€5.75 Vol 32 No 7 October 2024

WIN

World of Irish Nursing & Midwifery

Journal of the
Irish Nurses and
Midwives Organisation

Latest INMO CPD education programme
See page 21

Transitions to Health Regions giving rise to concerns
page 8

Student nurse volunteers in Ukraine
page 16

INMO student member plays lacrosse for Ireland
page 18

Overview of new hypertension guidelines
page 35

Setting the agenda

Members lobby TDs and senators on INMO issues

Get Winter Ready with ALHomecare

The Live-in Care Specialists

Night and/or Daytime Care Available

For less than the Cost of a Nursing Home

or Private Visiting Care Service

For more information, phone Eileen on 087 991 6791

or Tom on 087 744 0729

www.alhomecare.ie

NEWS & VIEWS

FEATURES

CLINICAL

LIVING

JOBS & TRAINING

WIN – World of Irish Nursing & Midwifery is distributed by controlled circulation to more than **40,000** 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.

guaranteed irish™

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

BECOME A MEMBER
of Ireland's only dedicated union for nurses and midwives

INMO members benefit from the collective strength of the only trade union working exclusively to advance the professions of nursing and midwifery, to maintain and improve employment terms and conditions, and to promote the safety of nurses and midwives.

Membership includes access to:

- Professional, industrial, and employment law representation and advice
- Up to date information on your rights and entitlements
- Specialist Fitness to Practise support to help protect your registration
- Education, library services and CPD opportunities
- Exclusive discounts and offers
- Access to specialist helplines

The voice of nurses and midwives

Join the INMO
https://www.inmo.ie/Membership/Join-INMO

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

(ISSN: 2009-4264)
Volume 32 Number 7
October 2024

WIN,
MedMedia Publications,
17 Adelaide Street,
Dun Laoghaire,
Co Dublin.
Website: www.medmedia.ie

medmedia publications

Editor Alison Moore
Email: alison.moore@medmedia.ie

Production & news editor Tara Horan

Sub-editor Max Ryan

Designer Paula Quigley

Commercial director Leon Ellison
Email: leon.ellison@medmedia.ie
Tel: 01 2710218

Publisher Geraldine Meagan

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

INMO
Irish Nurses and Midwives Organisation

Editor-in-chief: Phil Ní Sheaghdha

INMO editorial board:
Caroline Gourley, Ester Fitzgerald, Elizabeth Egan

INMO editors:
Siobhán de Paor (siobhan.depaor@inmo.ie)
Freda Hughes (freda.hughes@inmo.ie)
INMO photographer: Lisa Moyles

INMO correspondence to:
Irish Nurses and Midwives Organisation,
Whitworth Building,
North Brunswick Street,
Dublin 7.
Tel: 01 664 0600
Fax: 01 661 0466
Email: inmo@inmo.ie
Website: www.inmo.ie
www.facebook.com/irishnursesandmidwivesorganisation
X.com/INMO_IRL

Safe staffing must be legally mandated

THE recent publication of former chief justice Frank Clarke's report into the tragic death of Aoife Johnston at the University Hospital Limerick (UHL) has once again opened the debate about safe staffing levels. Many 'experts' will share their views over the next few weeks. Politicians will cite increasing investment in health services and repeat that staffing has never been as high – as if that removes their responsibility to ensure safety is achieved.

Safety in healthcare is only achieved when independently measured, safe levels of staff are on duty. During the period referred to in the report into UHL, staffing numbers in the emergency department (ED) were out of kilter with best practice – there were over 70 patients in 'Zone A' at the beginning of the night, with three nurses on duty, at the end of their shift there were 85 patients.

It is internationally accepted that for patients to be treated safely, there should be one nurse for every four patients or at worst one nurse for six patients. Irish research has led the way in determining the association between nurse staffing and quality of care. The moratorium on recruitment that has been in place since October 2023 means replacement staff can't be recruited when vacancies arise. This has degraded patient safety in areas previously able to provide safe levels of care.

Yes, the total number of nurses has increased in the public sector since 2021, however we started from a very low base – the moratorium in 2007 slashed nursing and midwifery numbers that were not restored until mid 2020. In the meantime, the population of this country has expanded significantly. On any ward or ED today, tonight or tomorrow the scientifically based safe staffing ratios will not be in place. Senior management in the HSE knows this and the Department of Health knows this, yet they introduced the recruitment moratorium with rigid caps on staffing.

The decision to ensure appropriate nurse-patient staffing and its funding, cannot be held by those without any clinical responsibility for the consequences of unsafe staffing levels. The safety measures must meet three criteria: be scientifically based; have evidence-based patient outcomes; and be legally mandated. The first two are in place in surgical/medical wards and EDs, but they are not mandated.

Rather than words of condolences and apology to families who have had to endure the agonising and, in some cases, avoidable loss of their loved ones, it is time for the politicians, Department of Health and HSE to take action to change this by introducing the Patient Safety (Licensing) Bill. This would introduce a licensing system for acute hospitals and give HIQA power of enforcement – which it does not have now.

The powers within the Health Act 2007 enable HIQA to monitor public acute hospitals against nationally mandated standards and encourage improvement. However, it does not have the power to enforce recommendations from this work. The Health Act 2007 also gives it the power to conduct statutory investigations. It can investigate under Section 9 of the Health Act but it has no power to ensure that recommendations are implemented.

In recent years, HIQA assessed the quality and safety of several EDs, including Tallaght, Limerick and Portlaoise. In all instances, it made recommendations on measures required to improve services[1] but the responsibility for compliance with, and implementation of, these rests with the provider of services and, where appropriate, those charged with making policy.

Over years, the INMO has written to CEOs, ministers and HIQA, held numerous meetings and engaged in protest action seeking the strengthening of patient safety measures. The issues of staffing deficits did not just manifest in December 2022 – they were and continue to be ongoing. A better measure to express regret and apology would be to introduce Patient Safety (Licensing) legislation. This should be the priority for all those championing real patient safety.

Reference: 1. hiqa.ie/hiqa-news-updates/hiqa-statement-healthcare-regulation-and-its-legal-powers

Phil Ní Sheaghdha
General Secretary, INMO

Setting the agenda:
Pictured at the INMO's lobbying event to highlight the unions pre-budget submission were (l-r): Nicola Ennis, Sarah Meagher, Ester Fitzgerald and Eilish Corcoran, INMO Executive Council; Liam Conway, INMO IRO; Jerry Buttimer, Fine Gael senator; Avril Cronin, assistant to Mr Buttimer; Mohamed Jesal, staff nurse, Tipperary University Hospital and Phil Ní Sheaghdha, INMO general secretary

INMO calls for an end to all recruitment caps in Budget 2025

Union sets out key issues facing health service to TDs and senators

THE INMO's pre-budget submission for 2025 focuses on the need to increase staffing levels and for urgent action to be taken, as part of the budgetary process, to bring the health service up to the standard required to meet future challenges.

Referring to the detrimental and long-term effects of the recruitment embargo and the recently launched HSE 'pay and number' strategy on workforce planning, the union's submission calls for urgent and significant investment in staffing in order to create safe staffing levels and maintain them into the future.

The INMO is also calling for the funding and implementation of safe nurse and midwife staffing across the health service, with funding allocated for phase 2 and 3 of the Framework for Safe Staffing – in emergency services and in community/long-term care, respectively.

The INMO is calling for a reversal of the privatisation of long-term care, stating that the government must urgently progress in the development of publicly led home-care services to meet the needs of the ageing population.

With regard to community services, the submission calls for a specific funding commitment in primary care, stating that to achieve efficient and safe primary care, as outlined in Sláintecare, ensuring the appropriate staffing of public health nurses (PHNs) and community RGNs must be a priority. Furthermore, the INMO has called for additional training places for PHNs and fast-track pathways for CRGNs who wish to train as PHNs. This would help to ensure the growth of the workforce in line with population needs.

To launch its submission, the INMO held a lobbying event in Buswell's Hotel, Dublin on September 18. This was attended by nurses and midwives from across the country, who spoke to the many TDs and senators in attendance.

INMO members engaged with a large number of Oireachtas members on what was the first day of Oireachtas proceedings following the summer break. They informed them of the effects of staffing shortages, increased workloads, overcrowding and workplace stress.

Minister for Enterprise Peter Burke attended the event, along with many other TDs and senators, as well as senior Oireachtas members and the health spokespeople from Labour, Sinn Féin and Social Democrat parties.

Pictured (l-r): *Marian Harkin, independent TD; Deirdre McFadden, registered nurse/midwife, Galway University Hospital; and Neal Donohoe, INMO IRO*

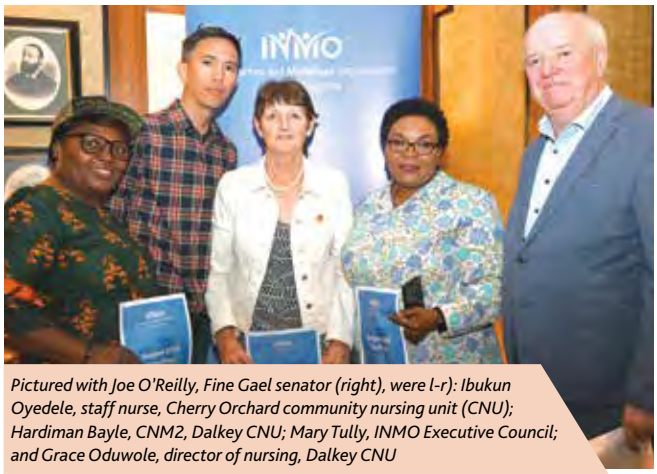
Pictured (clockwise from left): *Mick Barry, People Before Profit Solidarity TD; Mohamed Jesal, registered nurse, Tipperary University Hospital, Nicola Ennis, INMO Executive Council, Sarah Meagher, INMO Executive Council, Ciaran Freeman, registered nurse, Galway University Hospital*

INMO members attending the event specifically spoke to politicians whose constituencies included their workplaces and shared with them the experience of working in facilities and communities where inadequate staffing levels were creating safety issues across the health service.

In particular, members highlighted the stark effects of obstacles to recruitment, where existing vacancies are left unfilled, and long-standing capacity issues become increasingly normalised.

With a great deal of interest in the retention of new graduates and students in the Irish healthcare workforce, many TDs were interested in speaking to student nurses and

Pictured (l-r): *Tracey Ó Fiach, INMO Executive Council, and Peter Burke, Fine Gael TD and Minister for Enterprise, Trade and Employment*



Pictured with Joe O'Reilly, Fine Gael senator (right), were l-r): Ibukun Oyedele, staff nurse, Cherry Orchard community nursing unit (CNU); Hardiman Bayle, CNM2, Dalkey CNU; Mary Tully, INMO Executive Council; and Grace Oduwole, director of nursing, Dalkey CNU

midwives attending the event. This group laid out the challenges they faced in terms of accommodation during their studies and the prospect of a future in which housing problems would be a long-term feature.

Students made it clear, that as well as clinical staffing issues, housing would be a key deciding factor in whether they would be able to build their future careers in Ireland or would be forced to take their nursing and midwifery qualifications abroad.

Speaking after the event, INMO general secretary Phil Ní Sheaghdha said: "We cannot recruit and fill vacant posts, which has a direct impact on the ability to provide nurse-led specialist care, which limits access to treatments for people who badly need them.

"We must have legislation to ensure that our staffing levels are safe. If you don't have enough nurses and midwives, it is simply not possible to provide safe care.

"Without question, recruitment and staffing are the most important issues facing the Irish health service. It is also the single biggest issue that will drive graduate nurses and midwives out of the country in the coming years. Without a change of direction, we are simply not going to be able to provide safe services in Ireland in the future."

"Clarke report must be catalyst for change" – INMO

THE INMO has welcomed the publication of the independent investigation into University Hospital Limerick carried out by former Chief Justice, Mr Frank Clarke. The INMO complied fully with Justice Clarke's investigation and other system reviews that took place prior to his investigation.

The report identifies a number of factors that contributed to delayed treatment and the death of Aoife Johnston at the hospital on December 19, 2022. These contributing factors included unclear protocols, ad hoc systems, poor internal communication and a failure to deploy the escalation protocol.

INMO general secretary Phil Ní Sheaghdha said: "Our thoughts are with Aoife Johnston's parents, sisters, extended family and all who loved her, following the tragic circumstances of her death. The INMO has long been to the fore of calling out the systemic problems that exist in University Hospital Limerick. The INMO has been sounding the alarm on issues of patient safety due to unsafe staffing levels in UHL at local, regional, national and governmental levels as far back as 2016.

"Our members have long expressed deep-felt frustrations arising from the failure of the entire system to respond effectively, or at all, when clinical concerns were raised.

"Justice Clarke's report and the systems analysis review by medical and nursing experts commissioned by the HSE must be the catalyst for meaningful and lasting change in respect of overcrowding.

"As we face into another winter of unknowns, overcrowding is beginning to ramp up in hospitals right across the country once again. The most effective way to minimise overcrowding is to adhere to the agreed de-escalation policy before the situation becomes unmanageable. This can only be done with sufficient, appropriate in-patient capacity and adequately staffed community services to which patients can be discharged.

"It is clear that safe nurse to patient staffing ratios must be underpinned by legislation. The Minister for Health and CEO of the HSE must now make this a priority. Clinical lessons from Justice Clarke's report must be learned particularly ensuring that there is a sufficient number of both medical and nursing staff to provide safe care to a large volume of patients with complex care needs.

"Overcrowding in University Hospital Limerick has been out of control for far too long. While we recognise the challenges in addressing the embedded problems at the hospital, the commencement of internal process improvements and a full recalibration is needed on the Dooradoyle campus in order to change the approach to persistent overcrowding.

"It could not be clearer that the State's in-patient bed capacity must be improved in tandem with safe levels of nurses and doctors to deliver care and treatment. The government must now prioritise the delivery of additional bed capacity and begin recruiting nurses and midwives to ensure that patients will receive safe care.

"The Minister for Health and the chief executive of the HSE must outline what immediate steps are being taken in this regard and this must start with lifting the ban on recruitment and confirming that they will enact the Patient Safety (Licensing) Bill and give HIQA the jurisdiction to issue more than recommendations when safe nurse staffing is not in place."

University Hospital Limerick continues to be the most overcrowded hospital in Ireland, with over 17,000 admitted patients on trolleys in its emergency department and wards so far this year.

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

Transition to new health regions raising several issues of concern

SEVERAL issues have arisen between the HSE and the health sector unions in the course of the move away from hospital groups to the new the regional health authorities (RHAs).

Contracts of employment

The unions have objected to the HSE's introduction of new employment contracts, on which there was no consultation. The HSE intends these new contracts to apply to new hires and to promotions.

The HSE has stated there was no requirement to consult with the unions as the terms and conditions of employment of staff are unchanged.

The unions have written to the HSE seeking engagement and, if not resolved, the matter will be referred to the Joint Implementation Group at its next meeting.

Interim arrangements

The INMO received correspondence from the HSE setting out its proposals for interim management arrangements to be put in place when the community healthcare organisation (CHO) and hospital group (HG) structures are stood down at the end of September 2024.

However, the INMO has advised that there can be no changes to the reporting relationships without prior engagement between the parties.

Members are advised not to accept or sign any contracts without consulting with the INMO.

Pay and number strategy stalls recruitment

AS A result of the recently drawn up 'pay and numbers' strategy, HSE hospitals have effectively stalled the recruitment of staff.

Under this strategy, which covers workforce planning in the health sector, all vacant posts as of December 31, 2023 were suppressed.

In the context of the reorganisation into the new integrated health areas (IHAs), there has been concern expressed by directors of public health and staff in the care of the older person sector that community nursing is now suffering a disproportionate shortage due to the large number of vacancies unfilled on December 31, 2023 which have subsequently been suppressed.

Unions continue long-Covid scheme battle

FOLLOWING persistent campaigning by the National Joint Council staff panel, the Minister for Health extended the Long Covid Special Leave with Pay (SLWP) scheme for 12 months from June 30, 2024 to June 30, 2025.

The unions had been seeking that there would be a scheme along the lines of the Blood Borne Diseases Scheme for those who are currently on the SLWP scheme.

While welcome, the extension of the scheme only covers those who were already on the scheme.

The unions are continuing to seek access to the scheme for individuals who are excluded from the SLWP scheme. They are seeking a process whereby access to the scheme might be granted if a link between their work and the development of long Covid could be demonstrated.

This issue was discussed at three WRC conciliation conferences held in the period from April to June.

The employer was vehemently opposed to any further extension of the scheme beyond those who were already on it. The employer stated that it would only put forward an extension to the SLWP scheme if all other claims were dropped.

The unions rejected this approach and requested that long Covid claim, as well as the matter of those who continue to be excluded from the scheme, be referred to the Labour Court.

Pay talks on S10, 39, 40 and 56 organisations

A BALLOT of members working in Section 10, 39, 40 and 56 organisations for industrial action looked increasing likely as discussions were reaching an impasse at the Workplace Relations Commission last month.

In an effort to gather concrete information in relation to the pay rates in these various organisations, the ICTU group of unions set out a framework for data gathering at a WRC conciliation conference on August 30, 2024.

This was countered on September 3, when the employers' side proposed a different process for data gathering, and a pay offer equivalent to 8.25%.

However, the unions had serious concerns about the exclusion of domestic home support workers, out-of-hours doctors and other tendering services from the scope of the employers' proposals.

The employers argued that these organisations were essentially private organisations or came under the GP Agreement.

As we went to press, the unions were doubtful that this matter could be resolved in the WRC and was considering the need to contact members regarding further action.

on recent national issues

Talks on nurse tutor pay anomaly adjourned in WRC

THE relationship between the pay of nurse tutors and principal nurse tutors was the subject of a conciliation conference at the Workplace Relations Commission in relation to claims by Nurse/Midwife Education Section.

The INMO stated at the conciliation conference that given the relationship between the nurse tutor and the principal nurse tutor, the salary scales of these posts should be aligned, particularly as there was agreed in 1997 that the principal nurse tutor would be aligned to the assistant director band 1 scale.

The HSE did not agree that there was an anomaly in relation to the two grades, and stated that this is essentially a new pay claim.

The INMO rejected this position and stated there was a clear relationship between the two grades. The union proposed that the HSE would refer this matter to the Expert Review Body which is currently considering the banding relationships of management grades.

The HSE asked for adjournment from the WRC to consider this proposal and will revert shortly. It is expected that there will be further engagement between the parties on this matter.

Director of midwifery posts

Meanwhile, another outstanding matter or the Nurse/Midwife Education Section is the post of director of midwifery in Centres of Nursing and Midwifery Education outside of Dublin. It was agreed that there would be direct engagement between the HSE and the INMO on this matter.

The INMO has requested a date to engage on this with National Employee Relations.

Staff shortages unabated in community nursing

STAFF shortages in community nursing continue to cause issues throughout the country.

Public health nursing, Galway

PHN members in Galway were in dispute in relation to the resourcing of the public health nurse management function in Galway. Members balloted for industrial action, which was suspended following the intervention of the WRC.

Further time has been agreed for high level stakeholder engagement within the HSE, and it was confirmed that approval has been granted to recruit for new posts for the positions of director of public health nursing and two new assistant directors of public health nursing.

Tralee community nursing

Conditions have deteriorated in Tralee community nursing residential facility due to staff shortages, and a claim has been raised with the general manager and head of service in relation to filling funded vacant posts. The matter has also been raised directly with the regional executive officer at an introductory meeting and this was followed up in writing.

Following a meeting in August, PHN members wish to pursue industrial action in the form of an initial work to rule in the interest of protecting their practice and residents' care. The matter has been referred to the WRC for conciliation, for which the union is awaiting a date.

Student PHN sponsorship scheme

Recruitment to the student PHN sponsorship scheme was discussed at a meeting between the HSE and the INMO regarding recruitment.

In order to encourage more applicants for the scheme, the HSE is aiming to firstly remove the €50 application fee.

It has also made a business case to the Department of Health that, in the context of the Enhanced Practice Salary Scale and to encourage CNM1s and CNM2s to apply for the scheme, that staff would remain on their current salary arrangements pending appointment as a PHN following the course.

It is envisaged that the application process for the 2025/2026 programme will open in December/January.

Regulatory team takes to the road with fitness to practise updates

THE INMO regulatory team is holding ongoing information sessions in locations across the country over the coming months to update members on the various stages of the fitness to practise process, the sanctions that can be imposed, and useful guidance on navigating the process.

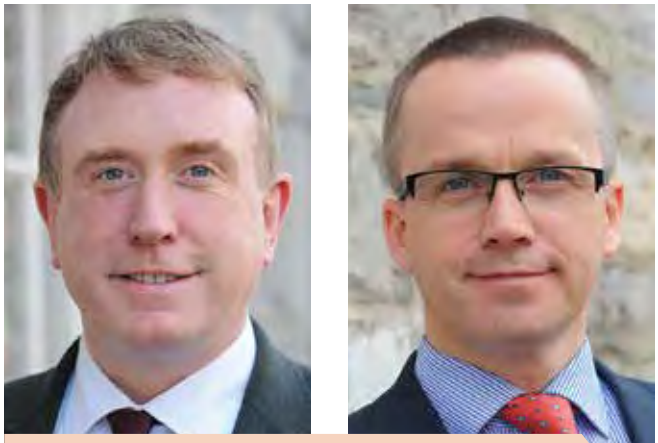
The sessions are designed to increase awareness of the fitness to practise process among members, and the advice and support that is available to members at what is an exceptionally challenging time in their career. Additionally, through the provision of information on the types of cases that arise, the sessions also provide guidance to members on steps that can be taken to ensure that risk is minimised and allow time for questions and reflection.

The representation provided by the INMO for members before the fitness to practise processes of the Nursing and Midwifery Board of Ireland (NMBI) is an essential service provided at one of the most vulnerable moments of a member's professional career.

Significant resources have been directed to the regulatory team within the INMO to enhance the representation of our members. The INMO remains the single most prominent and effective representative of nurses and midwives in the context of fitness to practise processes before the NMBI. These information sessions are vital for promoting understanding of the process and the support that is available if you are the subject of a fitness to practise complaint.

Information sessions have taken place in a number of locations to date, including Children's Health Ireland, (CHI) University Hospital Limerick and North Dublin Community Care area.

Commenting on the session that took place at CHI Tallaght, Blaize Whelan, assistant director of nursing, said: "It is of vital importance that all team members have an awareness of the regulatory process, the Code of Conduct, and the various types of scenarios that can arise, to ensure that robust standards of practice are maintained in the clinical setting".



INMO regulatory team:
David Miskell (left) and Joe Hoolan are presenting information services on the fitness to practise process

Ms Whelan also noted the importance of using technology effectively to deliver educational programmes, having facilitated cross site remote attendance of staff from Crumlin, Connolly and Temple Street hospitals.

Having helped to organise a recent session in North Dublin Community Care area, Karen McCann, INMO IRE, encouraged members to attend these outreach sessions, which she said give an important insight into the fitness to practise process, and the support that is available to members, as well as practical tips for the practice setting.

The information sessions are delivered by Joe Hoolan and David Miskell, professional and regulatory officers, and members will receive information on the details of the session in their workplace through their local representatives.

– David Miskell and Joe Hoolan
INMO professional and regulatory officers

ICTU toolkit aims to counter racism in workplace

INMO delegates joined other unions in Dublin last month for the launch of a toolkit aimed at countering racism in the workplace by the Irish Congress of Trade Unions (ICTU).

The toolkit is designed to familiarise trade union members at all levels of organising with the nature and impact of racial discrimination in the labour market and workplace, and support the development of strategies for anti-discrimination and inclusion actions.

The toolkit can also be used for capacity building activities such as preparing training materials for union staff and members.

With a focus on the current context in Ireland, the toolkit was developed with the contribution of members of trade unions across the island in a wide variety of sectors through a series of training and outreach activities during 2024.

The toolkit is part of ICTU's 'Stronger Together: Anti-Racism Workplaces and Trade Unions Project', which also includes training on anti-racism actions, capacity building for migrant and minority ethnic trade union members, and research on experiences of workplace racism and trade union responses to racism.

At the launch of the ICTU toolkit were (l-r): Tony Fitzpatrick, INMO director of professional services, and Dr Ebun Joseph, special government rapporteur for the National Plan Against Racism (NAPAR)

The project aims to help ensure that anti-racism policies and practices are a core collective bargaining tool for unions and is supported by the Ireland Against Racism fund.

– Maurice Sheehan,
INMO IRO

Specialist allowance reinstated for midwives on Portlaoise labour ward

THE INMO was contacted by members in the labour ward at Midland Regional Hospital, Portlaoise following receipt of written notification of the cessation of the special qualification allowance (SQA) on the ward, with immediate effect. The correspondence further stated this would be substituted with the location allowance, which is a lower amount.

The INMO engaged with management noting the union's disappointment in management's treatment of staff, that these midwives met the criteria of HR Circular 112/99 and were therefore entitled to this allowance and that management's decision constituted a breach of the Payment of Wages Act 1991.

It became apparent during the engagements that management had failed to keep a record of members' applications for the SQA.

The INMO advised that this was no fault of our members and sought that the specialist qualification allowance be restored to members immediately.

Management has now agreed to reinstate the allowance with immediate effect and asked for members to resubmit their SQA application along with relevant documentation.

– Bernie Stenson, INMO assistant director of IR

Know your rights on returning to work post illness

TWO recent cases in which the INMO assisted demonstrate the importance of ensuring correct entitlements are received following leave for a critical illness.

Long Covid

The INMO assisted a member with returning to work following leave for long Covid, which was further complicated by back injury. The employer, despite occupational health advice, wished to move the member away from a clinical area on their return to work to a Care of the Older Adult Unit. The INMO supported and advised this member in prolonged discussions with the employer. The member will now return to work in the clinical area once accrued annual leave and mandatory training are completed.

Critical illness

The INMO also recently assisted a member in a Section 38 disability organisation with a Critical Illness Protocol (CIP) application.

The member contacted the INMO for advice regarding sick leave and a history was taken. At the time of contact, the member had exhausted their sick pay entitlements and had been unpaid for a number of months, but had recently returned to work following treatment. It was determined that the member was eligible for and should have been offered CIP. The employer recognised the error and the member received a retrospective award of their CIP.

Any member who is experiencing difficulties in returning to work post sick leave is urged to contact the INMO to ensure receipt of full entitlements, including pay and reinstatement of post, or a similar one.

– Kathryn Courtney, INMO, IRE

Your rights following a serious assault at work

The INMO recently assisted a member working in ID services in CHO1 who was assaulted in the workplace where the employer applied the incorrect scheme, i.e. the 'injury at work' scheme.

The INMO raised the issue with management and the 'serious physical assault at work' Scheme was retrospectively applied, with the member receiving outstanding monies owed.

The INMO urges members who experience assaults in the workplace to contact the INMO Information and Research Department or your regional INMO office, where the INMO will assist you further.

– Christopher Courtney, INMO IRE

Practice nurse wins claim over redundancy shortfall

FOLLOWING 24 years as a practice nurse, an INMO member was informed that her position was being made redundant, as the practice was downsizing.

On receipt of her 'notice of redundancy and payment' from the employer, she noted that she had not been compensated for annual leave accrued but not taken, up until the termination of her employment.

Due to the employer's failure to pay for annual leave accrued but not taken, prior to cessation of employment, and the lack of engagement from the employer on the issue, the INMO referred the matter to the Workplace Relations Commission.

The legislation governing annual leave entitlements is clear. The Organisation of Working Time Act 1997 states: "Where – (i) an employee ceases to be employed and (ii) the whole or any portion of the annual leave in respect of the relevant period remains to be granted to the employee, the employee shall, as compensation for the loss of that annual leave, be paid by his or her employer an amount equal to the pay, calculated at the normal weekly rate or, as the case may be, at a rate proportionate to the normal weekly rate, that he or she would have received had he or she been granted that annual leave."

The adjudicator found in the INMO member's favour and directed the employer to pay her the monetary value of the leave not taken, along with €1,000 compensation for the breach of the Act.

– Gráinne Walsh, INMO IRO

INMO Professional

INMO
Irish Nurses and Midwives Organisation
Working Together

ONLINE WEBINAR

Public Health Nurses Section Conference

Saturday, 30 Nov '24

SAVE THE DATE

Time: 11am - 2pm

Topics will include, amongst others:

- Smartphone and device use amongst children
- Sleep behaviour
- Safe staffing
- The diabetic foot
- Update on the expert review group

FREE to INMO members

Bookings are essential:
Email **education@inmo.ie** to book your place.

INMO
Irish Nurses and Midwives Organisation
Working Together

Royal College of Midwives

SAVE THE DATE

THURSDAY 21 NOV '24

Fairways Hotel, Dundalk, Co Louth

For more information, contact **jean.carroll@inmo.ie**

All Ireland Annual Midwifery Conference

Sustainability: Midwifery birth and beyond

CALL FOR POSTER SUBMISSIONS

Contact **niamh.adams@inmo.ie** or download the form at:
https://www.inmo.ie/Professional-Development/Professional-sections/Midwives-Section

INMO secures permanent contracts for over 100 nurses in Tipperary

FOLLOWING serious concerns over the announcement of an internal competition for permanent posts in Tipperary University Hospital, the matter was escalated to the INMO.

Members and local union reps outlined their concerns that a number of members who had been contracted through international recruitment were being given short fixed-term contract extensions following the completion of previous fixed-term contracts.

On review, it was found this practice stretched back to 2021 and impacted over 140 nurses at the hospital.

The INMO pursued this issue on behalf of a large group of nurses following a members' meeting on August 27, 2024. As mandated by our members, the INMO sought contract conversion for the impacted staff.

Following engagement in Dublin with the Ireland East Hospital Group, the INMO has secured over 105 WTE contract conversions from fixed-term contracts to that of permanent contracts. This process will be completed over the coming months and the internal competition has been discontinued.

Liam Conway, INMO IRO: "This outcome provides stability to the workforce in Tipperary University Hospital"

This is a significant boost to members in Tipperary University Hospital and particularly to workers who took up the positions from other countries who were left in a precarious position about whether they had a contract from next month, whether they would be made permanent if they went through with competition, and/or how many posts would be offered due to the HSE pay and numbers strategy. This outcome provides stability to the workforce in Tipperary University Hospital and job security for those nurses impacted.

I would like to acknowledge the contribution of local INMO representatives and the Tipperary Indian Nurses Association in these efforts.

– Liam Conway, INMO IRO

Temporary higher appointments – payment delays

IN A FURTHER ISSUE AT Tipperary University Hospital, the INMO pursued the matter of non-payment for temporary higher appointments. This was cited as being due to delays because of the pay and numbers strategy and the need for sign-off by local management.

In pursuit of this matter the INMO engaged with the hospital group on September 3, 2024 and secured payment with arrears to the impacted members in the service.

The group also committed to paying all temporary higher appointments going forward without delay. It also said there would be an urgent review of vacancies with an aim to advertise these posts for permanent filling through the normal recruitment processes.

– Liam Conway

Members due refunds following wrongful taxation of WRC awards

FOLLOWING representations by the INMO at national level and directly with Revenue, the issue of taxation of awards made by the Workplace Relations Commission or Labour Court under the Industrial Relations Act has been clarified.

Further to recent decisions under the auspices of the Workplace Relations Commission, the HSE had taken the position to tax all compensation awards under the Industrial Relations Act, a position that was challenged by the INMO.

Following representation to Minister of State Emer Higgins, clarity was sought from Revenue.

It has been confirmed that the Industrial Relations Act 1969 is a 'relevant Act' for the purposes of section 192A of the Taxes Consolidation Act 1997, which provides for an exemption from income tax for certain payments made by employers to employees arising from claims under employment legislation.

Therefore, under the Industrial Relations Act, compensation awarded as a result of a claim is not taxable. The exemptions do not extend to awards that consist of payments:

- Which represent remuneration in any form
- Are not otherwise chargeable to tax which are made in connection with the termination of an office or employment, or any change in its functions or emoluments
- Are made to compensate for changes in employment conditions or remuneration following a business reorganisation.

This issue had impacted several members in the Southern region and elsewhere in the country and these members have now applied for refunds through Revenue.

– Liam Conway, INMO IRO

CHI travel allowances delayed again

THE INMO reported in *WIN* September that all outstanding travel and subsistence allowances owed to ANPs and cANPs rotating to CHI Connolly had been received. However, this was not the case and the INMO since lodged a grievance on behalf of our members with CHI, noting the delays and sought a meeting in line with the grievance procedure. CHI has since advised that local issues surrounding this payment have now been resolved, with members due to receive outstanding monies in the September payroll.

– Bernie Stenson

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

ICN calls for better protection for humanitarian workers in conflicts

HEALTH professionals in 76 countries and territories around the world have signed the World Health Professions Alliance (WHPA)'s call to provide healthcare facilities and personnel in conflict zones with the protection required by international humanitarian law (IHL).

The call comes in response to a significant increase in attacks targeting healthcare workers, with incidents becoming far more deadly. According to global WHO data, the number of attacks resulting in deaths or injuries to health personnel has increased by 75% in the past three years compared to the previous three years. These attacks have led to a devastating 240% increase in deaths of personnel and patients.

Despite 75 years of universally accepted international laws designed to regulate armed conflict and limit its impact, the loss of life, physical and mental harm, and disruption of health services have become normalised. Attacks on healthcare facilities and vehicles, as well as their misuse for military purposes and the misuse of protective signs (such as red cross/red crescent), constitute unacceptable violations of international humanitarian law. These violations are far too often committed with impunity.

"If world leaders continue to look away when IHL is breached, when health professionals are targeted, killed or injured in the course of their daily work in conflict zones, then the perpetrators will continue their attacks on health facilities and personnel.

"The WHPA calls on leaders to uphold existing laws and hold those who violate them to account. Health professionals in conflicts provide care regardless of political, religious or ethnic affiliation, and often risk their own lives in doing so.

"We urge all health professionals to sign the WHPA open letter and support our call for health facilities and personnel to be safeguarded from harm," said Catherine Duggan, chair of WHPA and chief executive of the International Pharmaceutical Federation.

ICN launches position statement on primary care

THE International Council of Nurses (ICN) launched its new position statement and a discussion paper on primary healthcare at its Nurse Practitioner/Advanced Practice Nursing Network (NP/APN Network) conference held in Scotland in September.

INMO president Caroline Gourley and immediate past president and advanced nurse practitioner Karen McGowan both attended the event.

The ICN's position statement describes primary healthcare as the future of healthcare and says that the nurse's role is critical to making this vision a reality. The statement contains information for individual nurses, national nurses associations, healthcare organisations and governments on how primary care is the most inclusive, effective and efficient way to make universal healthcare a reality.

The position statement is accompanied by a discussion paper, entitled *'Nursing and Primary Health Care – Towards the realisation of Universal Health Coverage'*. This sets out a transformative agenda to revolutionise primary care.

According to the ICN, there are many challenges ahead, including resource constraints, an underused workforce, gaps in professional preparation for certain healthcare needs, concerns about patient safety and a lack of continuity of care.

However, Dr Pamela Cipriano, ICN president, said that despite such obstacles, nursing was the key profession within the multidisciplinary team that can overcome those challenges.

She said that reinvigorated and properly funded primary healthcare services would improve the health of populations everywhere.

Nurses must be vigilant due to mpox emergency

EXTRA vigilance is needed in the wake of the World Health Organization's (WHO) declaration that the upsurge in mpox 2024 outbreaks in the African region constitutes a Public Health Emergency of International Concern (PHEIC).

The ICN has echoed the WHO's call for international co-ordination of efforts to control the spread of mpox 2024, which is currently surging in the Democratic Republic of Congo and in neighbouring countries of Burundi, Kenya, Rwanda and Uganda. The first example of the spread of the disease outside of Africa was confirmed by the Swedish authorities on August 15, 2024.

The ICN has also urged governments to scale up their efforts to counter this PHEIC so that shortages of vaccines and PPE do not occur.

The ICN has reiterated the need for strong preventative measures including PPE for those working with affected populations and those at, or near, the borders. The WHO has said that all countries should prioritise access to and use of vaccines, therapeutics and diagnostics and mobilise financial resources for states that are experiencing upsurges of the disease.

The WHO has also called for states to strengthen health and care workers' capacity, knowledge and skills in infection prevention and control.

Following the first meeting of the International Health Regulations Emergency Committee regarding the upsurge of mpox, the WHO also released a report with recommendations to those countries experiencing mpox infections.

Further information about mpox is available at: **www2.hse.ie/conditions/mpox/**

and midwifery news

Documentary shows challenge of midwifery practice in West Bank

AS HOSTILITIES in Gaza continue, the neighbouring West Bank has also faced a surge in violence over recent weeks. According to the United Nations Population Fund (UNFPA), around 73,000 women in the West Bank are currently pregnant, with more than 8,000 expected to give birth in the coming month as the violence threatens to spill over further. With hospitals overwhelmed and roads blocked by checkpoints, providing safe care has become nearly impossible.

In February 2024, the International Confederation of Midwives (ICM) hired award winning filmmaker Lynzy Billings to visit 11 hospitals across the West Bank. Ms Billings documented the struggles that midwives endure, working long shifts – sometimes even without pay – and resisting exhaustion as they try to support every woman who needs their help.

The results of these visits are captured in a short documentary film showing the daily challenges faced by Palestinian midwives and their determination to keep providing care despite the difficulties.

Overcrowded birth rooms, shortages of essential supplies and a critical lack of staff are just some of the issues midwives in the West Bank must navigate.

"Sometimes your mental health suffers because you have no more energy and you just can't get to everyone. With only two midwives per shift, the work has become impossible," said Faheemah Eyad Bouzieh, a midwife at Istishari Arab Hospital in Ramallah.

Midwives also express feelings of being unprotected and unsafe in their work. The difficult and unsafe transportation conditions, including longer travel times and threats of violence at checkpoints, have made their jobs even harder.

Some midwives reported that even ambulances were not safe anymore. Since October 2023, over 480 attacks have targeted healthcare workers and facilities in the West Bank, according to a June 2024 report by the WHO.

"I am not protected at all, not as a human, nor as an employee in healthcare," said Insaf Salman Gareeb, a midwife with 30 years of experience.

The documentary highlights the dedication of these midwives and the broader impact of the ongoing conflict on maternal healthcare. Through their testimonies, we learn about the struggles faced by pregnant women, who are sometimes forced to give birth in cars or other unsafe places because they can't reach a hospital in time.

"Our outpatient care has also sky-rocketed. Women are coming in before their due date so they don't start labour at night or in their cars," said midwife Eman Abu Laban.

In light of this urgent situation, the ICM has called on all stakeholders to come together to end the violence, protect vulnerable populations and ensure that essential humanitarian aid reaches those in need. The lives of women, newborns and midwives depend on immediate action. A link to the documentary is available at: **internationalmidwives.org/west-bank-documentary/**

Experiencing difficulties paying?

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

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

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

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

The beat goes on

Volunteering with a heart surgery mission to Lviv, Ukraine was a life-changing experience for nursing student Lena Guenebaut-Cudmore, who spoke to **Freda Hughes** about the trip and her plans to return

IN APRIL 2024, before completing her first year of college, Lena Guenebaut-Cudmore travelled to Lviv in Ukraine to work with the specialist Chernobyl Children International (CCI) team. She had no previous connection to Ukraine but knew CCI founder Adi Roche through her mother and asked if there was any way she could get involved.

Now in her second year of a general nursing degree in University College Cork (UCC), Ms Guenebaut-Cudmore shadowed a nephrologist during transition year in school and knew from that moment she wanted to work in healthcare. Cardiothoracic healthcare was an area that really appealed to her, so when she heard about CCI's paediatric surgery mission to Ukraine, she decided to volunteer.

For decades, CCI has been sending teams of healthcare workers to Ukraine to operate on children and adults with congenital heart defects, such as the deadly 'Chernobyl heart'. This genetic condition is a long-term effect of the 1986 Chernobyl catastrophe, when a reactor exploded at the Chernobyl nuclear power plant near the city of Pripyat in northern Ukraine. Evacuation of the region began the day after the explosion and efforts to contain and manage the nuclear waste generated by the blast have been ongoing since the 1980s. The impact of the disaster on the health of people in the region is still felt 40 years on.

Conflict zone

Prior to the Russian invasion of Ukraine and the ensuing war, the CCI team in partnership with Novick Cardiac Alliance carried out its work in a hospital in the capital Kyiv, but safety concerns forced a relocation to Lviv. While Lviv is somewhat safer than Kyiv, Ms Guenebaut-Cudmore grew accustomed to hearing air raid sirens almost daily, and quickly became familiar with emergency evacuation procedures in her hotel and at the hospital when everyone would be directed to take cover in the large basement floors of the buildings. The hospital kept sandbags against its windows and all the city's statues had metal casings placed around them for protection.

Adi Roche, founder of CCI, described the work of the mission there: "The heroic 12-person team ran the gauntlet to travel to Ukraine, to help as many children with Chernobyl heart — which is a condition that they cannot live with without surgical intervention," she told *WIN*.

Overstretched

Due to the ongoing war in Ukraine,

staffing levels in the hospitals are chronically low, with staff stretched beyond belief. Many staff have fled and are now refugees in other countries. Ms Guenebaut-Cudmore worked with a team of healthcare professionals, including a fully qualified nurse who was just 19 years of age but had fast-tracked her training and worked continuously since the invasion.

Staffing shortages are having an impact on all aspects of healthcare in the region, with children often staying in the ICU longer than they would in Ireland as medical wards are not sufficiently staffed to care for them following surgery.

Ms Guenebaut-Cudmore said the experience was a steep learning curve.

"I was lucky to be paired with a wonderful nurse called Martina from Croatia. She has worked with the Novick Cardiac Alliance for many years and is an expert in her field. She taught me so much, everything from sutures and needle technique to post-operative medical care. Her support was incredible.

"We worked 12-hour days, six days a week. I was wrecked, but it was a most amazing experience. It was such a joy to see the babies reunited with their parents," she added.

Ms Guenebaut-Cudmore described her time in Lviv as formative, fascinating and life-changing. While the team's remit was paediatric surgery, they did treat some adults who have lived with Chernobyl heart and other related conditions throughout their lives. Some of the adult patients have had so many heart surgeries that their life expectancy is very low and there is a survival risk associated with further surgeries. Ms Guenebaut-Cudmore said that meeting these patients and witnessing one of them pass away was heartbreaking and sadly indicative of the poor health outcomes of so many in the region.

Ms Roche could not speak more highly of Ms Guenebaut-Cudmore's contribution. "Despite air raid sirens sounding every night and the hospital operating on skeleton staff and supplies, Lena made sure she made it to the hospital in western Ukraine for each and every shift. She scrubbed in on surgeries, and supported babies and parents in ICU and on the wards. She was a fantastic asset to the international team, which comprised surgeons and nurses from the US, Canada and the UK. Lena is a credit to the nursing profession, and is the perfect example of the strong values of the vocation," she said.

Main image opposite page pictured (l-r) were: cardiologist/Intensivist is Iain Macintosh with Lena Guenebaut-Cudmore. Above Lena Guenebaut-Cudmore with one of the young patients at the hospital

Face your fears

There is a major teaching and learning component to the work of CCI and Novick Cardiac Alliance, both in teaching and learning from their international peers. Ms Guenebaut-Cudmore said she thoroughly enjoyed this aspect of the mission and added that the peer support among team members helped to push them through the tougher days.

She would advise any nursing or midwifery students with an interest in volunteering abroad to face their fears and give it a try. Adhering strictly to safety protocols is essential, however, she said, as is learning from more experienced colleagues.

"The support from the team was absolutely incredible. I was the only Irish person on the team and the only student, but everyone was more than willing to help and teach me new things.

"I learned so much on that trip and will definitely go back again. Some of my friends thought I was taking a huge risk volunteering in Ukraine but now that I'm back they're enquiring about joining the team next time I go."

The two items that proved most important to Ms Guenebaut-Cudmore while in Lviv were her notebook and her power bank. While the hospital always had a secure electricity supply, outages were common across the city and being able to stay connected with her team was so important given the conflict situation in the country.

This trusty notebook was not only useful for making notes and reminding herself of the new skills and competencies she was learning everyday, but also for reflecting on the sometimes overwhelming experiences of working in such conditions.

Pictured (l-r) in Lviv: nurses Kristin Hardy, Vanessa Rama and student nurse Lena Guenebaut-Cudmore

About CCI

CCI's cardiac missions have saved the lives of more than 4,200 children in the organisation's history. The 38th anniversary of the Chernobyl disaster earlier this year also saw a shipment of humanitarian aid sent to Ukraine, including life-saving medical and hygiene supplies, funded by CCI.

Information on how to volunteer or donate to CCI is available online at: **chernobyl-international.com**

Teamwork and quick thinking

International lacrosse player Orla Buggy sees the need for similar skills on the pitch as on the ward. Interview by **Freda Hughes**

IN EARLY July, amidst the intensity of her nursing internship, Orla Buggy managed to rearrange her annual leave to travel to Braga, Portugal to represent Ireland at the Women's European Lacrosse Championship. Fresh off a demanding block in an orthopaedic ward, she left the hospital with a spring in her step and excited for her early morning flight the next day.

Ms Buggy is a fourth-year general nursing student in Trinity College Dublin interning at St James's Hospital, Dublin. It's no surprise that both sport and nursing are big parts of her life. She grew up across the road from her local GAA Club of which she was a member, playing camogie throughout her childhood. As her father is a doctor, there were many occasions when injured players would be brought from the club to their house to be treated by him to avoid lengthy waits in an emergency department.

She remembers watching with fascination as her dad applied stitches to injured players on their kitchen table. When she ended up helping her dad stitch up an injury acquired by her brother, she knew healthcare was definitely the area she wanted to work in. Rather than pursuing a career as a doctor, the person-centred approach of nursing really appealed to her and she was delighted to be offered a place in TCD.

She started playing lacrosse when she was 16 when a past pupil visited her school to talk about the game. She had played a lot of sport since her childhood so when she couldn't catch the lacrosse ball during their lesson in school, she became really determined to conquer the sport. In 2019 she was selected for the under-19s women's team, on which she took part in the Lacrosse World Championship. Most people who play lacrosse in Ireland start when they are in college, so she had a slight advantage of having a couple of years' experience by the time she joined the Dublin Team when she started her degree in TCD. She then quickly progressed to the women's national senior team in 2022.

Lacrosse may still be relatively unknown in Ireland, but it's rapidly gaining recognition as one of the most thrilling sports around and is set to debut at the next Olympics in Los Angeles.

Ms Buggy explained how it works saying: "Imagine a fast-paced blend of hurling, hockey and soccer, all played with a stick and a small rubber ball. What makes this sport special is its inclusivity; unlike sports where players have been honing their skills since childhood, in lacrosse, everyone begins on equal footing. We play for the love of the game, the camaraderie and the sheer joy of competition."

There are some more experienced players on the Irish team who grew up in the US but by and large most people start in their late teens or 20s. There are also different versions of lacrosse such as box lacrosse and once she finished her internship, Ms Buggy was set to travel to the US to play in the first ever Women's World Lacrosse Box Championships in September. The Olympic version of lacrosse is different again and will make its debut at the 2028 Olympics.

Representing Ireland at the Women's European Lacrosse Championship was a dream come true for so many of the players.

Ms Buggy says: "Arriving in Portugal was nothing short of exhilarating and, admittedly, quite sweaty. Despite being exhausted from work, we dove straight into training. The excitement of being with the team, bonding with our coaches and exploring Braga made it all worthwhile. Our three-day training camp was a blend of team-building exercises, running plays and refining our basics."

The following day the Irish team faced Austria in their first match. It was understandably nerve wracking, but they powered through and secured a win. They continued their pool play with victories over Norway, Portugal and finally, their fiercest rivals, the Czech Republic.

Their next game was against Wales and while a win would have put them in contention for a medal, they narrowly lost. Ms Buggy says this was one of the toughest moments of the tournament as they had to quickly reset both mentally and physically for their next game against Italy. They battled hard and won narrowly against Italy, followed by a victory over Germany. Placing fifth in the tournament they qualified for the World Championship in Japan in 2026.

"After every match, we held a mini award ceremony right on the pitch, presenting Pat the octopus and our bright yellow dustpan as if they were Olympic medals. Pat went to the team mate who best connected us all, while the dustpan was awarded to the player who tackled the gritty, less glamorous work. The other teams probably thought we were a bit eccentric, but those quirky moments were some of the best of the tournament.

"Although placing fifth and competing at such an elite level was incredibly

rewarding, my favourite part of the tournament was the in-between moments – dancing in the dressing room, doing scorpion kick dives in the pool and laughing so much that I should have abs by now."

On the plane home, utterly exhausted, Ms Buggy started studying her respiratory notes because she was due back in work the next day on a medical respiratory ward for her final placement. When I asked if the skills learned in lacrosse are transferable to her nursing career and vice versa, she said: "Teamwork and being able to think fast and work under pressure are so important in both nursing and lacrosse. Our clinical placement co-ordinators always talk to us about being adaptable and knowing how to prioritise. As a defender in my sport this is something implicit in my play. I'm not going to win a game by just being a defender. We need the whole team working together and playing to their individual strengths in order to succeed. The same applies to nursing and the health service in general.

"Balancing training, study and placement is tough, but absolutely doable. Coping with the highs and lows of competitive sport and a stressful career is always made easier by being able to share the experience with your team and the peer support that brings."

Team Ireland at the Women's European Lacrosse Championship in Portugal in July. Orla Buggy wears the No 2 jersey (centre front)

She says training is often a perfect way for her to compartmentalise and cope with stress. It also teaches resilience and both competitive sport and nursing operate in high pressure environments and require a lot of self-discipline. She says that while her internship has been tough, she is looking forward to her nursing career. Nursing in a community setting appeals to her and she has also really enjoyed her experiences so far in acute hospitals. Wards and facilities with a strong ethos of teamwork and cooperation really appeal to her for their capacity for peer support and being able to build each other up.

Eager to complete her internship and start working as a fully qualified nurse, she said: "Once I'm back on the ward it doesn't matter if I have just competed in the World Championships or not and this helps keep me grounded. Sport has already presented me with so many wonderful opportunities to travel, meet new people and experience new things. Nursing is such a universal qualification, so it also offers me the freedom to travel if I decide too."

Section focus

INMO Professional

Jean Carroll, Section Development Officer

Section highlights migrant health inequalities

LGBTQ+ health also discussedw at Inclusion Health Section meeting

NURSE and university lecturer Mary Tilki spoke about her experiences of working in London during the Troubles at the recent INMO Inclusion Health Section conference.

Originally from Ireland, Ms Tilki worked for many years in the NHS in the UK and later as a lecturer in ethnic health inequalities. She was the keynote speaker at the conference, which was held in the Richmond Education and Event Centre last month.

Ms Tilki described her work with Irish and other minority ethnic groups in the UK.

Pictured at the Richmond Education and Event Centre on the day of the conference were officers of the Inclusion Health Section (l-r): Briege Casey, vice chair; Sarah Jayne Miggin, chair; PJ Boyle, secretary; and Linda Latham, education officer

The conference also heard presentations from speakers in the areas of migrant health, LGBTQ health, chronic disease management such as HIV programmes, child inclusion health programmes, homeless health and vicarious trauma.

Denise Scott, CNS in venous thromboembolism at Mater University Hospital, won the poster competition, which focused on different aspects of inclusion health.

Feedback from attendees of the conference has been positive, and the next meeting of the Inclusion Health Section is planned for October 23 at 10am in the Richmond Education and Event Centre, with an online link for those who cannot attend in person.

We encourage members to join the section via the affiliation form on **inmo.ie**

PHN Section webinar to focus on smartphone use

THE annual webinar of the PHN Section will take place at the end of November, featuring a presentation by Claire Crowe and Anne-Marie Casey focusing on the impact of phone usage.

Dr Crowe and Dr Casey are part of a working group with colleagues Dr Jillian Doyle and Dr Eithne Ní Longphuirt from the special interest group in perinatal and infant mental health with the Psychological Society of Ireland.

The group focuses on sharing emerging evidence on phone usage in adults, children and young people to support more balanced approaches to time on and off screens, and promote optimal physical, social and emotional health.

While technology offers many benefits, concerns are growing about the negative effects on mental health, development and family dynamics. The majority of adults now own smartphones, and research shows that we interact with our phone for around three to six hours a day and check our phone 50-80 times on an average day.

New research and data suggest phone use among infants is having an impact on their relationships, attachment, social and emotional development, and language learning.

For children and adolescents, research points to the role of excessive screen time in poor physical and mental health.

The webinar will take place online on Saturday, November 30, 2024. Booking is essential. Email: education@inmo.ie with your membership number or Tel 01-6640618.

Third-level Student Nurses Section bids adieu to duo

THE Third-level Student Nurse's Section officially bid farewell to recent retirees Deirdre Adamson and Patricia Brady.

Between them they have given more than 40 years of dedication to student health. Ms Adamson worked in TU Dublin where she played an integral role in the development of sexual health services. Ms Brady worked in UCD and was a key part of the vaccination programmes for students.

Both women have strong INMO links and have given much of their time to the union. We will miss them both but equally wish them all the best on many new adventures.

INMO section honoured Patricia Brady (left) and Deirdre Adamson on their recent retirement from student health services at UCD and TUD respectively

INMO Professional

Continuing professional development for nurses and midwives

INMO EDUCATION PROGRAMMES

In the pull-out this month…

Delegation principles and practices

Oct 7

This programme is for nurses, midwives and clinical nurse and midwife managers who work with healthcare assistants. It explores 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 to match appropriate clinical supervision to a specific delegated function.

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

Complaints management for healthcare staff

Oct 8

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

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

Change management

Oct 9

This programme is an introduction to key concepts related to change management. It aims to enhance the understanding of participants of change management and strategies to improve the potential for successful change initiatives. The programme will include the nature of change, leading change, initiating change, understanding and managing resistance, change models, the importance of communication and the role of stakeholders.

Fee: €110 INMO members; €185 non-members

INMO Professional

Irish Nurses and Midwives Organisation
Working Together



12	NOV	**Retired Section Biennial Conference** The Richmond Education and Event Centre, Dublin
16	NOV	**National Childrens Nurses Section** Online Webinar
21	NOV	**All Ireland Midwives Conference** Fairways Hotel, Dundalk, Co Louth
30	NOV	**Public Health Nurses Section** Online Webinar
06	DEC	**Occupational Health Nurses Section** The Richmond Education and Event Centre, Dublin

All conferences and webinars are Category 1 approved by NMBI

ONLINE AND IN-PERSON EVENTS

UPCOMING EVENTS 2024

BOOK NOW

EARLY BOOKING IS ADVISABLE

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

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

INMO Professional

Education Programmes

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

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

To book an education programme call 01 6640618/41

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

Oct 2 **Become more assertive**

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

Oct 3 **PEG feeding in the hospital/community setting**

This short online programme is aimed at nurses working within the hospital and community setting caring for adults and paediatrics who have a percutaneous endoscopic gastrostomy (PEG) tube. It will address the clinical indications and requirements for PEG feeding in the home and hospital setting. It will provide guidance on medication administration and nutrition with a focus on hospital policies and government guidance. It will also discuss the complications of PEG feeding that can occur and how these can be clinically managed.

Oct 4 **Tracheostomy care study day**

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

Oct 7 **Delegation principles and practices**

This short programme is aimed at all nurses, midwives and clinical nurse and midwife managers who work with healthcare 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.

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

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

Oct 9 **Change management** *(in person)*

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

Oct 10 **Paediatric asthma**

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

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

Oct 15 **Master your communication skills**

This online training will help you develop your interpersonal and communication skills at all levels of the organisation. The course focuses on your key competencies for face-to-face and written communications to ensure you can understand what is being communicated to you; how to respond and how to communicate clearly and with purpose. Learn these practical skills to ensure more effective and impactful communications.

Oct 15 **Improve your academic writing and research skills**

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

Oct 16 **Wound care management**

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

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

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

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

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

Oct 23 **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. Fee: €110 INMO members; €185 non members.

Oct 24 **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. 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.

Nov 4 **Your safety toolbox – key aspects of workplace safety support**

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

INMO Professional

INMO
Irish Nurses and Midwives Organisation
Working Together

OCT 09

Change Management

This programme aims to enhance the understanding of participants of change management and strategies to improve the potential for successful change initiatives.

OCT 10

Paediatric Asthma

for nurses and midwives

This course will introduce:

- epidemiology
- pathophysiology
- diagnosis & management of asthma in children

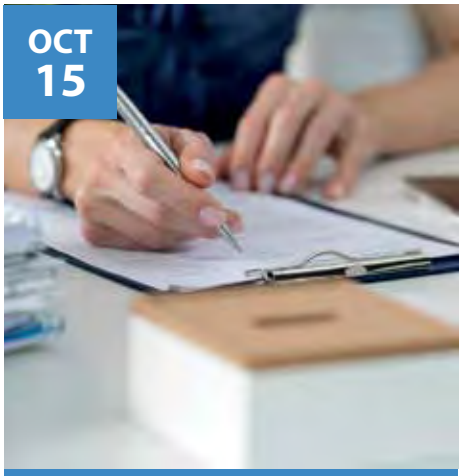
OCT 15

Master your communication skills

This course will help you

- respond communicate clearly and with purpose
- Learn practical skills for effective and impactful communications

OCT 15

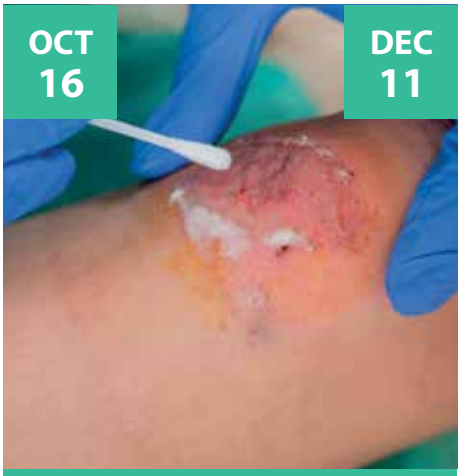


Improve your academic writing & research skills

The objectives of the course

- prepare for academic study
- efficient literature searching
- research critique
- accurate referencing skills

OCT 16 DEC 11



Wound Care Management

Topics covered on the day include;

- wound healing
- wound bed preparation
- treatment options
- dressing selections

OCT 17

Chronic obstructive pulmonary disease (COPD)

This course is aimed at nurses working in clinical practice who require basic knowledge and skills to care for people with COPD on a day-today basis.

01 6640618/41 | education@inmo.ie | www.inmoprofessional.ie/course

INMO Professional

INMO
Irish Nurses and Midwives Organisation
Working Together

OCT 22 – NOV 04

Your Safety Toolbox

This course provides 5 key tools on

- documentation
- clinical incident reporting
- safety statements
- best practice guidelines regarding assessment
- communication practices

OCT 23

Peripheral Intravenous Cannulation

This course provides skills,

- Instruction on the sites used
- identifying criteria for evaluating a vein
- the principles of an aseptic technique.

OCT 24

Infection Control Regulation

a guide to thematic/focused inspections in your facility

Identify key areas relevant to the new focused HIQA infection control guidelines/ inspections.

NOV 07

Diabetes CBT and general well being

The use of different strategies, Cognitive Behavioural Therapy (CBT) and wellbeing theories and models help clients and healthcare providers try and formulate plans to help patients.

NOV 12

Competency based interview preparation

This course will enable candidates show how they would demonstrate certain behaviours & skills in the workplace by answering questions on their reaction, dealing with previous workplace situations.

NOV 13

Medication management best practice 2020

This course will topics such as:

- key principles of medication management
- medication management cycle
- management of controlled drugs
- medication safety

01 6640618/41 | education@inmo.ie | www.inmoprofessional.ie/course

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

Nov 7 **Diabetes CBT and general wellbeing**

This online course is for nurses and midwives who have an interest in the management of a patient with diabetes. The literature would suggest that diabetes, chronic disease management and the self-care that is associated with it brings high incidence rates of depression, anxiety, and negative thoughts. The use of different strategies, cognitive behavioural therapy (CBT) and clinical trials look at the area of wellbeing and theories and models to help clients and healthcare providers try and formulate plans to look at these issues.

Nov 8 **The nurse's role in safeguarding vulnerable adults** *(in person)*

This new programme will teach nurses and midwives to understand national policy, standards, legislation and statutory guidance on safeguarding vulnerable adults in residential care settings, understand key definitions related to safeguarding vulnerable adults and identify different types of abuse and indicators of same. The programme will also show nurses and midwives how to identify risk factors that can increase vulnerable adults' risk of being abused, understand the importance of assessment and care planning to safeguard vulnerable adults in residential care settings and understand their responsibilities in safeguarding residents from abuse and taking appropriate actions following suspicion, witnessing or being made aware of an allegation of abuse.

Nov 12 **Competency-based interview preparation for nurses and midwives**

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.

Nov 13 **Medication management best practice 2020: guidance for nurses and midwives**

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

Nov 14 **Retirement planning seminar** *(in person, Dublin)*

INMO Professional in partnership with Cornmarket Financial Services have developed an in-person seminar to support members planning for retirement. Topics covered on the day will include: superannuation; when a full pension is available; the calculation of the lump sum; options for increasing your retirement benefits; AVCs; personal retirement savings accounts; savings plans; planning your finances in retirement; what to do about any surplus income you may have in retirement; individual requirements such as your investment goals, investment time frame, attitude to investment 'risk/reward; personal taxation and budgeting and money-saving tips. Fee: €10 INMO members; €45 non members.

Nov 14 **Become more assertive**

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

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

INMO Professional in partnership with Cornmarket Financial Services have developed an in-person seminar to support members planning for retirement. Topics covered on the day will include: superannuation; when a full pension is available; the calculation of the lump sum; options for increasing your retirement benefits; AVCs; personal retirement savings accounts; savings plans; planning your finances in retirement; what to do about any surplus income you may have in retirement; individual requirements such as your investment goals, investment time frame, attitude to investment 'risk/reward; personal taxation and budgeting and money-saving tips. Fee: €10 INMO members; €45 non members.

Nov 22 **Change management**

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

Literature update

The latest research in nursing and midwifery from Ireland and around the world

Neurodivergent nursing students

- *Major R, Jackson C, Wareham J, Pidcock J. Supporting neurodivergent nursing students in their practice placements. Nursing Standard. doi: 10.7748/ns.2024.e12262*

Neurodivergent conditions such as autism, attention deficit hyperactivity disorder (ADHD), dyslexia, dyspraxia, dyscalculia and Tourette's syndrome are common, and it is highly likely that practice assessors and supervisors will be asked to support neurodivergent nursing students in their practice learning environments. This article details the strengths that neurodivergent students can bring to nursing, as well as some of the challenges they may experience in practice settings. It outlines how practice assessors and supervisors can develop neuro-inclusive learning environments where neurodivergent students can thrive, as well as how to support them if they are not meeting their required proficiencies.

Misuse of alcohol in older adults

- *Davenport CJ, Craven R. Supporting older adults who misuse alcohol. Nursing Older People 2024. doi: 10.7748/nop.2024.e1469*

Older adulthood is a unique time of transition often referred to as the 'golden years'. It is characterised by positive life experiences such as retirement but also by a loss of routine, identity and meaning. The literature identifies alcohol misuse as a growing issue in this population. This article identifies that older adulthood is a period when nurses can offer health education and support using their unique relationships with patients to encourage healthy drinking behaviours.

Advanced nurse practitioners in Ireland

- *Elliott, N. et al. Exploring Factors Affecting the Rollout of a Policy on Registered Advanced Nurse Practitioners in Ireland. Journal of Nursing Management 2024. doi: 10.1155/2024/6681576*

The Department of Health (Ireland) introduced a policy to increase the number of ANPs to 2% of the nursing workforce. This evaluation identifies barriers and enablers to the implementation of a national policy to increase the critical mass of advanced practitioners within the healthcare services.

INMO library access

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

Nitrous oxide tank cold burn

- *Allen, O. and Keating, M. Nitrous oxide tank cold burn to the forearm: a case study and discussion of the literature. Emergency Nurse 2024. doi: 10.7748/en.2024.e2191*

Nitrous oxide (N2O) has become one of the most popular recreational drugs in Europe. There are various adverse effects associated with N2O use, including headache, nausea, vomiting, drowsiness and its use is associated with cold burns and road accidents. This article details the case of a patient who sustained an N2O tank burn to his forearm from recreational use. It also discusses the prevalence, legal status and adverse effects of N2O use as well as the pathophysiology and management of cold burn injuries.

Wound care

- *Swan J, Mogford J, Leek k. Wound care in older people: overcoming the challenges of assessment and management. Nursing Older People 2024. doi: 10.7748/nop.2024.e1471*

Age-related skin changes lead to increased susceptibility to skin damage and delayed wound healing, which is exacerbated by comorbidities such as cardiovascular disease and diabetes mellitus. To improve outcomes and experience in older people presenting with wounds it is important to select wound management products that protect the wound bed and surrounding skin, minimise trauma, reduce symptoms and/or promote healing. This article explores how conducting holistic wound assessments, setting realistic treatment aims, and using wound management strategies tailored to each person's needs and wishes can have a positive effect on older people's quality of life.

Staff Nurses/Midwives and Enhanced Nurses/Midwives

If you have at least 17 years' service you may qualify for the Senior Staff Nurse/Midwife Increment or the Senior Enhanced Nurse/Midwife Increment

- All staff nurses/midwives and enhanced nurses/midwives who have 17 years' post-qualification service are eligible for payment of either the senior staff nurse/midwife increment or the senior enhanced nurse/midwife increment. All service, inclusive of part-time/job sharing service, is reckonable
- Service constitutes all genuine nursing/midwifery experience in Ireland and abroad
- The reference date for determination of service and payment is November 1 each year
- Application forms can be obtained from your human resources department

If you have any queries in relation to the above, please get in touch with the INMO Information Officers:

Catherine Hopkins or
Catherine O'Connor
at Tel: 01 664 0610 or
01 664 0619 or by email to:
catherine.hopkins@inmo.ie or
catherine.oconnor@inmo.ie

INMO Professional

Midwifery library update

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

Hyperemesis gravidarum

- *Hill A. 'Have you tried ginger?' The under-recognised plight of hyperemesis gravidarum. MIDIRS Midwifery Digest 2024; 34 (1):40-42.* Hyperemesis gravidarum is a life-limiting condition that is mismanaged and misunderstood by many healthcare professionals. This article highlights the full impact of symptoms, other than simply nausea and vomiting. Most importantly (and something that is often forgotten), it explores how seriously this condition can impact on mental health and how we can support women who are affected. The article also discusses prevention-focused treatment and the involvement of the wider multidisciplinary team, both of which are extremely beneficial, according to women cited in recent research.

Midwifery students being 'with woman'

- *Guerin A, Geraghty S, McChlery S, Byrne M. Midwifery students' experiences of learning to be 'with woman': a scoping review. British Journal of Midwifery 2024; 32(8).* Being 'with woman' is a fundamental concept of midwifery and profoundly impacts maternal and infant wellbeing and outcomes. Understanding student midwives' experiences is vital in shaping learning strategies for positive and effective student-centred learning outcomes. This scoping review's aims were to gain meaningful insight into existing literature on students' experiences of learning to be 'with woman'.

Risk assessments and ethnicity

- *Melamed A. Risk assessments and ethnicity in maternity care: looking through the wrong end of the telescope?* British Journal of Midwifery 2024; 32(2):98-104. Many black and brown women are classified as 'high risk' and follow obstetric-led pathways. This may be the result of social determinants of health, or over pathologisation as a result of racial bias by healthcare providers and systems. There may be times when social determinants are mistaken for innate physiological differences, leading to iatrogenic harm. There is both over- and underdiagnosis resulting from racial bias in midwifery care. Women with intermediate risk factors may benefit from midwifery-led care, especially black and brown women.

Transition to newly qualified midwife

- *Martin H. The transition from student midwife to newly qualified midwife. The Practising Midwife 2024; 27(5):45-9.* Fairy tale or reality shock? This paper aims to review literature around how the transition period is experienced by students transitioning into newly qualified life. Qualifying as a midwife is one of life's greatest achievements for those studying to become one. However, newly qualified midwives are entering a profession that is currently experiencing significant challenges and expectations that may be at odds with reality. The current need for more midwives is critical and retaining those midwives begins with the newly qualified.

Pregnancy outcomes in minority groups

- *Thangaratinam S et al. Pregnancy outcomes in Black, Asian and minority ethnic women. Nursing Times 2024; 120: 6.* This NIHR alert discusses a study exploring the effects of race and ethnicity on pregnancy outcomes. It analysed data from 51 research studies, which consistently identified poorer outcomes among women from ethnic minorities than from white women. These included increased rates of infant death, stillbirth, pre-term birth and low birthweight. The researchers recommend additional training for midwifery and medical students, as well as further research.

RCM iLearn: Talking to babies

A new 10-minute course has been released this month on the RCM iLearn platform called *'Talking to Babies: Improving Literacy and Reducing Inequalities'*. Midwives and maternity support workers are vital parts of the maternity team and often establish bonds with the women in their care. By signposting to the right support, an immediate difference can be made to their lives.

Reducing health inequalities can improve life chances for their babies too. The women and families who are cared for can be helped to acquire skills that will support their baby's overall development and help improve literacy. In this module we consider how maternity staff can encourage the family to support their baby's emotional and cognitive development during pregnancy, labour and birth, and postnatally.

Contact the INMO Library

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

RCM i-learn access for INMO midwife members

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

Royal College of Midwives

Introducing Executive Council members

Margaret Birtley

Public health nurse, north Cork

MARGARET BIRTLEY completed her training in the UK in 1989 and returned to Ireland in 1992. She has worked in both public and private hospitals and in the community as a community RGN (CRGN), theatre staff nurse, practice nurse and as a qualified PHN. She has a bachelor's degree, a postgraduate diploma in public health nursing and a master's in nursing and healthcare quality improvement.

Ms Birtley is chair of the Mallow Branch. This is her second term on the Executive Council. She holds the clinical seat. As a PHN, she feels it is crucial to have influential representation on Executive Council, particularly as primary care undergoes a transformation with the introduction of Sláintecare.

"In order to achieve the implementation of Sláintecare, it is important to increase the number of sponsorship places for PHNs throughout the country and also increase the number of CRGNs in the workplace," she said.

Ms Birtley believes the role of PHNs and CRGNs and their contribution to public health must be clearly communicated and maintained. She feels that factors outside the remit of nursing also compound the pressure on PHNs, including lengthy waiting lists for children and older people.

"It is imperative to consistently strive for improved staffing levels and reduced workload to ensure the health and safety of our members and their patients. I am passionate about promoting and advancing the safety of nurses and midwives in the workplace. More opportunities in education and career progression for PHNs and CRGNs are essential as they are the back bone of our health service. I will also seek the introduction of the location allowance/special qualification allowance for all CRGNs working in the community setting and an allowance for those who cover case loads."

Aoife Brady

CNM1, Our Lady of Lourdes Hospital, Navan

AOIFE BRADY trained in Dublin City University and Connolly Hospital, Dublin. She was one of the first groups of nurses to train in university through the diploma programme.

She worked in Connolly Hospital for five years after qualifying. She then moved to work in a nursing home but missed the acute setting and returned to Connolly Hospital after a few years. After her children were born, she decided to apply for work locally and joined the cardiac care unit in Our Lady of Lourdes Hospital Drogheda.

Ms Brady has been active with the INMO since her training days. Engaging with discussions on the Haddington Road Agreement prompted her to take an active role in her workplace and local branch, which at the time was the Dublin North Branch. She is now chair of the Meath Branch.

Ms Brady urges new nurses to join the union. "We need to focus on health and safety for nurses and midwives. This means improved working conditions and staff wellbeing. Safe staffing levels and skill mix are paramount to this. Without safe staffing levels how can we ensure the safety of our patients and colleagues? The stronger our union, the more power we have to make change and improve conditions," she told *WIN*.

Ms Brady would like to see progress in the area of menopause at work, given the predominance of women in the professions. She would also like to see more professional development opportunities for staff nurses.

"They are the backbone of the health service. While they may not want to go into advanced practice or clinical specialism, they have a wealth of experience and that needs to be recognised, valued and supported," she added.

Eilish Corcoran

CNM2, South Infirmary Victoria University Hospital, Cork

EILISH CORCORAN has been a member of the INMO since training as a nurse in the 1980s and has been a rep since 1997. She has spent 38 years working in various roles in South Infirmary Victoria University Hospital, Cork apart from a brief stint in St James's in Dublin when she trained as an emergency department (ED) nurse. She set up the chest pain assessment unit in South Infirmary and has also worked in ED, x-ray and wound management before taking up her role as CNM2 in the outpatient department six years ago.

Throughout her career, Ms Corcoran has watched staffing levels drop to dangerous levels within the health service. Pursuing legislation for safe staffing levels will be her priority while on the Executive Council.

"While I have witnessed great advances in medicine and patient care we are constantly being asked to do more with less. Nurses and midwives are burnt out and still we have to keep going. We are constantly expected to do more with less. Until we have safe staffing levels, we will continue to lose nurses and midwives to burnout and stress," she said.

Ms Corcoran would like to see more minor injury clinics and medical assessment units across the country and believes that all hospitals should have such clinics open on a 24/7 basis. This, she said, would ease the pressures on EDs, freeing them up to deal with more complex emergency cases and somewhat easing waiting lists and trolley figures.

She advised all INMO members to get actively involved with their union.

"The union is only as strong as its members, and it is us who decide what issues it prioritises. It also provides us with a great platform to have our voices heard and impact on policies that affect our working lives."

Student and new graduate update

With Jamie Murphy

Welcome to nursing and midwifery

I WOULD like to welcome all incoming first-year nursing and midwifery students as you begin your journey to become nurses and midwives. You are entering into a very exciting stage of your life. Nursing and midwifery are challenging professions and careers, which are also extremely rewarding and valued across the globe.

I am your student and new graduate officer. I am here to answer any questions that you have. No question is a silly question, except maybe the one that you don't ask. My most regularly asked questions are about clinical placements, allowances and your rights and entitlements as a student nurse or midwife.

We at the INMO are here to support you through both your studies and as you progress through your career. At the INMO we try to promote the interests of our members. As a student member of the union, you can contact us for free information, support, advice, representation and many other services.

I already met with some first years in September and I plan to meet you all throughout the year. Over the coming weeks and months, I will be visiting the 13 universities across the country that facilitate the nursing and midwifery degree programmes. Here I will be offering students the opportunity to sign up for our free INMO student membership. Students can also sign up for free membership on our website, **inmo.ie**.

If you would like to learn more about how our union works and how you can get involved as a representative for your class, please contact me.

When I started out on my nursing career, I was nervous, unsure and excited all at the same time, and I wasn't always sure who to call for advice. If you ever find yourself in this situation and you are unsure who to turn to, contact the INMO. We have lots of different services available to you to help make this transition period easier.

There are so many things that I would like to say to new student nurses and midwives to encourage you as you start out on this new journey. One of the most important pieces of advice that was given to me when I started out as a student nurse was to always ask questions. It may seem like something small but it is always better to ask and receive an answer rather than trying to figure it out on your own. Remember that you are a student and you are here to learn. You cannot be expected to know everything. You as students are the future of nursing and midwifery. You are all a vital part of our profession. Nursing and midwifery are valued professions and I welcome you as you embark on your journey to become a registered nurse or midwife.

Over the course of your degree, you will be paired with many other students. It is important to look out for each other, to support each other and build a support network. Placements can be rewarding, but they can also be very challenging and it is important that you have someone that you trust and with whom you can share your experiences. Lastly, I would like to wish you the best of luck and welcome to the team.

Send in your class photos

Many fourth-years will be graduating from college over the coming weeks. It would be great to get a collection of the graduating or last-day photos of newly qualified nurses or midwives. If you have photos, please send them to me as original (large) images (no screen shots) to Jamie.murphy@inmo.ie, along with names and details of where the picture was taken.

Two student members pictured during a visit to INMO headquarters last year

Get involved as a rep

Now more than ever, it is essential that each class has a student rep linked in with me. If your group does not have an INMO student rep, please discuss this among yourselves and nominate one rep per year, discipline and placement area (if you are spread across multiple sites).

INMO student reps are distinct from student union reps as the INMO is the professional body representing nurses and midwives dealing with matters relating to the workplace. Being a rep does not mean taking on a body of work and solving class problems by yourself. A rep is someone who lets me know the collective issues their group is experiencing so that I can either address these concerns or bring them to the attention of senior management to ensure that your voice is represented at national negotiations. If you are interested in learning more, please contact me for more information.

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

Q and A Bulletin Board

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

November 1 – increment date for senior staff nurses/midwives

Q. I have 17 years of service as a staff nurse and am currently on the long service increment. Will I be eligible for the enhanced senior staff nurse increment?

All staff nurses/midwives and enhanced nurses/midwives who have 17 years of post-qualification service are eligible for payment of either the senior staff nurse/midwife increment or the senior enhanced nurse/midwife increment. All service, inclusive of part-time/job sharing service, is reckonable.

- Service constitutes all genuine nursing/midwifery experience in Ireland and abroad
- The reference date for determination of service and payment is November 1 each year
- Application forms can be obtained from your human resources or nursing administration departments.

If for any reason you have not applied to change to the enhanced salary scale, please be advised that you are depriving yourself of a significant pay increase that the INMO secured as part of the Labour Court recommendations to resolve the dispute in 2019. It is important that you seek to have the enhanced salary scale applied to you. For example, on November 1, 2024, if you apply for senior staff nurse your pay will increase to €55,849 per annum. If you were on the enhanced contract your senior staff nurse pay would increase to €57,679 – a difference of €1,830.

Annual leave calculator for part-timers

Q. I am a CNM1 with 12 years' experience in the HSE and have recently reduced my hours from full-time to 30 hours per week. I work Monday- Friday and I know previously that I was entitled to 28 days of annual leave, but I'm unsure what my annual leave entitlement is now?

The method to use to calculate your annual leave entitlement as a part-time worker is to divide the number of annual leave days for the full-time grade by 37.5, and multiply this by the number of hours you work each week. This would give you an entitlement to 22.4 days annual leave, ie. (28 ÷ 37.5) x 30 = 22.4 days.

Sick pay – know your rights

Q. I began working in a private nursing home a few years ago and when I started they did not pay sick leave. I haven't had to take any before but need to take some sick leave now – am I right in thinking that there is now an entitlement to paid sick leave?

Yes, as a result of the Sick Leave Act 2022, employees have a right to paid sick leave (referred to as statutory sick pay) since January 1, 2023. The entitlement is currently five days (which may be consecutive or non-consecutive) this year, with the entitlement set to increase to seven days in 2025 and to 10 days in 2026.

The statutory sick pay is paid by the employer at a rate of 70% of the average hourly rate of pay (including any regular bonus or allowance the amount of which does not vary in relation to the work done by the employee, but excluding any overtime or commission). If an employee's pay changes from week-to-week, their sick pay is the average of their pay over the 13 weeks immediately before they commenced sick leave. Sick pay is capped at a maximum of €110 a day. Employers who experience severe financial difficulties may apply to the Labour Court for an exemption to pay statutory sick leave for a period of between three to 12 months.

Under the Act, an employee is required to present a medical certificate for the statutory sick leave day. Employees have an entitlement to statutory paid sick leave where they have been in continuous employment for a minimum of 13 weeks. Employees on probation may avail of the leave, however their employer may require that the probation be suspended during the period of statutory sick leave and be completed by the employee at the end of that period. The Act does not prevent an employee having more favourable terms in their contract regarding paid sick leave.

Employees retain their employment rights while on statutory sick leave and should not be penalised by their employer for availing of this leave. Absence from employment while on statutory sick leave shall not be treated as part of any other leave from employment (including annual leave, maternity leave, additional maternity leave, paternity leave, adoptive leave and parents leave). If an employee falls sick while on annual leave and they produce a medical certificate, the period of sickness should be recorded as sick leave and not as annual leave.

Know your rights and entitlements

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

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

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

Quality & Safety

A column by Maureen Flynn

Learn about the Patient Safety Act 2023

THE Patient Safety (Notifiable Incident and Open Disclosure) Act 2023 is important for all nursing and midwifery practice. This new legislation came into effect just last month (September 2024) and the HSE has developed an e-learning programme so that staff can learn more about it.

The Patient Safety Act provides a legislative framework for a number of important patient safety matters. Its overarching purpose is to support and further embed a culture of openness and transparency in relation to patient safety within the wider healthcare system, including private healthcare.

Implications for practice

The Patient Safety Act provides for:

- The mandatory open disclosure, by health services providers, of certain incidents occurring in the course of the provision of a health service to a person. Specifically, the Act describes 13 different incidents, called notifiable incidents, whereby open disclosure must take place in line with the Patient Safety Act
- Organisations to report notifiable incidents to the relevant regulator, specifically the Health Information and Quality Authority (HIQA), the chief inspector of social services and the Mental Health Commission, and requires such notifications to be made via the National Incident Management System (NIMS)
- Legal protections (meaning the information cannot be used for certain purposes such as evidence of liability) in relation to the information shared at the time of open disclosure and any apologies made in the course of such disclosures
- Procedures in respect of clinical audit and the data obtained in clinical audits
- Amendments to the Health Act 2007 to adapt the threshold for Health Information and Quality Authority (HIQA) to carry out statutory investigations and expansion of monitoring of private hospitals
- The discretionary power of the chief inspector to conduct a review of specified incidents that may have resulted in death, or serious injury where some or all of the care was delivered in a designated centre, such as a nursing home
- Amendments to Part 4 of the Civil Liability (Amendment) Act 2017 which applies to protections that can be sought for all patient safety incidents
- The mandatory (communication/open disclosure), by health services providers, of reviews carried out in relation to cancer screening that were requested by the patient (breast, bowel and cervical screening).

Learning programme

The e-learning programme explores the legal topic in much greater detail and relates it to the everyday care our health and social care services provide. The programme was developed by HSE staff and patient advocates. It provides an overview of the main provisions of the Patient Safety Act. The module provides learners with an understanding of the role of the Act in improving patient care, safety, trust and confidence in healthcare. You also learn about the roles and responsibilities of staff in complying with the Act by exploring the application of the Act through case studies.

Get involved

At your next ward, team or department meeting you might like to talk about the Patient Safety Act and how this will be implemented within your service. To start complete the e-learning module and encourage your colleagues to undertake the programme. By the end of the module, you will be able to:

- Explain the purpose and significance of the Patient Safety Act and their role in implementing it
- Explain the key provisions and requirements of the Patient Safety Act in Ireland
- Apply the provisions of the Patient Safety Act in real-life healthcare scenarios.

Further information

In addition to the Patient Safety Act module, the National Open Disclosure Office also recently developed and published an e-learning programme on HSeLand on the role of the designated person in incident management and open disclosure. The 'designated person' is a key support person (employee) for patients and their family following an incident.

Where to access

All the modules are available to all HSeLanD users, which includes public and private health and social care services, as well as students undertaking health and social care programmes at NFQ Level 7 and above: **https://www.hseland.ie/dash/Account/Login**

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

Acknowledgements
A special thank you to my colleague, Lorraine Schwanberg, the Patient Safety implementation working group and members of the HSE National QPS Directorate for assistance in writing this column

Blood pressure monitoring

Eamonn O'Shea looks at new hypertension guidelines from the ESC and ESH, their key points and the areas of difference between them

WE have recently seen the release of not one but two updates in European guidelines on the management of hypertension.

One is from the European Society of Cardiology (ESC),[1] an update on its last guideline published in 2018, and the other is from the European Society of Hypertension (ESH),[2] an update on the 2023 guideline, this time accompanied by, in the society's own words, a "novel, concise format that supports the dissemination of the most important information from the guideline" to relevant clinicians.[2]

Two guidelines from similar bodies on the same topic has the potential for confusion, particularly if they are demonstrably different in what they advise. I will attempt, in what follows, to summarise the main nuggets of advice from both guidelines and, where relevant, identify the points of difference between them.

For those of us who love mnemonics, the ESH has come up with a new one for the main tenets of hypertension management: MASTER:

M: Measure blood pressure (BP) and make diagnosis

A: Assess patient (including overall CV risk estimation and presence of hypertension mediated organ damage [HMOD])

ST: Select Therapy (initial management including lifestyle interventions and drug treatment)

ER: Evaluate Response (including individualised targets and follow up).

I will compare and contrast the two guidelines under those headings.

Measurement

Conventional office measurement of blood pressure has been the mainstay of previous hypertension guidelines and the ESH guideline identifies that it is the method by which the diagnosis and classification of hypertension, the role of BP as a cardiovascular risk factor, the BP thresholds and targets of therapeutic interventions have been established.[2] However, it then outlines a lengthy list of indications for use of out-of-office BP measurement, ambulatory BP measurement (ABPM) or home BP measurement (HBPM), which includes confirmation of hypertension diagnosis and evaluation of control.

Table 1: Equivalence table to compare hypertension in different situations

Office BP	Home BP	24h ABPM	Day ABPM	Night ABPM
>140/90	>135/85	>130/80	>135/85	>120/70

The ESC goes one step further and advises that out of office BP measurement is the preferred method for confirming cases of hypertension, with the exception of patients with atrial fibrillation where manual measurement may be required. In Ireland, we are ahead of many of our European colleagues in terms of availability and regular use of ABPM in this regard.[1]

The ESC also advises that a screen for orthostatic hypotension should be done at diagnosis by checking BP after sitting/lying for five minutes and then rechecking after one minute and/or three minutes of standing, looking for a drop of 20mmHg in systolic BP or 10mmHg drop in diastolic BP. This may be difficult to fit into an already busy consultation.[1]

Both guidelines advise that at some point early on, we should measure BP in both arms, that a difference of > 10mmHg is significant and all subsequent readings should be taken from the arm with the higher reading.

There is agreement in both guidelines that a BP > 140/90 is defined as hypertension and that the equivalence tables shown in *Table 1* apply when comparing OBPM, HBPM and ABPM.

The big difference between guidelines centres around readings below the threshold for hypertension. To avoid complicating things I am going to use the office thresholds for comparison.

The ESH guidelines define readings between systolic BP 130-139 and diastolic BP 85-89 as 'high-normal' and does not suggest intervention in this group, other than lifestyle modification.[2]

This is very similar to the 2018 ESC guideline, but its new 2024 version goes much further than this – the ESC suggests a new category of 'elevated blood pressure' when readings fall between systolic BP of 120-139 and diastolic BP of 70-89, and suggests intervention with drug therapy in selected cases in this group who are at higher cardiovascular risk.[2]

The ESC's rationale is based on a change in the 2024 guidelines compared with earlier versions, where increased focus is placed on evidence related to fatal and non-fatal CVD outcomes rather than surrogate outcomes such as BP lowering alone. It argues that a substantial proportion of excess CVD events attributable to hypertension occur in patients with BP levels below the traditional threshold for diagnosis. As the efficacy of BP lowering on preventing CVD events extends down to a systolic BP of 120mmHg and a diastolic BP of 70mmHg, patients with elevated BP and increased CVD risk can also derive benefit from BP-lowering treatment.

Assessment

There is broad agreement that the BP measurements need to be put into context with an overall assessment of the patient including a comprehensive history and physical examination including an assessment of frailty in older people.

A basic set of investigations should include the following:

- Bloods: FBC, renal function and electrolytes, lipids, HbA1c and/or fasting glucose
- Urine: Dipstick analysis and urinary albumin-creatinine ratio
- ECG (12 lead).

These help to find evidence of HMOD and allow for an overall assessment of cardiovascular risk.

Further tests such as echocardiography,

coronary calcium score, and renal or carotid ultrasound are considered "if deemed necessary and available" but only if there are ECG abnormalities or signs and symptoms of cardiac, renal or vascular disease.

Select therapy

The ESH guideline suggests initiating lifestyle interventions first, unless BP is > 150/95 in which case drug therapy should commence immediately. Suggested lifestyle interventions in both guidelines are broadly similar to previous versions.[2]

The ESC guideline suggests commencing drug therapy in all patients with an office BPM of > 140/90 which has been confirmed by ABPM (24 hour average > 130/80) or HBPM (> 135/85). Lifestyle interventions can be used in addition to drug therapy but shouldn't delay same.[1] It further suggests that any office BPM > 120/70 should prompt an out of office BP measurement (ABPM or HBPM) and that if this lies in the elevated BP range (SBP 120-139 or DBP 70-89) the following should apply.

Calculate 10 year predicted CVD risk

The ESC suggests using the SCORE2 risk evaluation tool.[1] This is more approximate to the Q risk score, which we are probably more accustomed to, as it measures the risk of cardiovascular outcomes over 10 years rather than cardiovascular deaths alone which the original SCORE did. If the CV risk is > 10% in this elevated BP group, a three-month lifestyle intervention trial should be suggested and pharmacological treatment for those patients with BP remaining > 130/80.

The ESC further advises that even if the CV risk is < 10%, lifestyle modification and treatment should be considered in the groups set out in *Table 2* due to the additional associated risks.[1]

Both sets of guidelines advise commencing treatment in most patients with a dual single pill combination (SPC) containing two of the following:

ACEi or ARB/CCB /diuretic

The ESH guideline suggests increasing the doses in the two-drug SPC to full dose if tolerated, before moving onto a three-drug SPC. The ESC guideline suggests moving to the three-drug SPC if the low dose double combination doesn't achieve control and only increasing to maximally tolerated doses if control isn't achieved with the low dose triple combination.[2]

Initial treatment with monotherapy is only indicated in patients with moderate-severe frailty, symptomatic orthostatic hypotension, patients > 85 years or in the elevated BP category (120/70 to 139/89).

Table 2: Comparison of hypertension in different situations

Shared modifiers	Sex-specific modifiers
• High risk ethnicity	• Gestational diabetes
• Family history of premature ASCVD	• Gestational hypertension
• Socio-economic deprivation	• Pre-eclampsia
• Auto-immune diseases	• Pre-term delivery
• Severe mental illness	• One or more still births
• HIV	• Recurrent miscarriage

The ESC advises that currently there is no evidence for diurnal timing of taking anti-hypertensive medication on cardiovascular outcomes and that the best time to take the medicine is the most convenient time in a consistent setting.[1]

Consideration of referral to a hypertension specialist is advised if not controlled on maximally tolerated dose of three-drug SPC.

Spironolactone, alpha blockers and beta blockers are mentioned as the additional therapies to be considered and interestingly both guidelines advise that SGLT2 inhibitors should be considered in patients with co-morbidity of heart failure or chronic kidney disease for their modest BP lowering properties.

Evaluate response

What's our target BP?

The ESC suggests we aim for a BP of 120-29/70-79 or "as low as reasonably achievable" (the ALARA principle).[1]

It allows for a higher target of systolic BP < 140 in patients > 85 years, with limited predicted lifespan, moderate to severe frailty or symptomatic orthostatic hypotension.

The ESH suggests to firstly aim to get BP to < 140/80 and then to apply a target of 120-129/70-79 in most patients up to 80 years of age.[2]

There is broad agreement in both guidelines that we should review the effects of treatment within a month and should be aiming for control of BP within three months of treatment. The ESH estimates that 60% of patients are controlled with dual-SPC therapy and 90% of patients are controlled with triple-SPC therapy [2]

Once control is established, an annual check with repeat estimation of CV risk and screen for HMOD is advised.

The ESC advises that out of office measurement is recommended for ongoing management.[1]

What can be confusing is the lack of guidance on the application of targets when using ABPM for monitoring as opposed to office BPM.

The ESH advises that while equivalent targets for HBPM or ABPM are not yet established, an office sBP/dBP of < 130/80, home or mean 24 hour sBP/dBP are "likely to be similar or only modestly different from office readings".[2]

When to refer?

- Suspected secondary hypertension
- Treatment resistant hypertension
- Hypertension in pregnancy
- Severe hypertension with acute symptomatic HMOD.

Conclusion

In summary, both guidelines read well and have plenty of infographic summaries to please the eye. The ESH guideline has done us the favour of summarising its larger document to 15 pages, while the ESC document is a weightier 105 pages although it provides lots of coloured summary tables throughout so you can cut to the chase.

The main nuggets I would have gleaned from both summaries are as follows:

- Out-of-office measurement of BP is the optimum for diagnosis and assessment of control
- We are asked to consider treatment even in patients with readings > 130/80 if they have other cardiac risk factors or their 10-year risk of CV event is > 10%.
- Single pill combinations (two drugs in one pill) are first line treatment except in frail or older patients, those with symptomatic orthostatic hypotension or those with mildly elevated readings
- We should aim to get control within three months and carry out an annual check thereafter
- Our target BP is now 130/80 except where frailty, multi-morbidity or symptomatic hypotension is an issue.

Eamonn O'Shea is the cardiovascular clinical lead at the Irish College of GPs

References
1. 2024 ESC Guidelines for the management of elevated blood pressure and hypertension Eur Heart J (2024) 00, 1-107
2. 2024 European Society of Hypertension clinical practice guidelines for the management of arterial hypertension. Eur J Internal Med 126 (2024) 1-15

Menopause and a history of breast cancer

In the final part of this series, **Benda Moran, Karen Soffe** and **Rachel Guerin** cover breast cancer referrals, where the aim is to manage menopausal symptoms effectively while minimising potential risks

A HISTORY of breast cancer is a common reason for referral to the complex menopause clinic and constitutes a large proportion of the cases seen. Breast cancer, and sex hormone sensitive cancers such as endometrial cancer and some types of ovarian cancers, are considered contraindications to the use of hormone replacement therapy (HRT). We also see patients who have a confirmed gene mutation which increases their risk of breast and ovarian cancers, such as BRCA1, BRCA2 and BRIP1.

Breast cancer is the most common female cancer in Ireland after non-melanoma skin cancer. It is estimated that one in seven women living in Ireland will develop breast cancer in their lifetime. The term breast cancer is heterogeneous, encompassing many different types of breast cancer and is inclusive of pre-malignant or stage 0 cancers such as ductal carcinoma in situ (DCIS) or lobular carcinoma in situ (LCIS). Important characteristics to consider include the size, grade, stage, axillary node status and hormone receptor (HR) status.

With advancements in the earlier detection and treatment of breast cancer, survival rates have improved considerably. This means there is an increase in the number of women with a history of breast cancer who experience menopause – either naturally or induced. It is therefore important that we can help women navigate this process and have an awareness of the individual factors that can make this more challenging.

Some of the challenging reasons include that cancer treatment in itself may induce a severe and sudden menopause in some instances. Adjuvant endocrine medications used to reduce the risk of recurrence can cause menopausal symptoms by virtue of their mechanism of action. However, HRT which is considered the most effective method of alleviating menopausal symptoms is generally considered contraindicated with a history of breast cancer.

After treatment for early stage non-metastatic breast cancer, many women will go on to have a natural menopause in the future, particularly if they didn't require chemotherapy as part of their treatment protocol. However, for others, treatment can induce menopause which can be either temporary or permanent. This can be secondary to medications such as gonadotropin releasing hormone (GnRH) analogues which induce a temporary menopause, chemotherapy which can induce a temporary or permanent menopause, or surgery in the form of a bilateral salpingo-oophorectomy (BSO) which is immediate and permanent. GnRH analogues or a BSO may be recommended to premenopausal women with hormone sensitive breast cancer, alongside adjuvant endocrine therapies if their cancer is of a higher stage or they are considered to be at higher risk of recurrence.

Some women, therefore, will go on to develop premature ovarian insufficiency (POI) or early menopause if under the age of 40 and 45 respectively on diagnosis. In addition to fertility and psychological implications, POI is associated with an increased risk of cardiovascular disease, osteoporosis, cognitive symptoms and Parkinson's disease, which is particularly relevant when HRT isn't recommended as a treatment option. Having an awareness of heart, bone and brain health is extremely important to maximise lifestyle factors in this context.

Adjuvant endocrine therapies used for hormone sensitive breast cancers can cause side-effects which can be particularly challenging for many women. Tamoxifen is a selective estrogen receptor modulator (SERM) which works by blocking the effects of oestrogen on breast tissue and has an oestrogen agonist effect on other areas of the body such as the endometrium. Vasomotor symptoms (VMS) such as hot flushes and night sweats are particularly common, along with other troublesome symptoms such as a vaginal discharge.

Aromatase inhibitors (AIs) work by inhibiting the conversion of androgens to oestrogen within adipose tissue by inhibiting the enzyme aromatase. They can have pronounced anti-oestrogen effects which can manifest as menopausal symptoms such as joint pains, vaginal symptoms, reduced libido, VMS, and cognitive symptoms such as brain fog or reduced concentration.

Multimodal management of menopause symptoms

Within the context of a complex menopause clinic, the aim is to manage menopause symptoms effectively to improve the quality of life of our patients.

A multimodal approach is particularly useful in settings where HRT is considered contraindicated, that is using different treatment modalities to maximise impact.[1]

This can include:
- Lifestyle interventions or modifications
- Psychological therapies such as cognitive behavioural therapies or psychosexual counselling
- Complementary therapies such as acupuncture
- Non-hormonal moisturisers and lubricants
- Pelvic physiotherapy
- Prescribed non-hormonal medications.

Spending time discussing multimodal therapy is important so patients will understand the benefit of using different approaches.

Lifestyle factors

Lifestyle factors are explored to see whether behavioural changes can be made in relation to diet, exercise, sleep, stress, alcohol and smoking if these are highlighted during the consultation. The benefits of a Mediterranean style diet and regular exercise are discussed.

Psychological therapies

Psychological therapies, particularly cognitive behavioural therapy (CBT), has been shown to reduce the impact of menopausal symptoms and improve quality of life.[2] This can be self-directed via reading, online resources or apps, or delivered via trained practitioners. Other forms of psychological therapies such as general counselling and mindfulness may be useful. Psychosexual counselling can be helpful for sexual dysfunction which is affecting quality of life, particularly when concomitant factors have been addressed and treated such as genitourinary syndrome of menopause (GSM).

Complementary therapies

Complementary therapies such as acupuncture have been studied in breast cancer patients, with a systematic review and meta-analysis of randomised controlled trials (RCTs) by Zhang et al[3] showing an improvement in patient-reported outcomes in areas such as fatigue, joint pains and vasomotor symptoms, with acknowledgement that more rigorous, well-designed and larger RCTs are required to confirm results. Paraphernalia such as portable fans can also be useful for VMS, alongside cooling creams and sprays, and the use of blankets rather than duvets.

Prescribed non-hormonal oral medications

These comprise medications that are mainly licenced for other conditions but have been shown to improve some types of menopausal symptoms in some women. They mainly work via a neurotransmitter modulator effect in the brain. The medications with most evidence of efficacy, particularly when it comes to vasomotor symptoms, include selective serotonin and noradrenaline reuptake inhibitors (SNRIs), selective serotonin reuptake inhibitors (SSRIs), gabapentin and oxybutynin.[4] The SSRIs, paroxetine and fluoxetine, which have a potent inhibitory effect on the CYP2D6 enzyme which converts tamoxifen to its active metabolite, should not be used alongside tamoxifen as it can reduce its efficacy. Like all medications, side-effects can occur and these can limit their use.

In practice, we try to tailor the use of prescribed non-hormonal medications to the presence of concomitant symptoms that might also benefit, such as mood symptoms in the case of SNRIs and SSRIs, sleep with gabapentin, and overactive bladder with oxybutynin.

The neurokinin 3 antagonist, fezolinetant, was recently licensed in Ireland for the treatment of menopausal vasomotor symptoms and has shown improvement in VMS in clinical trials. However, women with a history of breast cancer were excluded from these trials. As it is a new medication with no long-term safety data, we are reserving its use at present to patients with VMS which haven't responded to other prescribed non-hormonal options.

Non-hormonal vaginal moisturisers and lubricants

GSM is a chronic, progressive, vulvovaginal, sexual and lower urinary tract condition caused by the decline and loss of oestrogen. It causes thinning of the vaginal epithelium, loss of tissue elasticity and changes in the vaginal microbiome, leading to symptoms such as vaginal dryness, dyspareunia, vaginal discharge, overactive bladder and recurrent UTIs. Direct questioning in relation to the presence of GSM symptoms is always done, along with determining whether there is any negative impact on sexual function. The screening questionnaire is also helpful in opening this important conversation.

Non-hormonal vaginal moisturisers and lubricants are considered first-line treatment for GSM symptoms in women with a history of a hormone sensitive cancer. There are many different types and brands.

Local vaginal estrogen (LVE)

Local vaginal estrogen (LVE) may be considered a second-line option for hormone sensitive cancers if symptoms persist, which they will in many cases. A discussion of the evidence is necessary, including its limitations.[5,6,7] LVE is effective at treating GSM and is superior to systemic HRT in this context. It acts locally in the vagina and surrounding structures such as the pelvic floor musculature and bladder. Other than for potential at the initiation of treatment for a small increase in serum oestradiol levels if the vaginal mucosa is very atrophied and thin, levels otherwise remain in the postmenopausal range once treatment is established and vaginal atrophy has improved.

While there is good quality evidence to show LVE does not increase the risk of breast cancer in women without breast cancer,[2] there is limited evidence looking at whether it increases the risk of recurrence of breast cancer in woman who use it after a history of breast cancer. A large-scale cohort study in England and Wales showed no increase in mortality.[8] A systematic review of RCTs looked at whether the use of LVE and SERMs in breast cancer survivors increased the risk of recurrence. While none of the studies had this as a primary end-point, it did not find any increase in adverse events.[9]

An evaluation of the limited observational studies looking at the end-point of breast cancer recurrence with LVE use has not shown an increased risk of recurrence when LVE is used alone or alongside tamoxifen, but there has been conflicting results with aromatase inhibitors. A nested case control study using the UK General Practice Database looking at LVE use after hormone sensitive breast cancer showed no increased risk of recurrence with concomitant adjuvant endocrine therapy, which included AIs over a 10-year period.[10] Whereas a Danish cohort study looking at LVE use after early stage hormone sensitive breast cancer in women who received either no adjuvant therapy or adjuvant endocrine therapy, showed no increased risk of recurrence but subgroup analysis showed a small increased risk with AIs only (RR 1.39).[11] The majority opinion of the St Gallen International Consensus Conference for the Primary Therapy of Individuals with Early Breast Cancer 2023 was that LVE can be used alongside AIs when non-hormonal methods are not effective.[7]

HRT on a case by case basis

Finally, there will be women who have ongoing severe symptoms who have tried a multitude of different treatment options where we consider HRT on a case by case basis in consultation with their oncology team. A lower threshold for its use is

considered in HR-negative breast cancer.

HRT is still considered contraindicated as a first-line treatment for menopausal symptoms in breast cancer and menopause clinical guidelines whereby non-hormonal options are recommended in the first instance.[2,5,7,12] These guidelines don't differentiate between hormone sensitive and hormone receptor negative breast cancer in this stipulation. However, logically, a history of previous hormone sensitive breast cancer would be suggestive of carrying the most risk when it comes to the possibility of HRT precipitating a recurrence.

The BMS Consensus Statement states it may be incorrect to assume HRT is risk free in women with HR-negative cancer as it may be associated with a small risk of a HR-positive recurrence in the same breast, or a new hormone sensitive breast cancer in the opposite breast. The change in receptor status from HR negative to positive was found to be 8% in one retrospective Swedish study with a sample size of 486 women.[13] Therefore, there are theoretical concerns that HRT could cause a proliferative effect if there was a change in HR status from negative to positive in an occult micrometastasis.

In scrutiny of the literature, there is one prospective study where the majority of participants had a history of HR-negative breast cancer, which showed no evidence of increased risk of recurrence using HRT but it had a small sample size.[14] A meta-analysis looking at the effects of HRT usage in women with a history of breast cancer which studied the type of breast cancer as a subgroup analysis, showed a small risk of recurrence with HR-negative breast cancer (HR 1.19) which was less than that seen with hormone sensitive breast cancer and this was not statistically significant.[15] This same meta-analysis showed a recurrence HR of 1.8 for hormone sensitive breast cancer which was statistically significant.

Despite this, there are still limitations in the available evidence which can make counselling and the assessment of risk difficult. There is a paucity of studies looking at HRT use after DCIS and LCIS, and the majority of RCTs used older types of synthetic progestogens rather than micronised progesterone, which observational studies suggest is of lesser risk for the development of breast cancer and is usually our first choice progestogen in women with risk factors for breast cancer and after a history of breast cancer.

Role of the clinical nurse manager in managing menopause in women with a history of breast cancer

THE majority of the patients we see in the complex menopause clinic are those with a history of breast cancer. Given that HRT is generally contraindicated in breast or hormone sensitive cancers, we explore multiple non-hormonal options in terms of managing menopause symptoms as discussed in this article. A lot of lifestyle advice isn't unlike the advice given to those with cardiovascular risks, including the importance of regular check-ups with their GP for blood pressure, cholesterol, smears, breast check, diet and exercise, reducing alcohol intake etc.

In terms of breast cancer, there are a lot of additional supports and resources available that we direct patients to. Support groups often provide counselling, exercise classes, health coaching, acupuncture and more. The diagnosis of breast cancer has many implications, some being physical, emotional and financial, so having the support of these services can help reduce the financial and emotional burden for patients. Many women will utilise these at the time of their diagnosis and for some, it will be years later. I often remind patients there is no right time to attend these services, the choice is theirs to make for when they feel they are ready and it is not too late to access these services years later.

Specialised information care packs are given to each patient on their first visit, which includes samples of non-hormonal vaginal moisturisers and lubricants to try and find one that suits them to avoid having to purchase several different brands.

With survival rates of breast cancer improving, it's important we look beyond surviving and giving quality of life back to patients by supporting them with informed consent and shared decision making.

I also collect data on patients who have breast cancer and decide to commence HRT which may be of benefit to future research in this area.

– Rachel Guerin, CNM2

Conclusion

Our aim is to manage menopausal symptoms effectively while minimising any potential risks to cancer recurrence or progression, with shared decision making and informed consent.

All of the cases we see are individualised and our aim is for an overall holistic approach.

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

References

1. Donohoe F, O'Meara Y, Roberts A et al. Multimodal, technology-assisted intervention for the management of menopause after cancer improves cancer-related quality of life – Results from the Menopause after Cancer (Mac) Study. Cancers 2024; 16:1127. doi: 10.3390/cancers16061127

2. NICE guideline [NG23]: Menopause: diagnosis and management, 2015 (updated 2019). www.nice.org.uk/guidance/ng23

3. Zhang H, Hu J, Meng R, Liu F, Xu F, Huang M. A systematic review and meta-analysis comparing the diagnostic capability of automated breast ultrasound and contrast-enhanced ultrasound in breast cancer. Front Oncol 2024; 13:1305545. doi: 10.3389/fonc.2023.1305545

4. Franzoi MA, Agostinetto E, Perachino M et al. Evidence-based approaches for the management of side-effects of adjuvant endocrine therapy in patients with breast cancer. Lancet Oncol 2021 Jul; 22(7):e303-13. doi: 10.1016/S1470-2045(20)30666-5

5. British Menopause Society. BMS Consensus Statement on The Management of estrogen deficiency symptoms, arthralgia, and menopause diagnosis in women treated for early breast cancer. March 2022, thebms.org.uk/publications/consensus-statements

6. North American Menopause Society (NAMS). The 2020 genitourinary syndrome of menopause position statement of The North American Menopause Society. Menopause 2020; 27(9):976-92. doi: 10.1097/GME.0000000000001609

7. Curigliano G, Burstein HJ, Gnant M et al [St Gallen Consensus Conference Panelists 2023]. Understanding breast cancer complexity to improve patient outcomes: The St Gallen International Consensus Conference for the Primary Therapy of Individuals with Early Breast Cancer 2023. Ann Oncol 2023 Nov; 34(11):970-86. doi: 10.1016/j.annonc.2023.08.017

8. McVicker L, Labeit AM, Coupland CAC et al. Vaginal estrogen therapy use and survival in females with breast cancer. JAMA Oncol 2024 Jan 1; 10(1):103-8. doi: 10.1001/jamaoncol.2023.4508

9. Hussain I, Talaulikar VS. A systematic review of randomised clinical trials - The safety of vaginal hormones and selective estrogen receptor modulators for the treatment of genitourinary menopausal symptoms in breast cancer survivors. Post Reprod Health 2023 Dec; 29(4):222-31. doi: 10.1177/20533691231208473

10. Le Ray I, Dell'Aniello S, Bonnetain F, Azoulay L, Suissa S. Local estrogen therapy and risk of breast cancer recurrence among hormone-treated patients: a nested case-control study. Breast Cancer Res Treat 2012 Sep; 135(2):603-9. doi: 10.1007/s10549-012-2198-y

11. Cold S, Cold F, Jensen MB et al. Systemic or vaginal hormone therapy after early breast cancer: a Danish observational cohort study. J Natl Cancer Inst 2022 Oct 6;114(10): 1347-54. doi: 10.1093/jnci/djac112

12. The 2022 Hormone Therapy Position Statement of The North American Menopause Society Advisory Panel. The 2022 hormone therapy position statement of The North American Menopause Society. Menopause. 2022 Jul 1; 29(7):767-94. doi: 10.1097/GME.0000000000002028

13. Karlsson E, Lindström LS, Wilking U et al. Discordance in hormone receptor status in breast cancer during tumor progression. J Clin Oncol 2010, May 20; 28: 15_suppl: 1009. DOI: 10.1200/jco.2010.28.15_suppl.1009

14. Vassilopoulou-Sellin R, Cohen DS, Hortobagyi GN et al. Estrogen replacement therapy for menopausal women with a history of breast carcinoma: results of a 5-year, prospective study. Cancer 2002, Nov 1; 95(9):1817-26. doi: 10.1002/cncr.10913 12

15. Poggio F, Del Mastro L, Bruzzone M, Ceppi M. Safety of systemic hormone replacement therapy in breast cancer survivors: a systematic review and meta-analysis. Breast Cancer Res Treat 2022, Jan; 191:269-75. doi: 10.1007/s10549-021-06436-9

Take a break with WIN CROSSWORD Competition

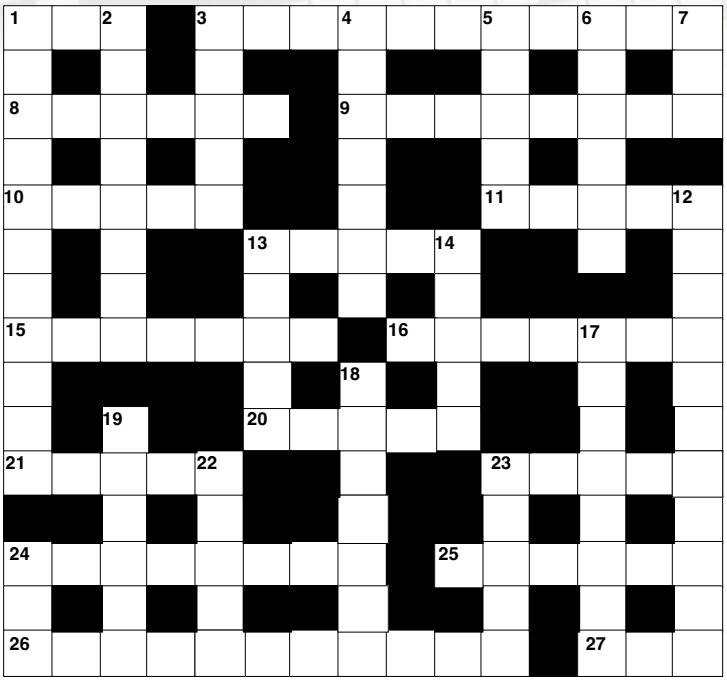
WIN a €50 gift voucher

Across

1 Run to keep fit (3)
3 These will increase the risk of cancer if you rinse cognac out (11)
8 Item of summer footwear (6)
9 Utterly determined (8)
10 Corn (5)
11 From the Netherlands (5)
13 & 15 Louise Fletcher won an oscar for her portrayal of this character in 'One Flew Over the Cuckoo's Nest' (5,7)
16 Clap (7)
20 Mar (5)
21 Sketches (5)
23 Faint (5)
24 French bread stick (8)
25 Island nation in the Pacific (6)
26 Unhappy at having to griddle nuts like this (11)
27 Snakelike fish (3)

Down

1 Recently joined in matrimony (4, 7)
2 Shoot-out (8)
3 Fad (5)
4 Type of restaurant where your meat is sliced on request (7)
5 Egg-shaped (5)
6 Explodes like a volcano, in purest form (6)
7 Diocese (3)
12 Is there a yearly publication from Laurel to accompany this frost-surviving plant? (5,6)
13 Requirements (5)
14 Banish from school (5)
17 Formal praise or award (8)
18 Remark (7)
19 An egg's broken in this Asian river (6)
22 Guide or navigate (5)
23 Sea creature which is cooked to make calamari (5)
24 Cot or divan, for example (3)



Name: .....

Address: .....

.....

.....

You can email your entry to us at **nursing@medmedia.ie** by taking a photo of the completed crossword with your details included and putting *'Crossword Competition'* in the subject line. Closing date: **November 12, 2024.** Alternatively post your entry to: WIN Crossword, MedMedia Publications, 17 Adelaide Street, Dun Laoghaire, Dublin A96E096

September crossword solution

Across: 1 Gastric flu 6 Ohio 10 Scrub 11 Adversary 12 Fog lamp 15 Coypu 17 Rack 18 Arid 19 Ethyl alcohol 21 Applied 23 Steal 24 Apes 25 Coin 26 Cameo 28 Eardrop 33 Astronaut 34 Olive 35 Nest 36 Tendonitis

Down: 1 Gush 2 Sermonise 3 Rebel 4 Charm 5 Lava 7 Heavy 8 On your last legs 9 Tricked 13 ASAP 14 Praline 16 Daisy chain 20 Hypnotist 22 Emir 27 Moths 28 Acted 29 Drown 31 Lake 32 Legs

The winner of the September crossword sponsored by MedMedia is Mary O'Neill, Ballsbridge, Dublin

"Expanded funding for menopause research is critical", experts say

THE latest thinking in menopause hormone therapy is the theme of this month's World Menopause Day, October 18. The aim of the day is to raise awareness of the menopause to support and promote the wellbeing of women.

In tandem with this, the International Menopause Society (IMS) has published a white paper addressing the key controversies in the area of menopause. This was produced by an international multidisciplinary group.

The white paper set out to provide a well-balanced educational overview of the menopause and hormone therapy. This looked at the anthropological background and the history of the menopause. It also examined the principles and controversies around hormone replacement therapy.

The publication lays the groundwork for forthcoming updated IMS recommendations on the menopause. An important section deals with hormone prescribing and discusses types and doses, when medication should be started and stopped, and why medication is important. It also examines the key question of access to therapy.

The mission of the IMS is to work globally to promote and support access to best practice healthcare for women through their menopause transition and post-reproductive years, enabling them to achieve this with optimal health and wellbeing.

The paper states: "Expanded funding of menopause research is critical to further evaluate the benefits and safety of modern types of menopause hormone therapy and to develop and identify novel treatment options that minimise adverse effects and maximise benefits."

New nurse-led IBD ultrasound in MUH

Pictured with the new ultrasound machine at the Mercy University Hospital were (l-r): Kathleen Sugrue, ANP in IBD; Dr Jane McCarthy, consultant gastroenterologist; Dr Donal Sheehan, consultant gastroenterologist; and Caitríona O'Sullivan, ANP in IBD

A NEW nurse-led point of care ultrasound for patients with inflammatory bowel disease (IBD) has been funded by the Mercy University Hospital (MUH) Foundation at a cost of €93,032.

The new ultrasound will be used among patients with IBD, such as Crohn's disease and colitis, to assess and monitor the bowel wall thickness, detect complications, and assess response to treatment.

Approximately 40,000 people are living with IBD in Ireland, over 4,000 of which attend MUK in Cork for treatment of their condition. The ultrasound can be performed in the clinic or during infusions and will enable the Mercy team to make an immediate decision on a patient's care plan, enabling earlier intervention or escalation or switch of medication as required. In may also replace the need for CT, MRI and colonoscopy tests, increasing capacity in these areas. The new technology takes approximately 15 minutes to perform and can be done at the bedside or in outpatients.

"This new technology increases patient empowerment and allows us to ensure a personalised treatment plan for each patient, by ensuring feedback is given to patients at the time of the ultrasound. As it is a non-invasive test, patients are not required to undergo any preparation prior to this test, thus also enhancing their safety and comfort," said Caitríona O'Sullivan, advanced nurse practitioner in BD, MUH.

Dr Donal Sheehan, consultant gastroenterologist at the hospital, explained that the new ultrasound, would essentially walk patients through the results as the test is happening during the clinic visit. "We are able to show them what is happening on the screen, allowing them to ask questions. They can tell us about their symptoms, and we can pinpoint where the issue is. It is a real game changer."

LauraLynn launches new grief resource

LauraLynn Children's Hospice recently launched a new bereavement resource for healthcare professionals to support those who are grieving a child. Developed in collaboration with two bereaved families, the resource helps healthcare professionals understand the grieving process and common experiences of parents and families in the days and months after the death of their child. LauraLynn also recently launched a graduate programme for nurses which will provide an opportunity for two newly registered children's nurses to enrol in a two-year graduate nurse programme, starting this autumn. Pictured at LauraLynn House were (l-r): Divya Mathew, CNM1; Rebecca O'Keeffe, staff nurse; and Laura Houlihan, GP

Pure award

THE fifth annual Pure Foundation Fund, which celebrates the achievements of healthcare professionals (HCPs) working in maternity, neonatal and postnatal care, was launched last month. This year's award is focused on rewarding HCPs working in NICU. A bursary of €10,000 will go to the winner's place of work, to enable improvements for babies in NICU. Nominations are open until October 31, 2024. Further details on: **PFF.WaterWipes.com**

October

Monday 7
Children's Nurses Section meeting. Online

Tuesday 8
CPC Section meeting. The Richmond Education and Event Centre

Saturday 12
School Nurses Section meeting. From 10am. The Richmond

Thursday 17
SALO Group meeting. 12pm. The Richmond and online

Saturday 19
PHN Section webinar. See *page 34*

Wednesday 23
Inclusion Health Section meeting. 10am. The Richmond and online

Thursday 24
OHN Section conference. The Richmond

November

Monday 11
Nurse/Midwife Education Section meeting. 9am online

Tuesday 12
Retired Section conference. The Richmond

Saturday 16
Children's Nurses Section webinar. See *page 46*

Wednesday 20
TT Section meeting. 11am online

Thursday 21
All-Ireland Midwifery Conference Dundalk. See *page 34*

Friday 22
Advanced Practice Section meeting. 1.30pm online

Condolences

- The PHN Section and all at the INMO extend our deepest sympathies to Liz Balfe, who recently lost both her mother Elizabeth and her brother Gerard. Our thoughts are with Liz, her sister Cathy, brother Sean and their extended family at this difficult time.
- The INMO Executive Council, staff and members offer their deepest condolences to the family of Evangeline Sapon Musch, who passed away unexpectedly last month. Evangeline will be missed by her friends, family and community and by the staff and patients at St Vincent's Hospital, Athy. *Ar dheis Dé go raibh a hanam*.

INMO Membership Fees 2024

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

WIN Recruitment & Training

Mailed directly to Irish nurses and midwives every month

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

Nurse On Call

Nursing services and recruitment

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

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

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

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

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

Nurse your own way

cpl Healthcare

Flexible shifts for the lifestyle you want and the balance you need.

Cpl Healthcare, one of Ireland's leading providers of highly experienced nurses and midwives to both public and private healthcare organisations nationwide, offers flexible shifts tailored to your schedule, giving you control over when and where you work.

As an approved supplier of nurses and midwives to the HSE, we offer agency workers a diverse selection of shifts in various healthcare settings, including day, night and weekend rosters.*

We recruit nursing talent across all specialties, including:

General Nursing | Midwifery | Mental Health | Public Health | Emergency | Theatre | Geriatrics | Paediatrics | Neonatal | Intellectual Disability | Oncology | Orthopaedics

---

Benefits you can expect:

- Flexible hours and on-demand shift selection
- Exclusive premium agency shifts with additional incentives
- Weekly payroll
- Premium payments for unsocial hours, including Sundays and public holidays
- Annual leave and public holidays
- Mobile app with digital timesheets
- Immediate shift availability

Scan the QR code to apply to the Cpl Healthcare Agency

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

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


INMO Professional
INMO
Irish Nurses and Midwives Organisation
Working Together
ONLINE WEBINAR
National Childrens Nurses Section Conference
Saturday, 16 Nov '24
SAVE THE DATE
Time: 11am - 2pm
Topics will include, amongst others:
• Current clinical issues
• Bronchiolitis
• Update on PEWS
• The development of education in childrens nursing 2024
FREE to INMO members
Bookings are essential:
Email education@inmo.ie to book your place.


THE STADIUM PANTO
National Stadium, Dublin
Alan HUGHES
Rob MURPHY
Beauty & the Beast
A Sammy & Buffy Adventure
€16 INMO MEMBERS ONLY TICKET PRICE
INMO members will pay €16 + booking fee and use Code: INMO 24 to avail of this reduced rate Tuesday 10 December at 6.30pm, The National Stadium Dublin - Members can contact panto@gr8events.ie and we will call you back.
INMO
Irish Nurses and Midwives Organisation
Working Together

VEOZA™▼
fezolinetant

TREAT *the* HEAT
WITH NON-HORMONAL VEOZA

VEOZA (fezolinetant) is indicated for the treatment of moderate to severe vasomotor symptoms (VMS) associated with menopause.[1]

VMS are also known as hot flushes and night sweats.[2]

NON-HORMONAL

First-in-class selective neurokinin 3 (NK3) receptor antagonist to be licensed[1,3]

Evaluated for safety **over 52 weeks**[1]

Statistically significant reductions in VMS frequency & severity **at Weeks 4 & 12 vs. placebo.**[1]

Once-daily oral dosing with VEOZA 45 mg[1]

Contraindications: Hypersensitivity to the active substance or to any of the excipients. Concomitant use of moderate or strong CYP1A2 inhibitors. Known or suspected pregnancy.[1] The most frequent adverse reactions with Veoza were diarrhoea (3.2%) and insomnia (3.0%).[1]

▼This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions. See section 4.8 of the SPC for how to report adverse reactions.

NK3: neurokinin 3, VMS: vasomotor symptoms.

References: 1. VEOZA Summary of Product Characteristics. **2.** Thurston RC. Vasomotor symptoms. In: Crandall CJ, *et al*. eds. Menopause Practice: A Clinician's Guide. 6th ed. Pepper Pike, OH: The North American Menopause Society. 2019:43–55. **3.** Depypere H, *et al. Expert Opin Investig Drugs*. 2021;30(7):681–694.

Prescribing Information

VEOZA™▼ (fezolinetant) 45 mg film-coated tablets

Name: VEOZA 45 mg film-coated tablets. **Presentation:** Film-coated tablets containing 45 mg fezolinetant. **Indications:** Treatment of moderate to severe vasomotor symptoms (VMS) associated with menopause. **Posology and Administration:** The recommended dose is 45 mg orally once daily at about the same time each day with or without food. Tablets are to be taken with liquids, swallowed whole and not broken, crushed, or chewed. Benefit of long-term treatment should be periodically assessed since the duration of VMS can vary by individual. *Missed dose:* Take as soon as possible, unless there is < 12 hours before the next scheduled dose. Return to regular schedule the following day. Elderly: Safety and efficacy has not been evaluated in women initiating VEOZA over 65 years of age. No dose recommendation. Hepatic impairment: Mild hepatic impairment: No dose modification. Moderate/severe hepatic impairment: Not recommended (See summary of product characteristics [SPC] section 4.2 & 5.2). Renal impairment: Mild/moderate renal impairment: No dose modification. Severe renal impairment/ end-stage renal disease: not recommended (See SPC section 4.2 & 5.2). **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed in section 6.1 of the SPC; Concomitant use of moderate or strong CYP1A2 inhibitors (see SPC section 4.5); Known or suspected pregnancy (see SPC section 4.6). **Warnings and precautions:** Medical examination/ consultation Prior to the initiation or reinstitution of VEOZA, a careful diagnosis should be made, and complete medical history (including family history) must be taken. During treatment, periodic check-ups must be carried out according to standard clinical practice. Liver disease Veoza is not recommended for use in individuals with Child-Pugh Class B (moderate) or C (severe) chronic hepatic impairment. Women with active liver disease or Child-Pugh Class B (moderate) or C (severe) chronic hepatic impairment have not been included in the clinical efficacy and safety studies with fezolinetant (see SPC section 4.2) and this information cannot be reliably extrapolated. The pharmacokinetics of fezolinetant has been studied in women with Child-Pugh Class A (mild) and B (moderate) chronic hepatic impairment (see SPC section 5.2). Monitoring of liver function in women with known or suspected hepatic disorder is advised during treatment. ALT and AST elevations Elevations in serum alanine aminotransferase (ALT) levels at least 3 times the upper limit of normal (ULN) occurred in 2.1% of women receiving fezolinetant compared to 0.8% of women receiving placebo. Elevations in serum aspartate aminotransferase (AST) levels at least 3 times the ULN occurred in 1.0% of women receiving fezolinetant compared to 0.4% of women receiving placebo (see SPC section 4.8). ALT and/or AST elevations were not accompanied by an increase in bilirubin (greater than two times the ULN, i.e., there were no cases of Hy's law) with fezolinetant. Women with ALT or AST elevations were generally asymptomatic. Transaminase levels returned to pre-treatment levels (or close to these) without sequelae with dose continuation, and upon dose interruption, or discontinuation. Acute liver test abnormalities may necessitate the discontinuation of Veoza use until the liver tests return to normal. Known or previous breast cancer or oestrogen-dependent malignancies Women undergoing oncologic treatment (e.g., chemotherapy, radiation therapy, anti-hormone therapy) for breast cancer or other oestrogen-dependent malignancies have not been included in the clinical studies. Therefore, VEOZA is not recommended for use in this population as the safety and efficacy are unknown. Women with previous breast cancer or other oestrogen-dependent malignancies and no longer on any oncologic treatment have not been included in the clinical studies. A decision to treat these women with Veoza should be based on a benefit-risk consideration for the individual. Concomitant use of hormone replacement therapy with oestrogens (local vaginal preparations excluded) Concomitant use of fezolinetant and hormone replacement therapy with oestrogens has not been studied, and therefore concomitant use is not recommended. Seizures or other convulsive disorders Fezolinetant has not been studied in women with a history of seizures or other convulsive disorders. There were no cases of seizures or convulsive disorders during clinical studies. A decision to treat these women with VEOZA should be based on a benefit-risk consideration for the individual. **Interactions:** Effect of other medicinal products on fezolinetant: *CYP1A2 inhibitors* Fezolinetant is primarily metabolised by CYP1A2 and to a lesser extent by CYP2C9 and CYP2C19. Concomitant use of moderate or strong CYP1A2 inhibitors (e.g., ethinyl oestradiol containing contraceptives, mexiletine, enoxacin, fluvoxamine) with VEOZA is contraindicated (see SPC section 4.). See SPC section 4.5 for full list of interactions. **Fertility, pregnancy and lactation:** Pregnancy VEOZA is contraindicated during pregnancy. If pregnancy occurs during use with VEOZA, withdraw treatment immediately. Perimenopausal women of childbearing potential should use effective contraception; non-hormonal contraceptives are recommended. Breast-feeding VEOZA is not indicated during lactation. A risk to the suckling child cannot be excluded. A decision must be made whether to discontinue breast-feeding or discontinue/abstain from VEOZA therapy. Fertility No data is available on the effect of fezolinetant on human fertility. **Undesirable effects:** Summary of the safety profile: The most frequent adverse reactions with fezolinetant 45 mg were diarrhoea (3.2%) and insomnia (3.0%). There were no serious adverse reactions reported at an incidence greater than 1% across the total study population. On fezolinetant 45 mg, four serious adverse reactions were reported. The most serious adverse reaction was an event of endometrial adenocarcinoma (0.1%). The most frequent adverse reactions leading to dose discontinuation with fezolinetant 45 mg were alanine aminotransferase (ALT) increased (0.3%) and insomnia (0.2%). List of adverse reactions: The safety of fezolinetant has been studied in 2203 women with VMS associated with menopause receiving fezolinetant once daily in phase 3 clinical studies. Adverse reactions observed during clinical studies are listed below by frequency category and MedRA system organ class. Frequency categories are defined as follows: common (≥ 1/100 to < 1/10). *Psychiatric disorders:* Common: Insomnia. *Gastrointestinal disorders:* Common: Diarrhoea, abdominal pain. *Investigations:* Common: Alanine aminotransferase (ALT) increased, Aspartate aminotransferase (AST) increased. Prescribers should consult the full summary of product characteristics in relation to other adverse reactions. **Effect on ability to drive and use machines:** VEOZA has no/negligible effect on ability to drive or use machines. **Overdose:** Doses of fezolinetant up to 900 mg have been tested in clinical studies in healthy women. At 900 mg, headache, nausea, and paraesthesia were observed. In case of overdose, closely monitor the individual. Consider supportive treatment based on signs and symptoms. **Package Quantities, Basic cost:** VEOZA (30 pack tablets): POA. **Legal Classification:** POM/S1A. **Product licence number:** EU/1/23/1771/001. **Marketing Authorisation Holder:** Astellas Pharma Europe B.V. Sylviusweg 62, 2333 BE Leiden, The Netherlands. **Date of Preparation of Prescribing Information:** December 2023. **Document number:** MAT-IE-VEO-2023-00001. **Further information available from:** Astellas Pharma Co. Ltd., Tel.: +353 1 467 1555. For full prescribing information, please see the SPC which may be found at: www.medicines.ie.

Adverse events should be reported. For Ireland, 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.

The hyperlinks on this page will take you to non-Astellas websites. Astellas does not endorse or accept liability for sites controlled by third-parties.

MAT-IE-VEO-2024-00022.
June 2024.

astellas

THE RICHMOND

EDUCATION AND EVENT CENTRE

SPECIAL RATES FOR INMO MEMBERS

DUBLIN'S NEWEST SMALL CONFERENCE AND EVENT CENTRE

Your ultimate event venue. Special rates for public sector organisations

Tel: 016640645/9 | Email: edel.reynolds@inmoprofessional.ie / cathriona.mcdonnell@inmoprofessional.ie