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WIN

World of Irish Nursing & Midwifery

INMO
Journal of the
Irish Nurses and
Midwives Organisation

Special report from ADC 2022 in Sligo
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Celebrating Pride month
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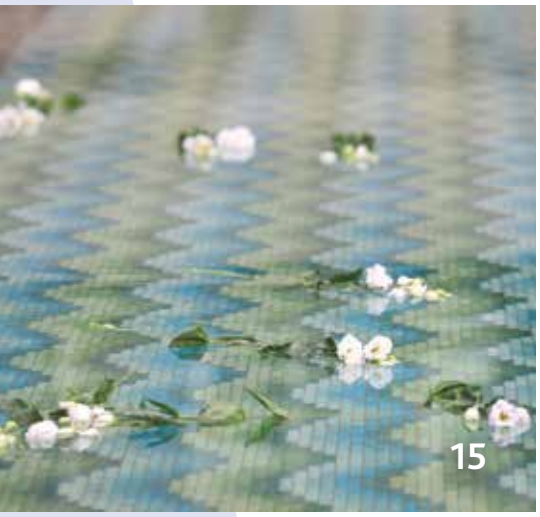

ADC 2022

Reporting
Alison Moore and Max Ryan

Photos
Lisa Moyles

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On the cover this month:
A flavour of the 2022 ADC in Sligo on May 4-6.
All photos by Lisa Moyles

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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 monthly (10 issues a year) and is registered at the GPO as a periodical. Annual Subscription: €155 incl. postage paid. Editorial Statement: *WIN* is produced by professional medical journalists working closely with individual nurses, midwives and officers on behalf of the INMO. Acceptance of an advertisement or article does not imply endorsement by the publishers or the Organisation.

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WIN
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40,000 Irish nurses

What our readers think:

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WIN is the voice of nurses and midwives.
Keep up the good work.

Keeps us abreast of new developments in the health service.

Keeps us up to date with what's happening with our rights and conditions.
Very good professional information and educational articles.

Read it cover to cover.

Like the physical copy but good the members have option of the online version.

Love to receive the journal in the post.

Can't beat our own paper. Good to look back on.

Like the educational articles and information updates.
Also like training opportunities and wouldn't miss the crossword.

I always look forward to getting it.

I always read it. Like updates on IR and clinical issue.
Important source of information for Irish nurses and midwives.

Invaluable!

Up to date info. Love the printed magazine.

I love it and read it cover to cover.

Great photos.

Source: Survey, INMO ADC, Sligo, May 2022

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ADC sets agenda for coming year

IT WAS fantastic to have delegates in person at our ADC in Sligo at the beginning of May. Representatives from INMO branches and sections led debate and discussions throughout the conference and some important resolutions and motions that will shape our union's campaigning for the next 12 months were carried. Not only did delegates lead important debates, but we were joined by excellent guest speakers such as Dr Orla Hegarty who presented on improving air hygiene in our hospitals and Dr Sara Burke who gave an excellent overview on Sláintecare. You can read coverage of the ADC on *pages 16-35*.

The sharp cost-of-living increases featured prominently on the agenda. While noting that discussions between government and Public Service Committee of ICTU had begun, delegates wanted their experiences heard. Cost-of-living increases have eroded the modest value of wage increases under Building Momentum in the public service. Many stark examples were presented of the difficulties faced by nurses and midwives when trying to make ends meet.

ICTU have recently published a paper on the social wage in Ireland (*The Social Wage* **www.ictu.ie**). This is a really important paper that we hope the government takes into account as they determine their fiscal plan to deal with spiralling inflation and consequential reality of how expensive it Is to live and work in Ireland.

Of working mothers in Ireland, one in three works part-time. This is largely explained by variation in access to and affordability of childcare. This is highlighted in our own largely female profession with over 33% of general nurses, 52% of midwives, 34% of intellectual disability nurses and 14% of psychiatric nurses working part-time.

Workers in Ireland have significant out-of-pocket expenses such as medical fees, the cost of commuting, some have to pay parking charges at their workplace, in addition to childcare costs and rent. If we want to have a society that works for all, we need to have a complete system and mindset change when it comes to free public services. To protect the future of workforces, such as nursing and midwifery, these issues must be tackled.

Childcare and Early Years' Education must be seen as a public service and good, available in workplaces and open and available when parents are at work. It is simply of no assistance to nurses and midwives to offer childcare subsidies if they aren't able to avail of them. What would be truly beneficial to nurses and midwives would be childcare available on-site or as close to the work location as possible that would open earlier and close later to take stock of the fact that our profession is centred around shift work.

Working from home is not an option for most nurses and midwives and all the costs of getting to and from work have now increased. Therefore, we are focused on the reduction of hours from July 1 to ensure the attendance pattern can be adjusted and the additional Haddington Road day removed.

The lack of affordable housing Is a disincentive to working in large urban centres and many tourist areas around the country. Some nurses and midwives are reporting that they are now spending more than 50% of their salary on rent. Government must look at the availability and affordability of suitable accommodation for essential workers to staff our hospitals and growing health services.

Delegates at the ADC highlighted the missed opportunity of not planning a housing strategy linked to a large project like the National Children's Hospital, which will make attempts to recruit nurses to work there an impossible task, in turn reducing the services that will be available.

As we go to print the trade unions are engaging government in relation to the review of pay increases under Building Momentum. We have a clear agenda; the value of the pay award negotiated in 2020/21 has been eroded by inflation and must be increased and a rethink of the costs associated with living and working in this country must be prioritised.

Phil Ní Sheaghdha
General Secretary, INMO

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A positive focus with the president

Karen McGowan, INMO president

ADC 2022 a huge success

THE annual delegate conference was a great success this year and that is down to the members and the diligent staff of the INMO. After so long being away from in-person contact, we safely made up for lost time. The atmosphere was amazing, as were the contributions made by delegates during the debates. It was a pleasure to catch up with some old colleagues and to welcome some first-timers to conference. The Minister was welcomed but my address made very clear what the priorities of members are. Receiving the pandemic payment and the Haddington Road hours being restored has given a great boost to us all. With our new Executive Council, we will push on with the next agenda items.

Also in May, I had the wonderful opportunity to attend a play in Smock Alley Theatre in Dublin. The show was *Nursey,* written and performed by nurse Aoife Martyn. A heartfelt comedy about an overzealous young nurse from the West of Ireland who leaves her remote Mayo home to heal the sick and destitute of 1970s Dublin; it was an energetic show that didn't disappoint. Guided by the spirit of Florence Nightingale, *Nursey* considers herself to be the best nurse in Ireland. A great laugh is guaranteed and will take you back to your own nursing journey. The production will move to the Axis Arts Centre in Ballymun in Dublin on June 9, then to The Whale Theatre in Greystones, Co Wicklow on June 18, before its final destination of the Town Hall Theatre, Westport, Co Mayo on July 11 and 12.

Challenge and reward of paeds oncology

THIS month I spoke with Claire McCall, a clinical nurse specialist in oncology at CHI Crumlin. When speaking with her you can really appreciate her passion for oncology and her enthusiasm for nurses to join the specialty. She qualified in 1999 and has devoted her career to oncology and haematology nursing. Her team comprises four oncology nurse specialists, four haematology nurse specialists, three haematologists and three oncologists.

Claire McCall, clinical nurse specialist in oncology at CHI Crumlin

Ms McCall told *WIN* that no week is the same and sometimes you feel like you are firefighting. "The varied roles within the speciality are what makes it so interesting. You can be there for the child and their parents when the news is first broken but you are there with them throughout their journey too," she explained.

Time is precious and teaching parents how to care for hickman lines or Ng tubes is so worthwhile and time saving to the patient themselves. Ms McCall is very clear that paediatric oncology is not all negative. Staff get to spend time getting to know their patients, having fun and laughing. "If it was all negative then there would be nobody doing it," she said.

Ms McCall has seen many innovations in oncology in her career. When she started out there were cancers that were deemed untreatable and now, with the advances in research, treatment is available. "What drives us is when we see these sick babies grow up and we are so lucky to see them return to clinic as unrecognisable adults. They have changed so much and it's the parents you now recognise," she added.

She said that if any nurse was thinking about joining paediatric oncology they should make the leap. "The variety of nursing within the sub speciality is so broad now and there is something for every type of nurse. There are research nurses, bone marrow specialists, immunotherapy, car T-cell transplant, it is so rewarding. This area is constantly improving its treatments and it is truly exciting to be part of this team that goes above and beyond everyday. We are constantly learning so much more about cancer and genetics," said Ms McCall.

Executive Council update

AT OUR recent annual delegate conference (ADC) the new Executive Council members were presented to the delegates. I welcome each member to this term and thank all those who put themselves forward for election. Your motivation and time are very much valued by the INMO and I thank you for your efforts to date.

The motions put forward by the branches and sections of the Organisation, as well as by the Executive Council, that were passed at conference will now form INMO policy. It was fantastic that the business of conference was addressed and completed in a timely manner. We look forward to planning next year's ADC in Kerry. You can see special coverage of this year's conference on *pages 16-35* of this issue of *WIN*.

I look forward to meeting the new members of the Executive Council to prioritise the focus and direction of this wonderful union. The democratic structures of the Executive Council represent the specialties in nursing and midwifery very well. Everyone has a voice at the table and it is a safe place to voice concerns. As a team we will generate the cohesion that's necessary to be a strong council.

This will be my final term on the Executive council and I assure you that as your president I will make it count and work hard on behalf of members.

The new Executive Council is scheduled to meet on the June 17 for a full induction and committee formations.

Get in touch

You can contact me at INMO HQ at Tel: 01 6640 600 or by email to: president@inmo.ie

National pay talks get underway

Nothing short of full delivery of Building Momentum is acceptable

FOLLOWING the triggering of a review of the current public pay deal, Building Momentum, by the Public Services Committee of the Irish Congress of Trade Union (ICTU), talks have got underway with the Department of Public Expenditure and Reform.

A number of exploratory sessions between the ICTU Public Services Committee – on which the INMO is represented – and officials from the Department of Public Expenditure and Reform took place on May 11 and May 25.

At these initial meetings, the government acknowledged there had been a change in the underlying economic assumptions that underpinned the current agreement.

There was a clear demand from the trade unions that an adjustment in the pay terms of Building Momentum must be part of any dialogue.

As this issue goes to print it is expected that further talks will be facilitated by the Workplace Relations Commission.

As far as the INMO is concerned, several key issues must be resolved under the Building Momentum agreement. These include the recommendation that working hours in the public service be restored to pre-Haddington Road Agreement levels from July 1, 2022, which has been agreed by the government.

One of the main reasons why INMO members endorsed the Building Momentum agreement, was because of the commitment to reverse the Haddington Road hours. Nothing short of full implementation of the reversal will be acceptable.

The differential in salary for nurse managers of 3.28% must be realised. The Sectoral Bargaining Fund is to be utilised to pay a 3.28% increase to promotional grades to address the pay differential that was narrowed because of the introduction of the Enhanced Salary Scale. None of the Sectoral Bargaining Unit discussions for healthcare workers in the Health Service have concluded at the time of print. It has been confirmed that the increases due will apply retrospectively to February 1, 2022.

The INMO is clearly focused on implementing unfinished business for nurse and midwife managers, the implementation of reduced hours and realistic cost of living increases for members due to the erosion of the value of pay adjustments under Building Momentum. Members will be kept fully updated as these issues progress.

See also coverage on this topic from the ADC on pages 16-17 and 20.

Hospital overcrowding crisis deepens

EMERGENCY departments across Ireland during the month of May were as congested and overcrowded as might be expected in winter months.

This is deeply concerning and following there being more than 100 patients on trolleys in Dublin's Mater Hospital on May 23, the INMO called on management at that hospital to act urgently to tackle the conditions in the hospital's emergency department (ED).

INMO assistant director of industrial relations, Maeve Brehony said that members in the in the Mater's ED were sounding the alarm on "outrageous conditions" they were currently working in.

These conditions were unacceptable both for the patients and staff. Ms Brehony said that one patient was waiting over 68 hours for a bed.

"The impact that excess waiting for a bed in our hospitals has on mortality is widely proven. These conditions have been allowed to fester in the emergency department leading to extreme burnout among nurses working in the Mater," she said.

Ms Brehony said that management at the Mater could not allow these conditions to continue and that an immediate plan needed to be put in place to alleviate the pressure nurses and other healthcare workers were under at the hospital.

This included the use of capacity in the private hospital co-located on the Mater campus and the curtailment of non-urgent elective care. She also said that bed availability should be prioritised for those who have been admitted and are being cared for on trolleys.

"The HSE's Emergency Taskforce should be convened urgently to discuss the overcrowding problem in the Mater and emergency departments right across the country, as what we are seeing at the beginning of summer is not normal or acceptable,"she added.

Speaking on the wider overcrowding issues that have been seen across the country

Outrageous: *"The relationship between hospital overcrowding and increased morality is widely documented" Maeve Brehony, INMO assistant director of industrial relations*

throughout May – with 504 patients counted on trolleys on just one day on May 23 – INMO general secretary Phil Ni Sheaghdha said:

"We are seeing winter numbers of people without beds in our hospitals. This type of overcrowding and hospitals being at constant full capacity should not be the norm

"There has been no let up for Irish nurses in our hospitals for a long time. Perpetual 'winter-like' conditions in hospitals should not be a year-round occurrence.

"An unpublished independent report that was provided by the HSE and published through freedom of information has provided many invaluable recommendations that must be implemented. The authors of the report recommended the practice of placing 'any bed, anywhere, anytime' should not continue as it has clear negative consequences for patients and staff.

"The HSE have stated that this report is no longer relevant because of Covid. Now would be the time to invite this expert team back to re-examine the overcrowding situation as we come out of the depths of Covid," she said.

"The government and HSE need to urgently set out what they intend to do hospital-by-hospital to stem the pressure nurses, midwives and other healthcare staff are under," she added.

Hospital overcrowding and its relationship with burnout and patient safety was also highlighted at the ADC *see coverage on pages 16 -35*.

HIQA's overcrowding analysis echoes INMO worry

FOLLOWING the publication of the National Inpatient Experience Survey by the Health Information and Quality Authority (HIQA), the INMO called for the government and HSE to produce a hospital-by-hospital plan to tackle chronic overcrowding in our hospitals.

The survey was carried out in September 2021 when over 8,414 patients were on trolleys in Irish hospitals.

INMO general secretary, Phil Ní Sheaghdha said that HIQA's survey echoed the concerns that many nurses and midwives working in Ireland had about their workplaces when it came to patient care in overcrowded environments.

"While patients overall feel they get very good care once admitted for treatment, the lengthy waiting times are a major cause of concern. Only 29% of people said they were admitted to a ward within six hours, this is a long way off the HSE's own target of 95% of patients being admitted within six hours.

"It will come to no surprise that University Hospital Limerick, University Hospital Galway, University Hospital Kerry, Cork University Hospital and Mayo University Hospital have all scored low for admissions in the survey. Our members are regularly raising the alarm of overcrowding problems in these hospitals."

Ms Ní Sheaghdha added that the implications of hospital overcrowding and delayed care have been well flagged by nurses and midwives.

"They are the ones who often have to explain to patients and their families why conditions in our hospitals are so poor. We welcome the confirmation that nurses, midwives and other healthcare professionals continue to work in very difficult situations but do their best and treat everyone with dignity and respect. This is re-iterated throughout the survey and is important for those that work in these very difficult circumstances to hear this affirmation from the public.

"The results of this survey coupled with the calls of Irish nurses and midwives must inform any strategy Government and the HSE have to tackle chronic overcrowding in our hospitals," she said.

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

Minister for Health 'surprised' at delays in paying pandemic payment

MINISTER for Health Stephen Donnelly expressed surprise at the INMO annual delegate conference that the pandemic payment had not been paid to our members. The union has been pursuing the matter with the Department of Health and the HSE to ensure that funds are released to the relevant employers to ensure the pandemic payment is paid to those who are due it without further delay.

All healthcare workers who are full-time employees will receive an ex-gratia payment of €1,000 which will be tax free; all other healthcare workers in scope who worked less than full time hours will receive €600 on a tax-free basis.

In order to qualify for the payment, the healthcare workers must have been exposed to a Covid-19 working environment between the period of March 2020 to June 2021.

The Department of Health and the HSE have committed to ensuring that the funds are released to the relevant employers to ensure the payment of the pandemic payment is made without further delay.

There are a number of outstanding issues in relation to the pandemic payment. The INMO believes that the reference period for the qualification of the Covid-19 payment is too restrictive as healthcare workers were still exposed to Covid-19 infection risk beyond June 2021.

The INMO is also pursuing engagement with the Department of Health on other employments such as agency working staff and Section 39s.

The union has written to the Department of Health to request that a circular is produced for such employees. The INMO has also sought claims in relation to the pandemic payment on private hospitals seeking similar arrangements.

Update on HSE National Investigations Unit

DISCUSSIONS are ongoing between the HSE and the staff panel of trade unions in relation to the reform of the HSE Human Resources National Investigations Unit.

Following the acceptance of the Kevin Duffy report on this matter, both sides have been engaging in an implementation plan which should be issued shortly. In effect, this review is focused on the operation of the HSE HR Investigation Unit, which was set up in 2016 for the purpose of investigating complaints by or against health service staff. It is expected that there will be agreed investigators to this office which will expedite investigations on a more timely basis which is in the interest of all parties concerned.

Members will be updated as this matter progresses.

Restoration of 37.5-hour week from July 1 confirmed

MINISTER for Public Expenditure and Reform Michael McGrath has accepted the recommendations of the Independent Body Examining Additional Working Hours, and it is now expected that the restoration of pre-Haddington Road Agreement (HRA) hours will take effect on July 1.

For nurses and midwives this means their working week will change from 39 to 37.5 hours per week. This is a major achievement by the trade unions, and it is a priority for the INMO to ensure that the hours are restored for members in all work locations from that date.

The HSE has confirmed to the group of unions that from July 1 that the devisor for hours worked will be 37.5 hours.

The INMO is engaging in intensive discussions with employers on the implementation of this issue and members will be contacted in the near future.

It is expected that there will be engagement with all sites on this matter over the next number of weeks. The INMO has also written to private hospitals seeking engagements to secure restoration of hours in line with the public system.

INMO wins caseload allowance for community RGN

THE INMO took a case to the Workplace Relations Commission at the end of 2021 seeking the payment of a caseload allowance for a community RGN who is carrying a caseload.

The claim was rejected by the employer and subsequently was the subject of a full hearing at the WRC adjudication services. The outcome of the adjudication was released recently and recommends that the caseload allowance is applied to this community RGN from the date that she commenced the caseload.

This particular case means that the member in question is entitled to the caseload allowance from her commencement of these duties. The recommendation clearly sets out the rationale for this award and the reasons for awarding this recommendation are well made.

The INMO will be seeking implementation of this recommendation and the ruling will benefit all community RGNs who carry a caseload.

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

International Nurses Day highlights need for investment in nursing

THE international midwifery and nursing communities have respectively celebrated the International Day of the Midwife and International Nurses Day, and these important events were also celebrated at the INMO annual delegate conference recently.

In the context of the recent International Nurses Day, the International Council of Nurses (ICN)'s chief nurse Michelle Acorn reflected on the theme for the day – *Nurses: A Voice to Lead, Invest in nursing and respect rights to secure global health.* This is associated with the need to invest in nursing and respect the rights of nurses to build resilient, high quality health systems to meet the needs of individuals and communities now and into the future.

In this context she discussed nurses advocating for their patients around the world, in addition their right to advocate for themselves professionally.

She also discussed how fundamental respect for safe working environments, access to vaccinations, decent working conditions and fair compensation for nurses is paramount. Centrally, she observed that investing in nursing education, jobs and leadership is investing in national and world health, as well as a healthcare workforce for which there is a dire need.

A key focus on International Nurses Day by the ICN was the *State of the World's Nursing Report*, the WHO Strategic Directions for Nursing and Midwifery (SDNM), and the International Centre for Nurse Migration's *Sustain and Retain in 2022 and Beyond* report.

The ICN produced a report which represents a strategic toolkit that supports the implementation of the SDNM by providing practical guidance required by multiple stakeholders for effective realisation of their aims.

The toolkit looks at the four policy focus areas of the SDNM – education, jobs, leadership and service delivery – and discusses the benefits of investing in each of these areas, including the evidence of underinvestment, the expected outcomes of meaningful investment, as well as the actions required for successful delivery and monitoring of these priorities.

In addition, the ICN report focuses on two vitally important strategic priorities that have come to the forefront over the past two years: investing in and prioritising the safety of healthcare workers and caring for the health and wellbeing of nurses.

The report examines the extra burden that the pandemic has put on health systems and on the nursing workforce; highlights the risks to and lack of protection of the profession; and presents evidence of underinvestment in nursing, globally.

The ICN has referred to this combination of factors leading to an increased burden on the nursing workforce as the 'Covid effect'. Some of the key observations of the international report coalesce with the experience of Irish nurses including: over-representation in terms of infection with Covid-19; the psychological impact of Covid-19 and working through Covid-19; and increased assaults and inappropriate behaviour experienced by nurses.

Finally, the report addresses the aforementioned 'Covid effect', which is impacting negatively on an already precarious nursing shortage, arising from both migration and early exit impacts on the profession.

What we need to focus on in Ireland is an immediate increase to publicly delivered education and training places and routes of entry into the profession to meet these challenges.

#IND2022

Film series explores nurses caring with courage

A NEW online film series to celebrate the incredible work of nurses around the world was launched recently by the International Council of Nurses (ICN) and BBC StoryWorks Commercial Productions.

This inspirational series explores the role of nurses in leading development in the healthcare sector as well as improving patient health.

Produced for the ICN by BBC StoryWorks, the films and articles in *Caring with Courage* reveal the power of care and dedication in the inspiring work of nurses.

Nurses have been forging new paths in healthcare and leading communities towards a healthier future. With incredible developments driven by passionate people, nurses are working to progress patient care as well as advocating for the important role that nurses play.

This series celebrates the key work being done by nurses to create safer environments for patients and discover innovative solutions to contemporary health problems.

Caring with Courage features inspiring stories from around the globe – from a dynamic Ugandan nurse on a mission to stop tuberculosis in its tracks and nurses harnessing the potential of artificial intelligence to care for mental health in Asia, to the training communities in health care in rural South Africa, and the midwives working towards a safer birthing experience for indigenous women in Mexico by combining knowledge from both the past and the present.

All these stories cover the incredible impact that nurses have all over the world. Anyone who views these stories on **www.caringwithcourage.com** will be immediately inspired and struck by the impact nursing is making every day around the world.

global news affecting nursing and midwifery

ICM marks 100 years of growing on International Day of the Midwife

TO MARK the International Day of the Midwife, the International Confederation of Midwives (ICM) continued its celebration of the work of midwives and also the 100-year anniversary of ICM itself.

One hundred years ago, the International Midwives Union (IMU) – the forerunner of the ICM – was created in Belgium. Since then, the ICM has transformed into what it is today: a global non-governmental organisation representing more than 140 midwives' associations (MAs), including the INMO, in more than 120 countries. Together, these associations represent over one million midwives worldwide.

The ICM is focusing on a number of areas under the headings of 'Acknowledge', 'Listening and Learning', 'Growing' and 'Celebrate'.

Under 'Acknowledge', the ICM is engaged in a committed effort to foster and promote inclusivity and diversity as core organisational values. In addition it is conducting a 'Listening and Learning' series throughout 2022, creating space to explore and learn together in an effort to safeguard the trust women and families have in the profession of midwifery.

A key component of this work will be hosting open conversations between the midwife community alongside experts and individuals with lived experience on a range of topics related to equity and inclusion. The goal of these conversations will be to learn from different perspectives and ensure all midwives and the people they care for feel heard and represented.

The ICM will also focus on 'Growing' – and this year it will be formally launching the With Women charity – ICM's effort to secure greater individual investments in the midwifery profession. This charity will promote organisational sustainability and will dramatically improve the ICM's ability to support midwives' associations and their members.

Finally, the ICM rightly wants to 'Celebrate' – and 2022 is a year-long celebration of both the ICM and the work of midwives. It was wonderful to see such a strong contingent of midwives at the recent INMO ADC celebrating their day, and the wholehearted support the nurses at ADC also showed for their midwifery colleagues.

#IDM2022

World news

Nurses and midwives in action around the world

Australia
- Nurses and midwives rally for pay rise and safe staffing ratios
- 'Staffing ratios is paramount': regional health inquiry urges review

Canada
- Concerns grow as ER wait times at paediatric hospitals balloon
- It's not over yet: Emergency rooms strained as they grapple with Covid outbreaks, staffing shortages
- Health organisations fight for "safe ratios"

Italy
- Nursing union asks regional governments for increased number of nurses

New Zealand
- High-powered taskforce being set up to tackle hospital waiting times, nurse calls current backlog 'abysmal'
- Nurses sent to manage isolation and quarantine to help combat Covid-19 now unable to get old jobs back

Spain
- Spain has half the midwives needed to care for women safely
- Half of the nurses attacked have been attacked up to five times, according to union

UK
- Retired nurses to be asked to return in attempt to plug gaps

US
- Stretched thin, nurses want a say when it comes to staffing
- 92% of health workers experienced or witnessed workplace violence last month

Calculating annual leave under a 37.5-hour week

CURRENTLY when a full-time nurse/midwife takes a week of annual leave, 39 hours are deducted from their annual leave allocation (ie. five days at 7.8 hours is deducted = 39 hours).

For example, the current annual leave allocation for a second-year staff nurse/midwife, working a 24/7 roster, is: 7.8 hours (day) x 24 (days) = 187.2 (hours) plus 10 public holidays x (7.8 hours each) = 78 (hours). Total: 78 + 187.2 = 265.2 hours per annum. This equates to 6.8 weeks annual leave per year for this staff nurse/ midwife (265.2/39).

Using this example for the 37.5-hour week, the same principles of calculating annual leave for each nurse/midwife will apply. When this nurse/midwife takes a week of annual leave from July 1, 2022, 37.5 hours will be deducted from their annual leave allocation (ie. five days at 7.5 hours = 37.5 hours.) due to the new working day being reduced to 7.5 hours from July 1, 2022.

To continue with this example, this nurse/midwife's yearly annual leave allocation will be calculated as follows: 7.5 hours (day) x 24 (days) = 180 (hours) plus 10 public holidays x (7.5 hours each) = 75 (hours). Total: 180 + 75 = 255 hours per annum. This still equates to 6.8 weeks annual leave per year for this staff nurse/midwife (255/37.5).

Note that although there is a pro-rata reduction in the number of annual leave hours accrued in a year, there is no reduction in entitlement to annual leave as a proportion of the working year. The allocation for the nurse/midwife in this example will remain 6.8 weeks. This calculation can also be used for those on reduced hours for pro-rata application.

For each of the remaining 45 weeks that a nurse/midwife is not on annual leave in a year, they are receiving a 90-minute reduction in their working week while at work (pro-rata). This represents a significant gain in aggregated paid time off over the course of each working year (67.5 hours for a full-time nurse/midwife).

– Liz Curran, INMO IRO

Meath telephone triage jobs saved

A GROUP of 28 telephone triage nurses working in a service in Co Meath sought the support of the INMO in February 2022 when they were notified that their jobs were at risk of redundancy without warning. This came as a shock to the members who were unaware of any difficulties with servicing of the client contract.

INMO IRE Noelle Hamilton, along with a team of local staff reps, intervened and through intensive meetings with members and negotiations with management sought to ensure the protection of as many jobs as possible. The initial threat of seven WTE (25%) compulsory redundancies was reduced to less than four WTE redundancies (14%) on a voluntary basis.

Management initially sought to include a selection matrix across various competencies of the telephone triage nurse role. This was objected to from the outset as members had not received support from management on performance over the previous 18 months. Members felt this was grossly unfair as they had no previous insight into performance issues which were now being proposed as the criteria to be used to select for redundancy. Members were balloted on the proposals from management and overwhelmingly rejected them, providing a clear mandate for all further negotiations.

Ms Hamilton and staff reps continued negotiations with management and finally an agreement was reached based on voluntary redundancies only. INMO members were satisfied with this outcome as it not only protected their jobs but also ensured their voices were definitively articulated to management.

Limerick members request more detailed payslips

THE INMO has engaged with human resources in the Brothers of Charity Services, Limerick further to a request by members to have a more detailed breakdown of hours worked on their payslip. Currently, staff receive an account of hours worked only, with no indication of premium hours at night duty or weekend rate. Local HR has agreed to again raise this matter nationally with a view to resolving this to the satisfaction of members. A claim was also lodged for pay for all hours worked as currently the historical practice has been recording of time in lieu when in excess of contracted hours. HR has committed to follow up on both issues with national HR.

– Karen Liston, INMO IRE

Workers Memorial Day: a reminder to continue fight for safe workplaces

A CEREMONY was held in the Garden of Remembrance, Dublin on Workers' Memorial Day, April 28, to pay tribute people who were killed or seriously injured in work-related incidents.

Seven people have been killed in work-related incidents in Ireland so far this year, in addition to 481 people killed in such incidents over the previous 10 years from 2012 to 2021.

Frontline worker representatives attended the event along with the families of people who have lost their lives in work.

Members and staff of the INMO attended the event along with other frontline workers. Damien English, Minister of or Business, Employment and Retail, laid a wreath during the ceremony, which was also attended by Kevin Callinan, president of ICTU; Dr Sharon McGuinness, chief executive of the Health and Safety Authority; and senior figures from the Irish Business and Employers Confederation (IBEC), the Construction Industry Federation and other trade unions.

Marking Workers' Memorial Day, the INMO called on healthcare employers to do more to ensure safe working conditions for Irish nurses and midwives. INMO general secretary Phil Ní Sheaghdha said: "On Workers' Memorial Day we remember the 22 healthcare workers who have died because of Covid-19. Our thoughts are with their families and friends who never got a chance to say goodbye. It is an important day for trade unions who struggle to improve conditions for workers worldwide. It is also a time to reflect on how far we still have to go and the steps we must take to protect the lives of future generations of workers.

"Many Irish nurses and midwives are currently working in unsafe environments with hundreds of patients on trolleys every single day while contending with an airborne virus. The INMO has long called for the ventilation in hospitals to be examined. Health settings are not just places of care – they are workplaces for thousands of workers. The provision of a safe and healthy workplace is a legal responsibility held by employers – the safety of nurses and midwives should not be a secondary matter.

A commemorative event and wreath-laying ceremony took place at the Garden of Remembrance in Dublin on Workers' Memorial Day 2022

Photo credit Julien Behal

"Irish nurses and midwives also face an increasing amount of physical, verbal and sexual assaults in the workplace. Since the beginning of 2021, over 3,416 nurses have been assaulted – on average seven assaults per day. The pressure-cooker type environment that our members work in is leading to more assaults. This means that frontline staff are being put at risk for conditions they are not responsible for.

"On Workers' Memorial Day we remember those who have lost their lives and rededicate ourselves to fight for safer workplaces."

In-person INMO rep training events resume

THE INMO Dublin North/North East (DNNE) team welcomed members back to face-to-face rep training on April 27 and 28 at the Kilmore Hotel, Cavan.

Assistant director of industrial relations Maeve Brehony, along with IRO Noelle Hamilton, and IREs Karen Clarke and Karen McCann provided training to members at this important event.

Ms Brehony said: "Our rep training event is designed to give members, interested in becoming an INMO rep, an overview of the role of a rep and the many resources and supports available to them within the INMO structures. It also provides reps with an opportunity to meet nurses and midwives from other locations and share ideas and best practice when advocating for members in their own workplace."

The training included the following workshops:

- INMO complete package for nurses and midwives
- Role of the INMO rep
- Meetings – procedure and preparation
- The importance of the INMO branch
- Sources of information – role of information office
- Grievance procedure, how the procedure works
- Negotiating with management
- Health and safety – the law and our approach
- Member recruitment and mapping.

The DNNE team has future rep training events scheduled to take place in the Richmond Education and Event Centre in June and September.

Members from all areas who are interested in attending a rep training course should contact their local INMO official or email: kylie.mcnicholas@inmo.ie

Words must be followed by actions

INMO president Karen McGowan

Recognition for our workforce and the sacrifices we have all made during the pandemic must go beyond mere words of praise, says Karen McGowan. **Max Ryan** reports

THE Building Momentum Agreement and the reversal of the Haddington Road hours were in the crosshairs at the ADC in Sligo last month as Karen McGowan took aim at the protracted implementation of agreements in her first in-person address to conference as INMO president.

Responding to Minister for Health Stephen Donnelly's remarks, Ms McGowan told him that he "should not stand over" the practice of dragging agreements "through the ditch to see what falls off" as she lamented the fact that nurses and midwives have "once again been tasked with seeking to justify" their contribution to the health service.

Ms McGowan acknowledged that Mr Donnelly had demonstrated an understanding of the value provided by expert nursing care but said it was now time he backed up his rhetoric with action.

"We need you to listen to how you, your government, your department and how the HSE can engage better with us as nurses and midwives," Ms McGowan told the Minister.

"There have been many times over the past 12 months since we met virtually where we feel the role of the nurse and midwife has been taken for granted. Implementation processes of all agreements are too long and too cumbersome and work against the benefits of the original agreement. Pay nurses better for skills that are competitive," she continued.

Ms McGowan reminded Mr Donnelly that the primary motivation for agreeing to Building Momentum was to ensure the restoration of working hours in the public service to pre-Haddington Road Agreement levels, and that the union would accept "nothing short of full implementation" of the reversal of the Haddington Road hours, which saw the working week for nurses and midwives increased without a corresponding increase in pay.

Ms McGowan also implored the Minister not to allow the *Expert Review Report* to "gather dust". Published in March, the report was compiled by the Expert Review Body – which was established as part of the strike settlement of 2019 – and set out a number of recommendations in relation to undergraduate and postgraduate education and development, digital health, nursing and midwifery workforce planning and management, as well as leadership and governance. Ms McGowan said that it was "paramount to the future of Irish healthcare and ensuring that nurses and midwives remain in the system".

Pandemic Recognition Payment

Ms McGowan called on the Minister to extend the eligibility of the Pandemic Recognition Payment to include those who have started in the health service since the June 30, 2021 cut-off point.

"What should have been a good news story in the announcement of a Pandemic Recognition Payment has turned into a protracted process and has taken the good news out of the announcement," Ms McGowan said.

"Minister, we are asking that you extend the eligibility of those who can receive the payment. It is not good enough that only those who worked until June 2021 are eligible for payment. We have all worked through significant Covid waves since then and those who have joined the health service and the fight against this virus since then should be recognised for it."

Ms McGowan told Mr Donnelly that it was unacceptable that nurses and midwives working in general practice and private hospitals would not be in receipt of the payment as things stood and insisted

that the government "come up with some mechanism for those workers to be paid".

Cost of living

The president left the Minister in no doubt that INMO members expected the review of pay clause of Building Momentum to be actioned quickly, as she outlined the impact that the rise in cost of living has had on nurses and midwives.

"There is a cost to being a nurse or a midwife before we even cross the threshold of our places of work – we do not have an option to work from home one or two days a week; when we are rostered in, we are expected to show up," Ms McGowan said.

"There is a significant cost when you have to drive to and from work for every shift. We are driving lengthy distances because it is becoming impossible to afford a home to buy or rent near our places of work. This is not just an urban phenomenon. When we are building new hospitals, we need to factor in where these nurses are going to live.

"Zoning of land must include affordable housing for frontline workers. Affordable housing is a problem that persists in rural areas, particularly tourist areas, where nurses and midwives are priced out of living near their places of work."

Overcrowding and safety at work

Ms McGowan made it clear to the Minister that the cocktail of overcrowding and high Covid-19 infection rates in hospitals has made for an unsafe working environment for nurses and midwives, asking "if it's this bad now, what chance do we have come November, December and January?"

"We cannot become desensitised to out-of-control overcrowding in our hospitals. It is not normal or safe for there to be 8,717 patients on trolleys in April. It is not normal or safe for there to be 29,506 patients on trolleys in the first quarter of the year while also dealing with a highly transmissible virus.

"Hospital occupancy is constantly over the recommended safety level of 83-84% is unsafe for the workforce as well as the patients. It has been proven over recent decades that ED crowding results in an excess 30-day mortality for all patients and the recently published UK research confirms that delay to admission is, of itself, a cause of avoidable mortality to the patient subjected to this long wait, irrespective of overall levels of crowding."

These ongoing issues, paired with the increased workload arising from the pandemic, as well as increased levels of violence being levelled towards nurses and midwives, have resulted in unparalleled levels of burnout among the workforce, according to Ms McGowan.

"Nurses and midwives have faced an unprecedented increase in workload demands resulting directly or indirectly from the pandemic. Coupled with caring for patients with the virus, witnessing the physical and emotional effects on patients, families and loved ones has taken a psychological toll.

"The vast majority of our members are now telling us they're mentally and emotionally exhausted, and this is going to have an impact on their safety and the safety of their patients and their long-term ability to stay working in this profession.

> "We cannot become desensitised to out-of-control overcrowding in our hospitals"

"We have been at work in a hazardous environment without reprieve for over 26 months. We must gain relief from the constant overcrowded work situations faced daily, be provided with healthier and safer working environments, and have available and fast tracked clinical supportive measures in place to support our physical and mental health."

Women's health

Ms McGowan welcomed the recommendations outlined in the national maternity strategy. Why then, she asked, has the progress on their implementation been so slow?

"All parties pledge commitments to the implementation of the strategy, but progress is not evident, and funding for the additional midwifery staff and midwifery-led units remains insufficient.

"Furthermore, the implementation of a community midwifery service, including home birth options, remains unacceptably elusive. The number of staff midwives employed in the HSE in December 2017 was 1,446 WTEs. The March 2022 WTE for staff midwives stands at 1,421 WTE, a decrease of 25 WTE posts in four years.

"Investment in increased undergraduate and postgraduate training and employment is a clear requirement. This service has increased activity, and we cannot continue to under-resource midwifery. This is unsafe for women and their babies."

Ms McGowan also told the Minister that as an "overwhelmingly female workforce" the health service needed to do more to address the issue of menopause in the workplace.

"Development of workplace policies is an employer's responsibility for fostering equality and is vital for retaining skilled staff in their professions," she said.

Student nurses and midwives

Ms McGowan said it was no surprise to see many student nurses and midwives leave the country given the "chaotic" conditions they have witnessed their colleagues working in every day. She called on Mr Donnelly to engage with the INMO to create a "meaningful 'Bring Them Home' campaign".

"We have had two independent reports, a lot of talking and the current students are waiting for you to deliver on the full consolidation of the 80% salary for the 4th year interns as recommended in the Seán McHugh report.

"The problem is not just the conditions they are working in Minister, it is that it is impossible to afford to live near any hospital in any Irish city and maintain a decent quality of life between spiralling rents and the cost of living."

Care of the older person

"The privatisation of older persons care must be reversed," Ms McGowan told the Minister as she outlined how the pandemic exposed the many shortfalls that exist in this area.

"We saw firsthand what this meant when the pressure of the pandemic hit many of the poorly staffed, poorly paid and poorly protected workplaces. This year the HSE service plan, despite Slaintecare recommendations, does not provide for any insourcing of this service. The Oireachtas Committee's recommendation on pay and conditions in this sector is easily corrected if the service is public-service delivered."

In her closing remarks, Ms McGowan reiterated the INMO's desire for a 'Bring Them Home' campaign.

"If you deliver on this," she told the Minister, "you will truly revolutionise staffing within the health service."

Extraordinary contribution

Gratitude and thanks are all very well but vital agreements that will enhance the professions remain unimplemented as Stephen Donnelly addresses the ADC. **Alison Moore** reports

Minister for Health Stephen Donnelly addressing delegates at the ADC in Sligo

THE "extraordinary efforts" of nurses and midwives on the frontline helped to contain and reduce the impact of Covid-19 in Ireland, with the success of the vaccination programme also due to the efforts of nurses and midwives. These were the opening words of Minister for Health Stephen Donnelly in his address to delegates at the ADC.

"Ireland's vaccine programme has been one of the most successful anywhere in the world. Much of that is down to you. Your work in co-ordinating, planning and rolling out the vaccination programme has been instrumental in our efforts against Covid.

"But you have done so much more... While dealing with Covid, you also continued to deliver non-Covid care. You kept innovating and improving how that care was delivered. You have shown compassion for those in most need, for their families and loved ones.

"In the face of the many challenges posed during this time, the INMO continued to support optimal care delivery through constructive engagement, both by the organisation and its leadership, and I would like to acknowledge these efforts," said the Minister.

Mr Donnelly acknowledged that none of this has been easy and that a number of healthcare workers lost their lives and many more were infected and became sick.

"Ireland's healthcare workers have represented the very best of our nation. For your extraordinary contribution, I, as Minister for Health, the government and the whole country, sincerely thank you".

He made reference to the Pandemic Recognition Payment for frontline healthcare workers, which he hoped all eligible nurses and midwives would receive without delay, but he did not address the INMO's position that payment eligibility should be extended.

The Minister said that he was aware that long Covid was an issue for healthcare staff and said that the Departments of Health and Public Expenditure and Reform would engage on this issue in advance of the planned cessation of the Special Leave With Pay scheme on June 30, stating that there could be "no cliff edge".

He told delegates that for the first time women's healthcare has been put front and centre of health strategy.

"The Women's Health Action Plan is radical and ambitious. It includes new services in endometriosis, menopause, perinatal mental health, eating disorders, fertility, gynaecology, breastfeeding and more. Free contraception is being introduced for women, starting this year with 17 to 25-year-olds.

"Two years ago the funding for new measures in women's health was €4m. The full year funding requirement for this year is nearly €50m. Critically, the plan was developed over the past two years by listening to women and clinicians and what they said was needed," he noted.

In relation to the Safe Staffing Framework, Mr Donnelly said that it was never more evident than during this pandemic, how critical the nursing and midwifery workforce was to delivering safe, effective and quality healthcare. He said that recruitment, retention and the wellbeing of the nursing and midwifery workforce are priorities for the coming years.

"Enhancing the wellbeing of staff includes strategies to ensure safe staffing and safe environments to do complex jobs. The Safe Staffing Framework goes a long way towards this and has given us evidence of the positive impact on patients, staff and organisations.

"I am aware that both INMO members and leadership are committed to, and are an integral part of, the Framework's development. I am also fully committed to supporting this with the work of the Chief Nursing Office," he said

He also said that he had recently approved Phase 2 of a Framework for Safe Nurse Staffing and Skill Mix in adult emergency care settings and that nearly €3m has been allocated to this as part of the national rollout.

Mr Donnelly added that he knew implementation had been slow to date, but claimed that the HSE currently had the highest ever numbers of nurses and midwives, with more than 42,300 whole time equivalents at the end of February 2022.

He told delegates that the rollout of the Enhanced Nursing and Midwifery Practice contract had progressed to "a very advanced stage". He acknowledged the impact that advanced practitioners are having in addressing timely access to care, waiting lists and patient experience and said that he wanted an increase in the advanced practice workforce from 2 to 3%.

"Nearly €12m has been provided this year to start this increase. This will provide around 160 additional advanced nursing and midwifery practitioners in the first phase," said Mr Donnelly.

The Minister said that the Expert Review Body on Nursing and Midwifery's report had set out a number of important recommendations which, "with stakeholders' engagement and collaboration", would lead to important reform of the professions and our health services.

"There are a number of recommendations that have specific public pay implications, which require further negotiation. I know that these are a priority for the INMO and have asked the Department to prioritise these negotiations," he added.

The independent review on matters relating to student nurses and midwives, conducted by Sean McHugh, set out recommendations to enhance the current travel and subsistence scheme for students in attending their supernumerary clinical placements and the Minister confirmed that proposals to enhance this were due shortly.

Meanwhile he said that government has agreed to provide €12m of additional support for student nurses and midwives on clinical placements. This included doubling the accommodation allowance to €100 per week and extending the pandemic placement grant for supernumerary students.

Another important recommendation of the McHugh Report was to consolidate the salary of fourth-year student interns. Mr Donnelly said that work was under way to "develop detailed proposals" to realise the recommendation but that in the interim, all student nurses and midwives on paid internship placement would receive additional financial support worth 50% of the pandemic placement grant.

Stop negotiating and implement what's already agreed – INMO general secretary tells Stephen Donnelly

THERE are many existing agreements that would greatly enhance the nursing and midwifery professions in Ireland if they were implemented. INMO general secretary Phil Ní Sheaghdha told the Health Minister, Stephen Donnelly, that these agreements – relating to promotion pathways, working hours, allowances, pay increases and education – if actually put into action, would transform recruitment and retention in nursing and midwifery in Ireland.

Ms Ni Sheaghdha outlined what this would look like: "Would you like to come and work in Ireland? We will give you a 37.5-hour week, we will give you an enhanced practice salary scale and if you move from one place to another it moves with you. We have a staffing framework that is fully funded every year in our national budget. That means you'll be working in a safe environment, with the correct staffing levels. And when you go to work, those staff will be there supporting you to provide excellence in patient care.

"You will have rapid action to promotional roles and when you are promoted you will have a difference in your salary and the you will keep allowances you have as a staff nurse or CNM2. We will provide you with expert, on-site education to allow you to progress within your profession."

Every single one of those measures was already agreed, she emphasised. The problem was that instead of agreements being implemented, "they are dragged through a process and the sole intent of that process is to see what could fall off".

Ms Ní Sheaghdha said that the INMO believed that Mr Donnelly was genuine in his praise and appreciation of nurses and midwives but questioned why a private company was currently charged with assessing if enhanced practice nurses add value to the health service.

"We don't accept that and we don't believe it is necessary," she told Mr Donnelly.

Asking that if he, as the Minister for Health, recognised the value that nurses add, how could the view of a private company "top that"?

Ms Ní Sheaghdha also emphasised that long Covid was an ongoing threat to heath service staffing."We are still dealing with Covid in hospital and community settings and nurses and midwives will continue to become infected unfortunately." She noted that this made it inevitable that a percentage of those infected would get long Covid.

"If this happened as an occupational hazard the state must provide for you... It is a fact that the biological hazard that is Covid-19 is defined in legislation from the European Union as being a greater hazard for those who work directly with it in hospitals and that's the audience you are looking at today, Minister,"she said.

INMO general secretary Phil Ní Sheaghdha

On the subject of the report of the Expert Review Group, the general secretary said that it was an excellent piece of work put together by "genuine experts" and that there was simply no need to have protracted negotiations on the implementation of the recommendations.

"I don't understand why we need to negotiate that a CNM3 when promoted should continue to receive an allowance, because it is recommended by this group. It is a disincentive to promotion to remove the allowance – that's what the experts have concluded. We don't believe negotiations are required. We believe funding is required and we believe that this funding must be made available separate to the public service," said Ms Ní Sheaghdha.

The general secretary said that she was delighted to hear the Minister affirm that the Sean McHugh report on matters relating to student nurses and midwives would be implemented, but she reiterated the INMO's position that an increase in the number of undergraduate placements in the public education system was needed.

"We don't accept that undergraduate training should be at the cost of the student. We've had really serious attempts by a private college to get placements in the public sector at the cost of the students themselves. It is bad enough being a student nurse or midwife and being unpaid but, by god, to pay €8,000 for the pleasure each year? That would be absolutely disgraceful."

Ms Ní Sheaghdha also took the opportunity to thank the Executive Council, giving special mention to president Karen McGowan who represented the voice of nurses and midwives on behalf of the INMO "during an unprecedented period", while continuing to work as an advanced nurse practitioner in the emergency department at Beaumont Hospital.

Haddington Road hours not open to negotiation

Government risks future agreements if it doesn't honour deals already done, says Tony Fitzpatrick. **Alison Moore** reports

"THE Haddington Road hours will return for every nurse and midwife in this country on July 1 and there is no debating it." The INMO's Tony Fitzpatrick made the union's position very clear when addressing delegates at the ADC.

The former director of Industrial relations, now director of professional development, said that there was simply is no negotiation required on this issue, stating that nurses and midwives signed up to, and complied with, the Building Momentum Agreement on the understanding that these hours would be restored. Further, the INMO made a submission to the Hours Body, that then made recommendations in support of an hours reduction, which was subsequently accepted by the Minister.

"The government has no hope of unions signing up to further agreements, or even engaging with further agreements if they don't proceed with fully implementing the agreements in place. Also, the payment of 3.28% remains outstanding and while it has been confirmed that it will apply retrospectively to February 1, 2022 , it must be honoured now." warned Mr Fitzpatrick.

When the agreement is applied, he confirmed that it would be paid retrospectively to February 1, 2022.

He also addressed the issue of delays being experienced by retiring nurses and midwives receiving their pensions.

"We've had numerous correspondence from members that six,seven,eight months later, they have still not received their pension entitlements. That's completely unacceptable, particularly when nurses and midwives, as is often the case with healthcare workers, live from one wage to the other," he said.

"This union will not allow that to continue and improvements have been secured for some of our members and issues have been addressed in a timely manner," added Mr Fitzpatrick, who asked that any members affected by such delays alert the union.

He also urged that any members who have not already signed up for the enhanced contract do so, stating that while over 16,000 already have signed up and more than 5,000 are in receipt of new allowances, many more have not and that there is a pay rise available to them if they apply.

"It is not acceptable that two nurses, working on the same ward, doing the same job are paid differently. The gains secured by part of that Labour Court recommendation need to be shared by all. It is vitally important that the significant increases that were secured as part of the dispute, are availed of by everybody."

Highlighting gains made in the past year, Mr Fitzpatrick spoke about the introduction of the national breastfeeding policy, which was now in place.

"This ensures that people have rights when they return to the workplace after maternity leave that they have adequate time, of an hour per day, with regard to breastfeeding and also being able to express in the workplace, with appropriate facilities being provided," he said.

Mr Fitzpatrick also discussed the fact that the 'right to disconnect' is now "enshrined" in HSE policy and that employees do not have to accept text messages, WhatsApps and phone calls to cover extra shifts during their allocated time off.

Mr Fitzpatrick said that as a result of the Safe Staffing Framework, there were now an additional 800 posts in the system but that problems exist in sites where the Framework has not been fully implemented.

"I don't want to name and shame, but there are places where there is only 20% implementation and that's unacceptable," he said, adding that this is an issue that he will be pursuing in this new role within the INMO.

He spoke about how the Framework was continuing to demonstrate improvements wherever it had been rolled out with the associated increase in staffing levels.

"That has a profound impact on service quality. It's vitally important in every work location that we have safe staffing, because it delivers safe care for patients, but it also ensures a quality work life for nurses and midwives within that area," he said.

In relation to the pandemic, Mr Fitzpatrick took the delegates through the many gains the INMO has secured in relation to Covid, including the special leave with pay scheme, improvements in infection prevention and control, return to work protocol, FFP2 masks as standard, prioritisation of nurses and midwives for vaccination and the lodgement of the pandemic bonus claim.

He told delegates that the Department of Public Expenditure and Reform's move to end the Special Leave with Pay scheme was being vigorously opposed by the INMO, especially with the reality that nurses and midwives will continue to contract Covid in the workplace with a percentage of these having long Covid.

"International research shows that long Covid is a reality and it affects people in different ways... It affects every organ in the body so it is important that those with long Covid have protection. It is completely unacceptable that the government would consider reneging on the Special Leave with Pay scheme and removing it from June 30 and we will oppose that in every way we can," he said.

INMO director of professional development Tony Fitzpatrick

We will be there if you need us

INMO deputy general secretary Edward Mathews

INMO membership is the best insurance nurses and midwives can buy, says Edward Mathews. **Alison Moore** reports

SHOULD a member become the subject of a fitness to practise case, their INMO membership could prove to be worth up to €80,000 in legal defence costs Edward Mathews told delegates at the ADC.

The deputy general secretary, formerly the director of professional and regulatory services, said that any cases arising during the pandemic must be "viewed through the lens" of working conditions as they actually were.

"Nurses and midwives will be judged for what they were required to do in the circumstances in which they were working, not the circumstances in which they should have been working. Every nurse and midwife who is a member of this Organisation can be sure of the very best defence in Nursing and Midwifery Board proceedings and that is an exceptional part of the work we do in the darkest moments of a nurse or midwife's career," he added.

Dr Mathews said that 45 members had been subject of new proceedings in 2021, with representation provided to over 120 members in total during the year.

"Every one of those members received an expert service, a compassionate service and a service that you can all be proud of. One that I hope you will never require but know that if you do, it will be there for you. And it will be free of charge and not cost you between €5,000 and €80,000. We spend your money carefully to maintain that service," he said.

Dr Mathews also thanked the Executive Council for its increased investment in the area of legal defence, which he said had ensured the continued expert nature of the service and protected members from the cost of it. He also thanked members for extending this protection to their colleagues.

"Most of you will never see the people this Organisation helps. I have seen it and my colleagues see it. I know the benefits that they have taken from what this Organisation does. Thank you for your commitment because, by maintaining a membership and maintaining the integrity of this Organisation, that is how we defend each other. It is the cheapest and best form of insurance and no nurse or midwife should be without it," he said.

Throughout 2021 the INMO continued to provide assistance to migrant nurses who were coming to work in Ireland, a service that Dr Mathews described as "very necessary" in helping them to transfer their qualifications and gain registration.

"This is a matter of significance because our migrant and international nursing community contribute so much to nursing and midwifery healthcare in Ireland and without them we would not be able to deliver the type of quality of services that we need here," he added.

He also spoke about the Organisation's success in achieving a permanent change to the annual payment date for the NMBI's annual retention fee which was a boost to members who struggled with the December 31 deadline.

On the area of the Safe Staffing and Skill Mix Framework, Mr Edwards emphasised that it was only through the work of the INMO in pressuring the government to act that the Framework existed in the first place and that it repeatedly demonstrated its worth. He said that the pilot sites in the care of the older person area were underway and that it was imperative that the move into children's and intellectual disability services takes place soon.

In relation to the NMBI's proposed maintenance of competence scheme, which will compel nurses and midwives to periodically demonstrate their professional competence, Dr Mathews stressed that the INMO was engaging with the NMBI with a focus on employer responsibility in this regard.

"It is the employer's responsibility to maintain your competence. It is the employer's responsibility to provide you with the facilities. It is the employer's responsibility to provide you with time. If the employer does not do that, then it is the employer's problem, not yours," he said.

Other important social policy and professional issues that the INMO addressed in the past year included research carried out by the professional services team. Areas looked at included the impact of Covid-19 on the physical and mental health of nurses and midwives; menopause in relation to members and their experiences in the workplace; and the negative effects on members who are experiencing ongoing overcrowding in hospitals.

Dr Mathews also spoke about the INMO's work with Access to Medicines to make fair access to Covid-19 vaccines a priority, collaborating with Nurses and Midwives for Inclusion Health and celebrating LGBTQ Pride.

"We have many challenges and it's absolutely proper that we're going to be looking for progress in the areas where progress has not been made. I leave you with one thought which struck me as I was coming here, we have been, we will be and we must be, stronger together as a force to be reckoned with," he concluded.

Towards universal healthcare

Sara Burke shared with the ADC some early findings from her research into the progress of Sláintecare's implementation. **Max Ryan** reports

"IF HE had read his own report, he'd have seen there are significant challenges" in the Sláintecare Implementation Strategy and Action Plan which, although an improvement on the previous Sláintecare implementation strategy, is still "just a watered-down version of the original Oireachtas report", said health policy analyst Sara Burke of the Minister for Health Stephen Donnelly following his address to ADC in Sligo last month

Ms Burke, who works at the Centre for Health Policy and Management at Trinity College Dublin, drew on her ongoing research into the implementation of Sláintecare when she told delegates that the nursing and midwifery workforce was "absolutely essential" to achieving universal healthcare in Ireland.

Sláintecare was devised with cross-party support following the 2016 general election and aimed to phase out Ireland's two-tier health system and replace it with a universal healthcare model.

Ms Burke told the ADC that the initial optimism surrounding Sláintecare was diluted somewhat by inaction on the part of the Fine Gael government that formed following the party's re-election.

"They did nothing in the first couple of hundred days in government, and then they did very little after that, except defer and put it back into the Department of Health and produce a Sláintecare implementation strategy which was really just a watered-down version of the original Oireachtas report," she said.

Health policy analyst Sara Burke

The first time that tangible progress was made on Sláintecare, according to Ms Burke, was in spring 2019 with the publication of the first action plan. She said that "tiny steps" were made in the months following towards the implementation of some of the reforms envisioned by the Committee on the Future of Healthcare, including a general practice agreement around the management of chronic diseases and endorsement by the government of the plan to remove private practice from public hospitals.

> "An awful lot of our Covid response was really intrinsic to Sláintecare"

"They were also beginning to cut some charges here and there, because we have very expensive charges to access healthcare in Ireland for the majority of the population," Ms Burke continued.

"But it was absolutely nothing like the expansion of entitlement as envisaged in Sláintecare, which was basically to get an extra half a million people into the net of access to care without charges, and crucially to build up staffing so that we have enough people in the system to provide that care."

Opportunity for reform

Ms Burke told the ADC that "we have seen the possibility of health system and policy change" during Covid but that the "window of opportunity" was closing. She said that the risk-averse nature of the Department of Health and HSE helped our pandemic response, adding that the urgency with which the health service responded to Covid should inform the ongoing implementation of Sláintecare.

"As we saw what was rolling out we realised that something really interesting was happening – that an awful lot of the Covid response was really intrinsic to Sláintecare, and in particular the universal free point of delivery of all Covid-related services.

"That's really a first in Irish history; that the government's response was 'let's treat everyone the same and not charge them.'

"Lots of plans were put in place, including taking over the private hospitals for three months."

Ms Burke said that providing care in the community had neither been encouraged nor invested in by successive governments, despite having been government policy for the past 20 years.

"Suddenly people on high realised that we had to stop people coming into hospital and provide our care in the community," Ms Burke said.

Early 2020 had seen tentative progress towards a change in the structure of healthcare in Ireland, Ms Burke told delegates, but the suspension of all non-essential care on March 27, 2020 put paid to any significant strides being made.

"If you look at the policy documents that came out in the year following, obviously they were all focused on Covid.

"But then when you look at it from about mid-2020 to 2021, there's a huge prioritisation of Sláintecare-type initiatives, in particular the biggest ever allocation to the implementation of Sláintecare."

Referring to the last time she addressed the INMO – in 2010 – Ms Burke said "good progress" had been made since then but that there was a lot more still to be achieved.

"What we've seen during Covid is the resilience and the innovation on the front-line, and we've seen the possibility of health system and policy change."

The challenge now, Ms Burke told delegates, was to not let the window of opportunity close without making sure that the progress made during Covid was continued beyond the pandemic.

"We can use the gains from Covid to deliver proper system reform and universal healthcare," Ms Burke concluded.

Covid has proven nurses' worth

ICN chief tells ADC that shortage of nurses remains biggest threat to global health. **Alison Moore** reports

MORAL injury, trauma, stress, physical illness and PTSD are just some of the reasons why nurses are quitting the profession, according to the chief executive of the International Council of Nurses (ICN). With the 2020 State of the World's Nursing Report finding that there was a shortage of six million nurses internationally, the Covid pandemic hit at a time when the nursing profession was already overstretched on a worldwide basis. Howard Catton, addressing the ADC, said that since that report was issued the 'Covid effect' has led to even more nurses leaving the profession.

Mr Catton said that over the course of the pandemic the ICN had produced a range of publications based on surveys, research and feedback from nurses, which discussed the profound effect that working through the pandemic had on them.

He spoke of being moved by listening to speakers at the ADC recounting how Covid had negatively affected their lives, which he said reflected what the ICN was hearing about mental and psychological pressures on nurses around the world.

"We believe that the evidence points to the mass traumatisation of the global nursing workforce. Yes, everyone has a different experience but there is mass burnout, anxiety and depression. We see the whole spectrum, with some nurses being diagnosed with PTSD," said Mr Catton.

The ICN and the WHO worked together to collect data pertaining to infection and death in the health workforce, but Mr Catton believes that their finding of 180,000 deaths among healthcare workers is a "gross underestimation" with the actual figure closer to a quarter of a million. He asked where the outrage on behalf of these healthcare workers had been and questioned the real value placed on the profession.

These were all factors that were forcing nurses and other healthcare workers to leave their professions, said Mr Catton.

"The hard action behind investments to support nurses and healthcare workers is missing," he added.

Mr Catton said the ICN would make the case that the shortage of nurses was one of the most significant threats to global health and that the ongoing lack of investment, coupled with the lack of support and protection, was exacerbating the issue.

"All of these factors, we believe, are creating the 'Covid effect' in the nursing workforce," said Mr Catton, who went on to explain that the pre-pandemic estimate of a six million nurse shortage in five years would be up to 13 million nurses needed to fill the ever-increasing deficit.

Mr Catton also addressed health inequality and how it related to the distribution of nurses, outlining that in addition to a worldwide shortage, there is also a gross inequality in the distribution of nurses around the world. Some high-income countries, while still short of nurses, could have 80-90% of the required workforce, whereas some lower-income countries were down at 10 or 20%.

Mr Catton said that OECD countries were too reliant on nurses from other countries to bridge their personnel gaps and that this represented a lack of investment in nurse training and education on their part, to the extent where it should be considered a deliberate strategy of "offload their education costs". While recruiting from abroad was expensive, he noted that it was cheaper than funding the education of a nurse on a per-head basis.

"We know that people have moved and migrated for many years and no one is standing in the way of that individual right and freedom. What I'm highlighting here is that when planning decisions deliberately rely on offloading those costs, then perhaps countries who are recruiting the most significant numbers overseas should compensate the counties who are training the nurses."

2020 was due to be the global Year of the Nurse and Mr Catton explained that one of the aims of the project was to bring about and image shift and a change in perceptions away from the stereotypical image that nurses are superheroes as this undermined the profession. The pandemic put nurses front and centre in 2020 and very much highlighted the extraordinary work they did.

"There are no extraordinary people just ordinary people doing extraordinary things," said Mr Catton.

He also spoke about how nurses in Switzerland garnered public support to force a referendum calling on the government to train more registered nurses, to guarantee specific working conditions and improve salary rates. The Swiss Nursing Association collected 120,000 signatures in favour of their initiative, which was subsequently endorsed by voters at the ballot box, despite a government campaign opposing it.

"The public were ahead of the politicians. People were asking why nursing was a special case, but nursing is a special case and we cannot afford not to afford this," said Mr Catton.

The ICN chief also spoke of his "honour and privilege" to have worked with some highly regarded Irish nurses who have had long associations with the INMO, including Annette Kennedy, the immediate past president of the ICN and former INMO director of professional development and Elizabeth Adams, formerly of the INMO, current president of the European Federation of Nurses Associations and a past director of the International Centre for Human Resources in Nursing at the ICN.

Mr Catton said that they had been hugely important voices for Irish nurses, and that Irish nursing in general, including the INMO as an organisation, had influence "way beyond" the size of its nursing population.

ICN chief executive Howard Catton

The air we breathe

Architect Orla Hegarty told the ADC that when it comes to suppressing the spread of airborne infection indoors, ventilation is crucial. Max Ryan reports

THE introduction of evidence-based standards and guidelines around air quality and ventilation in healthcare facilities could help to improve Ireland's response to future outbreaks of airborne disease, according to Orla Hegarty, assistant professor at the UCD School of Architecture, Planning and Environmental Policy, who told the ADC that more than half of those who died in the initial waves of Covid-19 in 2020 and 2021 were infected in hospitals, nursing homes and residential care.

Ms Hegarty, who addressed the same topic before the Oireachtas Joint Committee on Health in May 2021, also called for more extensive public awareness campaigns around infection risk and indoor air quality controls in buildings with a high infection risk such as hospitals, nursing homes, schools and on public transport.

Delivering her presentation via Zoom, Ms Hegarty said that although it was known that airborne diseases could be suppressed with clean indoor air and the use of face masks, much of the early pandemic response was instead characterised by performative measures that actually achieved very little, eg. perspex screens and excessive cleaning of surfaces, despite emerging evidence at the time that airborne particles accounted for around 85% of transmission, while just 15% of cases were linked to droplets.

"In the early part of the pandemic we were doing the wrong things. We were putting up plastic screens to prevent coughs and sneezes, distancing in schools and using special yellow and black tape that apparently the virus could see," Ms Hegarty quipped, to knowing laughter and applause from delegates.

Public health policy

Ms Hegarty suggested it might have proven more constructive for policy-makers to look to the response to past outbreaks of infectious diseases to inform our approach to Covid. She described how the government of Chicago prepared for the first wave of the Spanish flu in 1918 and how the city managed to suppress this initial outbreak through effective and targeted public health measures.

"One of the interesting areas I've looked into was what happened in Chicago in 1918 with the Spanish flu," Ms Hegarty said.

"When the flu broke out, Chicago already had a two-part strategy ready – one was a home nursing strategy, which was really interesting, where they deployed home nurses to prevent disease spread in households and isolated people by caring for them at home.

"The second strategy involved shaping public buildings, so what they did was shut down all of the dancehalls and those types of buildings for six weeks, improved ventilation and they were able to reopen after six weeks."

Ms Hegarty also pointed to an Irish example of how building design can limit infection risk. She told delegates about how special balconies were incorporated into the design of medical facilities, sanatoriums and public housing in Ireland to counter the tuberculosis (TB) epidemic of the early 20th century. She said that people with TB would sleep outside on these sheltered balconies to avail of fresh air and sunlight, as well as to limit the spread of the disease to the uninfected.

Ms Hegarty told the conference that in recent years as energy saving and climate adaptation have become priority one and two, indoor air quality has been compromised in the design of public buildings. To mitigate this, she suggested that FFP2 masks be made mandatory for all staff and visitors in healthcare settings.

Motion on air filtration

Following Ms Hegarty's presentation, the Offaly Branch and Emergency Department Section of the INMO called on the HSE to provide a safe working environment for staff and patients by ensuring clean air and adequate ventilation in a motion proposed by Eilish Pickering of the Offaly Branch.

Seconded by Moire Wynne of the ED Section, the motion demanded the introduction of HEPA filtration systems in places of increased risk of airborne transmission.

Ms Pickering said that while she was delighted that the Department of Education had allocated €72 million to improve ventilation and air quality in schools, it was time that the Department of Health did the same for hospitals, nursing homes and other healthcare settings.

"We're here today to call on the HSE to look after our health and safety and that of our patients by sorting this out," Ms Pickering said.

This motion was carried.

Govt must tackle cost-of-living crisis

ADC hears of nurses forced to use food banks. **Alison Moore** reports

NURSES and midwives are not immune from food poverty with many living hand to mouth due to inflation-driven cost of living increases.

Mick Schnackenberg from the INMO Executive Council, in proposing an emergency motion (*see box*) calling on government to take steps to mitigate the financial struggles faced by nurses and midwives, told delegates that he knew of nurses who had been forced to use food banks.

"We are working in circumstances where we are suffering the effects of inflation and are facing real economic difficulties in providing for ourselves and our families in this current economic climate. Our members, frontline workers, are spending most of their income providing day-to-day essentials for themselves and their families. We must not be left to the ravages of inflation."

"I know at least six nurses and their families who are receiving assistance from food banks. This is shocking in 2022," he added.

Mr Schnackenberg stressed that alongside the issue of very high rent, there was also the problem of a lack of available properties further driving up rents. Rising fuel prices were making commuting intolerably expensive he said, telling delegates of colleagues who have been forced to take a day off as they didn't have money to drive to work and pay car parking fees at their hospitals.

"We need the government to bring some relief to nurses and midwives. Recognise and reward, we absolutely deserve it," he said.

Also speaking to the emergency motion, Sean Shaughnessy, Executive Council, spoke about how his colleagues had no disposable income for an emergency that might arise and that the reality was that nurses and midwives, who are paid fortnightly, are now struggling five days before their next pay day.

Another motion called for the INMO to seek a cost-of-living allowance to support the recruitment and retention of nurses and midwives in high-density cities.

Proposing the motion Breda Shankly from the Dublin South West Branch spoke about how the Coronary Care Unit in the acute Dublin hospital where she worked was struggling to recruit and retain staff due to the cost of living in the city.

She explained how the hospital was spending thousands to recruit specialist nurses from abroad, but not informing them of the challenges and costs associated with finding accommodation in Dublin. The new staff end up commuting from bordering counties in places such as Navan, Naas and Portlaoise and eventually resigning and getting jobs locally for the same salary without the expense of either living in or commuting to Dublin.

"The rent costs are so much lower that they are able to save for a mortgage and access childcare. These are highly experienced cardiology nurses that our acute hospitals need. They didn't want to leave but were forced out," she said.

Ms Shankly emphasised that her unit was highly specialised and needed these experienced staff to manage the service safely.

"This is not just a Dublin issue, it is repeated in all the major cities," she added.

She cited that NHS staff living in central London are entitled to a 20% uplift on their pay in what is known as 'NHS London weighting' and staff working just outside London get a 15% uplift of their pay, with those in the fringe zone getting 5%.

"We are therefore calling on our colleagues to pursue this issue at the highest level and push for a major-city weighting or cost-related allowance to be paid to all nurses and midwives working in our major urban centres," said Ms Shankly.

Both motions were carried.

Emergency Motion

The work rate and productivity of nurses and midwives is one area of public policy that requires no further examination. Irish nurses and midwives have demonstrated the best of their profession at all stages of the pandemic while facing huge uncertainty and spiralling costs of living. Conference notes:

- The Minister for Public expenditure and reform has acknowledged that the Public Service Committee of ICTU has invoked the Pay Review clause of building momentum
- That the Irish health service continues to face a retention issue when it comes to the nursing and midwifery workforce

Conference calls on government:

- To engage with the ICTU Public Service Committee without delay and focus on the real erosion of salary and purchasing power facing Irish nurses and midwives versus the 1% pay adjustment that is due next October
- To factor in the net cost of nurses and midwives getting to work, such as travel expenses, as working from home is not an option and accommodation is simply not affordable in many areas proximal to large employment locations, leading to long commutes. Commuting has led to additional outlay for many nurses and midwives. Increased fuel costs alone have exceeded the yearly benefit of the 1% October payment. This is before other inflationary increases are considered
- To fully implement all agreements under Building Momentum and the nurses dispute 2019 as the delays associated with implementation continue to directly affect the retention of staff
- To provide suitable accommodation for essential workers where this is not already available and ensure accommodation is zoned in any future planning as part of new hospital builds. Having affordable accommodation will mitigate against difficulties recruiting essential staff such as nurses and midwives
- To implement a nationwide rent freeze in order to make housing more affordable for nurses and midwives and allow them to live near their places of work
- To introduce a meaningful and well resourced 'Bring them Home' campaign in order to tackle recruitment and retention issues that exist

Mick Schnackenberg, Executive Council

Overcrowding crisis: ADC demands nurse-led investigation of UHL management

"WE IN the Midwest are being failed," Ann Noonan told the ADC as she proposed a motion on behalf of the Limerick Branch calling on the Minister for Health to address overcrowding in Irish hospitals.

Seconded by Audrey Horan, the motion called for additional acute bed capacity to be put in place, as well as external governance oversight in locations where additional capacity was not alleviating the overcrowding.

Ms Noonan demanded that the government investigate the management of University Hospital Limerick (UHL), her place of work, where trolley numbers are consistently the highest in the country. She said nurses had to be at the forefront of any review of the hospital's management.

"On behalf of all the nurses in UHL, I am telling the government that we in the Midwest are being failed. Management need to be investigated. It is not enough for the hospital to investigate itself or the HSE to be in charge of the investigation. We need nurses to be at the centre of this review.

"But the report also needs to be acted upon. This report, like many others, cannot be put on the shelf," Ms Noonan continued.

She said overcrowding in some Irish hospitals was leading to worse outcomes for patients and unsafe working conditions for staff.

"Today we are staff. Tomorrow we could be the patients. Overcrowding results in increased 30-day mortality for all patients," Ms Noonan reminded delegates.

"The overcrowding crisis in our hospitals is having a detrimental effect on the wellbeing of our nurses and midwives."

Referencing an INMO study from October 2020, which reported that 83% of nurses had experienced negative psychological effects from working during Covid, Ms Noonan said that overcrowding was having a similar impact on the safety of staff in her workplace.

Karen Eccles , Cavan Branch, said that the effect of overcrowding on mortality was well documented

"UHL has a capacity of 531 beds. On April 24, two weeks ago, we had 126 admitted patients waiting on a trolley or a chair for a bed. That is one-fifth of the capacity of our hospital in excess with no extra staff.

"UHL in April had 20% of all admitted patients in this country waiting for a bed."

Karen Eccles from the Cavan Branch also spoke to the motion and said that despite the fact that the "impact of overcrowding on patient morbidity and mortality is well documented, articulated and acknowledged," its impact on staff was not being taken seriously enough at management level.

"There has been an abject disregard for both the short- and long-term impact that overcrowding has on the personal health and safety of nurses working in these conditions."

Ms Eccles added that increasing bed capacity was not in itself a solution to the overcrowding crisis.

"While we wait for capacity to be delivered, cultural change, a change for the better, is essential.

Ms Eccles told delegates that the employer needed to be held to account to "fulfil their legal duties to protect nurses in the workplace".

The motion was carried.

- Max Ryan

Electronic health records must be introduced to older persons care as part of healthcare reform

THE introduction of electronic health records would allow nurses who work in residential care settings to spend more time with residents, according to Caroline Gourley, who spoke to a motion at the ADC which highlighted that older persons care has so far been omitted from healthcare reform governing the use of information communication technology (ICT).

The motion, which was proposed by Aidan Wilson and seconded by George Jeffries, called on the INMO to lobby the relevant stakeholders to ensure that due consideration be given to this issue.

Given the often complex needs of patients in nursing homes and residential care, the use of digital records would promote patient safety and help to prevent medical errors, especially with regards to medication, Mr Wilson told delegates.

"For patient safety, ICT can be transformational in preventing errors," he said.

Ms Gourley added that paperwork was not only time consuming but also physically demanding.

"Two-and-a-half hours it takes to admit a patient. I heard recently from a colleague that two-and-a-half stone in paperwork was what she lifted on a daily basis," Ms Gourley told conference.

"If we had electronic records it would be so much easier. We could also then spend more time with our residents instead of spending hours writing documentation and updating care plans," she added.

Sandra Morton of the Cavan Branch also spoke to the motion and urged caution over the introduction of ICT. She highlighted that additional ICT should not be introduced without matching it with the required staffing levels. She said that ICT would not in itself reduce a nurse's workload or the amount of time it took to complete tasks.

The motion was carried.

- Max Ryan

Waterbirth ban not evidence based

ADC calls for waterbirth review to be published. **Alison Moore** reports

THE ban on waterbirths in Irish settings is not supported by evidence and there is no justification in continuing to deny this service to birthing women. At the ADC the Midwives Section called for the publication of the review of water births and for the service to once again be offered to women.

Proposing the motion, Lynda Moore said that there was a large national study on the safety of waterbirth in addition to many internationally accepted systematic reviews. She told conference that following just two incidents in 2020 the whole service was cancelled before a review was carried out.

"Suspension happened first and then an investigation. This report, which we believe demonstrates no link whatsoever with adverse outcomes and working in water has not been made public and this suspension of water birth continues.

"Women are denied this service which midwives at home and in many of our hospitals, can provide. Furthermore, and contrary to the Maternity Strategy, women are not being facilitated with sufficient choice of access to the supported pathway of midwifery care from pregnancy through to the postnatal period.

"The studies into the safety of waterbirth are large and unchallenged both nationally and internationally. Water birth is a safe alternative to medicalised birth for women who have a low risk pregnancy," she added.

Ms Moore cited the UN's State of the World's Midwifery Report 2021, which included a detailed analysis of progress and challenges to delivering high-quality medical care. The evidence shows that investing in midwifery care led to more positive growth experiences, improved health outcomes, inclusive and equitable economic growth.

Ms Moore said that investing in midwives saved lives, improved maternal and newborn health and strengthened health systems, while continuity of midwifery care led to greater satisfaction, reduced premature birth and fewer neonatal deaths.

"Since 2016 the Maternity Strategy has been implemented in piecemeal fashion. We need a report on what midwife-led services are available in each of the 19 maternity units and what percentage of women are being seen by midwives," she added.

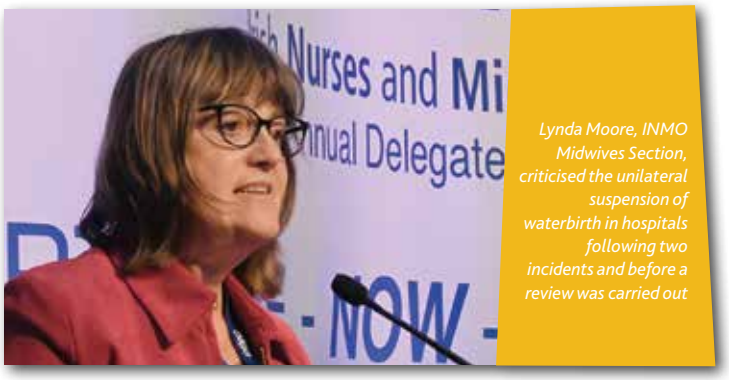
Ms Moore also emphasised the need for a chief midwifery officer and called on the government to release the report on water births.

Seconding the motion, Anne McCormack, also from the Midwives Section, said that since the launch of the Maternity Strategy in 2016 there has been a lack of progress in its implementation.

"This strategy was designed to be a road map of the future of maternity care, ensuring safe, standardised care, offering what women wanted, which was choice and a better experience. But where are we today?"

She added that HIQA had raised concern over the lack of progress in implementing this strategy, highlighting issues in the level of funding allocated and the arrangements for driving the strategy at HSE level.

Ms McCormack said that while there were "fragmented examples" of success, such as the Domino and Community Midwife schemes, these were limited in number.



Lynda Moore, INMO Midwives Section, criticised the unilateral suspension of waterbirth in hospitals following two incidents and before a review was carried out

"Change in the service has met with resistance for a long time. There are cultural, professional and organisational barriers which are still unresolved today, for example, moving the hospital over to St Vincent's site.

"A supported care pathway is recommended for normal risk mothers and babies. In this model midwives lead care within a multidisciplinary framework. This is internationally recognised as the best form of antenatal care, as continuity of care is seen as a key factor in safety and satisfaction in the new framework for midwifery published by the ICN," Ms McCormack told the ADC.

Nicola Hurley, from the Kilkenny Branch, said that as a midwife who had recently returned from working in the NHS, she found the lack of access to waterbirth to be a disadvantage and that it was "quite astounding" that it was not offered.

"Having waterbirth in place will provide and promote the autonomy of the midwives as practitioners in their own right, in letting them facilitate a woman's choice to have the birth as she wants it and to have the pain relief that she wants in as non-medicalised a setting as possible."

Borrowing a phrase from the RCM, Ms Hurley said that midwives' working conditions were women's birthing conditions and added that we must improve the facilities offered women, which includes the choice of water birth.

Speaking on the issue, Edward Mathews, INMO deputy general secretary, said that the effective prohibition on waterbirth was an area of ongoing activity on the part of the Organisation. He described the lack progress made by the HSE on genuine midwifery-led care as "an embarrassment".

Dr Mathews, said that when you see how the International Confederation of Midwives defines the standards of midwifery-led care, and why it was often the most appropriate care for a woman, the lack of choice that exists in the Irish setting was a "stark contrast".

He said that this lack of choice in the jurisdiction, and the failure to facilitate midwifery-led care, emphasised the importance of the motion in relation to both the professional and social policy of the INMO.

"The progress just hasn't been good enough. It's not good enough for women and we shouldn't accept that," he said.

The motion was carried.

HSE staff need better access to OH support

DUE to the delays that nurses and midwives are experiencing in accessing the HSE's health and wellbeing support, the INMO ADC endorsed a motion calling for additional structures to be put in place so that occupational health (OH) access is made quicker and easier.

Proposing the motion, Sarah Meagher of the Letterkenny Branch said that it was imperative that the HSE increased the availability and accessibility of this vital service to protect the health and wellbeing of its staff.

"There can be no doubt that experience of past two years and has a significant impact on the health and wellbeing of our members who have experienced stress, burnout and long Covid to name a few. Occupational health services in the HSE are already struggling to meet demand and when additional resources have been put in place staff experience long delays to be assessed by the occupational health team – up to eight weeks or more."

She told delegates that currently, the employee assistance programme's counselling service offers a maximum of four to six sessions. Where additional sessions are needed this has to be approved by occupational health.

"The existing delays in accessing the occupational health service compounds the negative impact on the staff member. From speaking to staff, there is little understanding of the services offered through occupational health and the means by which they can access them," said Ms Meagher. The motion was carried.

- Alison Moore

Overseas nurses who fail aptitude tests could work as HCAs

OVERSEAS nurses who fail the Adaptation Programme or RCSI aptitude test do so "not because they are not competent, but because they are unfamiliar with the Irish healthcare culture," according to Toyosi Atoyebi from the International Nurses Section, who proposed a motion at the annual delegate conference in Sligo that called on the Department of Justice to consider applications for work visas for nurses who fail these tests.

Jibin Soman from the International Nurses Section told the ADC about a colleague whose employment was terminated without a satisfactory explanation

Ms Atoyebi told delegates that this would allow international nurses to take up residency in Ireland and possibly work as healthcare assistants while they awaited the opportunity to resit their aptitude test.

Ms Atoyebi said: "The section believes it would be more practical to have them work as HCAs as this will enable them to get them familiar with the Irish healthcare culture."

Jibin Soman, who seconded the motion, told the story of a colleague at Cork University Hospital for whom it took nearly two years to move to Ireland. Mr Soman said this colleague's employment at the hospital was subsequently terminated without what she believed to be a satisfactory explanation.

"It nearly took two years for her to come to Ireland, between the English language test, the NMBI application process, interviews and the visa process.

"It's almost six months since she arrived in Ireland and she has no job."

Mr Soman said this was the story of many nurses who fail these tests.

The motion was carried.

- Max Ryan

Protection of PHN role needed in public health under Sláintecare

DELEGATES at the annual delegate conference called for the protection of existing specialist roles in public health, including public health nursing, in the context of the introduction of Sláintecare and under any review of community services.

Mary Tully from the PHN Section, proposing the motion, said that public health nurses in Ireland provided an important service and had knowledge across many specialties acquired through both training and experience. In addition, she said PHNs knew their communities and understood the social and economic problems within them, in short that they were a "huge resource".

Eilish Fitzgerald of the Executive Council suggested that the INMO should request a review of the role of the PHN

"While the rollout of Sláintecare in the community is vital, we cannot afford to lose the knowledge and professional competencies of the public health nurse. In my view, the existing public health service should lead out and manage the delivery of Sláintecare in our communities," she said.

Eilish Fitzgerald from the Executive Council also spoke to the motion and asked that in light of Sláintecare, for the INMO – under new director of professional development Tony Fitzpatrick – to request a review of the role of the PHN with the Chief Nurse's Office and other stakeholders.

- Alison Moore

Long-Covid sick leave must be protected

THE Department of Public Expenditure and Reform's (DPER) unilateral decision to change sick leave policy that was put in place to protect frontline workers is putting nurses and midwives in a precarious place.

This was according to Ann Noonan of the outgoing Executive Council who was proposing a motion that reiterated the importance of this protection for nurses and midwives that is subject of an INMO claim for an enhanced scheme for members who have been affected by long Covid.

She said that nurses and midwives were on the frontline of the fight against Covid and were disproportionately infected with it as a result with many suffering from long Covid.

She said that the threat of infection remained and so too much the protection for those who face the risk of infection and reinfection as an occupational hazard.

Colette O'Sullivan from the Clonakilty/Skibbereen Branch recalled, with visible emotion, how nurses and midwives had continued to show up for work when they were unvaccinated and had very little or no PPE in way of protection from infection.

"We should have been safe but not all nurses were safe. Some of us got Covid. Most recovered but some got long Covid. The physical and mental toll of nurses due to long Covid is hard to quantify.

She also said that the financial burden of long Covid on affected colleagues must be taken into consideration.

Caroline Kennedy of the Kildare Branch spoke about her long recovery journey from long Covid. "I have managed to get back to work after a year of going from bed to chair. It is a slow ongoing process. We can't leave any colleges on the battlefield. We must carry them with us and make sure they are looked after."

Ms Kennedy said that one of the things that reassured her, when she was trapped between a bed and a chair, was receiving a call from the INMO general secretary reassuring her that she would be protected.

"I had an issue with my hospital and she (Ms Ní Sheaghdha) said 'don't worry about your pay' that will be taken care of. The reassurance that this gave me, that I had ample time to recover, was immeasurable."

Supporting the motion, Sandra Morton from the Cavan

Ann Noonan, Executive Branch, said that frontline workers must have sick leave protection around Covid

Branch spoke of her own experience with long Covid. Having tested positive in March 2020, she told the conference how she was out of work for more than nine months, had suffered with encephalitis and that even now she had not fully recovered.

Michael O'Dwyer from the Cashel Branch spoke of the need faced by some members to stay off work to protect vulnerable family members. He said the only provision at the time was to take annual leave and sick leave and eventually to rely on social welfare. He said that the government had failed those who were in this position.

Albert Murphy, INMO director for industrial relations, told delegates that the Department of Finance was "removed from clinical reality".

"Rest assured this union is fighting this and we have taken a claim to the WRC. We are looking for a special scheme for healthcare providers and we will pursue it and get a deal."

Also addressing delegates on this issue, INMO general secretary Phil Ní Sheaghdha spoke about the Organisation's aim to have the critical illness protocol – which offers six months full pay and six-month half pay – applied based on ability to do the job you are contracted to do rather than on the specific illness suffered. She explained that this would then be followed by the temporary rehabilitation remuneration agreement, which would be paid at approximately one-third of salary.

"If you are denied critical illness protocol, come to this union and we will ensure you get it," she added.

- Alison Moore

Special schools nurses need clinical governance

NURSES who work in special schools often feel isolated in their practice, according to Michelle Kennedy, who proposed a motion calling on the HSE and the Office of Nursing and Midwifery Services Director (ONMSD) to ensure clinical supervision and governance for this area of nursing.

Ms Kennedy, representing the Special Schools Nurses Section, said these nurses "urgently require" support from the HSE and ONMSD if they are to continue to provide high-quality care to children who attend special schools.

"These highly skilled nurses deliver care to a cohort of children who have intellectual disabilities, complex physical disabilities, complex medical needs, many of whom are life limited and have palliative care needs," Ms Kennedy said.

The need for clinical supervision and governance for special schools nurses was identified as far back as 2018 in a cross-sectional HSE and Department of Health report, according to Ms Kennedy, who said that currently these nurses report to non-clinical school board management.

With 134 special schools in Ireland supporting approximately 8,000 children, the majority of whom would not be able to attend school without this support, Ms Kennedy said the ever-increasing survivorship in recent years of children with complex disabilities has made the job of nurses who work in special schools even more specialised.

"Advances in medicine and medical technology have thankfully increased survivorship in this cohort of children, resulting in an increase in the complexity of their presentation."

"We need a national and standardised approach to clinical governance for special schools nurses," Ms Kennedy concluded.

- Max Ryan

100% redress for mica and pyrite victims

DELEGATES at the ADC agreed that the INMO and ICTU would continue to make representations to achieve a 100% redress scheme on behalf of members – and their families and communities – who have been affected by the mica and pyrite scandals.

Maria McLaughlin from the Inisowen Branch, who proposed the motion endorsed by conference, spoke about how the government had failed to regulate the quarry industry and this was the reason we now have "houses crumbling around us".

Only 12 counties are not affected by mica and pyrite issues with nurses and midwives being over represented among the home owners.

"A 90:10 scheme would bankrupt many and most people wouldn't be able to afford to rebuild," she added.

Speaking after the motion was carried, general secretary Phil Ní Sheaghdha observed that the complete lack of regulation of the quarry industry sat in stark contrast to the heavy regulation of nurses and midwives.

Access to free CPD services

A MOTION proposed by Annette Keating of the Cork HSE Branch resolved that professional development at all HSE/voluntary centres of education should comply with existing agreements and circulars, in relation to their operation, structure and governance, to ensure that they are fit for purpose. She said it was vital that they can respond to changes in continuing education and ensure that nurses and midwives retain access to free education services, particularly in the context of the development of a maintenance of competence scheme by the NMBI.

- Alison Moore

Right to disconnect topic sparks lively ADC debate

IN A motion proposed by Mary Dunne of the Waterford Branch, conference called for the introduction of nursing-and midwifery-specific guidelines on the right to disconnect from work. The call came on foot of the government policy introduced in 2021 that gave employees the right to switch off from work, including the right to not respond to emails, phone calls or other messages from employers outside normal working hours.

The Code of Practice on Right to Disconnect also enshrined into law the employee's right not to be penalised for "refusing to attend to work matters outside of normal working hours". Ms Dunne told the ADC that this right was not always respected by employers.

"In the past when we had sufficient staff in place to cover rosters it was very occasionally that we were contacted, whereas now in many areas it's a daily occurrence."

Ms Dunne said that in many workplaces management use WhatsApp groups to contact staff about covering shifts.

"When no positive responses are received using this method, management resort to contacting staff individually by phone, requesting that they work additional hours. This puts immense pressure on staff during their time off – they know their colleagues are working short and they're being pressured into going into work. Some staff find it difficult to say 'no' to management."

Ms Dunne told delegates this "emotional pressure" is a contributing factor of stress and burnout. She said individual work areas should put in place clear guidelines governing the timeframes on when staff can be contacted.

Mary Dunne, Waterford Branch, said the right to disconnect was not always respected by employers

"These guidelines should support the right to disconnect and individuals' rights should be respected and supported by management. When asked not to be contacted, this request should be honoured.

"We as employees who do not work on call are not obliged to come to work when called and we should not be treated unfavourably by not doing so."

Grace Oduwole, who spoke in opposition to the motion, reminded delegates that many nurses and midwives were happy to work overtime hours and that those who were not could simply ignore messages and calls from management.

"There are people who are happy to do overtime and they should be allowed to.

"It is your right to ask that your name be removed from the work WhatsApp group if you did not give your consent to be added to that group. You have the right to block them, remove your name or simply not answer the call," she said.

Ms Oduwole said it was HSE policy to offer overtime to staff before contacting agency nurses and that the practice of management contacting staff via WhatsApp fell under the HSE policy on the "effective use of social media to achieve organisational goals and objectives".

"There is a clause in your letter of employment that says you can be called to come on duty in the capacity you are employed at any time. If you are a staff nurse you can be called on to work as a staff nurse at any time; if you are a manager you can be called on to work as a manager at any time.

"If you support this motion our colleagues will suffer, our patients will suffer and quality patient care will suffer. So please think twice before you support this motion, because the pressure of getting the work covered is huge," she said.

Collette Lyng, Executive Council member, addressed conference on this motion, describing the practice of contacting staff outside of normal working hours as "emotional blackmail". She added that "if managers are treating us like we're on call, we should be paid like we're on call".

Albert Murphy, INMO director of industrial relations said that discussions around overtime had muddied the water with regards to the right to disconnect and that when it came to saying 'no' to management, it was simply a case of "standing up for yourself".

"If you're going to be available for overtime, then management must organise it and roster it – this motion doesn't seem to change that. There is now a policy enshrined in the HSE document on the right to disconnect.

"The union doesn't do spines," Mr Murphy added. "You have to stand up for yourself and say 'no, I'm not coming in'."

The motion was carried.

- Max Ryan

HSE must address public health service recruitment and retention failings

THE HSE's lack of urgency in filling posts coupled with the often lengthy and arduous route for new staff from the time of appointment to starting work, has significant consequences for other nurses and midwives who have to cover the staffing shortfall.

Paul Falconer from the Sligo Branch, who proposed a motion calling for the HSE to introduce a faster recruitment process, a swifter procedure for staff transferring from one HSE area to another and a structured corporate induction programme.

He said that the current failures to recruit staff led to a domino effect of burnout among existing staff; with older staff looking to retire early and younger staff looking to leave the hospital or the profession. To address this Mr Falconer said that the HSE needed smarter, more efficient workforce planning and retention measures to reflect the new reality.

"New graduates should be offered tailored programmes which provide ongoing training and educational pathways to specialisation if desired and there needs to be sufficient clinical facilitators employed across all clinical areas.

Paul Falconer from the Sligo Branch said that the HSE's failure to recruit staff was leading to a "domino effect" of burnout and retirement as nurses and midwives exit the professions

"There are also difficulties within the Irish system when staff seek to transfer between areas. This is often borne out of local protectionism, which can lead to frustration as well as the loss of staff to the service," he said.

Ciaran McLaughlin recounted his personal experience with the slow moving and frustrating process when he moved from agency work to the role of night manager. He explained how he took up the post in mid-March 2020 but wasn't officially appointed to the role until June 18 that year and, as of May 5, 2022 he was still awaiting Garda clearance.

"We need to retain our staff and we need to offer them educational incentives. Not everybody wants to be an ANP or a CNS, but they want to be a good staff nurse who works in the wards with patients," he added.

Nicola Hurley of the Kilkenny branch echoed the call for increased efficiency, describing how she had needed to pay STG£700 to have her UK credentials notarised and was only able to take up the job she interviewed for in July 2019 in October 2020 – a time in which the HSE was desperately in need of staff.

The motion was carried.

- Alison Moore

RNID voice must be heard on community health restructuring under Sláintecare plans

ACKNOWLEDGING that it is essential that the intellectual disability nurse is a central part of planning and delivery of care for those with an intellectual disability in Ireland, conference endorsed a call for the recognition of RNID nurses within the restructuring of the community health regions.

Further to this, it was agreed that staffing and workforce planning must be determined based on the contribution and skill set of RNID nurses and the growing population's needs for these skills and expertise.

Liz Egan of the RNID Section who proposed the motion said that while increasing numbers of people in Ireland were recorded as having an intellectual difficulty the budget allocated to their needs was being reduced.

Seconding the motion, Ailish Brennan, also of the RNID Section, said that there was no denying the importance of the RNID post and pointed to Irish research which showed when a person with an ID is taken into acute care, the majority of these cases could have been prevented or managed in the community had an RNID been available.

Ms Brennan said that there was also a problem with the HSE placing those with an ID into nursing homes when they are not in the appropriate age cohort for such care, which she said was disregard of person-centred care.

- Alison Moore


Ailish Brennan, RNID Section said the importance of the RNID role could not be denied

ADC calls for more CPCs to support student nurses and midwives

STUDENT nurses and midwives have called for the ratio of students to clinical placement co-ordinators (CPCs) to be reassessed in the hope of establishing a "safer and more supportive learning environment.

Proposing a motion that called on the INMO to pursue the NMBI to carry out a nationwide review of the CPC-to-student ratio to ensure current levels met the Board's requirements, Van Gamas of the Eastern Youth Forum told delegates that due to the redeployment of many CPCs during the pandemic both students and CPCs themselves were being negatively affected on an ongoing basis.

"When the Covid-19 pandemic hit, not only did this impact negatively on students, but also on CPCs who had to try to manage an increase in their allocated students and provide them with the support that they needed while trying to manage their regular day-to-day responsibilities,"

"Throughout the pandemic, both students and CPCs worked tirelessly. Many students felt overwhelmed and uncertain about what was ahead and what was needed was time for reflection between students and CPCs – an opportunity to talk about concerns and incidents throughout their clinical placements.

"The CPC to student nurse/midwife ratio needs to be reviewed to ensure that students have adequate and protected time with their CPCs to ensure that they feel appreciated and wanted in this health service," said Mr Gamas.

Antoinette Nally, who is a CPC at Connolly Hospital in Dublin, explained that it was important for CPCs to be based in the clinical setting but "unfortunately" too much of the role was administration based.

"I think we have to be on the ground. We have to be supporting students. The feedback from students is always very positive but we require a 1:30 ratio in general nursing and 1:15 in midwifery. Some people feel that a national review is not enough, that we need to have a local ratio so that we can be more involved clinically. That's how we will we will see the issues and enable us to support the preceptors as well," she added.

Van Gamas , Eastern Youth Forum, students have been overwhelmed and need protected time with their CPC

Catherine Sheridan from the Children's Nurses Section said that the administrative burden on CPCs could be overwhelming and called for secretarial support to allow them to have more time with students.

Ciarán Freeman from the Western You Forum added his voice to the need for a review saying that when students have had issues regarding their placements in hospitals, regarding supernumerary status and "at times feeling incredibly threatened" it was through CPCs that they were able to engage with the employer.

A further speaker to the motion said that "today's students were tomorrow's nurses and we need to look after them if we want to keep them. The motion was carried with a standing ovation in recognition of the important role played by student nurses and midwives though the pandemic.

- Alison Moore

Students need community experience for future roles

IF NURSING and midwifery students are to progress to roles under Sláintecare that involve working in the community they need to have allocated time with relevant specialist practitioners in community settings during their training.

This was put forward in a motion that called on the INMO to pursue a national agreement between higher education institutions and the Department of Health to encourage a greater emphasis on linking primary health service and community care with student nurse and midwife training.

Proposing the motion, Edwina Gilroy of the Student Section said that in order to prepare students to manage a diverse range of cases in a community setting they must be afforded the opportunity to spend time familiarising themselves with what is expected in primary care centres and the services they provide.

"We believe that the student body will benefit greatly from spending allocated time with the nurse specialist in different areas," she said.

Ms Gilroy added that educating students on the various systems used in different health settings would improve and increase efficiency within the clinical setting and better equip students to advocate for their patients.

"To understand the nurse's role and the technology that is used within their area. Learning the different technologies can provide many avenues to student nurses on graduating," explained Ms Gilroy.

Ciaran Freeman of the Western Youth Forum told conference that with the exception of one week working with public health nurses, his class had no context for what their working life would look like in the future as Sláintecare progressed.

"We have a lot of theory behind what happens in the community, but I haven't seen any of it in action," he said.

Darren May from the Eastern Youth Forum said that while he knew what a public health nurse was in theory, he had never even seen one in practice.

"I've never had a proper community placement. In fact, I was in a vaccine centre for my entire community placement. Is that what community care looks like every day? No. So why are we allowing our higher education institutions to tell our students that this is what community nursing looks like when it is not?" he asked delegates.

The motion was carried.

- Alison Moore

Pictured at the presentation of the Preceptor of the Year Award at the ADC last month were (l-r): Albert Murphy, director of industrial relations; Tony Fitzpatrick, director of professional services; Eilish Fitzgerald, outgoing first vice president, Executive Council; Róisín O'Connell, INMO student and new graduate officer; Erin Walsh, student nurse and nominee; Cathy Maguire, The Cope Foundation, prizewinner and staff nurse; Alison Brereton, Cornmarket Group Financial Services; Nial Jordan, Cornmarket Group Financial Services; Karen McGowan, INMO president; Phil Ni Sheaghdha, INMO general secretary; Edward Mathews, INMO deputy general Secretary and Steve Pitman, INMO head of education and professional development

Three nurses recognised at ADC for outstanding contributions

Winners of annual INMO awards announced to conference in Sligo

THE INMO announced the winners of its annual awards at the annual delegate conference (ADC) in Sligo last month.

- The Gobnait O'Connell award for exceptional contributions to the INMO was awarded to staff nurse Jo Tully from St James' Hospital, Dublin
- The CJ Coleman Research Award was presented to nurse Mary Costello, an advanced nurse practitioner in tissue viability with Laois Community Care. Ms Costello is conducting research into tissue viability and lymphoedema care, for her project looking at the impact of complex decongestive therapy on the lives of patients with non-cancer-related lower limb lymphoedema
- The INMO's annual Preceptor of the Year award for outstanding mentorship in nursing and midwifery was won by staff nurse Cathy Maguire of the Cope Foundation. Ms Maguire was nominated by student Erin Walsh (*see main photo above*).

Pictured (l-r) at the presentation of the CJ Coleman Award were: Albert Murphy; Eilish Fitzgerald; Steve Pitman; Tony Fitzpatrick; Mary Costello, CJ Coleman award winner; Phil Ni Sheaghdha; Karen McGowan; and Edward Mathews

Speaking about the awards, INMO president Karen McGowan said: "It is so inspiring to see nurses and midwives continue to push their professions forward through innovation and activism year after year. It's also wonderful to see our members participating in our in-person conference this year after two years apart.

INMO stalwart Jo Tully was presented with the Gobnait O'Connell Award

"I'm so grateful to INMO members for their active participation in the union throughout the pandemic while continuing their outstanding commitment to their work and their patients.

"Our conference is always an important milestone for the Organisation, and I am very grateful for this opportunity to recognise the contributions of our incredible colleagues," Ms McGowan concluded.

- Max Ryan

INMO annual delega

ate conference 2022

Section focus

INMO Professional

Jean Carroll, Section Development Officer

ICM meeting discusses provision of pregnancy services for refugees

Midwives Section vice chair attended meeting

THE healthcare needs of those displaced by the war in Ukraine proved a hot topic at the virtual European regional meeting of the International Confederation of Midwives (ICM).

Ann McCormack, vice chairperson of the INMO Midwives Section, attended the meeting on behalf of the Section.

Following the chairperson's welcome, the Estonian representative gave a presentation on the human effects of the war in Ukraine. ICM members discussed how the Confederation might support these people, how we can work together in crisis and how to continue to provide support to those affected by the war.

Ms McCormack raised the issue of providing free and immediate access to medical care for all pregnant refugees in every country to which they migrate. Currently in Ireland, people arriving from Ukraine can avail of the same healthcare services as people who live in Ireland, including pregnancy services.

The Swedish and Spanish representatives said this had already been the case in their countries prior to the Russian invasion of Ukraine. Sweden is also offering free abortion services to any refugees who require this service. The Spanish representative suggested that all countries have provision for translator services for these women.

In Ireland, interpreters are being arranged for those who do not speak English and there are online phrase books that midwives can download to assist them with communication in a medical setting.

Representatives also discussed the possibility of issuing a statement to support prioritising the protection of Ukrainian mothers and babies.

The representative for central Europe spoke about the need for the ICM to focus on partnerships and link in with the World Health Organization and Médecins Sans Frontières.

Representatives highlighted the urgent need to have midwives represented in emergency management response groups, as this was not currently the case in most countries at the time of the meeting. A recommendation was made that every country appoint a chief midwife officer.

The second part of the meeting comprised a presentation on a new framework for midwives, which was well received by all members.

Other issues discussed included:

- In Romania, midwifery is disappearing as a profession and the Caesarean rate has risen to 70%
- Estonia reported that midwives look after 60% of birthing mothers but that their role is not recognised
- Nordic countries reported an increasing medicalisation of care
- Portugal reported that it was difficult to have the midwifery voice heard during the pandemic
- The representative from France said care was becoming more pathology and hospital based
- The RCM representative said that in the UK midwifery standards for education changed based on *The Lancet* 2014 review.

There was broad consensus that regulation and research were the way forward and a recommendation that midwifery research be supported financially and carried out by midwives.

Having worked throughout the pandemic, midwives have coped with all the stresses and strains Covid has presented, the meeting was told. Mental health supports, online training and resilience training were all recommended as ways of supporting midwives' wellbeing.

A presentation took place to mark 100 years of the ICM. The International Midwives Union began in Belgium 100 years ago. Now ICM, it is a global, non-government organisation.

The ICM toolkit acknowledges race, gender and inclusion issues and celebrates what has been achieved thus far.

There was also a discussion about the new charity 'With Women', the proceeds from which will be donated to supporting the work of the ICM.

The INMO Midwives Section is planning a presentation of the new framework for midwives on September 3 via Zoom – see *page 76* for further details.

In brief...

ED Nurses Section webinar

THE National Emergency Department Nurses Section will host its annual webinar on June 9.

The webinar will feature a presentation from Margo Noonan, advanced nurse practitioner in sexual assault forensic examination, on new developments in SATU and new developments to meet the complex needs of victims of sexual violence.

Deirdre Barr, chief nurse and clinical director of Excalibur Healthcare Services in the UK, will speak on the establishment of the Nightingale Hospital.

There will also be presentations on inclusion health and ambulatory care, as well as frailty and geriatric medicine in the ED setting.

Please ensure you book your place by emailing education@inmo.ie or see *page 60* for further details.

Retired Section trip to Killarney

THE Retired Nurses and Midwives Section enjoyed a five-day break in Killarney recently. They visited Killarney National Park, the Gap of Dunloe, the Kerry Bog Village Museum and Tralee. They stayed in a hotel overlooking the Lower Lake that had walking paths and a golf course.

Get in touch

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Section Development Officer
at HQ at Tel: 01 6640 600
or email: jean.carroll@inmo.ie

INMO Professional

Continuing professional development for nurses and midwives

INMO EDUCATION PROGRAMMES

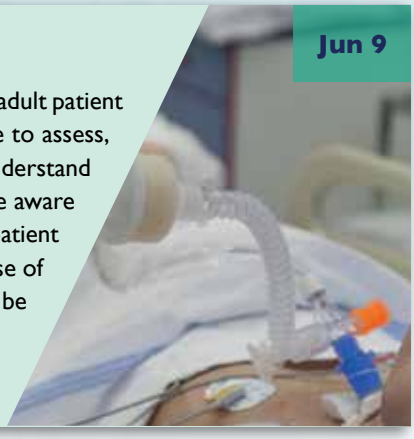
In the pull-out this month…

Tracheostomy Care Study Day

Jun 9

This programme introduces a holistic and interdisciplinary 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 a tracheostomy. Learning outcomes: understand the anatomy of a tracheostomy tube; be aware of the different types of tracheostomy tube; be aware of the complications associated with a tracheostomy; communication and swallowing in a patient with a tracheostomy; how to manage tracheostomy emergencies safely; understand the purpose of humidification with a tracheostomy; manage safe suctioning of a patient with a tracheostomy; be aware of nursing care of a tracheostomy. 10am-1pm.

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



Overview of Nursing Assessment and Management of Stroke

Jun 21

This short online programme will give participants an overview of nursing assessment and management of stroke during the Covid pandemic. At the end of the training participants will be able to: identify and discuss the two types of strokes; identify and ascertain the various treatment options; understand the best practice for the nursing care of people who have suffered an acute stroke, including secondary prevention; be aware of aetiology of stroke and rationale for specific diagnostic tests.

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

Paediatric Asthma – Understanding the Basics

Jul 6

10.00-1pm, Richmond Education and Event Centre, Dublin

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

Steve Pitman
Head of Education and Professional Development

Plan your development with INMO Professional

INMO Professional continues to be busy developing new courses and CPD resources for members. The INMO ED Nurses Section webinar is scheduled for July 9. The event is free for INMO members and will cover issues including the role of the sexual assault forensic nurse examiners, ambulatory care, inclusion health and frailty and geriatric medicine. Other annual section conferences are currently being planned for the autumn. Further information is available at **www.inmoprofessional.ie**

WaterWipes Pure Foundation Award

The INMO is joining WaterWipes and the Irish Neonatal Health Alliance in offering the third annual Pure Foundation Bursary Award. This year the award has been brought forward to the end of June. The winner will receive a bursary of €10,000 for their department to continue improving the care of parents and babies, as well as a bulk donation of WaterWipes and a Pure Foundation Fund plaque.

The award is open to nurses and midwives in Ireland working in the fields of maternity, neonatology and postnatal care, who can self-nominate or nominate a colleague who has demonstrated outstanding care. The deadline for entry is June 30, 2022. See *page 74* for further information.

12th ICN NP/APN Network Conference

Registration for the 12th ICN NP/APN Network Conference, which will run from August 21-24 in University College Dublin, is now open. The conference will be the largest ever gathering of nurse practitioners, advanced nurse/midwife practitioners and clinical nurse/midwife specialists. The event will include more than 350 oral presentations, workshops and posters from presenters from Ireland, the UK, US, Canada, Europe, China, Australia and Africa.

Keynote speakers will include Dr Michelle Acorn, chief nurse, nursing and programmes, International Council of Nurses (ICN); Prof Melanie Rodgers, professor of advanced practice and spirituality, UK; Dr Frances Wong, chair professor of advanced nursing practice, School of Nursing, The Hong Kong Polytechnic University and Prof Mabel Magowe, University of Botswana. Funding support for attending the conference may be available from your employer or local NMPDU. Further information is available on the conference website: **www.npapndublin2022.com**

Chronic disease event

The INMO is collaborating with advanced nurse practitioners in a nursing career option event in the area of chronic disease management. The event is free and takes place on June 24, from 10am-2pm at the Richmond Education and Event Centre. The event is open to interns, graduates and staff nurses. It will be an excellent opportunity to explore nursing career options in chronic disease management and to meet advanced nurse practitioners in rheumatology, inflammatory bowel disease and dermatology. Further information is available at **www.inmoprofessional.ie**

LGBT Ireland

As part of Pride month, LGBT Ireland will be hosting the PRIDE 2022 Healthcare Conference on June 3 from 9.30am-2pm at the Royal College of Surgeons. The conference title is 'Visibility, Inclusion and Equality; transforming the care experience of older LGBTQ+ people'. The conference continues to build on the hugely successful LGBT Champions Programme. The programme is aimed towards health and social care professionals working and supporting older people.

The INMO will also be hosting an event to celebrate Pride on Friday, June 24. Further details will be posted on the INMO social media channels and **inmo.ie**

International Day of Yoga

Nurses and midwives are invited to come together and celebrate the International Day of Yoga with the INMO on 21 June. The event will be held in the Richmond Education and Event Centre, Dublin, from 10-11am. The theme for the event is 'Yoga for Nurses' Health and Wellbeing'. See **www.inmoprofessional.ie** for more information

On-site Education

INMO Professional offers an extensive range of on-site programmes facilitated by expert practitioners. If you are interested in booking, you can email: marian.godley@inmo.ie or Tel: 01 6640642.

Delivering courses and writing for *WIN*

INMO Professional is eager to offer members the opportunity to work with us in delivering education courses. If you are an advanced nurse or midwife practitioner, a clinical nurse/midwife specialist or a nurse/midwife with expertise in clinical or management practice, we would like to hear from you by email: education@inmo.ie or Tel: 01 6640642.

INMO Professional is also interested in hearing from members who would like to write professional and clinical articles for *WIN*. Email steve.pitman@inmo.ie

INMO Professional

Education Programmes

Tel: 01 6640641/18
Email: education@inmo.ie

All of the following programmes are category 1 approved by the NMBI and allocated continuous education units
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Time: 10am-1pm

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

Jun 14 **Medication Management Best Practice – Guidance for Nurses and Midwives**

This short online programme supports 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 NMBI Guidance for Registered Nurses and Midwives Administration (2020) and HIQA requirements for medication management.

Jun 15 **Navigating your Way Through Conflict**

The key learning outcome for this online interactive short course will be to help participants develop the insights and skills necessary to successfully navigate their way through conflict situations and reach satisfactory solutions.

Jun 16 **Retirement Planning Webinar**

This webinar is to help support you in planning your retirement and will briefly cover the following: superannuation and your entitlements, options for drawing down your AVC at retirement, considering lump sums and AVCs before retirement, protecting your lump sum against inflation, key steps to long term investing, top tax tips for retirement and a Covid-19 Q&A session.

Jun 21 **Overview of Nursing Assessment and Management of Stroke**

This course will give participants an overview of nursing assessment and management of stroke. At the end of the training participants will be able to: identify and discuss the two types of strokes; identify and ascertain the various treatment options; understand best practice for the nursing care of people who have suffered an acute stroke, including secondary prevention; be aware of aetiology of stroke and rationale for specific diagnostic tests.

Jun 21 **International Yoga Day**

Inviting all nurses and midwives to come together and celebrate International Day of Yoga with INMO on the theme 'Yoga for nurses' and midwives' health and wellbeing'. While helping our patients, let's begin our healing through the practice of yoga asanas. United Nations recognised yoga's universal appeal on December 11, 2014. The United Nations proclaimed June 21 as the International Day of Yoga by resolution 69/131. This day is celebrated all across the globe to raise awareness about yoga and its holistic approach to health. June 21 is also the summer solstice. On this day it is a tradition in yoga to revere the sun and draw its energy.

Jun 22 **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.

Jul 5 **Competency Based Interview Skills**

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

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

Jul 6 **Paediatric Asthma Understanding the Basics**

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

Jul 7 **Tools for Safe Practice** *(free for INMO members)*

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

Jul 26 **Infection Control Risk Register: Meeting Regulation 27; Development and Review**

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

Aug 26 **Tools for Safe Practice** *(free for INMO members)*

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

Sep 1 **Type 1 Diabetes Management for Nurses and Midwives**

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

Sep 1 **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

Sep 5 **Competency-based Interview Skills**

This short 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, dealt with and handled previous workplace situations. It will explore preparation, presentation and performance during the interview and briefly focus on CV preparation.

Sep 7 **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.

When booking online courses please note:
Places must be booked in advance. You will need a reliable computer and internet access. Please ensure a correct email is provided when registering. Certificates for participation will be issued in digital form and sent by email. Do not hesitate to contact us at Tel: 01 6640641/18 or email: education@inmo.ie

Sep 7 **'Therapeutic Use of Mindfulness' for Nurses and Midwives**

This three-day online course is for nurses and midwives who work in the area of chronic illness, mental health, maternity care, parent education, palliative care, old age care and want to support their patients by teaching them mindful breathing and meditation techniques. If you embrace the holistic aspect of nursing care and are keen to explore innovative ways of providing health care with the therapeutic use of mindfulness, then this course is for you. Mindfulness cultivates a stable healing presence that benefits patients and providers alike. Mindful nurses/midwives can teach their patients how to use breath as an anchor to bring the mind home to the body and experience more peace and calm. Dates: 7, 14 and 21 September. Fee: €180 INMO members; €390 non members.

Sep 8 **An Introduction to the Management of Chronic Disease in Primary Health Care**

This short introductory online course provides nurses/midwives who work in the primary healthcare setting with knowledge and skills to develop and apply the principles of self-management of chronic illnesses. In this programme you will discover the most common chronic diseases and learn how to assess clients with ongoing illness and to develop, implement and evaluate planned care and self-management strategies. This is an ideal professional development programme to gain essential skills to better support these patients and provide you with the knowledge and skills in doing so.

Sep 9 **Adult Asthma Getting the Basics Right**

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

Sep 13 **Best practice for Clinical Audit for Nurses and Midwives**

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

Sep 13 **Tools for Safe Practice** *(free for INMO members)*

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

Sep 14 **Falls Reduction, Assessment and Review**

The purpose of this programme is to promote a consistent approach to falls reduction for older people through assessment, individualised care planning and post-falls review. It promotes excellence amongst nurses who provide care to the patients at risk of falls, informed by current evidence. The main aim is to assist nurses to identify those patients or residents who are at risk of falls and to reduce that risk by providing knowledge on falls reduction techniques, ultimately improving patient safety and minimising injuries in the older population.

Sep 14 **Wound Management for nurses and midwives**

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

Sep 15 **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 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.

Sep 20 **Person-centred Care Planning**

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

Sep 22 **Introduction to Management and Leadership Skills for Nurses and Midwives**

The aim of this programme is to identify managerial and leadership competencies for frontline managers and to explore how these are applied in practice. The course will include management theory, effective leadership and teamwork, as well as delegation and clinical supervision.

Sep 22 **Retirement Planning**

This webinar is to help support you in planning your retirement and will briefly cover the following: superannuation and your entitlements, options for drawing down your AVC at retirement, considering lump sums and AVCs before retirement, protecting your lump sum against inflation, key steps to long term investing, top tax tips for retirement and a Covid-19 Q&A session.

Sep 26 **The Importance of Documentation for Nurses and Midwives – Getting it Right**

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

Sep 27 **Understanding and Developing Care Plans for Nurses and Midwives**

This short programme provides nurses and midwives with the most up-to-date information regarding policy and standards. It will enhance their understanding of nursing care plans, reflecting on the past, present and future use of care planning and its importance in the workplace. It will focus on the need for comprehensive assessment, including risk assessment and care planning. Participants will be provided with practical tips on how to prepare for and carry out a comprehensive assessment, enabling them to develop a person-centred care plan.

Sep 28 **Medication Management Best Practice: 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 Nursing and Midwifery Board of Ireland Guidance for Registered Nurses and Midwives Administration (2020) and Health Information and Quality Authority requirements for medication management.

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ONLINE FOR INMO MEMBERS

International Yoga Day

TUESDAY, 21 JUNE 2022

Hybrid approach online for everyone and in-person (Invitation only)

Inviting all Nurses and Midwives to come together and celebrate International Day of Yoga with INMO on a theme "Yoga for Nurse's Health & Wellbeing". While helping our patients let's begin our healing through the practice of Yoga Asanas.

What to expect in 60 minutes of Yoga Day celebration

- Welcome & Greetings
- Setting the intentions
- Breathwork
- Yoga Asanas
- Sun Salutations
- Meditation

Preparation for the Online Class-

- Join the class 5 minutes before start time
- Use Laptop for a better experience
- Set your yoga mat facing the camera on your Laptop
- Keep a water bottle near you
- Wear comfortable and stretchy clothes
- Keep a few pillows/ cushions and blanket nearby

BOOKING IS ESSENTIAL

education@inmo.ie | 01 6640641/18

SCAN ME

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Training, Delivery and Evaluation

September / October 2022

NEW BLENDED LEARNING FORMAT

This five-day course "Training Delivery and Evaluation" 6N3326 award will equip the nurse/midwife with the knowledge, skills and confidence to plan, deliver and assess learning and evaluate training provision. This course would suit every nurse/midwife working with student nurses in a clinical learning environment and also in centres of nurse education.

A wide range of training methods, including role-play, small group work, case studies, action learning, online training and forums will be used to enhance the learning process. The course aims to foster and share the rich and diverse knowledge and skills of participants whilst providing them with the expertise and confidence to impart their knowledge effectively.

The course is delivered over five days from 9.30am to 5.00pm each day.

This training will lead to QQI level 6 component certificate in Training, Delivery and Evaluation (formally Train the Trainer FETAC 6) and it carries 15 ECTs (European Credit Transfer and Accumulation System). Throughout the programme, trainer support is also available for each nurse/midwife attending the course.

This programme is also category 1 approved by the Nursing and Midwifery Board of Ireland (NMBI) and awarded 30 continuing education units (CEUs).

HOW TO BOOK

A non-refundable deposit of €200* must be made to reserve a place. *Payment in full must be made prior to **Wednesday, 31 August 2022.**

FOR MORE INFORMATION

Email **linda.doyle@inmo.ie** or call **01 6640641**

5 Day PROGRAMME

Day 1 **Tues 20 Sept** IN-PERSON
Day 2 **Wed 21 Sept** IN-PERSON
Day 3 **Thurs 22 Sept** IN-PERSON

Day 4 **Tues 4 Oct** ONLINE
Day 5 **Wed 5 Oct** ONLINE

9.30am to 5.00pm

30 NMBI CEUs

Module 6N3326 - QQI Level 6
Category 1 Approved by NMBI

Fee:

€550
INMO members

€875
Non members

Please note: This programme will be provided face-to-face and in-person in INMO offices (subject to Government's guidelines).

Pride in nursing and midwifery

The Library is celebrating Pride month by offering a wide range of related literature

PRIDE month takes place every year in June and celebrates the influence of the LGBTQ+ community. Here we look at the latest research and articles about LGBTQ+ in nursing and midwifery.

Maternity and midwifery

- Welch N. What Happens When You Don't Fit the Assumptions? The Experiences of a Transgender Midwife. Student Midwife. 2022 Apr ;5(2):15–8.
- Jennings L, Goût B, Whittaker PJ. Gender inclusive language on public-facing maternity services websites in England. British Journal of Midwifery. 2022 Apr ;30(4):208–14.
- Ritchie A, Lai-Boyd B. 3. Inclusivity and Equity in Antenatal Education for the LGBTQIA+ Community. Practising Midwife. 2022 Jan ;25(1):11–3.
- McCann E, Brown M, Hollins-Martin C, Murray K, McCormick F. The views and experiences of LGBTQ+ people regarding midwifery care: A systematic review of the international evidence. Midwifery. 2021 Dec ;103
- Lai-Boyd B, Lai-Boyd S. 1. Pride in Maternity: Proud of What? Practising Midwife. 2021 Sep ;24(8):13–5.

Health inequality

- Heaslip V, Thompson R, Tauringana M, Holland S, Glendening N. Health inequity in the UK: exploring health inequality and inequity. Practice Nursing. 2022 Feb ;33(2):72–6.
- Velasco RAF. Stigma among transgender and gender-diverse people accessing healthcare: A concept analysis. Journal of Advanced Nursing (John Wiley & Sons, Inc). 2022 Mar ;78(3):698–708.

Older people

- Dutton S, Cimino AN, Lombardo M, Mackay P, Borthwick J, Wright N, et al. Assessing knowledge, attitudes, and beliefs of nurses about LGBTQ older adults using a documentary video. Nurse Education Today. 2022 Jan ;108
- Inventor BR, Paun O, McIntosh E. Mental Health of LGBTQ Older Adults. Journal of Psychosocial Nursing & Mental Health Services. 2022 Apr ;60(4):7–10
- Chen J, McLaren H, Jones M, Shams L. Aging Experiences of LGBTQ Ethnic Minority Older Adults: A Systematic Review. Gerontologist. 2022 Apr ;62(3):e162–77
- Benbow SM, Kingston P. Older trans individuals' experiences of health and social care and the views of healthcare and social care practitioners: "they hadn't a clue." Educational Gerontology. 2022 Apr ;48(4):160–73

Nursing care

- Quinn BG, O'Donnell S, Thompson D. Gender diversity in nursing: time to think again. Nursing Management - UK. 2022;29(2):20–4.
- Bains J. Meeting the health promotion needs of the transgender population. Nursing Times. 2021 Nov ;117(11):31–4
- Nye CM, Anderson A. Transgender and Gender Diverse Nursing Care. AJN American Journal of Nursing. 2021 Oct ;121(10):53–7.
- Heyworth B. Enhancing the care of transgender and non-binary patients through effective communication. Nursing Standard. 2021 Oct ;36(10):38–44
- Ziegler E. The integral role of nurses in primary care for transgender people: A qualitative descriptive study. Journal of Nursing Management. 2021 Jan ;29(1):95–103.

Cultural competence training

- Wadsworth P, Allen E, McCormick M. Climate, knowledge, comfort related to LGBTQ+ health and healthcare. Teaching & Learning in Nursing. 2022 Apr ;17(2):203–9.
- Sundus A, Shahzad S, Younas A. Ethical and culturally competent care of transgender patients: A scoping review. Nursing Ethics. 2021 Sep ;28(6):1041–60.
- Sherman ADF, Cimino AN, Clark KD, Smith K, Klepper M, Bower KM. LGBTQ+ health education for nurses: An innovative approach to improving nursing curricula. Nurse Education Today. 2021 Feb ;97
- McEwing E. Delivering culturally competent care to the lesbian, gay, bisexual, and transgender (LGBT) population: Education for nursing students. Nurse Education Today. 2020 Nov ;94.
- Kaiafas KN, Kennedy T. Lesbian, Gay, Bisexual, Transgender, Queer Cultural competency training to improve the quality of care: an evidence-based practice project. JEN: Journal of Emergency Nursing. 2021 Jul ;47(4):654–60.

Palliative care

- Javier NM. Palliative care needs, concerns, and affirmative strategies for the LGBTQ population. Palliative Care & Social Practice. 2021 Sep 9 ;1–17.
- Fair TM. Lessons on Older LGBTQ Individuals' Sexuality and Spirituality for Hospice and Palliative Care. American Journal of Hospice & Palliative Medicine. 2021 Jun ;38(6):590–5.

Literature searching service

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

Other services include document supply, reference desk assistance and searching consultations. To find out more, contact the library staff: on 01664014 or library@inmo.ie

Online – Introduction to Effective Library Search Skills

Next course date: Thursday, September 22, 2022

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

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

INMO Professional

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Webinars & Conferences for Nurses and Midwives

Webinars and Conferences 2022

ONLINE AND IN-PERSON EVENTS

All conferences and webinars are Category 1 approved by NMBI

Thursday 9 JUNE — Emergency Department Nurses Section Webinar

Saturday 2 JULY — International Nurses Section Culturefest

Tuesday 20 SEPTEMBER — Care of the Older Person Section Webinar

Wednesday 28 SEPTEMBER — Telephone Triage Nurses Section Conference

Thursday 6 OCTOBER — Occupational Health Nurses Section Conference

Saturday 8 OCTOBER — Operating Department Nurses Section Conference

Thursday 17 NOVEMBER — All Ireland Midwifery Conference

For more Information:

Jean Carroll, Section Development Officer
jean.carroll@inmo.ie, www.inmoprofessional.ie/conference

Focused on just rewards

Albert Murphy sets out his priorities for his new role as INMO director of industrial relations. Interview by **Tara Horan**

TWO priorities loomed large for Albert Murphy as he took over the reins as INMO director of industrial relations recently – the restoration of working hours to pre-Haddington Road Agreement (HRA) levels and the re-establishment of pay differentials for nurse/midwife managers.

Negotiations on the implementation of the 3.28% pay increase for nurse/midwife managers recommended by an expert review body are reaching a conclusion and it is expected that this will be delivered and backdated to February 1, 2022. "This is something our nurse and midwife mangers deserve as they stood back following the strike in 2019 when we couldn't deal with pay for higher grades and now it is time that they get their reward," said Mr Murphy.

The other major issue for the INMO this year is the implementation of the Hours Body's recommendation that working hours should revert to pre-HRA levels for all public servants from July 1, 2022. In the case of nurses and midwives, this means bringing the working week back to 37.5 hours. This recommendation has been accepted by government.

"This is a key issue for members, particularly for the majority who are shift workers. While it will just mean a reduced working day for those who only work weekdays, for shift workers, the extra 1.5 hours per week adds up to six to eight extra work days per year. There is funding from government to allow this recommendation to be acted upon and it is the union's top priority to ensure that members get their time back," he said.

The INMO ran a major campaign in 2007-2008 to get the working week down to 37.5 hours. This was finally achieved in 2008 but hours were taken back under the austerity measures stipulated by the Haddington Road Agreement in 2013. The HRA was intended to be a temporary measure to aid the country through the recession, and restoration of these hours was a key provision of the Building Momentum Agreement.

"The HSE has the old rosters and management teams simply need to put the old rosters back in place – they should be recruiting the replacement staff already to enable this. They've had the report for the past six months they need to have a plan to identify who needs to be replaced and get staff in," said Mr Murphy.

He points to Mater Misericordiae Hospital as an example: "When they reduced the hours in 2008, this hospital had to recruit an extra 40 staff so they will probably have to do the same this time around. It is doable. For the manager grades who work days Monday to Friday, it is simply a matter of working shorter days, but for the staff nurse grades, it is gaps in the rosters that will need to be filled through new recruits," he said.

Organisational issues

Mr Murphy's new appointment was part of the INMO's reorganisation of areas of responsibility following the retirement of Dave Hughes as deputy general secretary in January. Mr Murphy took over the director of IR role from Tony Fitzpatrick who in turn has been appointed director of professional development, which also includes a brief to represent members on issues that may affect a particular category or grade.

Mr Murphy has 30 years experience as a trade union official and has been a member of the INMO industrial relations team since 2008, firstly as an IRO for several Dublin hospitals. In 2014 he added the role of organiser to his areas of responsibility, when he was charged with leading the development of enhanced workplace structures in large hospitals. He became assistant director of IR in 2019 for the Dublin North East region.

As director of industrial relations, Mr Murphy is heading up the union's expanded IR team, which has more than doubled in numbers in recent years.

"The union has invested heavily in staff. We have a new structure of four regions with an assistant director of IR in each

region, each with roughly 11,000 members to look after," Mr Murphy said.

"I approach work genuinely on a collegial basis and have a strong tradition of mentoring new officials. In my immediate past role as assistant director of IR for Dublin North, I had to build a team of new officials and manage them in a time of learning for us all through the pandemic, getting used to working remotely and all that entailed.

"We're eager to get back out into the field now where members will see our officials on the ground again so that they can proactively deal with all issues being raised. Members need to see that the union is visible and that they can get access to their official quickly."

Mr Murphy has maintained a good working relationship with officials from other unions throughout his career, having worked for Mandate as well the Civil and Public Services Union, among others, prior to the INMO.

"I have a lot of experience of dealing with issues in relation to change management, restructuring and redundancies – the hard end of industrial relations. I also have experience dealing with crisis management and structural changes. I learned how to bring people along in terms of changes."

The Organisation is also investing in a new IT system to enable it to better identify and analyse emerging issues for members, and on which issues we need to be more responsive.

Recruitment and retention

Several major issues are arising post-Covid, including a high turnover of staff in the main urban centres of Dublin, Cork, Galway and Limerick. "Many nurses and midwives are moving to other areas within the health system, mainly driven by house prices. Housing and inflation are increasingly major issues for healthcare workers. The government is responding to such concerns generally by encouraging more working from home but that's obviously not available to nurses and midwives because they have to be physically present at work.

"The costs of petrol and childcare is really affecting the huge number of nurses and midwives commuting from wherever they can afford to live to work in urban areas. A lot of our younger members are living outside urban centres because they cannot afford houses. I'm aware of two nurses recently who moved from a Dublin hospital to Tullamore – they were simply driven out by the cost of housing. These were nurses who had established themselves in Dublin and were putting down roots but they can't afford to live in Dublin. So they've moved out."

Mr Murphy points to steps the HSE can take immediately to retain nursing and midwifery staff. "Firstly, the HSE needs to drop the basic salary scale and employ all new entrants on the enhanced practice scale. Secondly, it needs to look at working conditions – basically we need to ensure the safe staffing framework is in place on wards. This means instead of people constantly working short staffed, they know what the staff level is going to be when they go into work. Staff need to know that for the time they are on duty, they will have sufficient staff," he said.

"Currently emergency departments are running short staffed every single day. Attendances are back up at pre-Covid levels – it's like back to the future. There is also the added complication that people, particularly older people who stayed away from hospitals during the pandemic, are now presenting again and their care needs are more complex because they haven't been seen for so long. The only way that we're going to actually make things better is by transforming the health service. The Sláintecare blueprint really has to be delivered. Otherwise, if there are no system changes, we're just continuously putting on a sticking plaster. We're not solving anything."

Health and safety

The INMO has been campaigning for years to address ED and hospital overcrowding, focusing initially on safety in terms of the effect on patients. As a lifelong trade union official, Mr Murphy wants hospital staff to focus more on the effect it has on them in their workplace. "Nurses rarely say that it's their health and safety that is affected and just speak of the risk to patients. I say to staff – what about the risk to you yourself if you're working in an overcrowded emergency department or ward? You're bending over trolleys and you may have trips and spills, violence and aggression. Nurses are assaulted every day at work – that is simply outrageous. Management needs to deal with this and provide safe places of work. "

In relation to health and safety, the INMO has been building awareness that staff are entitled to work in a safe working environment and that their employer has a duty of care to ensure that they are provided with a safe working environment.

There are currently two national agreements that deal with health and safety – the emergency department agreement and the recruitment and retention agreement. The ED agreement recognises that emergency departments are employments in their own right and therefore the INMO is entitled to have a union safety rep in each ED. The recruitment and retention agreement also specifies that the INMO can have safety officers in all other work locations.

"Previously the management side had appropriated the health and safety issue and nurses really had no active involvement as safety reps. We have now secured the release of Karen Eccles as INMO national safety, health and welfare at work representative and she is building a network of INMO safety reps across the country," he said.

As an example of the necessity for safety reps Mr Murphy pointed to a situation in February 2022 when there was massive overcrowding in a regional hospital.

"There were two patients per cubicle and in one cubicle a patient had MRSA and the person beside him had VRE. Two nurses had to hold up a blanket between them. The situation was so bad that by the time I got there, two patients had already phoned the fire safety officer in the county council. And the fire safety officer came in and gave an instruction to management to decant the hospital because it was unsafe.

"If patients can see that a situation is unsafe surely management can too. It's a matter of changing the culture among our members that if they see risk they should apply the legislation themselves, firstly by appointing their own health and safety rep," he said.

In closing, Mr Murphy believes that if the INMO can land the issues of nurse/midwife managers' pay and the restoration of the 37.5 hour working week, along with a safe working environment, then nursing and midwifery will be in a much better place. "Added to this is the need to increase the number of places for nursing students in the colleges as we are clearly not training enough nurses and midwives for our health service," he said.

With safe staffing, nurse and midwives should be able to achieve a healthy work/life balance. This is something in which Mr Murphy believes strongly – ensuring he finds time for activities such as hillwalking or playing squash a few times a week, as well as enjoying his annual leave. "I believe it is important for all workers to make sure that they have their own 'me time'."

New appointments at the INMO

CHRISTOPHER Courtney is the new industrial relations executive for the Western Region covering CHO1 in Sligo, Leitrim, West Cavan, Galway, Mayo, Roscommon in CHO2. He has 12 years' experience working as a healthcare assistant in both the public and private sector and was the shop steward in Roscommon University Hospital for many years. He was elected strike organiser for the hospital in 2019 when he led support staff as part of the dispute regarding the implementation of the job evaluation scheme.

A keen trade union activist, he was involved in many committees in relation to local, regional and national forums with SIPTU. He has a genuine interest in people and enjoys assisting members with pursuing workplace issues to ensure members receive their rights and entitlements. Mr Courtney completed an advanced diploma in applied employment law in the King's Inn, Dublin and has a BA in public and social policy from NUIG.

He is looking forward to his new role within the INMO and told *WIN:*"I am delighted to have the opportunity to work with the members in the region. Nurses and midwives have displayed huge commitment and dedication to their professions throughout the pandemic. They battled the ongoing difficulties with reduced staffing levels while still maintaining and delivering the best care to their patients. Members experienced the additional stress and anxiety of restricting their own movements with their families due to all the associated risks.

"The INMO has always appealed to me as it listens to members issues, provides the vision and delivers in the pursuit of achieving positive change for the members. The level of advocacy that the INMO took on during Covid-19 has been exceptional and it is an honour to be part of an organisation where the members come first."

KATHRYN Courtney has recently taken up the role of industrial relations executive for the Southern region. She been a nurse member and representative in the INMO since 2007 and was active in the Cork Voluntary Private Branch where she served recurrent terms as treasurer.

Ms Courtney served on the Executive Council for the last four years and was second-vice president for the past two, which encompassed the 2019 industrial action, national agreements and the Covid-19 pandemic. She also sat on the global solidarity committee of the Irish Congress of Trade Unions.

Ms Courtney trained in the Mercy Hospital in Cork then worked in Dublin and Australia before returning to Cork in 2005 to work in Marymount Hospice. She has completed a BSc in Nursing in University College Cork, a postgraduate diploma in nursing in palliative care at the University of Limerick and a diploma in health services management from the College of Commerce, Cork. More recently she has completed online QQI level 5/6 in employment law, human resources and health and safety at work with The Open College.

Ms Courtney is passionate in advocating for nurses and midwives ,promoting positive change in workplaces and ensuring all nurses and midwives are informed about their rights and entitlements across the public and private sectors and Section 39 organisations.

Speaking to *WIN* she said: "The INMO is governed by its membership and the collective voice and the support gained by being part of a union and the wider Irish Congress of Trade Unions is essential for nurses and midwives.

"The ongoing Covid-19 pandemic , the HSE cyber attack and the increasing cost of living has put an enormous strain on nurses and midwives. My aim is to support members who continue to put their lives and the lives of their families at risk everyday and do not get the recognition that they deserve."

MARIAN Spelman is the new industrial relations executive in the Limerick Office covering Nenagh, Ennis, St John's and Croom hospitals and ID services in CHO3. She started work in the intellectual disability sector in 1986 in Galway with the Brothers of Charity and later trained as a registered nurse of intellectual disabilities (RNID) from 1988-1991 in the St John of God's training school in St Mary's Drumcar in Co Louth.

Ms Spelman worked at St John Of God's until 1998 where she took time to do a BA in politics, sociology and English as well as a higher diploma in applied communications and a master's degree in journalism from 1998 to 2002. While in college, she continued to work as a nurse in Cheeverstown house in Dublin. After this she moved to Co Clare where she worked in the area of behaviours that challenge in the Brothers of Charity Services before moving home to Galway in 2005. There she took up a position of staff nurse in the Brothers of Charity Services in Clarinbridge in Co Galway. She was a member of FORSA from 2006 to 2017 where she was secretary of the Voluntary Bodies Section and a rep for FORSA in the Brothers of Charity Galway Services.

Ms Spelman joined the INMO in 2017 and became part of the RNID Section. She was secretary of the Section from 2017 to 2020 and was chair from 2020 to 2022. She was also an INMO rep in the Brother's of Charity Services in Galway and was chairperson of the strike committee for the 2019 strike.

She has been president of the Galway Council of Trade Unions since 2017.

Since the start of the Covid-19 pandemic Ms Spelman worked as a swabber for the HSE in the CHO2 area as well as a vaccinator for the disability services in Galway.

Q and A Bulletin Board

With INMO director of industrial relations Albert Murphy

Sick leave certification requirements

Q. I am a nurse working in the public health service and I am rostered to work Monday, Tuesday, Thursday and Friday. I am on a rest day on Wednesday. I was out sick on Monday and Tuesday. Do I need a certificate to cover these two days? If I am not fit to return to work on Thursday, how will my sick leave be recorded?

A public servant may be granted up to a maximum of seven uncertified sick days in a rolling two-year period. Where an employee is absent from work but does not attend a medical practitioner, such an absence is recorded as self-certified sick leave. However self-certified sick leave cannot exceed two consecutive days. As you were out sick on Monday and Tuesday, if you return to work on your next rostered day, which is Thursday, your two days absent will be recorded as self-certified sick leave. If you do not return to work on your next rostered day, Thursday, and are absent on sick leave on Thursday and Friday, you will need a certificate to cover from Monday to Friday as you have exceeded the two self-certified days limit. The recording of sick leave was standardised in 2016 whereby rest days/weekends will be counted for sick leave absence purposes when the employee's absence spans rest days/weekends. As your sick leave spans your rest day, which is Wednesday, then your sick leave will be recorded from Monday to Friday and will therefore require a medical certificate.

Injury at work

I was injured at work and am in receipt of the injury at work allowance. I am on a 5/7 roster and am rostered to work night duty and weekends. Is my premium pay included in the injury at work allowance?

The injury at work allowance is determined by reference to five-sixths of remuneration inclusive of emoluments. Emoluments include premium payments and allowances but not payments in respect of overtime and travelling expenses. If an employee has been assaulted at work and is out sick as a result of this assault, the Serious Physical Assault at Work Scheme has a provision that will allow for full pay based on earnings the nurse would have earned if still at work. Such full pay includes basic pay, allowances and premium earnings for a period of up to nine months, following which basic pay only may be paid for a period of up to three months.

Part time work and overtime earnings

I work part-time and have been advised that I cannot get overtime payment – is this correct?

No, this is not the case. Part-time employees can earn overtime in accordance with the Agreement on Flexible Working in the health service. Nurses and midwives who work reduced hours are entitled to earn overtime payments for additional hours worked in certain circumstances. The following are some examples:

- A nurse or midwife working in a department or unit with a three or four-shift cycle would be eligible for overtime payment were they to work a full normal shift and were then requested to work additional hours outside the span of the shift
- A nurse or midwife working mornings only (8am-1pm) in a department or unit where the normal shift is 8am-4pm would be paid at flat time if requested by their employer to work from 1pm-4pm. If asked to work from 1pm-6pm (having started at 8am) the hours from 4pm-6pm would attract payment at overtime rates. (This would apply whether or not the nurse or midwife had actually worked the hours 1pm-4pm.) In circumstances where a 12-hour shift applies payment would be at flat time in respect of any additional hours worked with the span of the shift
- A nurse or midwife working a 'week-on/week-off' arrangement would be eligible for overtime payment if requested by their employer to work on their rostered days off, ie. to work in excess of the full-time hours for the grade. They would be eligible for payment at flat time if requested by their employer to work their usual hours or a normal shift during their 'week off'.

Outside the above circumstances, part-time employees who work additional hours, ie. hours over and above their contracted hours on a pre-arranged basis, will be paid at their normal rates until the standard weekly working hours for the grade have been worked. Part-time employees are entitled to earn overtime payments once they have worked over and above the standard weekly working hours of the whole time equivalent in the given week.

International days of the nurse and midwife 2022

TO celebrate International Day of the Midwife (May 5) and International Nurses Day (May 12), the INMO asked members to send in photos that highlighted the work they do.

Nurses and midwives from all across Ireland and from all areas of the health service sent in hundreds of photos, which were shared on INMO social media and during the annual delegate conference.

This is a small sample of the photos, which reflect the services and workplaces that have been their focus over the past year, as well as nurses and midwives' immense pride in their professions.

We are deeply proud of the effort our members put into making these days a true celebration of solidarity, teamwork and dedication in nursing and midwifery.


DAY OF
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Spotlight on leadership

Inclusive leadership

ENSURING an inclusive society that respects and embraces people regardless of their race, background, sexual orientation, disability, age or gender is essential to a thriving society that allows opportunities for all. The pandemic has exposed and significantly impacted progress in this area of equity, diversity and inclusion (EDI) across all sections of society and the workplace is no different.

Inclusive leadership is emerging as a central tenet to progressing EDI in the workplace. According to the Centre for Creative Leadership (CCL),[1] evidence shows that diverse teams drive increased organisational performance and allow for more resilience and innovation. This indicates that inclusion is necessary for diversity in organisations and teams to thrive. The CCL states that organisations "must go beyond diversity and inclusion to focus on equity, diversity and inclusion in the workplace."[1]

Although several definitions exist, inclusive leadership is complex and its definition is often elusive.[2] The CCL defines inclusive leaders as "individuals who are aware of their own biases and actively seek out and consider different perspectives to inform their decision-making and collaborate more effectively with others."[3]

Embedding EDI in healthcare is essential for developing an inclusive, equitable and accessible healthcare system for the future. There is a growing body of evidence that shows the vital role that inclusive leadership plays in developing health systems that are responsive and effective for everyone in our society. It is, therefore, essential that all leaders have the competencies and capacity to lead inclusively.[4]

Nurses and midwives play an essential role in promoting, advocating and tackling EDI issues. Principle one of the Code of Professional Conduct and Ethics for Nurses and Midwives[5] is drawn from the Universal Declaration of Human Rights and other important national and international conventions, constitutions and legislation. Values aligned to this principle describe that nurses and midwives must respect each person as a unique individual. They should respect the individual's right to self determination and advocate for patients' rights.

Value five states that nurses and midwives must "respect all people equally without discriminating on the grounds of age, gender, race, religion, civil status, family status, sexual orientation, disability (physical, mental or intellectual) or membership of the Traveller community". Nurses and midwives are well placed, therefore, to practice inclusive leadership.

However, there are many barriers to address within the healthcare setting; not least that although women make up 70% of the health workforce, they hold only 25% of senior roles.[6]

To ensure the sustainable delivery of health services and primary healthcare for all communities, gender-related barriers to leadership within the nursing profession and wider society must be addressed.

"Addressing the gender-related barriers to leadership within the nursing profession and elsewhere is critical to ensuring sustainable delivery of essential health services and primary healthcare to all communities."[7]

The *State of the World's Midwifery Report*[8] also identifies the need for investments in leadership, creating leadership pathways and having nurses and midwives at the decision-making table.

Although commitments by healthcare organisations to EDI are well intentioned, Lee et al[9] observe that leaders of healthcare organisations are predominantly white and male. The authors offer three recommendations to leaders to assist in progressing EDI:

- Recognition that diversity is necessary but that diversity alone is not sufficient to create a just and inclusive culture
- An awareness that every leadership team has the potential for blind spots regarding their organisation's inclusiveness
- Acknowledgement that narrow concepts of leadership or stereotypical traits of leaders may limit the ability of an organisation to improve its EDI and its performance.[9]

The CCL has devised a framework to assist organisations in making meaningful progress in the area and supporting EDI in the workplace. The key elements of the framework are listed in *Table 1*.

Although complex and challenging, inclusive leadership has the potential to elevate organisations and improve healthcare services and workplaces if implemented appropriately. Rather than a leadership style, inclusive leadership must become embedded in nurse and midwife leadership practices.

Table 1: Centre for Creative Leadership EDI framework

Reveal relevant opportunities: Identify specific actions with curiosity and appreciative inquiry

Elevate equity: Prioritise fair and contextually-appropriate access to resources and opportunities – establishing a meaningful difference between EDI versus DEI

Activate diversity: Acknowledge, celebrate, and catalyse different characteristics, values, beliefs, experiences, backgrounds, and behaviours

Lead inclusively: Intentionally create and sustain an environment that supports direction, alignment, and commitment from everyone in the organisation

Niamh Adams is head of library services and Steve Pitman is head of education and professional development

Launched in 2021, the Nursing Now Challenge brings forward the Nightingale Challenge mandate, which focuses on developing leadership opportunities for nurses and midwives globally. Visit ***www.nursingnowireland.ie***

If you are interested in writing or contributing to this series of leadership articles, please get contact Steve Pitman by email to: steve.pitman@inmo.ie

References available on request by email to nursing@medmedia.ie (Quote Adams N, Pitman S. WIN 2022; 30(5):56)

INMO Professional

RCM i-learn

THE ROYAL COLLEGE OF MIDWIVES

Autism in maternity care

This i-learn module will provide insight into how midwives can support autistic women through pregnancy and birth

IT IS estimated that around 1% of the population of Ireland have a diagnosis of autism. It is thought that there is a genetic link so if a child is autistic there may be other autistic members of the family.

Some children and adults 'fly under the radar', are not diagnosed and can spend their lives without any support in place. It is important for midwives to appreciate that some autistic people may not have had a diagnosis. A diagnosis later in life is more common in women and also in black and Asian people, according to research by the National Autism Society (UK).

This module will aim to explore how autism can affect day-to-day activities, how midwives can support autistic women through the journey of childbirth more effectively and provides an opportunity for reflection on midwifery practice. This module includes four short videos and will take approximately 30 minutes to complete.

Just to note that there are differing views about terminology relating to autism. This module uses the term 'autistic' in line with many autistic adults' preference. This includes those with a diagnosis of autism spectrum disorder, Asperger's syndrome, high-functioning autism and autism with an additional learning disability.

Why is this topic important?

Lots of people have issues that can affect their day-to-day lives, some are easy to see and others are not so obvious. Physical issues are often more obvious and therefore support needed can be put in place from an early age. With neuro-diversity, such as autism, it can be more difficult to recognise, diagnose and provide support.

The terms 'autism spectrum disorder' or 'autistic spectrum condition' were used to reflect how each person presents on a spectrum to different degrees, rather than on a continuum. Each autistic person is different and unique and their daily needs and challenges may also change over time. It is important for midwives to have an awareness of some of the possible issues.

Role of the midwife

It is beyond the scope of the midwife's role to diagnose autism. However, it could be useful to consider whether a person might be autistic and find out how to support them. Midwives might need to adapt behaviours, environments and care packages, and support women through their transition to parenthood.

Possible areas or issues that could be experienced by women with autism include high levels of anxiety, reactions to change, sensory processing, social communication, social understanding and relationships.

It is important for the midwife to listen and believe what a woman says about their body and their needs as autistic people can experience their senses and the world around them very differently than non-autistic people.

Learning outcome

Having completed this module, you should be able to:

- Describe autism
- Have an understanding of the difficulties that an autistic person – diagnosed or undiagnosed – might experience day to day
- Have an understanding of the co-existing conditions that may be apparent for an autistic person
- Support and advocate for autistic women using the SPELL framework approach
- Signpost service users to appropriate resources and further support.

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

Critical conversations

A new podcast from the critical care education team at St James's Hospital has enjoyed great early success, writes **Fiona Carroll**

'CRITICAL Conversations' is an innovative tool created by the critical care education team at St James's Hospital in Dublin. Our goal was to create an educational tool with a focus on clinical education and staff well-being. By creating this podcast, we aim to break down the generational divides and cater for all types of learners.

The Covid pandemic, while extremely challenging, offered us an opportunity to explore new approaches to the way we deliver education. Podcasts are one such technology that can reach a wide audience. They are also easily accessible. We contacted fellow podcasters and completed research into the logistics of creating our own podcast. We wanted to create some momentum and a sense of excitement about our podcast, so we asked the staff in critical care to participate on voting on the podcast title and logo.

After much deliberation on what our opening podcast should be, we felt that a reflection on our personal experiences of nursing in intensive care during Covid would be a great way to start, and episode one was released in September 2021. Each member of the education team spoke candidly about their own experiences of both living and working during the pandemic. It was an honest insight into how we each navigated through these uncertain times.

We covered everything from bereavement and missing family overseas to contracting the virus and being forced into isolation. Little did we know that our modest attempt at creating a podcast would reach the tentative ears of a celebrity guest, 'Bressie'. Niall Breslin is the lead singer of The Blizzards and has become an advocate for mental health. To our amazement, Bressie interviewed us for his podcast, 'Where is my mind'. This time we were in the hot seat speaking about working and living through Covid.

Following this success, we decided to re-focus on our original objective; we wanted to acknowledge and navigate any barriers that exist to education and delivery methods. Podcasting offers listeners the ability to listen to episodes out of work hours and in the comfort of their own home.

'Flash Education' episodes were developed and are specifically targeted discussions on conditions or treatments applicable to ICU nurses. We wanted to ensure that we covered a variety of topics with a strong emphasis on education. To date, some of the topics we have covered have included sepsis and ARDS organ donation.

We created a survey to evaluate the impact the podcast has had on staff. We asked a total of 20 questions completed by 52 listeners. Some 87% of participants confirmed that the educational episodes had enhanced their learning, with 66% of staff believing that the episodes helped them to deliver better patient care.

Quality patient care is the core principle of nursing and we felt that speaking to a patient about their critical care journey would be unique. In episode 5, we interviewed a patient who had spent time in our unit. He spoke first hand about his experience of being in critical care, waking up from sedation and the journey to recovery. Delirium was best described when he narrated his own experience of sleeping on an air mattress and equated it to being at sea.

The impact of Covid on the morale of healthcare workers has been significant, but a positive patient experience can be uplifting and inspiring for all the members of the multidisciplinary team. His kind words of appreciation were a real testament to what all healthcare workers have endured during the pandemic.

To date, we have released 11 episodes and received more than 2,678 plays worldwide from more than 19 countries. We as an educational team strive to reach new listeners and embrace new ways of educating nurses. We are always looking to grow our audience and listenership and continue to provide education. Through 'Critical Conversations' we hope to give an insight into the world of critical care and assist in the delivery of quality care to our patients. We hope you enjoy our podcast and would really appreciate any feedback or suggestions that you may have. Please contact the ICU education team on icueducation-team@stjames.ie

The nurses behind the podcast. Back row, l-r: Emily Naylor, Deborah Gaffney, Ciara McHale, Fiona Carroll. Front row, l-r: Beatriz Tejada Rios and Shauna Gollogly. All work as clinical facilitators at St James's Hospital

Scan the QR code above to listen to the podcast on Spotify. The podcast is also available at **https://castbox.fm/va/4506145** or **https://anchor.fm/icu-education-team**

Fiona Carroll is a clinical facilitator in the general intensive care unit at St James's Hospital, Dublin

Love and solidarity

As we celebrate Pride month it is important to remember that as well as being a celebration it is a time to stand in solidarity with the LGBTQ+ community, writes **Steve Pitman**

HELD in June each year, Pride month is a time for celebration for the LGBTQ+ community and its allies. The Dublin Pride Festival will take place from June 22-26 this year and it is important to remember that Pride is a celebration but also an opportunity to protest against inequality and to stand in solidarity with the LGBTQ+ community.

Despite the progress that has been made on gender equality in Ireland over the past decade, more work needs to be done. According to the Rainbow Map 2022,[1] which reflects the legal and policy human rights situation of LGBTQ+ people in Europe, Ireland rates at 53% when it comes to respecting the human rights and providing full equality for LGBTQ+ people. The Rainbow Map in based on an index of 74 indicators, with Ireland failing to have in place policy and protections in 37 of the measures, including a conversion therapy ban for both sexual orientation and gender identity.

LGBT Ireland has recently launched the 'Ban Conversion Practices Campaign'.[2] The launch took place on May 17, 2022 in the Museum of Modern Literature, Dublin on the International Day Against Homophobia, Transphobia and Biphobia 2022. The campaign is supported by the Rainbow Project in Northern Ireland and The Community Foundation for Ireland. The campaign is calling for a ban on Conversion Therapy for all age groups and covering both religious and clinical conversion practices.

The campaign is supported by the main Irish LGBTQ+ organisations, including Dublin Pride, BeLonG To youth services, the NXF and the Transgender Equality Network in Ireland (TENI), as well as Spirasi (Spiritan Asylum Services Initiative), the national centre for the rehabilitation of victims of torture in Ireland.

Conversion therapy is "an umbrella term used to describe interventions of a wide-ranging nature, all of which have a common belief that a person's sexual orientation or gender identity can and should be changed. Such practices aim (or claim to aim) at changing people from gay, lesbian, or bisexual to heterosexual and from trans or gender diverse to cisgender".[3]

TENI states that conversion therapy is a "discredited, dangerous and unethical practice with long-lasting psychological impacts.[3] Research shows that trans people are more likely to endure this practice that has no place in the modern word. In 2018 the European Parliament[4] condemned the practice of LGBTQ+ conversion therapies.

The use of conversion therapy is a global issue. Only Brazil, Ecuador, Germany and Malta have introduced bans, while the US, Canada, Australia and Spain have regional laws and partial bans.[5]

In April, more than 100 LGBTQ+ and HIV charities, including Stonewall and the Terrence Higgins Trust, boycotted the UK government's first global LGBTQ+ conference because transgender people were excluded from the ban on conversion therapy.[5] In a joint statement with 28 other organisations, the Terence Higgins Trust demanded that the UK government "reverts to their promise of a trans-inclusive ban" and said that the exclusion of transgender people from the ban on conversion therapy was completely unacceptable.[6]

In 2015 the American Academy of Nursing released a position statement that was supported by other US medical organisations, including the American Medical Association, American Psychological Association and American Psychiatric Association, "that same-sex sexual relationships between consenting adults are a form of healthy human sexual behaviour".[7] It went further in condemning conversion therapies, which attempt to 'cure' same-sex orientation as pseudo-scientific, ineffective, unethical, abusive and harmful practice and an assault on an individual's human rights and dignity.

In May 2018 a bill to ban conversion practices in Ireland passed the second reading in Seanad Éireann but lapsed due the dissolution of government in 2020. The ban on conversion therapy has been restored and forms part of the coalition government's Programme for Government.[8] However, in a press release in December 2021, the Gay Health Network stated their concerns at the stalled process and called for Irish government to "enact legislation without further delay".[9]

Minister for Children, Equality, Disability, Integration and Youth Roderic O'Gorman announced at the launch of the Ban Conversion Practices Campaign in Dublin that the government had "begun research into the cruel practice of so-called conversion therapy, which will pave the way for legislation". He described conversion therapy as a "cruel and furtive process, rooted in the promotion of shame" and that there was "no place for it in Ireland". The Minster gave a commitment to ban conversion practices with "no one left behind".[10]

At the launch event, Alan Edge, campaign officer for Ban Conversion Therapy at LGBT Ireland said that "while we are pleased the government is committed to outlawing these horrendous practices, urgent action must be taken. While we wait, people's lives are being torn apart because they are being forcibly subjected to bogus therapies and spiritual interventions. The psychological consequences of such practices are grave and long-lasting."[11]

Nurses and midwives in Ireland are unlikely to be involved in conversion therapy. However, it is important to highlight that principle 1 of the NMBI (2021) Code of Professional Conduct and Ethics relates to respect for the dignity of the person. Furthermore, the NMBI Code emphasises that nurses and midwives have "professional responsibilities in caring for patients in a safe, ethical and effective way".

Conversion therapy is widely condemned as unethical and harmful and has no place in Irish society.

Steve Pitman is head of education and professional development

References are available on request by email to nursing@medmedia.ie (Quote Pitman S. WIN 2022; 30(5): 55)

"You are history, you are legend"

Hannah 'Ruth' Ormsby (1901-1938)

Irish nurse Ruth Ormsby laid down her life in the Spanish Civil War in support of the Spanish Republic against General Franco's Nationalists. Last month the INMO recognised her sacrifice. **Steve Pitman** reports

ON A warm May night in Barcelona in 1938 a fire broke out in an apartment building. Two women frantically tried to escape the inferno. In complete panic and terror, the two women were left with no choice but to jump from the seventh floor of the building. One of the women survived the fall while the other woman died due to her devastating injuries.

The woman who died was Ruth Ormsby, a nurse from Sligo, the only Irish woman to be killed in the Spanish Civil War (1936-1939). She travelled to Spain in April 1937 to support the Spanish Republic against the nationalists led by General Franco, the leader of the fascist Falange movement.

Ruth Ormsby was born on January 8, 1901 in Belleville, Dromore West, Co Sligo. She was the fourth eldest of ten children and her family were members of the local Anglican/Episcopalian community. When Ruth was 10 years old her mother Eliza died – aged just 44 years.

Ruth followed her sisters Margery and Thomasina into the nursing profession. She trained in the Glasgow Royal Infirmary and lived in nurses' residence at 84 Castle Street, Glasgow. She registered with the General Nursing Council for Scotland as an RGN in November 1932.

In 1934 Ruth worked at the Hospital for Epilepsy and Paralysis and other Diseases of the Nervous System (later the Maida Vale Hospital for Nervous Diseases) in Maida Vale, London. The electoral register also recorded that her sister 'Marjorie' worked in the same hospital.

In 1937 the Spanish Republic was in desperate need of doctors and nurses to support the frontline. Ruth travelled to Spain as part of the Spanish Medical Aid Movement and the International Brigade. This was one of the most challenging times in the civil war as Franco's forces had made significant gains, and there was increasing infighting on the Republican side.

Ruth arrived around the same time as the infamous bombing by the Condor Legion of the German Luftwaffe of the Basque town of Guernica. This led to international condemnation of the attacks on civilians and the role of both Nazi Germany and Fascist Italy in supporting Franco. This event was the inspiration for Pablo Picasso's famous oil painting *Guernica*.

Volunteers like Ruth received no pay and were only provided with a bed, board and the necessary inoculations. Conditions on the frontline were harsh. The food available was described by one nurse as "repulsive". Nurses worked 14 hours a day, sometimes 20-30 hours solid in unbearable conditions.

The photographer Alec Wainman took photos of Ruth in the Hospital Inglés de Huete of the Spanish Medical Aid Committee in May and June 1937. One shows Ruth preparing what appear to be surgical swabs. The other is of Ruth standing by an ambulance with nursing colleagues Louise Jones and Lilian Kenton and ambulance drivers Antony Carritt, Davidson, 'Babs' Arthur Ovenden, Hurling and Clark.

Ruth joined the push by Republican forces to take Zaragoza from August 24 to September 7 1937. She worked as a theatre nurse, helping to set up a mobile hospital of four wooden huts with no electricity located in La Puebla de Hijar near Quinto Aragon along with fellow nurses Phyllis Hibbert, Dorothy Rutter and Joan Harrison.

Following the attack on the town of Belchite, the hospital received a constant flow of wounded soldiers. The *Spanish Medical Bulletin* reported that 160 operations were carried out on the frontline over a period of 12 days. Phyllis Hibbert, a volunteer nurse, described her experience of working as a nurse on the Aragon front.

'"It was not until I served with the British Medical Unit in Spain that I learned the true meaning of the word comradeship. For the last few months I was with a mobile unit on the Aragon and Teruel front. We were bombed and machine-gunned from the air; we were continually being forced to retreat. We had no means of heating in the bitter cold of the winter; we had to deal with as many as 200 cases a night and we sometimes worked in the most appalling conditions for 40 hours at a stretch."

Medical and nursing staff were considered legitimate targets by Nationalist forces. Irish medics Patrick Cochrane and Patrick Blake were injured when a hand

grenade was thrown at them. There was almost no respite; the heat, dust and flies were unbearable. Nurses were pushed to the limits of human existence, often giving up their beds for the injured and instead sleeping on the floor or on stretchers.

The bloody battle for Belchite was a devastating loss for the Republicans. On both sides, 4,800 died (2,800 Spanish Republic and International Brigade) during the battle, with 6,600 wounded, mainly Republican soldiers. The 15th International Brigadiers were involved in the bitter fighting around the town of Belchite and the cost was appalling. Irish Brigadiers Charlie Reagan and Peter Daly, immortalised in Christie Moore's song *Viva la Quinta Brigada*, were killed during the battle.

The Australian nurse Una Wilson described her experience at the battle of Jarama in February 1937.

"So it goes on day after day, this awful slaughter. We heal their wounds and back they go to the front to be shot to bits. How I hate war. I hate it like hell. I feel tonight I could never smile again."

The English nurse Penny Feiwel (Phelps) left for Spain in January 1937 and detrained at Albacete, ready to join other nurses in the Spanish Medical Units. She worked first with the Italian Garibaldi battalion, and helped prevent an outbreak of typhoid and scarlet fever before serving with the Spanish medical unit near Valencia. Penny said she was motivated to go to Spain not for political reason but because "nursing in Spain had been mainly the province of nuns, and most were with Franco, leaving the Republicans short of nurses."

Penny Feiwel was evacuated from Spain following a severe injury sustained in a bomb blast. She described her experience working during the Spanish Civil War in her 1992 memoir *English Penny* and in interview recordings made in 2009. Penny lived to the age of 101 and died in January 2011. In her memory, the band Na Mara wrote the song *English Penny* about her experience working as a theatre nurse during the battles of Tarancon, Jarama and Brunete.

In an interview with the *British Journal of Nursing* in August 1938, Scottish nurse Ann Murray described working on a hospital train.

"During the first attack I was on night duty and because of this the war made a deep impression on my mind; for sick people are usually more ill at night, and our senses being more acute at night to the gruesomeness and the awful suffering of the men, especially those with abdominal wounds and haemorrhage, for which one can do so little, became burnt on my mind.

"In those days many of the soldiers were under 20 years of age, and I shall never forget those young men with their bodies torn and their limbs smashed."

Ms Murray gave examples of caring for civilians and soldiers from both sides of the war and was clear that "we nurse all that come to us".

While Barcelona was away from the frontline, it experienced indiscriminate bombing by the Italian and German air forces. Between March 16 and 18, 1938, up to 1,300 people were killed and at least 2,000 were wounded. Barcelona was a dangerous place. During the night of May 4, 1938, a fire broke out on the seventh floor of the British Medical Unit building in Barcelona. The fire likely resulted from a petrol can exploding. Ruth and a Spanish nurse named Carmen were trapped in their room. The handle of the door had been taken off to lock and secure the room while another member of staff was on their break.

Both nurses were badly burned and in terror, jumped from the window. Carmen survived while Ruth was killed by the impact of the fall. Ruth was 37 when she died and gave her life to defend the freedom and liberty that had been won by the Spanish Republic. There appears to be no coverage of Ruth's death in the Irish or British press. Ruth is buried in an unmarked grave in Barcelona. The Spanish Nationalist forces obliterated any monument to the Republic.

Kathleen McColgan was another Irish nurse who joined the Republican medical units. There appears to be very little information about Kathleen, but it is important to record her sacrifice and contribution to the cause of the Spanish Republic.

The Spanish Republic experienced numerous defeats during 1938 and 1939. They lacked the resources, supplies and armaments to defend Madrid, Barcelona and Valencia. The Republic was supported with resources and equipment from the Soviet Union and later France. However, this support was limited or arrived too late. By contrast, the Nationalists were supported militarily by Germany and Italy. The capital Madrid had been besieged since October 1936 and eventually fell to the Nationalist armies in March 1939.

The Spanish Civil War can be seen as a dress rehearsal for World War II. The failure to defeat fascism in Spain emboldened Hitler and Mussolini to launch a war throughout Europe and the world which led to the deaths of tens of millions of people and caused worldwide devastation.

Dolores Ibárruri ('la Pasionaria') gave her famous speech *Farewell to the International Brigade* to the departing members of the International Brigade from Barcelona on October 28, 1938. She saluted the men and women who had come from across the world to stand with the Spanish people to fight fascism and said: "You can go proudly. You are history. You are legend."

Ruth is commemorated in her hometown of Dromore West on the family grave in St Mary's Church, Kilmacshalgan. A cairn was erected in 2018 in her memory by the Friends of the 15th International Brigade. The epitaph on the monument reads "There is a wound and who shall staunch it up".

Following the conclusion of the ADC in Sligo on May 5, the INMO held an event in Dromore West commemorating Ruth Ormsby and her stand against fascism, with INMO president Karen McGowan opening proceedings. Thanks are due to the ADC organising committee who put a great deal of work into realising the event.

The INMO held a memorial ceremony in Dromore West, Co Sligo following the annual delegate conference last month. Pictured is the group that represented the Organisation, holding aloft the flag of the International Brigades

Steve Pitman is INMO head of education and professional development

INMO Professional

INMO
Irish Nurses and Midwives Organisation
Working Together

IRNF
Irish Rheumatology Nursing Forum

IN-PERSON EVENT for INMO MEMBERS

Attention Students, Interns, Graduates and Staff Nurses

Nursing Career Options in Chronic Disease:

Meet the Experts from Rheumatology, Inflammatory Bowel Disease and Dermatology

Friday 24 JUNE

Time:
10.00am - 2.00pm

Venue:
The Richmond Education and Event Centre, Dublin

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Email: **education@inmo.ie** or log on to **www.inmoprofessional.ie**

A column by Maureen Flynn

Quality & Safety

Develop your quality and patient safety knowledge and skills

THE HSE National Quality and Patient Safety Directorate (NQPSD) – led by Dr Orla Healy – has just published its *Prospectus of Education and Learning Programmes*. This month we share a little about the learning programmes and where to access more information.

QPS Directorate

The Directorate established in 2021, is part of the HSE Office of the Chief Clinical Officer, works in partnership with HSE operations, patient representatives and other internal and external partners to improve patient safety and quality of care. We do this by:

- Building quality and patient safety capacity and capability in practice
- Using data to inform improvements
- Developing and monitoring the incident management framework as well as open disclosure policy and guidance
- Providing a platform for sharing and learning
- Reducing common causes of harm
- Enabling safe systems of care and sustainable improvements.

Patient safety strategy

The Directorate's mantra is 'quality and patient safety is everybody's business' and everything we do is anchored in the *Patient Safety Strategy 2019-2024*. A key commitment of this strategy is to empower and engage staff to improve patient safety. We aim to honour this commitment by supporting a culture of continual learning through education programmes, resources and learning opportunities. To that extent, this year sees the publication of our first annual NQPSD *Prospectus of Education and Learning Programmes*.

NQPSD prospectus

The prospectus provides information about the education and learning programmes available to all staff through e-learning, virtual learning and face to face workshops. Programmes cover key areas relating to quality and patient safety such as:

- Quality improvement
- Incident management
- Open disclosure
- Clinical audit
- Human factors.

Using the prospectus

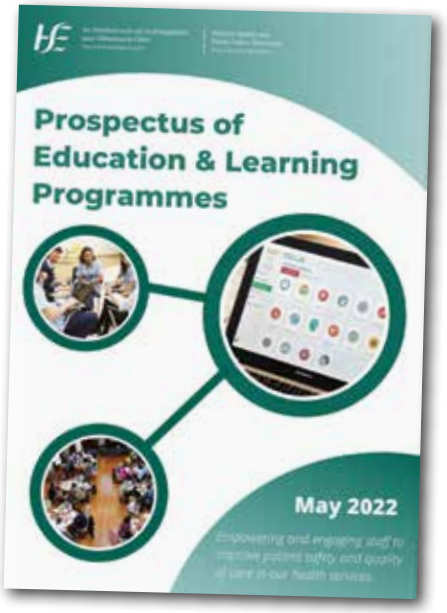
This resource will help nurses and midwives and all staff to identify learning programmes that will support you to improve quality and patient safety in your day-to-day work. It will also support you in planning your personal or continuous professional development with your line manager during the performance achievement or personal development planning process.

Available programmes

All NQPSD programmes are co-designed with stakeholders including staff and patient representatives and are continually evaluated through learner feedback. In keeping with the current demand for more flexible learning options, we deliver our programmes using a multifaceted approach, which includes a combination of self-directed e-learning on HSeLanD, virtual classroom sessions using MS Teams or Zoom and face-to-face workshops. Programmes vary in length from 30-minute elearning modules, to full-day workshops or the more formal nine-month academic postgraduate certificate.

Accreditation

As you browse the *Prospectus of Education and Learning Programmes* you will see the programmes, which are eligible for CEU credits from NMBI as well as CPD points from RCPI and CORU. The postgraduate certificate in quality improvement leadership in healthcare is accredited through Quality Qualifications Ireland as a Level 9 postgraduate professional certificate programme on the national framework for qualifications.



More Information

The prospectus can be found on the NQPSD website **www.hse.ie/eng/about/who/nqpsd/** and the QPS education section at: **https://www.hse.ie/eng/about/who/nqpsd/qps-education/**

For further information about quality and patient safety learning opportunities, please contact the NQPSD Education Team at: QPS.EDUCATION@hse.ie.

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

Acknowledgements : A special thank you to my colleagues within the National Quality and Patient Safety Directorate and the many people involved in co-designing and developing the programmes. Thanks also to Veronica Hanlon and Dr Mary Browne from the QPS education team for collaborating in writing this column

Quality Improvement forms a central focus of the newly formed HSE National Quality and Patient Safety (NQPS) Directorate led by Dr Orla Healy. We work in partnership with those who provide and access our health and social care services to build quality and patient safety capacity and capability in practice; and drive and monitor implementation of the Patient Safety Strategy 2019-2024 including reducing common causes of harm, enhancing processes for safety-related surveillance, safe systems of care and sustainable improvements. Read more at hse.ie or link with us on Twitter: @nationalQI or email @NationalQPS.ie

Office of the Nursing & Midwifery Services Director

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Emergency Department Nurses Section Webinar

Time: 11.00am to 1.00pm

Supported by: Kyowa Kirin and GALEN

FREE LIVE ONLINE EVENT
for INMO members

Thursday 9 JUNE

- **Welcome Address:** Karen McGowan, INMO President and ANP Emergency Nursing
- **Inclusion Health:** Eibhlin Collins, ANP, Mercy Hospital Cork
- **Sexual Assault Forensic Nurse Examiners in SATU - new developments:** Margo Noonan, ANP, South Infirmary Hospital, Cork
- **Ambulatory Care:** Anne O'Keeffe, ANP, Mercy Hospital, Cork
- **Frailty and Geriatric Medicine:** Kara McLoughlin, Clinical Specialist Occupational Therapist, Beaumont Hospital, Dublin
- **Members Research Projects**

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NEW

INMO Community Intervention Team Networking Group

Members who are working as part of the MDCIT are interested in establishing a networking group for nurses & midwives.

The first meeting of this group will take place on **Wednesday 15 June @ 11am** on zoom

The initial function of this group is to heighten awareness and increase recognition for this important role .

Any queries and for the link to join please contact
Jean.Carroll@inmo.ie

Taking pride in our future

Róisín O'Connell applauds the student and new graduate delegates who made sure the student voice was heard loud and clear at the ADC

THE INMO held its first in-person annual delegate conference (ADC) since the start of the Covid-19 pandemic in Sligo from May 4-6. Delegates from all areas of nursing and midwifery and from all over the country gathered to vote on the union's future direction for the coming year.

Considering the events of the past two years, it was a very poignant occasion for us all to be together to celebrate the professions. The Covid-19 pandemic has been a difficult time for us all, especially for nurses and midwives. We pulled together to make areas as safe as possible for our patients while also not knowing the dangers we faced, unsure if we would we bring the disease home to our families and unsure if we would survive Covid if we contracted it. Nevertheless, we stood up, we came together and cared for people in their darkest moments. We were their advocate when they were alone, we were their soundboard when they needed a friend and we held their hand when their family couldn't be near.

Throughout the pandemic, students and new graduates have stepped up to the plate. They had courage and dedication even when the road was unclear. At many times our students felt overwhelmed, afraid and uncertain about the times ahead, but they pushed through. All because they love what they do.

This was apparent at the ADC, when our student representatives from across the country travelled to Sligo to have their voices heard and to bring about change for their peers.

The pandemic has been difficult for students. Our delegates know this all too well. Many arrived at the ADC unsure of what to expect, but they took to the floor and put their heart and soul on the table. I am confident in saying that these student and new graduate representatives have proven themselves to be accomplished professionals. They have seen and understand that every member has a responsibility and that their active participation in the union will be indispensable in shaping the future of nursing and midwifery.

Pictured at the INMO annual delegate conference in Sligo in May were (l-r): Anthony Hanlon, Edwina Gilroy, Ciarán Freeman, Róisín O'Connell, Darren May, Van Gamas, Miriam Hanlon and Yewande Ogunnaike

What the students had to say

Van Gamas, Eastern Youth Forum delegate

"Having been with the INMO since college, I was curious to see what happens behind the scenes; and what better way than having the opportunity to attend the 2022 ADC. I thought I would feel out of place, but I never felt more comfortable around people I had never met than at the INMO ADC. It was a place where every person in some way had the same values as myself; the passion and desire to make a change for the a better future for nurses and midwives in Ireland. It was inspiring to see everyone take part in discussions, and hearing everyone's views was a great way to learn and understand one another. The INMO proved to me that nurses and midwives are all connected; a likeminded group, looking to make real changes"

Anthony Hanlon, Southern Youth Forum delegate

"I was fortunate enough to be selected as a Southern Youth Forum delegate for the INMO ADC this year. The conference itself was a packed event full of motions, debates and interesting speakers. There were many opportunities to meet new people and learn about the different areas of nursing that were represented at conference. I thoroughly enjoyed the conference and I hope to return again next year."

Yewande Ogunnaike, Eastern Youth Forum delegate

"I was delighted to have been given the opportunity to attend the ADC 2022. It was such an amazing experience where the important concerns of all nurses were healthily debated in a beneficial and encouraging environment. I'm so grateful to get the opportunity to sit in such an insightful setting like this as a new graduate nurse. It was very inspiring."

Get in touch

If you have an interest in supporting or representing your colleagues, the INMO provides opportunities for students and new graduates to engage. You can connect with your colleagues all over Ireland and help to influence change. If you want to have your say, please get in touch: roisin.oconnell@inmo.ie

Róisín O'Connell is the INMO's student and new graduate officer

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When coadministered with palbociclib, the aromatase inhibitor should be administered according to the dose schedule reported in the SmPC. Treatment of pre/perimenopausal women with the combination of palbociclib plus endocrine therapy should always be combined with an LHRH agonist (see SmPC section 4.4). Capsules and tablets should be swallowed whole (should not be chewed, crushed, split or opened prior to swallowing). Capsules should be taken with food, preferably a meal to ensure consistent palbociclib exposure (see SmPC section 5.2). Tablets may be taken with or without food. Palbociclib should not be taken with grapefruit or grapefruit juice (see SmPC section 4.5). Dose modification of IBRANCE is recommended based on individual safety and tolerability. Management of some adverse reactions may require temporary dose interruptions/delays, and/or dose reductions, or permanent discontinuation. For dose reduction guidelines for management of adverse reactions, haematologic and non-haematologic toxicities, refer to SmPC section 4.2. IBRANCE should be permanently discontinued in patients with severe interstitial lung disease (ILD)/pneumonitis. For patients who experience a maximum of Grade 1 or 2 neutropenia in the first 6 cycles, complete blood counts for subsequent cycles should be monitored every 3 months, prior to the beginning of a cycle and as clinically indicated. No dose adjustments of IBRANCE are required for patients with mild or moderate hepatic impairment (Child-Pugh classes A and B). For patients with severe hepatic impairment (Child-Pugh class C), the recommended dose of IBRANCE is 75 mg once daily on Schedule 3/1 (see SmPC section 5.2). No dose adjustments of IBRANCE are required for patients with mild, moderate or severe renal impairment (creatinine clearance [CrCl] ≥15 mL/min) (see SmPC section 5.2). No dose adjustment of IBRANCE is necessary in patients ≥65 years of age (see section 5.2). **Contraindications:** Hypersensitivity to the active substance or to any of the excipients (see SmPC section 6.1), use of preparations containing St. John's Wort (see SmPC section 4.5). **Warnings and Precautions:** Ovarian ablation or suppression with an LHRH agonist is mandatory when pre/perimenopausal women are administered IBRANCE in combination with an aromatase inhibitor, due to the mechanism of action of aromatase inhibitors. Palbociclib in combination with fulvestrant in pre/perimenopausal women has only been studied in combination with an LHRH agonist. Dose interruption, dose reduction, or delay in starting treatment cycles is recommended for patients who develop Grade 3 or 4 neutropenia. Appropriate monitoring should be performed (see SmPC sections 4.2 and 4.8). Severe, life-threatening, or fatal ILD and/or pneumonitis can occur in patients treated with cyclin dependent kinase 4/6 (CDK4/6) inhibitors, including IBRANCE when taken in combination with endocrine therapy. Across clinical studies (PALOMA-1, PALOMA-2, PALOMA-3), 1.4% of IBRANCE-treated patients had ILD/pneumonitis of any grade, 0.1% had Grade 3, and no Grade 4 or fatal cases were reported. Additional cases of ILD/pneumonitis have been observed in the post-marketing setting, with fatalities reported. Patients should be monitored for pulmonary symptoms and IBRANCE treatment should be immediately interrupted in patients suspected to have developed ILD/pneumonitis, see SmPC section 4.2, 4.4 and 4.8. Since IBRANCE has myelosuppressive properties, it may predispose patients to infections. Infections have been reported at a higher rate in patients treated with IBRANCE in randomised clinical studies compared to patients treated in the respective comparator arm. Grade 3 and Grade 4 infections occurred respectively in 5.6% and 0.9% of patients treated with IBRANCE in any combination (see SmPC section 4.8). Patients should be monitored for signs and symptoms of infection and treated as medically appropriate (see SmPC section 4.2). Physicians should inform patients to promptly report any episodes of fever. Strong inhibitors of CYP3A4 may lead to increased toxicity (see SmPC section 4.5). Avoid concomitant use of strong CYP3A inhibitors during treatment with palbociclib. Coadministration should only be considered after careful evaluation of the potential benefits and risks. If coadministration with a strong CYP3A inhibitor is unavoidable, reduce the IBRANCE dose to 75 mg once daily. When the strong inhibitor is discontinued, the dose of IBRANCE should be increased (after 3–5 half-lives of the inhibitor) to the dose used prior to the initiation of the strong CYP3A inhibitor (see SmPC section 4.5). Coadministration of CYP3A inducers may lead to decreased palbociclib exposure and consequently a risk for lack of efficacy. Therefore, concomitant use of palbociclib with strong CYP3A4 inducers should be avoided. No dose adjustments are required for coadministration of palbociclib with moderate CYP3A inducers (see SmPC section 4.5). Women of childbearing potential or their male partners must use a highly effective method of contraception while taking IBRANCE (see SmPC section 4.6). IBRANCE capsules contain lactose. Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency, or glucose-galactose malabsorption should not take this medicinal product. Palbociclib tablets do not contain lactose. **Drug Interactions:** The concomitant use of strong CYP3A inhibitors including, but not limited to: clarithromycin, indinavir, itraconazole, ketoconazole, lopinavir/ritonavir, nefazodone, nelfinavir, posaconazole, saquinavir, telaprevir, telithromycin, voriconazole, and grapefruit or grapefruit juice, should be avoided (see sections 4.2 and 4.4). No dose adjustments are needed for mild and moderate CYP3A inhibitors. The concomitant use of strong CYP3A inducers including, but not limited to: carbamazepine, enzalutamide, phenytoin, rifampin, and St. John's Wort should be avoided (see SmPC sections 4.3 and 4.4). No dose adjustments are required for moderate CYP3A inducers. The dose of sensitive CYP3A substrates with a narrow therapeutic index (e.g., alfentanil, cyclosporine, dihydroergotamine, ergotamine, everolimus, fentanyl, pimozide, quinidine, sirolimus, and tacrolimus) may need to be reduced when coadministered with IBRANCE as IBRANCE may increase their exposure. Based on in vitro data, palbociclib is predicted to inhibit intestinal P-glycoprotein (P-gp) and breast cancer resistance protein (BCRP) mediated transport. Therefore, administration of palbociclib with medicinal products that are substrates of P-gp (e.g., digoxin, dabigatran, colchicine, pravastatin) or BCRP (e.g., rosuvastatin, sulfasalazine) may increase their therapeutic effect and adverse reactions. Based on in vitro data, palbociclib may inhibit the uptake transporter organic cationic transporter OCT1 and then may increase the exposure of medical product substrates of this transporter (e.g., metformin). **Pregnancy & Lactation:** Females of childbearing potential who are receiving this medicinal product, or their male partners should use adequate contraceptive methods (e.g., double-barrier contraception) during therapy and for at least 3 weeks or 14 weeks after completing therapy for females and males, respectively (see SmPC section 4.5). There are no or limited amount of data from the use of palbociclib in pregnant women. Studies in animals have shown reproductive toxicity (see SmPC section 5.3). IBRANCE is not recommended during pregnancy and in women of childbearing potential not using contraception. Based on male reproductive organ findings (seminiferous tubule degeneration in testis, epididymal hypospermia, lower sperm motility and density, and decreased prostate secretion) in nonclinical safety studies, male fertility may be compromised by treatment with palbociclib (see SmPC section 5.3). Thus, men may consider sperm preservation prior to beginning therapy with IBRANCE. **Driving and operating machinery:** IBRANCE may cause fatigue and patients should exercise caution when driving or using machines. **Side Effects:** The most common (≥20%) adverse reactions of any grade reported in patients receiving palbociclib in randomised clinical studies were neutropenia, infections, leukopenia, fatigue, nausea, stomatitis, anaemia, diarrhoea, alopecia, and thrombocytopenia. The most common (≥2%) Grade ≥3 adverse reactions of palbociclib were neutropenia, leukopenia, anaemia, fatigue, infections, alanine aminotransferase (ALT) increased and aspartate aminotransferase (AST) increased. Dose reductions or dose modifications due to any adverse reaction occurred in 38.4% of patients receiving IBRANCE in randomised clinical studies regardless of the combination. Very common adverse events (≥1/10) are neutropenia, infections, leukopenia, fatigue, anaemia, asthenia, pyrexia, nausea, stomatitis, alopecia, diarrhoea, thrombocytopenia, vomiting, rash, decreased appetite, dry skin, AST increased and ALT increased. Commonly reported adverse events (≥1/100 to <1/10), are dysgeusia, epistaxis, ILD/pneumonitis, lacrimation increased, vision blurred, dry eye, febrile neutropenia. Refer to section 4.8 of the SmPC for further information on side effects, including description of selected adverse reactions. **Legal Category:** S1A. **Marketing Authorisation Numbers:** EU/1/16/1147/001 – 75 mg (21 capsules); EU/1/16/1147/003 – 100 mg (21 capsules); EU/1/16/1147/005 – 125 mg (21 capsules), EU/1/16/1147/010 – 75 mg (21 tablets), EU/1/16/1147/012 – 100 mg (21 tablets) and EU/1/16/1147/014 – 125 mg (21 tablets). **Marketing Authorisation Holder:** Pfizer Europe MA EEIG, Boulevard de la Plaine 17, 1050 Bruxelles, Belgium. For further information on this medicine please contact: Pfizer Medical Information on 1800 633 363 or at medical.information@pfizer.com. For queries regarding product availability please contact: Pfizer Healthcare Ireland, Pfizer Building 9, Riverwalk, National Digital Park, Citywest Business Campus, Dublin 24 + 353 1 467 6500.

Last revised: 01/2022.

Ref: 10_0.

Pfizer Oncology

References: 1. IBRANCE® Summary of Product Characteristics. **2.** Taylor-Stokes G, et al. Breast. 2019;43:22-27. **3.** Rugo HS,et al. Ann Oncol. 2018;29(4):888-894.

AI = aromatase inhibitor; **ET** = endocrine therapy; **HR+/HER2-** = hormone receptor-positive, human epidermal growth factor receptor 2-negative; **LHRH** = luteinising hormone releasing hormone; **mBC** = metastatic breast cancer; **SmPC** = summary of product characteristics.

PP-IBR-IRL-0505
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Guiding patients on their cancer pathway

Specialist cancer nurse **Niamh Byrne** discusses shared decision making and the role of the clinical nurse specialist in breast cancer care

A 68-YEAR-OLD woman with left intractable, non-cyclical breast pain had a history of osteopenia, anxiety, diet-controlled type 2 diabetes, hypertension and high cholesterol. She presented to her GP with left intractable, non-cyclical breast pain. Following a clinical examination, she was referred to the breast service for review. However, before she was seen in breast care she re-presented to the GP with worsening breast pain and on examination dimpling was present on the left breast.

She was reviewed in a triple assessment clinic where she was found to have a 12mm E4R5 mass in the lower inner quadrant of the left breast. Her lymph nodes appeared normal on imaging. Histology showed grade 1 invasive ductal cancer, with positive oestrogen and progesterone receptors and negative HER2 receptor. Her case was discussed at the breast multidisciplinary meeting and primary surgery was recommended in the form of a clinical wide local excision and sentinel node biopsy.

While this recommendation was relayed to the patient she, herself opted to have a simple mastectomy with no reconstruction and sentinel node biopsy. Her post-operative histology was in keeping with her original biopsy pathology. She was then commenced on adjuvant endocrine treatment and is currently on surveillance.

Patient choice

Traditionally local recurrence rates were thought to be slightly higher in the breast conserving therapy group but with the continued advances in treatment this is no longer the case.[1] Multiple studies assessed 20-year follow-up of trials and found local recurrence rates and overall survival are equivalent.[2,3,4] While breast conserving therapy is seen as a more desirable option due to its less invasive nature, the choice of mastectomy or breast conservation for the patient may be complicated and multifactorial.

A review of the literature found the main themes influencing women's choice of mastectomy include it being the most reassuring option, the fear of recurrence, it being a more expedient treatment and the possibility of avoiding radiation. In contrast the choice for breast conserving therapy includes issues related to body image, sexuality and femininity along with the knowledge of the local recurrence rates being equivalent.[5,6]

A breast cancer diagnosis and its treatments can have a significant impact on a patient's physical, psychological and emotional wellbeing. Longer-term problems can occur with all surgical interventions but the severity may vary, depending on the surgery type, patient preference and the patient's perceived satisfaction in the decision-making process.[6,7]

Shared decision making

Shared decision making is more than being attentive to patients' needs or concerns; it represents an important shift in the roles of both patients and clinicians. It stands in direct contrast to paternalism where care is decided by healthcare professionals and dictated to the patient.[8]

For shared decision making to work effectively both the clinician and the patient must actively engage in an exchange of information about the treatment options and benefits, and the patient's own preferences, understanding and beliefs.[9] Interventions leading to Shared decision making such as multiple consultations – where information is gathered and shared – has been shown to improve decision quality by enhancing knowledge, patient satisfaction with the decision-making process and ensuring realistic expectations and decreasing fears and decisional conflict. Used effectively, shared decision making can enhance or restore a patient's "autonomous capacity".[8,9,10]

Within the complex setting of cancer care, it could be argued that shared decision making is difficult; often times there is not a selection of treatments to choose from or treatment choices are made by the multidisciplinary team. Research has shown that patients with high levels of distress (such as a cancer diagnosis) were more inclined to forgo shared decision making, opting for the 'paternalistic' model of care.[10]

Adding to this, some practical problems are often cited as barriers to shared decision making. These include lack of time, poor fit into workflow, and scarce information designed for patient use. This may mean that shared decision making is seen as unfeasible in many busy cancer units.[11]

Clinical nurse specialist

A clinical nurse specialist (CNS) is a nurse with advanced education and training in a specialised field, meaning they are best placed for patients to come with their worries and concerns.[12] Within the cancer setting the CNS ideally meets the patient at the point of diagnosis and acts as gatekeeper and advocate to the patient during their cancer journey.

Utilising interpersonal skills, the nurse can address emotional cues and focus not only on the physical but also the psychological impact of cancer; building a good rapport with the patient is essential in caring for their psychological wellbeing and

instilling person-centred care and engaging in Shared decision making.[13]

Nursing theories such as the 'Person-Centred Nursing (PCN) Theoretical Framework' aim to establish a therapeutic relationship with the patient – by viewing the patient as a whole, considering their social background, ability to retain and understand information and willingness to be involved in their own care, the CNS can tailor the information given in order that patients feel heard and understood.[14,15,16]

This concept of the PCN framework consists of constructs that focus not just on the CNS rapport with the patient but also the pre-requisites of the CNS (their competence, interpersonal skills) and the work environment (staffing relationships, workplace culture) which when used collectively reach the goal of a positive patient experience of their care and active involvement in their journey.[14]

Mutual respect between the surgical team and the CNS allows the CNS to work autonomously with patients, providing ongoing support and education on treatment types and potential outcomes.[14] CNS consultations in person and via phone negate the need for the patient to attend multiple consultations with the surgical team, freeing up time in clinic and allowing patients to return for more in-depth, structured discussions with the surgeon once they have been through all their options thoroughly.

The CNS is in the best position to help the patient negotiate their cancer pathway and enable Shared decision making to be utilised effectively in the cancer process.

Niamh Byrne is a breast oncology CNS at St James's Hospital, Dublin

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CI=confidence interval; gBRCA=germline breast cancer susceptibility gene;
HER2-=human epidermal growth factor receptor 2 negative;
HR=hazard ratio; **HR+**=hormone receptor-positive;
OR=odds ratio;
RECIST=Response Evaluation Criteria in Solid Tumors.

* Capecitabine, eribulin, gemcitabine, or vinorelbine.
† Conducted in the intent-to-treat population with measurable disease at baseline. Per RECIST v1.1, confirmation of response was not required.1
‡ ORR is the proportion of patients who have a partial or complete response to treatment.

Reference: 1. TALZENNA Summary of Product Characteristics.

PRESCRIBING INFORMATION

▼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. Refer to section 4.8 of the SPC for how to report adverse reactions.

Talzenna® ▼ 0.25 mg and 1 mg hard capsules IE Prescribing Information:

Before prescribing Talzenna (talazoparib) please refer to the full Summary of Product Characteristics (SmPC). **Presentation:** Each 0.25 mg hard capsule contains talazoparib tosylate equivalent to 0.25 mg talazoparib. Each 1 mg hard capsule contains talazoparib tosylate equivalent to 1 mg talazoparib. **Indications**: Talzenna is indicated as monotherapy for the treatment of adult patients with germline BRCA1/2 mutations, who have HER2-negative locally advanced or metastatic breast cancer. Patients should have been previously treated with an anthracycline and/or a taxane in the (neo)adjuvant, locally advanced or metastatic setting unless patients were not suitable for these treatments. Patients with hormone receptor (HR)-positive breast cancer should have been treated with a prior endocrine-based therapy, or be considered unsuitable for endocrine-based therapy. **Dosage and Administration:** Treatment should be initiated and supervised by a physician experienced in the use of anticancer medicinal products. Patients should be selected for the treatment of breast cancer with Talzenna based on the presence of deleterious or suspected deleterious germline BRCA mutations determined by an experienced laboratory using a validated test method. Genetic counselling for patients with BRCA mutations should be performed according to local regulations, as applicable. The recommended dose is 1 mg talazoparib once daily. Patients should be treated until disease progression or unacceptable toxicity occurs. Complete blood count should be obtained prior to starting Talzenna therapy and monitored monthly and as clinically indicated. To manage adverse drug reactions, interruption of treatment or dose reduction based on severity and clinical presentation should be considered (see SmPC section 4.2). Special populations: Hepatic impairment: See SmPC section 4.2. No dose adjustment is required for patients with mild, moderate or severe hepatic impairment. Renal impairment: See SmPC section 4.2. No dose adjustment is required for patients with mild renal impairment. For patients with moderate renal impairment, the recommended starting dose of Talzenna is 0.75 mg once daily. For patients with severe renal impairment, the recommended starting dose of Talzenna is 0.5 mg once daily. Talzenna has not been studied in patients with CrCL < 15 mL/min or patients requiring haemodialysis. Elderly: No dose adjustment is necessary in elderly (≥ 65 years of age) patients. Paediatric population: The safety and efficacy of Talzenna in children and adolescents < 18 years of age have not been established. **Method of administration**: Talzenna is for oral use. To avoid contact with the capsule content, the capsules should be swallowed whole, and must not be opened or dissolved. They can be taken with or without food (See SmPC section 5.2). **Contra-indications:** Hypersensitivity to the active substance or to any of the excipients. Breast-feeding. **Special Warnings and Precautions:** Myelosuppression: Myelosuppression consisting of anaemia, leucopenia/neutropenia, and/or thrombocytopenia, have been reported in patients treated with talazoparib (see section 4.8). Talazoparib should not be started until patients have recovered from haematological toxicity caused by previous therapy (≤ Grade 1). Precautions should be taken to routinely monitor haematology parameters and signs and symptoms associated with anaemia, leucopenia/neutropenia, and/or thrombocytopenia in patients receiving talazoparib. If such events occur, dose modifications (reduction or interruption) are recommended. Supportive care with or without blood and/or platelet transfusions and/or administration of colony stimulating factors may be used as appropriate. Myelodysplastic syndrome/Acute myeloid leukaemia: Myelodysplastic syndrome/Acute Myeloid Leukaemia (MDS/AML) have been reported in patients who received poly (adenosine diphosphate-ribose) polymerase (PARP) inhibitors, including talazoparib. Overall, MDS/AML has been reported in < 1% of solid tumour patients treated with talazoparib in clinical studies. Potential contributing factors for the development of MDS/AML include previous platinum-containing chemotherapy, other DNA damaging agents or radiotherapy. Complete blood counts should be obtained at baseline and monitored monthly for signs of haematologic toxicity during treatment. If MDS/AML is confirmed, talazoparib should be discontinued. Contraception in women of childbearing potential: Talazoparib was clastogenic in an in vitro chromosomal aberration assay in human peripheral blood lymphocytes and in an in vivo bone marrow micronucleus assay in rats but not mutagenic in Ames assay (see section 5.3), and may cause foetal harm when administered to a pregnant woman. Pregnant women should be advised of the potential risk to the foetus (see section 4.6). Women of childbearing potential should not become pregnant while receiving Talzenna and should not be pregnant at the beginning of treatment. A pregnancy test should be performed on all women of childbearing potential prior to treatment. A highly effective method of contraception is required for female patients during treatment with Talzenna, and for at least 7 months after completing therapy. Since the use of hormonal contraception is not recommended in patients with breast cancer, two non-hormonal and complementary contraception methods should be used. Male patients with female partners of reproductive potential or pregnant partners should be advised to use effective contraception (even after vasectomy), during treatment with Talzenna and for at least 4 months after the final dose. **Interactions:** Talazoparib is a substrate for drug transporters P-gp and Breast Cancer Resistance Protein (BCRP) and it is mainly eliminated by renal clearance as unchanged compound. Concomitant treatment with inhibitors of P-glycoprotein (P gp): Strong inhibitors of P gp may lead to increased talazoparib exposure. Concomitant use of strong P gp inhibitors (including but not limited to amiodarone, carvedilol, clarithromycin, cobicistat, darunavir, dronedarone, erythromycin, indinavir, itraconazole, ketoconazole, lapatinib, lopinavir, propafenone, quinidine, ranolazine, ritonavir, saquinavir, telaprevir, tipranavir, and verapamil) during treatment with talazoparib should be avoided. Co-administration should only be considered after careful evaluation of the potential benefits and risks. If co-administration with a strong P gp inhibitor is unavoidable, the Talzenna dose should be reduced to 0.75 mg once daily. When the strong P-gp inhibitor is discontinued, the Talzenna dose should be increased (after 3 5 half lives of the P-gp inhibitor) to the dose used prior to the initiation of the strong P gp inhibitor. No talazoparib dose adjustments are required when co administered with rifampin. However, the effect of other P-gp inducers on talazoparib exposure has not been studied. Other P-gp inducers (including but not limited to carbamazepine, phenytoin, and St. John's wort) may decrease talazoparib exposure. BCRP inhibitors: The effect of BCRP inhibitors on PK of talazoparib has not been studied in vivo. Co-administration of talazoparib with BCRP inhibitors may increase talazoparib exposure. Concomitant use of strong BCRP inhibitors (including but not limited to curcumin and cyclosporine) should be avoided. If co administration of strong BCRP inhibitors cannot be avoided, patient should be monitored for potential increased adverse reactions. Effect of acid-reducing agents: Population PK analysis indicates that co-administration of acid-reducing agents including proton pump inhibitors and histamine receptor 2 antagonists (H2RA), or other acid reducing agents had no significant impact on the absorption of talazoparib. Systemic hormonal contraception: Drug-drug interaction studies between talazoparib and oral contraceptives have not been conducted. **Fertility, pregnancy and lactation:** Fertility: There is no information on fertility in patients. Based on non-clinical findings in testes (partially reversible) and ovary (reversible), Talzenna may impair fertility in males of reproductive potential. Women of childbearing potential should not become pregnant while receiving Talzenna and should not be pregnant at the beginning of treatment. A pregnancy test should be performed on all women of childbearing potential prior to treatment. Women of childbearing potential must use highly effective forms of contraception prior to starting treatment with talazoparib, during treatment, and for 7 months after stopping treatment with talazoparib. Since the use of hormonal contraception is not recommended in patients with breast cancer, two non-hormonal and complementary contraception methods should be used. Male patients with female partners of reproductive potential or pregnant partners should be advised to use effective contraception (even after vasectomy) during treatment with Talzenna, and for at least 4 months after the final. Pregnancy: There are no data from the use of Talzenna in pregnant women. Studies in animals have shown embryo foetal toxicity. Talzenna may cause foetal harm when administered to a pregnant woman. Talzenna is not recommended during pregnancy or for women of childbearing potential not using contraception. Breast-feeding: It is unknown whether talazoparib is excreted in human breast milk. A risk to breast-fed children cannot be excluded and therefore breast-feeding is not recommended during treatment with Talzenna and for at least 1 month after the final dose. **Undesirable Effects:** The overall safety profile of Talzenna is based on pooled data from 494 patients who received talazoparib at 1 mg daily in clinical studies for solid tumours, including 286 patients from a randomised Phase 3 study with germline BRCA-mutated (gBRCAm), HER2-negative locally advanced or metastatic breast cancer and 83 patients from a non-randomised Phase 2 study in patients with germline BRCA-mutated locally advanced or metastatic breast cancer. The most common (≥ 25%) adverse reactions in patients receiving talazoparib in these clinical studies were fatigue (57.1%), anaemia (49.6%), nausea (44.3%), neutropenia (30.2%), thrombocytopenia (29.6%), and headache (26.5%). The most common (≥ 10%) Grade ≥ 3 adverse reactions of talazoparib were anaemia (35.2%), neutropenia (17.4%), and thrombocytopenia (16.8%). Dose modifications (dose reductions or dose interruptions) due to any adverse reaction occurred in 62.3% of patients receiving Talzenna. The most common adverse reactions leading to dose modifications were anaemia (33.0%), neutropenia (15.8%), and thrombocytopenia (13.4%). Permanent discontinuation due to an adverse reaction occurred in 3.6% of patients receiving Talzenna. The median duration of exposure was 5.4 months (range 0.03-61.1). Very common adverse reactions (>1/10) are Thrombocytopenia, Anaemia, Neutropenia, Leucopenia, Decreased appetite, Dizziness, Headache, Vomiting, Diarrhoea, Nausea, Abdominal pain, Alopecia and Fatigue. Commonly reported adverse reactions (>1/100 to <1/10), are Lymphopenia, Dysgeusia, Stomatitis and Dyspepsia. Refer to SmPC section 4.8 for further information on side effects. **Legal Category:** Product subject to prescription which may not be renewed (A): S1A. **Marketing Authorisation Number:** Talzenna 0.25 mg hard capsules – EU/1/19/1377/001-004; Talzenna 1 mg hard capsules – EU/1/19/1377/005-006. **Marketing Authorisation Holder:** Pfizer Europe MA EEIG, Boulevard de la Plaine 17, 1050 Bruxelles, Belgium.

For further information on this medicine please contact: Pfizer Medical Information on 1800 633 363 or at medical.information@pfizer.com. **For queries regarding product availability please contact:** Pfizer Healthcare Ireland, Pfizer Building 9, Riverwalk, National Digital Park, Citywest Business Campus, Dublin 24 + 353 1 4676500.

Date of Preparation: 11/2021.

Ref: TE 3_0.

PP-TAL-IRL-0045
Date of Preparation January 2022

▼This medicine is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get to HPRA Pharmcoviglance, Earlsfort Terrace, Dublin 2, IRL. Tel: +353 1 676 4971, Fax: +353 1 676 2517, Website: www.hpra.ie, E-mail: medsafety@hpra.ie

Pfizer Oncology

CONFIDENCE *not* COMPROMISE

OTEZLA® can offer solutions to the challenges in this new environment

OTEZLA® has an established efficacy and safety profile for up to 5 years†[1,2]

No warnings regarding risk of serious infection[2]

No contraindications for concurrent use with live vaccination[2]

A short half-life of 9 hours

Means that OTEZLA® is rapidly cleared from the body if administration needs to be stopped[2]

Minimise frequency of clinical appointments

No laboratory pre-screening, and no drug specific blood monitoring required[2]

Immunomodulatory mode of action[2]

Confidence not compromise in immune response, down-regulation of pro-inflammatory cytokines and up-regulation of anti-inflammatory cytokines

Make OTEZLA® the positive choice for your psoriasis and psoriatic arthritis patients

Otezla® (apremilast) 30mg tablets

OTEZLA® (apremilast) 10mg, 20mg and 30mg film coated-tablets Brief Prescribing Information. Refer to the Summary of Product Characteristics (SPC) before prescribing. Further information is available upon request. Presentation: 10mg, 20mg and 30mg film coated-tablets. **Indications:** Psoriatic arthritis: OTEZLA, alone or in combination with Disease Modifying Antirheumatic Drugs (DMARDs), is indicated for the treatment of active psoriatic arthritis (PsA) in adult patients who have had an inadequate response or who have been intolerant to a prior DMARD therapy. Psoriasis: OTEZLA is indicated for the treatment of moderate to severe chronic plaque psoriasis in adult patients who failed to respond to or who have a contraindication to, or are intolerant to other systemic therapy including ciclosporine, methotrexate or psoralen and ultraviolet-A light (PUVA). **Dosage and administration:** Treatment with OTEZLA should be initiated by specialists experienced in the diagnosis and treatment of psoriasis or psoriatic arthritis. The recommended dose of OTEZLA is 30mg twice daily taken orally in the AM and PM, approximately 12 hours apart, with no food restrictions. The film-coated tablets should be swallowed whole. An initial dose titration is required per the following schedule: Day 1: 10mg in the AM; Day 2: 10mg in the AM and 10 mg in the PM; Day 3: 10mg in the AM and 20mg in the PM; Day 4: 20mg in the AM and 20mg in the PM; Day 5: 20mg in the AM and 30mg in the PM; Day 6 and thereafter: 30mg twice daily in the AM and PM. No re-titration is required after initial titration. If patients miss a dose, the next dose should be taken as soon as possible. If it is close to the time for their next dose, the missed dose should not be taken and the next dose should be taken at the regular time. Patients with severe renal impairment: The dose of OTEZLA should be reduced to 30mg once daily in patients with severe renal impairment (creatinine clearance of less than 30mL per minute estimated by the Cockcroft-Gault equation). For initial dose titration in this group, it is recommended that OTEZLA is titrated using only the AM doses and the PM doses be skipped. Paediatric population: The safety and efficacy of OTEZLA in children aged 0 to 17 years have not been established. No data is available. **Contraindications:** Hypersensitivity to the active substance(s) or to any of the excipients. OTEZLA is contraindicated in pregnancy. Pregnancy should be excluded before treatment can be initiated. **Special warnings and precautions:** Diarrhoea, nausea and vomiting: Severe diarrhoea, nausea, and vomiting associated with the use of OTEZLA have been reported. Most events occurred within the first few weeks of treatment. In some cases, patients were hospitalized. Patients 65 years of age or older may be at a higher risk of complications. Discontinuation of treatment may be necessary. Psychiatric disorders: OTEZLA is associated with an increased risk of psychiatric disorders such as insomnia and depression. Instances of suicidal ideation and behaviour, including suicide, have been observed in patients with or without history of depression. The risks and benefits of starting or continuing treatment with OTEZLA should be carefully assessed if patients report previous or existing psychiatric symptoms or if concomitant treatment with other medicinal products likely to cause psychiatric events is intended. Patients and caregivers should be instructed to notify the prescriber of any changes in behaviour or mood and of any suicidal ideation. If patients suffered from new or worsening psychiatric symptoms, or suicidal ideation or suicidal attempt is identified, it is recommended to discontinue treatment with OTEZLA. Severe renal impairment: See dosage and administration section. Underweight patients: OTEZLA may cause weight loss. Patients who are underweight at the start of treatment should have their body weight monitored regularly. In the event of unexplained and clinically significant weight loss, these patients should be evaluated by a medical practitioner and discontinuation of treatment should be considered. Lactose content: Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption should not take this medicinal product. **Interactions:** Co-administration of strong cytochrome P450 3A4 (CYP3A4) enzyme inducer, rifampicin, resulted in a reduction of systemic exposure of OTEZLA, which may result in a loss of efficacy of OTEZLA. Therefore, the use of strong CYP3A4 enzyme inducers (e.g. rifampicin, phenobarbital, carbamazepine, phenytoin and St. John's Wort) with OTEZLA is not recommended. In clinical studies, OTEZLA has been administered concomitantly with topical therapy (including corticosteroids, coal tar shampoo and salicylic acid scalp preparations) and UVB phototherapy. OTEZLA can be co-administered with a potent CYP3A4 inhibitor such as ketoconazole, as well as with methotrexate in psoriatic arthritis patients and with oral contraceptives. **Pregnancy, lactation and fertility:** Women of childbearing potential should use an effective method of contraception to prevent pregnancy during treatment. OTEZLA should not be used during breast-feeding. No fertility data is available in humans. **Undesirable effects:** Psychiatric disorders: In clinical studies and post-marketing experience, uncommon cases of suicidal ideation and behaviour, were reported, while completed suicide was reported post-marketing. The most commonly reported adverse reactions with OTEZLA in these indications are gastrointestinal (GI) disorders including diarrhoea (15.7%) and nausea (13.9%). These GI adverse reactions generally occurred within the first 2 weeks of treatment and usually resolved within 4 weeks. Adverse reactions reported in the psoriatic arthritis and/or psoriasis clinical trial programme and post marketing experience include: very common (≥ 1/10) diarrhoea*, nausea*; common (≥1/100 to <1/10) bronchitis, upper respiratory tract infection, nasopharyngitis*, decreased appetite*, insomnia, depression, migraine*, tension headache*, headache*, cough, vomiting*, dyspepsia, frequent bowel movements, upper abdominal pain*, gastroesophageal reflux disease, back pain*, fatigue; uncommon (≥1/1,000 to <1/100) hypersensitivity, suicidal ideation and behaviour, gastrointestinal haemorrhage, rash, urticaria, weight loss; not known (cannot be estimated from the available data) angioedema. *At least one of these adverse reactions was reported as serious. Please consult the SPC for a full description of undesirable events. **Pharmaceutical Precautions:** Do not store above 30°C. **Legal category:** POM. **Presentation and Marketing Authorisation Numbers:** Initiation pack containing 27 film coated tablets (4 x 10mg, 4 x 20mg, 19 x 30mg) - EU/1/14/981/001; 30mg film coated tablets in a pack size of 56 tablets - EU/1/14/981/002. **Marketing Authorisation Holder:** Amgen Europe B.V. Minervum 7061, 4817 ZK Breda, The Netherlands. Further information is available from Amgen Ireland Limited, 21 Northwood Court, Santry, Dublin D09 TX31. OTEZLA is a trademark owned or licensed by Amgen Inc., its subsidiaries, or affiliates. **Date of preparation:** April 2020 (Ref: IE-OTZ-2000019).

Adverse reactions/events should be reported to the Health Products Regulatory Authority (HPRA) using the available methods via www.hpra.ie. Adverse events should also be reported to Amgen Limited on +44 (0)1223 436441.

† Otezla met the primary endpoint of the pivotal trials in psoriasis: PASI-75 response vs placebo at 16 weeks. **ESTEEM 1:** 33.1% (N=562) vs 5.3% (N=282); **ESTEEM 2:** 28.8% (N=274) vs 5.8% (N=137), P<0.0001. OTEZLA met the primary endpoint of the pivotal trials in Psoriatic Arthritis: ACR 20 response vs placebo at 16 weeks. **PALACE 1:** 38% (N=168) vs 19% (N=168), P≤0.001. **PALACE 2:** 32% (N=162) vs 19% (N=159) P≤0.01; **PALACE 3:** 41% (N=167) vs 18% (N=169) P≤0.001.[2]

References: 1. Kavanaugh *et al.* Arthritis Research & Therapy 2019: 21;118. **2.** OTEZLA (apremilast). Summary of Product Characteristics.

Amgen Ireland Ltd., 21 Northwood Court, Santry, Dublin 9

IE-OTZ-0820-00002 | Date of preparation: September 2020

AMGEN®

Focus on: Psoriatic arthritis

Brona Dineen and **Gerry Wilson** discuss a case of a 36-year-old man with a 12-month history of widespread arthralgia and morning stiffness

IN THIS case a 36-year old man presented with a 12-month history of widespread arthralgia and three-to-four hours of early morning stiffness.

He described how the pain began in the right temporomandibular joint before progressing to the wrists, hands, feet, knees and elbows and he was using a walking stick for support.

On examination, there were 12 tender joints, dactylitis of the right second, third and fourth toes and synovitis in the second distal interphalangeal joint on the right hand and right elbow, as well as a small effusion on the left knee. Widespread psoriatic plaques were noted affecting the scalp and upper limbs, with psoriatic nail changes in both the hands and feet.

Medications included naproxen 500mg twice daily and sertraline 50mg once daily.

The patient was diagnosed with psoriatic arthritis and commenced on methotrexate (15mg weekly) and folic acid (5mg weekly).

Screening and monitoring required when prescribing methotrexate

Prior to commencing methotrexate screening should be performed and subsequent monitoring is required. The British Society of Rheumatology guidelines for monitoring during methotrexate therapy suggests baseline FBC, U&E and LFTs prior to commencing methotrexate, then every two weeks until on a stable dose for six weeks.

Once on a stable dose, these should be checked every three months. Dose increases require monitoring tests every two weeks until on a stable dose for six weeks then revert to previous schedule.[1]

Finally, all patients should be co-prescribed folic acid supplementation at a minimal dose of 5mg once weekly, generally given the day after methotrexate dosing.

Guidelines for vaccinations in patients taking methotrexate

As per the 2019 update of EULAR recommendations for vaccination in adult patients with autoimmune inflammatory rheumatic diseases, if possible, vaccinations should be given prior to commencing methotrexate due to a noted reduced response to protein and polysaccharide antigens. Non-live vaccines can be administered to patients on methotrexate.

Influenza, pneumococcal and Covid-19 vaccines are safe and should be given as per their schedules. Methotrexate should be held for two weeks after the annual influenza vaccine has been administered to improve efficacy. It is currently advised to skip the scheduled dose of methotrexate due immediately after Covid-19 vaccination. Live vaccines should be avoided in patients taking methotrexate.[2]

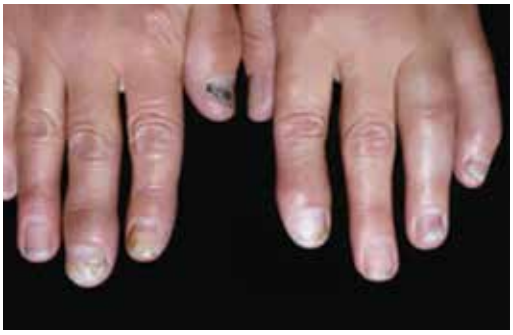
Risks of paternal exposure to methotrexate and pregnancy outcomes

Methotrexate is contraindicated in pregnancy due to its abortifacient and teratogenic effects. Previous recommendations suggested that if the male partner has been taking methotrexate, it should be stopped three months before trying to conceive.

However, recent studies have indicated that paternal exposure to methotrexate is not linked with adverse outcomes, which suggests that it should not be discontinued prior to conception.[1,3]

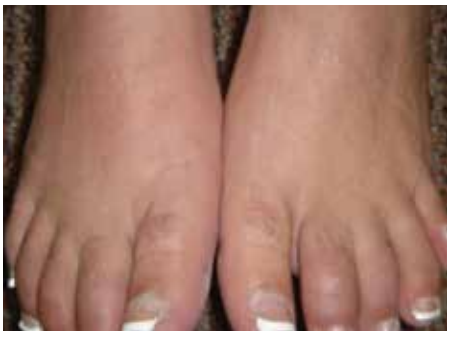
Brona Dineen is a specialist registrar in rheumatology and Prof Gerry Wilson is a consultant rheumatologist at the Mater University Hospital, Dublin

Figure 1: Dactylitis of the finger



DIP involvement in psoratic arthritis and psoratic nail changes with dactylitis of left ring finger from psoriatic arthritis (from Psoriatic Arthritis Info)

Figure 2: Dactylitis of the toes



Dactylitis of toes (from Rheum Now)

References

1. Ledingham J, Gullick N, Irving K, Gorodkin R, Aris M et al on behalf of the BSR and BHPR Standards, Guidelines and Audit Working Group. BSR and BHPR guideline for the prescription and monitoring of non-biologic disease-modifying anti-rheumatic drugs. Rheumatology 2017, June; 56(6):865-8. https://doi.org/10.1093/rheumatology/kew479

2. Furer V, Rondaan C, Heijstek MW et al. 2019 update of EULAR recommendations for vaccination in adult patients with autoimmune inflammatory rheumatic diseases. Ann Rheum Dis 2020; 79:39-52

3. Eck LK, Jensen TB, Mastrogiannis D, Torp-Pedersen A, Askaa B, et al. Risk of adverse pregnancy outcome after paternal exposure to methotrexate within 90 days before pregnancy. Obstet Gynecol 2017; 129(4):707-14. doi:10.1097/AOG.0000000000001936

ATTR-CM IS LIFE-THREATENING[1]

ORAL VYNDAQEL▼ (TAFAMIDIS)

CAN HELP PATIENTS LIVE LONGER

WITH FEWER HOSPITALISATIONS[1]

Vyndaqel 61 mg is indicated for the treatment of wild-type or hereditary transthyretin amyloidosis in adult patients with cardiomyopathy (ATTR-CM)[2]

Want to know more about ATTR-CM? Scan me!

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▼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. Refer to section 4.8 of the SmPC for how to report adverse reactions.

Vyndaqel® ▼ (tafamidis)

ATTR-CM=transthyretin amyloid cardiomyopathy; CV=cardiovascular.

1. Maurer MS, Schwartz JH, Gundapaneni B, et al. Tafamidis treatment for patients with transthyretin amyloid cardiomyopathy. N Engl J Med. 2018;379(11):1007-1016 **2.** VYNDAQEL Summary of Product Characteristics.

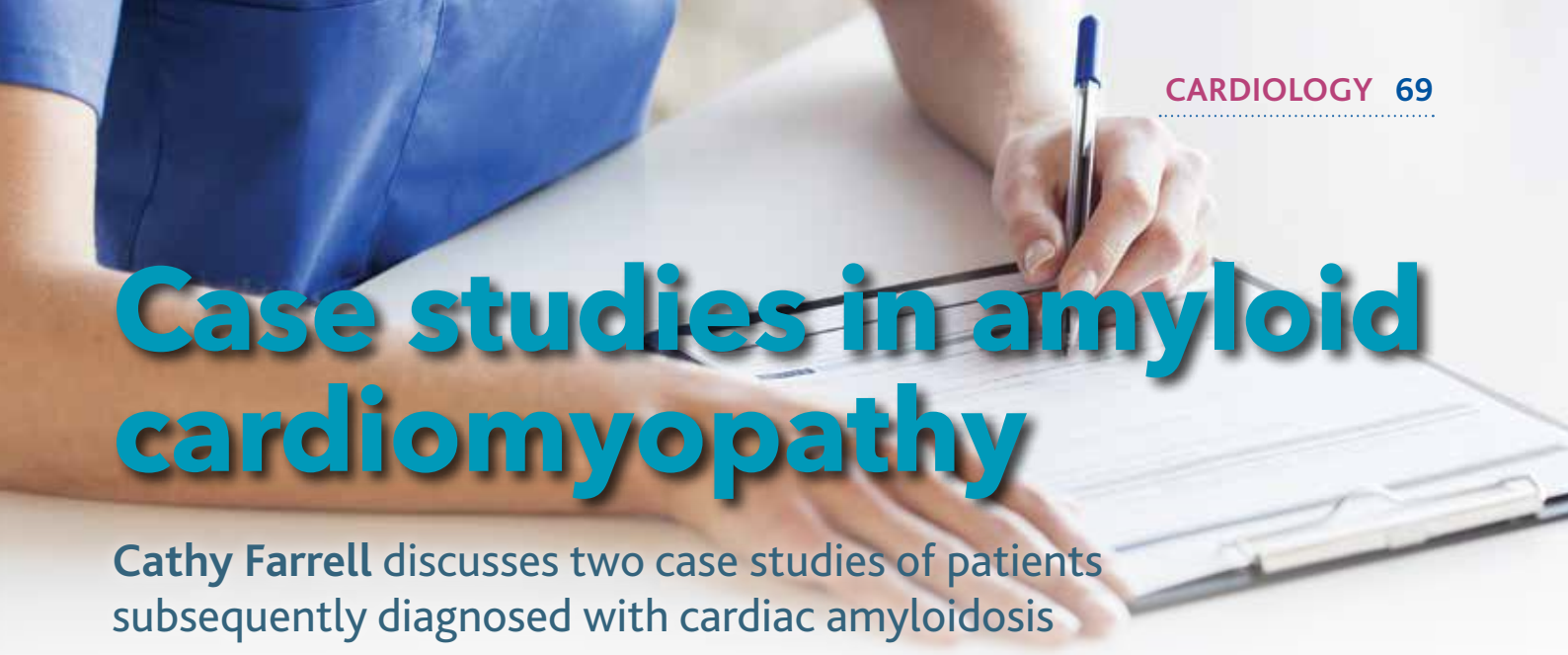
Vyndaqel▼ 61 mg soft capsules (tafamidis) Prescribing Information: Before prescribing Vyndaqel please refer to the full Summary of Product Characteristics. **Presentation: Vyndaqel 61 mg soft capsules.** Each soft capsule contains 61 mg tafamidis. **Uses:** Vyndaqel is indicated for the treatment of wild-type or hereditary transthyretin amyloidosis in adult patients with cardiomyopathy (ATTR-CM). **Dosage:** Treatment should be initiated under the supervision of a physician knowledgeable in the management of patients with amyloidosis or cardiomyopathy. When there is a suspicion in patients presenting with specific medical history or signs of heart failure or cardiomyopathy, etiologic diagnosis must be done by a physician knowledgeable in the management of amyloidosis or cardiomyopathy to confirm ATTR-CM and exclude AL amyloidosis before starting Vyndaqel, using appropriate assessment tools such as: bone scintigraphy and blood/urine assessment, and/or histological assessment by biopsy, and transthyretin (TTR) genotyping to characterise as wild-type or hereditary. The recommended dose is one capsule of Vyndaqel 61 mg (tafamidis) orally once daily. Vyndaqel 61 mg (tafamidis) corresponds to 80 mg tafamidis meglumine, tafamidis and tafamidis meglumine are not interchangeable on a per mg basis. Vyndaqel should be started as early as possible in the disease course when the clinical benefit on disease progression could be more evident. Conversely, when amyoid-related cardiac damage is more advanced, such as in NYHA Class III, the decision to start or maintain treatment should be taken at the discretion of a physician knowledgeable in the management of patients with amyloidosis or cardiomyopathy. There are limited clinical data in patients with NYHA Class IV. If vomiting occurs after dosing, and the intact Vyndaqel capsule is identified, then an additional dose of Vyndaqel should be administered if possible. If no capsule is identified, then no additional dose is necessary, with resumption of dosing the next day as usual. There are no recommended dosage adjustments for elderly patients or patients with renal or mild and moderate hepatic impairment. Limited data are available in patients with severe renal impairment (creatinine clearance less than or equal to 30 mL/min). Tafamidis has not been studied in patients with severe hepatic impairment and caution is recommended. There is no relevant use of tafamidis in the paediatric population. **Method of Administration:** The soft capsules should be swallowed whole and not crushed or cut. Vyndaqel may be taken with or without food. **Contra-indications:** Hypersensitivity to the active substance or to any of the excipients as listed in section 6.1 of SPC. **Warnings and Precautions:** Contraceptive measures should be used by women of childbearing potential during treatment with tafamidis and for one month after stopping treatment. Tafamidis should be added to the standard of care for the treatment of patients with transthyretin amyloidosis. Physicians should monitor patients and continue to assess the need for other therapy, including the need for organ transplantation, as part of this standard of care. As there are no data available regarding the use of tafamidis in organ transplantation, tafamidis should be discontinued in patients who undergo organ transplantation. Increase in liver function tests and decrease in thyroxine may occur. This medicinal product contains no more than 44 mg sorbitol in each capsule. Sorbitol is a source of fructose. The additive effect of concomitantly administered products containing sorbitol (or fructose) and dietary intake of sorbitol (or fructose) should be taken into account. The content of sorbitol in medicinal products for oral use may affect the bioavailability of other medicinal products for oral use administered concomitantly. **Pregnancy and Lactation:** Tafamidis is not recommended during pregnancy and in women of childbearing potential not using contraception. Available data in animals have shown excretion of tafamidis in milk. A risk to the newborns/infants cannot be excluded. Vyndaqel should not be used during breastfeeding. **Interactions:** In a clinical study in healthy volunteers, 20 mg tafamidis meglumine did not induce or inhibit the cytochrome P450 enzyme CYP3A4. *In vitro* tafamidis inhibits the efflux transporter BCRP (breast cancer resistant protein) at the 61 mg/day tafamidis dose with IC50=1.16 µM and may cause drug-drug interactions at clinically relevant concentrations with substrates of this transporter (e.g. methotrexate, rosuvastatin, imatinib). In a clinical study in healthy participants, the exposure of the BCRP substrate rosuvastatin increased approximately 2-fold following multiple doses of Page 2 of 2 2020-0065522 61 mg tafamidis daily dosing. Likewise, tafamidis inhibits the uptake transporters OAT1 and OAT3 (organic anion transporters) with IC50=2.9 µM and IC50=2.36 µM, respectively, and may cause drug-drug interactions at clinically relevant concentrations with substrates of these transporters (e.g. non-steroidal anti-inflammatory drugs, bumetanide, furosemide, lamivudine, methotrexate, oseltamivir, tenofovir, ganciclovir, adefovir, cidofovir, zidovudine, zalcitabine). Based on *in vitro data*, the maximal predicted changes in AUC of OAT1 and OAT3 substrates were determined to be less than 1.25 for the tafamidis 61 mg dose, therefore, inhibition of OAT1 or OAT3 transporters by tafamidis is not expected to result in clinically significant interactions. No interaction studies have been performed evaluating the effect of other medicinal products on tafamidis. **Undesirable Effects:** The following adverse events were reported more often in 176 ATTR-CM patients treated with tafamidis meglumine 80 mg compared to placebo: flatulence [8 patients (4.5%) versus 3 patients (1.7%)] and liver function test increased [6 patients (3.4%) versus 2 patients (1.1%)]. A causal relationship has not been established. Safety data for tafamidis 61 mg are not available as this formulation was not evaluated in the double-blind, placebo-controlled, randomised phase 3 study. **Legal category:** S1A. **Marketing Authorisation Numbers:** EU/1/11/717/003– 61mg (30 capsules). **Marketing Authorisation Holder:** Pfizer Europe MA EEIG, Boulevard de la Plaine 17, 1050 Bruxelles, Belgium. For further information on this medicine please contact: Pfizer Medical Information on 1800 633 363 or at EUMEDINFO@pfizer.com. For queries regarding product availability please contact: Pfizer Healthcare Ireland, Pfizer Building 9, Riverwalk, National Digital Park, Citywest Business Campus, Dublin 24 + 353 1 4676500. **Last revised:** 04/2021 ▼ 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 SmPC for how to report adverse reactions.

Ref: VY 61MG 2_0

Further information available upon request.

PP-VYN-IRL-0095 Date of Preparation: January 2022

Pfizer Rare Disease



Case studies in amyloid cardiomyopathy

Cathy Farrell discusses two case studies of patients subsequently diagnosed with cardiac amyloidosis

AMYLOIDOSIS is a rare condition but its awareness has increased in recent years due to the development of new treatments that can slow the progression of this disabling and life-limiting disease. It is caused by abnormal deposition and accumulation of proteins in the tissues of the body.

These proteins misfold and as they are insoluble they cannot be excreted by the body. The proteins infiltrate body organs, displacing the organ tissues, which leads to organ dysfunction. In the heart, the amyloid deposits displace myocardium and can cause cardiac enlargement with left ventricular hypertrophy, rhythm disruption and reduced efficiency of the heart pump function.

Amyloidosis is a progressive disorder resulting in premature death often due to heart failure or arrhythmias. It is important to get early diagnosis and correctly identify the type of amyloidosis as while it is associated with a poor prognosis, appropriate treatment is improving survival rates.

Cardiac amyloidosis is often misdiagnosed and underdiagnosed, but current advances in treatment of the disease have highlighted the need to be aware of common 'red flags' and clues to allow for earlier treatments to be started. New therapies offer hope of stabilising ATTR amyloidosis, perhaps offering hope of living with this as a chronic disease instead of the progressive life-limiting disease it has been.

Early diagnosis will be key in this transition and further studies will need to address the optimal timing of initiating treatments in those found through screening.

Case study 1

A 70-year-old woman with a past medical history of ankle replacements and polio as a child, initially presented unwell and weak with high CRP and proBNP for one week. She was referred to the cardiology department in 2015. An echocardiogram at that time showed moderate to severe left ventricular hypertrophy (LVH) with diastolic dysfunction, preserved ejection fraction (EF) and suspected hypertrophic cardiomyopathy (HCM).

She was referred for cardiac MRI which showed normal wall thickness (excluding HCM) but had over 50% gadolinium enhancement. Findings were suggestive of myocarditis and with non-specific inferior lateral ECG changes, the patient was referred for coronary angiogram. She underwent percutaneous coronary intervention to left anterior descending artery and right coronary artery in late 2015.

In late 2017 she attended for post cardiac rehabilitation (exercise stress test) which was terminated early due to a run of non-sustained ventricular tachycardia along with ST sagging in septal leads. Repeat angiogram showed stents were patent, NT-proBNP was 719pg/ml so she was referred for repeat cardiac MRI to again assess for HCM in the absence of hypertension which she had in December 2017. Cardiac MRI reported advanced cardiac amyloidosis.

She was also referred to the haematology department for persistently elevated lymphocystosis and was found to have chronic lymphocytic leukaemia. They also tested for bone marrow paraprotein and serum free light chains which were absent. She was then referred to the National Amyloid Centre (NAC) in London where genetic testing confirmed T60A transtyretin variant cardiac amyloidosis. She was started on tafamidis in 2019 and has been stable since.

Case study 2

A 68-year-old woman presented to ED with palpitations and dyspnoea. She has a past medical history of hypertension, ischaemic heart disease with percutaneous coronary intervention in 2013, atrial fibrillation and ulcerative colitis. In addition, an NT-proBNP level of 319ng/l was identified .

Echocardiogram showed EF of >55%, grade 1 diastolic dysfunction, normal LV thickness and moderately dilated left atrium. The patient was referred to the respiratory department and pulmonary function tests were normal. She was investigated for sleep apnoea.

The patient was readmitted in January 2020 with similar symptoms which were thought to be due to deconditioning but echocardiogram at that time showed mild concentric LVH and severely dilated left atrium. Her ECG at that time showed atrial fibrillation with low voltage but this was not commented on at the time.

She had another admission in April 2020 with shortness of breath. Her NT-proBNP was now 1,700ng/l and repeat angiogram showed stent was patent but a 80-90% lesion in distal left anterior descending artery. Cardiac MRI was advised to assess viability. This cardiac magnetic resonance was performed in August 2020 and showed asymmetrical septal hypertrophy and suggested mild HCM.

The patient was admitted again in 2021 with chest pain and shortness of breath and echo on this admission showed moderate asymmetric LVH, suspected and reduced global longitudinal strain pattern with apical sparing. The cardiologist advised MRI to assess for amyloid. Cardiac MRI in August 2021 confirmed moderate asymmetrical hypertrophy in right ventricle and suggestive of mild HCM. A DPD scan was requested to investigate for infiltrative process.

She was then referred to the Mater Hospital for further investigation, where the DPD scan confirmed a diagnosis of cardiac amyloidosis. Genetic testing confirmed familial TTR T60A. She was commenced on diflunisal 500mg OD and underwent nerve conduction studies which confirmed neuropathy. She has been started on patisiran infusions and currently has stable symptoms.

Cathy Farrell is an advanced nurse practitioner specialising in heart failure at the Donegal Integrated Service for Heart Failure

Shift work and sleep pattern disruption risk

Body clock disruption is a growing research area and recent findings do not make for positive reading for nurses and midwives, writes **Alison Moore**

NEW Irish research from RCSI that will be of interest to nurses and midwives as shift workers has demonstrated the significant role that an irregular body clock plays in driving inflammation in the body's immune cells, with serious implications for health.[1]

The circadian body clock keeps humans healthy and in time with the day/night cycle. This includes regulating the rhythm of macrophages, our innate immune cells. When these cell rhythms are disrupted, eg. by erratic eating/sleeping patterns or shift work, the cells produce molecules that drive inflammation. This in turn can lead to chronic inflammatory diseases such as heart disease, obesity, arthritis, diabetes and cancer. It can also compromise our ability to fight infection.

The RCSI researchers looked at macrophages with and without a body clock under laboratory conditions. They found that macrophages without a body clock took up far more glucose and broke it down more quickly than normal cells. They also found that in mitochondria, the pathways by which glucose was further broken down to produce energy were very different in macrophages without a clock. This led to the production of reactive oxygen species which further fuelled inflammation.

Another study found that nurses who work the night shift report more sleep disturbances and are more likely to suffer from psychological and physical health symptoms including PTSD, insomnia and inflammation.[2] The research from Oregon State University involved 392 nurses who reported their sleep experiences in daily sleep diaries for 14 days, noting duration, quality, efficiency – how long they were in bed versus how long they were asleep – and nightmare severity. Researchers also took blood samples at the halfway point to test for general immune response and inflammation.

Based on the results, participants were sorted into three sleep classes: 80% reported good overall sleep; 11% had poor overall sleep; and 8% were in the "nightmares only" group, with mostly average sleep but above average levels of nightmare severity.

They found that nurses in the poor overall sleep class were more likely to be recent nightshift workers than those in the good overall sleep class. They reported worse sleep quality along with more PTSD, more depression, more insomnia and more severe anxiety and perceived stress than those in the good overall sleep group.

Meanwhile, according to a new study led by researchers at NYU's Rory Meyers College of Nursing, more than half of nurses had difficulty sleeping during the first six months of the Covid-19 pandemic and getting less sleep increased their odds of experiencing anxiety and depression.[3]

The study found that nurses faced unparalleled challenges working on the frontlines of the pandemic, including staffing shortages, an early lack of PPE and witnessing widespread suffering and death. It is only now that research is beginning to reveal the impact of these ongoing stressors on nurses and midwives' mental health and wellbeing. The findings from this study were consistent with the INMO's surveys on the psychological impact of Covid on nurses and midwives, which reported very high levels of psychological distress and mental exhaustion.[4,5]

The NYU study, which examined nurses' experiences of working during the first six months of the pandemic, revealed high rates of depression (22%), anxiety (52%) and insomnia (55%). They found that difficulty sleeping was both a contributing factor to and an outcome of poor mental health and that sleeping for five hours or fewer before a shift increased the odds of depression, anxiety and insomnia.

Participants also described how anxiety and thinking about stressful working conditions led to difficulty falling or staying asleep. As well as stress-related sleep problems, changes in work schedules, eg. working extra hours or switching from day and night shifts, led to them getting less sleep.

To better support nurses and their wellbeing, the researchers urged employers to take action to address work stress and factors that influence sleep.

Another study found that nurses working on rotating day and night shifts had significantly shorter total sleep time, longer sleep onset latency and lower sleep efficiency than those not working in shifts. In particular, nurses working for three or four consecutive night shifts had significantly shorter total sleep time, lower sleep efficiency and longer sleep onset latency than those working for zero to two consecutive night shifts.[6]

With further studies showing that nightshift work can increase cancer risk[7] and is linked with an increased risk of heart problems[8] there is ample evidence pointing to a need for health employers to take steps to mitigate these risks on behalf of those who work nightshifts.

In Europe a large study focusing on health and wellbeing is being conducted as part of the Magnet4Europe consortium. Baseline data from 15 hospitals is already indicating high burnout levels, with anxiety and depression affecting the wellbeing of 20-25% nurses.

The INMO is committed to continue to lead the campaign to ensure employers fulfil their duty of care to nurses and midwives and prioritise their health and wellbeing.

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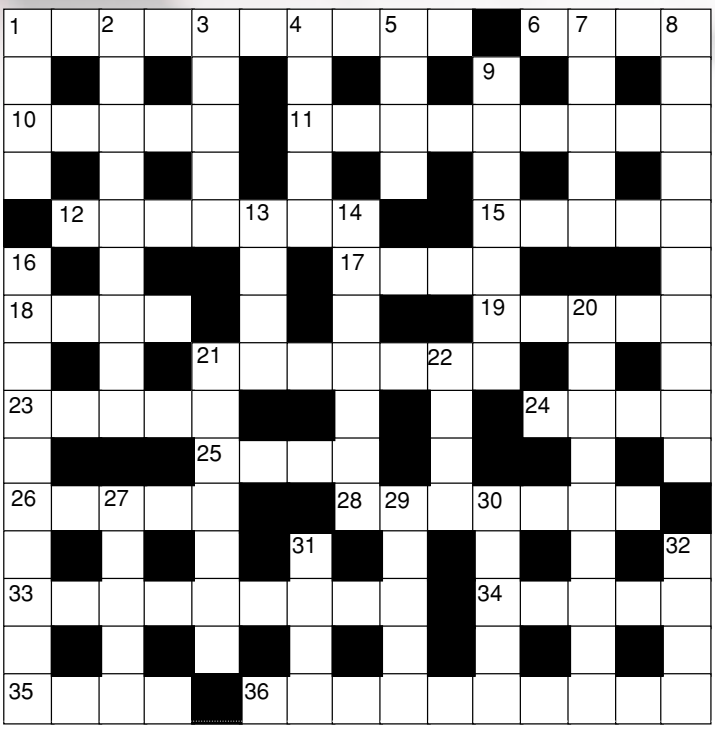
Across

1 Reckless thrill-seekers (10)
6 Crust formed over a sore (4)
10 & 11 Part of the body recreates inelegant tiers (5,9)
12 Banqueted (7)
15 Loud, rude, confused that's Sigmund for you! (5)
17 In Greek mythology, the ship in which Jason sailed (4)
18 Rowing implements (4)
19 One of the stomachs of a cow (5)
21 Stored items one above another (7)
23 Extremely pale (5)
24 Urchin, homeless child (4)
25 Possibly moan about this Middle-Eastern country (4)
26 Thighbone hidden by the wife-murderer (5)
28 Spectacles (7)
33 Not having had medical intervention, this might deter Aunt (9)
34 Praise highly (5)
35 Assistance (4)
36 Meddled (10)

Down

1 Herb makes many sick (4)
2 & 27d Lanthanum, for example could dispel a real mare threat (4-5,5)
3 Impurities found at the bottom of a liquid (5)
4 I love arranging this material (5)
5 Thin strip of wood (4)
7 South American country, capital Santiago (5)
8 Use it to slice a loaf (10)
9 One could take hods far from this town in Wicklow (7)
13 Send a written message by phone (4)
14 Moving to music (7)
16 The best possible poker hand (5,5)
20 Carnivore (4-5)
21 Breathing tube used when swimming just below the surface of the water (7)
22 Jane Austen's heroine has Mame confused (4)
27 See 2 down
29 Put money into an account (5)
30 Ledge made of mangled flesh (5)
31 Knock senseless (4)
32 Ran away (4)



Name:

Address:

You can email your entry to us at nursing@medmedia.ie by taking a photo of the completed crossword with your details included putting *'Crossword Competition'* in the subject line. Closing date: **Thursday, June 23, 2022.** If preferred you can post your entry to: WIN Crossword, MedMedia Publications, 17 Adelaide Street, Dun Laoghaire, Dublin, A96E096

May crossword solution

Across: 1 Prayer book 6 Gasp 10 Ghana 11 Wisconsin 12 Ignores 15 Peter 17 Ha-ha 18 So-so 19 Syria 21 Parrots 23 On cue 24 Chai 25 Roof 26 Venus flytrap 33 Lactation 34 Basil 35 Apex 36 Downloaded

Down: 1 Pigs 2 Analgesic 3 Erato 4 Bowie 5 Ouse 7 Asset 8 Pancreatic 9 Compass 13 Rhea 14 Sheriff 16 Aston Villa 20 Rehearsed 21 Persian 22 Tory 27 Nacre 29 Lenin 30 Taboo 31 Wino 32 Glad

The winner of the May crossword is: Shauna O'Riordan, Mallow, Co Cork

Practical resource on reflux

WHY Infant Reflux Matters by Carol Smyth forms part of the *Why it Matters* series of books, of which there are 23.

This book is divided into two parts: 'What is Reflux?' and 'Resolving Reflux'. My own curiosity about reflux led me to learn more and this book provides in-depth information which is provided in a practical way and therefore is suited to a wide readership. The book can be read from cover to cover, or the reader may dip in at a point of interest.

The opening chapter discusses what reflux is, gastro-oesophageal reflux disease, and introduces infant gastric anatomy and physiology to facilitate the reader's understanding.

Next it discusses the role of stomach acid and leads into an exploration of the treatment of reflux with medication. This chapter examines the three therapies used in the medical treatment of reflux, namely thickening agents, alginate therapy and acid and, for me, an important lesson was that vigilance is needed when weaning infants off acid suppressants.

The author looks at the effect of positioning babies with reflux and how feeding and baby care can impact the condition.

Ms Smyth explores reflux symptoms, and asks "is it always reflux?" She recognises that advice and support from health professionals and lactation consultants can address feeding issues with the latch and may identify tongue tie. Tongue tie may cause a suboptimal latch on the breast or cause co-ordination issues, preventing the baby extending the tongue to cup the bottle teat or breast, which could lead to symptoms thought to be reflux related.

The author highlights that crying is a normal baby behaviour as well as the importance of the carer responding to the cry. She describes the human social nervous system and likens a baby's crying to adult responses to threat through social engagement, mobilisation and immobilisation.

Scenarios that may be reassuring to parents and feeding support workers are provided, with a chapter dedicated to exploring techniques that will support parents, including responsive feeding practices, close contact and sling use.

An up-to-date reference list in this book confirms it as a reliable research source. It has provided me with knowledge and practical information about infant reflux, which I will find beneficial in practice and to share with others. I would recommend this book to healthcare professionals, feeding support workers and parents alike.

Brenda Pieper Callan is a midwife and lactation consultant at Our Lady of Lourdes Hospital, Drogheda

Why Infant Reflux Matters by Carol Smyth is published by Pinter & Martin. ISBN 9781780666402

Coombe to recruit 29 new midwives

THE Coombe Women and Infants University Hospital has announced that it is recruiting 29 new midwives. The vacant posts include staff midwives, community midwives, clinical midwifery specialists, clinical skills facilitators, advanced midwifery practitioners and theatre midwives.

The Coombe, which currently employs more than 280 midwives, announced its plan to add to its workforce on May 5, International Day of the Midwife.

Prof Michael O'Connell, master of the Coombe Women and Infants University Hospital said: "We're very pleased to announce the recruitment of 29 new midwives at the Coombe.

Our team of midwives is truly dedicated to not only their work, but to every patient that they support and every baby that is delivered here.

"The midwifery team at the Coombe is part of a wider team caring for each patient that comes in through the Hospital doors, and all of our staff play a key role in each patient's experience here. On International Day of the Midwife, we celebrate their passion and we look forward to growing our team."

To celebrate the International Day of the Midwife on May 5, The Coombe Women and Infants University Hospital announced it would be hiring 29 new midwives. Pictured on the day were midwives Daniela Popa and Saira Munir (front) with their midwifery colleagues and prof Michael O' Connell (left), master of obstetrics and gynaecology

Ann MacIntyre, director of midwifery and nursing at the hospital, said: "Midwives have been providing excellent care to women and babies at the Coombe for almost 200 years, and International Day of the Midwife gives us the chance to celebrate this. We're delighted to be recruiting 29 new colleagues to join our fantastic midwifery team at the Coombe."

Saira Munir, who works as a midwife at the Coombe, added: "The Coombe is a wonderful place to work and I'm very proud to be a part of our fantastic midwifery team. Being a midwife doesn't come without its challenges, so it's great to be a part of such a hugely supportive team, from varying backgrounds and levels of experience.

"To be able to celebrate midwives across the world, and my own colleagues and friends, on International Day of the Midwife is something really special."

The theme of this year's International Day of the Midwife was '100 Years of Progress,' reflecting on progress in midwifery over the past 100 years.

International Clinical Trials Day

Pictured at the second annual cancer retreat organised by Cancer Trials Ireland to mark International Clinical Trials Day on May 20 were (l-r): Dr Heather Burns, HSE National Cancer Control Programme and Deepti Sharma, research nurse, St Luke's Hospital. The retreat took place in the Royal College of Surgeons Dublin and saw a number of Irish and international speakers come together to discuss a range of current issues of interest to the cancer clinical trials community, as well as future challenges and opportunities. Latest figures from Cancer Trials Ireland show that there were 364 people enrolled on clinical trials in Ireland in 2021, up from 320 in 2020. The retreat was supported by Pfizer, Roche, AbbVie, MSD, Novartis and Bayer.

Minister announces plans for HPV vaccine catch-up programme

MINISTER for Health Stephen Donnelly has said he welcomes updated advice from the National Immunisation Advisory Committee (NIAC) that the HPV vaccine be offered to girls and boys in secondary school who were eligible to receive the vaccine in first year but who did not receive it, as well as women up to the age of 25 who have left secondary school and did not receive the vaccine when they were eligible.

In October 2021 the Department of Health requested the NIAC to examine the clinical effectiveness and population-wide benefit for both of these cohorts.

Mr Donnelly said: "Based on the NIAC's updated advice, I have asked the HSE to prepare to operationalise a programme that would provide for all girls and boys in secondary schools who were previously eligible to receive the HPV vaccine and who have not yet, for whatever reason, received it, to now be offered the vaccine.

"I have also asked the HSE to provide

options on how best to introduce a catch-up programme for young women who have now left secondary school and who did not receive the vaccine when they were eligible," the Minister continued.

"This is an incredibly effective vaccine and young people should be able to access it. Our goal it to eradicate cervical cancer over time. Ireland is the only country in the western world to reverse a crisis in confidence in HPV vaccination. We owe patient advocate Laura Brennan, an incredible campaigner, and her family a huge amount," he concluded.

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Irish Neonatal Health Alliance

WaterWipes® is proud to launch the third annual Pure Foundation Fund, a bursary fund in Ireland.
For 2022, WaterWipes® is "Honouring our Great Protectors" – midwives, community and neonatal nurses involved in the pregnancy, birth, and postnatal journey. Nominations are now open!

About the Pure Foundation Fund

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

How to Enter

Nurses and midwives in Ireland working in the fields of maternity, neonatology and postnatal care can self-nominate or nominate a colleague that has demonstrated outstanding care.

The deadline for entries is **30th June 2022** and the winner will be contacted via WaterWipes® PR agency, Fleishman Hillard, if they have been nominated.

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https://www.waterwipes.com/uk/en/health-care/pure-foundation-fund-2022

ED waiting times remain problematic

Positive experiences of care marred by effects of overcrowding

THE results of the 2021 National Inpatient Experience Survey revealed that most patients had a positive experience in hospital, with 83% rating their experience of hospital care as 'good' or 'very good'. The same survey revealed, however, that just 29% of patients were admitted within the HSE's target waiting time of six hours.

Further areas in need improvement that were identified by respondents included the availability of emotional support, time to discuss care and treatment with a doctor, information on how to manage a condition after leaving hospital, and opportunities for family members to talk to a doctor.

The majority of survey participants said they were always treated with respect and dignity, and that they were given enough privacy when being examined or treated. Patients also gave high ratings of cleanliness, pain management and confidence and trust in hospital staff.

Most patients surveyed said they did not feel at risk of contracting Covid-19 while in hospital; however, a number of participants said they could not find a member of staff to talk to if they had worries or fears about Covid-19 and that they did not receive help to keep in touch with family members.

Many patients expressed their appreciation of staff and the care they received, but missed being able to have visitors. Visiting restrictions posed particular challenges for patients with sensory, physical or cognitive impairments.

Responding to the survey findings, Minister for Health,Stephen Donnelly said: "The National Inpatient Experience Survey is an important piece of work that ensures the patient voice is central to the delivery of a more person-centred health service. I would like to thank everyone who took part in the survey this year. The sustained high response rate shows that patients want to have their voices heard and share their collective stories.

"The 2021 survey results provide us with an understanding of patients' experience of care during the pandemic for the first time. It is encouraging to see that patients continue to have positive experiences of being treated with dignity and respect and having confidence and trust in hospital staff," Mr Donnelly continued.

"The survey findings also highlight that there is still room for improvement, and it is absolutely essential the health service listens and responds when patients share their experience.

"2021 was another exceptionally challenging year for our frontline healthcare workers and hospital staff; they have continued to demonstrate their ongoing commitment and dedication to our patients throughout the pandemic.

"We know that the most successful approach to building a safer, quality healthcare system is when the health service works together with patients and communities. The 2022 National Inpatient Experience Survey is now underway, and I would encourage people who are eligible to participate to do so."

HIQA CEO Angela Fitzgerald said: "Covid-19 has had a profound impact on patients, staff and the provision of healthcare across the world. Despite the challenges presented by the pandemic and the disruptions it caused, most patients told us that they had positive experiences of care in hospital.

"The findings of the survey highlight how important it is to patients, and their family members, to have opportunities to talk to healthcare staff, to ask questions and to share their worries. The results also underline the critical role played by families in supporting patients. These are areas that HIQA will focus on during 2022.

"Upholding the principles of person-centred care and respecting an individual's human rights are fundamental to the provision of high-quality healthcare and strongly relate to patients' overall experience."

INMO response

Following the publication of the survey, the INMO called for the government and HSE to produce a hospital-by-hospital plan to tackle chronic hospital overcrowding.

INMO general secretary Phil Ní Sheaghdha said: "When this survey was carried out over 8,414 patients were on trolleys in our hospitals. While patients overall feel they get very good care once admitted for treatment, the lengthy waiting times are a major cause of concern. Only 29% of people said they were admitted to a ward within six hours, this is a long way off the HSE's own target of 95% of patients being admitted within six hours.

"We welcome the confirmation that nurses, midwives and other healthcare professionals continue to work in very difficult situations but do their best and treat everyone with dignity and respect. The results of this survey coupled with the calls of Irish nurses and midwives must inform any strategy government and the HSE have to tackle chronic overcrowding in our hospitals," Ms Ní Sheaghdha added.

Two additional reports — on patients' experiences of human rights-based care in hospital and of discharge from hospital — have also been published recently.

See **www.yourexperience.ie**

June

Wednesday 8
Orthopaedic Section meeting. 4pm on Zoom

Thursday 9
ED Section Webinar – See *page 60* for further details. Contact the INMO to book your place

Friday 10
Third Level Student Health Nurses Section. 10am-4pm. The Richmond Education and Event Centre

Saturday 11
PHN Section meeting. 10.30pm via Zoom

Wednesday 15
CIT meeting. 11am via Zoom. See *page 60* for further details

Monday 27
Nurse/Midwife Education Section meeting. 12.30pm via Zoom

Wednesday 29
CPC Section meeting. From 11am via Zoom, featuring guest speakers from the NMBI

July

Saturday 2
International Nurses Section
CultureFest. 11am at the Richmond Education and Event Centre

Monday 18
NCN Section meeting. 11am via Zoom

September

Saturday 3
Midwives Section meeting. 9.30am to include presentation on ICM Midwifery Framework

Saturday 10
PHN Section meeting. 10.30am via Zoom

Saturday 10
SEN Section meeting. 10am via Zoom

Tuesday 13
Retired Section meeting. 11am-1pm

Wednesday 14
ODN Section meeting. 7pm on Zoom

Tuesday 20
Care of the Older Person Section webinar. 11am-1pm

Tuesday 28
Telephone Triage Section conference. Portlaoise. Visit **www.inmoprofessional.ie** to book

For further details on any listed meetings or events, contact jean.carroll@inmo.ie (unless otherwise indicated)

INMO Membership Fees 2022

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 *Working (employed in universities & IT institutes)*	€116
E Associate members *Not working*	€75
F Retired associate members	€25
G Student members	No Fee

Condolence

❖ The Irish Association of Advanced Nurse/Midwife Practitioners and the INMO would like to honour the memory of Prof Laserina O'Connor, who dedicated over 30 years to nursing. An impassioned ANP, her pride was in her clinical role where she worked collaboratively with teams from UCD, the Mater and St Vincent's. Her advocacy practice inspired new conversations around scholarly talents, clinical scholarship, research and the policy agenda. *Ar dheis Dé go raibh a hanam*.

Midwifery Section

❖ It is now more important than ever that we work to rejuvenate midwifery in Ireland. From now on the Midwives Section of the INMO will host all four of its annual meetings online and they will take place on the first Saturday of the month. Zoom links will be sent to all members. Join us on September 3 at 9:30am to watch a video on the newly launched midwifery professional framework, followed by breakout room discussions on how it applies to us here in Ireland.

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Mailed directly to Irish nurses and midwives every month

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Taught Graduate Programmes, School of Psychology, University College Dublin

MSc Mindfulness Based Interventions

We offer a two-year part-time MSc in Mindfulness Based Interventions that provides students with a critical understanding and expert skills in the teaching of Mindfulness. The course involves a community of adult learners, where students are supported and nurtured so as to meet the highest standards as teachers of Mindfulness Based Interventions. Click on the QR code for further information

MSc in Disability

We offer a one-year full-time MSc in Disability that provides students with a critical understanding of disability identity, intersectionality, policy and legislation as well as practice-based skills in research methodologies, behavioural support and programme development. Students can choose from a wide range of disability-related specialisation including psychology, public health, law, education and social policy. Scan the QR code for further information.

Irish Cancer Society Nurses

The Irish Cancer Society are seeking registered nurses who can provide a minimum of six nights per month and have some palliative experience. Training will be provided.

- Job description on **www.cancer.ie**
- Email CV to **recruitment@irishcancer.ie**
- Informal enquiries to 01-231 0524 or **mferns@irishcancer.ie**

Irish Cancer Society

Irish Nurses Rest Association

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

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

Eagraíocht Cúram Sláinte Pobail
Tuaisceart Chathair & Tuaisceart Chontae Baile Átha Cliath

Community Healthcare Organisation
Dublin North City & County

Nursing positions available

Who are we?
CHO Dublin North City and County (CHO DNCC) is responsible for providing care and services to a population of around 621,405 people. Community Health Services are the broad range of health services delivered outside of the acute hospital setting. They are delivered through the HSE and its funded agencies to people in local communities, as close as possible to their homes.

Our services
Primary care; older persons; disabilities; mental health and wellbeing; quality, safety and service improvement

Our current vacancies
We have excellent opportunities for nurses: Staff Nurse, Clinical Nurse Specialists, Clinical Nurse Managers and ADON. If you are interested in providing quality care and developing a career in nursing, we offer a wide range of opportunities with many benefits.

We welcome applications from all qualified individuals who meet the eligibility criteria for these roles. Further information is available in the Job Specification for each position. Search 'Rezoomo CHO DNCC Jobs' or visit **Rezoomo CHO DNCC Jobs** for all our current vacancies.

Cpl Healthcare is recruiting experienced nurses and midwives for a number of our clients in Australia. This is a great opportunity to develop your nursing career abroad.

Opportunities available in;
Theatre, Medical and Surgical, ICU & CCU, Mental Health, Emergency & Midwifery.

Some of the benefits you can expect:

- TSS 482 Working Sponsorship Visa available
- Salary of $70,000 - $85,000 (depending on experience)
- Relocation package
- Full assistance with AHPRA registration and guidance on visa processing
- Work within a new Model of Healthcare

If you are interested in this opportunity and would like to have an informal chat please send your CV to email:
eamonn.mullen@cplhealthcare.com
or call: +353 1482 5404 • M: +353 87 0945454
australia@cplhealthcare.com

ADVANCED PRACTICE NURSING
Shaping the Future of Healthcare

The INMO is delighted to be collaborating with the IAANMP in hosting the 12th International Council of Nurses, Nurse Practitioner/Advanced Practice Nurses Network Conference **UNIVERSITY COLLEGE DUBLIN | 21–24 AUGUST 2022** This year marks 26 years of Advanced Nursing/Midwifery practice in Ireland. The conference will showcase and celebrate advancements in nursing and midwifery practice from around the world

REGISTRATION OPEN
npapndublin2022.com

WHO ATTENDS?

- Nurse/Midwife Practitioners
- Advanced Practice Nurses & Midwives
- Clinical Nurse and Midwife Specialists
- Registered Nurses & Midwives
- Those on the pathway to Advanced Practice
- Educators
- Policy Makers & Managers
- Industry Partners
- Media

International Council of Nurses
The global voice of nursing

ICN Nurse Practitioner / Advanced Practice Nurse Network

@NPAPNDublin2022

#WeLearnWeInnovateWeAdvance

KoliCare

MyPro™

For Babies, Infants and Children

Colic causing distress for Baby, Mum & Dad? KoliCare is Clinically Proven to Reduce Colic and Crying Time.

Colic affects 1 in 5 babies in Ireland! Colic can be distressing not only for baby but for parents too. KoliCare is a 100% natural food supplement that is clinically proven to reduce episodes of colic and daily crying time in 90% of babies.
KoliCare, contains two strains of probiotic; one which is found naturally in breast milk and one that is found in the gut of a healthy baby. KoliCare helps top up good bacteria to help babies system mature naturally and safely so that they can pass wind without discomfort.
A study was undertaken in September 2021 to investigate the impact of taking orally administered KoliCare with 112 breastfed and mixed fed infants. This research showed that KoliCare offers results with both a short-term as well as long-term effect:

- **After just 1 week, KoliCare significantly reduces daily crying time and the number of crying episodes making it one of the fastest treatments for colic on the market.**
- **After 21 days, 90% of babies taking KoliCare achieve a reduction in crying time equal to or higher than 50%**

100% Organic Strains*

5 Drops Once a Day

Gluten Free

0+ Suitable from Birth

Free from Sugar, Alcohol & Colourant

Formula & Breastfed Babies

A simple once a day dosing, of 5 drops, directly into your baby's mouth, allows it to get to work for the day, easing both your baby's colic symptoms and promoting a healthy gut leaving your little one more content and less uncomfortable."

- Lynda Quigley

90% of babies
taking KoliCare achieve a reduction in crying time*

Claim your FREE SAMPLE OF KOLICARE by visiting http://bit.ly/kolicare or scanning the QR code

Available in Pharmacies Nationwide

Guaranteed Irish

*Clinical studies and certificates available on request.

MyPro KoliCare is a Zeon Healthcare Ltd. brand.