community facilities, and call for an end to all recruitment obstacles in the health service. The session was also attended by representatives and members from SIPTU, who provided an account of the struggles faced by radiographers and healthcare assistants.

The INMO delegation detailed the challenges facing nurses and midwives due to the suppression of posts and the obstacles to recruitment that are compounded by the HSE's Pay and Numbers Strategy introduced earlier this year.

The delegation made clear to the committee that patient and staff safety were at risk due to existing staffing shortages, and that ensuring safety in the health service throughout the winter depended on the urgent removal of all obstacles to recruitment.

Ms Gourley outlined the effects of staffing shortages in care of the older person services, stating that staffing directly impacts the ability to source beds for people who need them.

Emphasising that 82% of residential care is private, Ms Gourley explained that the current situation where residents do not get to choose where their care is provided is not suitable, as it can lead to them being located at significant distance from family and other supports.

She also stated the urgent need to invest in improving the facilities where these services are provided, stating that the majority of beds within the public sector need refurbishment, in order to meet service need. Ms Gourley added that approximately 10,000 long-term beds were needed for the public service, and that maintaining staffing levels was critical to ensuring availability and continuity within this sector.

She said: "The HSE has designed a laborious, time-wasting process of application for safety-critical posts under the Pay and Numbers Strategy, which is designed to prolong the recruitment process. We are now seeing instances where it is taking up to 12 months to recruit much-needed nurses and midwives into vacant posts. This has had a hugely negative impact on nursing and midwifery."

As a director of public health

nursing, Mr Dunne laid out to the committee many of the challenges in nursing in the community, including the long recruitment times arising due to the specific nature of the PHN training programme, and how this is impacted by the current *de facto* recruitment embargo.

With regard to this, Mr Dunne also stated to the committee the need to explore alternative pathways into public health nursing as a way of addressing long-term recruitment and staffing issues in the community.

He said: "Public health nursing is geographically based, meaning that when there is a vacancy, there is a community without a nurse. Recruitment happens once per year through the student public health nursing programme and it did not reach its potential this year. The circumstances are even more worrying for next year.

"We have spaces to train 140 per year. When there is no nurse in an area, nurses must cross-cover, and that is when burnout arises. It means no patient- or family-centred relationship. We do not get to work upstream in circumstances where we need to work on the preventive side. Early contact with families and children on referrals is really important to later outcomes."

Addressing the Oireachtas Joint Committee on Health *(front, left): INMO general secretary Phil Ní Sheaghdha (front, right), INMO president Caroline Gourley and (front, centre) director of public health nursing Neill Dunne*

Mr Dunne also stated the importance of increasing the number of community RGNs in the health service in order to ensure that clinical care could be provided across the community as needed and to ensure the PHN workforce was able to carry out its specialist role within the community.

Ms Ní Sheaghdha, in her opening statement and in her responses to committee members, laid out the extremely urgent need to remove all obstacles to recruiting nurses and midwives due to the potential long-term impact this would have on staffing in the health service.

"We have a real concern that by placing caps on recruitment, we are going to score the biggest own goal this country has ever scored. Because in 2007, when the last moratorium was introduced, research now indicates that nursing and midwifery suffered the most.

"It took us until the middle of 2020 to recover the numbers we had in 2007, and that was by us going to all corners of the globe to recruit."

Ms Ní Sheaghdha urged the committee members to use their influence in support of the removal of recruitment caps and the reversal of the centralised recruitment controls imposed by the Pay and Numbers Strategy.

As we went to print balloting was ongoing across the country, with voting due to close on November 25, 2024. Members will be updated of the outcome thereafter.

Members protest against unsafe staffing levels

INMO members, alongside colleagues from other unions, came out in force at workplaces throughout the country over the past month to protest against unsafe conditions – for patients and staff alike.

Recruitment caps under the HSE's 'pay and numbers strategy' are impacting the ability of nurses and midwives to provide safe care to their patients, and members across all unions protested that they were "a step too far".

Under the HSE's strategy, all posts that were vacant on December 31, 2023 have been suppressed, which has hit 2,000 nursing and midwifery posts across the country. The INMO is calling for an immediate reversal of this decision, and an end to all recruitment caps for nursing and midwifery posts.

The pay and numbers strategy is preventing healthcare facilities from recruiting staff to fill vacant posts. For example, in Tipperary University Hospital there are 50 whole time equivalent (WTE) posts vacant, in St Luke's General Hospital in Kilkenny 45 WTE posts vacant, and in University Hospital Kerry 30 posts vacant.

Speaking about St Luke's, INMO IRO Gráinne Walsh said the Kilkenny hospital was "currently missing staff for vital posts that are critical to healthcare in the region. The ability to recruit into these positions is absolutely necessary for providing a continuous and safe service in all areas of healthcare. The dozens of vacancies here represent the minimum requirement for patient safety. This facility needs to be able to recruit into vacant posts so that a minimum level of safety can be maintained."

Regarding University Hospital Kerry (UHK), INMO IRO Liam Conway pointed to examples of key specialist posts being unfilled, such as a specialist midwifery post in high-risk pregnancy.

"We now have the supply of nurses and midwives to work in UHK but the HSE policy is blocking recruitment. Without the lifting of the pay and numbers strategy, which is an embargo, conditions and safety for patients in UHK and all across the country will continue to worsen now and throughout the winter."

As regards Tipperary University Hospital, Mr Conway said: "Nursing posts in stroke care, COPD, neurology and colorectal specialisms are being left vacant, which is doing a disservice to the people of Tipperary.

"The reduction of nursing positions has left critical areas understaffed and unsafe, falling significantly short of the standards outlined in the government's own Safe Staffing Framework. Frontline workers and patients deserve better."

Recruitment caps must

Connolly Hospital, Dublin

Dr Steevens' Hospital, Dublin

Cork University Hospital

St Luke's General Hospital, Kilkenny

Tipperary University Hospital

Cavan General Hospital

go to attain safe staffing

University Hospital Kerry

'Safe Staffing Now' campaign: INMO members from various hospitals and health facilities across the country, together with their colleagues from other trade unions, held a series of lunch-time protests against the HSE's recruitment caps that are impacting their ability to provide safe care to their patients. Members across all unions represented at the protests said: "This is a step too far, and we will not tolerate it"

St Finbarr's Hospital, Cork

Naas General Hospital

Our Lady of Lourdes Hospital, Drogheda

Midland Regional Hospital, Tullamore

Sligo University Hospital

INMO director of industrial relations **Albert Murphy** updates members

Members urged to participate in ballot for industrial action

THE INMO National Executive Council held a special meeting of INMO representatives on October 12, 2024 and subsequently the Executive Council sanctioned that the INMO would conduct a ballot of its members in response to the arbitrary employment controls leading to increased delays in recruitment and non-filling of nursing and midwifery posts.

Balloting is currently underway in all INMO work locations and we strongly recommend that members come and vote. It is important for the union to send a message to the HSE that simply abolishing 2,000 posts without consulting with unions is not acceptable.

As part of this campaign the INMO is working with other unions nationally under the umbrella of the National Joint Council, with a number of these also balloting.

A number of lunchtime protests have taken place across the country including at Connolly Hospital, Cork University Hospital, South Tipperary University Hospital, Tuam Primary Care Centre, St Finbarr's Hospital, Cork and University Hospital Waterford. All of these have been well attended and supported by members.

It is vital that a strong message is sent to the HSE and government that they cannot continue to simply ignore their obligations to speak to the unions and adhere to agreements on safe staffing. Responsibility for recruitment of nursing must be delegated to directors of nursing.

Pay dates confirmed for PSA increases

FROM October 1, 2024, a pay increase of 1% or €500, whichever is the greater, is due to nurses and midwives. The pay dates which have been confirmed by the HSE in respect of this pay adjustment are set out in *Table 1*. As is normal practice,once these pay increases have been made, arrangements will be made for adjustments in relation to pensions.

As part of the Public Service Agreement 2024-2026 (PSA) there are provisions for an additional payment of up to 3% in respect of each category or grade of public servant. In this regard it has been agreed that nursing and midwifery will form a singular bargaining unit and the unions are currently formulating their claims in respect of this funding. The first 1% of this part of the PSA is due from September 2025, with a further 2% for the successor agreement.

Table 1. Pay dates for receipt of PSA Oct 1, 2024 pay adjustment

Payroll area	**Pay dates for new rate & arrears** (SAP sites) from:	**Pay dates for new rate & arrears** (SAP sites) to:	**Pay dates for new rate** (RL sites) from:	**Pay dates for new rate** (RL sites) to:	**Pay dates for arrears** (RL sites) from:	**Pay dates for arrears** (RL sites) to:
East	Dec 5, 2024	Dec 31, 2024				
Mid West	Dec 12, 2024	Dec 23, 2024				
Midlands	Dec 5, 2024	Dec 19, 2024				
North East			Dec 19, 2024	Dec 23, 2024	Jan 30, 2025	Feb 6, 2025
North West	Dec 5, 2024	Dec 20, 2024				
South	Dec 12, 2024	Dec 31, 2024				
South East	Dec 12, 2024	Dec 20, 2024				
West	Dec 12, 2024	Dec 31, 2024				

HSE seeks discussions on redeployment issues

AS PART of the re-organisation of the HSE into six Regional Health Areas, the HSE has sought discussions with the unions in relation to redeployment.

The Croke Park Agreement previously provided for redeployment of an essential or voluntary nature. The unions do not believe that reassignment principles policy document is now fit for purpose and will be engaging with the employer shortly on this matter.

Location allowance for candidate ANP

IN THE context of the Expert Review Body which recommended the payment of the Location Allowance to CNM3s, the INMO has been contacted by members who are candidate ANPs and are seeking application of the location allowance while undergoing the training to become advanced nurse practitioners.

This matter is being pursued by the INMO. We have requested a meeting with the HSE to address it and will update members in due course.

on recent national issues

Depts of Health and Finance fail to attend Labour Court on long Covid

THE INMO has been engaged with the Department of Health, the Department of Finance and the HSE in relation to the union claims on long Covid.

In addition, the unions have also been seeking that those individuals who have been excluded from the Long Covid Special Leave with Pay Scheme (SLWP) would be given access to a process to enable them to make a claim for the long-Covid scheme.

While the Minister for Health extended the Special Leave with Pay Scheme until June 2025, the Department of Health and the Department of Finance have indicated that they are not willing to attend the Labour Court in relation to the outstanding matters.

The group of unions has written to the Department of Health requesting that it formally states its position in relation to attending the Labour Court and that, in the event that its position remains unaltered, the unions are of the view that the Department of Health is in breach of the Public Services Agreement.

The unions have notified them that we will escalate this complaint through the agreed procedures under the PSA 2024-2026.

Haemovigilance officer grade

AN ISSUE has arisen in relation to the link between haemovigilance officers and the Medical Scientist Grade.

The INMO has written to the HSE in conjunction with the Medical Laboratory Scientists Association (MLSA) seeking an urgent meeting on this matter.

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

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INMO MEMBERS

THE LADIES LOUNGE

SAVE THE DATE

FRIDAY, 7 MARCH 2025

The Richmond Education and Event Centre, Dublin

ALL NEW TOPICS RELATIVE TO FEMALE HEALTH

Come join us for a fun and empowering event at The Richmond Education & Events Centre.

The Ladies Lounge is open to all INMO members. Female Health impacts everyone and is a different experience for each individual. This is a safe and confidential space to open up the conversation and support each other. This event is an opportunity to be inclusive and empowering to fellow colleagues. Get ready to relax, mingle, and enjoy a day filled with inspiring talks. This is the perfect opportunity to connect with like-minded people and learn from expert speakers.

Topics that will be covered will include:

- Cervical health in colposcopy
- Sexual dysfunction with Psychosexual therapist
- Vulva/vaginal skin conditions
- Female incontinence
- Heavy menstrual bleeding
- HRT and menopause

Book now at **education@inmo.ie** or **01 6640618/41**

INMO demands pay realignment for clinical placement co-ordinators

INMO calls for fair pay for CPCs

THE INMO has submitted a petition to the Department of Health and Chief Nurse's Office calling for the immediate realignment of the pay of clinical placement co-ordinators (CPCs) with others on the same grade.

CPCs are responsible for the co-ordination and support of essential clinical placements throughout the health service for undergraduate student nurses and midwives. The role has been graded and paid on the clinical nurse/midwife manager 2 (CNM2) scale since its inception.

The Report of the Expert Review Body on Nursing and Midwifery recommended the introduction of additional points on this pay scale, but the Department of Health is blocking the implementation of these increases for CPCs.

In its correspondence with the department, the INMO stated that this unjust discrepancy will discourage staff from taking up the valuable CPC role, which in turn will directly impact training for undergraduate nurses and midwives.

On October 8, 2024 the INMO CPC Section along with members of Executive Council and staff submitted a petition with over 4,300 signatures to the Department of Health and Chief Nurse's Office regarding this salary discrepancy, calling for this exclusion to be scrapped and for CPC salary scales to be realigned with others of the same grade.

INMO general secretary Phil Ní Sheaghdha said: "Our petition, signed by over 4,300 people, calls for an immediate reversal of this decision. There is no basis for the exclusion of CPCs from these long-awaited changes to their pay scale. They are graded as CNM2 and the Report of the Expert Review Body on Nursing and Midwifery made no distinction between those on the CNM2 pay scale. The CPC role is central to the support of students while on clinical placement and ensuring the quality and safety of the learning environment for student nurses and midwives. We should be doing everything we can to attract people into nursing and midwifery training and retaining new graduates.

"Having skilled, qualified placement co-ordinators is crucial to supporting people through their undergraduate degrees, and encouraging them to build their careers in the Irish health service. If we can't retain people in the CPC role due to salary discrepancies then we put this vital training system in jeopardy, with potentially significant negative outcomes into the future."

Section chairperson Liz Nolan said: "The Department of Health's stance is bizarre given the acknowledged need for more student nurses and midwives, which requires more diverse placements and additional CPCs. The current pay discrepancy will hinder both recruitment and retention of CPCs. Without addressing this issue, the government's goal to increase nursing and midwifery students cannot be achieved.

"We are calling on the Minister for Health and the chief nursing officer to reverse this position and to resolve this anomaly for the good of the professions and our requirement to comply with WHO code of practice and to ensure sufficient supply of CPCs will be available to support the training of an increasing number of students into the future."

Base secured for travel/subsistence calculations

THE INMO became aware that a community RGN (CRGN) was being allocated a different base for the purpose of claiming travel and subsistence expenses, depending on where she was allocated to on any given day.

The INMO wrote to management on her behalf informing them that all employees of the HSE must be allocated a permanent base from which to claim travel expenses (or from their home if it is closer and they do not need to first attend the base).

There is no provision within the regulations for temporary bases on a daily/weekly/monthly basis.

The HSE National Financial Regulations for Travel and Subsistence clearly outline the requirement to allocate a base to those employees where travel is an integral part of the job. The regulations state that the "normal place of work" is the place where the employee normally performs the duties of their office or employment. In most cases this should not give rise to difficulty. The HSE premises where the employee is based will be regarded as the official place of work for the employee where travel is an integral part of the job involving daily appointments with clients colleagues or suppliers based in alternative locations.

The INMO has asked all CRGNs to contact their line manager to ascertain if they have been allocated a base for the purpose of claiming travel and subsistence. If you have any difficulties with this, contact the INMO for assistance.

– Gráinne Walsh, INMO IRO

Ongoing talks on weekend working in Cork/Kerry CCA

FOLLOWING concerns raised by members surrounding practices pertaining to weekend working arrangements in the Cork Kerry Community Care Area, the INMO engaged with the HSE in late spring this year.

The union sought that revised arrangements be put in place to protect staff from working excessive hours and to align to the Organisation of Working Time Act when working weekends in community services. This matter has been corrected for full-time staff and further engagement is now ongoing with the employer to formalise arrangements for weekend working for our members in the community.

PHN and community RGNs within the region will be updated over the coming weeks and months on developments as the process continues.

– Liam Conway, INMO IRO

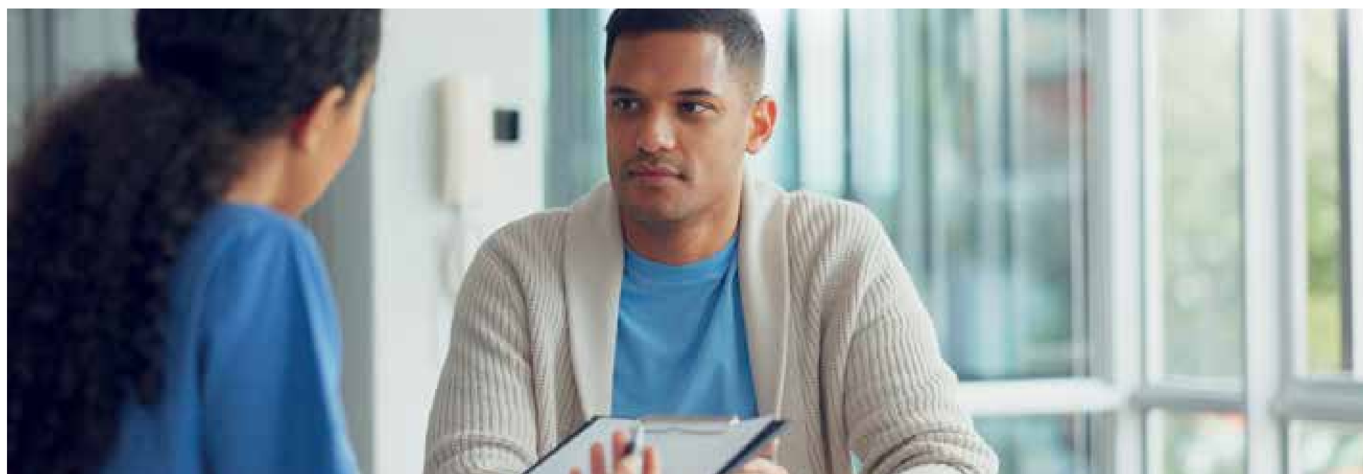
INMO Professional

INMO Irish Nurses and Midwives Organisation
Working Together

Occupational Health Nurses Section Annual Conference

FRIDAY, 6 DECEMBER 2024

The Richmond Education & Event Centre, Dublin D07 TH76



Programme Outline

8.30am:	*Registration and trade exhibition*
Optional workshop	**Spirometry workshop with Ampilvox:** Changed spirometry requirements in line with the updated ATS/ERS 2019 spirometry guidelines
9.00am:	**Welcome address: Caroline Gourley, President INMO** **Opening address: Una Feeney, National Chairperson, OHN Section**
9.30am:	**TOPIC: Addiction in the workplace** **Speaker: Detective Superintendent Sé McCormack - Coordinator, Drive Programme** **The pros and cons of random drug testing** **Speakers: Dr Mark Piper, Secretary of European Workplace Drug Testing Society**
10.45am:	*TRADE EXHIBITION / COFFEE / NETWORKING*
11.30am:	**The Bridge – Understanding Workplace Bullying** **Performed by Theatre at work**
12.30pm:	*Exhibition/Lunch*
1.45pm:	**Case Management: Creating a good OH report** **Speaker: Janet Frimpong, Senior Specialist OH Nurse Practitioner, Kings College Hospital, NHS Foundation Trust** **Speaker: Tracey Cooke, Specialist Occupational Health Nurse Practitioner, UK**
3.00pm:	**GDPR** **Speaker: Dolores Martyn, DATA Governance and Policy Lead, XpertDPO**
3.45pm:	Closing Remarks & Final Draw

Fee: €70 INMO members; €130 non members.

Bookings are essential:

Call 01 6640618/41 to book your place.

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

ICN declaration on future of nursing

THE International Council of Nurses (ICN) marked 125 years since its founding in 1899 with an anniversary conference held in Bucharest, Romania and hosted by the Order of Nurses, Midwives and Medical Assistants of Romania.

The INMO was represented at the event as the Irish national nursing association member of ICN by the Organisation's president, Caroline Gourley, accompanied by head of education and professional development Steve Pitman.

As well as celebrating this milestone event in the ICN's history, the conference was a prelude to the upcoming State of the World's Nursing report and the Strategic Directions for Nursing and Midwifery which will be released in 2025, and which will set the direction for the next four or five years.

This important data will be on the agenda for the World Health Assembly in May 2025 and discussed at the ICN Congress in Helsinki, Finland in June 2025.

The delegates at the Bucharest conference agreed and signed an ICN 125th Anniversary Declaration on the Future of Nursing: Bucharest which identified key priorities for policy actions that will be central to the upcoming reports and discussions and which must be at the heart of the agenda moving forward.

The declaration calls on governments to:

- Increase smarter public investment in nursing
- Make efforts to achieve the Sustainable Development Goals and universal health coverage
- Address global health challenges and the role of nurses in humanitarian disasters
- Focus on strategic and sustainable workforce planning for the future
- Improve the working environment and expand nurses' scope of practice
- Expand nursing leadership in healthcare
- Harness new technologies and digital health.

Update from Order of Nurses of Lebanon

THE ICN has been in close contact with the Order of Nurses of Lebanon during the recent escalation of conflict in the country. ICN chief executive Howard Catton spoke to the Order's president Abir Kurdi Alame, who described the devastating situation there and how nurses are being affected.

President Alame said that although Lebanon's nurses have been trained in how to work in and manage disasters, they were not prepared for the mass casualties they have witnessed in recent weeks, nor the type and extent of the injuries they have seen.

"We were faced by a large number of casualties where the type of injury was really scary. We faced injuries that we have never seen before in Lebanon: young people coming with no eyes, with arms that are ripped, no fingers… We had to work with more than 2,800 casualties at the same time. The numbers are rising every day. We have four nurses that are deceased… and more severely wounded.

"Now we are operating with a minimum of nurses in these areas. More than 40% of the hospitals are in the dangerous zones, and 11 were directly targeted. We are obliged to be operating, but in very dangerous situations."

President Alame said of the 11 hospitals that were targeted, two are no longer functioning at all, while the rest are effectively only functioning on an emergency basis.

Mr Catton expressed his concern that international humanitarian law was not being respected, saying that the ICN had reported on an increased number of attacks on healthcare facilities in conflict zones over the last two years. He asked President Alame whether such attacks were resulting in a loss of confidence in international law.

President Alame replied it was of huge concern, with many nursing directors asking the Order to raise their concerns about the need to be safe so that they can deliver care.

Mr Catton commented: "Nurses have said to me that it can feel as though humanity has been lost, and that has a huge impact on those nurses' mental health as well."

Nurses in Lebanon are currently working on the frontline with casualties, working in other hospitals that are overwhelmed by the workload, or working in primary health situations helping with the 1.2 million displaced persons, 300,000 of them in makeshift shelters, that Lebanon is coping with.

President Alame said the Order of Nurses of Lebanon is working to improve the workforce situation by encouraging retired nurses to return to work and many nursing students have interrupted their studies to work wherever needed.

With an estimated 1,000 nurses and other healthcare workers killed in conflict zones in the past two to three years. Mr Catton asked President Alame how nurses in Lebanon were coping with the tragic deaths of their colleagues.

President Alame said in Lebanon the number is increasing. "We really fear that this situation will escalate. We fear that our healthcare facilities remain targeted. We fear that we will lose our remaining nurses, we worry that the enrolment in the nursing profession might decrease, seeing all these difficulties that nurses are facing."

Concluding the discussion, Mr Catton passed on the best wishes of the world's nurses to their colleagues in Lebanon.

The INMO recently reiterated its call for an immediate ceasefire in the conflict in the Middle East and reiterated its support for the ICTU call for immediate enactment of the Occupied Territories Bill and the strictest adherence to the BDS (Boycott, Divestment and Sanctions) principles.

The INMO also supports the Irish government and Uachtarán na hÉireann's call for a reversal of the Israeli government's ban on the UN Relief and Works Agency (UNRWA) from operating in Israel and the Palestinian territories. Additionally, as part of the Gaza Paediatric Care Initiative the INMO called on the Irish government to intervene with relevant governments of Egypt and Israel to fast track the evacuation of children in need of medical assistance to Ireland, as recommended by the World Health Organization.

nursing and midwifery news

ICM seeks further input on proposed update to EU Midwifery Directive

OVER recent months, stakeholders across the European Union and European Economic Area (EU/EEA) – 31 countries in total – have been participating in stakeholder feedback on potential updates to the EU Directive on the Recognition of Professional Qualifications for Midwifery (Directive 2005/36/EC).

To do this work, the European Commission has commissioned a study to decide if changes to the Directive are needed, in light of technical and scientific advancements in the profession of midwifery, and if so, what should these changes be.

This is a historic, generational opportunity to make changes in the EU Directive that regulates the minimum standards for midwifery (Directive 2005/36/EC).

A consultancy company called Spark was awarded the tender. Through this process, they have been in contact with midwives' professional associations, educators, regulatory and registration bodies, collecting information about advancements in the profession. In February 2024, the International Confederation of Midwives (ICM) also provided feedback in the process, with a detailed description of technical and scientific advancements in the profession, and suggested changes to the Directive in alignment with these and ICM standards such as the Essential Competencies for Midwifery Practice.

In addition to national stakeholders and the ICM, the ICM is working with the European Midwives' Association (EMA) and the European Forum of National Nursing and Midwifery Associations (EFNNMA), which have also participated. The INMO has provided input into the work of the EMA and EFNNMA as part of this process.

In October, Spark shared its draft report and invited stakeholders to a live-steamed workshop in Brussels to provide feedback. The ICM is concerned that the changes that the Spark consultants are proposing to the Directive serve no practical purpose and do not reflect the technical or scientific advancements in our professions.

Among in-person workshop participants, there was a general consensus that the problems in Spark's draft proposal of updates have largely arisen because of the methodology chosen by the consultants, and the fact that they have not included any of ICM's Global Standards in their draft report.

The ICM has called on national midwifery associations, such as the INMO, to contribute further, and this is being addressed with the INMO Midwives Section.

ICN highlights the power of education for girls

THIS year's theme for International Day of the Girl is *Girls' vision for the future*, conveying the need for urgent action and persistent hope, driven by the power of girls' voices and their vision for the future.

In 2011 the United Nations General Assembly declared October 11 as the International Day of the Girl Child to recognise girls' rights and the unique challenges they face around the world, to promote their empowerment and the fulfilment of their human rights.

The ICN's Girl Child Education Fund (GCEF) was set up in 2005 to support access to education for the orphaned daughters of nurses in developing countries. In line with the theme for the day, the ICN invited some of the girls whose schooling is being supported by the GCEF to depict their hopes for the future.

ICN project lead for the GCEF Aleksandra Kamilindi said: "Our objective, as always, is to emphasise the role and value of the girls' education, supported by GCEF, in turning their dreams into reality. By showcasing the girls' artwork we are hoping to raise awareness of the programme and encourage support for girls' education everywhere."

The girls' comments written on their pictures included:

- "*When I visit hospital I am always inspired by nurses' welcoming attitude and kindness towards the sick and helpless members of our society. I also admire their cleanliness and tidiness. This makes me realise and feel where I would fit best in my career*"
- "*My vision for the future is to have a healthy world and a peaceful world. Healthy food and fruits, clean water, freedom to worship. Love, peace and unity*"
- "*When I finish school I want to become a doctor for everyone. I would like to take care of people and make them smile. When I grow up I want to make sure that even old people are safe and taken care of very well. I would like to build a place where old people without families can stay and be safe*"
- "*When I grow up I want to be a teacher because I want to shape the children's future*"
- "*I aspire to be a pilot in the future. I can help society by rescuing people in floods, by transporting people and goods. I wish to live in a peaceful and disciplined world*"
- "*To enlighten the community the girl child must have quality education. I want to be a nurse*"
- "*I dream of becoming a published author… To reach out to an audience boldly, to share my goals and ambitions, and to inspire youths to get insight on the dynamics of our current societies*"
- "*Education is power. Together we can!*"

The GCEF supports girls through school in four African nations – Eswatini (Swaziland), Kenya, Uganda and Zambia – and helps them to go on to achieve fulfilling and successful lives. Since its inception, more than 420 girls have benefited from the programme, with more than 300 girls graduating from secondary school so far. There are currently 78 girls being supported through the fund at an average cost of US$1,500 per girl, which pays for their school fees, uniforms, shoes and books.

Pictured at the INMO Richmond Education and Event Centre were (l-r): Inclusion Health Section officers Dr Briege Casey, associate professor DCU; Sarah Jayne Miggin, CNS/CNM2, Mater Hospital; Dr PJ Boyle, CNS in asylum seeker health at the National Refugee Reception Centre, Dublin; and Lynda Latham, nurse manager at the Meath Community Nursing Unit

Recognising humanity

Humans are born equal in dignity and rights but not all are afforded the respect they deserve. **Freda Hughes** spoke to PJ Boyle, winner of a human rights nursing award, about his passion for inclusion health

"HUMAN rights and nursing practice have always been inextricably linked." These were the words of Dr PJ Boyle, a clinical nurse specialist in asylum seeker health and winner of the *Nursing Ethics* journal's Human Rights and Nursing Award 2024.

Dr Boyle, who works at the National Refugee Reception Centre in Dublin, was nominated for the award by his peers Sarah Jayne Miggin, a CNS/CNM2 at Mater Misericordiae University Hospital, and Dr Briege Casey, associate professor at Dublin City University. They felt his work influenced healthcare and nursing practice so positively it was worthy of international recognition in the field of human rights. All three nurses are founding members of the INMO's Inclusion Health Section and have been active in the formation of the discipline of inclusion health within our health service nationally.

The *Nursing Ethics* Human Rights and Nursing Award is presented to any nurse in recognition of an outstanding commitment to human rights and exemplifying the essence of nursing's philosophy of humanity to further their work.

On receiving the award Dr Boyle said he was humbled and very grateful to everyone who nominated him.

"*Nursing Ethics* is such a prestigious journal. It made me realise that what I'm doing is recognised as worthwhile, but it's not just about me, it is about the work that's going on out there. It's so important that nurses and midwives are recognised for doing human rights work every day, even if it's just something as simple as feeding somebody, bathing and caring for them, or if you're working in conflict zones or wars, human rights are the most simple thing to the most complex thing."

Dr Boyle and his co-recipients, Dr Emmie Malewezi, stroke nurse specialist in Liverpool University Hospital, and Mr Filippo Gatti, chief nurse, Health Unit International Committee of Red Cross, Geneva Switzerland, received awards for the positive difference they have made to the lives of individuals, families and communities. The aim of the awards is to give nurses visibility and to celebrate those whose work fosters international respect for human rights and dignity of people everywhere.

Shortly after Dr Boyle graduated as a general nurse in the mid-1990s, he worked in overseas development in Haiti, which led him to explore his interest in human rights, social justice, poverty and global health. He undertook a master's degree in community development studies in 1997 exploring the relationship between nursing, human development, cultural anthropology, politics and economics.

During this time he discovered the discipline of transcultural nursing. On completion of his postgraduate in 2000, and having received approval from the Nursing and Midwifery Council of Ireland to design and develop a pathway for his specialist nursing role, he took up a community nursing post in refugee health. He has continued to work exclusively with newly arrived international protection applicants at the National Reception Centre, HSE Refugee Health Unit in Dublin.

In 2013 he advanced his knowledge and practice in transcultural health further through the successful completion of a doctorate in professional studies (health) at Middlesex University in the UK. His doctoral research focused on transcultural healthcare and cultural competence development in community nursing services.

Dr Boyle's passion for combining his community development skills and knowledge with his nursing practice means he has assessed, delivered and co-ordinated a wide range of biopsychosocial issues among these diverse populations. He has also initiated a range of projects which have contributed to wellbeing and improved health outcomes for many refugees and asylum seekers including: a refugee children's play therapy service, a refugee men's group and wellbeing programme, and a HIV advocacy befriending service.

Determined to share his learning and practice in human-rights-based nursing care with colleagues and student nurses, he designed many training and education initiatives with nurses and multidisciplinary teams focusing on specific health needs/interventions with refugee/migrant populations, advocacy skills, cultural competence and transcultural nursing and practice-based reflection.

Dr Boyle is a member of the European Transcultural Nurses Association and more recently is a founding member of the Nurses and Midwives for Inclusion Health Network in Ireland and the INMO's Inclusion Health Section. Although he has been involved in numerous research projects he regards himself as primarily a grass-roots-based community nurse, happiest working at the interface of transcultural services with clients and staff.

Day to day, Dr Boyle works as part of a multidisciplinary team working with people who have just arrived in the country seeking protection, offering a broad range health assessment encompassing physical, psychosocial and public-health related issues, and then referring as appropriate. His work hinges on the four constructs of cultural awareness, cultural knowledge, cultural sensitivity and cultural competence.

"Really, the main strength comes from how you engage with the client and how you build that relationship and knowledge. It's about acknowledging the cultural heritage of the individual in terms of understanding of illness, causation of illness, access to different types of treatment, like folk treatment, traditional treatment and marrying that together with professional and biomedical healthcare.

"We ask simple questions, like what do you think has caused your illness? How do you think your illness will get better? These are very simple; they're called explanatory models from healthcare anthropology, where you're kind of getting into what is the client's understanding of their illness. It's about building communication and taking time with people," said Dr Boyle.

Inclusion health

Inclusion health seeks to prevent and address the health and social inequalities experienced by groups of people due to poverty, social exclusion and multimorbidity. These groups might include Travellers, Roma people, international protection applicants, refugees, homeless people and other vulnerable or marginalised groups within our society.

It requires targeted approaches to more vulnerable populations in terms of delivery of and access to healthcare. It involves addressing things like social exclusion, and looking at the whole area of social cohesion and health.

"It's about promoting social inclusion and health. If people aren't healthy, we're not going to have cohesive, inclusive or healthy societies. It's really about tailoring our ways of working with vulnerable populations. We know from statistical analysis that there are a lot of disparities in Traveller, Roma and Migrant health so this helps inform us on where to put extra resources and the specialised services. Gradually we will start to see decreases in those disparities and improvements in healthcare outcomes.

"Transcultural nursing is an area of nursing where you're applying the normal, individualised care to people, but you're taking into account people's ethnic and cultural background, and the variables around that such as language, religion, ethnicity etc. It's informed by healthcare, anthropology, sociology, nursing knowledge, and us tailoring our relationships and communication based on that framework. People generally tend to forget the diversity within diversity," explained Dr Boyle.

The INMO's Inclusion Health Section recently held a national conference. The main points to emerge were that targeted approaches to more vulnerable populations in terms of delivery of and access to healthcare are making a difference. Members working with Travellers, Roma, migrants and homeless people noted significant health disparities backed up by statistical analysis but looked to the future, stressing that extra resources and specialised services will see decreases in those disparities and improvements in healthcare outcomes.

The conference called for more resources and services for inclusion health

Pictured at the 'Nursing Ethics' awards were (l-r): Dr PJ Boyle, CNS in asylum seeker health at the National Refugee Reception Centre, Dublin; Mr Filippo Gatti, chief nurse, Health Unit International Committee of Red Cross, Geneva, Switzerland; and Dr Emmie Malewezi, stroke nurse specialist at Liverpool University Hospital, UK

professionals and greater links between hospitals and primary care teams working in this area. Participants agreed that the huge shortage of accommodation across the board in the homeless sector is having a knock on effect on the health of vulnerable populations.

Pressure has increased in terms of healthcare workers being able to advocate for more appropriate accommodation that meets the needs of individuals in the international protection system. Increased far-right attacks on migrants and international protection centres mean that staff safety is now a much greater issue for those working in the sector.

Dr Boyle feels that international protection applicants need to be integrated into the system from the moment they arrive rather than be seen as a separate group. He feels the current international protection system in Ireland is not fit for purpose and requires a humanitarian approach where people are not dehumanised but rather seen as people and granted their basic rights to safety and dignity.

"In the 24 years I'm working with asylum seekers I've never been so disappointed. We now have a situation where people who are already vulnerable are further exposed to more indignity and health risks by being forced to sleep in tents and not given basic sanitation. We have legal obligations under UN and EU conventions and Irish legislation. It goes back to fundamental human rights, the right to basic clean water and sanitation on arrival in a developed country. If we can't even provide that to vulnerable people, questions need to be asked."

Members of the INMO's General Practice Nurses Section (l-r): Aoife Sheehan, Rita Pender, Melissa Hammond and Pamela McCann

Practice nurse survey

Results of a recent survey underscore the critical role of GPNs in Irish primary healthcare while highlighting significant challenges in their working conditions, pay and CPD. **INMO library staff** report

BRINGING expert clinical care, general practice nurses (GPNs) are professionals who play a multifaceted role within the Irish healthcare system, contributing significantly to population health, patient care, health promotion, disease prevention and management. Demand for GPNs is expected to increase in the coming years due to the growing and ageing population, and the government policy via Sláintecare aiming to re-orientate healthcare delivery towards the community setting. The Capacity Review estimated that the annual number of GPN consultations could reach 9.5 million by 2031, requiring approximately 500 additional WTEs.[1]

However, there is limited understanding of GPNs' working conditions, roles and the challenges that they face. The results from a recent INMO GP Practice Nurse Survey provide invaluable insight into these areas, gathering data from 550 respondents on various aspects of their employment, education, roles and working environments.

Background

Expanding community and primary care is at the heart of Sláintecare's vision. The key element of service delivery within this setting is the primary care team. GPNs serve as crucial members of the primary care team, working alongside GPs and other healthcare professionals to provide comprehensive and holistic care to patients of all ages.

These teams support populations of around 7,000 to 10,000 people and operate alongside wider community network services, including oral health services, audiology, dietetics, ophthalmology, podiatry and psychology services.

The current hospital-centric configuration of the Irish health system is not suited to the changing demographic profile and health needs of the country, in which people are living longer, but there is a greater prevalence of chronic conditions. Many of these conditions require preventative care and ongoing management, care that nurses have an essential role in delivering and services that should be provided in the community setting and as close as possible to a person's home. Therefore, GPNs are essential to the Sláintecare model and achieving universal healthcare.

Demographics and educational background

The survey respondents were predominantly female (99.27%), with a wide age distribution, most commonly aged between 45-54 years. The highest level of

education for the majority was a Level 8 qualification (74.39%), ie. registration as a registered general nurse (RGN).

A significant portion had pursued further education, with 41.50% holding a postgraduate diploma or master's degree in fields such as gerontology, perioperative care, occupational health and respiratory care.

The diversity in specialisation highlights the breadth of expertise among GPNs. As noted in research, general practice does not tend to be a first stop for newly qualified nurses, but rather a second career choice for nurses with expertise in acute settings and a desire for change.[2] The diversity in qualifications also points to the need for continuous professional development to maintain these skill sets and keep pace with healthcare innovations.

Employment characteristics

Employment settings for GPNs are varied, with 59.07% of respondents working in urban areas and 40.90% in rural settings. The majority of respondents worked in group practices (61.50%) or primary care centres (9.72%), reflecting the team-based nature of modern healthcare delivery. Despite the importance of their roles, the survey reveals disparities in working hours, with most GPNs working full-time, but some part-time roles reported as low as less than 10 hours per week.

Workload and breaks

One of the most concerning findings of the survey relates to the work-life balance of GPNs. While 87.78% reported taking a lunch break, only 33.65% took a morning break, and many respondents described inconsistent or missed breaks due to workload pressures. Some GPNs mentioned working through breaks to catch up on tasks, while others indicated that their breaks were unpaid or too short to provide adequate rest. This points to the increasing demand on practice nurses and a need for better workplace policies to ensure staff wellbeing.

Pay and working conditions

A significant disparity exists in the pay structure of GPNs. The survey shows that 73.15% of respondents are not aligned with public sector pay rates, with hourly wages varying significantly. While 46.11% of GPN respondents earn between €25-€29 per hour, others earn much less or more, with 1.56% earning €40-€44 per hour. Furthermore, only 33.66% of respondents received annual pay increments in the past five years, and a mere 11.67% received increased annual leave based on their years of service.

The lack of structured pay progression and leave increases reflects the inconsistent and often precarious nature of employment in general practice nursing. The majority of respondents (93.58%) expressed support for collective bargaining to establish nationally agreed pay rates, which could address these disparities and improve job satisfaction.

Professional development and education

Professional development is crucial for maintaining high standards of care. However, the survey highlighted considerable variation in access to study leave and funding for further education. Some 36.64% of respondents received no study leave in the past year and 49.80% of those who did, stated that their study days were funded by their employer. Many GPNs expressed frustration with the lack of structured opportunities for professional growth, citing uncertainty about entitlements and the need to self-fund or attend only free courses.

Despite these challenges, GPNs actively engage in a wide range of professional development activities, including mandatory training (eg. CPR, anaphylaxis management) and specialised courses such as diabetes care, cervical screening and chronic disease management.

Role and scope of practice

The role of GPNs has expanded significantly over the years, with many taking on specialised and advanced responsibilities. The survey revealed that 38.09% of respondents stated they had extended roles, which included 93.33% managing chronic diseases, 90% conducting cervical screenings and 66.25% involved in diabetes consultations. Other extended roles include family planning, asthma management and acute illness consultations.

However, the survey also indicated that these expanded roles are not always formally recognised, with many GPNs reporting that their titles (eg. clinical nurse specialist) do not transfer when moving to a new practice. This lack of recognition can hinder career progression and contribute to professional dissatisfaction.

Working conditions

GPNs face numerous challenges in their working conditions, particularly regarding pay, pension entitlements and sick leave. Only 46.11% of respondents had access to a private pension and, of those, the majority contribute to it themselves, with minimal employer contributions.

Additionally, 45.01% of respondents did not receive paid sick leave for the first six days of absence, creating financial insecurity for those who become ill. These issues underscore the need for standardised contracts and benefits, as many GPNs currently negotiate their terms on an individual basis.

Room sharing and infrastructure

Another challenge highlighted in the survey was the lack of dedicated clinical space. While 73.53% of GPNs have their own consultation room, a significant portion (22.75%) share rooms, which can lead to delays and disruptions in patient care. This lack of infrastructure can impede the ability of GPNs to deliver consistent and timely care, particularly in practices with high patient volumes.

Audits and research

Participation in clinical audits and research is recognised as an essential part of improving healthcare outcomes. However, only 21.46% of GPNs reported being actively involved in these activities during their working day. Many respondents cited time constraints and lack of support as barriers to conducting audits, with some GPNs conducting them outside of work hours. This points to the need for better integration of audit activities into the regular workflow and greater organisational support for research endeavours.

Conclusion

The survey results underscore the critical role of GPNs in Irish primary healthcare while highlighting significant challenges in working conditions, pay and professional development. To ensure that GPNs can continue to deliver high-quality care, it is imperative to address these issues through collective bargaining, standardised contracts, and increased access to professional development.

Moreover, clarifying and standardising the role of GPNs nationally is essential to promote autonomy, align their practice with Sláintecare objectives, and meet the evolving needs of primary and community care services.

References

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2. Lewis R. General practice nurse trainees' perspectives on general practice nursing as a career choice: qualitative findings from a vocational training scheme in the United Kingdom (UK). BMC Prim Care. 2023; 24:216. Available from: doi: 10.1186/s12875-023-02165-8

Nursing/midwifery salary scales

Application of 1% or €500, whichever is greater on October 1, 2024

Incremental point	1	2	3	4	5	6	7	8	9	10	11	12
Student nurse/midwife/ intellectual disability	20,155 (*degree students 36 weeks rostered placement)*											
Staff nurse/midwife (post qualification, pre registration)	31,218											
Staff nurse/midwife	35,919	37,871	38,868	40,186	41,847	43,507	45,158	46,587	48,019	49,445	50,876	52,294
LSI after three years on maximum*												53,851
Senior staff nurse/midwife	56,407											
Enhanced nurse/midwife Dual qualified nurse/midwife	42,872	45,355	46,681	47,701	48,824	50,320	51,791	54,013				
LSI after three years on maximum												55,594
Senior enhanced nurse/midwife Dual qualified nurse/midwife	58,256											
Clinical nurse/midwife manager 1	54,981	55,978	57,385	58,816	60,238	61,670	63,264	64,750				
Clinical nurse/midwife manager 2/ specialist	59,661	60,649	61,485	62,849	64,357	65,837	67,318	68,984	70,532	73,194	75,389 *(LSI)*	
(plus allowance of €956 per annum payable on a red-circle basis to theatre/night sisters who were in posts on 5/11/'99)												
Clinical instructor	62,250	63,258	64,004	65,387	66,782	68,288	69,801	71,313	72,821			
Clinical nurse/midwife manager 3	68,652	70,010	73,444	74,795	76,154	77,530						
Nurse tutor	70,219	71,172	72,123	73,078	74,031	74,986	75,934	76,891	77,845	78,797		
Principal nurse tutor	73,643	75,032	76,300	80,265	81,651	81,702	83,323	85,534				
Specialist Co-ordinator nursing/ midwifery	70,219	71,172	72,123	73,078	74,031	74,986	75,934	76,891	77,845	78,797		
Student public health nurse	39,955											
Public health nurse	59,661	60,649	61,485	62,849	64,357	65,837	67,318	68,984	70,532	73,194	75,389 *(LSI)*	
(plus allowance of €1,913 per annum payable on a red-circle basis to staff who were in posts on 5/11/'99)												
Assistant director of public health nursing	68,657	72,428	73,977	75,407	76,849	78,824						
Director of public health nursing	90,133	92,865	95,607	98,462	101,084	103,824						
Advanced nurse practitioner	69,315	70,658	71,952	75,928	77,180	78,634	79,994	81,344	85,539			
Advanced nurse practitioner candidate	68,652	70,010	73,444	74,795	76,154	77,530						
Assistant director of nursing band 1	69,315	70,658	71,952	75,928	77,180	78,634	79,994	81,344	85,539			
Assistant director of nursing non band 1 hospitals	65,827	67,230	68,657	72,428	73,977	75,407	76,849	78,823				
Director of nursing band 1	91,940	94,497	97,057	99,607	102,162	104,725	107,278					
Director of nursing band 2	85,652	88,064	90,481	92,889	95,312	97,726	100,143					
Director of nursing band 2a	84,967	86,483	88,003	89,517	91,037	92,551	94,069					
Director of nursing band 3	80,211	80,717	82,437	84,210	85,974	87,752	89,517					
Director of nursing band 4	74,947	77,216	79,475	81,745	82,748	85,036	87,318					
Director of nursing band 5	70,113	71,630	73,146	74,659	76,174	77,695	79,214					
Area director – nursing & midwifery planning development unit	97,271	100,275	103,247	105,796	108,640	111,540	114,400					
Director – nursing & midwifery planning development unit	88,334	90,807	93,531	96,524	99,804	103,175						
Director centre of nurse education	80,616	81,872	84,389	86,930	89,468	92,008	94,546	97,193				
Hospital group director of nursing and midwifery	119,364	124,668	129,973	135,275	140,584	145,886						
*Long Service Increments (LSI) are payable after 3 years spent on the maximum point of the salary scale. There is ongoing dialogue between the Department of Health and the INMO in relation to the CNM2/analogous grades including CPCs at this time.												

Location and Qualification Allowances

Application of 1% on October 1, 2024

Eligibility
Nurses/Midwives eligible for payment of Location/Qualification Allowances are staff nurses/midwives, enhanced nurses/midwives, senior staff nurses/midwives, enhanced senior nurses/midwives, CNMs/CMMs 1, 2 & 3 (incl. theatre sisters). Nurse/midwife may benefit from either a Qualification Allowance or a Location allowance when eligible – the higher of the two – when working on qualifying duties. Pro-rata arrangements apply to job-sharing and part-time staff.

Grade	Nature of Allowance	€
Registered general nurses	**Employed on duties in the following locations:** Accident and emergency departments, theatre/operating room, renal units, intensive/coronary care units, cancer/oncology units, geriatric units/long-stay hospital or units in county homes, high dependency units, neonatal units (ICU), endoscopy units, specialist ambulatory, dialysis units, units for severe and profoundly handicapped in mental handicap services, acute admission units in mental health services, secure units in mental health services, dedicated care of the elderly (excluding day care centres) and Alzheimer's units in mental health services and the intellectual disability sector (including psycho-geriatric wards, elderly mentally infirm units, psychiatry of later life services), medical/surgical wards, maternity departments. *(Allowance effective from March 1, 2019)*	2,663
Registered nurses	**a) Employed on duties in specialist areas appropriate to the following qualifications where they hold the relevant qualifications:** • Accident and emergency nursing course • Anaesthetic nursing course • Behaviour modification course • Behavioural therapy course • Burns nursing course • Child and adolescent psychiatry nursing course • Coronary care course • Diabetes nursing course • Ear, nose and throat nursing course • Forensic psychiatry nursing course • Gerontological nursing course • Higher diploma in midwifery • Higher diploma in paediatrics • Infection control nursing course • Intensive care nursing course • Neurological/neurosurgical nursing course • Operating theatre nursing course (including paediatric operation theatre) • Ophthalmic nursing course • Orthopaedic nursing course • Higher diploma in cardiovascular nursing/diabetes nursing/oncological nursing/palliative care nursing/accident and emergency nursing • Rehabilitation nursing course • Renal nursing course • Stoma care nursing course	4,000
With effect from March 1, 2002, payment of the Specialist Qualification Allowance is extended to all specialist courses confirmed as Category II or equivalent by the NMBI.		
Registered general nurses	b) Holding recognised post-registration qualifications in midwifery or sick children's nursing and employed on duties appropriate to their qualification	4,000
Public health nurses and assistant directors of public health nursing	Qualification Allowance	4,000
With effect from March 1, 2019, the Location Allowance is extended to public health nurses not holding a midwifery qualification but engaged in provision of midwifery services as part of their duties.		
Public health nurses		2,663

Dual Qualified Scale
Applies to nurses in possession of two of the five registered nursing qualifications where you must have held the qualification or in training for the second qualification on October 1, 1996. In the case of midwifery and sick children's nursing, the dual qualified scale is effective from August 1, 1998. A staff nurse can only receive either a dual qualified scale or an allowance whichever is the greater. The exceptions to this are:

(a) Nurses who were paid on the Dual Qualified Scale on October 1, 1996 and in receipt of a Location Allowance at August 1, 1998 or eligible for a new Location/Qualification Allowance from March 31, 1999. In such cases the value of the Location/Qualification Allowance is **€1,665** which they receive in addition to their dual qualified scale.

(b) With effect from November 26, 2003, nurses who are paid on the dual qualified scale and who then move to an area that attracts a Location/Qualification Allowance will continue to be paid on the dual qualified scale and will also receive the abated value of the Location/Qualification Allowance of **€1,665**. Payment of the allowance will cease if the nurse moves out of the qualifying area.

INMO

Other allowances

Application of 1% on October 1, 2024

Grade	Nature of allowance	€
Public health nurses	Island inducement allowance*	2,109
Public health nurses	Fixed payment	33.61
Weekend work	First call on Saturday and first call on Sunday Each subsequent call on Saturday and Sunday Payment in lieu of time off for emergency work	44.62 22.35 33.57
Theatre nurses/midwives who participate in the on-call/standby emergency services	On-call with standby – each day Monday to Friday Saturday Sunday and public holidays *All of these figures based on a 12-hour period. Pro rata to apply after hours.*	 50.57 64.95 87.80
	Call-out rate – Monday to Sunday (a) Fee per operation per 2 hours (17.00-22.00 hours) (b) (i) Operation lasting > 2 hours and up to 3 hours (17.00-22.00 hours) (ii) Operation lasting > 4 hours and up to 5 hours (c) Fee per operation per hour (after 22.00 hours)	 50.57 75.83 126.40 50.57
	On-call without standby (i) Fee per operation, call-in without standby (ii) overruns from roster at normal overtime rates (no time back in lieu)	101.13
	On-call over weekend In situations where no roster duty is available over the weekend, the following will apply on a pro-rata basis (ie. appropriate rate divided by 12, then multiplied by number of hours available). No time back in lieu will apply.	
	Nurse co-ordinator allowance A shift allowance of €21.60 will be paid to a staff nurse who undertakes the role of formalising the reporting and accountability relationship with the theatre superintendent. The allowance only applies to a nurse who fulfils specified duties when called in (DoH circular refers).	
	Specialist co-ordinator allowance	5,158
	Caseload Allowance (RGNs in the community undertaking certain specified duties of the PHN)	4,430

***Review of allowances:** Following Review of Allowances conducted by the Department of Public Expenditure and Reform, the Government has decided to abolish certain allowances for new beneficiaries with effect from February 1, 2012.

How to work out hourly rate of pay for nurses/midwives:
Example: senior enhanced salary scale €58,256. Take €58,256 divide by 52.18 and then by 37.5 equals hourly rate of pay €29.77. This formula applies for all grades.

Know your rights and entitlements

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

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

INMO

- 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

Catching up with the president

Caroline Gourley brings members up to speed with the first few months of her presidency

May 2024

FOLLOWING a nerve-wracking election, I was duly elected president of the INMO and hit the ground running. No rest for the wicked!

My first official duty as president was meeting with Linda Silas, president of the Canadian Nursing Association, and a representative group from that union. Our discussion centred around safe staffing or lack there of. During a panel discussion at the ADC on models for determining staffing levels, Ms Silas said: "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!"

At the end of the month I opened the Care of the Older Person Section conference. It was a successful day and the line-up of speakers received excellent evaluations from members.

June

I attended the Royal College of Nurses (RCN) Congress in Wales which is similar to our ADC but on a larger scale. I met with the Canadian representatives again and was introduced to the RCN executive team. The hot topics for this conference were similar to ours with safe staffing, health and safety at work, and recruitment and retention forming the bulk of the discussions.

On June 11 I attended the Sláintecare All-Ireland Nursing Festival in The Helix, Dublin. Later that day I also attended the Elder Abuse Awareness Day in the Ashling Hotel, which highlighted the issues our older population face, how vulnerable they are and how we need to educate carers and loved ones on what constitutes abuse.

We had our full induction of the new INMO Executive Council on June 12. We discussed the road map for our two-year term and outlined what we want to achieve on behalf of our members.

On June 30 members of the Executive Council attended a garden party in Áras an Uachtaráin along with members of all the Irish trade unions who took part in the Better in a Trade Union campaign. President Michael D Higgins gave a rousing speech in which he stated that membership of a trade union has secured and protected the irreducible right to dignity in the workplace and was ever more important in changing economic conditions.

"History tells us that the best outcomes for workers, their defence and their prospects, continue to be best achieved by being a trade union member," he said.

July/August

I attended an NMBI and Department of Health conference in Dublin Castle entitled 'Education Excellence in Nursing and Midwifery' on behalf of the INMO.

Later that month members of Executive attended the ICTU summer school where president Justin McCamphill, summarised some of the international work of ICTU and its affiliates, including in Palestine.

September

On September 4 I attended Leinster House with the general secretary where we met with the Labour Party and presented the INMO's pre-Budget submission .

On September 10 I travelled to Aberdeen with ex-officio president Karen McGowan to attend the International Congress of Nurses Advanced Nurse Practitioner in which Ireland was well represented.

On September 13 we had our first Inclusion Health Section Conference in the Richmond Education and Events Centre which was an excellent day. I also attended a European Federation of Nurses (EFN) Associations conference in Copenhagen.

October

On October 2 I was part of the INMO delegation that presented to the Joint Oireachtas Committee on Health along with general secretary Phil Ni Sheaghdha and director of public health nursing Neill Dunne. We outlined measures that can be put in place to address the on-going difficulties in relation to staffing levels and improve service provision.

On 4 October the first safe staffing lunch-time protest took place outside Dr Steevens' Hospital. They have been ongoing since then. Later that day I travelled to Athlone for the Irish Association of Directors of Nursing and Midwifery conference.

Caroline Gourley

On October 5 I opened the Operating Theatre Nurses Section conference in Cavan, followed by the Clinical Placement Co-ordinator Section conference on October 8, after which we handed in a petition signed by over 4,500 of their peers to Dáil Eireann and the Minister for Health.

On October 10 I attended a lunch-time protest outside Our lady of Lourdes Hospital, Drogheda.

On October 12 INMO national reps attended a meeting in The Richmond and had robust conversations about the direction that the lunch-time protests were going and what steps will be taken around industrial action and what this will look like.

On October 16 I travelled to Warsaw to represent the INMO at the EFN, where discussions were had on European issues regarding staffing and retention. On October 21 I attended the 125th Anniversary of the International Council of Nurses (ICN) in Bucharest. On returning to Ireland I went to the launch of Sinn Féin's health manifesto before closing out the month by co-ordinating balloting in my own workplace, St Mary's Hospital in the Phoenix Park.

It has been a busy few months but I am delighted to have hit the ground running and to have got my teeth into the workload that comes with this role.

Introducing Executive Council members

Nicola Ennis

ED staff nurse,
Sligo University Hospital

NICOLA Ennis is a staff nurse in Sligo University Hospital's emergency department (ED). Having qualified as a mature student from NUI Sligo in 2016, she first worked in ophthalmology but was later redeployed to the ED. Although she was active on the picket lines during the 2019 INMO strike, it was during the pandemic in 2020 that she became an INMO rep in her workplace.

"INMO members were being redeployed all over the hospital with little or no consultation. At times we were working long shifts on wards full of patients completely on our own, without even the ability to take a toilet break or go get a drink of water. I went to our local IROs who took the issue up with management on our behalf and fought hard for safe staffing levels in the hospital," said Ms Ennis.

About six months later she saw how staff shortages and overcrowding were leading to stress and burnout among her colleagues, so when management said they wanted to open a modular building on the hospital campus without employing extra staff to work in it, they took a case to the WRC and won.

"Keep your union informed of issues in your workplace. If they don't know they can't act but we are so much stronger together and your union in mandated by you, the members," she said.

Ms Ennis would like to see a better work-life balance available to nurses and midwives, noting that as a predominantly female workforce this is a gender issue. She wants greater respect paid to nurses and midwives and a lifting of the culture of taboo around women's health issues such as menopause and menstruation in the workplace.

"I want nurses to be respected by management and the HSE, and I want us to be able to work and care for our patients in a safe environment."

Damien Farrell

CNM1, MAU, Roscommon
University Hospital

DAMIEN Farrell is a CNM1 in the MAU at Roscommon University Hospital. A graduate of Trinity College Dublin, he previously worked in the Galway Clinic and Bon Secours, Galway, before moving to Portiuncula University Hospital's ED, where he was INMO rep. He aims to ensure members' voices are heard in relation to safe staffing levels, pension rights and entitlements.

Mr Farrell says two formative experiences led to him deciding to train as a nurse. While in secondary school Mr Farrell met then INMO general secretary PJ Madden. He found him really inspiring and decided from that point that he would join a union when he started working. He also volunteered in Lourdes helping people with disabilities.

"There is strength in numbers. We need members to organise and consolidate and have a unified message that unsafe staffing is not acceptable. We deserve respect and safety in our work. We are a profession that cares but we don't care for being mistreated," he said.

Mr Farrell loves to see nurses and midwives advancing in their roles be it through advanced practice, clinical specialist roles or greater training opportunities. He would like to see more nurse training places in universities and a greater effort to retain nurses rather than train them for export.

"Burnout is such a huge issue for nurses now due to short staffing. We often take the brunt of people's frustration at the health service. We need to be respected and people need to be informed about what nurses' roles actually entail. We are constantly asked to do more with less. The INMO takes a diplomatic and respectful approach to conflict resolution. Its so important that people in our professions have trade union representation."

Audrey Horan

Staff midwife at University
Maternity Hospital Limerick

AUDREY Horan is a staff midwife at University Maternity Hospital Limerick. She qualified as an RGN in 1994 and as a midwife in 1998 and works in an antenatal clinic providing care for mothers and infants. She has been an INMO member since her student days and took part in the 1999 strike. She also served on the strike committee during the 2019 strike. This is her third term on the Executive Council, where she holds the midwifery seat.

Ms Horan feels that as a society we have become too focused on obstetric birthing. She would like to see more investment in midwifery-led care and feels that community-based midwifery is the way forward, believing this would enhance the confidence of midwives and make society less reliant on obstetrics and hospital-based maternity care.

"I knew during my training that I would never feel complete in my career until I had succeeded in making a difference in women's health. I'm passionate about women and children. I have dedicated my life to them."

Ms Horan has been a member of the INMO since her training days, but it was the gains made in the 1999 strike, opening new positions and career pathways for nurses and midwives, that showed her the real value of trade union activism.

"We could take ownership of our roles and really recognise ourselves as the talented professionals we are.

"As an Executive Council member, I hope nurses and midwives across the country feel represented and feel kindness from their union. First and foremost, we must stand united. We all have something to bring to the table, but first we need to come round the table. Nobody gets left behind," she said.

Clarification: *In the previous issue Aoife Brady's workplace was incorrectly listed as Drogheda. Her correct workplace is Our Lady's Hospital, Navan*

Bulletin Board

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

Physical assault in the workplace

Q. I am currently out on sick leave as a result of a physical assault at work. My employer is paying my sick leave under the normal sick leave scheme. I would like to know if this is correct as I thought there was a separate scheme for assault at work?

Yes, there is a separate scheme called the Revised Serious Physical Assault Scheme for Nurses and Midwives that covers physical assaults in the workplace. The scheme provides for basic pay, including fixed allowances and premium payments for a period of up to six months. In addition, nursing and midwifery staff may be granted up to two special extensions to the scheme. There is a first extension of up to three months at basic pay plus fixed allowances and premium payments. The second extension is up to three months at basic pay only. You should immediately contact your employer to re-assess your sick leave under this scheme if you meet the criteria.

Furthermore, if the assault has occurred in the emergency department, a specific insurance-based scheme/mechanism exists which provides a quantum of compensation in respect of physical and non-physical injuries. This currently applies to emergency departments and related areas. The INMO is seeking to have this scheme extended to all areas.

If you have any issue in having the above scheme(s) applied to you, please contact the local INMO official for your area.

Sick leave after critical illness

Q. I am working in the public health service and was out sick under the Critical Illness Protocol scheme for six months. Since my return to work I have been out sick with a non-critical illness and was advised that I have no paid sick leave remaining because I had previously been absent under the Critical Illness Protocol. Is this correct?

Under the revised provisions for the Critical Illness Protocol you can now continue to access the limits of the protocol within 12 months of your return to work even when you are not critically ill, provided that:

- You previously had been absent due to a critical illness/injury
- You are now absent from a non-critical illness/injury within the 12 months of your return to work.

The original 'protective year' provided that an employee could avail of the limits of the Critical Illness Protocol within 12 months of the first date of absence so this revised protective year will enhance the support to those who return to work following a serious illness/injury who may then suffer from a routine illness/injury in the following year.

Salary scales – are you on the right point?

Q. I qualified in September 2023 as a registered nurse and immediately began working for the HSE. I am currently on the second point of the salary scale. I'm just wondering is this correct or should I be on the next point of the salary scale?

This is not correct. When you commenced employment in September 2023 as a registered nurse, you should have been placed on point 1 of the nursing/midwifery salary scale. After you completed 16 weeks of work (including time worked as a pre-registered nurse) in January 2024, you should have progressed to point three of the salary scale – this will be your 'new increment date'.

This is in line with HSE HR Circular 032/2019 which states: "Nurses/midwives currently on point 1 will benefit from the revised new entrant measure and, at their next increment post March 1, 2019, skip point 2 and go to point 3."

One year from your increment date, you should progress to point four and will then be eligible to apply for the 'enhanced practice contract'. We would generally recommend applying for the new contract a few weeks before moving to point four.

We advise that you bring the above circular to the attention of your human resources department and seek to be placed on the third point of the salary scale with retrospection to your increment date. If you encounter any difficulties with this, do not hesitate to get in touch with your local INMO official.

Know your rights and entitlements

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Contact Information Officers Catherine Hopkins and Catherine O'Connor at
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- Annual leave
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- Incremental credit

Student and new graduate update

With Jamie Murphy

Preparing for clinical placement

AT THIS time of year many first-year nursing and midwifery students will embark on their first clinical placement. You might have a mix of emotions as you prepare for your first placement but preparation will be your key to success throughout your degree in both academic learning and clinical practice. This article provides some tips to help you prepare for placement.

Preparation

You will have a uniform for placement so be sure to have it ready. For infection prevention and control reasons, you will need to attend placement in your own clothes and use the changing facilities to change into your uniform when you arrive. The INMO bags handed out at our meetings are really handy for carrying your uniforms.

If you are not familiar with your placement site, ensure that you plan your route to placement, become familiar with the bus schedule and, if you plan to drive, take a trip to the hospital prior to placement to ensure that you know where to park and how long the commute takes. Remember to factor in time for traffic, difficulty finding a parking space or a late bus. I always found that if I familiarised myself with the route first it prepared me for placement.

There are usually canteens on site but nonetheless, it is always good to have a nutritious lunch with you and don't forget your water bottle. You will have a morning break, a lunch break and often an evening break, depending on the hours you are attending placement.

Some essentials to have in your bag are a pen with black ink. You should also have a small notepad. These are handy to have so that if you hear a new term or are introduced to something new you can jot it down and look it up later.

Finally, ensure that you have familiarised yourself with the local policy regarding sick leave in case you need to miss a day of placement. Your clinical placement co-ordinator (CPC) will advise you who to contact and what the local procedure is for calling in sick to your placement.

Learning on placement

The most valuable piece of advice I can give you is to ask questions. We only learn by asking questions. There will be so much to learn while on placement and there is no such thing as a silly question. Showing interest and initiative is a huge element of being a student nurse or midwife.

Your preceptor: When you arrive to your clinical area you will have a preceptor. Your preceptor is a registered nurse or midwife who you will work alongside. The INMO holds a Preceptor of the Year competition each year. This competition gives both student members and staff nurse or midwife members the opportunity to win €1,000 each. If you find you have an exceptional preceptor keep an eye on your emails after Christmas when we will be looking for nominations!

Your CPC: While on clinical placement your ward will be allocated a clinical placement co-ordinator (CPC). The CPC is an excellent source of information should you have any questions. They are there to support you should you need any help on placement.

Peer-to-peer clinical placement advice

Here is some advice from nursing and midwifery students.

"As a first-year student you are in the optimum position to spend time with your patients, you have the lowest workload that you will have throughout your degree. Take the time to speak to your patients and use it as an opportunity to enhance your communication skills and get to know them as the unique individuals that they are. You may be the only person who spends time with them on days.

"Though you may feel worried for your first clinical placement, know that most nurses will appreciate when you simply show enthusiasm to learn, ask questions when unsure, and seek out opportunities. You will never be in first year again so simply enjoy the journey."

Forth-year, children's and general nursing, UCC

"I would advise first years going on clinical placement to eat a good breakfast and supper the night before. Going on placement is scary and you might not feel like eating anything because of the adrenaline rush. That always ends in disaster. Adrenaline alone will not help you face the fast-paced environment of the hospital. Speaking from experience!"

Second-year general nursing student, South East Technological University

"It's okay to be nervous of your placements. It doesn't mean you're going to be a bad nurse – it means you really care about the job."

General advice from the third-year nursing class, Trinity College Dublin

"Get used to talking to patients, families, other nurses and other members of the multidisciplinary team (MDT). The only way you'll learn, become more confident and be able to progress your skills is if you communicate well and ask lots of questions.

"Learn to talk to patients and their families about their lives, medical history and current health status. Get to know the

nurses and healthcare assistants (HCAs) you're working with as they will be your co-workers for the next month; be on good terms with them.

"Go to MDT meetings and learn what information to give to and ask of the different members. We all need to work together to give our patients the best care we can."

Second-year general nursing, University College Cork

"Best of luck with your first placement. Go in open minded and willing to learn. No question is stupid. If you're ever unsure of something, ask. If you don't feel comfortable or confident doing something, ask or tell your preceptor.

"Treat your patients as you would if they were family. They're just as scared as you. Simply holding their hand or taking the time to talk to them means an awful lot and they will remember you for it.

"Prepare the night before. Plan how you are going to get to the hospital, pack your lunch and snacks (you'll be hungry), iron your uniform and put it in your bag, bring a small notebook to jot down key words to look up at home, bring pens, fob, watch, name badge, keep your workbook in a plastic folder to keep with sheets from ward/CPC, don't forget water, stay hydrated, get the flu jab to protect yourself and patients.

"Your main goals should be 1) Orientation to the hospital ward and know who to call for cardiac arrest, fire plan etc; 2) Do observations manually as well as by machine and learn how to record properly any abnormalities; 3) Learn how to assist with bed washes, help with toileting, ask for assistance when needed and always protect your back. Think back to manual/patient handling basics; 4) Enjoy it! You're privileged as first-years to have this time to interact with patients. You'll love it and if you don't there are more wards to see in different areas. Don't let one bad experience change your perspective on nursing. You can do it. Be confident in yourself. You're here for a reason. Best of luck."

Third-year general nursing student, Dundalk IT

"Invest in a decent pair of shoes, don't buy cheap as your feet will be singing the blues after your first shift. Invest in some compression socks and don't underestimate the power of a good Epsom salt soak for 20 minutes in the evening. Oh and snacks! Bring loads of small snacks to keep the blood sugars up."

Third-year general nursing student, University College Dublin

"My advice for your first clinical placement is to not be afraid to be the newbie and embrace it. Immerse yourself in everything you can see and ask any question you have no matter how silly you think it is. Remember you are not alone and your classmates and friends will be a lifeline for support and understanding. And finally, a little more practical advice is to prepare the night before placement (lunch, uniform, swipe card, papers etc). Go out and enjoy it, find the positives in situations and the people who help you through it."

General nursing student, South East Technological University

"Make sure to take advantage of each and every learning opportunity. Ask to get involved in everything. Don't passively receive information, actively seek out learning opportunities. Talk to your CPCs. They're a blessing to have. Lastly and most importantly, enjoy your placements and have fun."

Second-year general nursing student, South East Technological University

Midwifery students

"Always remember 'midwife' means 'with woman'; being able to give women your time and kindness goes a long way. Advocate for yourself as much as you would the women you look after."

New graduate midwife, University College Dublin

"Hi, I'm a third-year midwifery student and I would tell anyone starting placement that you'll get out of it what you put into it and midwives definitely respond better and are willing to put in more time with you if you're showing interest and asking a load of questions. Take the opportunity to become confident with the basics like taking observations, practising manual blood pressure whenever you get the chance, practising palpations on antenatal women and head-to-toe checks of a newborn. These are the basics that come up every year and you'll use them in nearly every ward in the maternity hospital. Lastly, make sure you're properly oriented to the ward on your first day."

Third-year midwifery student, University College Cork

"Definitely get exposure to varied cases when the opportunity arises. We only have so many chances before we are qualified. It will stand to you."

Second-year midwifery student, Dundalk IT

"Stay in contact with your peers and help each other out. Document information in your notebooks about each ward and placement because that information stays in the head and will be useful in further placements.

"You will be surprised at what information that isn't related to midwifery but might be related to nursing or children's health might come in handy in further placements. The hospital isn't a small scope of practice for midwifery students, it's an opportunity to look into things that will help guide you in the life of the hospital wards. Don't break the scope of practice if you aren't trained in the procedure, but that doesn't mean you can't look at what the other MDT members are doing with your patient.

"You are the main information sources for referral and an up-to-date view of what the patient has been through or is currently going through. This will help guide the practice that you must undertake as a midwife or nurse.

"The hospital is an MDT, meaning the more everyone is informed the better the plan of care. Be curious and don't be afraid to join in conversation and learning opportunities that you find on placements. Keep a pair of scissors and a pen on you all the time. Learn what the human body should be at optimum and observe anything abnormal. Get to know the baseline for your patient. Remember that each individual is unique and what is normal for one might be abnormal for another.

Third-year midwifery student, University College Dublin

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

Send in your class photos

Many fourth years will be graduating from college over the coming weeks. It would be great to get a collection of the graduating or last-day photos of newly qualified nurses and midwives for publication in *WIN*. Please send your photos in as original (large) images (no screen shots) to: Jamie.murphy@inmo.ie, along with names and details of where the picture was taken.

Quality & Safety

A column by Maureen Flynn

Evaluation of Education and Learning Programmes Guide

THIS month the HSE National Quality and Patient Safety Directorate (NQPSD) launches the first ever mobile app designed to grow our knowledge of quality improvement (QI) while building on nurses and midwives' practical clinical skills and confidence in two patient safety areas: reducing the risk of falls and reducing the rate of acquired pressure ulcers.

This project dovetails digital innovation with reducing patient harm and building QI competence through instant access to curated content. It is the first app of its kind internationally and has attracted interest from experts in the UK and Australia.

QUICKPatientSafety App

The app is named QUICKPatientSafety, standing for: 'Quality Improvement Capability & Knowledge for Patient Safety". It was designed to support healthcare professionals including nurses and midwives to improve clinical care, reduce and/or prevent patient harm and enhance patient safety. The app is built around evidence-based clinical care bundles and practical quality improvement approaches. The project is also contributing to the growing body of knowledge on digital technology in healthcare.

Mobile applications or 'apps' are at the forefront of digital innovation. As technology continues to advance, apps are poised to play an even greater role in shaping the future of healthcare delivery. Apps are universally recognised as a convenient way to provide immediate access to information, which in turn can support better clinical decision-making and improved patient outcomes.

Behind the scenes

The National QPS Directorate partnered with Aurion Learning, the exclusive eLearning providers for HSeLanD, in building the app content onto the Bytekast app platform. Services around the country involved in the design and testing of this app include: hospitals in HSE Dublin and South East; community services (disability and older persons) in HSE West and North West; and St Francis Hospice, Dublin. Subject matter expertise and support was also provided by the National Improvement Programme in Wound Management, the Tissue Viability Nurses Association of Ireland, the All-Ireland Institute of Hospice and Palliative Care, and HSeLanD.

App content

The app includes a range of interactive multimedia content based on best practice. Pathways are designed around evidence-based clinical care bundles: the MOMEDS bundle (falls) and aSSKINg bundle (pressure ulcers). The app features training and educational content, point-of-care tools, videos, algorithms and infographics, patient leaflets and communication aids, and moderated discussion forums (*see image above*).

Benefits

Micro-learning approaches through apps can effectively bring relevant information directly to those who need it, representing not only a shift in tools but also a shift towards a person-centred design. This reflects the potential to spread learning and improvements faster and wider than traditional in-person workshops, enhancing flexibility for an increasingly mobile user base; reducing travel and carbon footprints; and maximising the impact of a small operational team.

In survey results, over 70% of respondents stated that their understanding of QI increased and 65% felt their confidence in reducing harm from falls increased as a result of using the app. Some 80% of respondents rated their overall experience of using the app as good/excellent and more than 80% would recommend the app to colleagues.

Access

The app can be accessed by anyone on a mobile device, tablet, and/or desktop.

Image of the app platform

Progress made on one device is picked up across all devices. To access the app on your desktop or laptop, go to: **http://quickpatientsafety.bytekast.io**

Alternatively, you can search for QUICKPatientSafety (all one word) in the Google Play store or Apple iStore.

Get involved

At your next ward, team or unit meeting you might talk about the app and how it could be used within your service area. Share your thinking with your line manager and link with the nurse/midwife practice development co-ordinator with your ideas for improvement.

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

Acknowledgements: A big thank you to NQPSD colleagues, Roisin Egenton and Kris Kavanagh for leading the project and assistance in writing this column. Thank you to the team at Aurion Learning at Bytekast and the many people testing the app for sharing your expertise and support. The project team was awarded £39,000 from the Q Community as part of the Q Exchange Programme to design this work as a proof-of-concept

National Quality and Patient Safety Directorate | Office of the Nursing & Midwifery Services Director

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 X: @nationalQPS @NurMidONMSD or email NQPS@hse.ie

Midwifery library update

THIS month's library update looks at a range of topics in midwifery. If you would like to obtain the full text of any of the articles here, or if you would like to highlight research or tools that might be of interest to your colleagues, please do let us know.

Breastfeeding

- *Paul G, Vickers N, Kincaid R, McGuinness D. 'It's far from the norm': breastfeeding beyond 1 year in the Republic of Ireland. Health Promotion International, 2024; 39(4). doi: 10.1093/heapro/daae088.* Breastfeeding is the optimal form of nutrition for infants and young children. The World Health Organization recommends that babies are breastfed exclusively for the first six months of life, and up to the age of two years or beyond in combination with complementary food. Breastfeeding initiation and continuation rates are suboptimal globally and very low in Ireland where health promotion initiatives and healthcare professional supports predominantly focus on the important phase of initiation and early months of the breastfeeding journey. This qualitative descriptive study aimed to explore the experiences of women in Ireland who chose to breastfeed their children beyond one year of age.

Examinations in labour

- *Searle H, White H. Women's experiences of vaginal examinations in labour: a literature review. British Journal of Midwifery 2024; 32(10):534-43.* Evidence for vaginal examinations to assess labour progress is inconclusive and indicates some negative psychological effects for women. Understanding women's perceptions of vaginal examinations is essential to guide future clinical practice.

Birth

- *Sylvania EI, Higgins K. Caesarean section vs vaginal birth: a narrative review of decision making and postnatal outcomes. British Journal of Midwifery 2024; 32(10):544-50.* Few studies have mapped decision-making factors behind mode of birth to postpartum outcomes. This review's aim was to compare factors that drive women's decision making on mode of birth and postnatal outcomes.

Gestational diabetes

- *Morgan HD, Hamza M, Morrison AE, Campbell C, Cassar CB, Thayyil S et al. Gestational diabetes mellitus: ensuring healthy futures. British Journal of Midwifery 2024; 32(10):552-60.* Gestational diabetes mellitus is the most common medical condition in pregnancy. If diet and lifestyle modifications fail to achieve glycaemic targets, prompt treatment should be initiated to manage glucose levels. A planned birth is crucial to ensure the best outcomes. Postpartum, women need screening for type 2 diabetes and other cardiometabolic risk factors, enrolment in diabetes prevention programmes, and counselling on the increased risk of future cardiometabolic disease for themselves and their offspring, highlighting the importance of ongoing prevention and management strategies.
- *Cameron-Radford M, Bhatt K, Gurney L, McEwan T, Leader C, Peate I. The cardiovascular system and associated disorders. British Journal of Midwifery 2024; 32(9):506-14.* This is the first in a three-part series exploring the fundamentals related to anatomy, physiology and pathophysiology in relation to three important topics: the cardiac system, the respiratory system and the endocrine system. This first article explores the maternal cardiovascular system, outlining its anatomy and the key physiological adaptations of pregnancy, and summarising pathophysiological conditions that may occur.

Congenital heart disease

- *Habibi H, McDonnell E, Tongol C, Johnson M, Patel R, Montanaro C et al. Delivering care to women with congenital heart disease: the role of clinical nurse specialist. British Journal of Midwifery 2024; 32(6):318-26.* Congenital heart disease is now the most common reason for women to attend a high-risk joint cardiac–obstetric clinic. Women with complex congenital heart disease embarking on pregnancy need the support of a multidisciplinary team, including cardiologists, obstetricians, anaesthetists, midwives and adult congenital heart disease clinical nurse specialists. Clinical nurse specialists in particular play a crucial role in coordinating, supporting, educating and advocating for the mother and foetus through preconception, pregnancy, the puerperium and beyond.

Contact the INMO Library

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

RCM i-learn access for INMO midwife members

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

Flu: protect yourself and your patients

Vaccination is the time-tested public health preventive action to prevent influenza, writes **Toney Thomas**

SEASONAL influenza (flu) is an acute respiratory infection caused by influenza viruses. Influenza infection is contagious, often causes infection outbreaks and occasional pandemics, leading to high morbidity and mortality. Due to the morbidity, mortality and socioeconomic burden of influenza, public health strategies namely annual influenza vaccination, focus on protection of the most vulnerable populations.[1,2,3,4]

The World Health Organization (WHO) recommends vaccination against influenza annually, as immunity from vaccination wanes over time.[5] In Ireland, since 2008 the National Immunisation Advisory Committee (NIAC) has recommended annual influenza vaccination for healthcare workers (HCW)[6] as well as for high-risk population by the HSE.[7]

Symptoms of influenza virus infection are fever, myalgia, headache, sore throat, dry cough and coryza. However, patients can present with a wide spectrum of disease including pneumonia, exacerbations of underlying lung disease, and extrapulmonary symptoms, affecting the gastrointestinal and neurological systems.[1,8]

Incidence

The WHO reports that, there are around a billion cases of seasonal influenza annually, including two to five million cases of severe illness. Influenza causes 290,000 to 650,000 respiratory deaths annually. Some 99% of deaths in children under five years of age with influenza-related lower respiratory tract infections are in developing countries.[5]

While all age groups can be affected by flu, there are groups that are more at risk,[5] in particular: pregnant women, children under five years of age, older people, individuals with chronic medical conditions (such as chronic cardiac, pulmonary, renal, metabolic, neurodevelopmental, liver or haematologic diseases) and individuals with immunosuppressive conditions/ treatments (such as HIV, receiving chemotherapy or steroids, or malignancy).

During the 2023-24 season, the incidences of influenza recorded in Ireland (laboratory confirmed influenza hospitalised cases reported on national surveillance system CIDR) were:

- Children under one year – 219.7/100,000 population
- Children aged one to four years: 190.2/100,000 population
- Adults aged over 65 years – 234.6/100,000 population.[9]

The American Lung Association estimates that 5-20% of people get flu annually in the US.[10] In Ireland, with a population of five million, the corresponding number of influenza cases is estimated in the region of 250,000 to one million cases.

Burden on health service

A seasonal influenza review (2022/23 season) by a public health department in Ireland, in a defined geographic area observed a 25% year-on-year increase among hospitalisation of cases. The review also found that 74% of cases hospitalised were unvaccinated.

Among the over-65s age group, the average length of stay (LOS) was 24 days among unvaccinated cases versus 13 days for vaccinated patients, ie. nine additional days of LOS. The estimated avoidable LOS and extended hospitalisation among the unvaccinated cases was 14,033 bed days used (BDU) in that HSE region, resulting in an avoidable cost of €11.4 million (€813/ BDU, HSE 2023).

In Ireland, during the 2023/24 season the over-65s age group accounted for 44% of hospitalised cases. Translating the 2023 public health review findings nationally, the additional burden on the Irish healthcare system by unvaccinated hospitalised patients over the age of 65 years may have resulted in 35,255 additional BDU, at a cost of €28.6 million to the Exchequer, assuming that 75% of cases were unvaccinated.

Spread

Flu virus is transmitted when an infected person coughs or sneezes, droplets

containing viruses are dispersed into the air and can infect persons in proximity. The virus can also be spread by hands contaminated with influenza viruses: that can be both from personal hygiene activities as well as when in contact with contaminated environment and surfaces.

Nurses and midwives are at high risk of acquiring influenza virus infection due to increased exposure to patients, and of further spreading it, particularly to vulnerable individuals. Vaccination can protect HCWs as well as the people they care for and interact with.

Prevention

Vaccination is the best way to prevent influenza. Non-pharmaceutical measures also have a significant role in preventing transmission of the influenza virus, such as: washing and dry hands regularly; covering mouth and nose when coughing or sneezing; disposing of tissues correctly into a waste bin; staying home when feeling unwell; avoiding close contact with sick people; and avoiding touching your eyes, nose or mouth.

Minister for Health Stephen Donnelly announced that the flu vaccine was being made available free of charge to all those over 60 years of age and to children aged 2 to 17 under the HSE seasonal flu vaccination programme for 2024/2025.

Flu vaccination for nurses and midwives

Nurses, midwives and all HCWs are at high risk of acquiring influenza virus infection due to increased exposure to patients, and potential further spreading particularly to vulnerable individuals. Therefore, vaccination serves a dual purpose: safeguarding themselves from occupational acquisition of influenza and protecting patients from nosocomial influenza. Protection of nurses, midwives and all HCWs is crucial to ensure herd immunity as part of the annual winter preparedness, to provide safe care and sustain healthcare services.[11]

The HSE target aim of HCW influenza vaccination uptake is 75%, from the 2019 season.[7] The HCW uptake of influenza for 2022-2023 was 54.2% for those based in hospitals and 48.9% employed in long-term care facilities.[9] The published rate (%) may not always include flu vaccination that was privately sourced.

A recent study among healthcare staff on attitudes, aversions and advantages to influenza and Covid-19 vaccination identified that HCW uptake of flu vaccination was a good example for patients, and three in every four HCWs who responded to the survey were confident on advising patients on benefits and protection offered by influenza vaccination. Of the HCWs who participated in the survey, 54.5% were working in a long-term care facility, 45.54% were from the acute sector and, overall, 36.47% were nurses.[12]

Flu vaccination

Vaccination is the time-tested public health preventive action to prevent influenza. Vaccination to prevent influenza and its potentially serious complications is particularly important for people who are at higher risk of developing serious influenza complications

Disappointingly, the study also revealed that one in three (32% of HCWs) stated that they would attend work if unwell with influenza, categorised by occupation: 55% of medical and dental HCWs; 42% health and social care workers; 26% nurses; and 27% other occupations.[12]

Discussion

Flu presents a significant socioeconomic burden in addition to high morbidity and mortality, especially on the under-four and over-65 age group, as well as high-risk population. Therefore, public health strategies such as annual vaccination focus on protection of the most vulnerable populations.

The flu vaccine is offered free to nurses, midwives, all HCWs and the eligible population in Ireland. The return on investment to the Exchequer for funding flu vaccination is one of the best returns a public health initiative has reaped, a return of more than 400 times the primary cost.

Despite the fact that influenza vaccination is offered free to HCWs, sub-optimal uptake is observed among HCWs. The poor vaccine uptake requires concerted efforts to address concerns. A specific area that needs attention is to address knowledge deficit and resultant action by HCWs, who continue to perform clinical duties while infected and the risk they place to the sick and vulnerable patients.

Peer-to-peer vaccination is another opportunity that merits attention to enhance HCW uptake.

The survey finding that one in three HCWs continue to attend work is a major concern. Robust IPC education to address the knowledge deficit must be initiated, driven both locally at facility level and nationally at health system level.

'The Flu and Covid-19 vaccines for Healthcare Workers – protect yourself, protect others' is a brief but in-depth learning source for nurses, midwives and all HCWs available on the HSE's e-learning site: **https://www.hseland.ie**

Further details on the flu vaccine and who should avail of it are listed on: **www.HSE.ie**.

Dr Toney Thomas is the national director of nursing, health protection: public health, HSE. Email donhp@hpsc.ie

Note. While vaccination may not prevent flu among all recipients of influenza vaccine, it can prevent and minimise serious complications of influenza infection. After vaccination, it may take up to two weeks to develop immunity.

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Experience that matters

✓ 1 MILLION patients treated worldwide[1]*

✓ 14 years clinical trial experience[2]†

✓ 5 years of proven efficacy and safety[3]

* Patients refers to patients that have been prescribed Cosentyx® for any indication since launch. Data as of December 2022. Please note this is an estimated number.
† Studied in patients since 2007.

ABBREVIATED PRESCRIBING INFORMATION
Please refer to the Summary of Product Characteristics (SmPC) before prescribing.
COSENTYX (secukinumab)
Presentations: Cosentyx 150 mg solution for injection in pre-filled pen and Cosentyx 300 mg solution for injection in pre-filled pen. **Therapeutic Indications:** The treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy; the treatment of moderate to severe plaque psoriasis in children and adolescents from the age of 6 years who are candidates for systemic therapy; the treatment of active moderate to severe hidradenitis suppurativa (acne inversa) in adults with an inadequate response to conventional systemic HS therapy; the treatment, alone or in combination with methotrexate (MTX), of active psoriatic arthritis in adult patients when the response to previous disease-modifying anti-rheumatic drug (DMARD) therapy has been inadequate; the treatment of active ankylosing spondylitis in adults who have responded inadequately to conventional therapy; the treatment of active non-radiographic axial spondyloarthritis with objective signs of inflammation as indicated by elevated C-reactive protein (CRP) and/or magnetic resonance imaging (MRI) evidence in adults who have responded inadequately to non-steroidal anti-inflammatory drugs (NSAIDs); alone or in combination with methotrexate (MTX), the treatment of active enthesitis-related arthritis in patients 6 years and older whose disease has responded inadequately to, or who cannot tolerate, conventional therapy; alone or in combination with methotrexate (MTX), the treatment of active juvenile psoriatic arthritis in patients 6 years and older whose disease has responded inadequately to, or who cannot tolerate, conventional therapy. **Dosage & Method of Administration:** *Adult Plaque Psoriasis:* 300 mg given as one subcutaneous injection of 300 mg or as two subcutaneous injections of 150 mg. Dosing at Weeks 0, 1, 2, 3 and 4, followed by monthly maintenance dosing. Based on clinical response, a maintenance dose of 300 mg every 2 weeks may provide additional benefit for patients with a body weight of 90 kg or higher. *Paediatric Plaque Psoriasis:* The recommended dose is based on body weight (see Table 1 in SmPC for full details) and administered by subcutaneous injection with initial dosing at weeks 0, 1, 2, 3 and 4, followed by monthly maintenance dosing. Each 75 mg dose is given as 1 subcutaneous injection of 75 mg. Each 150 mg dose is given as 1 subcutaneous injection of 150 mg. Each 300 mg dose is given as one subcutaneous injection of 300 mg or as 2 subcutaneous injections of 150 mg. The 150 mg and 300mg solution for injection in pre-filled syringe and pre-filled pens are not indicated for administration to paediatric patients with a weight <50 kg. *Hidradenitis suppurativa (HS):* The recommended dose is 300 mg of secukinumab by subcutaneous injection with initial dosing at weeks 0, 1, 2, 3, and 4, followed by monthly maintenance dosing. Based on clinical response, the maintenance dose can be increased to 300 mg every 2 weeks. Each 300 mg dose is given as one subcutaneous injection of 300 mg or as two subcutaneous injections of 150 mg. *Psoriatic Arthritis:* For patients with concomitant moderate to severe plaque psoriasis, please refer to adult plaque psoriasis recommendation. For patients who are anti-TNFα inadequate responders, the recommended dose is 300 mg by subcutaneous injection with initial dosing at Weeks 0, 1, 2, 3 and 4, followed by monthly maintenance dosing. Each 300 mg dose is given as one subcutaneous injection of 300 mg or as two subcutaneous injections of 150 mg. For all other patients, the recommended dose is 150 mg by subcutaneous injection with initial dosing at Weeks 0, 1, 2, 3 and 4, followed by monthly maintenance dosing. Based on clinical response, the dose can be increased to 300 mg. *Ankylosing Spondylitis (AS, radiographic axial spondyloarthritis):* The recommended dose is 150 mg by subcutaneous injection with initial dosing at Weeks 0, 1, 2 3 and 4, followed by monthly maintenance dosing. Based on clinical response, the dose can be increased to 300 mg. *Non-radiographic axial spondyloarthritis (nr-axSpA):* The recommended dose is 150 mg by subcutaneous injection with initial dosing at weeks 0, 1, 2, 3 and 4, followed by monthly maintenance dosing. *Juvenile idiopathic arthritis (JIA): Enthesitis-related arthritis (ERA) and juvenile psoriatic arthritis (JPsA):* The recommended dose is based on body weight (see Table 2 in SmPC for full details) and administered by subcutaneous injection at weeks 0, 1, 2, 3, and 4, followed by monthly maintenance dosing. Each 75 mg dose is given as one subcutaneous injection of 75 mg. Each 150 mg dose is given as one subcutaneous injection of 150 mg. The 150 mg and 300 mg solution for injection in pre-filled syringe and in pre-filled pen are not indicated for administration to paediatric patients with a weight <50 kg. Cosentyx may be available in other strengths and/or presentations depending on the individual treatment needs. For all of the above indications, available data suggest that a clinical response is usually achieved within 16 weeks of treatment. Consideration should be given to discontinuing treatment in patients who have shown no response up to 16 weeks of treatment. Some patients with initially partial response may subsequently improve with continued treatment beyond 16 weeks. The safety and efficacy of Cosentyx in children with plaque psoriasis and in the juvenile idiopathic arthritis (JIA) categories of ERA and JPsA below the age of 6 years have not been established.The safety and efficacy in children below the age of 18 years in other indications have not yet been established. **Contraindications:** Severe hypersensitivity reactions to the active substance or to any of the excipients. Clinically important, active infection (e.g. active tuberculosis). **Warnings/Precautions:** *Infections:* Secukinumab has the potential to increase the risk of infections. Serious infections have been observed in patients receiving secukinumab in the post-marketing setting. Infections observed in clinical studies are mainly mild or moderate upper respiratory tract infections such as nasopharyngitis not requiring treatment discontinuation. Non-serious mucocutaneous candida infections more frequently reported for secukinumab than placebo in psoriasis clinical studies. Caution in patients with a chronic infection or a history of recurrent infection. Instruct patients to seek medical advice if signs or symptoms suggestive of an infection occur. If a patient develops a serious infection, close monitoring and discontinue treatment until the infection resolves. Should not be given to patients with active tuberculosis. Anti-tuberculosis therapy should be considered prior to initiation in patients with latent tuberculosis. *Inflammatory bowel disease:* Cases of new or exacerbations of inflammatory bowel disease have been reported with secukinumab. Secukinumab is not recommended in patients with inflammatory bowel disease. If a patient develops signs and symptoms of inflammatory bowel disease or experiences an exacerbation of pre-existing inflammatory bowel disease, secukinumab should be discontinued and appropriate medical management should be initiated. *Hypersensitivity reactions:* In clinical studies, rare cases of anaphylactic reactions have been observed in patients receiving secukinumab. If an anaphylactic or other serious allergic reactions occur, administration should be discontinued immediately and appropriate therapy initiated. *Latex-sensitive individuals:* The removable cap of the Cosentyx pre-filled pen contains a derivative of natural rubber latex. *Vaccinations:* Live vaccines should not be given concurrently with secukinumab. Patients may receive concurrent inactivated or non live vaccinations. Prior to initiating therapy with Cosentyx, it is recommended that paediatric patients receive all age appropriate immunisations as per current immunisation guidelines. *Concomitant immunosuppressive therapy:* Use in combination with immunosuppressants, including biologics, or phototherapy have not been evaluated. **Interactions:** Live vaccines should not be given concurrently with secukinumab. In a study in adult subjects with plaque psoriasis, no interaction was observed between secukinumab and midazolam (CYP 3A4 substrate. No interaction seen when administered concomitantly with methotrexate (MTX) and/or corticosteroids. Caution should be exercised when considering concomitant use of other immunosuppressants and secukinumab. **Fertility, Pregnancy and Lactation:** Women of childbearing potential should use an effective method of contraception during treatment and for at least 20 weeks after treatment. It is preferable to avoid the use of Cosentyx in pregnancy as there are no adequate data from the use of secukinumab in pregnant women. It is not known whether secukinumab is excreted in human milk. A decision on whether to discontinue breast feeding during treatment and up to 20 weeks after treatment or to discontinue therapy with Cosentyx must be made taking into account the benefit of breast-feeding to the child and the benefit of Cosentyx therapy to the woman. The effect of secukinumab on human fertility has not been evaluated. **Undesirable Effects:** *Very common (≥1/10);* Upper respiratory tract infections. *Common (≥1/100 to <1/10);* Oral herpes, rhinorrhoea, diarrhoea, fatigue, nausea and headache *Uncommon (≥1/1,000 to <1/100);* Oral candidiasis, otitis externa, urticaria, neutropenia, dyshidrotic eczema, conjunctivitis, lower respiratory tract infections, tinea pedis and inflammatory bowel disease. *Rare (≥1/10,000 to <1/1,000);* Anaphylactic reactions, exfoliative dermatitis and hypersensitivity vasculitis. Unknown: Mucosal and cutaneous candidiasis (including oesophageal candidiasis) and pyoderma gangrenosum. Please see Summary of Product Characteristics for further information on undesirable effects. **Legal Category:** POM. **Marketing Authorisation Holder:** Novartis Europharm Ltd, Vista Building, Elm Park, Merrion Road, Dublin 4, Ireland. **Marketing Authorisation Numbers:** EU/1/14/980/004 and EU/1/14/980/010. **Prescribing Information last revised:** May 2023. Full prescribing information is available upon request from: Novartis Ireland Limited, Vista Building, Elm Park Business Park, Elm Park, Dublin 4. 01-2601255 or at www.medicines.ie. Detailed information on this product is also available on the website of the European Medicines Agency http://www.ema.europa.eu.

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk profile of the medicinal product. All suspected adverse reactions should be reported to HPRA Pharmacovigilance at www.hpra.ie. Adverse events can also be reported to Novartis preferably at www.novartis.com/report, by emailing drugsafety.dublin@novartis.com or by calling (01) 2080 612.

References: 1. Novartis Data on File. Cosentyx Patient Reach Feb 2023. **2.** ClinicalTrials.gov. A study comparing AIN457 to placebo in subjects with a diagnosis of moderate to severe stable plaque psoriasis. https://clinicaltrials. gov/ct2/show/NCT00669916 **3** Bissonnette R et al. *J Eur Acad Dermatol Venereol.* 2018;32(9):1507-1514.

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Novartis Dermatology and Rheumatology Nurses Collaborative Forum

Pictured presenting at the Dermatology and Rheumatology Nurses Collaborative Forum hosted by Novartis was: *Rachel Kenny, Naas Hospital*

Also at the Forum were: *Anne O'Riordan, Trish Cregan, Marie O'Connor and Danielle O'Shea, University Hospital Kerry and Breda Hourigan, Bon Secours Hospital, Kerry*

Also pictured were: *Nimmi Abraham, Nitiza Batalla and Jaimole James from St Vincent's University Hospital; alongside Marie Hennessy from University Hospital Limerick*

Chair of the Friday sessions: *Deirdre Kennedy, St Vincent's University Hospital, Dublin*

Also pictured were: *Clodagh Duffy and Mary McGovern, Our Lady's Hospital, Manorhamilton, and Marian O'Boyle and Edel Ryan, Sligo University Hospital*

Also pictured were (l-r): *James Early, Sarah Breheny, Lorna Rice, Simon Crouch, Orna O'Dwyer, Meghan Crowley, Patrick Kelly, Zezinha Diogo and Brian Whately, all Novartis Ireland*

Vitamin D: how much do we need?

A team from the FSAI outlines the recommendations on vitamin D supplements for people living in Ireland

VITAMIN D plays important physiological roles in the musculoskeletal system, the immune system and the process of cell division. Vitamin D is key for bone integrity and strength as it is crucial for absorption of dietary calcium and phosphorus. Vitamin D deficiency impairs bone health at any stage in life, giving rise to osteomalacia in adults.

Vitamin D deficiency is particularly harmful during bone growth and development, leading to rickets in young children and lower build-up of bone mineral density during adolescence. Although it has not been proven, several studies suggest vitamin D deficiency may also be linked to non-skeletal health conditions such as cardiovascular diseases, diabetes, inflammatory disorders, some infectious diseases (including Covid-19) and immune disorders, certain cancers, and higher mortality rates.

In summary, vitamin D is important for bone health but also contributes to the normal function of the immune system and a healthy inflammatory response, as well as the maintenance of normal muscle function. It is generally agreed that the prevention of vitamin D deficiency is a public health nutrition priority.

Where do people in Ireland get vitamin D?

Vitamin D is only naturally available in a few foods eaten in Ireland. Oily fish (salmon, mackerel, trout, herring) represent foods that are richest in vitamin D. While oily fish also provides other valuable nutrients, such as omega 3 fatty acids, recommended amounts of oily fish (once a week) will not provide enough vitamin D. Other important food sources include the increasing number of vitamin D fortified foods (milks, yogurts, breakfast cereals etc. with vitamin D added). Fortified foods tend to be more expensive and are not eaten by everyone so many people in Ireland do not get enough vitamin D in their diet. Therefore, almost everyone in Ireland needs to take a vitamin D food supplement to prevent vitamin D deficiency.

Sunlight is the most important source of vitamin D in the world, but people must protect their skin from strong sunlight to prevent skin cancer. Although sunscreen products (with adequate SPF) also block the sun rays that make vitamin D in the skin (UVB radiation), studies show that inadvertent sun exposure makes an important contribution to vitamin D status.

This inadvertent sun exposure occurs by just being out and about in sunshine while taking all precautions to avoid sunburn – that is wearing a hat, clothing to cover skin, using sunscreen and avoiding hottest times of the day etc. It only takes minimal exposure to sunshine to make a big difference to a person's vitamin D status. This also shows how people who never go outside are much more at risk of vitamin D deficiency.

In Ireland, the UVB radiation needed to make vitamin D from sunlight is only available during the months of April through October. This is due to our geographic location 52-55 degrees north and means that Ireland experiences a 'vitamin D winter' that stretches from the end of October to late March. In fact, studies in Ireland show that vitamin D status plummets over the winter period. So, if people have a blood test to assess their vitamin D status in March it will generally show a lower vitamin D status compared with having the same blood test in September.

People of dark-skinned ethnicity need longer sun exposure to obtain the same amount of vitamin D. This is because the skin pigmentation, melanin, absorbs the UVB rays that stimulate vitamin D synthesis. For these reasons people of dark-skinned ethnicity in Ireland are advised to take a vitamin D supplement all year round. Briefly, inadvertent sun exposure in summertime will not be as effective in making vitamin D from UVB rays in people of dark-skinned ethnicity as it would be in people of fair-skinned ethnicity, who have lower amounts of melanin in their skin.

Who is most vulnerable?

Vitamin D deficiency is a problem across Europe as well as in Ireland. Studies in Ireland have shown vitamin D deficiency is common among children, teenagers and adults – particularly pregnant women. This deficiency is more pronounced in the winter months. A recent study showed that the prevalence of vitamin D deficiency among adults of dark-skinned Irish

Overview of Department of Health guidelines

Everyone in Ireland needs to take a vitamin D supplement (the only exceptions are infants up to one year of age who take more than 300ml infant formula).

How much supplemental vitamin D is needed?
The daily amount of vitamin D needed varies according to age *(see Table 1)*.

Wintertime or year-round supplement?
People of fair-skinned ethnicity need a vitamin D supplement in wintertime only (end of October to mid-March), including children, teenagers and adults up to age 65 years.
People who need a vitamin D supplement all year round include:

- Infants on < 300ml infant formula need a daily vitamin D supplement from birth to their first birthday
- Pregnant women
- People of dark-skinned ethnicity
- People aged over 65 years

ethnicity (eg. Irish Asian) to be much higher (affecting 70%) compared with those who are fair-skinned (affecting 12%).

Department of Health recommendations

There are Department of Health recommendations on the need for vitamin D supplements for people living in Ireland. Detailed information on the amount of vitamin D people need to take according to age, life stage and skin pigmentation is provided in *Table 1* . A brief overview of these recommendations is described in the box on the previous page.

Unit of measurement

In the EU vitamin D is measured in micrograms (µg) and public health advice from the Department of Health is always given using µg. A problem that confuses many consumers is that many vitamin D supplements marketed in Ireland are labelled using international units (IU) which is the North American unit of measurement.

IU are very different from µg; so, to be sure the vitamin D supplement provides the correct amount people should always look for the daily amount in µg!

Too much vitamin D

The only way people can get too much vitamin D is by taking a supplement that contains excessive amounts. Food supplements are concentrated sources of active vitamin D that are easily absorbed. Too much vitamin D from supplements causes a build up of calcium in the blood (hyperglycaemia). This can lead to nausea and vomiting, weakness, heart rhythm problems and frequent urination. Vitamin D toxicity might progress to bone pain, kidney stones and kidney damage.

Therefore, it is important that people:

- Do not take supplements that contain excessively high amounts of vitamin D
- Do not take more than is stated on the label.

The upper level (UL) is the highest level of intake from all sources deemed safe. The UL will vary according to body size and, therefore, is much lower for infants and children compared with adults. The scientific committee of the Food Safety Authority of Ireland (FSAI) established a UL for vitamin D and all other vitamins and minerals permitted in food supplements in the EU. These various ULs for all age groups are outlined in an FSAI report.[2]

In a subsequent report, the FSAI developed guidance for the food supplement industry on the maximum safe levels for all vitamins and minerals in food supplement products that ensures even those in each age group who have the highest intakes from food, will have intakes less that the UL.[3]

The information in this article outlines the different requirements people living in Ireland have for supplemental vitamin D.

This is to assist in guiding people on which vitamin D supplements, among the many over-the-counter products, are most appropriate and safe for their needs.

Table 1. What is 'enough but not too much' vitamin D from supplements for people of different ages and skin types in Ireland (Department of Health Recommendations)?[1]

Age group	Vitamin D Supplement **µg (micrograms)** IU (international units)
Birth to 12 months, all breastfed infants taking < 300ml of infant formula per day	**5µg** (200 IU) in liquid for **all year round** Infant formula has a lot of vitamin D added. Therefore, infants who are fed more than 300ml infant formula per day, do not require a vitamin D supplement as they would be at risk of exceeding the upper limit (UL)
Infants of darker skin ethnicity	**5µg** (200 IU) in liquid form **all year round**. *There are no extra requirements*
Children 1 to 4 years	**5µg** (200 IU) for healthy children, to be taken **during the extended winter months** from end of October to mid-March. Due to Ireland's geographic location (52-55° North), the UVB rays required to synthesise vitamin D in human skin do not get through the ozone layer. This is described as Ireland's vitamin D winter, from the end of October to the middle of March. The sun is closer to Ireland from the middle of March to the end of October, allowing the UVB rays that synthesise vitamin D to get through
Children of darker skin ethnicity	**5µg** (200 IU) for healthy children of darker skin ethnicity, to be taken **all year round.** Sun exposure during the summertime will not be as effective in making vitamin D from UVB rays in people of darker skin ethnicity. This is due to the higher amount of melanin (skin pigmentation) which absorbs the UVB rays and prevents vitamin D synthesis by the skin
Children 5 to 10 years	**10µg** (400 IU) for healthy children to be taken **during the extended winter months** from end of October to mid-March (for the same reasons outlined above for children aged 1 to 5 years)
Children of darker skin ethnicity	**10µg** (400 IU) for healthy children of darker skin ethnicity, to be taken **all year round** (for the same reasons outlined above for children aged 1 to 5 years)
11 to 65 years	**15 µg** (600 IU) for healthy individuals who get sunlight exposure during summer, to be taken **during the extended winter months** from the end of October to mid-March
Pregnant women and individuals of darker skin ethnicity	**15µg** (600 IU) for individuals of darker skin ethnicity and for individuals of all ethnic groups who are pregnant, to be taken **all year round.** Pregnant women need higher amounts of vitamin D to cover the requirements of their developing baby. Vitamin D supplements during pregnancy are important for building the baby's vitamin D stores while preventing vitamin D deficiency in the mother
Adults aged 65 years and older, including older adults of darker skin ethnicity	**15µg** (600 IU) for all older adults (65 years +) living in Ireland, to be taken **all year round**. The ability of human skin to synthesise vitamin D from UVB sunlight rays diminishes with age

Dr Mary Flynn is the chief specialist in public health nutrition at the Food Safety Authority of Ireland (FSAI) and visiting professor at Ulster University (UU), Oonagh C Lyons is a technical executive in public health nutrition policy at the FSAI and a PhD Candidate at UU, Megan Thompson and Rossella De Luca are placement students at the FSAI

References are available on request from nursing@medmedia.ie (Quote: FSAI WIN 2024; 32(8):36-37)

INMO Professional

INMO
Irish Nurses and Midwives Organisation
Working Together

3 CEUs

Person Centred Care Planning for ID Services

Date: Wednesday, 29 January 2025 | Online via Zoom
Time: 10am - 1pm | Fee: €50.00 INMO members; €85 non members

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

The online session will enable participants to:

- Understand the professional and legal requirements for assessment and care planning for residents in intellectual disability services.
- Understand what assessments are required to facilitate ongoing comprehensive assessment of residents' needs.
- Understand the need for a framework for the development of a person-centred care plan for each resident based on the findings of the comprehensive assessment.
- Keep care plans updated in accordance with each resident's changing needs.
- What to include in daily nursing narrative notes.

Book now, call us on 01 6640618/41

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

Experiencing difficulties paying?

For cyber security reasons, in the interests of protecting the integrity of individual banking credentials, new restrictions have been imposed on payment systems. The INMO will no longer be able to accept payments over the phone. Payments can be made by:

- Monthly salary deduction, using the deduction at source form available from INMO (not all work locations offer this facility so an alternative would be by monthly standing bankers order through your bank)
- Monthly standing bankers order, using form available from the INMO
- Cheque payable to INMO
- Postal order payable to INMO
- Bank draft payable to INMO
- Online via our website (using your unique quick payment code available from the INMO).

If paying online, your bank security will require that the billing details on the card you are using are the same as those used to register membership with INMO.

We apologise for any inconvenience, but heightened awareness of cyber security is in all of our interests. We must implement the highest standard of protection for our members.

Latest breast cancer research

WIN looks at some new insights into breast cancer and why it spreads into secondary sites, especially bones

RESEARCHERS have developed an *in vitro* cancer model to investigate why breast cancer spreads to bone. Their findings hold promise for advancing the development of preclinical tools to predict breast cancer bone metastasis.

Globally, breast cancer is a significant public health challenge, with 2.3 million new cases and 700,000 deaths every year. In Ireland there are approximately 3,363 new breast cancer cases per year, with an annual incidence rate of 157 per 100,000. This amounts to a cumulative lifetime risk of diagnosis of one in seven.[1]

Approximately 80% of patients with primary breast cancer can be cured, if they are diagnosed and treated promptly. However, in many cases, the cancer has already spread to other parts of the body, or metastasised, at the time of diagnosis.

The vast majority of metastatic cancers are incurable and account for more than 90% of cancer-related deaths.

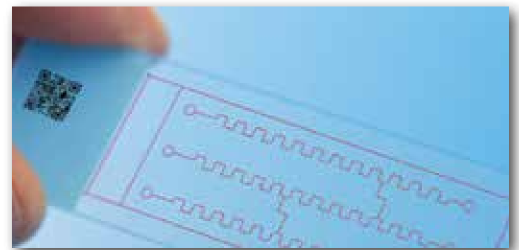
Currently, there are no reliable *in vitro* models to study how breast cancer spreads to secondary organs such as bone, lung, liver or brain.

Recently, researchers from the Precision Nanomaterials Group at Tampere University in Finland and the Cancer Molecular Biology Lab at Izmir Institute of Technology in Turkey have used 'lab-on-a-chip' platforms to create a physiologically relevant metastasis model to study the factors controlling breast cancer bone metastasis.

Lab-on-a-chip technology features a miniature device that integrates laboratory functions onto a single microscale platform. The method offers advantages such as cost efficiency, diagnostic capabilities, and high sensitivity for DNA sequencing and biochemical detection It is portable and convenient and is commonly used for medical diagnostics and point-of-care testing.

The Precision Nanomaterials Group at Tampere University develops various in vitro cancer metastasis disease and diagnostic models. The group is a multidisciplinary team of researchers at the interface of materials science and biomedical sciences. The researchers focus on efficiently controlling the structure and properties with the highest possible precision and have developed Lab-on-a-chip-based sustainable *in vitro* preclinical models for personalised and precision breast cancer disease and diagnostic platforms.

"Breast cancer most frequently spreads to bone, with an estimated rate of 53%, resulting in severe symptoms such as pain, pathological bone fractures and spinal cord compressions. Our research provides a laboratory model that estimates the likelihood and mechanism of bone metastasis occurring within a living organism. This advances the understanding of molecular mechanisms in breast cancer bone metastasis and provides the groundwork for developing preclinical tools for predicting bone metastasis risk," says Dr Burcu



Firatligil-Yildirir, postdoctoral researcher at Tampere University and the first author of the paper.

According to Prof Nonappa, associate professor and leader of the Precision Nanomaterials Group at Tampere University, developing sustainable *in vitro* models that mimic the complexity of the native breast and bone micro environment is a multidisciplinary challenge.

"Our work shows that physiologically relevant *in vitro* models can be generated by combining cancer biology, microfluidics and soft materials. The results open new possibilities for developing predictive disease, diagnostic and treatment models," he says.

To read more on this research see: *Firatligil-Yildirir B, Bati-Aya G, Nonappa N, Pesen-Okvur D, Yalcin-Ozuysal O. Invasion/ chemotaxis- and extravasation-chip models for breast cancer bone metastasis. PLOS ONE, 2024; 19(10): e0309285*

DOI: 10.1371/journal.pone.0309285

1. https://www.ncri.ie/publications/statistical-reports/ cancer-ireland-1994-2020-annual-statistical-report-national-cancer)

Section focus

INMO Professional

Jean Carroll, Section Development Officer

ODN Section urges staff to promote inclusivity

DIVERSITY and inclusivity were the focus of the recent Operating Department Nurses Section conference in Cavan.

INMO president Caroline Gourley opened the conference, which featured a varied line-up of speakers, including Prof Helen Henegan, consultant bariatric surgeon, St Vincent's University Hospital. Prof Henegan presented a highly informative talk on bariatric surgery.

Powerful presentations from Elizabeth Egan, CNM2 in intellectual disability services, and Dr Jane O'Sullivan, anaesthetist, Mater Misericordiae University Hospital, advocated for workplace policies and procedures to recognise diversity and support inclusivity in the perioperative workplace.

Dr Grace Kettyle from the South West Acute Hospital in Enniskillen spoke about developments in supporting education through facilitating improved visual access of the operative field with smart technology glasses.

Slywia Garrett, theatre nurse in the Midland Regional Hospital, Portlaoise, reminded attendees of the importance of patient safety in the operating department, and using techniques to identify and manage critical moments during the patient's perioperative pathway.

Ruth Collins, director of the Association of Perioperative Practitioners in the UK, addressed the conference on the importance of person-centred care within the perioperative team, as well as the importance of both physical and psychological welfare of nurses in the work environment.

Prof Scott Lamont, senior Research Fellow, University of Central Lancaster, delivered a presentation that encouraged interactive debate among attendees on the importance and recognition of decision-making capacity in relation to consent.

All workplace departments now share a responsibility to maximise positive environmental work practices. Dana Hardy, staff nurse in the National Maternity Hospital, Holles St, Dublin and Marta McCloskey, Louth County Hospital, offered additional insight in this area and asked attendees to promote sustainability in their own workplaces.

The section officers extend their appreciation and thanks to all the speakers and attendees for making this conference a highly informative and enjoyable event.

OHN Section conference

THE Occupational Health Nurses Section will host its annual conference at the Richmond Education and Event Centre on Friday, December 6. The section committee has organised a theatre event on bullying in the workplace. See *page 15* for further details.

Section AGMs to take place in new year

ALL INMO section AGMs will take place in January and early February, 2025. Keep an eye out for your section's upcoming meeting. Notifications will be emailed to the address we have on file for you and posted on **www.inmo.ie** These meetings are your best opportunity to have your voice heard and to consider joining your section's committee.

TT Section conference hears variety of perspectives

Pictured at the recent Telephone Triage Section conference were (l-r): Patricia Keane, vice chairperson; Edwina Comerford, education Officer; Hazel James, chairperson; and Fiona Kennedy, committee member. The Telephone Triage Section annual conference in September featured speakers on thrombosis, asthma, recognising sexual and domestic violence, and transgender healthcare challenges

INMO president addresses CPC Section seminar

At the recent Clinical Placement Co-ordinators Section seminar were (l-r): Anju Menon, CPC Section education officer; Caroline Gourley, INMO president; and Liz Nolan, CPC Section chairperson. The CPC seminar took place in October and featured an exciting range of speakers on topics including sexuality and gender diversity, holistic support of BSc nursing general undergrad students, and emotional dysregulation in young people

INMO Professional

Continuing professional development for nurses and midwives

INMO EDUCATION PROGRAMMES

Featured this month…

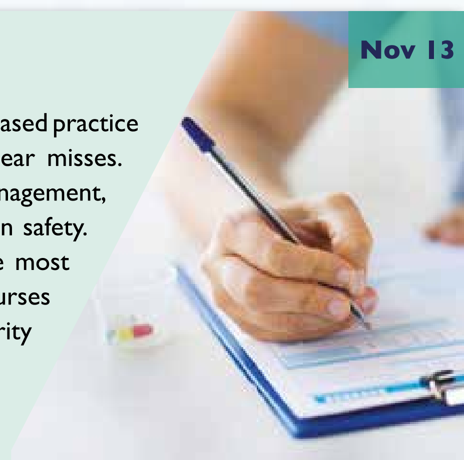
Competency-based interview preparation

Nov 12

This short online 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.

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

Medication management best practice



Nov 13

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

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

Introduction to treating and preventing pressure ulcers

Nov 20

This short online course will advise participants on pressure ulcer prevention. Topics covered on the day include: causes of pressure ulcers, risk assessment and prevention of pressure ulcers.

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

Maintaining your competency, maintaining your registration

INMO Professional

Education Programmes

Tel: 01 6640618/41
Email: Linda Doyle and Deborah Winters at education@inmo.ie

All of the following programmes are category 1 approved by the NMBI and allocated continuous education units
Online course fee: €50 members; €85 non-members
Time: 10am-1pm

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

Nov 20 **Introduction to treating and preventing pressure ulcers**

This short online course will advise participants on pressure ulcer prevention. Topics covered on the day include: causes of pressure ulcers, risk assessment and prevention of pressure ulcers.

Nov 21 **Retirement planning seminar** *(in person, Galway)*

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

Nov 22 **Change management**

This programme is an introduction to key concepts related to change management. The programme aims to enhance participants' 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.

Nov 26 **Nursing records under the spotlight** *(in person)*

This workshop is designed to equip registered nurses and midwives, working in a variety of healthcare settings, 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.

Nov 27 **Time management**

This new online course will help nurses/midwives recover lost time and take some pressure off themselves. However, what can and needs to change is how we manage both our energy and our use of time. While time is a finite resource, our energy is not. To effectively manage our use of time, we must first manage our energy. This online training will help you develop and apply your own unique strategies and practices to consciously manage your use of time. Be it reducing/eliminating lost time, overcoming procrastination, getting more done in your day and applying the priority matrix etc. Learn these practical skills to ensure you pull back more time in your working day.

Dec 4 **Become more assertive**

This short online programme is designed to help nurses and midwives develop their skills to be more assertive to help them make decisions with conviction; to deal with difficult situations and people and to influence others positively.

Dec 4 **Improve your academic writing and research skills**

This short online course is designed for nurses and midwives who are undertaking third-level academic programmes. This course will assist participants in completing their written assignments. The objective of the course is to help prepare the student for academic study which requires efficient literature searching, research critique and accurate referencing skills. On the day there will also be a question and answer session to help you with any of your queries.

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.

Dec 5 **Type 1 diabetes management**

This short online programme will provide nurses and midwives with knowledge and skills regarding type 1 diabetes. The literature would suggest that diabetes, chronic disease management and the self-care that is associated with it brings high incidence rates of depression, anxiety and negative thoughts. The use of different strategies, self-management, treatment options, insulin pump therapy and CGM will be looked at to improve patient self-management. The exploration of these strategies and management of type 1 diabetes is a necessary component to help nurses/midwives try and formulate plans to look at issues that clients face.

Dec 9 **Safe administration of medicines in residential care**

The aim of this workshop is to outline the professional, legal and best practice requirements for safe administration of medicines in a residential care setting. On completion of this course participants will be able to identify the professional and legal requirements for safe administration of medicines in residential care settings, identify the 10 rights of medication administration, identify the requirements for a valid prescription and identify the requirements for record-keeping when administering medicines in the centre.

Dec 11 **Phlebotomy** *(in person)*

This course provides the nurse and midwife with the skill, theory and practice of phlebotomy. It will cover topics such as sites used for phlebotomy, criteria for evaluating a vein, principles of an aseptic technique as well as complications that may arise during and after the procedure. This course will provide the necessary knowledge and skills to undertake phlebotomy. However, it will be necessary for each nurse and midwife attending to ensure that they abide by their local policy on phlebotomy in their place of work.

Dec 11 **Wound care management**

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

Jan 14 **Your safety toolbox – key aspects to safety and support in your workplace**

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. Principles from HIQA standards will be discussed.

Jan 29 **Person-centred care planning ID service**

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

Feb 6 **Adult asthma – getting the basics right**

This short online programme is aimed at nurses and midwives working in clinical practice who require basic knowledge and skills to care for people with asthma on a day-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.

Feb 11 **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 programme will provide strategies and guidance on how best to communicate with each caller and handled in a professional and tactful manner.

Feb 13 **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, 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.

Literature update

This month library staff have selected articles from different nursing specialties

Emergency department triage

- Gorick H. Ensuring effectiveness and safety in emergency department triage. Emergency Nurse, 2024; 32(5). doi: 10.7748/en.2024.e2205

Triage is the first stage of a patient's journey through the emergency department and is used to determine patient acuity. This article explains the aim and process of triage and how nurses can ensure the process is effective and safe. The author discusses strategies nurses can use to mitigate uncertainty and to make their acuity assessments rapid, targeted and comprehensive.

Pain in older people

- Wang Q. Assessing pain in older people with normal, mildly impaired or severely impaired cognition. Nursing Older People, 2024. doi: 10.7748/nop.2024.e1466

Pain is a relatively common experience among older people, but unrelieved pain has significant functional, cognitive and emotional consequences for this population. A comprehensive and accurate pain assessment is essential for effective pain management. This article discusses different tools and strategies, including the benefits and limitations, for assessing pain in older people.

GP appointments for ID patients

- Welsh K, George S, Salloway R. Supporting people with learning disabilities to attend general practice appointments. Learning Disability Practice, 2024. doi: 10.7748/ldp.2023.e2215

People with learning disabilities have poorer health outcomes and are at increased risk of premature death compared with the general population. It is crucial that they attend routine annual health checks and screening appointments in primary care, but there are many barriers preventing them from doing so and accessing adequate care provision. This article identifies some of the barriers to effective service provision for people with learning disabilities in primary care.

Uncivil behaviour

- Wedderburn Tate C, Chalhoub S. Managing uncivil behaviour in the workplace. Nursing Management, 2024. doi: 10.7748/nm.2024.e2138

Incivility is a major concern in healthcare, and it is vital that uncivil behaviour is recognised and addressed. Manifestations of incivility are wide ranging and can take the form of microaggressions. Uncivil behaviour can create conflict, reduce performance, affect morale, decrease retention and jeopardise patient safety. The aim of this article is to support nurse managers to identify and address incivility in the workplace.

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.

Scoping review

- Harley J. How to undertake a scoping review. Nursing Standard, 2024. doi: 0.7748/ns.2024.e12348

Scoping reviews have become a popular approach for exploring what literature has been published on a particular field of interest. They can enable nurses to gain an overview of the contemporary evidence base relating to a practice area, treatment or specific patient demographic, for example. This article provides a concise guide for nurses planning to undertake a scoping review, explaining the various steps involved.

Diabetes and dementia

- Sharkey F, Coates V. Managing diabetes mellitus and dementia: a nursing overview. Primary Health Care, 2024. doi: 10.7748/phc.2024.e1819

Managing diabetes mellitus alongside the onset and development of dementia poses many challenges for those living with these conditions as well as their families, carers and service providers. The aim of this article is to describe nurses' positive experiences when managing adults with diabetes and dementia, as well as the issues and challenges.

Nurse practitioners

- Ryder M, Lowe G, Gallagher P, Plummer V, Mcentee J, Driscoll A, Furlong E. Senior nurse manager perceptions of nurse practitioner integration: a quantitative study. Journal of Nursing Management, 2024; doi:10.1155/2024/9956994

Introduction of the nurse practitioner role in Ireland and Australia is well established with national policies aimed at developing a critical mass in the health workforce. Current policy requires senior nurse managers to be actively involved in the introduction of and oversight of the integration of nurse practitioners across healthcare settings. The aim of this article is to determine senior nurse managers' perceptions of integration of nurse practitioner roles in Healthcare Organisations across Ireland and Australia.

Online – Introduction to Effective Library Search Skills

Next course date, visit ***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.

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5 CEUs

Nursing records under the spotlight

Date: Tuesday, 26 November 2024 | Venue: The Richmond Education and Event Centre
Time: 10am - 4pm | Fee: €110.00 INMO members; €185 non members

PROGRAMME CONTENT

Professional and legal aspects of nursing documentation
- NMBI - Standards and guidance
- HSE - Standards and Recommended
- Legislation
- Confidentiality
- Informed Consent

Avoiding Litigation:
- Clear and accurate documentation
- Documentation dos and don't s

Common documentation errors:
- Lack of documentation
- Incomplete or missing documentation
- Not documenting care objectively
- Actual examples of nursing documentation errors in legal claims

Interactive Workshops:
- Case studies of actual nursing legal claims containing examples of legally defensible documentation and legally indefensible documentation

Effective Documentation:
- Writing concise, effective, and legal proof nursing documentation

Please note: We also offer this course as onsite training, it can be brought to your facility at a time of your choosing, contact us for more information education@inmo.ie

Phlebotomy Training

5 CEUs

Date: Wednesday, 11 December 2024 | Venue: The Richmond Education and Event Centre
Time: 9.30am - 2pm | Fee: €110.00 INMO members; €185 non members

This programme provides participants with the skill and theory to perform phlebotomy in a competent and safe manner.

It will cover topics such as sites used for phlebotomy, criteria for evaluating a vein, principles of an aseptic technique as well as complications that may arise during and after the procedure. Guidance will be given on how to reassure the individual in relation to the procedure and on gaining their consent.

While this course will provide the necessary knowledge and skills to undertake phlebotomy, it will be necessary for each nurse and midwife attending to ensure that they abide by their local policy on phlebotomy in their place of work and hold an up to date Hand Hygiene Training certificate (within the last 2 years).

Places are limited to 14 per course. Early booking is advised.

Book now, call us on 01 6640618/41

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

INMO Professional

INMO
Irish Nurses and Midwives Organisation
Working Together

Safe Administration of Medicines in Residential Care

3 CEUs

Date: Monday, 9 December 2024 | Online via Zoom
Time: 10am - 1pm | Fee: €50.00 INMO members; €85 non members

The aim of this workshop is to outline the professional, legal and best practice requirements for safe administration of medicines in a residential care setting.

Learning outcomes:

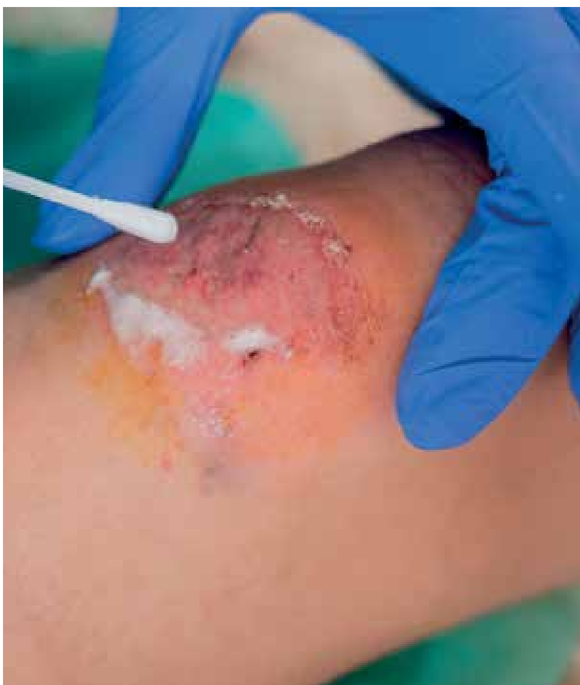
1. Identify the professional and legal requirements for safe administration of medicines in residential care settings.
2. Identify the 10 rights of medication administration.
3. Identify the requirements for a valid prescription.
4. Identify the requirements for record keeping when administering medicines in the centre

Please note: We also offer this course as onsite training, it can be brought to your facility at a time of your choosing, contact us for more information education@inmo.ie

Wound Care Management

3 CEUs

Date: Wednesday, 11 December 2024 | Online via Zoom
Time: 10am - 1pm | Fee: €50.00 INMO members; €85 non members



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.

Learning outcomes:

- 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
- Understand the current modalities of different types of Dressing and their application

Book now, call us on 01 6640618/41

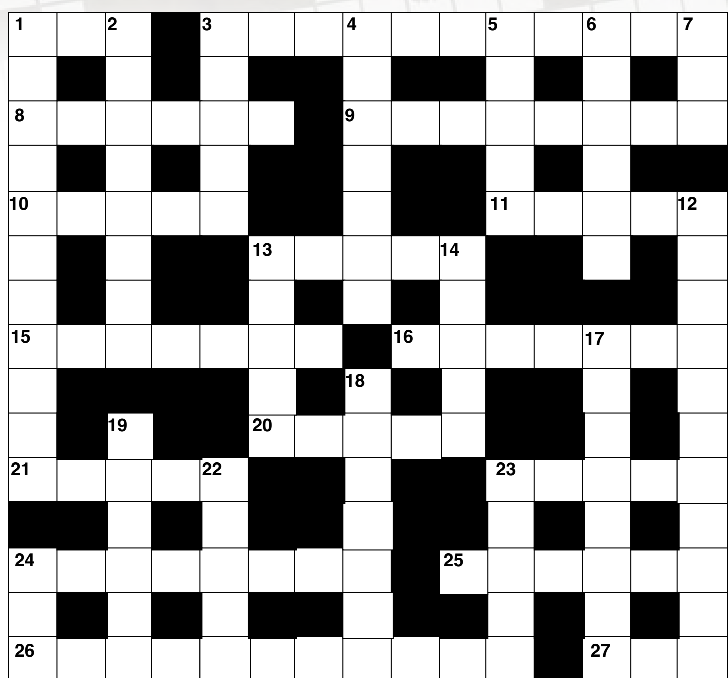
For more information go to www.inmoprofessional.ie/course

Take a break with WIN CROSSWORD Competition

WIN a €50 gift voucher

Across

1 Slang word for a police officer (3)
3 Might Wally see Ned making cheese? (11)
8 & 15a Feel-good shopping (6,7)
9 With a mixture of balm, aunt is capable of walking (8)
10 Imperial weight measure (5)
11 Tremendous, huge (5)
13 Very religious (5)
15 See 8 across
16 High-speed car setting (3,4)
20 Somehow, spear pieces of fruit (5)
21 Made an observation (5)
23 Ancient Roman marketplace, or a place where matters may be discussed (5)
24 Pale robe problem? Surgery may help (8)
25 Songbird - a kind of finch (6)
26 Durable; good for a long time (4-7)
27 Organ found in the middle of 20 across (3)



Down

1 Municipal authority (11)
2 Game similar to boules (8)
3 The colour of the cue-ball in snooker (5)
4 Ireland's longest river (7)
5 Of tender years (5)
6 Rouse from slumber (6)
7 Immature newt (3)
12 You use it to take someone's temperature (11)
13 & 14 Short-term retail ventures - specialising in one type of toaster? (3-2,5)
17 Gateway (8)
18 Most rapid (7)
19 Scattered about (6)
22 It's characteristic of a Texas accent (5)
23 Throw recklessly (5)
24 Nocturnal bird of prey (3)

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: **January 20, 2024.** Alternatively post your entry to: WIN Crossword, MedMedia Publications, 17 Adelaide Street, Dun Laoghaire, Dublin A96E096

October crossword solution

Across: 1 Jog 3 Carcinogens 8 Sandal 9 Resolute 10 Maize 11 Dutch 13 Nurse Ratched 16 Applaud 20 Spoil 21 Draws 23 Swoon 24 Baguette 25 Tuvalu 26 Disgruntled 27 Eel

Down: 1 Just married 2 Gunfight 3 Craze 4 Carvery 5 Ovoid 6 Erupts 7 See 12 Hardy annual 13 Needs 14 Expel 17 Accolade 18 Comment 19 Ganges 22 Steer 23 Squid 24 Bed

The winner of the October crossword sponsored by MedMedia is Aisling O'Rourke, Trim, Co Meath

HSE publishes progress report into breastfeeding action plan

THE percentage of babies breastfed at the three-month developmental check-up has increased 18.6% since 2015, a progress report into the Breastfeeding Action Plan has found.

The report, published in October, recorded a fourfold increase in the number of dedicated infant feeding specialists available to support mothers (increasing from 15 to 59 since 2017).

Other highlights from the report were:

- A new National Infant Feeding Education programme is underway for HSE staff
- Almost 22,000 queries answered via the HSE online breastfeeding support service since 2016.

Laura McHugh, HSE national breastfeeding co-ordinator, said: "It's great to see all that's been achieved over the last few years. Despite challenges, we have seen increased supports for breastfeeding mothers in hospitals and the community as well as the upward trend of breastfeeding rates. It is encouraging progress but we know there is a lot more work to be done to ensure every family is supported to have the best possible infant feeding journey, every step of the way.

"In response to parents' feedback and new evidence, we have recently developed a new National Infant Feeding Education Programme for midwives and public health nurses around the country. This new resource will help ensure parents receive consistent, up to date, evidence-based advice and information from the HSE health experts supporting them."

This year, the theme for National Breastfeeding Week was 'Supporting you from Bump to Baby and Beyond'.

Sheila Lucey, infant feeding specialist in West Cork, said: "True to this theme, we are keen to encourage mums-to-be to consider preparing for feeding while pregnant. Please reach out and come along to the local community breastfeeding group before baby arrives, to help with preparation and planning ahead.

"Our support groups are safe spaces for mothers at all stages, whether someone is pregnant and thinking about breastfeeding, new to breastfeeding and have questions, or are having problems with breastfeeding. We are here to provide non-judgemental advice and support at each and every one of the 215 breastfeeding groups around the country.

NMBI hosts student forum in Dublin

THE NURSING and Midwifery Board of Ireland (NMBI) held its inaugural Student Nurse Ambassador Forum in Dublin in November. The event, which is to be held annually, is a unique opportunity for undergraduate student nurses to meet with NMBI and understand the role of the regulator in supporting them throughout their careers.

The student nurse ambassadors will partner with NMBI in promoting the profession of nursing, as well as participate in NMBI events throughout the year.

Speakers at the event included: NMBI interim chief executive Carolyn Donohoe; Dr Ray Healy, director of registration; Dr Karn Cliffe, director of professional standards in midwifery and interim head of education; Orla Crowe, director of fitness to practise; and Kathyann Barrett, head of operations.

The student nurses participated in a series of round-table discussions on topics such as priorities for student nurses and new graduates, and the state of nursing in Ireland.

They also shared their thoughts on the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives.

First Rotunda Hospital site memorialised

Pictured at the unveiling of the commemorative plaque to the first site of the Rotunda Hospital were (l-r): Prof Seán Daly, Master of the Rotunda; Ruth Schwarz Midwife CMM1 and INMO representative; Anne O'Byrne, head librarian and archivist, Rotunda Hospital; and James Geoghegan, Lord Mayor of Dublin

THE site of the Rotunda's first 'lying-in' hospital at 60 South Great Georges Street was memorialised by a Dublin City Council commemorative plaque in November.

The first site of the Rotunda Hospital was founded over 200 years ago by Dr Bartholomew Mosse in an effort to mitigate the poor healthcare service often experienced by expectant mothers in Dublin City. A three-storey house on South Great George's Street was converted into a maternity hospital, with its doors opened on March 15, 1745, where it operated from until 1757.

"It is remarkable to think that a humble maternity hospital which opened at South Great Georges Street over 200 years ago supported the birth of over 4,000 children and the safe care of their mothers during its 12 years of operation. It is equally of note as the location was also the site of the first midwifery training hospital in both Ireland and Great Britain," said Prof Seán Daly, Master of the Rotunda, who was speaking at the plaque unveiling

Midwife and INMO rep Ruth Schwarz was in attendance as a representative of her midwife and nursing colleagues.

– Maeve Brehony, INMO assistant director of IR

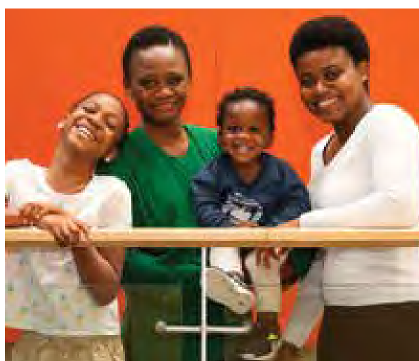
Limerick nurse urges mothers to talk to employers about breastfeeding

A RESEARCHER at the University of Limerick (UL) looking at how nurses require support to meet family and professional demands believes breastfeeding in the workplace is about 'balance'.

Enobong Gideon Asuquo, PhD researcher at UL and general nurse at St John's Hospital, Limerick is a breastfeeding mother. She was one of the first in her workplace to avail of new legislation allowing mothers to take paid breastfeeding breaks up to their child's second birthday.

Ms Asuquo moved to Ireland in 2017 and later completed an undergraduate and master's degree in nursing. In March 2023, Ms Asuquo gave birth to her third child, Mighty, younger brother to Emma (24) and Best (10). She returned to work in November 2024 and was eager to continue breastfeeding Mighty.

"I was breastfeeding for six months and I knew I wanted to continue," Ms Asuquo said, adding that culturally, breastfeeding is the norm for feeding babies in Nigeria.



Enobong Gideon Asuquo (in green) pictured with her three children during UL Breastfeeding week in October

"There is a general understanding that breastfeeding mothers have to be supported. This support is not policy based but built on family values and community spirit. It is policy in Nigeria for nurses who are breastfeeding mothers to be allowed a flexible working schedule. They can start work one hour late and finish one hour early and are exempt from night shifts.

In July 2023, the entitlement to breastfeeding breaks under the Irish Maternity Protection Act was extended from six months to two years. This means mothers are entitled to breastfeeding breaks at work until their child's second birthday, in addition to regular breaks.

Ms Asuquo, whose son Mighty is now 18 months old, said her employer was happy to facilitate her breastfeeding routine.

"We may think that the employer is not willing, but I understand that the expectations differ from the employee to the employer, so that we need to reach a common ground between employee and employer. That's where it works, and I would encourage nursing mothers to be open to that conversation. Be patient and negotiate and you will reach a balance."

Podcast to explore perioperative care

A PODCAST was launched in October by staff of the Pre-Anaesthetic Assessment Clinic (PAAC) at St James's Hospital.

'*Operation Preparation*' features discussion-style episodes with members of staff of PAAC on a wide range of topics relating to the perioperative journey.

Season 1 of the podcast features episodes on the journey for patients having day case or inpatient surgery, an explainer of the work done in PAAC, a discussion around the types and methods of anaesthesia, and advice on how to optimise health before an operation.

The podcast is available free on standard podcast platforms. The clinic is hopeful that a successful first season will lead to many more episodes featuring guest speakers and special episodes.

The clinic has also launched a website 'Steps for a Stronger Start'. It is hoped these resources will help patients to be more educated on their perioperative journey, minimise delays and cancellations, reduce risk, decrease length of stay and improve patient safety.

For more information on the podcast, visit **www.stjames.ie/operationpreparation/**

Fear and shame preventing pregnant women seeking help for domestic abuse

MOST pregnant women subjected to domestic violence said that fear, shame and concern about having their children taken away stopped them from asking maternity staff for help, a new report found.

A partnership between Women's Aid and four leading maternity hospitals has increased practical support to pregnant victims of domestic abuse, improved understanding of coercive control among maternity staff, and created disclosure-friendly environments in maternity hospitals and units across the country.

INMO director of professional services Tony Fitzpatrick and chair of the INMO Midwifery Section Lynda Moore sat on the external advisory group for this project.

The three-and-a-half-year pilot project developed and delivered specialist training to nearly 350 maternity care staff around the country. A one-to-one support service in the three Dublin maternity hospitals was established, providing 'same day' support on referral to 379 victims of domestic abuse.

As part of the independent evaluation of the project, a survey of pregnant victims of domestic violence found that most listed fear, shame and concern about having children taken away as reasons they did not ask maternity staff for help. However, most women were in favour of regular screening for domestic abuse throughout pregnancy.

The project demonstrated potential for improving maternity services response to domestic violence and abuse. Evaluation of the project indicates that it has had a positive effect on awareness of domestic violence for staff and women accessing maternity care, increased staff preparedness, and confidence to ask and respond to disclosures, as well as improved speed and type of support provided to women referred to Women's Aid for assistance.

This project is a collaboration between Women's Aid, the Rotunda, the National Maternity Hospital, the Coombe Hospital and Cork University Maternity Hospital.

Support for female victims of domestic abuse is available at **womensaid.ie** or Tel: 1800 341 900. For male victims, the dedicated advice line is Tel: 1800 816 588.

November

Thursday 21
All-Ireland Midwifery Conference
Dundalk

Friday 22
Advanced Practice Section meeting. 1.30pm online

Saturday 30
Public Health Nurse Section webinar. 11am

December

Tuesday 3
RNID Section meeting. 2pm online or in person at the Richmond Education and Event Centre

Friday 6
Occupational Health Nurse Section conference. See *page 15* for full details

Saturday 7
Midwives Section meeting. Online from 9.30am

Saturday 7
PHN Section meeting. Online from 10.30am

Monday 10
Assistant Directors Section meeting from 2pm

January

Saturday 11
Midwives Section AGM. 9.30am online

Monday 20
Nurse/Midwife Education Section AGM. 9am online

Tuesday 21
Operating Department Nurses Section AGM. 7pm online

Wednesday 22
Clinical Placement Co-ordinators Section AGM. 10.30am online

Tuesday 28
Retired Section AGM. 11am online

Wednesday
Telephone Triage Section AGM. 11am online

INMO Professional Library Opening Hours

Winter
Monday-Thursday: 9am-5pm
Friday: 8.30am-4.30pm
by appointment

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

INMO Membership Fees 2024/2025

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

Condolences

- With heavy hearts, we announce the death of INMO member Oluwakemi Williams. Until her death, Oluwakemi was a senior staff nurse at St John of God Liffey Services, where she worked both in the day services and residential units. Oluwakemi was an active and passionate member of the INMO and was involved with the Internationally Educated Nurses and Midwives Section until her death. She will be forever missed by her husband, children and grandchildren. May she rest in peace.
- The INMO and the North Tipperary Branch extends deepest sympathy to branch officer Jean Armitage, CNM at Nenagh Hospital, on the recent passing of her brother William. May he rest in peace.

Save the date

- The Cork University Hospital annual Child and Family Nursing Conference, 'Evolving Landscapes in Children's Nursing', will take place on April 8, 2025 in the main auditorium, Cork University Hospital from 7.30am-4pm.

Breastfeeding: The best start

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

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

Nurse On Call

Nursing services and recruitment

Nurses, midwives, student nurses and healthcare assistants: we all want more flexibility in our work lives, and that's what **Nurse On Call** offers.

- Do you want to be able to work around family life and work when it suits you?
- Do you want to be in charge of your own work schedule?
- Do you want to make some extra money for holidays or for something special?
- Do you want to avoid a stressful work environment?
- Do you want to try out a hospital/worksite before committing to a permanent position?

Join Nurse On Call, an approved supplier of agency nurses, student nurses and HCAs to every HSE/HSE-funded worksite in the Republic of Ireland – we would love to have you!

For more information, email **interviewer@nurseoncall.ie** or **corkoffice@nurseoncall.ie** if you are based in the south.

**Zoom interviews Monday to Friday 8:30am-5pm.
Please text your address to **087 1437417** for an application form or download one from our website: **www.nurseoncall.ie****

Room available

Ideal for healthcare professionals

- Location: Clontarf seafront – close to Dart station.
- Rent: per session.
- Availability: immediately.
- Perfectly suited for specialists, general practitioners and therapists. Medical practitioners: Looking to expand your practice or set up a satellite office? This newly refurbished office space is located within an established medical clinic, providing a professional environment.
- Prime Location: situated near Dart station, this space offers easy access for both you and your patients. Parking is available (on-site and nearby) for hassle-free visits.
- Fully equipped and ready-to-use.

The office space includes:
- Private examination room: spacious room with all office equipment.
- Shared waiting area: Comfortable seating area for your patients, with a professional receptionist available to greet them. Refreshments available for patients and reading material and WC facilities
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- Luxurious clinic with full health and safety equipment.

If interested, please contact **nicola@theskinnurse.ie** or Whatsapp on **087 9783103**

Night nurses needed

The Irish Cancer Society are seeking Registered Nurses, qualified in General or Paediatric Nursing, who have some palliative care experience to deliver end-of-life care to seriously ill patients in their home.
We require 4-6 nights per month availability.
Training will be provided. Job description on **www.cancer.ie**
Email CV to **recruitment@irishcancer.ie**
Informal queries to Amanda on 01 231 0532 or **awalsh@irishcancer.ie**

Part-time Practice Nurse required Dublin South

Part-time Practice Nurse required for a General Practice in Stillorgan, Co Dublin. The Practice is fully computerised, appointment only and has excellent administrative and GP support. Duties to include childhood vaccinations, phlebotomy, ECGs, ABPM and Chronic Disease Management. General Practice Nurse experience is desirable but not essential, as training for suitably qualified General Nurses will be provided. Good clinical, interpersonal and communication skills are necessary. Working hours are flexible.

For more information email or send CV to **admin@kmc.ie** with the subject line 'Practice Nurse Vacancy'.

Irish Nurses Rest Association

A committee of management representing the Guild of Catholic Nurses of Ireland, the INMO, the Association of Irish Nurse Managers and Director of Public Health Nursing exists to administer the funds of the Irish Nurses Rest Association. It's open for applications from nurses in need of convalescence or a holiday for a limited period who are unable to defray expenses they may incur or for the provision of grants to defray other expenses incurred in purchase of a wheelchair/ other medical aids.

Please send applications to:
Ms Margaret Philbin, Rotunda Hospital, Dublin 1.
email: mphilbin@rotunda.ie

Read a good book recently? Write a review for *WIN*

Every month we publish a book review written by one of the *WIN* team or by an INMO member. It doesn't have to be nursing/midwifery related, but if you have read something that you found helpful to your practice, please consider writing a review for an upcoming issue of *WIN*.

Submit your review to nursing@medmedia.ie

Word count: 400

WIN

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

• **Next issue:** February 2025

Ad booking deadline: Monday, January 20, 2025

• **Tel:** 01 271 0218

• **Email:** leon.ellison@medmedia.ie

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Alternatively, you can email recruitment@cplhealthcare.com or call 01 4825 452.

* Cpl Healthcare is one of four equally ranked suppliers of Tier 1 staff to the HSE.

2025 Nurse Opportunities at Barretstown!

Are you a nurse with a passion for helping children? Barretstown, Ireland's premier camp for children with cancer & serious illnesses, is looking for compassionate, skilled volunteers to join our team.

Why Volunteer at Barretstown?

Barretstown provides therapeutic recreational programs to children who are coping with serious illnesses, offering a magical escape filled with fun, growth, and friendship. As part of our medical team, you'll work alongside other dedicated professionals to ensure campers have a safe, supportive environment to create lasting memories.

Who We're Looking For?

- Nurses - Paediatric Experience preferable but not mandatory - all backgrounds are welcome!
- Summer Camp runs from Mid June to Mid August please contact team directly to discuss opportunities

Join us to make a lasting impact! Email: **MedicalTeam@barretstown.org**

ARAG LEGAL

Here to support our frontline workers

If you are asked for your insurer on the call, simply indicate that you are covered by the scheme as INMO union member. You do not need a separate insurance package to access the service.

Legal Advice & Domestic Assistance Helpline

0818 670 707 or (01) 670 7472

Counselling Helpline

1800 670 407 or (01) 881 8047

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

www.arag.ie

THE STADIUM PANTO

National Stadium, Dublin

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Beauty & the Beast

A Sammy & Buffy Adventure

€16 INMO MEMBERS ONLY TICKET PRICE

INMO members will pay €16 + booking fee and use Code: INMO 24 to avail of this reduced rate Tuesday 10 December at 6.30pm, The National Stadium Dublin - Members can contact panto@gr8events.ie and we will call you back.

INMO
Irish Nurses and Midwives Organisation
Working Together

CALL FOR ABSTRACTS

The 30th International Council of Nurses'(ICN) Congress will take place 9-13 June 2025 in Helsinki.

With the theme, ***Nursing Power to Change the World,*** we invite abstract submissions that align with this theme and address the diverse challenges and opportunities facing nursing professionals today.

Abstract submission is open to all INMO members.

ICN also encourages undergraduate student nurses to participate by submitting their abstracts.

Helsinki 2025

ICN Congress

NURSING POWER
to Change the World

9–13
JUNE

Abstracts for an oral or e-poster presentation can be submitted from:
02 August 2024 to 30 September 2024.

For more information on how to submit please see ICN's website:
https://icncongress.org/220/page/abstract

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