€5.75 Vol 31 No 5 Summer 2023

WIN

Journal of the
Irish Nurses and
Midwives Organisation

World of Irish Nursing & Midwifery

Special report from ADC 2023 in Killarney
See pages 16-49

Zero tolerance for assaults on frontline workers
page 7

INMO CPD education programme
page 37

Photos from international days
page 50

Safe staffing now

Members set INMO agenda for coming year

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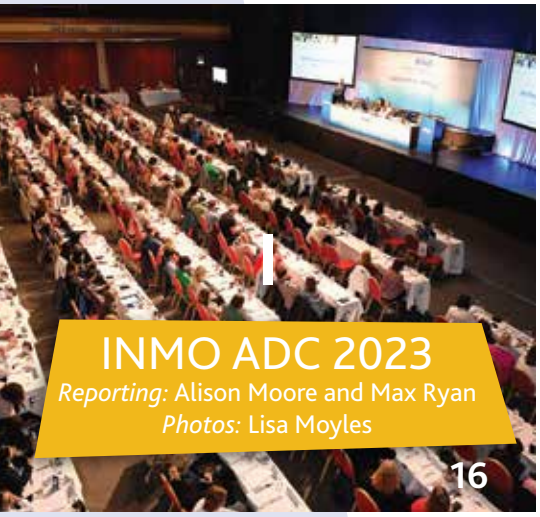

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WIN – World of Irish Nursing & Midwifery is distributed by controlled circulation to **more than 38,000** members of the INMO. It is published eight times a year and is registered at the GPO as a periodical. Annual Subscription: €155 incl. postage paid. Editorial Statement: *WIN* is produced by professional medical journalists working closely with individual nurses, midwives and officers on behalf of the INMO. Acceptance of an advertisement or article does not imply endorsement by the publishers or the Organisation.

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Source: Survey ADC Killarney, May 2023

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

(ISSN: 2009-4264)
Volume 31 Number 5
Summer 2023

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Dun Laoghaire,
Co Dublin.
Website: www.medmedia.ie

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

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ADC: delegates set agenda for year ahead

IN MAY, we held an extremely successful annual delegate conference in Killarney where we set out the direction and budget of our union for the year ahead. As general secretary, it was great to see delegates from all sectors and areas of our health services coming together to debate policy, exchange ideas and to network.

The new HSE chief Brendan Gloster and the Minister for Health addressed the ADC. Mr Gloster made some interesting comments about a year-long plan to tackle overcrowding and the INMO instigated a follow-up meeting to discuss this. It is clear that our long-held position that the days of having annual winter plans should be behind us, is finally being acted on by the HSE.

Ahead of conference, Minister for Health Stephen Donnelly announced an additional 864 nursing posts to fulfil the Safe Staffing Framework before the end of this year. We have sought a meeting with the Department of Health on this and also sought copies of instruction from the Department to the HSE providing the authority to recruit to the directors of nursing in each of the acute hospitals. In our view, this announcement is only actionable if directors have the authority to recruit. We have written to the Minister for Health setting out the practical application of the measures announced, and will continue to deal with these issues and inform members of updates.

It was fantastic to see so many of our new graduates and students participate in the debates. They have a lot to say about the future of the health services and our union, and we must listen to them. We welcomed the Minister's announcement that undergraduate places will be increased by 400 this September with the aim of building on that number to get to a position where we reduce our dependency on non-EU recruitment and become compliant with WHO ethical recruitment guidelines.

Our midwife members met with the Minister at the ADC and emphasised their concern at the trend towards over-medicalisation of maternal care and childbirth in Ireland (*more on this topic on page 62*).

Thank you to all the delegates who participated in the debates and a special note of thanks to the local organising committees from the Killarney and Tralee branches. These branches sought the approval of the Executive Council to merge prior to ADC, which was approved and we now have one Kerry Branch, who are looking forward to coming to ADC next year in Croke Park but are sceptical if the special guest they had in Killarney this year, the Sam Maguire Cup, will attend ADC 2024! *(ADC coverage, page 16-49).*

Long Covid

Approximately 200 nurses and midwives are still suffering through long Covid. The government's Special Leave with Pay scheme for healthcare workers who have long Covid is due to end on June 30. The INMO has submitted a claim to classify this absence from work as a workplace injury and to have a separate leave scheme applied to any resultant absence. The HSE has not conceded this claim so it has been referred as a dispute to the WRC and at a recent conciliation conference at the WRC, the Department of Health confirmed that it is seeking to extend the scheme. The next hearing was scheduled for June 19 as we went to press *(see page 8).*

A busy schedule is ahead with preliminary talks on the national public service agreement commencing this month, as well as national meetings on issues relating to the cost of living and the mechanism of pay determination on the trade union agenda. The Expert Review Group of the Nursing and Midwifery Implementation Group has got underway, looking at five main themes: undergraduate and entry to the profession; workforce planning; technology; management structures; and pay issues. These groups have representatives from the Department, the HSE, universities and NMBI and three trade unions representatives, including one INMO representative. The INMO Executive Council is fully appraised of the process and the work to date of these groups.

Phil Ní Sheaghdha
General Secretary, INMO

Unions seek extension to long-Covid special leave with pay scheme

Broader claim for injury at work scheme to cover long Covid

THE INMO, along with other ICTU unions representing healthcare workers (HCWs), presented a claim in respect of long Covid at the Workplace Relations Commission (WRC) on June 1, 2023.

The ICTU Group of Healthcare Unions is seeking an immediate extension of the special leave with pay scheme for HCWs with long Covid, which was introduced in June 2022 and is due to expire on June 30, 2023.

The unions made the request in order to provide assurance to HCWs currently on the temporary scheme, and to allow negotiations on broader issues relating to long Covid to be progressed under the auspices of the WRC.

At the conciliation conference the Department of Health confirmed it was engaging with the Department of Public Expenditure and Reform on an extension to the temporary scheme.

The group of unions regard this matter as extremely urgent. HCWs currently availing of the temporary scheme due to ongoing health difficulties because of Covid infection should not be left in a position of uncertainty, as has happened previously.

The group is seeking a broader claim for the introduction of an injury-at-work scheme to cover long Covid. Covid is recognised as an occupational disease and the HSE therefore has a duty of care to provide an appropriate scheme for its employees who have been exposed to this workplace hazard, and who continue to experience symptoms.

As we went to press, the parties were due to reconvene at the WRC to progress these matters.

The Department of Health has also confirmed that the Department of Social Protection is conducting an investigation into Covid as an occupational injuries scheme. This is due to report to a select committee of the Oireachtas shortly.

Hospital overcrowding in May worse than January

ALMOST 12,000 admitted patients – including 300 children – were left on trolleys and chairs in EDs, corridors and wards in the month of May, according to the INMO TrolleyWatch service.

At a meeting of the Emergency Department Taskforce in late May, the INMO called on the HSE to take immediate corrective measures to deal with the ongoing trolley crisis.

A total of 11,856 trolleys were counted during May, with the top five most overcrowded hospitals being:

- University Hospital Limerick – 1,857 patients
- Cork University Hospital – 1,310 patients
- University Hospital Galway - 896 patients
- Sligo University Hospital – 751 patients
- Tallaght University Hospital – 704 patients.

INMO general secretary Phil Ní Sheaghdha said: "The number of patients we saw on trolleys in the month of May were higher than January 2023, when we saw the worst levels of daily hospital overcrowding since the INMO began counting trolleys.

"This type of overcrowding at the beginning of summer must be immediately addressed to prevent an even more chaotic winter," Ms Ní Sheaghdha continued.

"Nurses are working in a system that has normalised over 500 people a day on trolleys. They have had little to no reprieve from overcrowding. Our members are reporting high levels of burnout and their intention to leave their current work area is higher than it has ever been.

"At the meeting of the Emergency Department Taskforce at the end of May we were provided with stark warnings from public health experts that we are facing into another difficult winter when it comes to RSV and influenza. Corrective action must be taken now to ease the pressure in our hospitals.

"We need to see a laser-like focus from government and the HSE to tackling the overcrowding crisis in our hospitals once and for all."

The corrective measures that the INMO is seeking include:

- Proper planning of the cancellation of non-urgent elective surgery in line with public health projections
- Pre-arranged agreements with private acute hospitals to provide non-urgent elective surgery
- Bespoke retention and recruitment initiatives to be implemented now to ensure staffing for additional capacity that is definitely going to be needed.

INMO workplace rep training

INMO training courses tailored to the specific needs of workplace representatives in each region are held throughout the country at regular intervals. The courses aim to provide INMO reps with the knowledge, skills and competencies to represent and support members in the workplace and to act as a liaison between members, the INMO officials and the employer. See *page 8* for upcoming rep training courses.

Pictured at a rep training that took place in Waterford recently for members in the south-east were (back, l-r): Sharon Martin, Noelle Ahearne, Fenella Foley, Fiona Ryan, (front, l-r) Amanda Bernardino, Anusha Subin, Josephine McCarthy and Micheal Power

Zero tolerance legislation required to tackle assaults on frontline workers

MOVES by the government to increase the maximum penalty for assaulting nurses, midwives and other frontline workers have been welcomed by the INMO.

The government has agreed to a proposal for Minister for Justice Simon Harris to amend laws to increase sentences for assaults causing harm to members of the emergency services.

These legislative changes will be brought forward by way of Committee Stage amendments to the Criminal Justice (Miscellaneous Provisions) Bill.

The amendments will change the maximum sentence for assaulting or obstructing an emergency service worker from seven to 12 years. The increased maximum sentence will apply where the assault causing harm in question is against an emergency service worker, such as hospital staff, Gardaí, prison officers, members of the fire brigade, ambulance personnel or members of the Defence Forces.

INMO general secretary, Phil Ní Sheaghdha said: "With over 10 nurses or midwives enduring some kind of physical, verbal or sexual assault in their workplace every day, the announcement by Minister Harris that enacting legislation to increase the sentence for assaulting frontline workers is a priority is very much welcomed by our union. Nurses and midwives need hospital management to use the powers they have and support staff to make complaints to Gardaí – a zero tolerance approach is required and that is not the case at present.

"Legislative protection by itself is not enough; the Health and Safety Authority (HSA) needs to play an enhanced role in tackling assaults of nurses. There must be more inspections and prosecutions of employers who fail to keep staff safe. There must be a dedicated division established within the HSA to deal directly with the health service. This is an ask the INMO has put directly to government and the Authority itself.

"Hospitals are not just places of care, they are workplaces. We need to know what measures are being put in place to protect a largely female workforce. The employer's remit is to provide a safe workplace. Over 10 assaults every day is not acceptable."

Fatal stabbing of nurse in France

Meanwhile, the INMO has expressed sympathy and solidarity with colleagues in France after a nurse was fatally stabbed at work.

Ms Ní Sheaghdha said: "Our sympathies are with our colleagues in France after a young nurse was fatally stabbed in her workplace in Centre Hospitalier Universitaire de Reims.

"This type of incident will have a chilling effect on nurses and midwives across Europe. No one expects this type of attack to take place in their workplace. One fatal outcome is one too many.

"While we welcome legislation announced recently in Ireland to increase maximum sentences for assaulting frontline workers, more must be done to enhance the safety of our members and their colleagues in their workplaces.

"We need to see an up-to-date and actionable security review across all hospital sites. Assault prevention and de-escalation measures must be strengthened. It must be made clear that once you set foot in a hospital there is zero tolerance for any kind of verbal, physical or sexual assault.

"Our thoughts and sympathies are with our colleagues in France and with the family of the nurse who was fatally injured. *Suaimhneas sioraí dí.*"

HSE reports over 62% of assaults are against nurses and midwives

OVER 62% of assaults reported to the HSE in the first quarter of this year were carried out against nurses and midwives.

Speaking on these latest figures released last month, INMO general secretary, Phil Ní Sheaghdha said: "Over 848 nurses and midwives were assaulted in the first quarter of this year. This is completely unacceptable. No other profession sees this level of abuse levelled at them.

"The continued acceptance of intolerable hospital overcrowding is creating an environment in our hospitals that is allowing physical, verbal and sexual assault against our members to manifest.

"The Health and Safety Authority must be equipped with the resources to help tackle assault in healthcare settings. Once again, the INMO has called for more inspections and prosecutions of employers who fail to keep staff safe. There must be a dedicated division established within the HSA to deal directly with the health service."

INMO general secretary Phil Ní Sheaghdha: *"We need an up to date and actionable security review across all HSE sites"*

She said that the INMO is in ongoing talks with the HSE on how the employer can enhance the protection of nurses, midwives and their colleagues in their workplaces.

"Hospitals are workplaces, as well as places of care. No worker should have to put up with this level of abuse in the workplace," Ms Ní Sheaghdha said.

The latest HSE figures were provided in reply to a written parliamentary question and show that from January to March this year, 1,363 assaults against staff were recorded at HSE facilities, including acute hospitals and community services. This is a 4.6% increase on the same period last year. Of the 1,363 incidents recorded, 848 were against nurses, 16 against medical staff and 387 against 'other staff'.

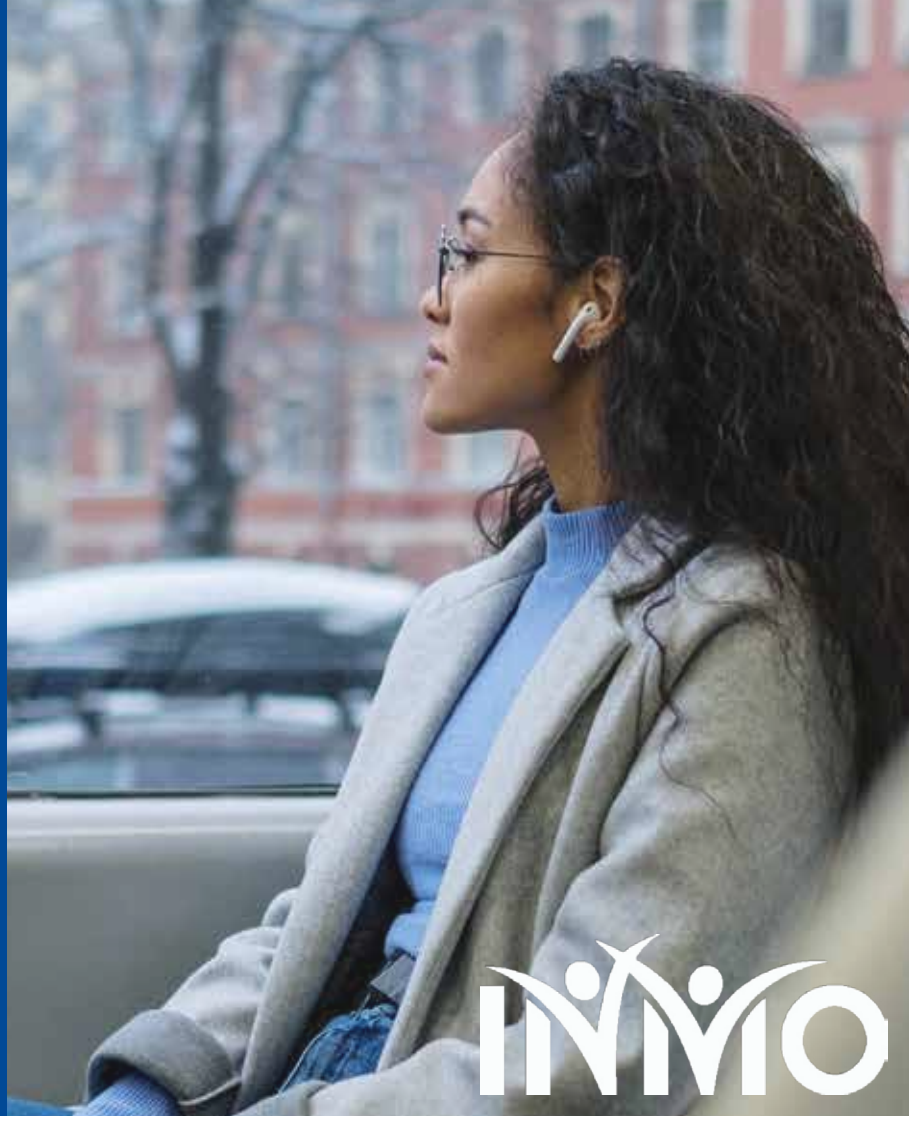
The INMO urges members to report all incidents of assault in the workplace to their employer and to contact their INMO rep or official for any assistance required.

Your story matters.

Share it with us

The INMO has launched a new platform currently open to members employed in the West, North-West and Mid-West regions, and designed to capture stories from the working lives of nurses and midwives.

If you're a member working in this region scan the code below and tell us your story today.



Irish Nurses and Midwives Organisation
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Nurse and Midwife Representative Training 2023

The aim of this 2-day training course is to provide nurses and midwives with the knowledge, skills and confidence to represent and support members in the workplace.

The representative also acts as a liaison between INMO members, INMO officials and INMO head office.

27 & 28	June	Limerick
20 & 21	September	Dublin
27 & 28	September	Sligo
03 & 04	October	Cork
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Contact your INMO Official

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

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

Update on welfare and benefits issues

THE INMO industrial relations team continues to progress outstanding welfare and benefit issues concerning nurses and midwives, as well as the ongoing issue of outsourced management arrangements at Cork University Hospital (CUH).

Long Covid hearing

The longstanding union claim on long-Covid leave is being heard under the auspices of the WRC. With approximately 250 individuals remaining off work due to long Covid, unions are seeking an immediate extension to the temporary scheme introduced in June 2022, which expires on June 30, 2023. The claim was made to provide certainty to health workers currently on the temporary scheme, and to allow negotiations to be progressed in the WRC in relation to broader long-Covid issues. The group is also seeking a wider claim for the introduction of an injury-at-work scheme *(more details, page 6)*.

Covid special leave with pay

There was no consultation in relation to a HSE circular on Covid special leave with pay being reduced from a seven-day to a five-day basis. The unions requested that the Policies and Procedures Subcommittee needs to be reconstituted for the clearing of such circulars and that the circular would not issue before engagement.

Outsourcing at CUH

The issue of outsourcing to management consultants in CUH was raised at a recent meeting of the Health Sector Oversight Body. Management has invited the trade unions to a direct meeting with the HSE national director for acute operations, Mary Day, in relation to all issues concerning outsourcing.

Section 39 organisations

At a WRC hearing on the issue of pay restoration in Section 39 organisations, the union side set out its claim for all health- and Tulsa-related organisations to be subject to the full terms of Building Momentum and for restoration of the pay link. Management was due to table proposals on this matter at a further WRC meeting as we went to press. The unions will revert to members after the second hearing.

Sleepover regulations

A circular is to issue in relation to sleepover arrangements, which are being amended to take into account the change in the minimum rate. The HSE has authorised rates of pay to be adjusted and monies back paid.

Pre-retirement scheme

The unions are awaiting the outcome of the review from the Department of Health on a pre-retirement scheme. This matter is the subject of many enquiries from members and needs to be concluded.

Conversion of hospices

Due diligence in relation to the conversion of hospices from Sections 39 to Section 38 has been completed. Management has confirmed that there will be engagement with the trade union side on this matter.

Pensioners to get outstanding payments in July

All outstanding pay increases for pensioners, including the March 2023 payment, will be made in July 2023. This was confirmed by the HSE following engagement with the employer on June 1, 2023.

The management side is to provide a detailed breakdown of all payments under Building Momentum and adjustments for legacy pensioners, ie. pensioners who retired before October 1, 2020.

This schedule will be circulated to members through the Retired Section and on **www.inmo.ie**

All pension increases due under Building Momentum and adjustments due to Financial Emergency Measures in the Public Interest (FEMPI) legislation should now have worked their way through the system. Therefore, all future pension increases should be applied routinely and on time.

The HSE also confirmed that additional posts have been sanctioned for the pensions services, which will lead to an improved turnaround in terms of processing fresh pension applications and for improved customer service. Furthermore, the HSE website on staff pensions has been improved and includes clearer contact details for relevant areas of pensions.

Part pensions pilot scheme

A pilot scheme is to be introduced in the East and Northeast from June 2023 in which pensioners will move from payroll on to pension and will receive a part payment of pension on retirement.

New HSE CEO sets out three core aims to NJC

HSE CEO Bernard Gloster, who took up the position in March, addressed the National Joint Council in May, saying he saw the NJC as the primary forum for the management of industrial relations in the health service. He stressed the importance of senior trade union officials and senior HSE managers engagement via the forum.

In his address, Mr Gloster stated that the next agreement would be crucial in relation to establishing the three core aims which he has set out for the HSE – access, performance and public confidence.

On the subject of the June bank holiday weekend that was then approaching, Mr Gloster stated that he is looking for a temporary alteration in contracts in order to provide five-over-seven shift working for certain healthcare workers. He said this was in the context of an additional 20,000 people working in the health service.

Mr Gloster stressed that the health service needs to function on a seven-day rather than a five-day basis, and in this regard he said that management would be seeking staff to volunteer to work over the June bank holiday weekend.

Mr Gloster also stated that he did not believe that the current centralised design of the HSE was fit for purpose and that this needed to be addressed. He confirmed that there will be six Regional Health Area chiefs and that there will be engagement with the unions in relation to this.

Nursing/midwifery interns struggling in overcrowded hospitals

ALMOST three out of four intern nurses and midwives (73%) believe staffing levels in their workplaces are not sufficient to support a positive learning environment, according to a new survey published by the INMO last month.

With large numbers of nursing and midwifery interns stating their intention to leave Ireland post qualification, one-third (33%) stated that if staffing and working conditions were improved, they would delay their departure. Just over half (54%) also stated pay was a significant factor in whether they would consider remaining in Ireland a further year after qualifying.

When prompted to provide further information to support their answers, interns cited factors such as a lack of adequate breaks, unmanageable pressure, exhaustion and a lack of safe staff-to-patient ratios across the Irish health service among the reasons for considering leaving Ireland or moving to the private healthcare sector.

INMO student and new graduate officer Róisín O'Connell said: "We simply can't afford to be losing newly qualified nurses and midwives, but in light of the conditions they're describing it's not surprising so many of them want to leave.

"Final year students are looking at their qualified colleagues who are burned out and exhausted and they're seeing how they're treated by their employer. They see the chronic understaffing and the salary they're expecting to receive next year and deciding it's just not worth it. These are young people who joined these professions and completed their training because they love nursing and midwifery, and for many of them we're seeing that the system has managed to take all of the joy out of their jobs before their careers have even begun."

INMO general secretary Phil Ní Sheaghdha said: "Measures need to be implemented to ensure safer staffing across the health service and better supports for students and interns, or else we're looking at a long-term skills shortage in the health service that will have a direct impact on patient care.

"The survey results here show us that student nurses and midwives need to be supported in learning environments throughout and then given early offers of employment with information from the HSE on start date and salary – the delay in this process is actually causing us to lose qualified nurses and midwives as they get the information too late and in too many cases the NHS has offers made to work in the UK before the Irish employer.

"The INMO continues to call for increased undergraduate places and more routes to accessing nursing and midwifery training, so we can increase the numbers of graduates. However, we also need to make working in Ireland a viable option for these graduates, or they will take their skills and their qualifications to countries that can offer them a better life and a better career."

Key results of INMO survey of interns

- 73% of nursing and midwifery graduates are considering emigrating when they qualify
- 54% of respondents say increases in pay is the priority incentive to encourage them to stay in the Irish public health system
- 33% say improved staffing levels and working conditions are also a necessary incentive to encourage them to stay in the Irish public health service
- 60% of respondents say that they would delay their departure for a year if their employers guaranteed employment for at least their first year after qualifying
- 32% of respondents have been approached by overseas nursing companies to recruit them into their service
- 59% have considered moving to the private sector within Ireland after qualifying
- 73% have not found adequate staffing levels in their workplace to support a positive learning environment
- 39% of respondents are considering moving to a workplace closer to home due to the cost of living
- 57% of respondents have not been made aware of the salary for newly qualified nurses/midwives in Ireland

INMO student and new graduate members spell out factors to help retain them in the Irish healthcare service:
Pictured at the INMO ADC recently were (l-r): Olivia Reville, Robyn Murray, Ryan Hayes, Tamera O'Donovan, Edwina Gilroy, Christopher O'Dwyer, Miriam Hanlon and Ciarán Freeman

INMO Executive Council members at ADC: *INMO president Karen McGowan (centre left) with general secretary Phil Ní Sheaghdha (centre right) announcing the stark results of the survey*

89% of nurses/midwives on brink of burnout – INMO survey reveals

ALMOST all (94%) nurses and midwives consider that work is negatively impacting their psychological wellbeing, and 89% of respondents said they were at least somewhat burnt out because of work.

These stark figures were revealed in the INMO's Nursing and Midwifery Work and Wellbeing Survey, which was launched at the Organisation's annual delegate conference last month.

When asked about the effects of staffing on patient safety, almost 85% of nurses and midwives said staffing levels could not meet work demands, with two-thirds of those saying that patient safety was often or always put at risk as a result.

Commenting on the survey, INMO president Karen McGowan said: "These results are very stark and unfortunately they don't seem to be getting better. There has been no opportunity for nurses and midwives to regain a stable footing since 2019, as it has just been crisis after crisis in the health service since then.

"A pandemic that was bookended by absolutely staggering levels of overcrowding means there's been no recovery time at all. This type of sustained stress over years and years has an absolutely crushing and traumatic effect on people, and these are the same people who are being asked to step up again and again to fill in the gaps. It's just not sustainable.

"As a society we've become more aware of the importance of protecting people's mental health at work, except it seems when it comes to people who work in healthcare. Our members are just not being protected from the long-term physical and psychological effects of stress, and it's simply irresponsible."

INMO general secretary Phil Ní Sheaghdha added: "The stress and burnout reported here is devastating for individuals, but it also has a knock-on effect for the whole health service.

"Almost three out of four of the nurses and midwives who responded to this survey have considered leaving their current work area. That means the fate of the entire health service is dependent on those people deciding to stick it out for another month or another year, whatever they feel they can do.

"In the meantime, the staffing shortages are having a direct impact on patients. The vast majority of nurses and midwives – 85% – are saying that staffing levels in their workplace cannot meet work demands, with a significant impact on patient safety. At that rate you have to consider that unsafe staffing has become the norm and that hospitals are not safe for patients on any day of the year.

"Staffing is the biggest issue currently facing the health service, and this is the time to deal with it. The failure to legislate on safe staffing is putting nurses and their patients at very serious risk, and action needs to be taken to address this once and for all."

The INMO's annual survey provides a snapshot of the daily realities for the professions. It reveals respondents' concerns for patient/client safety as nurses and midwives work in pressurised environments with high levels of staff shortages. This situation impacts the working conditions, welfare, health and safety of midwives and nurses, and these can be seen with an increasing rate of intention to leave the professions.

The survey was launched in January and closed in March 2023, running for two months. The number of responses received was 2,018.

Key results from INMO work and wellbeing survey

Safe staffing

- 84.79% of respondents stated current staffing levels and skill mix did not meet the required clinical and patient demand in their work area
- 65.84% stated they felt that patient safety was put at risk very often or always
- 86% stated they had raised concerns about safe staffing with their manager or organisation. However, 29.38% indicated that their concerns had been recorded as part of their workplace's risk or another similar process, and 44.22% answered that they were unsure if they had been recorded

Experience in the workplace

- 65.41% of respondents stated that they felt under pressure from their workplace to work additional hours/shifts

Intention to leave

- 73.80% of respondents stated that they had considered leaving their work area in the past month
- Of those who answered yes, 30.10% stated this was mainly due to workplace stress. A further 24.46% indicated feeling exhausted, and 14.46% felt undervalued

Wellbeing

- 67.39% of respondents stated that they always or very often feel physically exhausted
- 94% stated that their work was negatively impacting their psychological wellbeing
- Similarly, over half of the respondents (53.19%) reported that their work impacted their physical health
- 65.41% of respondents stated they had worked when they should have taken annual leave over the past 12 months

Workplace aggression

- 63.96% of respondents stated that they had experienced aggressive behaviour in the workplace

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Workers' Memorial Day 2023: *The INMO gathered with other trade unions at a ceremony held to commemorate colleagues who have been killed or seriously injured in a work-related incident*
Left: INMO president Karen McGowan addressing the gathering

"HSA must act on unsafe conditions"

Importance of workplace safety stressed on Workers' Memorial Day

ON Workers' Memorial Day 2023, the INMO called for the Health and Safety Authority (HSA) to be better resourced to enhance the safety of nurses, midwives and all other healthcare workers.

Workers' Memorial Day is an international day of remembrance held annually on April 28 to honour those who have been killed or seriously injured in a work-related incident. In Ireland, 461 people were killed in work-related incidents over a 10-year period from 2013-2023. In the first three months of this year alone, five people were killed in work-related incidents.

The commemoration on April 28 featured a ceremony at the Garden of Remembrance in Dublin, organised by the Irish Congress of Trade Unions (ICTU) and the HSA, with support from IBEC, the Construction Industry Federation and the National Irish Safety Organisation. The INMO attended the event along with other trade unions.

Speaking at the national commemorative event for Workers' Memorial Day, INMO president Karen McGowan said: "Workers' Memorial Day in Ireland is an important opportunity to honour and remember workers who have lost their lives or suffered injuries while on the job, and to advocate for safer workplaces and better protection of workers' rights.

"I am a nurse, a healthcare worker. Every day, we care for patients and provide vital services to our communities. In doing so, we also face various hazards and challenges that can put our health and safety at risk. From exposure to infectious diseases to physical injuries, we understand the importance of workplace safety in our profession."

ICTU general secretary Owen Reidy said: "Part of the tragedy of these losses is that we actually know how to stop workplace fatalities and injuries. The evidence is there. It involves workers and managers co-operating to create safe systems of work, to assess hazards and to reduce risks."

In the first quarter of 2023, there were 2,162 reported work-related injuries or illness, reflecting a 2.95% increase compared to 2,100 for the same period in 2022. The highest number of work-related injuries and illnesses so far in 2023 were reported in counties Dublin (763), Cork (237) and Kildare (109). The sectors with the highest number of reported injuries and illnesses in 2022 included human health and social work, manufacturing, wholesale and retail trade, repair of motor vehicles and motorcycles, and construction. The age groups 55-64 and 65 years and over represents 69% of all fatalities in 2022.

Ms McGowan highlighted the impact of Covid-19 on our healthcare workforce saying: "As we emerge from the worst of the pandemic, I believe it is important to look back – 23 healthcare workers in Ireland tragically lost their lives because of Covid-19. We think of them and their families today. Thousands of healthcare workers contracted what was an unknown virus in the line of their work. Hundreds of my healthcare colleagues are still paying the price as they continue to deal with the symptoms of long Covid. We put ourselves in a situation where we did not know the outcome in order to put our patients first. As we reflect on workplace injuries today, many of my colleagues and I will ask ourselves, knowing what we know now would we do it again? Can we say that our safety in the workplace has improved?

"The Health and Safety Authority must act on the unsafe conditions our healthcare workers are working in and patients are presenting to. The HSA has done phenomenal work in transforming workplace safety in the construction and agriculture industries – if given the resources it must do the same in healthcare."

She concluded by saying: "Let us remember our colleagues who were taken from us too soon and reaffirm our commitment to workplace safety. We all share a common goal here today – to create safer workplaces for all workers. The sacrifice of those whose lives were lost or careers cut short because of injury or assault at work should serve as a reminder to us all to remain vigilant and proactive in advocating for the protection of workers' rights and wellbeing."

Action sees results in UHK Aghadoe

INMO members working in Aghadoe Ward in University Hospital Kerry (UHK) have stood down their industrial action while balloting on a set of proposals to address unsafe staffing conditions in the ward.

Following approval from the Executive Council, Aghadoe ward members balloted for industrial action in pursuit of safe staffing.

Following engagements in late 2022 and early 2023, the members sought to pursue this action on the basis of improving conditions for staff and patients. Without adequate numbers, members were concerned about the risks posed to patient safety and to themselves with burnout already being felt on the ward.

Members returned a ballot in favour of industrial action in May 2023. Their claims for improved WTE nursing posts and HCAs had seen some progress in 2023 following discussions with local management in UHK.

In mid-May 2023, following further discussions with local management and the South-Southwest Hospital Group, an additional three WTE nurses and 5.4 HCAs had been secured for this busy surgical ward. With the prospect of the Framework for Safe Nurse Staffing and Skillmix due to roll out to the ward also, members were satisfied with the response and provisions provided by management.

– Liam Conway, INMO IRO

For updates on IR news see **www.inmo.ie**

Kerry Branch at ADC: *l-r: Members of the Kerry Branch pictured at the INMO ADC (l-r): Patricia King, Aine Fitzgerald, Maira Kennedy, Catherine O'Halloran, Noreen Corcoran, Sarah Mahony, Gail Mc Cormack, Sheila Dixon (past president, INMO), Liam Conway (INMO IRO), Connie O'Leary, Grainne Hyde, Teresa Kearins, Nicola Mc Govern and Suzanne Dennehy,*

Two INMO branches merge to form Kerry Branch

THE INMO's Tralee and Killarney Branches recently merged to form the Kerry Branch. This merger is seen as a positive step for the officers from both branches, who believe it will benefit members in the county and create greater solidarity among members in the region.

In such a wide geographical county it can be difficult for members, particularly those in remote areas, to attend meetings. It is hoped that the merger will allow the branch to rotate meetings across locations throughout the county and thus increase engagement with the union locally.

The merger also allows branch officers to share their skills and experience and split the workload between a greater pool of officers.

Noreen Corcoran, chairperson of the former Killarney Branch and her counterpart in Tralee Connie O'Leary said they had learned so much over the years through their many branch membership and officer roles. Ms Corcoran said: "During busy times like strikes or industrial action people become engaged with their union and their local branch but that interest can drop off during quieter times. I think people often don't fully understand what benefits union membership brings, such as our indemnity and our peer support. The union provides so many opportunities for networking and solidarity and we learn so much from each other along with the workplace support and professional development offered. I always tell people – *You* are the union! The union takes its direction from us, the members."

The branch officers also feel that the merger will enable them to offer greater support to nurses and midwives coming from abroad to network with others throughout the county and link them to relevant services and cultural supports.

The new amalgamated branch hit the ground running with their stellar work in planning and preparing for ADC, which was a significant body of work for the new branch.

Ms Corcoran encouraged members to come to branch meetings. "No one is going to force you to take on loads of work. It gives you great insight into how things work within the union and the health service.

"Members feel informed and energised after ADC and it's such a great opportunity to meet other members from all over the country. We realise how much we have in common and how much we have to offer when we all get together regionally at branch meetings and nationally at ADC."

Breach of contract for new recruits

THE INMO has resolved a dispute for a group of international nurses in CHO3 who experienced long delays in HSE employment compliances following their arrival in Ireland, having completed their RCSI exams and obtained their NMBI registration.

These nurses, although available to work, were left without start dates for up to eight weeks with no pay.

The HSE now accepts the INMO argument that the delays were through no fault of these nurses who arrived into the region and were ready and available to work within days. In some instances, not all clearances were to hand at the time of the NMBI registration, mostly related to occupational health and Garda vetting, and the HSE has accepted that these processes should have been done in tandem with all nurses completing their RCSI exams.

The HSE is in the process of amending staff records and the payroll programme (SAP) to pay these nurses at the pre-registration rate of pay pending their NMBI pin and at staff nurse rate once their registration is obtained.

The members affected by this issue are satisfied with this outcome and have acknowledged the value of their union membership in coming together to collectively raise this matter.

– Karen Liston, INMO IRE

UHL ICU nurses end work to rule and accept interim deal

A WORK to rule by intensive care nurses at University Hospital Limerick was settled after eight days following an interim agreement brokered with the assistance of the Workplace Relations Commission (WRC). The critical deficit of ICU nurses of circa 22% – which was double the deficits from the previous 18 months – was a growing concern for members who had built up significant annual leave that they could not take.

"This 12-bed ICU was breaching the national guidelines on staffing. Taking industrial action was a last resort for INMO members and was unprecedented in the area of critical care," said INMO assistant director of industrial relations Mary Fogarty.

The work to rule which commenced in the ICU on May 12, was suspended as soon as the interim agreement was reached between the INMO and hospital management at the WRC. Members were then balloted on the proposals.

"The agreement reached is a temporary one to address the staffing shortfalls that are impacting both patient and staff safety in the ICU. Measures included in the agreement include a commitment to ensure that at least 16 nurses will be rostered in for both day and night duty for the 12-bed ward, nurses who work in the ICU will be facilitated to take their annual leave, and assurances have been made that additional ICU nurses will be on site in June and July to bolster the current staffing complement. Safe staffing in the ICU is of utmost importance to our members who have been under intolerable pressure while trying to provide excellent care to very sick patients."

The interim agreement will be reviewed in July under the WRC chairmanship.

St John's, Limerick ballot for action

OVER 93% of members at St John's Hospital, Limerick voted in favour of industrial action last month due to critical staffing deficits as well as issues regarding skill mix.

Following the ballot, which had an extremely high turnout, the INMO had productive engagement with senior management at the hospital. The union secured agreement that the hospital will pay double time to all nurses, including part-time staff who work hours in addition to their contract of employment. This agreement is effective until July 31, 2023.

Management also agreed to the creation of a local engagement forum with the INMO to review staffing needs at the hospital with reference to the Safe Staffing Framework.

Clinical nurse managers and senior management are examining outstanding members who accumulated annual leave and TOIL and are to revert to the union with a set of proposals on how to reduce same.

If any member has a query in relation to the above please do not hesitate to contact the INMO Limerick office.

– Marian Spelman, INMO IRE

Canadian honour for Dave Hughes

DAVE Hughes, former INMO deputy general secretary, received the Canadian Federation of Nurses Unions' (CFNU) prestigious Bread and Roses Award at its annual conference on June 7, 2023.

Bread and Roses Awards are presented by the CFNU each year in recognition of self accomplishment and dignity in furthering workers' rights, for outstanding contributions to healthcare policy and decision-making, and for raising public awareness of nursing issues and patient advocacy.

CFNU Bread and Roses Award 2023
l-r: Linda Silas CFNU president, Dave Hughes, former INMO deputy general secretary, Pauline Worsfold, CFNU secretary-treasurer, Angela Sheehan, former IMPACT treasurer (and wife of Mr Hughes)

Mr Hughes said: "I am honoured and very grateful to CFNU for this award. To all nurses, midwives and indeed workers, I would say, know your claim, work together in solidarity. Without pressure there is no progress."

CFNU president Linda Silas spoke of how she had worked internationally with Mr Hughes for many years and acknowledged the huge contribution he has made to workers rights locally, nationally and globally.

World news

Nurses and midwives in action around the world

Australia

- Nurses and midwives back yes vote for parliamentary voice
- Inflation, cost of living pressures increase struggle for students in unpaid health placements

Canada

- NBNU worries lack of nursing exam site could delay expedited international accreditation
- Protest highlights British Columbia's 'dire' nurse staffing shortage

Italy

- Prison nurse punched in the face – NurSind union denounces lack of timely interventions

Portugal

- Hospitals and universities prepare to open day care centres for children of employees

South Africa

- 'At breaking point' — hospital treating cholera outbreak patients sees nurses protest over staff shortages

Job description outside scope of CNM1

It has been brought to the attention of the INMO that in a job description issued for a clinical nurse manager 1 position in the Brothers of Charity Services at Clarinbridge, Galway, the range of roles and responsibilities outlined in the job specification are outside the remits of a CNM1. The INMO has written to management in relation to same.

– Marian Spelman, INMO IRE

INMO president Karen McGowan

Give us a reason to stay

Government needs to value the resources it has and give nurses and midwives a reason to stay and work in Ireland, says INMO president Karen McGowan. Alison Moore reports

INMO president Karen McGowan implored Health Minister Stephen Donnelly to give nurses and midwives a reason to stay and work in Ireland, rather than losing this precious resource to overseas health services. She told him that the conditions that nurses and midwives were forced to work under, coupled with the spiralling cost of living and difficulties finding accommodation, were causing burnout across the professions and forcing others into emigration.

"Measures need to be implemented to ensure safer staffing across the health service and better supports for students and interns, or else we're looking at a long-term skills shortage in the health service that will have a direct impact on patient care," said Ms McGowan.

She said that the degree of overcrowding in our hospitals has reached a level where it was traumatising staff and endangering patients, telling the minister that over 128,084 patients were treated on trolleys or chairs while waiting for a hospital bed since he spoke at last year's ADC.

"Minister, it is not just our nurses in ED that are facing extreme levels of stress stemming from the overcrowding in our hospitals, our public health nurses are feeling it, nurses who are working in the community are feeling it, those who work in care of the older person services are feeling it, those who are working in medical and surgical wards are feeling it, those who are working in ICUs and other critical care units are feeling it.

"The turnover rates in our profession have now reached over 10%, Minister, I know that you will agree that we cannot allow this number to increase", she added.

The president called the government out for not listening to the INMO's warnings in advance of last winter: "Minister, why is it when the nursing profession is calling it for what it is that you, your colleagues in government and the HSE, are so slow to act? When we flag these issues we are not trying to be agitators or chasing a headline. We have a duty to provide safe care to patients and if we feel we cannot do that we are going to call it out."

Ms McGowan said that recruitment and retention strategies must now address the challenges that nurses and midwives face in dealing with the cost-of-living crisis and specifically the lack of housing. She pointed out that the salaries of nurses and midwives were not keeping pace with rising rent costs and gave the example of a newly qualified nurse or midwife living in Dublin or Cork paying €1,800 on rent – the equivalent of three-quarters of their monthly take-home pay.

"Speak to any of director of nursing or midwifery and they will tell you that housing is now one of the most cited barriers to not just recruiting staff but retaining them," she said, adding that a weighting allowance for nurses and midwives working in city hospitals must be introduced in order to fill roles in city hospitals.

Ms McGowan cited the case of Louise, a graduate midwife, who up to recently worked in a Dublin maternity hospital before being forced to move back to her parents in the west of Ireland after her rent became unaffordable. While she loved her job for the learning opportunities it offered, most of her wages were going on rent and bills and it was impossible to sustain. She said that Louise will join many of her classmates in moving to London – one of many young nurses and midwives lost from the HSE.

Meanwhile, hundreds of nurses and midwives are coming to Ireland every year but Ms McGowan said that "the State should hang its head in shame" at the standard of accommodation they are being placed in by agencies in receipt of state money.

"We know of nurses who have been forced to share rooms with strangers after a shift in overcrowded hospitals. Midwives who have been put up in AirBnBs over 30km from their workplace.

"That is not the *céad míle fáilte* that we

should be willing to stand for," she said.

"Affordable accommodation in close proximity to healthcare settings should not be a pipe dream for nurses and midwives who work long hours. We are calling for immediate provisions to be made to enable these essential workers to live within a reasonable distance of their place of work and have suitable accommodation to allow them work safely during long nights and days. The public expect – and our statutory regulations mandate – that we provide a safe level of care to our patients, our living conditions must be suitable to allow rest and sleep in daytime to prepare for night duty, rest and recuperation when off duty.

"Provision of housing assistance, subsidisation and zoned areas in any planning for hospital builds such as the new National Children's Hospital or the proposed new elective hospital in Cork City should be a pre-requisite provision for such sites. Government should not be contemplating opening more beds without a plan to house those who will staff them," she added.

Giving her address on the International Day of the Midwife, Ms McGowan observed that despite the countless recommendations to expand choice for women, maternity care in Ireland remained heavily reliant on consultant-led, hospital delivered care. She said that the pace of implementing the National Maternity Strategy had been "extraordinarily" slow, despite all political parties being "quick to pledge their support" for its implementation and that funding for additional midwifery staff and midwifery-led units remains insufficient.

She said that like nursing, midwifery was also facing a staffing crisis, with shortages being "acutely felt" across the country.

"Investment in increased undergraduate and postgraduate training is a clear requirement. We cannot continue to under-resource and undervalue this profession," she warned.

Ms McGowan said that it shouldn't be up to the health system to decide how women have their babies, but rather that the choices of women should be taken into account.

"The implementation of a community midwifery service that provides home birth options must be fully realised. The INMO requests that the review on waterbirths in Ireland be published. This service needs to be offered as an option for labour, either at home or in hospitals. The fact that women are not supported with sufficient choice of access in their supported pathway of maternity care goes against the essence of the National Maternity Strategy. We know you agree with us Minister. Women must have a choice," she said.

While addressing the topic of women's health, Ms McGowan paid tribute to Vicky Phelan, explaining how she was her inspiration to transfer to a role as an ANP in gynaecology. "She is my hero and I want her legacy to live on through all gynaecology nurses. Vicky was a force to be reckoned with and saved many lives as she campaigned for all the women of Ireland. I think of her when I feel overwhelmed and this drives me forward."

> "If you are serious about not just growing the professions but maintaining the staffing we have, then salaries must increase"

Ms McGowan also thanked Mr Donnelly and chief nurse Rachel Kenna for the work they have done to enhance menopause services. "With an overwhelmingly female workforce, the health service should be a leader in promoting workplace wellbeing for people experiencing menopause. Development of workplace policies is an employer responsibility for fostering equality and is vital for retaining skilled staff in their professions," she added.

Ms McGowan also took the opportunity to acknowledge the "huge contribution" of overseas nurses and midwives in Ireland, saying that "the very least" the State could do for healthcare professionals who choose to make Ireland their home was to ensure that they could apply for visas, for themselves and their families, in the most seamless way possible.

She also spoke out against the racism that they face. "As a union, we are proud to stand against the hateful rhetoric directed at those who have chosen to make Ireland their home. No nurse or midwife should face vile, racist abuse while going to or from work or indeed while they are caring for patients. Hate and division has no place in our hospitals or in our local communities."

Acknowledging the "hard fought for gains" that the INMO had achieved in the past year, Ms McGowan spoke about the restoration of pre-2013 hours.

"It cannot be denied that it was a very long road to get here but it is something that we can all look back on with great pride. Many gathered in this room will know that getting back to the 37.5-hour week was something that was a top priority for me when I was first elected president of the INMO," she said.

The president also acknowledged the cost-of-living related measures that were included in the renegotiated Building Momentum Agreement but pointed to the unfairness that nurses and midwives are the last public servants to feel the benefits of such increases as the HSE continues to drag its feet in passing them on.

"The constant delaying of implementing agreements is not acceptable to us, especially when we are facing the same cost of living increases as everyone else."

She warned Mr Donnelly that as the next round of public sector pay talks approaches, with the knowledge of record taxation returns, the INMO would be closely watching the government's position.

"This country has always undervalued caring professions, particularly nursing and midwifery. If you and your colleagues are serious about not just growing the profession but maintaining the staffing we have, then salaries must increase," she said.

In closing, Ms McGowan said that nurses and midwives were committed to providing the highest standards of care but warned the Minister that they would not work another year like the one they just experienced. She challenged Mr Donnelly and the government to make the changes necessary to ensure that our health service was fit for purpose, emphasising the need to fully implement the Framework for Safe Staffing and Skill Mix.

"Minister, you don't want your legacy to be that of the minister who presided over the worst hospital overcrowding crisis. You want your legacy to be the minister who presided over the most positive change to the nursing and midwifery professions in the history of the State."

A lot done, more to do

Addressing ADC, Health Minister Stephen Donnelly focused on the positives in Irish nursing and midwifery, highlighting the progress made as well as the challenges ahead. **Max Ryan** reports

"PASSION, pride, determination and professionalism" were the words Minister for Health Stephen Donnelly used to pay tribute to nurses and midwives at the INMO ADC in Killarney last month.

In his speech to delegates, the Minister delivered a balanced message – one that recognised the challenges facing the health service but that acknowledged the progress that had been made to date and "the many positives in nursing and midwifery". And a balanced message was exactly what he asked of those in attendance.

"Our task this year is to hire the more than 800 additional nurses and healthcare assistants we need," Mr Donnelly said.

He pointed out that there are now in the region of 2,100 more nurses and midwives working in the HSE than in May 2022, and that since 2020 around half of the required extra nursing, midwifery and healthcare assistant posts outlined in the Framework for Safe Staffing and Skill Mix have been created.

"This has facilitated rollout in bigger hospitals, in medical and surgical wards and most recently in EDs," he said.

"Waiting lists have started to fall. In fact, last year was the first year waiting lists fell since 2015. This will be the second year."

Safe staffing

In keeping with the conference's theme, safe staffing was a central focus of the Minister's address. "The Framework is recognised around the world as highly effective. I have spoken with world experts in safe nurse staffing who believe it is one of the best models for determining staffing levels anywhere in the world. I want to thank you all for your contribution in developing the Framework."

On continued calls from the INMO for the rollout of the Framework to be expedited, the Minister said he agreed: "The INMO has been calling for the rollout to be quicker… you'll be aware that I have approved all remaining posts to be fully funded this year for all hospitals. All hospitals will now have sanction to hire in line with the Framework. This allocates for this year the same number of [extra] posts as the past three years combined."

The Minister also acknowledged the role that chief nursing officer Rachel Kenna has played in this process, with whom he is in regular dialogue over ongoing issues relating to the Framework, including the union's call for safe staffing to be made a more central focus of HIQA inspections.

"I am aware of your call for legislation to underpin this. I have discussed this with chief nursing officer Rachel Kenna and with other experts and we will continue to keep it under ongoing review," the Minister said.

Advanced practice

"Advanced practice is one of the most exciting things happening anywhere in healthcare," according to Mr Donnelly, saying that nurse- and midwife-led services "fundamentally challenge our entire concept of healthcare" and that the presence of autonomous advanced nurse and midwife practitioners has forced a rethink of the age-old GP-to-consultant chain of referral. "It is providing a lot of new services in the community and, critically, is getting patients access to care quicker."

The Minister said that the initial target for 2% of the nursing and midwifery workforce to be at advanced practice level has been increased to 3% and that he intends to take this "much further". "I've been speaking with the chief nursing officer about bringing this target to 5%. In terms of workforce this will make us one of the leaders anywhere in the world in advanced practice nursing and midwifery."

Women's healthcare

Mr Donnelly said that when he was appointed "we needed a revolution in women's healthcare, expressing his pleasure to be addressing conference on International Day of the Midwife. "Ireland has never invested in women's healthcare in the way that it needed to. Much-needed essential services that should just be mainstream services were not only not provisioned, but in many cases simply didn't exist."

What is the Department of Health doing to reduce this deficit? "Over the past three years we have recruited 450 additional staff to maternity service across the

country, including posts in breastfeeding, diabetes support, perinatal mental health support and many more. Around the world, midwifery-led care continues to be proven safe and effective and is central to the improved outcomes for women and infants. Midwifery-led care is central to the National Maternity Strategy."

Mr Donnelly said that his commitment to developing midwifery-led services has seen the formation of a national group to support the implementation of the National Standards for Infant Feeding and the development and current recruitment of a midwifery advisor post in the Department of Health. "Midwifery-led care has my, and government's, full support. Women must have choice in their maternity care and I will be working with the Department and the HSE to make sure this is fully implemented and fully supported."

On women's health more broadly, the Minister told delegates that the rollout of a new network of services was continuing apace, "from new services in endometriosis to menopause, see-and-treat gynaecology clinics and perinatal support, maternity care to mental health services".

Need for more graduates

Mr Donnelly said the number of overseas staff working within the health service was a "positive indicator" that Ireland was an attractive destination for international healthcare professionals, but added that "we need far more Irish-trained graduates".

"Over 1,500 Irish-trained nurses and midwives registered last year, with the vast majority taking up permanent HSE jobs on qualification. While this is encouraging it is nowhere near enough. My intention is to double the number of college places in the coming years for nursing and midwifery. Over the last few years we added 344 places. This September I am seeking an additional 400 places. That would mean an additional 744 places in the lifetime of this government. As part of doubling the number of nursing and midwifery students we're also exploring graduate courses and apprenticeships co-designed with the PLCs and with the higher education institutes." The Minister added that this work would be carried out in consultation with the INMO.

Mr Donnelly addressed another hot topic when he told delegates that the Department of Health had followed through on his commitment to proposals issued at last year's ADC to support student nurses and midwives in attending their supernumerary clinical placements, as recommended in the 2021 *McHugh Report*.

"We have delivered on addressing the issues raised [in the report], particularly the financial burden that travel can place on students during placements. The revised travel and subsistence scheme provides a targeted and more equitable approach to supporting students," he said.

"The scheme includes a new rate for overnight accommodation along with an increased weekly cap. This resulted in a €9 million package of supports."

Challenges ahead

The Minister assured delegates that he remained committed to the rollout of the Safe Staffing Framework in every hospital, as well as to the funding of national strategies. He also committed to further engagement with the HSE and the INMO in addressing the challenges facing international nurses and midwives – "from visas to accommodation, from childcare to cultural issues".

He expressed his commitment to what he called "the biggest expansion of our public health service in a very long time".

"We are doing it with one clear goal, which is achieving universal healthcare in our country. For me, universal healthcare is one of the most important and unfinished projects of our Republic. It is a very simple but profoundly important idea that says that everybody in our nation, when they need it, should be able to access high-quality, affordable healthcare," he said.

The Minister accepted that the achievement of this goal demanded introspection on his part and on the part of the Department of Health and the HSE, as well as ongoing engagement with the INMO.

The Minister left delegates with a list of the three main challenges he intends to meet in the coming year: to reduce costs for patients, to increase the breadth of services available to patients and to ensure timely access to these services.

"I have seen your commitment to quality care… I want to thank each and every one of you for this commitment and I look forward to our continued work together."

Housing crisis now a barrier to safe staffing

INMO general secretary Phil Ní Sheaghdha, described the Irish housing crisis as a "huge impediment" to fulfilling the Safe Staffing and Skill Mix Framework and told Health Minister Stephen Donnelly that the delivery of healthcare was not just a matter for the Department of Health, but now a matter for the Department of Housing, the Department of Social Welfare and for the Department of Justice.

"Unless we address recruitment and retention from the perspective of the housing crisis being a direct barrier to fulfilling the Framework requirements, we're going have a big problem," she warned.

While Ms Ní Sheaghdha welcomed the Minister's commitment to additional investment in the Framework, she warned that the cost of achieving patient safety could not come from the pockets of nurses and midwives and if this approach was taken in forthcoming pay negotiations then "we are going to be in direct conflict".

"We need you to have serious conversations with the people we meet at the implementation group level to make it very clear that nurses and midwives want to improve the service, they want to work with you, they want to advance practice, they want to create a safer environment for patients, but the bill for that is with the Exchequer, not with nurses and midwives."

The general secretary also said that the Safe Staffing and Skill Mix Framework must be enshrined in legislation and strictly adhered to under the aegis of HIQA, in the same way as staffing levels in childcare are enforced by Tusla in the interests of safety. She said that it makes little sense to be able to prosecute individual nurses and midwives, who are heavily regulated, when their employer is not providing a safe working environment for them to practise in but is immune from prosecution.

"HIQA must have regulatory powers that are strengthened. They must be able to investigate overcrowding. When they're investigating areas of care, they must have the ability to prosecute against a standard that is set by the Framework to determine the safe levels of staffing and the skill mix.

"In 2023 there isn't one state agency that defines the safety of the environment you need to work in or the staffing levels required in order to provide safe care. It is actually quite unbelievable," she told Mr Donnelly.

In relation to the public service pay talks, Ní Sheaghdha said that the government had to look at public service differently and that claims taken by specific groups could not always be viewed as being contrary to the public service agreement

"Our members expanded the rules, attended their practice and increased the service delivered and we are going to be very clear with the government parties – we have a cost of living crisis which needs to be addressed and we have many issues that have not been corrected since the severe cuts of 2008 to 2010. We believe strongly that the value of public service was extremely obvious during the crisis and that value has to follow through into the public service pay negotiations."

– Alison Moore

Collaborating for change

The importance of European representation and addressing societal problems such as the housing crisis and domestic abuse were the focus of a panel discussion at ADC. **Alison Moore** reports

THE theme of needing to work together to progress social issues threaded through an ADC panel discussion that focused on the value of trade unions and collaboration in the pursuit of gains for workers and society at large.

Elizabeth Adams, European Nursing Federation (EFN) president, Owen Reidy, general secretary of the Irish Congress of Trade Unions (ICTU), Sarah Benson, chief executive of Women's Aid, and Rory Hearne, author and assistant professor at the Department of Applied Social Studies at Maynooth University made up the panel that assembled at the ADC in Killarney.

European agenda

Ms Adams emphasised the influence that Irish nurses and midwives continued to exert at European level, via the INMO as their representative body and one of the founding organisations of the EFN.

"Our mission is to strengthen the status of nursing and midwifery practice. We have European midwives representatives as well so we try to ensure that our midwives are included. We have key priorities and those key priorities are absolutely aligned with those of the INMO. We ensure that your voice is heard in Europe so the issues that are brought to the EFN are influencing the Commission, the European Parliament and the Council.

"We have a governing body and our colleague, your general secretary, Phil Ní Sheaghdha serves on that. She's an elected member, ensuring that there's good governance and ensuring that everything from the INMO is fed in," she explained.

According to Ms Adams, there was still work to be done in promoting female leaders in the professions as despite being female dominated (89% globally) only one-quarter of nursing and midwifery leadership positions are held by women.

She spoke about how the EFN worked to influence wider social policy that can have a direct effect on nurses and midwives, including directives on violence against women and social rights that include better working and living conditions. In relation to the European Pillar of Social Rights, which was set out in 2017 by the European Union(EU) to act as a compass for a strong social Europe, Ms Adams explained that the EFN was working to influence the areas of education, wages, healthcare, long-term care and housing, adding that it was endeavouring to put the work that is being done in the area of advanced nursing and midwifery practice under the EU's pillar on education

"Ireland is very well established in advanced nursing and midwifery practice and many other countries aren't, so Ireland is leading the way in influencing that and setting a standard across Europe," she said.

Ms Adams also spoke about how the INMO's voice on the effects that Covid-19 had on members had been fed back via the EFN, ultimately influencing position statements, and she stressed the importance of the collective voice.

"Solidarity is really one of the most key things that we do," she said, noting the important work carried out at the ADC in reaching consensus on the INMO's priorities and public voice for the year ahead.

Collective bargaining

The ICTU general secretary echoed the need for a collective voice influencing policy at European level and talked about the importance of the European directive on collective bargaining and the need to take the role of Europe more seriously.

"The trade union movement as a whole needs to take Europe more seriously... EU directives are crucial as they are essentially law, they supersede Irish law, and they affect all of us in our lives," Mr Reidy said.

He pointed out that unlike public servants, private sector workers in Ireland, such as many nursing home staff, do not always have collective bargaining rights. "The vast majority of [private] workers' collective bargaining rights is in the gift of the employer. How crazy is that?" he said.

Mr Reidy told the ADC that the proposed EU directive would require future Irish governments to promote and strengthen collective bargaining.

"It will require governments not to be a disinterested bystander, sitting on their hands saying 'nothing to do with us'. They will have to facilitate employers and unions at central level, in bargaining on an equal footing, with access to adequate information and we need to drive that and push that at home," he said.

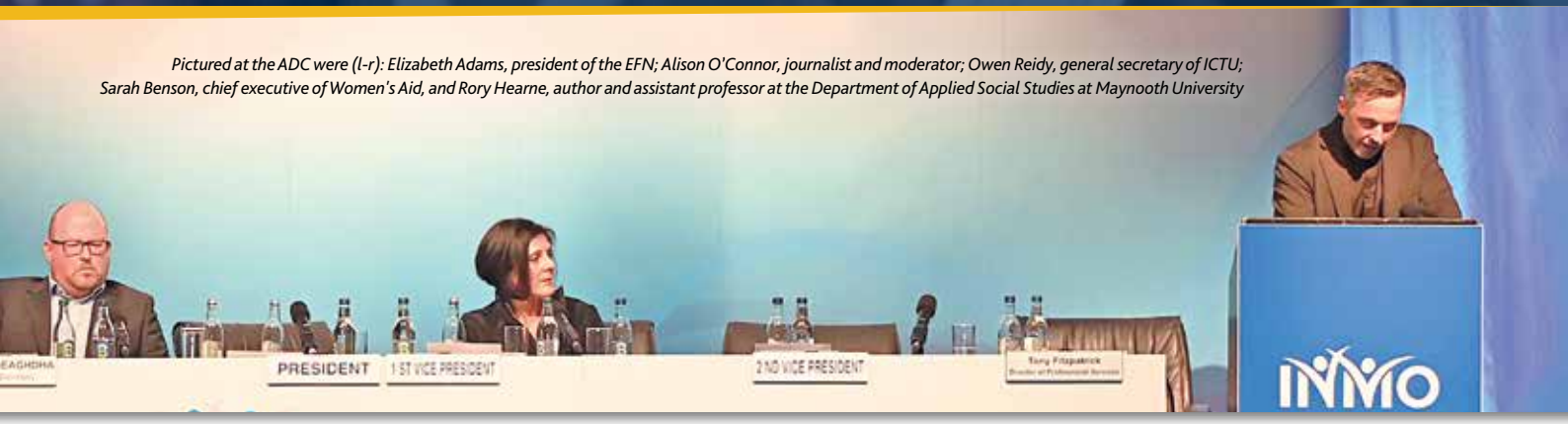
"We know states in Europe that have higher levels of collective bargaining of federal public services. They're more equal and people have a better life. So, it's in all of our interests to make sure the collective bargaining rights are there for everybody who wants them. We want volunteers not conscripts, and I can tell you, there's a lot of volunteers out there," he said.

In relation to the housing crisis, he said that the government needed to stop repeating the same mistakes and step up with a radical policy rethink.

Mr Reidy also spoke about the debt of gratitude owed to nurses and midwives who went "beyond the call of duty" during Covid, and in doing so, had raised the value of essential work and workers in the Irish context, which as general secretary of ICTU he wanted to acknowledge at the ADC.

Societal change

The need for a collective response to address the issue of domestic abuse across Irish society was addressed by the chief executive of Women's Aid. "We're not just talking about responding to patients and creating opportunities for interventions and mutual collaboration to support



Pictured at the ADC were (l-r): Elizabeth Adams, president of the EFN; Alison O'Connor, journalist and moderator; Owen Reidy, general secretary of ICTU; Sarah Benson, chief executive of Women's Aid, and Rory Hearne, author and assistant professor at the Department of Applied Social Studies at Maynooth University

survivors who may be patients, we're also talking about our friends, our peers and our colleagues," Ms Benson told conference.

Women's Aid, soon to be 50 years in existence, has a vision of zero tolerance of all forms of violence against women, including domestic violence, she said.

Ms Benson detailed sobering domestic abuse statistics including that one in five women have been victims by the age of 25 and that 258 women have been killed by men in Ireland since 1996. In addition, many more have been victims of coercive control, which she described as "the beating heart of any domestic abuse relationship".

She said that domestic abuse could combine many different forms of abuse and does not have to include physical abuse. "It has the impact of shrinking somebody's world, of diminishing their opportunities, to move, to access support, and to demean them, to wear them down, to physically and mentally harm them as well."

The consequences of this according to Ms Benson, could be poverty, homelessness and mental health effects, which can extend long beyond the duration of the relationship itself.

She also spoke about the difficulties victims of domestic abuse faced as they negotiate the Irish court system, often having to take cases in both the family and criminal courts, a process Ms Benson said could be "dizzying, stressful, traumatising and impoverishing" in addition to the actual consequences of the abuse itself.

She said it was important to point out that those at the margins of our society are often more vulnerable to domestic abuse.

"There are ways in which society itself further disadvantages certain individuals and makes the barriers to actually seeking help even more acute. That can be for ethnic minority and migrant women, it can also be for disabled and deaf and hard of hearing women and people as well," she said, reminding delegates of the need to be extra vigilant and offer more support when encountering those with these intersectional experiences.

Ms Benson also discussed the ongoing pilot project underway in the three Dublin maternity hospitals which she said was a good example of collaboration. The project has three main strands: training; having a dedicated outreach service that only takes referrals from the hospitals; and raising awareness.

Returning to the theme of collective action, Ms Benson said we need to work together to create a "safety net" that empowers others to make the right choices for themselves.

"We have to support our colleagues and our employees. We have to hold perpetrators accountable. Of course, not all men perpetrate violence, but most violence against women, as well as violence against men, is perpetrated by some man, and working to end male violence against women and girls is work towards ending violence against men and boys as well," she concluded.

Housing needs

Rory Hearne, author of *Gaffs, Why No One Can Get A House, And What We Can Do About It*, spoke about the connection between housing and health, that the lack of affordable housing – a social determinant of health – was leading to pressure on health services, both as a result of pressure on people's mental and physical health, and on the ability to adequately staff the health service.

"Nurses as key workers should have access to affordable secure housing near their places of work as a priority… Nurses are emigrating. Government might accept that immigration is a handy political pressure valve for them with upcoming elections but, as a society, we should not accept it. We should not accept that our children and our future generations cannot get a home in their own country," he said.

"It affects our health and, in particular, what we're seeing now is with the impact on renters of stress, of anxiety of evictions, of a generation who are stuck living at home in their parents' bedrooms feeling infantilised and of not seeing a future."

Mr Hearne said that it was a societal and economic necessity for people to have the stability of a home from which to live the life that they want. He said that as a society, we need to demand sufficient affordable and social housing and that housing be treated as a human right.

"We need a national home-building agency, a public company that guarantees the provision of social and affordable homes. Homes that nurses could buy, that nurses could rent affordably and securely. The market is not a solution to the housing crisis.

"It is a legitimate aspiration as a nurse or another essential worker, or anyone, to own their own home. There are undoubtedly nurses across this country who are currently homeless. Rents are swallowing up the entire salary of young nurses.

"Health and housing are the two most fundamental needs of human beings. But yet we have handed housing over to the market. The market will never deliver affordable housing. Developers investor funds, landlords want higher rents, higher house prices, and they do not want the State building social and affordable housing on a massive scale," he warned.

Mr Hearne called on the government to approach the housing crisis with the same mindset with which it tackled the pandemic and to seek a new housing plan and a new direction that guarantees the provision of housing in Ireland as a human right, noting that the failure to do so would lead to our inability to run a functioning health system, a functioning childcare system and a functioning education system, and would mete "massive trauma" on society.

"I would encourage you all to support 'Raise the Roof' and the other campaigns, to have the conversations and join us in creating a movement that will make housing a human right in this country," he said.

Bringing in the changes

New HSE CEO Bernard Gloster told delegates that long-term reform would not be pursued at the expense of everyday improvements. **Max Ryan** reports

THE many positives of Ireland's health service can often be lost in the "daily narrative of what is not working", HSE CEO Bernard Gloster told the ADC in his first union address since his appointment in March this year.

Mr Gloster, who served previously as CEO of Tusla, the Child and Family Agency, said this was wholly understandable, but that it was "important to reflect on the many gains" Ireland had made in terms of health outcomes and life expectancy.

From these gains challenges have spawned, according to Mr Gloster.

"This longer life expectancy, coupled with increased chronic disease, is understood by all health professionals and provider organisations to mean that significant additional capacity and changed approaches to the delivery of healthcare are required," he said.

Mr Gloster was welcomed by delegates following an introduction by INMO president Karen McGowan. The new HSE chief outlined the three "headline challenges" he faces in his new brief: access and performance, timely implementation and public confidence.

Mr Gloster said that significant budgetary increases over the past decade had allowed for "major investment in the healthcare workforce and other additional capacity measures" and that improvements in mortality from cardiovascular disease, respiratory illnesses and cancer were particularly indicative of this. He added that there had been an increase of 20,000 in the whole-time equivalent healthcare workforce in Ireland since January 2020.

However, frontline accounts from nurses and midwives on the ground painted a different picture of the state of the health service, Mr Gloster acknowledged.

"We know from stories every day – stories of your experiences on the floors of hospitals and in community services – that the demand is much greater," he said.

Mr Gloster said it would not be a case of change "for the sake of it" but rather change for the sake of care and for the sake of culture.

"I will encourage you, wherever you are approaching change, that you would consider its relevance and its interdependence through the viewpoints of care, culture and governance."

Breaking the cycle

On emergency department overcrowding, Mr Gloster said his plan was to follow a year-round approach and dispense with the "annual cycle of the famous winter plan".

"The challenge is no longer just about winter. It is not just about one season of the year – it is a continuous challenge. By the end of May I have asked that all the senior management reporting directly to me, including hospital group chief executives and chief officers of community healthcare, provide a plan for the management of capacity for the rest of the year – not just the winter."

Mr Gloster added that this plan would be agreed soon and would be backed by the government across a three-year period.

"I have set a target that by this summer, the plan for the rest of this year will be a plan agreed with government and with the Minister for the next three years."

The HSE CEO assured delegates that under his tutelage, long-term reform would not be pursued at the expense of everyday improvements.

"The intention is to ensure that while we wait for the many positive reforms to take hold and while we recognise the many positive changes that have happened, including 1,000 extra beds and 20,000 extra staff, we still recognise the challenge to us as healthcare providers and to the people we serve," he said.

On the development of regional health areas and the restructuring of the HSE, Mr Gloster said structure in itself would not solve any problems. What was more important was a change in culture, according to the HSE CEO.

"[Structure] is the governance part," he said. "We also need to change our entire

approach to healthcare delivery and we need to create a different experience for the public and the staff who support and care for them – that's the culture part."

When all three components – care, culture and governance – are approached in unison, then there is the possibility for restructuring, Mr Gloster told delegates.

Safe staffing

Progress on the implementation of the Framework for Safe Staffing and Skill Mix had been hampered by the Covid-19 pandemic "like so many aspects of life", Mr Gloster said. He said despite this, progress had been significant and that there was "still some way to go".

For phase 1 of the Framework – medical and surgical, he said 397 new nursing posts have been approved, 356 of which were filled to date, in addition to new healthcare assistant (HCA) posts. For phase 2 – emergency department, 101 posts have been approved, with 29 filled. He added that so far €31 million had been invested in implementing the Framework and that this showed the government's commitment to achieving safe staffing levels in Irish hospitals.

> "The challenge is no longer just about winter. It is not just about one season of the year – it is a continuous challenge."

Mr Gloster told the conference that Minister for Health Stephen Donnelly had sanctioned the posts for the full implementation of the Framework in all hospitals. "We need to move to commencement in all hospitals in 2023 and completion where possible, in as much as the workers are available to achieve this.

"In nursing terms, this means a requirement for a further 687 whole-time equivalents, in addition to more HCAs. We will achieve this through an approved agency conversion of 330 but also the creation of 350 new posts," he continued.

Mr Gloster said that while there would no doubt be further barriers, he intended to finalise the implementation process of phases 1 and 2 of the Framework soon.

"The conclusion of phases 1 and 2 will result in approximately 1,200 additional nurses for safe staffing measures alone. It is my intention to finalise the remaining implementation plans by June of this year and to ensure that every effort is made and every process is deployed and no time wasted in maximising the possibility of implementing the Safe Staffing Framework," he said.

Seat at the table

Mr Gloster told the ADC that the director of the Office of Nursing and Midwifery Services would now report directly to him. He said it was his intention for the professions to have a seat at the top table of healthcare governance in Ireland.

"Considering the observations of the Expert Review Body on Nursing and Midwifery, I have added to the portfolio of the ONMSD", he said, which will now advise him directly on nursing and midwifery matters.

Dr Geraldine Shaw, director of the ONMSD, has been appointed a member of the interim senior leadership team of the HSE, he said, which was a first in the history of the Executive.

The ever-expanding skillset of nurses and midwives in Ireland has not yet been exploited to its fullest potential, according to Mr Gloster, who said: "We must utilise the skills of nurses and midwives in multidisciplinary teams and in truly integrated services". This was a key part of moving away from acute-centric care and towards "tackling chronic disease prevalence" in the community, he added.

Mr Gloster said it was important to think nationally and in global terms when responding to the needs of an entire population, but that it was equally important to also think of the individual.

"One such individual is Ms O'Neill," he said. "Ms O'Neill is 75-year-old widow with diabetes, heart failure and arthritis. She simply wants quick, responsive services from skilled health and social care providers who have a good understanding of all of her needs. When I conclude my time as the CEO of the HSE, can I face Ms O'Neill and say to her I made it the very best it could it could be for her?"

Mr Gloster said with the confidence he had in "the dedicated members of the nursing and midwifery profession" that the answer to his question would be "yes".

A new dawn for patient-centred care

INMO general secretary Phil Ní Sheaghdha commended Bernard Gloster's "reasonableness and fairness" in past dealings with the union prior to his appointment as HSE CEO, but remained staunch in her message that "the retention issue is now just as important as recruitment".

During the INMO's strike in 2019, a national derogation committee was set up on the other side of that table, the HSE appointed Bernard Gloster as its lead. "Every interaction we had and every request that came for derogation were met with reasonableness and fairness. That helped us execute a successful and safe strike," she said.

"Every bed that is announced, you need one nurse; for every ICU bed that's announced, you need seven nurses. That is a big, big journey and it's a big battle, and we want to work together on that," she continued.

Ms Ní Sheaghdha assured the HSE chief that he would meet a lot of goodwill from the union but that "a couple of basics" would have to be met if this were to continue, including paying nurses and midwives accurately and on time. This isn't just 'be nice to us'. There are laws that employers must pay their staff on time and they must give a detailed payslip. Those obligations are not being met by the HSE; that is a breach of the Payment of Wages legislation."

Ms Ní Sheaghdha said nurses and midwives had "a great hunger for advancement" but that the quality of the healthcare infrastructure needed to be brought up to standard to allow them to be of benefit to the Irish health system – "not in the US, Australia or Canada".

"Nurses and midwives are educated in this country to a level that is very transportable and very much wanted right across the globe. We are also joined now by large groups of overseas nurses who also benefit from that education when they are here. They are making decisions to move elsewhere because they find it too difficult to work in the infrastructure that we provide to them."

Ms Ní Sheaghdha said the innovation demonstrated within the professions during the pandemic was proof if it was needed that nurses and midwives were central to the development of this infrastructure.

On long Covid, she reminded Mr Gloster that it was the responsibility of the employer to look after staff who experience long-term complications of a Covid infection.

"We're en route to the WRC to ask the employer if they really think it's reasonable to not have an occupational injury scheme that deals with the issue of long Covid."

The INMO general secretary acknowledged Mr Gloster's commitment to developing community services but said the privatisation of long-term care facilities was "an injustice to our older population".

Ms Ní Sheaghdha welcomed news of the appointment of Dr Geraldine Shaw to the HSE's interim senior leadership team and said she hoped this would signal "a new dawn".

"We hope we won't be just shouting outside, but that we'll have more seats at the decision-making table," she told Mr Gloster. "We will walk with you on any journey that puts the patient at the centre."

– Max Ryan

Together we stand

INMO deputy general secretary Edward Mathews

Our protection of each other is the cornerstone of the INMO, says Edward Mathews. **Alison Moore** reports

NURSES and midwives as members of the INMO protect each other in two ways: by acting collectively to advance and protect the interests of nurses and midwives and by coming together to protect each other individually when called on to do so.

This was according to INMO deputy general secretary Edward Mathews as he addressed delegates at the ADC.

Dr Mathews said that one of the most fundamental ways that the union does that is through the fitness to practise services provided to members who face complaints to the Nursing and Midwifery Board of Ireland. He described how this process can be an extremely difficult time in the life of any nurse or midwife who is subject to a complaint and he paid tribute David Miskell, Joe Hoolan and Noleen Smith who work on this process with affected members.

"It's an extremely important service for our members. It's one that we rightly and proudly spend a lot of time and money and human resources on. The experience is one that can generate a lot of trauma. We continue to grapple with new legislative changes. There's been changes to the Nurses and Midwives Act and there continues to be a huge amount of trauma associated with public inquiries and with complaints themselves," he told delegates.

He explained how the INMO is there to support people who've done wrong and who need help because they've done wrong, saying "...remember, good people do wrong things for different reasons" as well as being there to defend the people who are wrongly accused, who never did anything wrong and who are incorrectly subject to a complaint against them.

"And it's so important that you as reps are able to communicate the value of that service," added Dr Mathews.

To highlight the experiences of members who have been through the fitness to practise process with the INMO, Dr Mathews showed delegates a video, compiled by the INMO's communications office, which gave voice to these anonymous members' stories.

A director of nursing and midwifery spoke about her 18-month fitness to practise journey and how the INMO had prepared her for what she faced.

"I learned through this process how stressful it is to be on the other side of it. One thing about being a member of the INMO is you know that they've been through the fitness to practise process so many times and are so familiar with it. It's very reassuring. At the time I imagined what would have happened if I had been a member of a different union or not in a union at all and how it would have been a much more difficult process. I'd certainly advise any nurse or midwife to become a member of the INMO and I'm surprised that not all of us are," she said.

Another general nurse described how the year-long fitness to practise process, was one of the hardest times of his life.

"At first I didn't know what to do, but they helped me to calm down and talked me through the process. The biggest support I received from the INMO was their representation on my behalf, which was free of charge (to members). They assisted me in preparing a response, the most crucial parts of the process, which resulted in a successful outcome and an end to the matter. I couldn't have done it without their advice, guidance and moral support. Having the INMO helped me to get justice which means I can continue doing what I love to do every day and pursue my nursing career," he said.

Another described the INMO's support as "immeasurable" and "non judgemental".

"The process lasted almost four years and that was one of the worst parts of it. Financially, I couldn't have afforded the process without my union membership, covering all the costs and the emotional support from the union was also essential and got me through that hellish time. I learned that when you do need the INMO for help and support, they'll be there."

Dr Mathews said that these stories showed the importance in this area of work of acting collectively for each other and for the health and welfare of patients.

Looking back on what the union has achieved in the past year, he thanked general secretary Phil Ní Sheaghdha and the Executive Council for their excellent leadership, and the INMO staff for their tireless work in support of the membership. However, he reserved his biggest thanks for the members who "form a movement of healthcare professionals who want to make a difference for each other and want to deliver for our society".

"When we look at the work of the INMO, we're looking at a union on the move. We're looking at one of the strongest unions in the country, one of the largest public service unions in the country, one of the most tireless unions in the country, a workers' movement and a social movement and the most visible trade union in Ireland."

Thanking the delegates he added: "I am so proud to work for you. I'm so proud of the difference that we have made in the past year. The difference we're already making this year is manifest. Thank you so much on behalf of the union for the effort you put in. We wouldn't exist without you, and nurses and midwives would be worse off without you. Thank you so much."

Govt must legislate for safe staffing

Emergency motion demands HSE makes good on agreements

CURRENT staffing levels and skill mix do not meet clinical and patient demand in the workplaces of 85% of respondents to a 2023 INMO survey, which revealed that 65% of nurses and midwives in Ireland believe patient safety is compromised "very often" or "always" in their area of work.

The survey also found that 74% of nurses and midwives had considered leaving their area of work in the previous month – 30% of whom cited workplace stress as the primary reason.

Quoting the survey findings, Executive Council member Mary Dunne proposed an emergency motion to the ADC calling for the implementation of the Framework for Safe Staffing and Skill Mix to be expedited and for agreements around staffing levels to be backed up by legislation.

"The Framework for Safe Staffing and Skill Mix in Medical and Surgical Wards became government policy in 2018," Ms Dunne said. "Despite the Framework setting out the appropriate staffing and skill mix for every surgical ward, five years later the Department of Health and the HSE are only in the process of implementing it in Model 4 hospitals, and within those nine hospitals it is at various stages of implementation."

Ms Dunne told delegates that the Safe Staffing and Skill Mix Framework ensures that patients are cared for appropriately, adding that adequate staffing levels lead to increased morale and job satisfaction among nursing teams.

"It is now time to legislate for safe staffing so that every nurse who goes to work knows that they will have appropriate and safe staffing levels within their workplace."

Ms Dunne referred to a deal the INMO reached with the HSE in 2017 for a funded workforce plan to be agreed annually, and stated that the HSE had reneged on this agreement.

"This agreement only happened once. We have worked long enough and we have waited long enough. We need legislation for safe staffing now," she told conference.

Lynda Moore, who holds the midwifery seat on the Executive Council, seconded the motion and told delegates that the two key priorities identified in the National Maternity Strategy 2016-2014 were that patients have access to "safe, high-quality, nationally consistent, women-centred maternity care" and that a woman's choice of birthing method and location is to be facilitated "insofar as this is safe to do so".

Neither of these key priorities are achievable without safe staffing, Ms Moore told the ADC.

"It is now more difficult for women to have their choice respected regardless of their care pathways. The HSE and government have failed to deliver a midwifery-led service as they have not expanded the provision of midwifery-led units," she explained.

Ms Moore said that access to other services such as home birth are also limited and not adequately provisioned.

Another initiative that Ms Moore said has been let down by slow implementation and lack of funding was Birthrate Plus, a tool that was rolled out in 2016 to determine appropriate staffing levels and skill mix in maternity departments.

Dianne Lopez, ED CNM1 told the ADC: "It is daunting to think about imminent industrial action just to have safe staffing addressed, but someone has to do it – we have to do it"

"Many of our departments are unable to fill vacant, approved posts. Many more roles are vacant due to staff on temporary absences, such as maternity leave and parental leave, not being replaced.

"Maternity services are being undermined and constricted due to the failure to recruit and retain midwives," she continued.

Ms Moore said while the long-term priority is to train more midwives to meet demand, "in the meantime Birthrate Plus must be fully implemented and resourced in every single one of our 19 maternity units".

Executive Council member Sarah Meagher also spoke to the motion, stating that international research, including the findings of the INMO survey, demonstrates that the implementation of safe staffing and skill mix improves clinical outcomes in patients and increases morale, health and wellbeing among staff.

"Safe staffing and skill mix is good for the patient, it's good for the nurses and midwives, it's good for the healthcare workers and it's good for the health service. So why wouldn't it be a priority for government to ensure that every healthcare facility has safe and effective staffing in place to provide excellent care to patients?"

Ms Meagher said that her colleagues look to the coming winter "with dread", saying they believe "the government and the HSE have not learned the lessons of the horrendous winter of 2022-2023."

She said this is not just an issue of safety for many nurses and midwives – it is an issue of survival.

Dianne Lopez, a CNM1 with 12 years' experience in ED nursing, told the conference that in the six years since she moved to Ireland, understaffing has been a constant problem.

"Most of the days I come to work I worry about an understaffed department rather than the number of patients," she said. "It is daunting to think about imminent industrial action just to have safe staffing addressed, but someone has to do it – we have to do it."

The motion was carried.

– Max Ryan

RNID Section calls for location allowance

THE *Shaping the Future of ID Nursing in Ireland* report is very clear in its findings, that this is a specialised area and all those with an intellectual disability should have access to such specialised nursing care. As a result, the RNID Section called for location allowances to be applied in all ID settings.

"If we are to be honest about person-centred care, the RNID is central to its success. The provision of this allowance in all settings will assist in the recruitment and retention of nurses in services for those with intellectual disabilities, and will allow for the continuance of a high quality of care," said proposer Ailish Byrne, RNID Section chair.

"Removing the location allowance because the resident has moved to the community is doing them a disservice, people with multicomplex needs deserve multicomplex care given to them by the RNID," added Jacinta Mulhern, also from the RNID Section.

Support for native Irish speakers

WHILE non-English speakers from other countries have access to interpreters while in hospital, native Irish speakers, usually older people from the islands, who have limited or no English, are not afforded the same services and can be distressed as a result as well as not being able to be appropriately assessed.

Proposed by the Western Youth Forum, conference backed a call on the HSE to ensure that greater resources are made available to support native Irish speakers when accessing healthcare in Ireland. This should not be limited to access to interpreters; clinical information and health education should also be provided within the Irish language.

The motion was carried.

– Alison Moore

Enhanced salary scale waiting period "unfair"

OVERSEAS nurses and midwives who join the health service are required to wait one year or in some cases 16 months before they can apply for the enhanced nurse/midwife practice salary scale, despite many having experience far in excess of this time period, Emma Murphy of the Cork Voluntary Branch told the ADC.

Ms Murphy said this policy was unfair to nurses and midwives who arrive in Ireland with a wealth of knowledge and experience. She proposed a motion seeking that all nurses and midwives with at least 16 months' service gain automatic entry to the scale upon completion of the relevant adaptation and competency tests.

"We know that 3,382 international nurses and midwives registered between June 2021 and May 2022. They have brought with them knowledge, experience and education, and where I work not one has arrived with fewer than 16 months' experience. In fact, all have arrived with more than four years' experience.

"Despite this, many are told that they must wait until they have worked in Ireland for one year… and some are told they must wait 16 months before they can apply for the enhanced contract," she continued.

"We propose that these nurses should be offered the ENP scale from the start, once they have completed their adaptation or RCSI competency test."

Ms Murphy added that the process of applying for the ENP scale was "cumbersome to say the least" and that "if it wasn't for the INMO, many of these nurses and midwives would have no idea that the ENP scale even existed".

The motion was carried.

Motion on allowances remitted to Council

In a further motion brought to conference by the Cork Voluntary Branch, Alex O'Shea called on the INMO to ensure that nurses and midwives with a specialist qualification have their allowance maintained even if they transfer to another specialty.

"This is about those nurses and midwives who move outside their specialty. Wherever they end up they bring all this knowledge and experience with them, and everyone benefits," he said.

"We just ask that this valuable experience and knowledge continues to be acknowledged financially."

The motion was challenged by Sandra Morton, who said "what we should be looking for is that every nurse is paid for every qualification that they have, including preceptorship".

Executive Council member Bairbre Webb-O'Maolagain said that the HSE should follow the Australian model whereby nurses with multiple specialist qualifications can receive several. She said a similar approach here would incentivise nurses and midwives to further their qualifications in different areas.

The motion was remitted to the Executive Council for further discussion.

– Max Ryan

ADC: HSE must not redeploy ED nurses to other hospital departments

PROPOSING a motion to prevent the HSE redeploying emergency department nurses to other departments, Oliver Allen from the Emergency Department Section said that there were agreed staffing levels for EDs, as determined by the Framework for Safe Staffing and Skill Mix and WRC staffing agreements.

"The ED is a unique environment and when patients present they're at their most vulnerable as they are undifferentiated, undiagnosed and untreated and only beginning their hospital journey and, as result, require appropriate staffing levels," he said.

Seconding the motion Emma Murphy, also of the ED Section, pointed out that taking staff from the ED if it is perceived to be quiet is bad practice.

"The objective of staffing the ED is to plan for what could happen. We cannot close our doors. We cannot limit the number of patients that walk into our front door… If a resus comes in, we may need three or four nurses and generally they're pulled from the floor. When you redeploy an ED nurse and an emergency comes in, it can be very difficult to make sure that we have enough resources to adequately care for the patients," she said.

Karen Eccles, INMO health and safety representative, echoed the call to support the motion, stating that ad hoc redeployment reduced staff morale and led to disengagement, making it more likely for staff to want to leave their units.

The motion was carried.

– Alison Moore

Major gains under terms of pay deal

Pay increases and restoration of 37.5 hour week among gains achieved

ADDRESSING the ADC, INMO director of industrial relations Albert Murphy said that while 2022 proved a challenging year for the INMO with ongoing Covid-19 infection rates and short staffing in the health service, coupled with the wider cost of living crisis, the union could be proud of its achievements in relation to the restoration of the Haddington Road hours and the pay increase achieved for all members.

He told delegates that industrial relations was at the heart of the INMO, which propelled the union to secure an increase 6.5% above the terms of Building Momentum. This saw members receive a pay increase of 3% in February 2023 to be followed by further increases.

However, Mr Murphy criticised the HSE's "unacceptable" delays in passing on these increases and said that the INMO had referred the matter to the Public Service Advisory Group.

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

In another step forward the INMO secured the extension of the enhanced practice salary scale to public sector organisations and multiple private sector organisations, including corresponding pay increases for staff working in private hospitals.

In relation to long Covid, Mr Murphy said that the INMO was seeking to have Covid infection recognised as an occupational injury and that the issue was due to be resolved by the Workplace Relations Commission.

According to Mr Murphy, a total of €208 million has been paid to healthcare workers in Ireland as part of the pandemic recognition payment.

INMO director of industrial relations Albert Murphy criticised the HSE's "unacceptable" delays in passing on pay increases

Mr Murphy criticised the government's failure to heed the INMO's warnings about hospital overcrowding, saying that conditions were unacceptable for both patients and staff and led to violence in some circumstances, adding that the INMO was campaigning for the Health and Safety Authority to create a separate division for healthcare workers.

"There is a job of work to be done on overcrowding and underfunding. We want a funded-workforce plan and safe staffing that is underpinned by legislation. It's time that we made safe staffing happen.

"A union is only as good as its members so you need to go back to your workplace and say, the union's on the march again and we need you to become involved. Tell your colleagues, preach the message that we are making progress for members" said Mr Murphy.

– Alison Moore

Framework must be supported by law

SAFE staffing is the most significant challenge facing nurses and midwives in Ireland today, according to INMO director of professional services Tony Fitzpatrick. He said the annual INMO membership survey found that 84.7% of staff believed staffing levels and skill mix did not meet the required clinical need and patient demand in their workplace.

"The Framework for Safe Staffing and Skill Mix is an excellent tool. The problem is implementation," he told conference.

Phase 1 of the Framework, which covers medical and surgical areas, was launched and accepted by the government in 2018, while phase 2 was launched last year and sets out the appropriate staffing levels for EDs. Mr Fitzpatrick said: "It's vitally important that we now hone our resources to ensure that the Safe Staffing Framework is implemented. If they're not willing to implement their own frameworks, then it's time to legislate in that regard."

Phase 3 of the Framework deals with older person services and is in the pilot stage. Mr Fitzpatrick and INMO second-vice president Caroline Gourley are on the national steering committee for this phase of the Framework.

Mr Fitzpatrick told delegates that the INMO's professional services have grown in volume and in impact in the past year, while paying tribute to the INMO Professional team.

He added that 2022 had been the busiest year on record for INMO Sections, with 12 national conferences hosted by the Organisation, half of which were online. Online conferences continued to be popular among members, with attendance increasing by 30%.

INMO director of professional services Tony Fitzpatrick: "It's vitally important that we now hone our resources to ensure that the Safe Staffing Framework is implemented

Mr Fitzpatrick told delegates, "INMO sections were not just about continuing professional development, but also collegiality and encouragement. It's about peers getting together, talking about the issues affecting them, social and personal support and encouragement."

On education, Mr Fitzpatrick said INMO Professional now runs 126 different courses, all of which are approved by the NMBI and carry continuing education units.

– Max Ryan

ADC highlights negative effect of sick leave reduction and calls for review

"TODAY is not just about money," Alice Carew told delegates as she proposed a motion calling for the reversal of the 2014 reduction by 50% of the sick leave periods over which full pay and half pay may be claimed. "It is about the negative impact this can have on nurses."

Agreed in 2012 by then-Minister for Public Expenditure Brendan Howlin following recommendations by the Labour Court and made effective from January 1, 2014, this reduction essentially halved public sector employees' sick leave entitlements, according to the motion, from six months' full pay followed by six months' half pay, down to three months' full pay followed by three months of half pay in any rolling four-year period.

Under the previous scheme employees were also entitled to pension rate of pay for an unspecified period after their six months of full pay and six months of half pay had elapsed.

Given the strain on nurses and midwives arising from Covid-19 and its long-term effects, as well as the emerging evidence on the impact of occupational burnout among healthcare workers, Ms Carew told conference that this issue needed to be revisited.

"We are calling for the reinstatement of our sick pay to six months' full pay and six months' half pay," she said.

Ms Carew added that previously she had assumed, as many do, that the majority of sick leave was taken due to musculoskeletal issues or infectious diseases such as cold or flu. Recently she discovered this was not the case.

"Some weeks ago I had the privilege of doing a health and safety rep training course where I learned that emotional stress is now the main factor in sick leave among nurses. One in five sick days taken by nurses in 2022 was due to mental health reasons," she said.

Michael O'Dwyer of the Executive Council and Cashel Branch also spoke to the motion, telling delegates that he was off work caring for his mother when he first heard about this change to sick leave entitlements.

Alice Carew: Delegates heard that one in five sick days taken by nurses/ midwives in 2022 was for mental health reasons

"I first found out about the change from six months full pay and six months half pay when my mum was at the end of her life. I took off four months in total to look after her. I came back to find that all my sick leave entitlement was used up in that period.

"Many people have gone through a bit of it already by the time they need it most, and so they're not even starting from the full amount."

Sandra Morton from the Operating Department Nurses Section spoke from personal experience when she told the ADC that she missed a year of work with complications arising from Covid-19 infection.

"We don't know what the sequelae of Covid are and I don't know what sick leave I'm going to need in the future," she said.

Seconder Rita Slattery of the Cashel Branch spoke briefly to the motion, adding that many nurses in her workplace are also still taking sick days due to the symptoms of long Covid.

Albert Murphy, INMO director of industrial relations, offered some important context for the motion. "It's not that it's three months' full, three months' half [pay] and that's the cut-off. There are other schemes that are available to members and we are happy to share that information with delegates," he said.

The motion was carried.

– Max Ryan

Clinical governance gaps delaying coronary care

THE lack of an appropriate admissions policy in coronary care units (CCUs) has led to delays in access to appropriate care for patients with acute coronary syndrome (ACS), according to the proposer of a motion brought to conference by the Kildare Branch.

Marjorie Dore called on the HSE to standardise the clinical governance of these units, paying particular attention to the admission and discharge of patients. Ms Dore said "there needs to be an admissions policy for the CCU, preferably under the governance of the cardiologist at the hospital".

She told delegates that in her workplace, prior to the pandemic, they always took in one or two high-dependency patients but that since then nearly all of her patients are high dependency. Ms Dore said this has caused delays in ACS patients accessing timely care, as well as the admission of patients whose symptoms do not fall under the remit of the CCU.

This results in ACS patients being admitted to wards, she told conference. Within a few hours of no improvement, these patients are then moved into ICU. "This happens despite the fact there are beds available in ICU in the first place," she said.

"Often patients who are not appropriate are admitted to CCU, including critically ill patients with respiratory sepsis or acute abdominal obstruction. For unstable ACS patients who urgently need to come to the CCU, there is a delay in admitting them due to a lack of availability of nurses at any given time. This can mean delays in accessing cath labs for angio and also the risk of not being on the appropriate medication," Ms Dore continued.

In the past, post-MI patients who had undergone a percutaneous coronary intervention were prioritised to return to the CCU but this is no longer always the case and "they can miss out on the first phase of cardiac rehab and risk not even being referred to cardiac rehab," she told delegates.

The motion was carried.

– Max Ryan

Psychological support must become ingrained in our workplace culture

DURING the pandemic frontline healthcare staff were exposed on a daily basis to high stresses and traumatic situations but throughout this time, there was little done to increase the level of psychological support available to them.

So said Eilish Fitzgerald of the Cork HSE Branch, when proposing a motion that called on the INMO to lobby the Department of Health to ensure than enhanced psychological supports are on offer to frontline staff and that they become ingrained into a daily work culture.

Ms Fitzgerald said that the pandemic arrived into an already overstretched, understaffed and under-resourced health service, which was experiencing a high incidence of staff burnout.

"Burnout is characterised as a state of depletion, detachment and cynicism, resulting from prolonged high levels of stress. Healthcare workers in general, especially critical care workers, are at risk of burnout, fuelled by the emotional challenges of dealing with critically ill patients and their families.

"Emotional exhaustion alone, one of the three domains of burnout, accounts for 25-50% of intensive care healthcare workers, with up to half of nurses and physicians across all specialties meeting the criteria for severe burnout," she told delegates.

Ms Fitzgerald explained that burnout in healthcare workers has been linked to adverse patient events, including increased rates of infections and self-reporting errors. Furthermore, burnout can lead to staff deciding to leave the workforce, which in turn increases costly staff turnover and leads to shortages.

Eilish Fitzgerald (left) of the Cork HSE Branch, speaking at the ADC in Killarney, called for better psychological support in the workplace and said that burnout in healthcare workers has been linked to adverse patient events and often leads to staff deciding to leave the nursing and midwifery workforce

She said that while some psychological support systems have been set up by employee assistance programmes and more staff clinical psychologists have been retained, more were still needed.

"We still want, and we still need, more of these supports and we want this ingrained in our workforce. So, we're asking the Department of Health to ensure that we have support on a daily basis and that this would be accessible for all .

Treasa Toye from the Letterkenny Branch who was a first responder to the Creeslough explosion, also urged delegates to support the motion. She explained that she was a typically very resilient person at work and had never required any kind of counselling, however that all changed on her return to work the day after the disaster.

"I didn't want to be there and I broke down at work and had to go home. I have to say that our hospital staff were so good to me and they offered help and psychological support at that time.

"But in a normal day, people are going through things at home that maybe nobody knows about. Those supports aren't there when they have to look for them, and then they don't know where to go."

Ms Toye said that while her experience saw her offered "support on my doorstep" and "as much time off as needed" she knew that other people were not necessarily afforded these opportunities. "I think it is really important to support this motion and that it's ingrained in our work culture for everybody," she added.

ICU nurse Ester Fitzgerald from the Executive Council and Cork HSE Branch also spoke to the motion. She recounted how before the pandemic two of her unit's own ICU nurses were treated in the ICU, with one not surviving and the other yet to return to work.

"As you can imagine, when two people that you've worked with for over 10 years are ill and you're suddenly nursing them, it rocked us to our core during that time," she said.

Ms Fitzgerald told delegates of how the clinical psychologist started popping by their breakroom for casual chats, making herself available to them to talk about what they were going through.

"The support she gave us was phenomenal and it then became ingrained in our culture. We knew her and she knew us. It wasn't a case of ringing employee assistance programmes to make an appointment and come in on your day off. She just happened to be around a lot."

The unit's familiarity with the clinical psychologist and their habit of talking about their experiences really stood to them during the pandemic.

"When Covid hit and we were rocked again, we had that scaffolding in place to support us. We didn't have to go looking for extra help. Since then, we've become very much advocates of it... If the scaffolding is there, it's much easier," she added.

Sandra Morton from the ODN Branch said that traditionally nurses and midwives have a poor uptake of counselling when it is offered.

"We have to look at ourselves and say, 'do I need to have that counselling'? Should we be looking at mandatory sessions for our psychological safety?" she asked.

The motion was carried.

– Alison Moore

Older persons services must be protected

CONFERENCE backed a call for the INMO to engage with the HSE to ensure an end to the continual reduction of established day care services for older persons.

Proposing the motion, Bernie Byrne of the Care of the Older Person Section and Tullamore Branch, said that there was an urgent need to protect these essential services for our growing population of older people.

She said that services had closed due to Covid-19 and nurses were redeployed and many of these services have not yet reopened. These special nurse-led services are vital as not only do they combat loneliness, isolation and depression, but they serve as a vehicle to link with public health nurse services, health promotion, health monitoring, nutrition monitoring, an opportunity to safeguard the vulnerable and they provide a rich learning environment for students.

Also backing the motion, Caroline Gourley, INMO second-vice president, said that the lack of these services led to more emergency hospital admissions.

Meanwhile a further motion put forward by Edel Bannon of the Roscommon Branch demanded that the HSE immediately put in place "future proofed, safe and appropriate" services for the discharge of older people from acute services to ensure they are supported appropriately in the community. Ms Bannon said that the HSE must reaffirm the Sláintecare model of streamlined pathways and early hospital discharge for older people as a matter of urgency.

Both motions were carried.

– Alison Moore

Staffing: low sponsored training places a 'missed opportunity'

IN SPITE of an ongoing unprecedented recruitment and retention crisis in Ireland, there are only 30 sponsorship places funded annually for eligible public servants who wish to train as a nurse or midwife available across the entire country. Paul Faulkner of the Sligo Branch called for the HSE to urgently increase this number as an avenue of increasing staffing numbers into the future.

He explained that following a stringent application system and completion of training and registration with the NMBI, sponsored graduates commit to work with the Irish health service for five years.

"Many of us will have experience of support colleagues who have the empathy and understanding and the communication skills essential in patient care. They often have families and local roots that make them more likely to be retained within the health service into the future. If we are to grow the nursing workforce to achieve the numbers required for safe staffing, we need to drastically increase the numbers that we're training. But this number has been static now for many years. It really has to be considered a missed opportunity. The HSE should now look to significantly increase the places available to suitable candidates," Mr Faulkner said.

Ciarán Freeman, student member of the Executive Council said increasing the number of sponsored places would bring down barriers to education and enable those who are already working to train as a nurse or midwife

Robyn Murray from the Western Youth Forum, a third-year general nursing student who was on the sponsorship programme, spoke of the difficulty in getting one of only 30 places, with only five available to each region.

Ciarán Freeman, student member of the Executive Council, spoke about the importance of removing barriers to education.

"This is enabling a group of people who are already working in the health service and have a great deal of experience and knowledge that they can bring forward as a nurse or midwife and if we can increase that then I'm all for it."

The motion was carried.

– Alison Moore

INMO to research members' experiences of domestic abuse

WITH one in four woman in Ireland being subject to domestic abuse, the Cork HSE Branch put forward a motion calling on the INMO to undertake research into the "lived experience of nurse and midwife victims of domestic abuse and to use the findings to bring about change to the treatment of survivors by the family law process".

Nicola Curran who proposed the motion explained that the family law court was a "slow process of law and procedure", where women "may have to go to the Criminal Court for a protection order, and again for a safety and barring order, before she gets to the District and Circuit Court."

She said that the current process allows abusers to continue to frustrate and coerce their victims by impeding and obstructing the progression of family law matters, and that such behaviour was permitted by the law itself.

Eilish Fitzgerald, also of the Cork HSE Branch, seconded the motion, saying that urgent reform was needed across the justice system for those reporting domestic and sexual abuse, emphasising that the current system means that many survivors are forced to navigate three systems of separate legal jurisdictions, criminal, family and child protection.

Ester Fitzgerald, also of the Cork HSE Branch, said that as female dominated professions "we need to do better" and "while we're very good at looking after others… who is actually looking after us?"

The motion was carried.

– Alison Moore

Midwifery role must be recognised in law

MATERNITY services should reflect the needs of women and this must include midwife-led and community based services. The Midwives Section put forward a motion that called for the INMO to lobby government to amend the Maternity and Infant Care Scheme to reflect the pivotal role of midwives as lead care providers in the supported care pathway, and as part of the multidisciplinary team, to women with no known complications.

Proposing the motion, Margaret Dunlea of the Midwives Section said that when the Health Act – which encompasses the Maternity and Infant Care Scheme – became law in 1953, the woman's role was seen as being in the home.

"They were economically, politically and sexually curtailed. It was a time when it was seen as normal for men to speak for and to represent women in political decision making. It was also a time when male authority was privileged. The Catholic Church and the medical profession were revered."

During the 1950s the Midwifery Board was dissolved and there was an attempt to replace the term 'midwifery' with that of 'maternity nurse', Ms Dunlea explained. It was against this background that the Scheme was drafted and as a result there was no mention of the midwife whatsoever in the legislation, she said.

"The Maternity and Infant Care Scheme prioritised expensive hospital care over local community services. It prioritised doctors' care over midwives' care, and prioritised safeguarding private practice over free universal healthcare. This led to this two-tier, public-private mix and the underfunding and undermining of the primary care setting.

"Following the introduction of the Maternity and Infant Care Scheme, community midwifery was dismantled and the only place for midwives to work was within the hospital setting under the direction of the doctors," added Ms Dunlea.

She added that while 70 years on things have changed, both for women and midwifery, the HSE website still recommends GP or consultant care for pregnant women, without mentioning the option of midwifery-led care. She called for members to support the motion.

Seconding the motion, Anne McCormack, also from the Midwives Section, said the International Confederation of Midwives has said that personalised care with continuity is essential to provide the safe quality care that women want.

"We need the development of maternity services that are built around the needs and wishes of women. This could be provided in a supportive care pathway where midwives lead the care or where care is within a multidisciplinary team. There is clear international evidence that this approach provides a significant public health benefit with improvement in maternity outcomes," she said.

Lynda Moore (left), from the INMO Executive Council, said that new legislation changes must endorse the recommendations of the 2016 Maternity Strategy and the review of the Maternity and Infant Care Scheme must recognise the role of the midwife

"Midwives are lead care providers and it is normal for women to attend the midwife when pregnant. We need primary care midwifery models linked to every primary care centre in Ireland.

"In addition, the profile of the work of midwives needs to be raised at government level and our role needs to be acknowledged through legislation. We need our position to be given its rightful place in healthcare," Ms McCormack told the conference.

Nicola Hurley from the Kilkenny Branch also supported the motion.

"Every woman should have access to a midwife just like every person should have a GP. If you're pregnant, you should see your midwife. While our obstetric colleagues are crucial in managing the various medical complications, our midwives are crucial in looking after women and individuals in becoming mothers and parents. This needs to be protected in the legislation," she said.

Lynda Moore from the Executive Council said that midwifery pathways were wanted by both midwives and women. She said that in 2016 the "superb" Irish Maternity Strategy took into account what women wanted and supported it but that obstetricians could be "gatekeepers for Ireland's midwifery-led care".

"New legislation changes must change this fact. The review of the Maternity and Infant Care Scheme needs to recognise the role of the midwife. It is as simple as that," added Ms Moore.

The motion was carried.

– Alison Moore

Risk assessments needed ahead of work practice change

A NEW policy document under Sláintecare that will increase PHNs' initial workload by 100% led the PHN Section to call for full consultation with public health and community nurses, alongside the completion of health and safety risk assessments ahead of the instigation of any new work practices.

"We used to have five items as Priority 1, now we have 10 and there's no extra staff. Sláintecare is coming like an express train and we have been told we need flexibility, but sometimes we reach a stage where we actually have to say 'hold on a moment," said the PHN Section's Patricia Marteinsson, who was proposing the motion.

First-vice president Mary Tully seconding the motion said that the Safety, Health and Welfare at Work Act 2005 was very clear in stating that employers must consult with employees in the delivery of change ensuring health and safety.

"Of course we welcome Sláintecare, but this is happening without consultation or adequate staffing levels and without risk assessments to the detriment of the welfare and wellbeing of staff," she added.

The motion was carried.

– Alison Moore

ADC demands clarity on delays to Building Momentum pay increases

"ARE we surprised that the HSE was unable to pay staff on time?" This was Ester Fitzgerald's question for delegates as she proposed a motion on behalf of the Executive Council calling on the HSE to ensure the prompt implementation of pay agreements and to provide an itemised calculation of any arrears payments for each individual employee.

The motion was proposed on foot of what Ms Fitzgerald referred to as a "welcome review" of the terms of the Building Momentum pay agreement, which emerged following talks chaired by the Workplace Relations Commission in autumn 2022 and contained measures to increase pay for nurses and midwives employed by the public sector. She said that the "prolonged delay" to implementing these increases was a breach of the agreement.

"The HSE argued that it was the largest workforce in Ireland and that due to having nine CHO sections and staffing difficulties, it was under extreme pressure to deliver pay increases on time. Despite several requests for engagement with the HSE to resolve this matter, we saw the October pay rises paid in April and the March 2023 pay rises not being paid until June 2023."

Ms Fitzgerald told attendees that the INMO was serving a claim on the HSE to demand that sufficient resources are made available to ensure payments in a timely fashion and that healthcare workers are paid compensation for having to endure delays in payment.

"Pay agreements are hard earned and even harder to implement. They are forever changing and forever being pushed out. Enough is enough," Ms Fitzgerald concluded.

Anne Flanagan, Sligo Branch, who seconded the motion, said that the delays have led to a distrust of management and that more insight needed to be given into the calculations of pay increases.

"It's not just the financial impact of not having your money when you should, but it's also leaving staff feeling undervalued and in turn generates more distrust in the system of management. Out of courtesy they should be telling us that they are going to delay our money," she said.

Ester Fitzgerald: "Prolonged delays implementing these increases is a breach of the agreement. Enough is enough."

Ms Flanagan called on the INMO to demand that the HSE provides each individual employee with a detailed breakdown of the method used to calculate their increase in pay. "Under the law we are entitled to this," she reminded delegates.

Sean Shaughnessy of the Executive Council and Galway Branch also spoke to the motion, telling delegates "If you are six months delayed in being paid, that shows no value in what you're doing".

Mr Shaughnessy said that while "nobody is surprised" by the delays, the feeling of being undervalued can have an adverse knock-on effect on a nurse or midwife's daily work. "Pay up and pay on time" was his message to the HSE.

Ciarán Freeman, who interns at University Hospital Galway and holds the student seat on the Executive Council, shared Ms Fitzgerald and Mr Shaughnessy's lack of surprise, but added that he was also losing hope and that as a student nurse he has felt let down by the HSE "from the get-go".

"Do you know where I won't be disappointed? Australia or New Zealand or somewhere where I have hope that something will change. I don't really have much confidence in things changing in the HSE and people like me are going to keep leaving unless things improve for us."

The motion was carried.

– Max Ryan

Safe staffing a dream if housing crisis not resolved

"SAFE staffing is a dream if the issue of affordable housing is not addressed" was the message of a motion by the Dublin Southwest and Kildare Branches calling on the Department of Health to provide funding for on-site accommodation and crèche facilities for nurses and midwives.

Marie Lavelle, Dublin Southwest Branch, proposed the motion and welcomed Minister Donnelly's pledge for more nursing and midwifery posts and places on undergraduate programmes to be created. She said these promises were moot without a plan to resolve the housing crisis.

"If we don't do something now we will have nobody to look after us in the future," she said.

"Subsidies should be put in place so that nurses can live near to work and not have to do ridiculous commutes."

Jan Hailey-Reyes, representing the Kildare Branch, seconded the motion.

"This is a problem that not only affects the nurses and midwives themselves, but also the patients they care for," she told delegates.

"When nurses are forced to commute long distances or live in overcrowded or unsafe housing, they are not able to give their best to their patients."

Ms Hailey-Reyes added that nurses who are tired after a long commute were more prone to error.

"They may be tired, stressed or distracted. In severe cases they may even have to leave their jobs altogether, depriving the health service of their much-needed expertise."

Responding to the motion, INMO director of industrial relations Albert Murphy reassured delegates the INMO was "on top of this issue".

He said: "We met the Minister for Housing in March and we've made a submission to him that's available to anyone who wants to see it. We've engaged with the Minister directly and we've brought in some of the directors in the larger Dublin and Cork hospitals to make the case because the directors are with us on this. They know that if we can't get housing sorted we can't get staffing," he said.

The motion was carried.

– Max Ryan

Youth forums call for review of preceptorship standards

THE plan to increase student placement numbers in the NMBI Statement of Strategy for 2023-2025 has necessitated the "urgent review" of current preceptorship requirements for nursing and midwifery students, according to Rebecca Brennan.

Proposing a motion on behalf of the Eastern Youth Forum, Ms Brennan called on the NMBI and HSE to review these standards to "ensure that they are meeting the needs of students".

"There are already severe nursing shortages and an increase to nurse-patient ratios. A new framework of preceptorship is required if meaningful and effective clinical learning environments are to be achieved," she said.

Ms Brennan told the conference that many students had reported that their preceptorship experiences had "varied radically" depending on location or work area. "Some have even reported that these have been detrimental to their learning," adding that "Preceptors need to be adequately trained and supported to carry out their roles effectively."

Annette Keating, speaking on behalf of the Nurse/Midwife Education Section, supported the motion. She told delegates that "providing an effective preceptorship system leads to a positive clinical learning experience for student nurses and midwives".

"It is time for the HSE to review current preceptorship systems to make sure they meet the requirements of the NMBI and the needs of students," added Ms Keating.

Bridget Brennan, Kilkenny Branch, spoke in opposition to the motion. She told conference that the preceptorship programme at her workplace was fully up to standard, despite being short-staffed. "We have staff who are genuinely interested in training and we are short of nurses. But yet these nurses want our students to have a positive experience. I think a lot is being done for students to help them along their way."

Chris O'Dwyer, chair of the Student Section, said this motion was "not an attack on existing preceptorship" but rather "This is looking at how we can improve quality. What's working in Kilkenny should be applied across the board." Mr O'Dwyer added that he went six weeks without an assigned preceptor during his first placement.

The motion was carried.

– Max Ryan

ADC calls for incident report forms to be acknowledged with feedback

THE Waterford Branch called on conference to ensure that all national incident report forms (NIRF) are acknowledged and subject to written feedback from the National Incident Management System (NIMS) within an agreed timeframe and that the nurse staffing levels at the time of the incident are included in the form as information pertinent to why the incident might have occurred.

Catherine Whittle from the Waterford Branch, who proposed the motion, said that nurses and midwives are required to fill out national incident report forms (NIRF) following an event or circumstance that could have, or did, lead to unintended and unnecessary harm. They often can only fill these in at the end of a long shift when they should be off duty, only for them to be apparently ignored.

NIRFs must be completed for all incidents involving service users, staff members, agency or staff, members of the public, volunteers, external contractors, trainees or those on work placement.

Ms Whittle said that more than 210,000 incidents are reported annually to NIMS but those who file them never receive a response.

"Usually a staff nurse is finishing paperwork in the nursing record at the end of what was a stressful and exhausting shift when he or she should be off duty and that's the end of it. There's no response or no feedback," she said.

Mary Donaghy from the Executive Council added her support to the motion.

"We have fatigue from filling out incident reports. We're probably under-reporting incidents because of that. In some hospitals, they go online, in some hospitals, they're handed to our managers. We don't always know where they end up and we don't get feedback. I think if there was a system in place that gave us some feedback, it would increase reporting of incidents and that would lead to better risk assessments and patient management," she said.

The motion was carried.

– Alison Moore

Digital health records key to safe care

STAFF in community nursing units would have more time to spend with patients with the introduction of a paperless record system, according to Hardiman Bayle, the proposer of a motion calling on the HSE to streamline and digitalise the minimum data set currently used in these units.

This development would also bring environmental benefits, according to Mr Bayle, who spoke on behalf of the Dublin East Coast Branch.

"The benefit is to save more time to spend on patient care and to get to know our patients better, which is more important," he told the ADC.

"At the same time we will be cutting back on the use of paper, saving space and reducing storage costs for the HSE."

"More importantly, patients' data will be more safe and secure," he continued.

Mr Bayle added that most private nursing homes already use digital systems.

"For nurses working in community nursing units under the auspices of the HSE, it seems that we are being left behind."

Caroline Gourley, INMO second-vice president and chair of the Care of the Older Person Section, also spoke to the motion and told delegates that the introduction of digital record systems was "essential to safe care".

"Yes, the HSE is behind by about 10 years. A lot of paperwork has been done in that time," she said.

"You can get the nurse back to the bed in the time that's freed up. You can have them back working basically like we used to – talking to the residents and doing basic care, not paperwork."

The motion was carried.

– Max Ryan

For outstanding mentorship in nursing and midwifery, staff nurse Marian McAuliffe from Bantry General Hospital was awarded the Preceptor of the Year Award at the ADC in Killarney, nominated by student nurse Miriam Hanlon. Pictured (above left) at the presentation of the award were (l-r): Karen McGowan, INMO president; Marian McAuliffe, winner; Miriam Hanlon, nominator; Tony Fitzpatrick, INMO director of professional services; Phil Collins, life and pensions manager Cornmarket; and Róisín O'Connell, INMO student and new graduate officer. Pictured (above right) were (l-r): Stephen Donnolly, Minister for Health; and CJ Coleman Research Award winner, Louth nurse Leasa Murphy

Three nurses recognised at ADC for outstanding contributions

Winners of annual INMO awards announced to conference in Kerry

THE INMO awarded its annual prizes to members who made outstanding contributions to the union and its activities over the past year at the annual delegate conference in Killarney in May.

The Gobnait O'Connell award for exceptional contributions to the nurses and midwives' union was awarded to Ann Noonan, staff nurse and INMO rep at University Hospital Limerick. Ms Noonan has also served on the Executive Council.

The CJ Coleman research award was awarded to Louth nurse Leasa Murphy for her project *"Exploring the views of recently qualified midwives to determine the factors influencing their clinical placement experience as postgraduate student midwives."*

The INMO's annual Preceptor of the Year award for outstanding mentorship in nursing and midwifery was won by staff nurse Marian McAuliffe of Bantry General Hospital, who was nominated by student nurse Miriam Hanlon

The Gobnait O'Connell award for exceptional contributions to the INMO was awarded to staff nurse and INMO rep at University Hospital Limerick Ann Noonan. Pictured (l-r) were: Mary Fogarty, INMO assistant director of industrial relations mid-west and western region; Karen McGowan, INMO president; Ann Noonan; and Phil Ní Sheaghdha, INMO general secretary

Speaking about the awards INMO president and advanced nurse practitioner at Beaumont Hospital, Karen McGowan said: "These annual prizes are such an important part of the conference and such an amazing opportunity to recognise some of the members who go above and beyond year in and year out.

Ann Noonan, Gobnait O'Connell Award winner

"The competition for these prizes is always tough because we see so many members looking to nominate their colleagues and teammates and ensure they get the recognition they deserve.

"It's so inspiring every year to see nurses and midwives striving to get the most out of themselves and their professions, and ensuring the best possible outcomes for their colleagues, their students and their patients."

Around the conference hall at the ADC

Retired Section ventures north

Anne McDonnell, Pat Conan and Kay Murphy pictured left at the Giant's Causeway during the Retired Section's recent visit to Antrim. The section's tour of Northern Ireland also saw members enjoy outings to Malin Head, Dunree Fort and Doagh Famine Village in Donegal, as well as the Derry Peace Bridge, Guild Hall and the Walls of Derry in Co Derry. Myra Garahan (pictured in Guild Hall) told WIN: "The weather was lovely which made such a difference to our very successful break with a number of new retired section members, who thoroughly enjoyed their inaugural tour with the section"

RNID Section

MORE than 30 members of the RNID Section attended a Tools for Safe Practice workshop in April. Hosted by Michelle Russell, the workshop focused on SMARTER objectives, ISBAR communications, clinical incident reporting theory and the role of the INMO in statement writing. Attendees learned about statement writing strategies and the key principles of documentation.

Advanced Practice Section

THE Advanced Practice Section is seeking new members to develop the section and implement changes on a national level. To join the section, email membership@inmo.ie with your name and membership number, or scan the QR code. Candidate ANPs/AMPs are also welcome to join.

INMO Professional

INMO
Irish Nurses and Midwives Organisation
Working Together

Operating Department Nurses Section Conference 2023

Saturday, 14 October 2023

The Knightsbrook Hotel,
Trim, Co Meath

Are you interested in presenting on some recent initiatives in your department?

Contact: **jean.carroll@inmo.ie**

INMO Professional

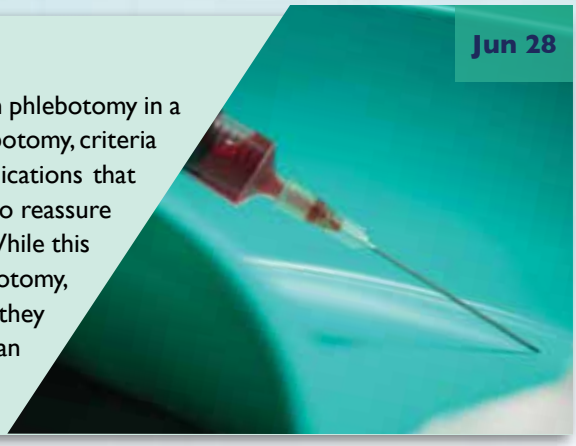
Continuing professional development for nurses and midwives

INMO EDUCATION PROGRAMMES

In the pull-out this month…

Phlebotomy *(in person)*

Jun 28



This programme provides participants with the skill and theory to perform phlebotomy in a competent and safe manner. It will cover topics such as sites used for phlebotomy, criteria for evaluating a vein, principles of an aseptic technique as well as complications that may arise during and after the procedure. Guidance will be given on how to reassure the individual in relation to the procedure and on gaining their consent. While this course will provide the necessary knowledge and skills to undertake phlebotomy, it will be necessary for each nurse and midwife attending to ensure that they abide by their local policy on phlebotomy in their place of work and hold an up to date Hand Hygiene Training certificate (within the past two years).

Tools for safe practice *(free for INMO members)*

Jul 12

This programme provides safe practice tools to protect the nurse and midwife and patient within healthcare settings. This is an awareness session to ensure all staff have an understanding of the process involved in patient alerts, clinical incidents and thorough assessment, while remaining focused on patient and individual staff. The programme 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 a complex healthcare arena. This programme is free for INMO members. Places must be booked online in advance of your attendance.

Mindfulness and meditation in holistic nursing and midwifery care

Aug 21

Many scientific researches have proven across the globe that practice of mindfulness brings measurable physiological changes in the brain called neuroplasticity. Practitioners report improved general sense of wellbeing and less stress and pain. We will explore the process of psychosomatic illnesses and how we can help our patients during difficult times. Mindfulness based practices are part of national healthcare system in many countries. Let's reduce suffering and bring peace to our healthcare system.

INMO Professional

Busy summer ahead at INMO Professional

Steve Pitman
Head of Education and Professional Development

JUNE is a busy month, with the International Confederation of Midwives (ICM) Congress in Bali and the International Council of Nurses (ICN) Congress in Montreal in early July. The INMO will be represented by members and officials at both events. This will be a fantastic opportunity to meet in person with nurses and midwives from across the globe for the first time since the pandemic to discuss the challenges facing nurses and midwives. It also ensures that the voice and experience of Irish nurses and midwives contribute to global debates and discussions.

The Expert Review Group continues to work on implementing the recommendation of the Report on the Expert Review Body on Nursing and Midwifery in March 2022. The INMO, as a key stakeholder, will play a central role as group and sub-group members. The work of the Expert Review Body implementation oversight team will be fundamental to setting the future direction of the nursing and midwifery professions in Ireland.

NMBI Statement of Strategy 2023-25

The NMBI published its Statement of Strategy 2023-2025 at the end of April. The strategy was developed to reflect the changing nature of healthcare. Key priorities for the NMBI include:

- Developing an online and in-person hub to support nurses and midwives from overseas to apply to join the Register in Ireland and to adapt to working here
- Reviewing entry pathways into nursing and midwifery to establish alternative routes, eg. graduate-entry nursing
- Developing a plan to increase undergraduate student placement numbers
- Implementing a more person-centred fitness to practise process to ensure a compassionate approach.

The NMBI has launched a public consultation to gather feedback on the Draft Public Health Nursing Education Programme Standards and Requirements. The standards and requirements have been revised in line with best practice and in consideration of the many changes and challenges facing healthcare and the role of the public health nurse. The submission deadline is 5pm on Thursday, June 22, 2023. Further information, a copy of the draft standards and a link to the survey are available on the NMBI website in the 'What We Do' consultation section. The INMO will be making a submission based on feedback from members.

HSE Professional Development Plan

At the beginning of May, the HSE relaunched the Professional Development Plan (PDP). The PDP framework, with digital PDP, has been revised in the context of the HSE performance achievement process. The PDP is now recognised as the HSE performance achievement process for all nurses and midwives.
The PDP is a tool that supports the nurse or midwife in identifying professional goals for the benefit of themselves, their service users and their workplace. PDP is a continuous development process that facilitates nurses and midwives to engage with their line manager and identify their professional goals and the supports required to achieve them. Next month's *WIN* will include further information on the HSE PDP. Information is also available on the HSE ONMSD website.

Pride 2023

This year, in collaboration with LGBT Ireland, the INMO will be hosting a 'Pride at Work' event for nurses and midwives to celebrate and raise awareness about Pride and issues of importance to the LGBT+ community. The event will occur on Monday, June 26 at the Richmond Education and Event Centre. The INMO will also participate in the Dublin Pride march on June 24. If you want to get involved in the event or join the INMO at Dublin Pride, please contact steve.pitman@inmo.ie

Awards

The standard of submissions for the CJ Coleman Award was high again this year. Congratulations to Leasa Murphy, CMM2 in Our Lady of Lourdes Hospital, Drogheda, who was the 2023 CJ Coleman Award winner. Ms Murphy's study explored the views of recently qualified midwives to determine the factors influencing their clinical placement experience as postgraduate student midwives. The WaterWipes Pure Foundation Fund Bursary Award was launched on June 1 *(see page 58 for more information)*.

Health action training

The Burdett Trust funds the graduate certificate in health action training (HAT) as part of the Nursing Now Challenge. This a 36-hour course delivered over 12 weeks. It engages participants in a fresh approach to person-centred communication in health and social care. It introduces the unique HAT approach in a fun, experiential and dialogue-based workshops. This online course offers an opportunity to develop new skills with other nurses and midwives from across the globe. Further details are available at **www.nursingnow.org/hat**

On-site Education

INMO Professional offers extensive on-site programmes facilitated by expert practitioners. If you are interested in booking CPD courses for your organisation, please contact education@inmo.ie or 01 6640642.

Delivering courses for INMO Professional

We are eager to offer members the opportunity to work with us in developing and delivering education courses. If you are an AN/MP, CN/MS, or a nurse/midwife with expertise in clinical or management practice, we would be interested in hearing from you. Please contact education@inmo.ie or 01 6640642. We are also interested in hearing from you if you would like to write professional and clinical articles for *WIN*. Please email steve.pitman@inmo.ie

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: €30 members; €65 non-members
Time: 10am-1pm

In person and online at **www.inmoprofessional.ie**

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

Jun 14 **Wound management for nurses and midwives**

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. On completion of the course, participants will understand the anatomy and physiology of wound management, understand and be able to identify the factors influencing wound healing, understand and be able to identify the differences between acute and chronic wounds, understand and be able to implement a holistic assessment of individuals with wounds and understand the current modalities of different types of dressing and their application.

Jun 15 **Introduction to management and leadership skills for nurses and midwives**

The aim of this short online programme is to identify key managerial and leadership competencies for front line nursing/midwifery managers and to explore how these are applied in practice. The programme will include management theory, effective leadership and team working as well as delegation and clinical supervision.

Jun 19 **Tools for safe practice** *(Free for INMO members)*

This programme provides safe practice tools to protect the nurse and midwife and patient within current health care settings. This is an awareness session to ensure all staff have an understanding of the process involved regarding patient alerts, clinical incidents and thorough assessment, while remaining focused on patients and individual staff. The programme addresses patient safety and staff safety and provides five key tools on areas of documentation, clinical incident reporting, safety statements, best practice guidelines regarding assessment and communication practices in a complex multifaceted healthcare arena. This programme is free for INMO members. Places must be booked on-line in advance of your attendance.

Jun 28 **Phlebotomy** *(in person)*

This programme provides participants with the skill and theory to perform phlebotomy in a competent and safe manner. It will cover topics such as sites used for phlebotomy, criteria for evaluating a vein, principles of an aseptic technique as well as complications that may arise during and after the procedure. Guidance will be given on how to reassure the individual in relation to the procedure and on gaining consent. Fee: €90 INMO members; €145 non-members

Jun 29 **ECG interpretation** *(in person)*

This short course will discuss interpretation of PQRST rhythm analysis with reference to the cardiac cycle. It will also cover rhythm analysis and effects on the patient's cardiac cycle by completing a rhythm analysis workbook, as well as the fundamental ECG interpretation of: sinus rhythm /bradycardia/tachycardia, atrial flutter, atrial fibrillation, junctional escape rhythm, ventricular escape rhythm/tachycardia/ fibrillation, right/left bundle branch block and ACS ECGs. Fee: €90 INMO members; €145 non members

Jul 5 **Peripheral Intravenous Cannulation** *(in person)*

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

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.

Jul 12 **Tools for safe practice** *(Free for INMO members)*

This programme provides safe practice tools to protect the nurse and midwife and patient within current health care settings. This is an awareness session to ensure all staff have an understanding of the process involved regarding patient alerts, clinical incidents and thorough assessment, while remaining focused on patients and individual staff. The programme addresses patient safety and staff safety and provides five key tools on areas of documentation, clinical incident reporting, safety statements, best practice guidelines regarding assessment and communication practices in a complex multifaceted healthcare arena. This programme is free for INMO members. Places must be booked online in advance of your attendance.

Aug 21 **Mindfulness and meditation in holistic nursing and midwifery care**

We invite all nurses and midwives to learn this skill for their personal and professional use. Many scientific researches have proven across the globe that practice of mindfulness brings measurable physiological changes in the brain called neuroplasticity. Practitioners report improved general sense of wellbeing and less stress and pain. We will explore the process of psychosomatic illnesses and how we can help our patients during difficult times. Therapeutic use of mindfulness techniques such as turning towards the symptoms, pain, anger, fear, anxiety, depression, discomfort, instead of fighting the pain and wishing it goes away experiencing the pain as it is without adding or trying to subtract the pain. Mindfulness-based practices are part of national health care system in many countries. Let's reduce suffering and bring peace in our healthcare system.

Aug 23 **Tools for safe practice** *(Free for INMO members)*

This programme provides safe practice tools to protect the nurse and midwife and patient within current health care settings. This is an awareness session to ensure all staff have an understanding of the process involved regarding patient alerts, clinical incidents and thorough assessment, while remaining focused on patients and individual staff. The programme addresses patient safety and staff safety and provides five key tools on areas of documentation, clinical incident reporting, safety statements, best practice guidelines regarding assessment and communication practices in a complex multifaceted healthcare arena. This programme is free for INMO members. Places must be booked on-line in advance of your attendance.

Aug 28 **Infection control regulation 27: guide to thematic/focused inspections in your facility**

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

Aug 29 **Delegation principles and practices**

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

Aug 30 **Infection control risk register: regulation 27; development and review**

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

Sep 1 **Best practice for clinical audit for nurses and midwives**

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

Sep 5 **The importance of documentation for nurses and midwives – getting it right**

This short programme will assist nurses and midwives in understanding their duty of care and responsibility in the area of best practice in documentation, keeping good records and their ethical and legal responsibility of getting it right

INMO Professional

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Introduction to ECG Interpretation

6 NMBI CEUS

Thursday, 29 June 2023

IN PERSON COURSE

Time: 9.30am - 4.15pm (registration 9.15am)

Venue: The Richmond Education and Event Centre, Dublin

Fee: €90 INMO members; €145 non members

This course will discuss interpretation of PQRST rhythm analysis with reference to the cardiac cycle, rhythm analysis and effects on the patient's cardiac cycle by completing a rhythm analysis workbook. It will also discuss fundamental ECG interpretation of: sinus rhythm /bradycardia/tachycardia, atrial flutter, atrial fibrillation, junctional escape rhythm, ventricular escape rhythm/ tachycardia/fibrillation,right/left Bundle Branch Block and ACS ECGs by completing an ECG workbook.

Returning by popular demand

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Infection Control Reg. 27: guide to thematic/focused inspections in your facility

3 NMBI CEUS

Monday, 28 August 2023

Time: 10.00am - 1.00pm

Fee: €30 INMO members; €65 non members

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

Infection Control Risk Register: Regulation 27; development and review

3 NMBI CEUS

Wednesday, 30 August 2023

Time: 10.00am - 1.00pm

Fee: €30 INMO members; €65 non members

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

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Delegation Principles and Practices

3 NMBI CEUS

Tuesday, 29 August 2023

Time: 10.00am - 1.00pm

Fee: €30 INMO members; €65 non members

This short programme is aimed at all nurses, midwives and clinical nurse and midwife managers who work with health care assistants. It explores the issues surrounding delegation and decision making, including appropriate clinical supervision for delegated functions. Participants will learn the difference between clinical and managerial delegation and how delegation differs from assignment of a task.

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

Sep 7 **Dementia and communication**

This short course will review knowledge of the brain, memory and brain health. Participants will gain an understanding of dementia including types, symptoms, risk factors, treatments and support available to people living with dementia. It will give participants an understanding of best practice techniques when communicating with people living with dementia, and expand knowledge of non-cognitive symptoms of dementia, identify triggers and solutions. It will also give an understanding of delirium, recognising symptoms, treating causes and providing non-pharmacological support to patients.

Sep 8 **Adult asthma, getting the basics right**

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

Sep 12 **Understanding epilepsy**

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

Sep 13 **Tracheostomy care study day**

This programme introduces a holistic and interdisciplinary approach to the tracheostomy management. Participants will be given the necessary knowledge, skills and confidence to assess, manage and evaluate the nursing care of a patient with tracheostomy.

Sep 13 **Wound management**

This short online course will advise participants on wound care management. Topics covered on the day include; wound healing, wound bed preparation and treatment options, and dressing selections.

Sep 14 **Competency-based interview preparation**

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.

Sep 14 **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. This course will 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.

Sep 18 **Tools for safe practice** *(Free for INMO members)*

This programme provides safe practice tools to protect the nurse and midwife and patient within current health care settings. This is an awareness session to ensure all staff have an understanding of the process involved regarding patient alerts, clinical incidents and thorough assessment, while remaining focused on patient and individual staff. The programme addresses patient safety and staff safety and provides five key tools on areas of documentation, clinical incident reporting, safety statements, best practice guidelines regarding assessment and communication practices in a complex multifaceted healthcare arena. This programme is free for INMO members. Places must be booked on-line in advance of your attendance.

Sep 19 **Telephone assessment and advice skills**

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

The Cochrane Library

This month we focus on the Cochrane Library, a well-known, free-to-use resource for conducting evidence-based practice research

THE Cochrane Library was developed by the Cochrane Collaboration. Established in 1993, this collaboration is an international network of healthcare professionals, researchers and patient advocates committed to improving healthcare through publishing reliable evidence.

The Cochrane Library consists of a collection of databases providing access to high-quality evidence to inform healthcare decision-making.

The Cochrane Library consists of three databases:

- Cochrane Library of Systematic Reviews (CDSR) – provides access to peer-reviewed systematic reviews and protocols
- Cochrane Central Register of Controlled Trials (CENTRAL) – provides access to mainly bibliographic citations and abstracts of randomised controlled trials collated from other databases, including PubMed and Embase
- Cochrane Clinical Answers (CCAs) – provides shorter, point-of-care style articles based on full systematic reviews.

Why use the Cochrane Library?

The Cochrane Library is a highly reputable source of evidence-based practice research and is one of the most well-known sources of systematic reviews. Access in Ireland is free for all to use, thanks to funding from the Health Research Board, making it easily accessible to all health professionals.

It is excellent for those looking to stay up to date on the latest evidence and best practice, and for those undertaking research. It offers access to high-quality systematic reviews and meta-analyses, considered the gold standard in evidence-based research.

These reviews are conducted by teams of experts who thoroughly evaluate the available evidence to provide reliable conclusions about the effectiveness of various treatments. The Cochrane Collaboration's commitment to quality and transparency ensures that the reviews are produced using rigorous and standardised methods, making the Library a trustworthy and credible source of information.

There has been an increase in the relevance of the research to nurses. For midwives, there is a broad range of reviews related to pregnancy and childbirth. These reviews cover various topics, such as antenatal care, management of specific conditions during pregnancy, interventions during labour, postnatal care, and more.

Getting the most out of the Cochrane Library

The Cochrane Library, available on the Wiley platform, is user-friendly and easy to navigate. Users can browse topics and search for reviews by keyword/MeSH heading, intervention, author, or keyword.

The Library also offers a variety of filters, allowing users to narrow their search to specific types of reviews, such as diagnostic accuracy studies, randomised controlled trials, or reviews that have been updated within the last year.

To search for a review in the Cochrane Library, users can start by entering a keyword or phrase in the search bar located on the home page. The search results will then display all reviews related to the keyword or phrase, which can be further refined by using the filters. Users can also browse through the Library's various categories, such as "Interventions," "Conditions," or "Reviews." We would suggest that users use the Advanced Searching option for a thorough search. Here you can save searches and build and save search strategies.

Recent Reviews in Cochrane Library

- Olsen, O. et al. (2023) Planned hospital birth compared with planned home birth for pregnant women at low risk of complications. doi.org/10.1002/14651858.CD000352.pub3
- Rubin, MA (2023) Family presence during resuscitation. https://doi.org/10.1002/14651858.CD013619.pub2
- Clemson, L. (2023) Environmental interventions for preventing falls in older people living in the community. https://doi.org/10.1002/14651858.CD013258.pub2
- Prior, D. (2023) Behavioural and cognitive–behavioural interventions for outwardly directed aggressive behaviour in people with intellectual disabilities. https://doi.org/10.1002/14651858.CD003406.pub5

Library news

We are currently rolling out Open Athens as a method for our members to access the online library. Although only in the early stages of implementation, if you are interested in registering for Open Athens access, please visit **https://inmo.ie/Library** or contact niamh.adams@inmo.ie

Literature Searching Service

Let us assist you with your searching. The library offers a literature searching service which is available to members for a small fee and can be useful if you are having difficulty finding relevant articles or if you do not have enough time to complete your search yourself.

Other library services

For further information on this or any of the library services, please call: 01 6640614/25 or email: library@inmo.ie If you wish to visit the library, please make an appointment in advance so we can ensure that there will be a staff member available to assist you. The library opening hours are Monday to Thursday: 9am-5.00pm, Friday: 8.30am-4.30pm.

Online – Introduction to Effective Library Search Skills

Next course date: Tuesday, August 15, 2023

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

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

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INMO Professional Events 2023

ONLINE AND IN-PERSON EVENTS

All conferences and webinars are Category 1 approved by NMBI

SEPTEMBER 5
Clinical Placement Co-ordinators Seminar
The Richmond Education and Event Centre, Dublin

SEPTEMBER 13
Emergency Department Nurses Section Webinar
Online from 11am

SEPTEMBER 26
Telephone Triage Nurses Section
Midlands Park Hotel, Portlaoise, Co Laois

OCTOBER 14
Operating Department Nurses Section
Knightsbrook Hotel Co Meath

NOVEMBER 4
National Childrens Nurses Section Webinar

NOVEMBER 11
Public Health Nurse Section Webinar

NOVEMBER 16
All Ireland Midwifery Conference
Hillgrove Hotel, Monaghan

NOVEMBER 22
Assistant Directors Section Masterclass
The Richmond Education and Event Centre, Dublin

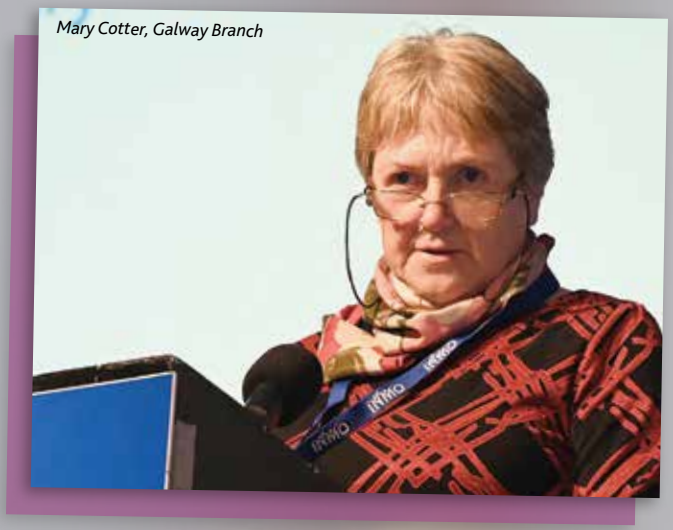
NOVEMBER 30
Occupational Health Nurses Section Conference
The Strand Hotel, Limerick

For further details go to **www.inmoprofessional.ie/conference**
or contact jean.carroll@inmo.ie

Members make their voices heard

The breadth of topics debated at the ADC spoke to INMO members' commitment to their union and passion for their professions


Ibukun Oyedele, International Section


Mary Cotter, Galway Branch


Christopher O'Dwyer, Student Section


Jan Davis, Children's Nursing Section


Ann Noonan, Limerick Branch


Emma Morake, St Vincent's University Hospital Branch


Diana Malata,
Dublin East Coast Branch


Monica Uzah,
Dublin South West Branch


Rebecca Brennan,
Eastern Youth Forum


Neil Perry, Offaly Branch


Fiona McKeown,
Waterford Branch


Noreen Corcoran,
Kerry Branch


Orlagh Fleming, Third Level
Student Health Nurse Section


Jenasky Cabrera,
Dublin North Branch

Shoulder to shoulder

The INMO ADC afforded delegates the opportunity to celebrate the camaraderie and collegiality in nursing and midwifery


INMO
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Invest in midwives

International Day of the Midwife highlights the increasing need for midwifery-led services and women-centred care

THIS year's theme for International Day of the Midwife (IDM) – 'Together again: from evidence to reality' – highlights the importance of the global midwifery community coming together. Speaking on the day, May 5, International Confederation of Midwives (ICM) president Dr Franke Cadee and chief executive Dr Sally Pairman reminded us why the international day is so important.

"If we want to ensure midwives have the resources and support to lead these developments, we need to leverage moments like International Day of the Midwife (IDM) to garner attention for our life-enhancing work and ensuring that midwives have the resources to fulfil the full scope of midwifery care," they said in a joint statement.

European Nursing and Midwifery Week

The European Forum for Nursing and Midwifery Associations (EFNNMA) designated May 4-12, incorporating the IDM and International Nurses Day, as European Nursing and Midwifery Week. Going forward this event will be an annual celebration bringing together nurses and midwives across the WHO European Region.

INMO Midwives Section

Midwives believe that childbearing is a normal life event for most women and their families. Therefore, maternity services should always be women centred, health orientated and rooted in a social model of care. Midwives believe that women should be active participants in making decisions that affect the care that they and their babies receive.

The INMO Midwives Section also believes that midwifery-led care is the most appropriate form of maternity care for most women, and the section works towards the recognition of midwifery as an autonomous profession.

The 2021 *State of the World's Midwifery* (*SoWMy)* report revealed that the world was short approximately 900,000 midwives. Ireland's largest cohort of working midwives is between the ages of 40 and 49, so it is important that we recruit and retain midwives and engage in evidence-based workforce planning.


CUMH • UHW • UHK

‘Our nurses, our future’

International Nurses Day is a chance to take stock of the progress made and plan for the challenges ahead, writes **Toyosi Atoyebi**

THE INTERNATIONAL Council of Nurses’ theme for International Nurses Day (IND) 2023 – ‘Our Nurses, Our Future’ – calls for action that ensures nurses are protected, respected and valued.

Dr Pam Cipriano, ICN president, highlights the need to learn the lessons of the pandemic and translate them into actions to enable nursing to meet global health challenges and improve global health for all.

The campaign aims to shine the light on nurses and on a brighter future, moving nurses from invisible to invaluable in the eyes of policymakers, the public, and all those who make decisions affecting the delivery and financing of healthcare.

Dr Cipriano said: “Together, our future depends on every nurse, every voice, to not only be on the front lines of care but also be on the front lines of change. The voice of nurses and midwives must be heard, and we need to ensure that we are active participants in the decision making processes that affect our health service.”

International Nurses Section

Across the world nurses are an indispensable part of the healthcare system, playing a crucial role in the delivery of quality care to patients. In many regions of the world, nurses face harrowing challenges such as lack of essential items, long working hours, understaffing, low pay, and lack of recognition and appreciation for the valuable work they do every day.

The theme of this year’s celebration is significant and timely, given the enormous social and health challenges facing our world. The Covid-19 pandemic highlighted the critical role and importance of nurses in fighting public health emergencies and healthcare delivery.

The theme for IND 2023 demonstrates the need to invest in nursing, to build a resilient, highly qualified nursing workforce and to protect nurses’ rights in order to transform health systems to meet the needs of individuals and communities now and into the future.

This year’s event was marked in the context of the global shortage of nurses. According to the World Health Organization, the world needs nine million more nurses and midwives to realise the health-related global Sustainable Development Goals by 2030.

There is a strong case for investing in nursing pay, training and leadership. Nurses are the future of a sustainable global health. Let’s use this year’s occasion to celebrate the bravery, dedication and resilience of nurses.

– Toyosi Atoyebi, secretary, International Nurses Section


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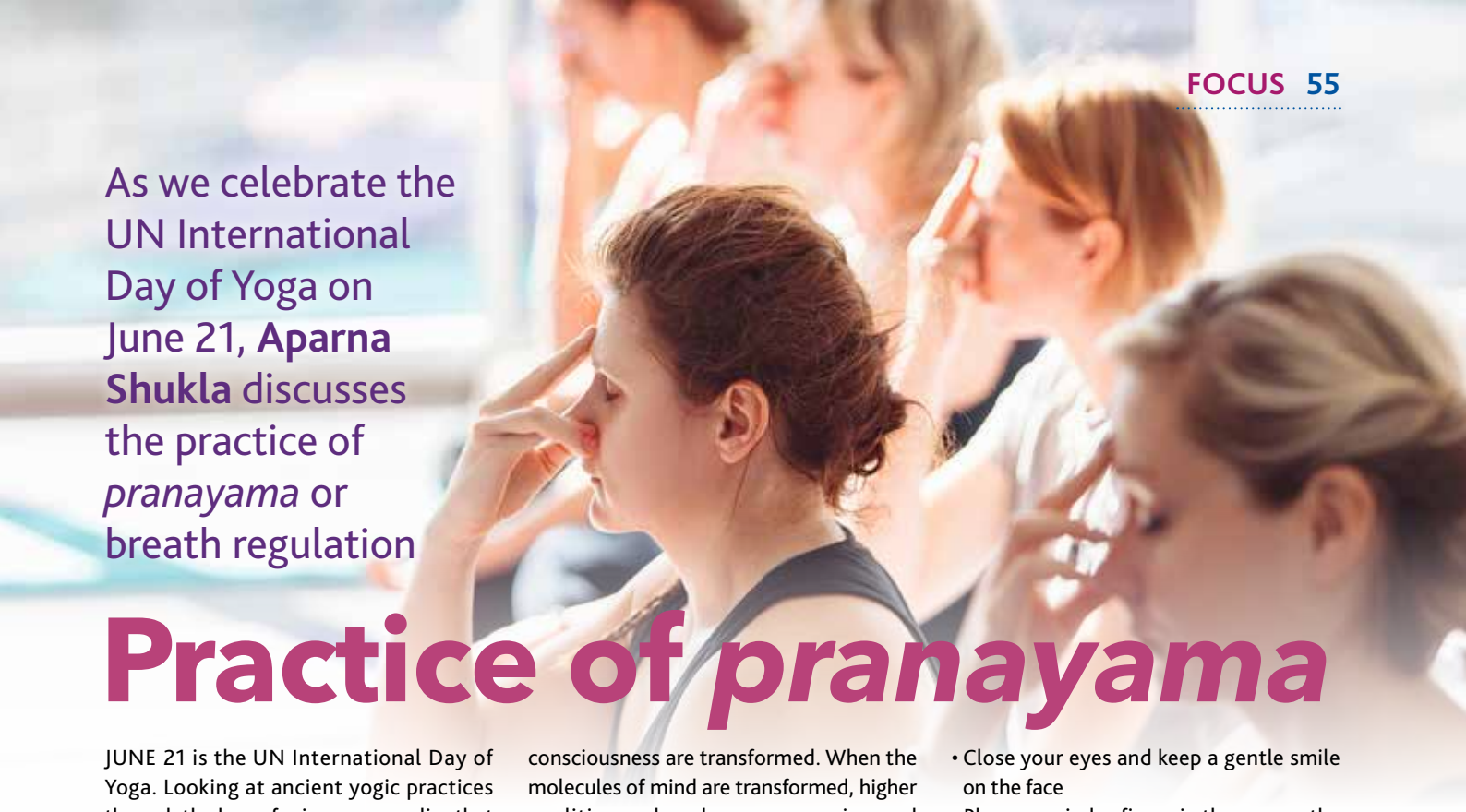

As we celebrate the UN International Day of Yoga on June 21, **Aparna Shukla** discusses the practice of *pranayama* or breath regulation

Practice of *pranayama*

JUNE 21 is the UN International Day of Yoga. Looking at ancient yogic practices through the lens of science, we realise that yoga, meditation and *pranayama*, or breath regulation, has considerable potential to contribute to preventative medicine and improve human health. We will explore the practice of *pranayama* and what medical science and research says about its effect on some diseases.

What is pranayama

Pranayama practices are over 4,000 years old and part of the eight limbs of yoga. Pranayama is the fourth limb.

Pranayama is a Sanskrit word combining prana and yama. *Prana* is a force in constant motion and this cosmic energy drives every action, including the movement of breath. *Yama* means control. Together *pranayama* is a science of breath regulation.

The yogic system of breath regulation uses the three stages of respiration:

- Inhalation or pooraka
- Retention or kumbhaka
- Exhalation or rechaka.

Pranayama is the pause in the movement of inhalation and exhalation when that is secured.

Pranayama should only be practised under the guidance of a qualified yoga teacher. The practitioner must be ready with other preceding limbs of yoga, such as *yama* (discipline), *niyama* (personal observances) and *asana* (posture), to become eligible to be introduced to pranayama.

Benefits of pranayama

Swami Niranjanananda Saraswati observed that "*pranayama* initiates a process in the physical body whereby the energy molecules and mental forces which interact with one another in life and consciousness are transformed. When the molecules of mind are transformed, higher qualities such as love, compassion and unity arise".[1]

Some key benefits experienced by the aspirant who has a regular and sustained practice include the following:

- One can experience increased vital energy, resulting in a more alert and enhanced sense of wellbeing[1]
- The process of *pranayama* awakens the higher centres of human consciousness[1]
- *Pranayama* uses the process of deep, rapid and slow breathing, which exercises and strengthens the muscles of respiration and makes the lungs more elastic leading to healthier respiration[1]
- Some *pranayama* practices focus on abdominal muscles and controlled diaphragm movement exercising internal organs such as the stomach, pancreas, liver, bowels and kidneys, leading to better digestion, absorption and elimination[1]
- A research study conducted by the Bihar School of Yoga in 1968 found that the practice of *pranayama* was beneficial for cardiac disease patients. Slow, deep and long breathing gives rest to the heart[1]
- The endocrine system also benefits from the practice of *pranayama*, particularly the pineal and pituitary glands[1]
- The diaphragm's actions during *pranayama* provide a more liberal blood supply, which benefits our brain, spinal cord and nervous system[1]
- With regular practice of *pranayama*, the mind becomes fit for meditation.[1]

How to do *bhramari* (humming bee breath) *pranayama*

- Sit upright in a quiet, well-ventilated room
- Close your eyes and keep a gentle smile on the face
- Place your index finger in the ears on the cartilage
- Take a deep breath in, and while breathing out, create a humming bee sound
- Breathe in again and repeat three times.

Kuppusamy et al conducted research on the effects of *bhramari pranayama* on resting cardiovascular parameters in 60 healthy adolescent males and females in 2014. They found that the heart rate reduced significantly (p-0.001) in the experimental group along with decreased blood pressure indices, including pulse pressure, mean arterial pressure, rate pressure product and double product compared to the control group. The study showed that *bhramari pranayama* activates the parasympathetic nervous system and produces a relaxed state resulting in improved resting cardiovascular parameters in healthy adolescents.[2]

Medical science has always sought ways to support people in their wellness journey. These ancient *pranayama* practices may have answers to prevent diseases and improve physical and mental health. When it comes to yogic science, old is gold. However, yoga enthusiasts should practise caution to reap these benefits; practice must be regular and systematic under the guidance of a qualified teacher.

Aparna Shukla is a registered nurse and midwife and a certified yoga teacher. She regularly designs and facilitates mindfulness and yoga sessions for nurses and midwives for the INMO

Reference
1. Saraswati N. (2018) Prana and pranayama. Munger, Bihar, India: Yoga Publications Trust
2. Kuppusamy M, Kamaldeen D, Pitani R, Amaldas J. Immediate effects of bhramari pranayama on resting cardiovascular parameters in healthy adolescents. J Clin Diagn Res. 2016 May;10(5):CC17-9. doi: 10.7860/JCDR/2016/19202.7894

Language matters

An initiative in OLOL, Drogheda highlights the importance of inclusive language to the outcomes of LGBTQ+ patients

ON INTERNATIONAL Nurses Day 2023, Our Lady of Lourdes (OLOL) Hospital, Drogheda launched a new initiative, the LGBTQ+ Rainbow Project, which focuses on diversity, equality and inclusion. The project was launched by James Leonard, staff nurse, and Millie Gray, CNM2 PHN liaison, both of whom work in the emergency department at OLOL.

The project stemmed from ED staff noticing issues with staff communicating with LGBTQ+ patients in the department. There was also an increase in the number of people presenting to the ED with mental health issues specifically relating to their sexuality. Staff found that the issues they saw and the complaints that followed came from a lack of awareness by staff about their language, and by staff using the wrong terminology and being afraid to talk to their patients in case they got it wrong.

At the start of the project, all staff were encouraged to complete the HSELand course 'LGBT+ Awareness and Inclusion Training: The Basics'. This course provides information on how to appropriately communicate with all patients, not just those who are LGBTQ+. Educational sessions then commenced across the hospital with all staff, not just the nursing staff. The training sessions highlighted the statistics around LGBTQ+ mental health, access to services and lack of awareness. There was great engagement in the sessions from all staff.

The project involved making the hospital a visibly inclusive environment for everyone, including patients, staff and visitors. With the backing of director of nursing Adrian Cleary and other members of the management team, a hospital-specific Pride lanyard and lapel pin were designed.

The project was officially launched on May 12, International Nurses Day, and after just one day almost 500 members of the hospital staff were wearing the pins and lanyards, including nurses, doctors, HCAs, porters, cleaners and members of all branches of allied health.

Pictured at the launch of the initiative at OLOL Hospital, Drogheda were (l-r): Boogie Suarez, CNM2; James Leonard, staff nurse; Millie Gray, CNM2; Rosie Hodgins, CNM3; Fiona Brady, general manager; and Adrian Cleary, director of nursing

Pictured on International Nurses Day were (l-r): James Leonard, Millie Gray and Fiona Brady

CNM2 Millie Gray holds the Pride flag aloft at the launch of the LGBTQ+ Rainbow Project

Speaking at the launch, Mr Leonard said: "The response has been incredible and the interest shows that staff are keen to make the hospital visibly accepting of all patients. It's important that staff are able to communicate with their patients and we have already seen that patients will recognise the rainbow colours on the lanyard or lapel and open up to the staff wearing them.

"If our patients feel comfortable speaking to us they are going to experience better outcomes in their care, especially if they are presenting with mental health issues. "Unfortunately in 2023, the number of attempted suicides in the LGBTQ+ community is three times higher than in the rest of the population.[1]

Mr Leonard stressed the importance of diversity and inclusion in hospitals. "Drogheda is not the first hospital to roll out an initiative like this and I sincerely hope we won't be the last. All hospitals need to be able to show that their hospital values include diversity, equality and inclusion and I hope to see all hospitals in the country rolling out similar initiatives in the near future."

Reference
1. Higgins A, Doyle L, Downes C et al. The LGBTIreland Report. Published by GLEN and BelongTo. Funded by HSE National Office for Suicide Prevention

Upcoming PRIDE events

Saturday June 24, 2023: Join the INMO block at **Pride Parade** through Dublin city centre, 12pm

Monday, June 26, 2023: **Celebrating Pride at Work** – Richmond Education and Event Centre

*For more information contact **steve.pitman@inmo.ie***

Q and A Bulletin Board

INMO director of industrial relations Albert Murphy & the INMO Information Office

Premature maternity leave

Q. I am a staff nurse working in the public health service. I had planned to start my maternity leave at week 37 of my pregnancy, two weeks before the end of the week when my baby was due. However, my baby came seven weeks before I planned to go on maternity leave. This would mean that I start my maternity leave earlier than expected. Can you explain the maternity legislation in relation to premature births?

If your baby was born before the date when you were due to start maternity leave, your 26 weeks of maternity leave begins on the date of your baby's birth. Since October 1, 2017, in the case of a premature birth maternity leave is extended for an extra period after the end of this 26 weeks with maternity benefit payable for this extra period. The extra maternity benefit and extended leave corresponds to the length of time between your baby's actual birth date and the expected start date of your maternity leave. To make a claim for any additional period due to a premature birth, contact the Maternity Benefit Section of the Department of Social Protection to inform them of the premature birth. This must be done before the end of the first 26 weeks of maternity benefit.

Parent's leave versus parental leave

Q. I am considering taking parents' leave but I'm not sure how long I can avail of it? Is it the same as parental leave?

Parent's leave and parental leave are separate entities. Parent's leave and benefit, as provided for in the Parent's Leave and Benefit Act 2019, was extended from five weeks to seven weeks effective from July 1, 2022. Eligible employees may avail of their parent's leave entitlement in a block of seven consecutive weeks or in separate weekly blocks over a longer period within the first two years of the birth or adoptive placement of a child. Employees who had taken five weeks of parent's leave prior to July 1, 2022 will now have an entitlement to an additional two weeks' leave. The entitlement to parent's benefit is subject to the eligibility criteria and conditions set down by the Department of Social Protection **(see gov.ie)**. Public health service employees are not entitled to payment from their employer during parent's leave.

The Parental Leave (Amendment) Act 2019 amends the Parental Leave Act 1998 to allow for a period of unpaid parental leave for 26 weeks for children up until the child turns 12 years of age. Public health service employees are entitled to take parental leave in respect of children up to the age of 13 years. While on parental leave you are regarded as not being absent, and therefore, you retain all employment rights, other than the right to pay and superannuation benefits.

Paternity leave for new employee

Q. I am a staff nurse who has recently commenced employment with the HSE. Can I still qualify for the two weeks of paternity leave or is there a service requirement before I am entitled to apply for this leave?

The entitlement to two weeks' paternity leave from employment extends to all employees regardless of how long they have been working for an organisation. You can choose to take paternity leave at any time in the 26 weeks following the birth or adoption. You must notify your employer in writing that you intend to take paternity leave and provide your intended dates no later than four weeks before your leave. You will be required to provide a certificate from your spouse or partner's doctor confirming when your baby is due or confirmation of the baby's actual date of birth/adoption if you apply for leave after the birth/adoption has occurred.

Pay grade of advanced practitioners

Q. My employer advised that the salary scale for appointment as candidate advanced nurse practitioner (ANP) in the public health service is paid at the grade of CNM2. I spoke to a colleague and she advised that the salary for this appointment is CNM3. Can you advise if this is correct?

As a result of pay anomalies with a small number of employees following implementation of Circular 10/2017, the HSE and the unions reached agreement under the auspices of the Workplace Relations Commission. All candidate ANP/AMPs undergoing the candidature process on or after May 1, 2017 will be paid the CNM3 rate with effect from that date. The terms will be no less favourable than those recruited under Circular 10/2017, which relates specifically to candidate ANP/AMPs. The provisions of the Circular 10/71 (which governs promotional posts in general) will apply, with normal progression. Hence, candidate ANP/AMPs should be paid at CNM3 level.

Know your rights and entitlements

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

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

- Annual leave
- Sick leave
- Maternity leave
- Parental leave
- Pregnancy-related sick leave
- Pay and allowances
- Flexible working
- Public holidays
- Career breaks
- Injury at work
- Agency workers
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WaterWipes® announces the fourth annual Pure Foundation Fund

A bursary in the UK & Ireland, which honours the achievements of Healthcare Professionals (HCPs) working in maternity, neonatal and postnatal care.

About the Pure Foundation Fund

HCPs are the great protectors of our health and our future generations. HCPs providing maternity, neonatal and postnatal care improve and save the lives of women and babies around the world. For pregnant women that have questions or concerns, HCPs take the time to really listen and understand their concerns, answer all questions great or small and provide comfort every step of the way. For nervous mothers giving birth, HCPs provide a calm presence and kindness to successfully usher them through their delivery. For new parents wondering if their baby is sleeping too much or eating enough, HCPs provide them with guidance and reassurance. When illness strikes or medical conditions arise, HCPs provide care and support during these critical and vulnerable moments. That is why WaterWipes® wants to celebrate these extraordinary professionals by rewarding two winners from Ireland and two winners from the UK to recognise this incredible achievement with a prize.

How to Enter

Nurses and midwives in Ireland/UK working in the fields of maternity, neonatology and postnatal care can self-nominate or nominate a HCP or colleague that has demonstrated outstanding care. Alternatively, if you're a new or expectant parent who has been touched by the exceptional care of a healthcare professional, and you want the opportunity to spotlight this healthcare hero, we invite you to nominate them for the Pure Foundation Fund. Alongside WaterWipes® on the judging panel this year are representatives from the Irish Neonatal Health Alliance (INHA), Irish Nurses and Midwives Organisation (INMO), UK premature and sick baby charity, Bliss, and The Neonatal Nurses Association (NNA), who will review all nominations and select the four final winners.

The deadline for entries is 28th July 2023 and the winners will be contacted via WaterWipes® PR agency, Fleishman Hillard, if they have been nominated. If known, the entry should also outline what the bursary fund could be used for. For all nominees in Ireland, they must be a member of the INMO.

The winners will receive:

£5,000/€5,000 for their department to improve the care of parents and babies.
For example, to purchase equipment, provide resources for parents, fund training, improve practice/care or support further research relating to pregnancy, baby care, and neonatal care.

A bulk donation of WaterWipes® to the winner's organisation.

A WaterWipes® Pure Foundation Fund trophy.

A £500/€500 gift card and flowers.

For further information about the Pure Foundation Fund or to submit a nomination, please visit
https://www.waterwipes.com/uk/en/community/pure-foundation-fund-2023

Quality & Safety

A column by Maureen Flynn

Risk management – safer quality and safety practice

WE ARE focusing on risk management in this month's column – this is one of the key clinical governance processes that helps us to provide safer quality care.

Risk management

Risk management is an essential component of healthcare, especially in the field of nursing and midwifery where patients' health and wellbeing depend on the quality of care provided.

As nurses or midwives we are often responsible for making critical decisions that affect patients' outcomes, and therefore, it is crucial to have a robust risk management system in place to support safer practice.

Using risk management

When we recognise what could go wrong and the threat this poses, our focus is then on reducing the likelihood of these events occurring or, should they occur, minimising their impact. Risk management therefore involves identifying, assessing and prioritising potential risks, and implementing measures to minimise or mitigate these risks.

Each one of us unconsciously and naturally manages risks every day, in our homes, as we travel and at work. As drivers or passengers in a car, we all manage the risk of being involved in a serious car accident by wearing a seat belt, not drinking and driving or using our phone while driving, adhering to speed limits and the rules of the road. Enforcement measures such as penalty points, fines and the possibility of losing our driving licence, supports us to comply with these requirements and keep us safe on the roads.

Benefits

In the context of quality and safety, risk management aims to improve patient safety, reduce the incidence of adverse events and enhance the quality of care provided.

One of the significant benefits of risk management for nurses and midwives is that it helps us identify potential risks and hazards in the workplace. By conducting risk assessments and analysing incidents and near misses, staff nurses and midwives can identify areas where improvements are needed to reduce the risk of harm to patients.

For example, if a staff nurse notices that medication errors are occurring frequently on a particular ward, they can work with their colleagues and managers to develop strategies to reduce these errors. This might involve providing additional training on medication administration and/or reviewing policies and procedures related to medication management.

Another benefit of risk management for staff nurses and midwives is that it helps to promote a culture of safety within the area of practice and organisation. By encouraging staff to report incidents and near-misses, and by using this information to identify and address potential risks, you can help to create an environment where patient safety is a key priority.

Get involved

Risk management processes help nurses and midwives to develop their skills and knowledge. By participating in risk assessments and incident analysis, staff can gain a deeper understanding of the factors that contribute to adverse events and learn how to prevent these events from occurring.

This knowledge can be applied to our daily practice, helping to identify potential risks and hazards and take appropriate action to minimise or mitigate these risks. In this way, risk management can help nurses, midwives and multidisciplinary team members to become more competent and confident practitioners, leading to improved patient care and outcomes.

Further information

The HSE *Enterprise Risk Management Policy and Procedures 2023* can be found on the HSE website (**www.HSE.ie**) under the heading 'Risk Management Documentation' or simply by scanning the code to the right on your phone or tablet.

SCAN ME

Further support tools can be found on the same page under 'Risk Management Support Tools' or by contacting the ERM Programme by email to: **erm.queries@hse.ie**

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

Acknowledgements
Thank you to Carol Clarke and Elaine Kilroe and colleagues of the Enterprise Risk Management/ Governance and Risk team of the HSE Office of the Chief Strategy Officer for collaboration and assistance in writing this column

ATTR-CM
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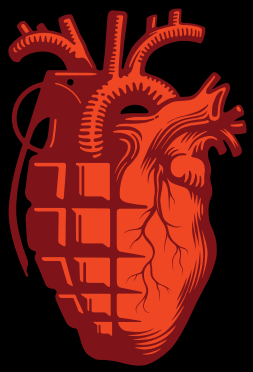
SUSPECT ATTR-CM
(TRANSTHYRETIN AMYLOID CARDIOMYOPATHY)



A LIFE-THREATENING DISEASE THAT CAN GO UNDETECTED

Life-threatening, underrecognized, and underdiagnosed, ATTR-CM is a rare condition found in mostly older patients in which misfolded transthyretin proteins deposit in the heart.[1-7] It is vital to recognize the diagnostic clues so you can identify this disease.

CONSIDER THE FOLLOWING CLINICAL CLUES, ESPECIALLY IN COMBINATION, TO RAISE SUSPICION FOR ATTR-CM AND THE NEED FOR FURTHER TESTING

HFpEF — heart failure with preserved ejection fraction in patients typically over 60 years old[5-7]

INTOLERANCE — to standard heart failure therapies (ACEi, ARBs, and beta blockers)[8-10]

DISCORDANCE — between QRS voltage and left ventricular (LV) wall thickness[11-13]

DIAGNOSIS — of carpal tunnel syndrome or lumbar spinal stenosis[3,8,14-20]

ECHO — showing increased LV wall thickness[6,13,16,21,22]

NERVOUS SYSTEM — —autonomic nervous system dysfunction-including gastrointestinal complaints or unexplained weight loss[6,16,23,24]

LEARN HOW TO RECOGNIZE THE CLUES OF ATTR-CM AT:
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References

1. Sipe JD, Benson MD, Buxbaum JN, et al. Amyloid fibril proteins and amyloidosis: chemical identification and clinical classification International Society of Amyloidosis 2016 Nomenclature Guidelines. *Amyloid*. 2016;23(4):209-213. **2.** Maurer MS, Elliott P, Comenzo R, Semigran M, Rapezzi C. Addressing common questions encountered in the diagnosis and management of cardiac amyloidosis. *Circulation*. 2017;135(14):1357-1377. **3.** Connors LH, Sam F, Skinner M, et al. Heart failure due to age-related cardiac amyloid disease associated with wild-type transthyretin: a prospective, observational cohort study. *Circulation*. 2016;133(3):282-290. **4.** Pinney JH, Whelan CJ, Petrie A, et al. Senile systemic amyloidosis: clinical features at presentation and outcome. *J Am Heart Assoc*. 2013;2(2):e000098. **5.** Mohammed SF, Mirzoyev SA, Edwards WD, et al. Left ventricular amyloid deposition in patients with heart failure and preserved ejection fraction. *JACC Heart Fail*. 2014;2(2):113-122. **6.** Maurer MS, Hanna M, Grogan M, et al. Genotype and phenotype of transthyretin cardiac amyloidosis: THAOS (Transthyretin Amyloid Outcome Survey). *J Am Coll Cardiol*. 2016;68(2):161-172. **7.** González-López E, Gallego-Delgado M, Guzzo-Merello G, et al. Wild-type transthyretin amyloidosis as a cause of heart failure with preserved ejection fraction. *Eur Heart J*. 2015;36(38):2585-2594. **8.** Narotsky DL, Castano A, Weinsaft JW, Bokhari S, Maurer MS. Wild-type transthyretin cardiac amyloidosis: novel insights from advanced imaging. *Can J Cardiol*. 2016;32(9):1166.e1-1166.e10. **9.** Brunjes DL, Castano A, Clemons A, Rubin J, Maurer MS. Transthyretin cardiac amyloidosis in older Americans. *J Card Fail*. 2016;22(12):996-1003. **10.** Castaño A, Drach BM, Judge D, Maurer MS. Natural history and therapy of TTR-cardiac amyloidosis: emerging disease-modifying therapies from organ transplantation to stabilizer and silencer drugs. *Heart Fail Rev*. 2015;20(2):163-178. **11.** Carroll JD, Gaasch WH, McAdam KP. Amyloid cardiomyopathy: characterization by a distinctive voltage/mass relation. *Am J Cardiol*. 1982;49:9-13. **12.** Cyrille NB, Goldsmith J, Alvarez J, Maurer MS. Prevalence and prognostic significance of low QRS voltage among the three main types of cardiac amyloidosis. *Am J Cardiol*. 2014;114(7):1089-1093. **13.** Quarta CC, Solomon D, Uraizee I, et al. Left ventricular structure and function in transthyretin-related versus light-chain cardiac amyloidosis. *Circulation*. 2014;129(18):1840-1849. **14.** Connors LH, Prokaeva T, Lim A, et al. Cardiac amyloidosis in African Americans: Comparison of clinical and laboratory features of transthyretin V122I amyloidosis and immunoglobulin light chain amyloidosis. *Am Heart J*. 2009;158(4):607-614. **15.** Nakagawa M, Sekijima Y, Yazaki M, et al. Carpal tunnel syndrome: a common initial symptom of systemic wild-type ATTR (ATTRwt) amyloidosis. *Amyloid*. 2016;23(1):58-63. **16.** Rapezzi C, Merlini G, Quarta CC, et al. Systemic cardiac amyloidoses: disease profiles and clinical courses of the 3 main types. *Circulation*. 2009;120(13):1203-1212. **17.** Sperry BW, Reyes BA, Ikram A, et al. Tenosynovial and cardiac amyloidosis in patients undergoing carpal tunnel release. *J Am Coll Cardiol*. 2018;72(17): 2040-2050. **18.** Westermark P, Westermark GT, Suhr OB, Berg S. Transthyretin-derived amyloidosis: probably a common cause of lumbar spinal stenosis. *Ups J Med Sci*. 2014;119(3):223-228. **19.** Yanagisawa A, Ueda M, Sueyoshi T, et al. Amyloid deposits derived from transthyretin in the ligamentum flavum as related to lumbar spinal canal stenosis. *Mod Pathol*. 2015;28(2):201-207. **20.** Sueyoshi T, Ueda M, Jono H, et al. Wild-type transthyretin-derived amyloidosis in various ligaments and tendons. *Hum Pathol*. 2011;42(9):1259-1264. **21.** Phelan D, Collier P, Thavendiranathan P, et al. Relative apical sparing of longitudinal strain using two-dimensional speckle-tracking echocardiography is both sensitive and specific for the diagnosis of cardiac amyloidosis. *Heart*. 2012;98(19):1442-1448. **22.** Ternacle J, Bodez D, Guellich A, et al. Causes and consequences of longitudinal LV dysfunction assessed by 2D strain echocardiography in cardiac amyloidosis. *JACC Cardiovasc Imaging*. 2016;9(2):126-138. **23.** Coelho T, Maurer MS, Suhr OB. THAOS - The Transthyretin Amyloidosis Outcomes Survey: initial report on clinical manifestations in patients with hereditary and wild-type transthyretin amyloidosis. *Curr Med Res Opin*. 2013;29(1):63-76. **24.** Swiecicki PL, Zhen DB, Mauermann ML, et al. Hereditary ATTR amyloidosis: a single-institution experience with 266 patients. *Amyloid*. 2015;22(2):123-131.

Date of Preparation: February 2021 GCMA code: PP-RDP-IRL-0105

Pfizer Rare Disease

Making our voices heard

Róisín O'Connell shares the perspective of student nurses and midwives who attended the INMO ADC in Killarney

THE 104th INMO annual delegate conference (ADC), held in Killarney in May, was attended by more than 350 delegates and staff of the Organisation. Nurses and midwives from every corner of the country came together to debate and vote on the motions brought forward this year, and to help guide the direction of the union for the year ahead.

Over the past number of years, nurses and midwives have been challenged in every way imaginable. Between Covid-19, understaffing, overcrowding and staff burnout, our members have been pulled from pillar to post. Still, we campaign for better conditions and staffing levels, to benefit both our patients and our nursing and midwifery staff.

During these challenging years students and new graduates have stepped up and shown their stripes. They have shown courage and bravery where many would have struggled to do so. On many occasions they have felt afraid, uncertain and unsure about what their future held, but they have pushed through. This was apparent at the ADC, where our student members had the opportunity to voice their concerns.

What our student delegates had to say

Christopher O'Dwyer, Student Section

"It is so easy to focus on the negative aspects of nursing and midwifery in Ireland. The hours, the pay, the conditions, and the lack of appreciation for the work being done by our nurses and midwives bring about a sense of dread. However, attending ADC and meeting my student colleagues and networking with my qualified colleagues has undone that negativity and highlighted the great and many positives within the professions. Taking part in conversations and debate about how best to safeguard nursing and midwifery was truly uplifting and I left Killarney hopeful that change will come, which might alter my plans of leaving Ireland after I graduate."

Pictured at the ADC in Killarney were (l-r): Robyn Murray, Ryan Hayes, Tamera O'Donovan, Ciarán Freeman, Olivia Reville, Christopher O'Dwyer, Edwina Gilroy and Miriam Hanlon

Rebecca Brennan, Eastern Youth Forum

"I was beyond grateful to get the opportunity to attend the INMO ADC 2023 as part of the Eastern Youth Forum. As a first-year student nurse, I was excited to hear the amazing speakers and to hear the amazing motions that were proposed. It was a great experience to be a part of and I also got an opportunity to present a motion and to have students' voices be heard. Hearing so many people speak with such passion and conviction on their motions inspired me and made me grateful to be a part of the INMO and the amazing things that they do representing nurses and midwives throughout the country."

Robyn Murray, Western Youth Forum

"I'm incredibly grateful to have been invited to this year's ADC. It was uplifting and motivational being in a room full of our peers and seeing how much work goes on behind the scenes to ensure our best interests are taken care of. I thought as students we wouldn't be included in as many motions as we were. The INMO ADC is an inclusive space, where students are welcomed and encouraged to participate, and where our opinion matters. The response and support we received to our motion was immense and it was great to interact with so many nurses and midwives from all over the country. It has reignited my love for nursing and I hope to return again next year."

Ryan Hayes, Drogheda Branch

"Attending the ADC was the perfect reminder of why I want to be a nurse. On the back of the pandemic, nurses are facing more and more challenges in their daily workload and this is heavily reflected within the ward environment.

"Attending the ADC gave me an opportunity to network and meet many nurses who are full of that passion and drive and genuinely want to make a difference in their patients' lives and the future of nursing. It was a great opportunity to see the value to me as a nurse in being part of the union and learning about the variety of support available to our profession."

Get In touch

If you would like to represent your nursing and midwifery colleagues, the INMO provides many opportunities for students and new graduates to engage.

If you want to get involved and have your say, please get in touch by sending an email to: roisin.oconnell@inmo.ie

Reflections on midwifery

As medical interventions during labour and Caesarean sections continue to increase, **Mary Brosnan** considers why this is happening and asks what is the way forward for midwives

AS I reflect on the 17 years in my role as director of nursing and midwifery at the National Maternity Hospital (NMH), I am proud of the maternity service developments we have seen and the many ways we have helped to shape our service, such as expansion of the community midwifery service and advanced midwifery roles.

In the past decade however, we have witnessed a worrying rise in the over-medicalisation of childbirth. The biomedical model has evolved and is an essential part of modern maternity care for so many women and has played a large part in reducing perinatal mortality over the years. However, it becomes problematic when non-medical problems become defined and treated as medical problems,[1] and some interventions are over-used without clinical justification.

For our profession, it is important that we take stock of where we are. Our challenge as midwives is to constantly focus on what is best practice and to target interventions appropriately. We have to improve access to midwifery care pathways, supporting women within our scope of practice, using the framework of the National Maternity Strategy[2] to ensure women access the most appropriate pathway of care for their needs.

I have been working in midwifery for 36 years and I consistently ask myself why is it that we still don't fully understand the physiology of labour despite decades of research? In the 1960s we landed on the moon and yet we still cannot determine when labour will happen or indeed how to stop preterm labour in many cases.

In Ireland there has been an overall decline in the national birth rate and a rise in the levels of complexity and acuity.[3]

There has never been more access to information for women – online via social media or evidenced-based websites – to facilitate them to be more informed. Differences in terms of women's expectations and choices are normal. Some women wish to have a completely natural birth with no intervention and will wish to attend a midwifery-led service. There are many women who want the biomedical model and wish to have a pain-free birth or a planned Caesarean section (CS) and many women elect to attend an obstetrician in that case.

We must ask how women are receiving information on pregnancy and childbirth to support them in their choices. Much of the discourse online can be around the fear of childbirth. This fear can drive some women to choose an elective CS as a way of controlling the outcome and removing the uncertainty around labour.

Fear can also influence clinicians to offer interventions such as early induction or elective CS.[4] There is also a marked difference in the likelihood of induction or CS if a woman attends for private care with an obstetrician – she is then twice as likely to have a pre-labour CS and more likely to be induced.[5]

The Robson Ten Group Classification of CS has been adopted by the WHO as an audit tool for maternity care and was first developed at the NMH.[6] We can now review more than 50 years of data and examine trends which reflect the changes in maternity care over time. In the 1970s until recently, active management of labour was offered to all mothers attending the NMH. In recent years, this philosophy has changed and more and more women are opting for a natural approach to labour, while on the other hand, many more women opt for pre labour CS.

Robson Group One refers to first-time mothers at full term in spontaneous labour and CS rates are generally around 10-11% in this group in our hospital. However, the number of women in this group is consistently decreasing year on year. Why? Because many women are being offered induction or requesting pre-labour CS. While the majority of inductions are clinically indicated for foetal or maternal reasons, there is an increase in non-clinical indications.

It is clear from reviewing our outcomes for 2022, that soon more first-time mothers will be induced or deliver by pre-labour CS than will present in spontaneous labour.[7] At the same time our first-time mothers are increasingly aged over 35 years (11% over 40 and 50% over 35 years). This is a reflection of the changes in the demographics of our population and the fact that risk stratification often becomes the dominant narrative in deciding on management. Last year over 50% of the documented indications for pre-labour CS were due to maternal request.

When I commenced working as a midwife at the NMH in 1992, the induction of labour rate was 12%; 30 years later the rate is now over 38%. The reasons include advanced maternal age (50% of women

are now > 35 years), medical co-morbidities, guidelines for risk management or maternal request. Research such as the Arrive Trial[8] has also influenced the practice of offering induction at 39 weeks.

As the director of nursing and midwifery at the NMH, I am constantly reflecting on the balance between choice and safety – both are essential components of maternity care. I want to promote and protect normal or physiological birth, and ensure midwives have the option to practise midwifery. On the other hand, I have a duty to ensure that my midwifery team is protected from exposure to excessive risk due to a poor perinatal outcome, which also would result in potentially career-ending litigation.

In many circumstances in our hospitals, women who could be cared for within midwifery care pathways are offered obstetric care pathways because of strict guidelines around maternal age or body mass index (BMI). Our focus on risk identification in pregnancy is extremely important. As mentioned, more than half of the women attending us are now having their first baby at aged 35 or older. One in six couples have had IVF treatment, often with donor eggs. More women have co-morbidities requiring higher levels of surveillance in maternal medicine clinics. However, the recent highly publicised failings in maternity care, such as at Morecambe Bay, Shrewsbury and Telford, East Kent and MLUs in Northern Ireland, have all seriously damaged public confidence in midwifery care and have also eroded the confidence of midwives to practise to the full scope of their expertise in many circumstances.

The lack of dynamic risk assessment is criticised in several recent publications reviewing failures in maternity services in the UK by Ockenden.[9] The HSIB maternity investigations in the UK identified repeated examples of insufficient robust continuous risk assessments in maternity pathways.[10] Given the devastation that can occur from a sentinel event, is it any wonder that midwives are fearful of making a mistake? At times the focus on risk management results in a 'too much, too soon' approach, due to the fear of missing an opportunity to intervene, in an effort to offer safe midwifery care.

There are many implications for midwifery practice in this changing environment. In recent years the vast majority of women ask for an ultrasound at each antenatal visit and are disappointed if it is not offered. This can limit recruitment of clients to community midwives' clinics as they don't perform scans. Midwives need enhanced knowledge of antenatal and postnatal morbidity, wound care and perinatal mental health, in order to support women requiring additional interventions.

We also need to support junior midwives in particular. They need support in order to have renewed confidence in their ability to assist women to birth naturally, in first time mothers particularly. Midwives also have to be in a position to support women who could opt for vaginal birth after Caesarean delivery (VBAC) safely in a subsequent pregnancy.

As midwives we have to focus on the elements that are within our control. Pre-pregnancy and antenatal education can have an impact on women's decision making in terms of seeking induction or elective CS for non-clinical reasons. Continuity of midwifery care in clinics and in community midwifery teams can improve the confidence of women to trust in their bodies with affirmations and support for physiological birth or VBAC if circumstances allow.

There are many tools available to us, such as the use of the 'Labour Hopscotch'[11] which was developed in our hospital by midwife Sinead Thompson, or for instance other workshops to support empowerment of midwives and women.

Surely all of us as maternity care providers need to be asking ourselves, is it acceptable that if trends towards an increasing CS rate continue to rise, then half of our daughters will be giving birth by surgery, not the way our mothers and grandmothers gave birth?

Mary Brosnan is director of nursing and midwifery at the National Maternity Hospital, Holles St, Dublin

References

1. Prosen M, Krajnc M. (2019) Perspectives and experiences of healthcare professionals regarding the medicalisation of pregnancy and childbirth. Women and Birth 32 e 173-e 181

2. HSE (2016) The National Maternity Strategy: Creating a Better Future Together 2016-2026. Health Services Executive, Ireland

3. National Women and Infants Health Programme (2022) Irish Maternity Indicator System (IMIS) Annual Report 2021

4. Panda S, Begley C, Daly D. (2022). Clinicians views of factors influencing decision making for CS for first time mothers. A qualitative descriptive study. Plos One 17(12): e0279403 https://doi.org./10.1371/journal.pone 0279403

5. Craven S et al. (2020) 'Do you pay to go private?: a single centre comparison of induction of labour and Caesarean section rates in private versus public patients'. BMC Pregnancy and Childbirth 20:746

6. Robson, M, (2001) Classification of CS. Fetal and Maternal Medicine Review, 12 (1). 23-39

7. The National Maternity Hospital (2022), NMH clinical report 2022, The National Maternity Hospital, Dublin,

8. Grobman WA et al (2018) Labour Induction versus Expectant Management in Low-Risk Nulliparous Women. N Engl J Med, 379:513-523

9. Ockenden D (2022). Ockenden report – Final: Findings, conclusions, and essential actions from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust (HC 1219). Crown 2022 (March)

11. Carroll L, Thompson S, Coughlan B, McCreery T, Murphy A, Doherty J, Sheehy L, Cronin M, Brosnan M, O'Brien D. (2022). 'Labour Hopscotch': Women's evaluation of using the steps during labor'. Eur J Midwifery, 6(59):1-10 doi: 10.18332/ejm/152492

Chronic disease nursing
The neurology experience

Sinead Jordan examines the role that advanced practice and specialist nurses play in the management of neurological conditions

NEUROLOGY is an umbrella term that covers many disorders of the nervous system, which include but are not limited to: multiple sclerosis (MS), motor neuron disease, migraine, epilepsy, dementia, stroke, Parkinson's disease, Huntington's disease and other rare neurological conditions. While some of these conditions may have acute presentations, they are still chronic in nature.

Integrated care model

The role of the advanced nurse practitioner (ANP) is to develop improved integrated care pathways for patients. This model of care is in line with updated health strategies in Ireland, including Sláintecare, and the care pathways recommended by the Department of Health and the HSE.

The government's *Policy on the Development of Graduate to Advanced Nursing and Midwifery Practice* outlines a patient-focused process for directors of service to support and develop the contribution of advanced nurses as flexible multitasking professionals who can embrace quality and safe integrated care in the health service.[1]

Furthermore, ANPs have been recognised internationally to improve efficiency, reduce cost of care, provide clinical nursing leadership and offer value for money in healthcare.[2,3,4]

Specialist roles

Chronic disease often involves complex and multifaceted health needs which require ongoing, co-ordinated care delivered in different settings at different times.[1] Although I am working in the subspecialty of multiple sclerosis, the competencies necessary for the ANP are transferrable to any of the chronic diseases within neurology.

The advanced nursing role is ideally suited to independently manage these patients and thereby remove them from waiting lists, prevent admissions and promote preventative strategies.[1]

The ANP has the skill and autonomy to assess, treat and discharge the patients appropriately. A key component of the role is the ability to make clinical decisions and refer patients accordingly. This is complemented by the clinical nurse specialist (CNS) role.

The CNS provides advice, guidance and education to all colleagues in relation to a specific diagnosis and its management, and leads on safety monitoring for patients. This may include blood work, organising an MRI or issuing prescriptions.

In addition, the CNS can facilitate routine review of patients encompassing assessment, implementation of care and evaluation of interventions, along with education and promotion of self-care for patients.

The ANP can also enable rapid access if a patient is having uncontrolled symptoms and needs review urgently, therefore avoiding unnecessary presentations to the emergency department and often eliminating unnecessary costly hospital admissions.

Improved care

These roles improve patients' access to neurological services and enhance the patient experience. They also facilitate the reduction of waiting lists and hospital costs in line with the *National Clinical Programme for Neurology: Model of Care* 2016.[5]

In addition, neurology ANPs follow current evidence-based guidelines for the management of people with a neurological diagnosis, or suspected diagnosis, and will deliver an evidence-based service that reflects local and national policy.

Advanced nursing practice aspires to be a valued part of the Irish healthcare system that achieves best outcomes for people with neurological/chronic conditions and for their families. This is achieved by ensuring the core values of nursing care – compassion and commitment are aligned with advanced nursing knowledge and skills, working efficiently and resourcefully to put patients first. The advanced nursing service should provide higher standards of patient care, clinical excellence, nursing research and staff education.

Through Sláintecare this can be achieved within an integrated local and national system that meets patients' needs, and improves the patient experience from initial presentation to treatment planning and beyond for people with neurological conditions.

Psychological support

Another crucial aspect of patient care is the psychological support that is required for people with a chronic condition by ensuring people receive comprehensive information and support from the beginning of their journey. This may be fundamental in supporting positive psychological adjustment while improving treatment outcomes.[6]

A neurological condition can affect the person's outlook and can significantly impair quality of life. Therefore, in addition to assessment of the physical aspects of the disease, the assessment of psychosocial issues is an essential element in the comprehensive care and management of these people.

Cultivating a collaborative and therapeutic relationship, that is receptive and truthful from diagnosis, empowers the patient and builds confidence in their healthcare team.

In long-term management of chronic disease the value of providing the information, suitable advice and support at

diagnosis is well recognised.[6] Providing sufficient appropriate information is key in terms of emotional support, to prepare patients for dealing with practical issues which if possible should inspire hope.

Career pathway

Currently there is no formal postgraduate education programme specifically for neurology nurses in Ireland. As a result, nurses are required to look outside the country for specialist training. The new regulations being introduced by the Nursing and Midwifery Board of Ireland (NMBI) will require CNS grades to have a post graduate diploma (level 9) in order to register on the CNS register.

Irish Neurology Nursing Forum (INNF)

In December 2022 the Irish Neurology Nursing Forum (INNF) was established and has been a welcome and timely development.

The original thinking behind the forum was to represent and promote the vital role of nurses working in neurology throughout Ireland.

It aims to bring together a group of nurses from different subspecialties under the umbrella of neurology, to promote a stronger voice and ideally gain position at policy level, with an overarching focus on education.

The main objectives of the forum are:

- To provide collegial support and advocacy through continuing educational activities and the promotion of evidence based practice and research and sharing of best practice
- To collaborate with other professional and voluntary organisations across the breadth of neurology on issues related to patient advocacy, services, policies, guidelines and standards to support excellence in practice
- To provide opportunities for neurology nurses to network locally, nationally and internationally
- To ensure the delivery of patient-centred quality care.

Consequently the INNF is in collaboration with Prof Orla Hardiman, national clinical lead in neurology, and the Academic Unit of Neurology and School of Nursing at TCD in developing a postgraduate and master's programme in clinical neurology that will be available to all allied health professionals and will be accredited by the NMBI to meet criteria for registration as clinical nurse specialist. The aim is to launch CPD in September 2023. The postgraduate course/MSc in clinical neurology course is on track to commence in September 2024.

Sinead Jordan is a registered advanced nurse practitioner for people with multiple sclerosis at St Vincent's University Hospital, Dublin

The Irish Neurology Nursing Forum (INNF) can be contacted by email: innforum1@gmail.com

References

1. Department of Health (2019). A Policy on the Development of Graduate to Advanced Nursing and Midwifery Practice. www.health.gov.ie

2. Begley C, Murphy K, Higgins A, Elliott N, Lalor J, Sheerin F, Coyne I, Comiskey C, Normand C, Casey C, Dowling M, Devane D, Cooney A, Farrelly F, Brennan M, Meskell P, MacNeela P. (2010) An Evaluation of Clinical Nurse and Midwife Specialist and Advanced Nurse and Midwife Practitioner Roles in Ireland (SCAPE). National Council for the Professional Development of Nursing and Midwifery in Ireland, December, 2010

3. Elliott N, Begley C, Kleinpell R, Higgins A. (2014) The development of leadership outcome-indicators evaluating the contribution of clinical specialists and advanced practitioners to health care: a secondary analysis. J Advanced Nursing; 70(5):1078-93

4. Rafferty AM, Xyrichis A, Caldwell C. (2015), Post-graduate Education and Career Pathways in Nursing: A Policy Brief. King's College London, UK

5. Health Service Executive (2016). National Clinical Programme for Neurology: Model of Care. HSE, Dublin

6. National Institute for Health Care Excellence (2016). Multiple Sclerosis. Quality Standard 108. NICE, UK

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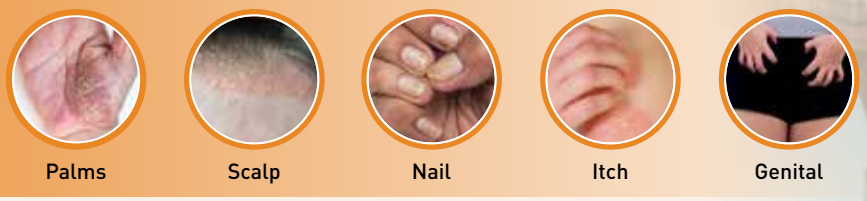

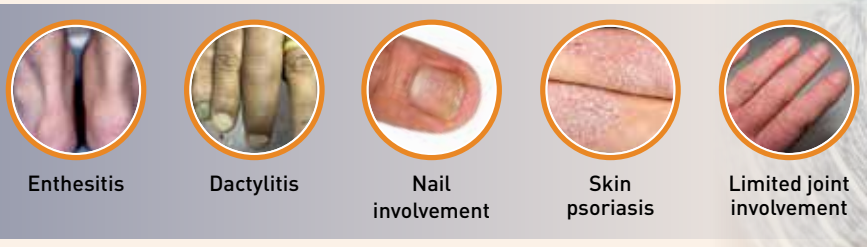

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Abbreviations: PDE4, phosphodiesterase-4; PsA, psoriatic arthritis; PsO, psoriasis.

References: 1. OTEZLA (apremilast). Summary of Product Characteristics; **2.** Kavanaugh A, et al. *Arthritis Res Ther.* 2019;21:118; **3.** Augustin M, et al. *J Eur Assoc Dermatol Venereol.* 2021;35:123–134; **4.** Wollenhaupt J, et al. Presented at EULAR 2020; 3–6 June 2020; Virtual: Poster FRI0365; **5.** Crowley JA, et al. Presented at the 73rd Annual Meeting of the American Academy of Dermatology; 20–24 March 2015; San Francisco, CA: P894; **6.** Rich P, et al. *J Am Acad Dermatol.* 2016;74(1):134–142; **7.** Reich K, et al. *Dermatol Ther.* 2022;12:203–221.

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Focus on: Dermatology

WIN looks at a case of a 45-year-old man with psoriatic arthritis who presented to rheumatology with a scaly rash on his feet

A 45-YEAR-OLD MAN with longstanding psoriasis and psoriatic arthritis (PsA) presented to the rheumatology outpatients department with previously well-controlled PsA. He is on methotrexate 17.5mg weekly *po*, folic acid 5mg weekly *po* and secukinumab 300mg monthly subcutaneously. His psoriasis was well controlled up until now, however in the previous four weeks he had extensive thin, ring-like scaly plaques between his toes and on the plantar aspect of his feet bilaterally.

He was started on Betnovate ointment and a Silcock's-base moisturiser by his general practitioner with very little improvement in his rash. On further examination, it was determined that he had tinea pedis of his feet bilaterally. He was started on clotrimazole 1% cream and an oral antifungal treatment with good improvement in his skin condition.

Characteristics of tinea pedis

Tinea pedis is characterised as a dermatophyte infection of the feet. The diagnosis is usually clinical however in cases that are difficult to distinguish, potassium hydroxide (KOH) wet mount is used for rapid detection of fungal elements by mixing clinical materials (skin scales or nail clippings) with a few drops of 10% KOH on a microscope glass slide. This is usually done in the lab and the specimen is then cultured. This is especially relevant when the infection presents as hyperkeratotic, vesiculobullous or ulcerative in nature, and is not interdigital.

Presentation and cause

Tinea pedis infections typically presents as macerated, scaling lesions, first appearing between the third and fourth interdigital spaces and extending to the lateral dorsum, plantar surface, or both, of the arch. The risk factors for developing these lesions are hyperhydrosis, occlusive footwear, compromised integrity of the skin such as another skin disorder, and immunosuppressive therapy.

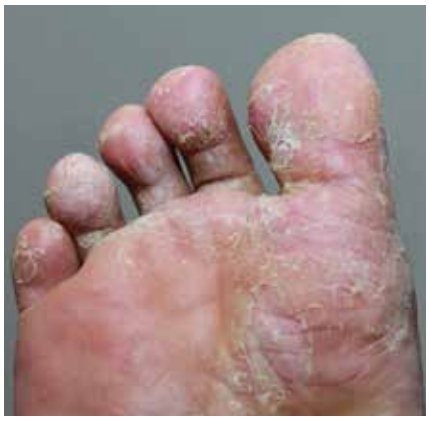


Figure 1. Tinea pedis of the plantar aspect of a right foot (Image from Durban Skin Doctor)

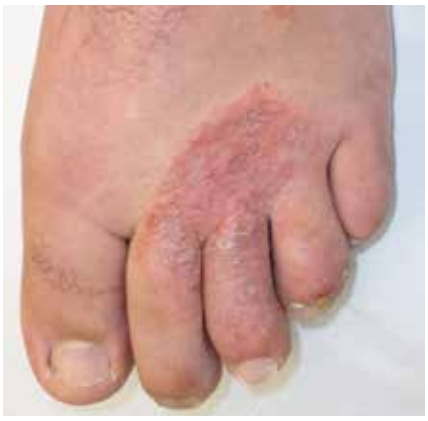


Figure 2. Scaly raised plaque consistent with a fungal infection (Image from Mayo Clinic file)

Tinea pedis or psoriasis

In this scenario, a fungal infection may be mistaken for a psoriasis flare. Tinea infections are frequently mistaken for psoriasis. Patients on biologic therapy and a conventional synthetic disease modifying anti-rheumatic drug (csDMARD) are at higher risk of opportunistic infections.

Treatment

The treatment for tinea pedis and psoriasis differ greatly. Tinea pedis is typically treated with topical antifungal such as Daktarin 2% (miconazole), clotrimazole 1%, terbinafine etc. In more severe infections, oral antifungals such as itraconazole 200mg orally once a day for one month (or pulse therapy with 200mg two times a day for one week/month for one to two months) and terbinafine 250mg orally once a day for two to six weeks. Concomitant topical antifungal use may also be helpful in reducing recurrence.

Increased infection risk in PsA

Patients on immunosuppressive therapy have higher rates of other infections, including mycobacterium tuberculosis infections, cytomegalovirus, Epstein-Barr virus, herpes simplex, including *Pneumocystis jirovecii* pneumonia.[1] Therefore, there should be a higher index for suspicion for infections in this group.

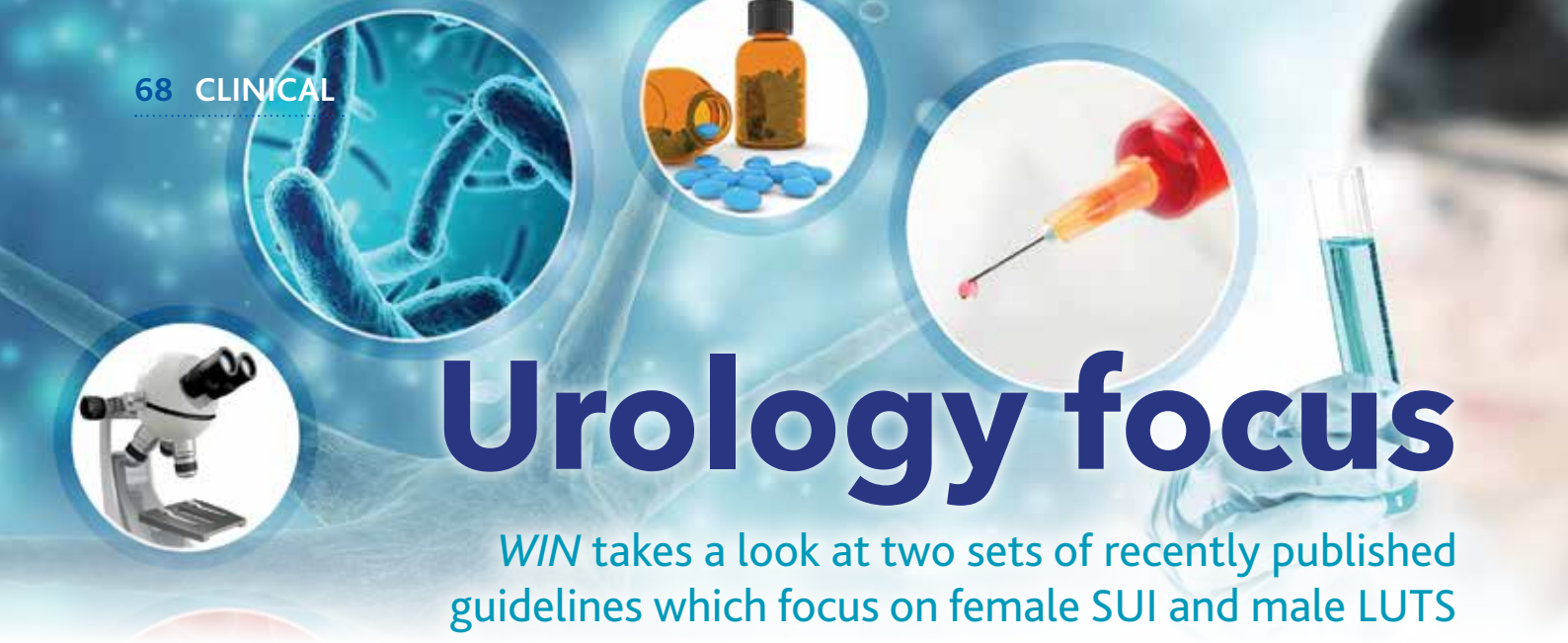
Bernadine Louis is a dermatology specialist registrar at St Vincent's University Hospital and Gerry Wilson is professor of rheumatology at UCD and a consultant rheumatologist at the Mater University Hospital and St Vincent's University Hospital

References

1. Gossec L, Baraliakos X, Kerschbaumer A et al. EULAR recommendations for the management of psoriatic arthritis with pharmacological therapies: 2019 update. Ann Rheum Dis 2020 (Jun); 79(6):700-12

2. Aaron DM. Dermatophytid reaction – dermatologic disorders, MSD Manual Professional Edition. MSD Manuals. Available at: https://www.msdmanuals.com/professional/dermatologic-disorders/fungal-skin-infections/dermatophytid-reaction (Accessed: January 28, 2023)

3. Ward H, Parkes N, Smith C, Kluzek S, Pearson R. Consensus for the treatment of tinea pedis: a systematic review of randomised controlled trials. J Fungi (Basel). 2022 Mar 29; 8(4):351



Urology focus

WIN takes a look at two sets of recently published guidelines which focus on female SUI and male LUTS

Amendments to the US guidelines on female stress urinary incontinence

AMENDMENTS to clinical practice guidelines on the surgical treatment of female stress urinary incontinence (SUI) for 2023 were released recently by the American Urological Association (AUA), in partnership with the Society of Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU).

SUI is a common problem experienced by many women. About one in three women suffer from SUI at some point in their lives, and the chance of having urinary incontinence increases with age.

The updated guidelines have 24 recommendations that provide a clinical framework for the assessment and treatment of SUI in women.

Topics discussed in the guidelines include:

- Patient evaluation
- Cystoscopy and urodynamics testing
- Patient counselling
- Treatment
- Special cases
- Outcomes assessment.

"The recommendations in this guideline are fundamental to the delivery of the most effective treatment for our female patients with SUI," said Dr Kathleen C Kobashi, MD, chair of the Department of Urology at Houston Methodist Hospital.

"The guidelines advocate for the importance of proper patient evaluation, as well as for careful consideration around which treatment options are best suited for a given individual. Importantly, they also focus on the crucial nature of assiduous counselling regarding the risks, benefits and alternatives available for treatment. We believe this guideline will help practising urologists provide comprehensive, evidence-based and effective care for SUI."

The amendments for 2023 result from 24 new studies reviewed since the initial SUI guideline publication in 2017. It was distributed to peer reviewers of varying backgrounds as part of the AUA's extensive peer review process before being approved by the AUA Board of Directors and SUFU Executive Committee.

"SUFU values our longstanding relationship with the AUA, which has resulted in the production of numerous guidelines in our field," said SUFU president Dr David Ginsberg. "This recent amendment to the stress urinary incontinence guideline provides clinicians with the most up to date guidance and recommendations for the evaluation and treatment of women with SUI."

The full updated guideline is now available at **www.auanet.org** A summary of the guideline also appears at: *Kobashi KC, Vasavada S, Bloschichak A et al. Updates to surgical treatment of female stress urinary incontinence (SUI): AUA/SUFU guideline (2023). J Urol 2023; 209(6)*

DOI: 10.1097/JU.0000000000003435

New European guidelines focus on surgical treatment of LUTS/BPO

FOR the 2023 European Association of Urology Guidelines on the Management of Non-neurogenic Male Lower Urinary Tract Symptoms (LUTS), the focus was on a forensic review and restructure of section 5.3 – Surgical treatment.

LUTS are a common complaint in adult men with a major impact on quality of life and have a substantial economic burden. These new European guidelines offer practical evidence-based guidance on the assessment and treatment of men aged 40 years or older with various non-neurogenic benign forms of LUTS. The understanding of the lower urinary tract (LUT) as a functional unit, and the multifactorial aetiology of associated symptoms, means that LUTS now constitute the main focus, rather than the former emphasis on benign prostatic hyperplasia (BPH). The term BPH is now regarded as inappropriate as it is benign prostatic obstruction (BPO) that is treated if the obstruction is a significant cause of a man's LUTS.

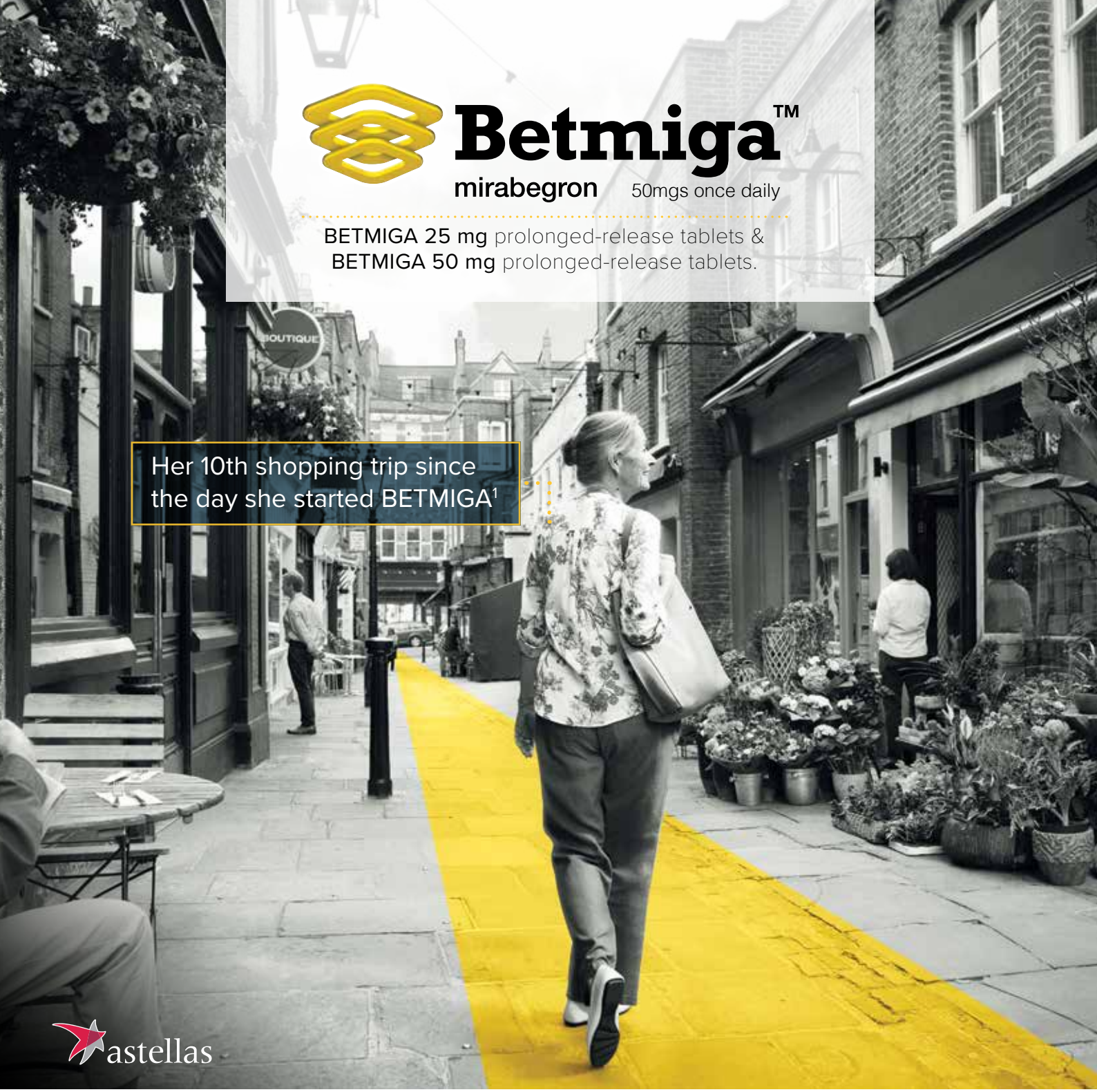
It must be emphasised that clinical guidelines present the best evidence available to the experts. However, following guideline recommendations will not necessarily result in the best outcome. Guidelines can never replace clinical expertise when making treatment decisions for individual patients, but rather help to focus decisions – also taking personal values and preferences/individual circumstances of patients into account.

Recommendations apply to men aged ≥ 40 years who seek professional help for LUTS in various non-neurogenic and non-malignant conditions such as BPO, detrusor overactivity/overactive bladder or nocturnal polyuria. Men with other associated factors relevant to LUT disease (eg. concomitant neurological diseases, young age, prior LUT disease or surgery) usually require a more extensive work-up, which is not covered in these guidelines, but may include several tests mentioned.

In Section 5.2 the guidelines present a detailed synopsis of the current pharmacological treatments available for LUTS, which includes: alpha 1-adrenoceptor antagonists (α1-blockers), 5α-reductase inhibitors, muscarinic receptor antagonists, beta-3 agonists, phosphodiesterase-5 inhibitors, herbal drug preparations and combination therapies.

As mentioned above, Section 5.3 on surgical treatment of LUTS is the main focus of these updated guidelines. The guidelines strongly recommend that bipolar- or monopolar-transurethral resection of the prostate is offered to surgically treat moderate-to-severe LUTS in men with prostate size of 30-80mL.

DOI: 10.1016/j.eururo.2023.04.008



Prescribing Information: BETMIGA™ (mirabegron)
For full prescribing information, refer to the Summary of Product Characteristics (SPC). **Name:** BETMIGA 25 mg prolonged-release tablets & BETMIGA 50 mg prolonged-release tablets. **Presentation:** Prolonged-release tablets containing 25 mg or 50 mg mirabegron. **Indication:** Symptomatic treatment of urgency, increased micturition frequency and/or urgency incontinence as may occur in adult patients with overactive bladder (OAB) syndrome. **Posology and administration:** The recommended dose is 50 mg orally once daily in adults (including elderly patients). Mirabegron should not be used in paediatrics for OAB. A reduced dose of 25 mg once daily is recommended for special populations (please see the full SPC for information on special populations). The tablet should be taken with liquids, swallowed whole and is not to be chewed, divided, or crushed. The tablet may be taken with or without food. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed in section 6.1 of the SPC. Severe uncontrolled hypertension defined as systolic blood pressure ≥ 180 mm Hg and/or diastolic blood pressure ≥ 110 mm Hg. **Warnings and Precautions:** Renal impairment: BETMIGA has not been studied in patients with end stage renal disease (eGFR < 15 ml/min/1.73 m^2 or patients requiring haemodialysis) and, therefore, it is not recommended for use in this patient population. Data are limited in patients with severe renal impairment (eGFR 15 to 29 ml/min/1.73 m^2); based on a pharmacokinetic study (see section 5.2 of the SPC) a dose of 25 mg once daily is recommended in this population. This medicinal product is not recommended for use in patients with severe renal impairment (eGFR 15 to 29 ml/min/1.73 m^2) concomitantly receiving strong CYP3A inhibitors (see section 4.5 of the SPC). Hepatic impairment: BETMIGA has not been studied in patients with severe hepatic impairment (Child-Pugh Class C) and, therefore, it is not recommended for use in this patient population. This medicinal product is not recommended for use in patients with moderate hepatic impairment (Child-Pugh B) concomitantly receiving strong CYP3A inhibitors (see section 4.5 of the SPC). Hypertension: Mirabegron can increase blood pressure. Blood pressure should be measured at baseline and periodically during treatment with mirabegron, especially in hypertensive patients. Data are limited in patients with stage 2 hypertension (systolic blood pressure ≥ 160 mm Hg or diastolic blood pressure ≥ 100 mm Hg). Patients with congenital or acquired QT prolongation: BETMIGA, at therapeutic doses, has not demonstrated clinically relevant QT prolongation in clinical studies (see section 5.1 of the SPC). However, since patients with a known history of QT prolongation or patients who are taking medicinal products known to prolong the QT interval were not included in these studies, the effects of mirabegron in these patients is unknown. Caution should be exercised when administering mirabegron in these patients. Patients with bladder outlet obstruction and patients taking antimuscarinics medicinal products for OAB: Urinary retention in patients with bladder outlet obstruction (BOO) and in patients taking antimuscarinic medicinal products for the treatment of OAB has been reported in postmarketing experience in patients taking mirabegron. A controlled clinical safety study in patients with BOO did not demonstrate increased urinary retention in patients treated with BETMIGA; however, BETMIGA should be administered with caution to patients with clinically significant BOO. BETMIGA should also be administered with caution to patients taking antimuscarinic medicinal products for the treatment of OAB. **Interactions:** Caution is advised if mirabegron is co-administered with medicinal products with a narrow therapeutic index and significantly metabolised by CYP2D6. Caution is also advised if mirabegron is co-administered with CYP2D6 substrates that are individually dose titrated. In patients with mild to moderate renal impairment or mild hepatic impairment, concomitantly receiving strong CYP3A inhibitors, the recommended dose is 25 mg once daily. For patients who are initiating a combination of mirabegron and digoxin (P-gp substrate), the lowest dose for digoxin should be prescribed initially (see the SPC for full prescribing information). The potential for inhibition of P-gp by mirabegron should be considered when BETMIGA is combined with sensitive P-gp substrates. Increases in mirabegron exposure due to drug-drug interactions may be associated with increases in pulse rate. **Pregnancy and lactation:** BETMIGA is not recommended in women of childbearing potential not using contraception. This medicinal product is not recommended during pregnancy. BETMIGA should not be administered during breast-feeding. **Undesirable effects:** Summary of the safety profile: The safety of BETMIGA was evaluated in 8433 adult patients with OAB, of which 5648 received at least one dose of mirabegron in the phase 2/3 clinical program, and 622 patients received BETMIGA for at least 1 year (365 days). In the three 12-week phase 3 double blind, placebo controlled studies, 88% of the patients completed treatment with this medicinal product, and 4% of the patients discontinued due to adverse events. Most adverse reactions were mild to moderate in severity. The most common adverse reactions reported for adult patients treated with BETMIGA 50 mg during the three 12-week phase 3 double blind, placebo controlled studies are tachycardia and urinary tract infections. The frequency of tachycardia was 1.2% in patients receiving BETMIGA 50 mg. Tachycardia led to discontinuation in 0.1% patients receiving BETMIGA 50 mg. The frequency of urinary tract infections was 2.9% in patients receiving BETMIGA 50 mg. Urinary tract infections led to discontinuation in none of the patients receiving BETMIGA 50 mg. Serious adverse reactions included atrial fibrillation (0.2%). Adverse reactions observed during the 1-year (long term) active controlled (muscarinic antagonist) study were similar in type and severity to those observed in the three 12-week phase 3 double blind, placebo controlled studies. Adverse reactions: The following list reflects the adverse reactions observed with mirabegron in adults with OAB in the three 12-week phase 3 double blind, placebo controlled studies. The frequency of adverse reactions is defined as follows: very common (≥ 1/10); common (≥ 1/100 to < 1/10); uncommon (≥ 1/1,000 to < 1/100); rare (≥ 1/10,000 to < 1/1,000); very rare (< 1/10,000) and not known (cannot be established from the available data). Within each frequency grouping, adverse reactions are presented in order of decreasing seriousness. The adverse events are grouped by MedDRA system organ class. *Infections and infestations:* Common: Urinary tract infection, Uncommon: Vaginal infection, Cystitis. *Psychiatric disorders:* Not known (cannot be estimated from the available data): Insomnia*, Confusional state*. *Nervous system disorders:* Common: Headache*, Dizziness*. *Eye disorders:* Rare: Eyelid oedema. *Cardiac disorders:* Common: Tachycardia, Uncommon: Palpitation, Atrial fibrillation. *Vascular disorders:* Very rare: Hypertensive crisis*. *Gastrointestinal disorders:* Common: Nausea*, Constipation*, Diarrhoea*, Uncommon: Dyspepsia, Gastritis, Rare: Lip oedema. *Skin and subcutaneous tissue disorders:* Uncommon: Urticaria, Rash, Rash macular, Rash papular, Pruritus, Rare: Leukocytoclastic vasculitis, Purpura, Angioedema*. *Musculoskeletal and connective tissue disorders:* Uncommon: Joint swelling. *Renal and urinary disorders:* Rare: Urinary retention*. *Reproductive system and breast disorders:* Uncommon: Vulvovaginal pruritus. *Investigations:* Uncommon: Blood pressure increased, GGT increased, AST increased, ALT increased. * signifies adverse reactions observed during post-marketing experience. Prescribers should consult the SPC in relation to other adverse reactions. **Overdose:** Treatment for overdose should be symptomatic and supportive. In the event of overdose, pulse rate, blood pressure, and ECG monitoring is recommended. **Basic NHS Cost:** Great Britain (GB)/Northern Ireland(NI): BETMIGA 50 mg x 30 = £29, BETMIGA 25 mg x 30 tablets = £29. Ireland (IE): POA. **Legal classification:** POM. **Marketing Authorisation number(s):** (GB): PLGB 00166/0415-0416. NI/IE: EU/1/12/809/001-006, EU/1/12/809/008-013, EU/1/12/809/015-018. **Marketing Authorisation Holder:** GB: Astellas Pharma Ltd., 300 Dashwood Lang Road, Bourne Business Park, Addlestone, United Kingdom, KT15 2NX. NI/IE: Astellas Pharma Europe B.V. Sylviusweg 62, 2333 BE Leiden, The Netherlands. **Date of Preparation of Prescribing information:** January 2023. **Job bag number:** MAT-IE-BET-2023-00001. **Further information available from:** GB/NI: Astellas Pharma Ltd, Medical Information: 0800 783 5018. IE: Astellas Pharma Co. Ltd., Tel.: +353 1 467 1555. For full prescribing information, please see the Summary of Product Characteristics, which may be found at: GB: www.medicines.org.uk; NI: https://www.emcmedicines.com/en-GB/northernireland/; IE: www.medicines.ie.

United Kingdom (GB/NI)
Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to Astellas Pharma Ltd. on 0800 783 5018.

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

Date of preparation: January 2023

References: 1. Freeman R, et al. Current Medical Research and Opinion 2017. https://doi.org/10.1080/03007995.2017.1419170.

MAT-IE-BET-2023-00002

KISQALI®
ribociclib

KISQALI—the only CDK4/6 inhibitor with statistically significant overall survival across all 3 phase III trials[1–3]

NCCN RECOMMENDED | National Comprehensive Cancer Network® (NCCN®) now recognizes ribociclib (KISQALI®) + ET, a Category 1 preferred treatment option, for showing an **OS BENEFIT IN 1L PATIENTS** with HR+/HER2- mBC[4]

KISQALI is not indicated for concomitant use with tamoxifen[4]

1L, first line; **2L,** second line; **ET,** endocrine therapy; **LHRH,** luteinizing hormone-releasing hormone, **aBC**, advanced breast cancer.

ESMO - European society of medical oncology **SABC -** San Antonio Breast Cancer Conference **ASCO -** American Society of Clinical Oncology

REFERENCES:

1. Hortobagyi GN, Stemmer SM, Burris HA, et al. Overall survival results from the phase III MONALEESA-2 trial of postmenopausal patients with HR+/HER2– advanced breast cancer treated with endocrine therapy ± ribociclib. Presented at: European Society of Medical Oncology; September 16-21, 2021.
2. Im S-A, Lu Y-S, Bardia A, et al. Overall survival with ribociclib plus endocrine therapy in breast cancer. *N Engl J Med*. 2019;381(4):307-316.
3. Slamon DJ, Neven P, Chia S, et al. Overall survival with ribociclib plus fulvestrant in advanced breast cancer. *N Engl J Med*. 2020;382(6):514-524.
4. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Breast Cancer V.4.2022. © National Comprehensive Cancer Network, Inc. 2021. All rights reserved. Published June 21, 2022. Accessed July 29, 2022. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use, or application and disclaims any responsibility for their application or use in any way.

ABBREVIATED PRESCRIBING INFORMATION

Please refer to Summary of Product Characteristics (SmPC) before prescribing.

Kisqali (ribociclib) 200 mg film-coated tablets

Presentation: Film coated tablets (FCT) containing 200 mg of ribociclib and 0.344 mg soya lecithin.

Indications: Kisqali is indicated for the treatment of women with hormone receptor (HR) positive, human epidermal growth factor receptor 2 (HER2) negative locally advanced or metastatic breast cancer in combination with an aromatase inhibitor or fulvestrant as initial endocrine-based therapy, or in women who have received prior endocrine therapy

In pre or perimenopausal women, the endocrine therapy should be combined with a luteinising hormone releasing hormone (LHRH) agonist.

Dosage and administration:

Adults: The recommended dose is 600 mg (3 x 200 mg FCT) taken orally, once daily for 21 consecutive days followed by 7 days off treatment, resulting in a complete cycle of 28 days.

Kisqali should be used together with 2.5 mg letrozole or another aromatase inhibitor or with 500 mg fulvestrant.

When Kisqali is used in combination with an aromatase inhibitor, the aromatase inhibitor should be taken orally once daily continuously throughout the 28 day cycle. Please refer to the Summary of Product Characteristics (SmPC) of the aromatase inhibitor for additional details.

When Kisqali is used in combination with fulvestrant, fulvestrant is administered intramuscularly on days 1, 15 and 29, and once monthly thereafter. Please refer to the SmPC of fulvestrant for additional details.

Treatment of pre and perimenopausal women with the approved Kisqali combinations should also include an LHRH agonist in accordance with local clinical practice.

Management of severe or intolerable adverse reactions (ARs) may require temporary dose interruption, reduction or discontinuation of Kisqali. Please see section 4.2 of SmPC for recommended dose modification guidelines.

Kisqali can be taken with or without food (see section 4.5).The tablets should be swallowed whole and should not be chewed, crushed or split prior to swallowing.

Special populations: ♦*Renal impairment:* Mild or moderate: No dose adjustment is necessary. Severe: A starting dose of 200 mg is recommended in patients with severe renal impairment. Kisqali has not been studied in breast cancer patients with severe renal impairment. Caution should be used in patients with severe renal impairment with close monitoring for signs of toxicity. ♦*Hepatic impairment:* Mild: No dose adjustment is necessary. Moderate or severe: Dose adjustment is required, and the starting dose of 400 mg once daily is recommended. ♦*Elderly (>65 years):* No dose adjustment is required. ♦*Pediatrics(<18 years):* Safety and efficacy have not been established.

Contraindications: Hypersensitivity to the active substance or to peanut, soya or any of the excipients.

Warnings/Precautions: ♦***Neutropenia*** was most frequently reported AR. A complete blood count (CBC) should be performed before initiating treatment. CBC should be monitored every 2 weeks for the first 2 cycles, at the beginning of each of the subsequent 4 cycles, then as clinically indicated. Febrile neutropenia was reported in 1.4% of patients exposed to Kisqali in the phase III clinical studies. Patients should be instructed to report any fever promptly.Based on the severity of the neutropenia, Kisqali may require dose interruption, reduction, or discontinuation. ♦***Hepatobiliary toxicity*** - increases in transaminases have been reported. Liver function tests (LFTs) should be performed before initiating treatment. LFTs should be monitored every 2 weeks for the first 2 cycles, at the beginning of each of the subsequent 4 cycles, then as clinically indicated. If grade ≥ 2 abnormalities are noted, more frequent monitoring is recommended.

Recommendations for patients who have elevated AST/ALT grade ≥ 3 at baseline have not been established. Based on the severity of transaminase elevations, Kisqali may require dose interruption, reduction, or discontinuation. ♦***QT interval prolongation*** has been reported with Kisqali. The use of Kisqali should be avoided in patients who have already or who are at significant risk of developing QTc prolongation. The ECG should be assessed prior to initiation of treatment. Treatment with Kisqali should be initiated only in patients with QTcF values <450 msec. The ECG should be repeated at approximately Day 14 of the first cycle and at the beginning of the second cycle, then as clinically indicated. In case of QTcF prolongation during treatment, more frequent ECG monitoring is recommended Appropriate monitoring of serum electrolytes (including potassium, calcium, phosphorous, and magnesium) should be performed prior to initiation of treatment, at the beginning of the first 6 cycles, and then as clinically indicated. Any abnormality should be corrected before the start of Kisqali treatment. Based on the observed QT prolongation during treatment, Kisqali may require dose interruption, reduction, or discontinuation. Based on the E2301 study QTcF interval data, Kisqali is not recommended for use in combination with tamoxifen. ♦***Critical visceral disease.*** The efficacy and safety of ribociclib have not been studied in patients with critical visceral disease. ♦***Severe cutaneous reactions*** Toxic epidermal necrolysis (TEN) has been reported with Kisqali treatment. If signs and symptoms suggestive of severe cutaneous reactions (e.g. progressive widespread skin rash often with blisters or mucosal lesions) appear, Kisqali should be discontinued immediately. ♦***Interstitial lung disease/pneumonitis*** ILD/pneumonitis has been reported with CDK4/6 inhibitors including Kisqali. Based on the severity of the ILD/pneumonitis, which may be fatal, Kisqali may require dose interruption, reduction or discontinuation as described in SmPC.

Patients should be monitored for pulmonary symptoms indicative of ILD/pneumonitis which may include hypoxia, cough and dyspnoea and dose modifications should be managed in accordance with Table 5 (see section 4.2)

♦***Blood creatinine increase*** ribociclib may cause blood creatinine increase – if this occurs it is recommended that further assessment of the renal function be performed to exclude renal impairment.

♦***CYP3A4 substrates.*** ribociclib may interact with medicinal products which are metabolised via CYP3A4, which may lead to increased serum concentrations of CYP3A4 substrates (see section 4.5). Caution is recommended in case of concomitant use with sensitive CYP3A4 substrates with a narrow therapeutic index and the SmPC of the other product should be consulted for the recommendations regarding co administration with CYP3A4 inhibitors.

Pregnancy, Fertility and Lacation

♦***Pregnancy:*** Pregnancy status should be verified prior to starting treatment as Kisqali can cause foetal harm when administered to a pregnant woman.

♦***Women of childbearing potential*** who are receiving Kisqali should use effective contraception (e.g. double-barrier contraception) during therapy and for at least 21 days after stopping treatment with Kisqali. ♦***Breast feeding:*** Patients receiving Kisqali should not breast feed for at least 21 days after the last dose. ♦***Fertility:*** There are no clinical data available regarding effects of ribociclib on fertility. Based on animal studies, ribociclib may impair fertility in males of reproductive potential.

♦***Effects on ability to drive and use machines*** Patients should be advised to be cautious when driving or using machines in case they experience fatigue, dizziness or vertigo during treatment with Kisqali.

Interactions: ♦Concomitant use of strong CYP3A4 inhibitors should be avoided, including, but not limited to, clarithromycin, indinavir, itraconazole, ketoconazole, lopinavir, ritonavir, nefazodone, nelfinavir, posaconazole, saquinavir, telaprevir, telithromycin, verapamil, and voriconazole. Alternative concomitant medicinal products with less potential to inhibit CYP3A4 should be considered. Patients should be monitored for ARs. If concomitant use of a strong CYP3A4 inhibitor cannot be avoided, the dose of Kisqali should be reduced (see section 4.2 of SmPC). ♦Grapefruit or grapefruit juice should be avoided. ♦Concomitant use of strong CYP3A4 inducers should be avoided, including, but not limited to, phenytoin, rifampicin, carbamazepine and St John's Wort *(Hypericum perforatum)*. An alternative medicinal product with no or minimal potential to induce CYP3A4 should be considered. ♦Caution is recommended when Kisqali is administered with sensitive CYP3A4 substrates with narrow therapeutic index (including, but not limited to, alfentanil, ciclosporin, everolimus, fentanyl, sirolimus, and tacrolimus), and their dose may need to be reduced. ♦Concomitant administration of Kisqali at the 600 mg dose with the following CYP3A4 substrates should be avoided: alfuzosin, amiodarone, cisapride, pimozide, quinidine, ergotamine, dihydroergotamine, quetiapine, lovastatin, simvastatin, sildenafil, midazolam, triazolam. ♦Caution and monitoring for toxicity are advised during concomitant treatment with sensitive substrates of drug transporters P-gp, BCRP, OATP1B1/1B3, OCT1, OCT2, MATE1 and BSEP which exhibit a narrow therapeutic index, including but not limited to digoxin, pitavastatin, pravastatin, rosuvastatin and metformin. ♦Co-administration of Kisqali with medicinal products with known potential to prolong the QT interval should be avoided such as anti-arrhythmic medicinal products (including, but not limited to, amiodarone, disopyramide, procainamide, quinidine and sotalol) and other medicinal products known to prolong the QT interval including, but not limited to, chloroquine, halofantrine, clarithromycin, ciprofloxacin, levofloxacin, azithromycin, haloperidol, methadone, moxifloxacin, bepridil, pimozide and intravenous ondansetron. **Kisqali is not recommended for use in combination with tamoxifen.**

Adverse reactions: ♦Very common: Infections, neutropenia, leukopenia, anaemia lymphopenia, decreased appetite, headache, dizziness, dyspnoea, cough, nausea, diarrhoea, vomiting, constipation, stomatitis, abdominal pain, dyspepsia alopecia, rash, pruritus, back pain, fatigue, peripheral oedema, asthenia, pyrexia, abnormal liver function tests. ♦Common:, thrombocytopenia, febrile neutropenia, hypocalcaemia, hypokalaemia, hypophosphataemia, vertigo, lacrimation increased, dry eye, syncope, dysgeusia, , hepatotoxicity, erythema, dry skin, vitiligo, dry mouth, oropharyngeal pain, blood creatinine increased, electrocardiogram QT prolonged. ♦Please refer to SmPC for a full list of adverse reactions.

Legal Category: POM

Pack sizes: Unit packs containing 21, 42 or 63 FCTs. Not all pack sizes may be marketed.

Marketing Authorisation Holder:
Novartis Europharm Limited
Vista Building, Elm Park, Merrion Road, Dublin 4 Ireland

Marketing Authorisation Numbers:
EU/1/17/1221/003 & 005.

Full prescribing information is available on request from Novartis Ireland Ltd, Vista Building, Elm Park Business Park, Dublin 4. Tel: 01 2601255 or at www.medicines.ie

Prescribing information last revised: April 2022

Reporting suspected adverse reactions of the medicinal product is important to Novartis and the HPRA. It allows continued monitoring of the benefit/risk profile of the medicinal product. All suspected adverse reactions should be reported via HPRA Pharmacovigilance, website www.hpra.ie. Adverse events could also be reported to Novartis preferably via www.report.novartis.com or by email: drugsafety.dublin@novartis.com or by calling 01 2080 612.

NOVARTIS

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Novartis Ireland Ltd,
Vista Building, Elm Park Business Park,
Merrion Road, Dublin 4, D04 A9N6

November 2022 | IE253121

Mechanism behind some breast cancers identified

WIN looks at some recent research that has traced the ignition of certain breast cancers to genomic reshuffling

SCIENTISTS at Harvard University have traced the origin of certain breast cancers to the rearrangement of chromosomes, known as genomic reshuffling, which activates cancer genes and triggers the disease. The finding offers an explanation for many cases of the disease that remain unexplained by the typical model of breast cancer development. The study shows that oestrogen can directly cause tumour-driving genomic rearrangements.

"We have identified what we believe is the original molecular trigger that initiates a cascade culminating in breast tumour development in a subset of breast cancers that are driven by oestrogen," said senior investigator Peter Park, professor of Biomedical Informatics in the Blavatnik Institute at Harvard Medical School.

The researchers analysed 780 breast cancer whole genomes collected from five published studies. This merged cohort represented a heterogeneous group of breast cancers in terms of age, histology and clinical subgroups. They observed that up to one-third of breast cancer cases could arise via the mechanism they identified, with oestrogen being the trigger for this molecular dysfunction by directly altering a cell's DNA.

"Our work demonstrates that oestrogen can directly induce genomic rearrangements that lead to cancer, so its role in breast cancer development is both that of a catalyst and a cause," said the study's first author Dr Jake Lee, former research fellow at the School of Public Health at Harvard and now a medical oncology fellow at Memorial Sloan Kettering Cancer Center in New York.

Many cancers occur during cell division, when chromosomes get rearranged and awaken dormant cancer genes that can trigger tumour growth. When the researchers focused closely on the hot spots of cancer-gene activation, they noticed that these areas were very close to the oestrogen-binding areas on the DNA.

Oestrogen receptors are known to bind to certain regions of the genome when a cell is stimulated by the hormone. The researchers found that these oestrogen-binding sites were frequently next to the zones where the early DNA breaks took place. This gave a strong indication that oestrogen might be involved in the genomic reshuffling that caused the cancer-gene activation.

The researchers followed this up by conducting experiments with breast cancer cells, where they exposed the cells to oestrogen and then used CRISPR gene editing (a genetic engineering technique in molecular biology by which the genomes of living organisms may be modified) to make cuts to the cells' DNA.

As the cells mended their broken DNA, they initiated a repair chain that resulted in the same genomic rearrangement they had discovered in their genomic analyses.

Oestrogen is already known to fuel breast cancer growth by promoting the proliferation of breast cells, but these findings show that oestrogen plays a greater part in cancer genesis by directly altering how cells repair their DNA.

The findings suggest that oestrogen-suppressing drugs that can prevent breast cancer recurrence, work in a more direct manner than simply by reducing breast cell proliferation.

"In light of our results, we propose that these drugs may also prevent oestrogen from initiating cancer-causing genomic rearrangements in the cells, in addition to suppressing mammary cell proliferation," said Dr Lee, adding that the study could lead to improved breast cancer testing as detecting the genomic fingerprint of the chromosome rearrangement could let oncologists know when a patient's disease is returning.

A similar method is already widely used to track disease relapse and treatment response in other cancers that involve critical chromosomal translocations, including certain types of leukaemias. The researchers of this study said that their work underlined the known value of "DNA sequencing and careful data analysis" in deepening our understanding of the biology of cancer development.

"It all started with a single observation. We noticed that the complex pattern of mutations that we see in genome sequencing data cannot be explained by the textbook model. But now that we've put the jigsaw puzzle together, the patterns all make sense in light of the new model. This is immensely gratifying," Prof Park commented.

A report on the team's work was published in the journal *Nature* in May.

DOI: 10.1038/s41586-023-06057-w

Take a break with WIN CROSSWORD Competition

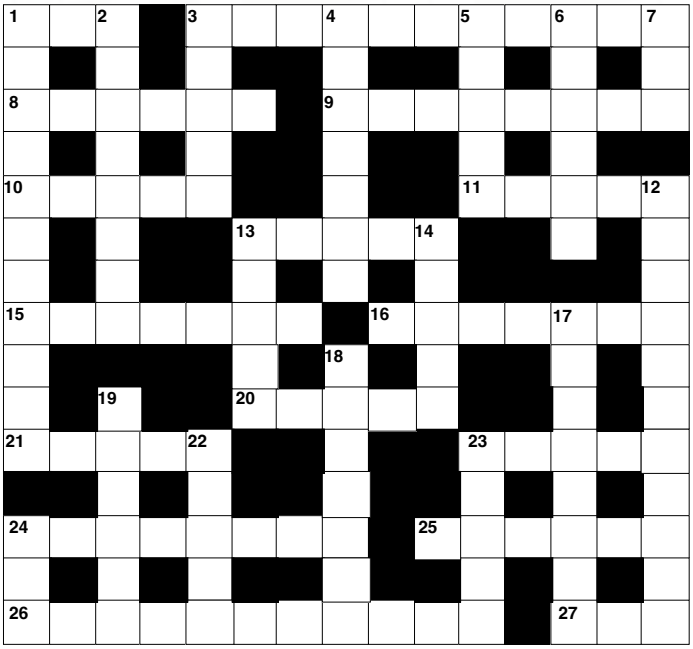
WIN a €50 gift voucher

Across

1 Everyone's pet name for Gaelic Football's most sought-after trophy (3)
3 The 'A' of A.C. (11)
8 Hurry (6)
9 An important ball skill is infectious! (8)
10 Lies in readiness in a sinister way (5)
11 Upper leg (5)
13 Continue a contract for another term (5)
15 The conference remains in confusion (7)
16 The world's largest bird (7)
20 Tantalize or make fun of (5)
21 Variety of nut (5)
23 Amidst a mango concoction (5)
24 Naturally, it belongs to the golf links (2,6)
25 Frog host of 'The Muppet Show' (6)
26 Main movie, entitled 'The Nose' or 'The Chin', perhaps (7,4)
27 Went in front (3)

Down

1 Student bursary (11)
2 Edible fungus (8)
3 Attests (5)
4 Charm, put under a spell (7)
5 Royal English racecourse (5)
6 I stir, I move, I find an inflammation of the eye (6)
7 Cloth secured to prevent one from speaking (3)
12 Drew attention to a drugged, underweight editor (11)
13 Respond to a stimulus (5)
14 Squander (5)
17 Tell Gore it's not ceremonious (8)
18 Piece of foliage, the symbol of Derry (3,4)
19 The wattle plant (6)
22 Pacific Island country involved in Argentina-Uruguay negotiations (5)
23 Alongside a vessel at sea (5)
24 Ring very loudly? That's not on! (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.
If preferred you can post your entry to: WIN Crossword, MedMedia Publications, 17 Adelaide Street, Dun Laoghaire, Dublin A96E096
Closing date: **August 20, 2023**

May crossword solution

Across: 1 Cur 3 Conspicuous 8 Autumn 9 Undertow 10 Gates 11 Nosed 13 Baked 15 Highway 16 Galicia 20 Tweet 21 Thank 23 Flare 24 Ladybird 25 Skater 26 Gall bladder 27 Aid

Down: 1 Charge sheet 2 Rotating 3 Comes 4 &5 Squeaky clean 6 Obtuse 7 Sew 12 Disappeared 13 Blast 14 Draft 17 Cream tea 18 Resided 19 Handel 22 Kebab 23 Fakir 24 Lag

The winner of the May crossword sponsored by MedMedia is Eileen Deasy, Drimoleague, Co Cork and the winner of the MedMedia draw for a €100 gift voucher at the ADC is Paula Lennon, Athlone.

Critical care nurse recognised for outstanding contribution

GERALDINE Healy recently won the Director of Nursing Award at Our Lady of Lourdes (OLOL) Hospital, Drogheda for her work advancing critical care nursing at the hospital.

The annual awards were set up by the OLOL director of nursing Adrian Cleary to acknowledge staff for their outstanding contribution. The Nurse of the Year prize was awarded to Teresa Carroll, while the Nursing Team of the Year award was presented to the ED nursing team. The Preceptor of the Year award, nominated by student nurses and nurses in post-graduate training, was awarded to Sinéad Kelly. The poster competition was won by the team that designed a graphic entitled 'The Building Blocks of Nursing Care'.

Ms Healy has worked at OLOL for more than 30 years in critical care and coronary care, and currently holds the role of CNM3 in the critical care department.

When she started at OLOL there were only three ventilated beds and four coronary care beds, all in one unit. The hospital now has a 10-bed critical care unit which is separate from coronary care. The hospital also provides dialysis for critically ill patients.

Ms Healy told *WIN*: "We've come a long way and achieved a lot over the years. We've progressed as practice changes but we still have a long way to go. In our critical care audit we are benchmarked against other hospitals in the country and we are on par with Dublin hospitals now.

"Patient care should be at the centre of our practice and we shouldn't lose sight of that as new innovations and developments occur. Small things like a smile and engaging with patients when we have time are so important. The bedside aspect of nursing is what patients will remember and what makes them feel heard and cared for."

Maurice Sheehan, INMO IRO for the region, said: "Geraldine Healy's leadership throughout the pandemic was excellent. She has made a huge contribution to critical care in OLOL. She minds her nursing team and is supportive of all her colleagues in a professional and humane way. She not only cares about nurses as nurses, but more importantly she cares about the whole person as well, the essence of compassion. Her reward is well deserved."

Pictured (l-r): Adrian Cleary, director of nursing; Geraldine Healy, CNM3; and Fiona Brady, CEO, all of Our Lady of Lourdes Hospital, Drogheda

Cork Malayali nurses celebrate 20 years in Ireland

THE Cork Pravasi Malayali Association (Indian Community Association in Cork) celebrated International Nurses Day on May 12 with great enthusiasm and reverence. The organisation represents the Malayali community residing in Cork, who began coming to work in Ireland as nurses over 20 years ago.

INMO IRE Kathryn Courtney was guest of honour at the event and presented the recognition awards on the day and delivered a speech highlighting the vital role of nurses in healthcare systems worldwide.

The CPMA, known for its efforts in promoting cultural diversity and unity, left no stone unturned in organising a memorable and heartfelt celebration to honour nurses and healthcare workers for their exceptional contributions. The event showcased various cultural performances, including dance and music.

To express their gratitude towards the nurses, the CPMA honoured Malayali nurses Jessy Cyriac, Sheeba Joseph, Reema Antony and Joyce Jolly who have now served more than 20 years in the nursing profession in Ireland.

Speaking at the event Ms Courtney said: "It was an honour to be invited to the Cork Pravasi Malayali Association International Nurses Day celebration and a privilege for me to present recognition awards to Indian nurses who have worked tirelessly in the Irish Health system for 20 odd years.

"The INMO in Cork and our Indian nurse colleagues have a fantastic relationship and we look forward to many more celebrations of this kind. We thank our international nurse community for continuing to provide excellent care and support to those who are under their care."

See page 50-53 for more international day celebrations

International Nurses Day celebrations: *The Cork Pravasi Malayali Association (CPMA) celebrating with INMO IRE Kathryn Courtney (front, third from right) Pictured (right, l-r) were: Janet Baby Joseph, Reema Antony, Shinto Jose, Kathryn Courtney (INMO), Shibin Kunjumon and Melba Siju*

June

Wednesday 21
ED Section meeting via Zoom from 9.30am

Thursday 22
Assistant Directors Section meeting. Online from 2.30pm

Monday 26
Nurse/Midwife Education Section meeting. 9am online

July

Monday 17
National Children's Nurses Section meeting. 11am via Zoom

September

Monday 4
Nurse/Midwife Education Section meeting. 9am online

Tuesday 5
CPC Section seminar. The Richmond

Monday 11
Advanced Practice Section meeting. The Richmond and online from 11am

Tuesday 12
Retired Section meeting. 11am. The Richmond and online

Wednesday 13
ED Section webinar. 11am

Saturday 16
PHN Section meeting. 10.30am online

Tuesday 19
ODN Section meeting. 7pm online

Wednesday 20
RNID Section meeting. 2pm online

Saturday 23
Midwives Section meeting. 9.30am online

Tuesday 26
Telephone Triage Section conference. The Midlands Hotel, Portlaoise

Thursday 28
Assistant Directors Section meeting. Online from 2.30pm

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

INMO Membership Fees 2023

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

Retired Section trip

- The INMO Retired Section social committee is planning a trip to Porto from October 13-16. The cost is €559 per person sharing (limited number of single supplement available for €89). Deposit is €150. Organised through the Travel Department, which can be contacted on 01-637 1600 or info@traveldepartment.ie The section contact person is Geraldine Sweeney, 087 2794701 or geraldinemsweeney@gmail.com Cost includes:
  - Return flights from Dublin to Porto (flying with Ryanair)
  - Return airport Transfer to hotel with guide assistance
  - Three nights in 3-star hotel accommodation on a B&B basis, staying in the Hotel Black Tulip, Vila Nova de Gaia, Porto
  - Guided excursion to Porto
  - Free time for shopping and sightseeing

Condolences

- We extend our deepest sympathies to the family and friends of Julian McCarthy (née Reardon). Julian was the INMO rep in Brothers of Charity, St Patrick's Upton for many years. She will be deeply missed by her husband Seamus, her children Aidan, David, Stephen and Olan, her extended family and friends and all who knew her through her work and trade union activism. *Ar dheis Dé go raibh a h-anam*.
- Our sympathies are with our colleagues in France after a young nurse, Carène Mezino, was fatally stabbed in her workplace in Reims. See also *page 7*
- We offer our sincere condolences to the family and friends of Martina Senturk (née Reynolds) and to her colleagues in Cavan General Hospital as they come to terms with Martina's recent passing. She will be sadly missed by her colleagues, friends and family, her husband Selcuk, and her sons Oscar, Romeo and Milan. May she rest in peace.
- Members of the INMO Telephone Triage Section wish to express their sincere sympathies to Carmel Murphy, former chairperson, on the passing of her beloved father Jim Griffin. *Ar dheis Dé go raibh a h-anam*.
- The INMO extends its deepest sympathy to the family of Judy Fitzgerald, staff midwife at University Maternity Hospital, Limerick and former staff nurse at University Hospital Limerick on her recent passing. We also extend condolences to all of Judy's former colleagues and to her parents and extended family at this difficult time.
- Our thoughts are with Paul Gallagher, chief director of nursing and midwifery at Ireland East Hospital Group, and his family after the recent passing of his mother Kathleen Gallagher. Kathleen will be missed by her loving husband Fionn, sons Seán, Patrick, Paul, Eunan and Niall, her grandchildren, great-grandchildren and extended family.
- We extend our deepest sympathies to Sharon Slattery, director of nursing, St James's Hospital on the death of her mother Mary Ann Slattery. Mary Ann will be missed by her husband Thomas, children Catherine, Sharon, Michael and David, grandchildren and extended family.
- Our deepest sympathies are with the family and friends of Breda Fraser, CNM3, Peamount Healthcare and INMO rep, who passed recently. Breda's colleagues spoke of her calming and professional manner and her empathetic and gentle wit. May she rest in peace.

Nurse On Call

Nursing services and recruitment

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**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****

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- NMBI/INMO or equivalent
- Excellent Interpersonal Skills
- English Language Fluency

Expressions of interest to:
recruitment@misneachhealthcare.ie

Haven Bay Care Centre,
Kinsale, Co. Cork
is currently hiring a
Clinical Nurse Manager

Haven Bay is a well established and innovative nursing home based in Kinsale, Co. Cork, and has been providing excellence in care to vulnerable adults for over 15 years.

We are currently recruiting a CNM to join our diverse clinical leadership team. This is a perfect opportunity for an individual seeking to further develop their career in a supportive environment that values personal development.

We offer a competitive salary and benefits package to the successful candidate which will be discussed with candidates at interview.

Further details are available from HR at hr@havenbay.ie

Galway Hospice Foundation

Galway: Renmore Avenue, Renmore, Galway, H91 R2TO. **Tel: 091 770868**
Regional West of Ireland Specialist Palliative Care Centre, with CHKS Accreditation and ISO 9001:2015 Certification. Winner of CHKS International Quality Award 2011 and 2014

The Galway Hospice Governed Services is noted for the provision of high quality specialist palliative care services to adults and children with cancer and other life-limiting illnesses throughout Galway city and county, Mayo, and on the adjoining islands. Due to continued growth in the Community, Galway Hospice is now recruiting for the following positions:

Assistant Director of Nursing (1.0 WTE)
This role can be based in either our Galway or Mayo site and will support the Director of Nursing in organizing, developing, directing and implementing the overall operation of the Nursing Department to meet the needs of our service users.

2 x Clinical Nurse Specialists
This post should be of interest to nursing staff who are eligible or working toward eligibility for CNS status and support will be provided to Staff Nurses who would like to work in community Palliative Care, with suitable experience to develop into the role. The successful candidates will join a team of experts to provide seamless patient care. The remit of the CNSp. is on the relief of physical and psychosocial distress for patients and families and the provision of support and guidance to those involved in the delivery of care. The role will involve a strong clinical component, delivering a specialist services in the community, in addition to the other core competencies of the Clinical Nurse Specialist role (patient / client advocacy, education & training, audit & research and consultancy).

Staff Nurse (In Patient Unit)
The successful candidate will help to ensure that a caring environment is achieved within the In Patient Unit (IPU), contributing to the highest possible quality of nursing care.

Applicants must be registered with the Nursing and Midwifery Board of Ireland (NMBI)

Closing date for receipt of applications is 12pm on Monday, 3rd July 2023
Further information available on our website vacancies page at www.**galwayhospice.ie**
Informal enquiries can be made to Ms Mairead Carr, Director of Nursing on **091-770868** or by email at **mcarr@galwayhospice.ie**
Please contact Ms Ann Dolan, Director of HR, at **adolan@galwayhospice.ie** for a detailed job description and Application Form

Galway Hospice Governed Services is an Equal Opportunities Employer and we welcome applications from all suitably qualified candidates who are interested in the any of the above positions.

INMO
Irish Nurses and Midwives Organisation
Working Together

Royal College of Midwives

SAVE THE DATE

All Ireland Midwifery Conference 2023

Thursday, 16 November 2023

Hillgrove Hotel, Monaghan

COMING SOON
CALL FOR POSTERS

For further details go to
www.inmoprofessional.ie/conference
or contact **jean.carroll@inmo.ie**

INMO Professional

INMO
Irish Nurses and Midwives Organisation
Working Together

CPC Section Annual Seminar

SAVE THE DATE

Tuesday, 5 September 2023

The Richmond
Education and Event Centre
Dublin

Fee: €40 INMO members;
€80 non member

Please note bookings are essential
Call: 01 6640618/41
Email: education@inmo.ie

BROTHERS OF CHARITY SERVICES IRELAND – WEST REGION BEO SERVICES – GALWAY CITY

We wish to invite applications for the following posts:

PERMANENT FULL-TIME CNM1/ TEAM LEADER
Candidates must have:
- HETAC/NQAI BA in Applied Social Studies (Disability)/Social Care or Nursing (RNID/RNMH).
- A minimum of 2 years' experience of working with people with an intellectual disability.
- Experience in goal setting and leadership.
- A qualification in management is desirable.

PERMANENT FULL-TIME CNM2
Candidates must have:
- A recognised professional qualification in nursing (RNID desirable) and be currently registered with the NMBI.
- A minimum of 2 years' experience in management; providing leadership and direction to a staff team.
- Experience working in ID nursing desirable.
- A relevant management qualification (QQI level 6), or a commitment to completing same prior to commencement date.

PERMANENT FULL/PART TIME STAFF NURSES
Candidates must have:
- A current Live Register Certificate from the NMBI, RNID or RGN qualification
- Experience working with adults with an Intellectual Disability is desirable
- Candidates must have a current full clean manual Irish driving licence; this is an essential requirement of the post.

To apply, see **careers.brothersofcharity.ie** or **www.irishjobs.ie**
Closing date for applications is 5pm, Thursday 22nd June 2023.
Informal enquiries to Sinead O'Kane at Tel: 091 721477 or email **sinead.okane@bocsi.ie** or Bridget Carroll at Tel: 091 721477 or email **Bridget.Carroll@bocsi.ie**

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