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WIN

Journal of the Irish Nurses and Midwives Organisation

World of Irish Nursing & Midwifery

Latest INMO CPD education programme
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Talking about women's health

Richmond to host INMO Ladies Lounge event

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Health funding model must change

AS WE go to print, INMO members in the public service will be considering the recently negotiated public sector pay proposals. We have been holding workplace ballots to allow us to meet members in their workplaces and hear first-hand the issues they face. While we could ballot members using a postal or online voting system, we see this as an opportunity to meet face to face, to ask any questions you might have on the public sector agreement, and also to set out other areas where you might need advice or support.

Over the past few weeks I have met members in large and small workplaces all over the country. It is a huge source of pride for me to be able to see the important role played by the INMO as the professional trade union for nurses and midwives and how members value that role. The fact that so many of you have taken the time to discuss the very real concerns you have, how we can do better and how our officials have assisted you and your colleagues has been very welcome. One of the biggest issues raised directly with me has been matters related to risk and patient safety.

While meeting members in University Hospital Limerick on February 16, following weeks of record-breaking overcrowding in the hospital, the chief executive of the HSE, Bernard Gloster, met with the INMO members on site to hear about the high risks to patient care. The HSE can have no doubt about the impact persistent and dangerous overcrowding is having on patient safety, nurse morale and, subsequently, on staff turnover.

When meeting Mr Gloster, we emphasised once again our objection to continuing restrictions on the recruitment of frontline clinical staff. At time when nurses and midwives are in such demand across the world, the recruitment moratorium is an absolute own goal. We formally advised the HSE that we require the actual details of numbers allocated to nursing and midwifery for 2024 and the services that will be curtailed if safe staffing cannot be guaranteed.

We intend to deal with this issue as a matter of dispute if the commitments given publicly and in writing by the Minister for Health at our Conference in 2023 regarding the full funding for the safe staffing framework are not implemented by the HSE.

The HSE published its annual National Service Plan for 2024 on February 15. The lack of ambition in providing a substantial increase in the number of acute inpatient beds is a real cause for concern. There is no point in producing plans on an annual basis, we need to see multiannual plans copper fastened by a multiannual budget framework for the health service. The only way to provide effective universal healthcare is to plan for it on a multiannual basis.

The roadmap to implementing meaningful and innovative universal healthcare is provided for in Sláintecare. Providing free GP care and removing hospital inpatient fees is not universal healthcare. Some hospital sites are reporting a 50% increase in attendances since inpatient fees were removed and this is worthy of examination. The current model of funding must change and must consider the out-of-pocket costs still borne by many people which continue to further embed the two-tier health service model, ie. if you can afford to pay for health insurance you have quicker access to diagnostics and treatment.

One piece missing from the public conversation when it comes to reducing the pressure on our public health service is the positive difference nurse and midwife-led services are making. Visiting hospitals and community settings over the past few weeks, I have seen some amazing examples of how nurses and midwives are providing innovative, patient-focused services. Over the coming issues of *WIN* we will be covering some of these services and highlighting the value they bring to the lives of their patients.

Phil Ní Sheaghdha
General Secretary, INMO

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A positive focus with the president

Karen McGowan, INMO president

Our union in action

THIS month has been busy with information and balloting sessions commencing on the proposed new public service pay deal. It has been a great opportunity to meet with members and answer their questions. Thank you to those who have submitted applications for election to the Executive Council. This is a real opportunity to advocate for your area of work at a national level.

I am delighted to host the upcoming Ladies Lounge event alongside INMO Professional *(see pages 20-22)*. I see this as a parting piece from me as president. I have grown in the role as president and as an ANP in gynaecology during my time on Executive Council. I feel my interactions as president have influenced and inspired me to keep working hard in this area. I am thankful to the wonderful nurses and midwives I have met during my time in office. Women's health is my passion and there's nothing I love more than to get more women talking about their bodies and learning from each other.

Specialist urology oncology nursing

WITH a focus on pelvic cancers I felt it would be an opportune time to catch up with Alison Doran who took up the role of clinical nurse specialist in penile, bladder and renal cancer in Beaumont Hospital in May 2022. She previously worked on St Damien's Kidney Transplant and Urology Ward for five years and then completed a postgraduate diploma in renal nursing in 2021. During this time Ms Doran covered a maternity leave post as a transplant co-ordinator which was a wonderful learning opportunity but it became evident to her that her passion was urology oncology nursing. She is currently studying nurse prescribing with RCSI.

Alison Doran, clinical nurse specialist in penile, bladder and renal cancer at Beaumont Hospital, Dublin

Ms Doran told *WIN* that Beaumont Hospital is the National Cancer Centre in Ireland for penile cancer. Its aim is to deliver a high quality service for patients and their families with penile cancer by acting as a specialist resource, while working in conjunction with the multidisciplinary team.

"I am the point of care providing physical, psychological, social support and education, through evidence based practice to the patients and their families. I advise and educate nursing staff and medical staff on the specific care of these patients both pre- and post-operatively. As my role is very broad and covering three very large patient cohorts in the urology department, my main focus is currently penile cancer patients and their families.

"I also focus on bladder cancer patients requiring cystectomy . I act as the link between the patient, urology consultant and stoma care specialist nurses as this is a vital piece in the patient's journey. I provide pre- and post-operative support to these patients also," she explained.

"The vision for the service is to expand in each of the specialties of penile, bladder and renal cancers as they are extensive. This is the first clinical nurse specialist role in this area of healthcare in Ireland so I felt it was important to highlight it. Penile cancer is not discussed enough and more needs to be done to draw attention to this cancer as there is no national screening programme yet.

"Patients who present with it have often waited so long to seek care that the cancer is at a stage where is more difficult to manage. Early detection really is key to accessing timely care," Ms Doran stressed.

Executive Council update

THE Executive Council met in person and in virtual session to discuss the upcoming referendum. With consideration to our predominantly female workforce, the decision was made by the Executive to support a Yes/Yes vote. The constitution does not reflect the make up of families in Ireland today and a yes vote would give the many people who live in non-marital families constitutional recognition. Many of our ICTU partners are also taking this position.

The proposed new public service pay agreement was set out for the Executive Council and was discussed at length. Members of the Executive Council will be available at the information sessions that will take place until mid-March. I want to thank the management team and members of the Executive for their time and commitment to their roles. This has been a tough time in negotiations as it always is, but it is great to see progress being made.

Safe staffing will always be on the agenda for the INMO alongside our concerns over the ever-increasing trolley numbers. Insufficient staffing is simply unsafe for patients. The Executive Council agreed that areas within hospitals that are used for surge capacity are not appropriate and if applied must be counted appropriately and numbers included when calculating staff requirements.

Motions for the ICTU Women's Conference were also discussed. This year the conference will be held in Athlone on March 7-8. It is set to be well attended, with topical motions up for debate. Women in healthcare make up the largest proportion of staff in healthcare so it is so important for the INMO to be at the table when motions are debated.

The planning committee for ADC 2024 has met and plans are going well.

The next Executive Council meeting will be held March 21 and 22.

Get in touch

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

Executive Council recommends Yes votes in March 8 referendums

THE INMO Executive Council met in a special session last month to discuss whether the INMO would take a position on the referendums on proposed changes to the Constitution going before the country on March 8.

Having taken advice from civil society groups and carefully considering the proposed amendments, as well as the potential impact on INMO members and our society, the Executive Council took the decision to ask members to support Yes votes in both referendums.

The first referendum concerns the concept of family in the Constitution and proposes to expand the recognised definition of family to reflect the myriad types of relationships, homes and households that make up our rich and diverse society.

The second referendum proposes to delete an existing part of the Irish Constitution and insert new text providing recognition for care provided by family members to each other.

Both referendums are informed by recommendations made by the Irish Citizen's Assembly on gender equality in 2020 and are aimed at inclusive definitions that reflect the realities of modern Irish life and are fit for purpose in modern society.

The Irish Constitution currently has outdated language regarding women's place in society and what a family should look like. By voting Yes in both referendums we can have a constitution that recognises the care that women have traditionally provided in our homes while also recognising that care, as an integral part of family life, is undertaken by both women and men.

By making these amendments, the INMO Executive Council believes we can obtain a constitutional basis for the equality of all members within a family and to all families across society.

INMO general secretary Phil Ní Sheaghdha said: "As a union representing a predominantly female profession, the INMO has a responsibility to advocate for gender equality at work and in society. As nurses and midwives whose work and professions are viewed in large as a caring profession and by some as a 'vocation', voting Yes in both of these referendums will help to ensure that the status of caring is elevated and firmly established in this important document.

"The Executive Council believes that attitudes to women in Ireland as currently enshrined in the Constitution, have contributed to systemic obstacles within nursing and midwifery that have held our professions back. Steps such as this which advance the position of women in Ireland are vital to ensuring economic and professional equality for our members. We must view this as an important step in providing for appropriate recognition for women who work in caring professions and do so out of economic necessity, not as a vocational duty."

The referendums will be held on March 8, 2024, which is International Women's Day.

Members urged to take part in annual survey

THE INMO has launched its annual online survey and is urging all members to take the time to complete this important questionnaire.

The survey is designed to explore the experiences of nurses and midwives working in various healthcare settings across Ireland, and the information will be used to inform the INMO strategy for supporting and representing nurses and midwives.

The overall results will be published to highlight key issues facing nurses and midwives and will contribute to the professions' understanding of workplace conditions, stress, exhaustion and its impact on individuals.

The survey is anonymous and is designed so information cannot be attributed to any individual. It should take less than 10 minutes to complete.

To access the survey, see: **www.inmo.ie** or go to: **surveymonkey.com/r/B28CGWK**



INMO members ballot on proposed new public sector pay deal

BALLOTING of INMO members on the proposed new public sector pay agreement is ongoing at workplaces throughout the country and will continue until the ballot closes on March 15, 2024.

Members are being fully briefed on the new agreement, which, if accepted, will see basic pay increase by 9.25% over a 2.5 year period (January 2024 to June 2026). The INMO Executive Council is recommending that members accept the proposals and vote yes.

Negotiations

The proposed agreement was published on January 26, 2024, following two months of challenging negotiations, in which the INMO played a large part.

Going into the negotiations the union side had a clear set of priorities agreed by the Public Services Committee of ICTU on September 27, 2023, which included that:

- Any new agreement would address the rising cost of living, especially for low-to middle earners
- It would contain provisions that would allow industrial relations claims to be pursued in the normal manner
- It would contain a measure to stabilise the agreement through the inclusion of a new local bargaining clause.

The talks adjourned on January 10 after union negotiators rejected a government offer totalling 8.5%. It is the view of the negotiators that the agreement subsequently reached on Friday 26 represents the "maximum achievable through negotiation at this moment".

The pay terms of the new agreement are valued at 10.25% over 2.5 years. The improvements in the pay adjustments due in 2024 – valued at 4.25% for the year – would mean that public service workers would receive more money in the first year than originally envisaged in the government's initial pay offer, providing a noticeable difference in pay this year at a time when workers are still feeling the impact of three consecutive years of inflation. In addition, the pay provisions in each year of the agreement will deliver more for lower paid workers.

INMO ballot of members

The structure of the proposals also includes a local bargaining clause, which will allow for claims that arise in the above period to be pursued and dealt with during the lifetime of the agreement. Salary increases will be made on a periodic basis through a combination of flat rate payments and/or percentage increases.

The pay details of the new public service agreement include:

2024

- A general round increase in annualised basic salary for all public servants of 2.25% or €1,125, whichever is greater, on January 1, 2024
- A general round increase in annualised basic salary for all public servants of 1% on June 1, 2024
- A general round increase in annualised basic salary for all public servants of 1% or €500, whichever is greater, on October 1, 2024

2025

- A general round increase in annualised basic salary for all public servants of 2% or €1,000, whichever is greater, on March 1, 2025
- A general round increase in annualised basic salary for all public servants of 1% on August 1, 2025
- The first phase of local bargaining of 1% on September 1, 2025

2026

- A general round increase in annualised basic salary for all public servants of 1% or €500, whichever is greater, on February 1, 2026
- A general round increase in annualised basic salary for all public servants of 1% on June 1, 2026.

Local bargaining

As per previous agreements, there are restrictions on unions lodging any 'cost-increasing' claims for improvements in pay or conditions during the lifetime of the agreement, if accepted. However, there are specific exceptions to this including the local bargaining clause, under which a local bargaining instalment, equivalent to 1% of the basic payroll cost, payable on September 1, 2025 to particular grades, groups or categories of employees to be agreed.

In percentage terms, the package is worth an additional 10.25% between January 2024 and June 2026. However, the flat rate increases of €1,125 in January 2024, €500 in October 2024, €1,000 in March 2025 and €500 in February 2026 means a higher percentage increase for workers who earn below €50,000. This includes 4th-year students, most staff nurses and midwives, and many enhanced practice nurses and midwives.

See **www.inmo.ie** for the schedule of INMO briefing meetings and balloting. The ballot will close on March 15, 2024. The ballot count will take place in INMO HQ on Tuesday, March 19, 2024.


INMO members balloting on the proposed new public service pay agreement in workplaces around the country, with members of the Executive Council and the industrial relations team, at (top, l-r): Beaumont Hospital , Tallaght University Hospital and University Hospital Kerry and (above, top) Connolly Hospital (above, lower) and Limerick University Hospital

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

Community matters

THE INMO met the HSE recently in relation to several community matters. The INMO received a policy document from the HSE which sets out its 39 recommendations for public health nursing, which will require extensive consultation and engagement.

While the INMO is in agreement with some of the recommendations, a number remain problematic. This policy document will be considered internally in the INMO and by the PHN and community RGN sections.

PHN eligibility

The HSE sought clarification from the Department of Health recently in relation to the public health eligibility. According to the Department all medical card holders are entitled to receive treatment irrespective of where they reside. This is qualified by a statement that this is dependent on available resources. Further correspondence was received by the INMO on this matter which will require engagement with the HSE.

PHN pension buy back

The matter of PHNs buying back training times for pension purposes has already been heard in the Labour Court, which did not recommend concession of the claim. However, the INMO has succeeded in re-opening this matter and has secured the agreement of HSE National Employee Relations to attend conciliation talks in the Workplace Relations Commission on April 10, 2024. An update will be provided following these conciliation talks.

NJC talks on national issues

Long Covid scheme

CORRESPONDENCE was received from the Department of Health on February 12, 2024 stating that the Special Leave with Pay Scheme for long Covid, which had been extended until March 31, 2024, will cease with effect from that date and will not be extended further.

This Circular misleadingly states that it is in accordance with the Labour Court recommendation. However, the recommendation stated that the parties should engage to consider arrangements to be put in place for those who are suffering from long Covid.

The HSE and the Department of Health have engaged with the unions on this matter twice, and the HSE is currently conducting a data gathering exercise in relation to those suffering from long Covid.

In respect of those who are on the Special Leave with Pay Scheme and those who were on 'ordinary sick leave' post February 2022, preliminary data would suggest that in total there are approximately 300 individual healthcare workers suffering from long Covid.

Following this latest Circular from the Department of Health, the unions are referring this matter back to the Labour Court for an urgent hearing.

Staff mobility/transfer policy feedback

The HSE has advised that it is not currently in a position to progress matters relating to its staff mobility/transfer policy.

The INMO wrote to HSE National Employee Relations on January 30, 2024 expressing dissatisfaction with the position adopted by the HSE and requested engagement on the matter. Members will be kept posted on progress on this issue.

Concerns about HSE Service Plan

THE INMO has sought urgent engagement with the HSE in relation to its National Service Plan for 2024, which was published on February 14, 2024. The main issues concerning nursing emerging in this plan include:

- Workforce resourcing and reform
- Emergency department and acute capacity
- Workforce affordability
- Staff plans.

In addition to reduced reliance on agency staff, the service plan outlines the HSE's intention to limit whole time equivalent (WTE) numbers in the workforce as well as proposed productivity monitoring measures.

The INMO will be raising concerns about staffing and other issues with the HSE and will revert to members with more information following this engagement.

Engagement on HSE Circular on CNS pathways

THE INMO has contacted the Office of the Nursing and Midwifery Services Director (ONMSD) with concerns about its circular on new CNS pathways.

The union is concerned that CNM2/CMM2 grades are being asked to apply for funded posts and are being put on a CNM1 salary. This is a significant problem in CHI Crumlin where there is a large cohort of clinical nurse specialists. At a meeting on January 31, 2024 management stated that they have had engagement with CHI and have agreed to resolve this issue.

Following this engagement, the INMO understands that where it is not possible to have a relevant course in relation to a sub-specialism, discretion will be shown by the employer. Where a candidate is undergoing education, they would retain the CNM2 salary subject to approval of the course by management. The employer agreed to forward draft wording to the INMO in relation to this matter for review.

Muiriosa Foundation exiting ID nursing programme

WE have received correspondence from Muiriosa Foundation advising that Muiriosa will be exiting from the Bachelor of Science in Nursing Programme in Intellectual Disability.

In the correspondence, Muiriosa Foundation has confirmed that the current second, third and fourth year students will continue with Muiriosa until their programmes of study have been completed.

on recent national issues

Update on industrial action

INMO members have progressed several disputes around the country in recent months.

St John's Hospital, Limerick

Industrial action was sanctioned prior to Christmas in relation to St John's Hospital, Limerick. Following engagement with the WRC in January 2024 a set of proposals emerged to improve the situation in St John's. These proposals were put to a ballot of members and were accepted *(see page 12)*.

Connolly Hospital endoscopy unit

The INMO Executive Council authorised a ballot for industrial action due to the improper placement of patients at the endoscopy unit in Connolly Hospital prior to Christmas. Management made the decision to close the endoscopy unit and the industrial action was deferred. Following engagement at the WRC, agreement was reached on the limited reopening of beds in the unit.

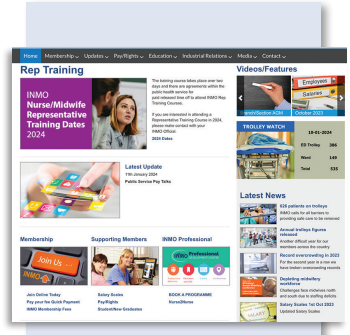
Listowel

Following ongoing engagement in relation to Listowel Community Hospital in relation to a claim for additional staffing, a final proposal from management was received. This includes measures to maintain an additional health care assistant (HCA) resource on the night duty roster as well as the introduction of an additional 5.5 hours to the day duty roster at HCA grade. This is in addition to what was agreed at the joint review group. The INMO is currently engaging with members in relation to this proposal.

Naas injuries unit

An injuries unit opened at Naas General Hospital without consultation with the INMO. Following contact with management it was agreed that:

- This is a six-week pilot during which there will be weekly engagement to include ANPs
- No staff from Naas General Hospital will be required to transfer to this unit
- No terms, conditions or existing arrangements for ANPs will be altered during the pilot.



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

UHL breaks its dire overcrowding record three times in two weeks

OVERCROWDING spiralled "out of control" at University Hospital Limerick last month, with the number of admitted patients on trolleys repeatedly beating the hospital's previous horrendous records.

On February 7, 150 patients were without a hospital bed in UHL, making it the worst day for hospital overcrowding in any Irish hospital since the INMO began counting trolleys in 2006. The union called for measures to be put in place in the hospital to improve patient flow.

INMO assistant director of industrial relations for the Midwest and Western regions, Mary Fogarty said: "We have seen overcrowding records broken three times in the space of two weeks in University Hospital Limerick, with a new high with over 150 people admitted to the hospital without a bed. Patients, no matter what their condition is, are being placed on trolleys in all available spaces – on public corridors of the hospital, on ward corridors and in the emergency department, leading to a completely congested hospital with no patient movement to access an inpatient bed.

"The levels of persistent overcrowding are having a very damaging impact on the morale of the nursing staff in the hospital, who are trying their best to provide safe patient care in an extremely trying environment. INMO members have repeatedly highlighted the conditions as unacceptable and dangerous for patients. When overcrowding is out of control it is simply impossible to maintain patient safety and dignity.

"The HSE and the UHL Hospital Group must take targeted measures immediately to protect working nurses in these departments and wards. Reassuring words are not enough, describing how bad it is on the Dooradoyle campus is not enough, we need to see lasting measures to alleviate the constant levels of overcrowding.

"The people of the Midwest, the nursing staff and their healthcare colleagues must be supported by patient management measures that have been adopted successfully in other locations such as University Hospital Waterford, investment in long-term care and step-down facilities must be prioritised.

"HSE management and policy-makers must accept that overcrowding at this level is unfortunately extremely dangerous and detrimental for some patients. Elective and emergency procedures cannot be provided in chaotic overcrowded circumstances. Decisions must be made that keep patients safe and protect staff from ever-increasing exposure to outpouring of public frustration and anger."

St John's members end lengthy work-to-rule action

THE work to rule by nurses at St John's Hospital, Limerick which commenced on November 23, 2023 was suspended on Wednesday, January 24, 2024 following a second engagement with management under the auspices of the Workplace Relations Commission (WRC).

Proposals that emanated from the WRC were balloted on and accepted by a majority of members. The proposals secured the following:

- Retention of the weekend roster on the ground floor
- A fourth nurse on night duty roster on first and top floors
- Commitment under the WRC for management to get derogations on recruitment of nurses
- CNM2 on night duty and an additional ADON position
- Double time payment to all nurses working additional hours until end of March 2024
- Agency nurses will be utilised to fill deficits in agreed staffing levels
- Second permanent clinical skills facilitator post
- Decisions on admissions/transfers from University Hospital Limerick (UHL) to be confirmed by 3pm daily
- Process to commence to review criteria for transfer of patients from UHL
- Permanent removal of clerical and administration duties from nurses
- Structured input from theatre nurses in scheduling of daily lists to address overruns.

This work to rule was lengthy but the cohesiveness of the members in this collective action secured significant improvements to workloads and clinical supports for our members. I wish to acknowledge and thank the INMO members on the dispute committee who demonstrated leadership and advocacy for both patients and nursing colleagues. Their diligence to the issues raised demonstrates the strength of collective action to get results and progress positively.

– Mary Fogarty, INMO assistant director of IR

Claim for qualification allowance backdated to 2006

THE INMO recently secured retrospection payment of a special qualification allowance (SQA) at the Workplace Relations Commission (WRC) hearing on behalf of a member who was refused it on application in 2006.

The member, who works in intellectual disability (ID) services, had completed a relevant course but was refused the specialist allowance as they were employed as a CNM2. However, the member discovered that a person working in a similar capacity was in receipt of the allowance and approached management again. Management agreed appropriately to apply the SQA but declined to apply it retrospectively. At WRC the member was awarded the retrospection from 2006, less the location allowance that they had been paid.

If members have a query in relation to any allowance please contact your local Industrial Relations Official.

– Kathryn Courtney, INMO IRE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Members accept WRC proposals on opening of Ballyshannon Community Hospital

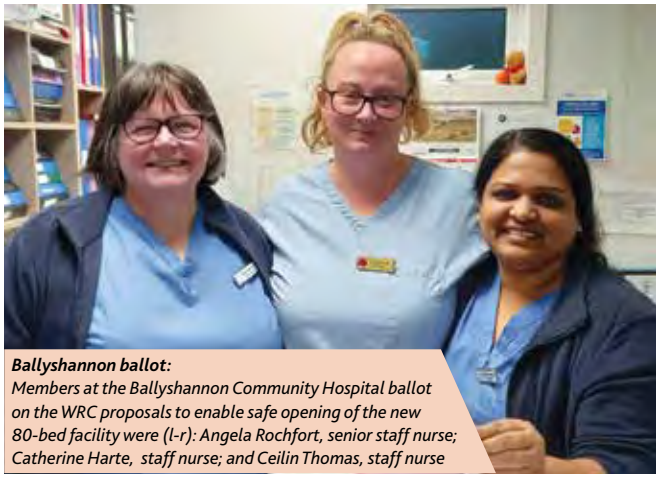
FOLLOWING intensive negotiations at the Workplace Relations Commission, 96% of members in Ballyshannon Community Hospital have voted in favour of proposals to resolve the dispute.

The opening of this 80-bed community hospital in Co Donegal was the subject of a dispute between staff and the HSE over several months. The INMO stated that adequate provisions and planning had not been made around staffing and clinical governance, and that this posed a risk to staff and patients.

Talks were held in January and February between the INMO and the HSE in the WRC, with a proposal finally being presented to INMO members on February 13. Members were balloted and accepted the proposal, which provided the measures sought on their behalf by the union. The move to the new facility was due to begin from February 20.

INMO IRO for the region, Neal Donohue said: "Patient and worker safety must be paramount for any decision to open the hospital, and our members were not prepared to commence work in this facility without adequate provisions being made for their safety and that of their patients.

"Nurses want to ensure their patients are safe, and not exposed to the risk of compromised care due to unsafe staffing levels. "Now that INMO members have accepted the WRC proposal the HSE is compelled to put in place a much needed uplift in manager grades and staffing levels to improve worker and patient safety. Members stood together on this issue and have achieved a very positive outcome. They want to ensure these issues are resolved from the outset instead of waiting until staff and patients are already in danger, and members have done themselves and their patients justice in seeking these measures."



Ballyshannon ballot: *Members at the Ballyshannon Community Hospital ballot on the WRC proposals to enable safe opening of the new 80-bed facility were (l-r): Angela Rochfort, senior staff nurse; Catherine Harte, staff nurse; and Ceilin Thomas, staff nurse*

INMO ensuring Cherryorchard Hospital follows PSA redeployment protocol

THE INMO has been holding weekly engagements with CHO7 Care of the Older Person management regarding the temporary redeployment of staff from the campus at Cherry Orchard Hospital.

The temporary closure of the Willow and Sycamore units at the hospital is required to enable essential structural repairs to be completed, within a proposed 12-month period. This closure has been mandated by the Health Information and Quality Authority (HIQA).

The INMO has been engaging with management and members on this matter since November 2023, ensuring that they have followed the agreed PSA redeployment protocol.

The INMO ensured vacancies across CHO 7, CHO 6 and CHO 9, along with appropriate Section 38 locations, were available to affected members.

The voluntary 'expressions of interest, phase has recently been completed and the INMO will continue to support members as we move into the next phases of the redeployment.

– Mark O'Connor, INMO IRE

St John of God rosters

The INMO is engaging with management in several St John of God locations regarding attempts to change rosters without consultation. Management attempted to implement duties commencing at 10pm to 9.30am. However, the INMO has ensured that these working hours have not been implemented.

– Moire Lafferty, INMO IRE

Over 100 new INMO reps trained in 2023

THE INMO provided training courses for over 100 new workplace representatives last year.

The Basic Rep Training Course is designed to provide reps with the knowledge, skills and confidence to represent and support their colleagues in the workplace. Reps who have been active for at least a year can go on to do the Advanced Rep Training Course.

Contact your local INMO official for details of an upcoming course near you.

Pictured at a recent INMO rep training course in the Southern Office, Cork, were (back, l-r): Leah Fitzpatrick, Vivienne Mafotsin Fotsing, Mairead Scully, June Stanley, Doreen Burke, Pavitha Paul, Mini Markose, (front, l-r) Peter Brennan, Tony Sinclair and Timothy Rees

EFN contributes to consultation on EU health workforce strategy

DEVELOPING a strategy to boost the European Union's healthcare workforce and the conditions in which they work is one of the main aims of the EU Presidency under Belgium, which began its six-month term as president on January 1, 2024.

Building on the European Pillar of Social Rights, the Presidency aims to strengthen social dialogue, fair labour mobility, mental health at work and access to sustainable social protection.

The EU Presidency aims to work with EU institutions to develop a comprehensive EU health workforce strategy that should include initiatives on recruitment, training, continuing professional development, skill mix, retention, working conditions, etc. It also aims to carry out an in-depth assessment of EU legal frameworks that impact national workforce strategies.

Contributing to this, a recent meeting in the European Parliament addressed ongoing challenges in the health sector and discussed opportunities for action by focusing on better working conditions for healthcare professionals in the EU.

Addressing this meeting, Paul De Raeve, general secretary of the European Federation of Nurses Association (EFN), expressed the crucial need for EU politicians and policymakers to take immediate action to focus on developing EU legislation to improve recruitment and retention of domestically educated nurses, safe staffing levels, advanced nurse practitioners (ANPs), and prioritise the welfare of nurses and patients alike.

"Failing to recruit and retain frontline nurses into the nursing workforce will render the EU and Europe ill-prepared for the years ahead. It is vital the EU and national governments invest in nursing education, making sure that the Directive 2013/55/EU is a safeguarding Directive setting a minimum level of high-quality nurse education; ensuring optimal wages, fair working conditions and health workforce capacity building; and securing a sustainable and safe staffing level of the nursing workforce," De Raeve said.

"All EU member states must take a long-term approach to workforce capacity building, with registered nurses being the integral and integrated element of the future health workforce. They must ensure a zero-tolerance approach to violence against nurses to eradicate all forms of abuse, and to strengthen at EU level the responsibility of the employers to provide safe working environments."

Finally, Mr De Raeve stressed the importance of social dialogue and collective bargaining.

A recent EFN briefing document said that while healthcare professionals are the backbone of healthcare systems in the EU and Europe, years of underinvestment in many member states have strained them. Inadequate employment and working conditions in many places have led to overburdened, poorly equipped and underpaid healthcare professionals – and to a lack of attractiveness to work in the healthcare sector. In addition to nurse-to-patient ratios that are already insufficient, the EFN pointed out that demographic changes across the continent are also increasing the demand for healthcare services and are equally affected by an ageing workforce.

Across the EU, further investments are needed in the sector's facilities and equipment as well as its workforce, and the EU has an important enabling, inducing and supporting role to enable EU member states to engage in these investments.

The EFN briefing document said that the Covid-19 pandemic reaffirmed the value of well prepared and educated nurses which equate to lower mortality rates and better patient outcomes. EU institutions also have a central role to building the resilience of the nursing workforce in order to be better prepared for the next health crisis in the EU.

The EFN pointed to the upcoming EU elections as a great opportunity to push for the health workforce and health systems to be future proofed to respond to current and future threats to the health and wellbeing of EU citizens and the wider sustainability of society.

Also speaking at the European Parliament meeting, Tomas Zapata, of the World Health Organization European Health Workforce and Service Delivery Unit, outlined the WHO report '*Health and care workforce in Europe: time to act,* focusing on identifying effective policy and planning responses to healthcare workforce challenges across the EU.

He stressed that health workforce is a key issue in most EU countries, with many strikes ongoing of different healthcare providers. Despite increases in the numbers of healthcare professionals in Europe, including the numbers being trained, he pointed to the ageing workforce as a reason that the supply side is still low. In addition he said there had been an increase of resignations due to working conditions and burnout. On the demand side, he said, there is an increase need for services due to ageing, comorbidities, chronic diseases, etc.

"All of this is creating the gap and the crisis we have in Europe," said Mr Zapata. "The main points are retention and recruitment. Retention being the first point to deal with as many healthcare professionals are leaving. To retain them the main focus must be improving the working conditions – for that it is key to manage the increasing workload. Next, it is vital to improve flexibility (work-life balance) and look at the European Directive on working hours – the new generation really value this. Then remuneration is key to examine."

This European Parliament event served to highlight several areas for discussion at EU level and will feed into the High-Level Conferenced on the Future EU Health Union, that takes place in Brussels on March 26-27. During this conference, Ministers, policymakers and experts will discuss the strategic priorities for the next European Commission's health agenda (2024-2029). The conference will put the spotlight on the three big themes of the Belgian Council Presidency on health: 'care', 'preparedness' and 'protection'. As well as focusing on the shortage of healthcare workers, the conference will address security of medicines supply and crisis preparedness.

The INMO is affiliated to the EFN and INMO director of professional services Tony Fitzpatrick is a member of the EFN Executive Committee.

ICN condemns targeting of health facilities and workers in conflict zones

THE International Council of Nurses (ICN) has intensified its call to ensure the safety and wellbeing of nurses who are caught up in an increasing number of conflict zones across the world.

Condemning the ongoing and increasing targeting of healthcare workers and facilities around the globe, the ICN is calling on the international community to denounce such actions in the strongest possible terms.

The increased number and protracted nature of conflicts around the world and the inability to resolve them, are creating huge risks and demands for nurses and healthcare systems whose protection should be an absolute priority.

At a recent World Health Organization (WHO) Executive Board meeting in Geneva, ICN chief executive officer Howard Catton delivered an intervention on WHO's Roadmap for the Global Health and Peace Initiative, in which he renewed ICN's call for the protection of nurses and health facilities in conflict zones, and the provision of safe passage for humanitarian aid.

Commenting on the worsening global situation, Mr Catton said the rise in the number, duration and intensity of serious conflicts around the world is a grave cause for concern.

"Over the last few years we have seen the world engulfed in many more protracted wars and conflicts, and the signs for 2024 are ominous. We approach the third anniversary of the conflict in Myanmar, the second anniversary of the Ukraine war, and it is more than 100 days since the start of the conflict in Gaza," Mr Catton said.

"Yet despite the fact that the protection of and respect for healthcare facilities and staff is enshrined in international humanitarian law, in many parts of the world, at best it feels as though these obligations are being ignored and at worst that targeting healthcare staff and facilities has become part of military strategies.

"Health workers have human rights and they, and the health facilities people rely on, are protected in accordance with the Geneva Conventions. But they continue to be subjected to violence and attacks, and it feels as though such situations are becoming normalised, which is totally unacceptable. ICN again calls on international organisations and all political leaders to condemn outright the normalisation of these deplorable acts."

ICN's #NursesforPeace campaign was established two years ago in response to the situation in Ukraine. This campaign is now providing a range of support to nurses in various hotspots around the world, including Afghanistan, Sudan, Myanmar, Israel and Palestine.

Mr Catton said: "We know that nurses support health and healing, which are fundamental building blocks for peace. When nurses treat ill health, they frequently identify and address risk factors for conflict, including poverty, exclusion and a lack of respect for people's rights.

"Nurses' work helps to create social cohesion and deliver social justice, which are vital ingredients for peace and stability. Investing in nurses is an investment for health, peace and a better future for everyone."

The ICN has expanded its support for nurses and national nursing associations in countries where nurses are continuing to work in the most challenging and dangerous of circumstances.

"They will carry on doing their duty – it is the duty of others to protect them and provide peace for people everywhere," said Mr Catton.

Need to ensure midwife-led care is included in universal health coverage

THE International Confederation of Midwives (ICM) is urging member associations, which includes the INMO, to engage governments and policymakers at all levels to champion the inclusion of midwife-led care into universal health coverage (UHC).

The implementation of UHC is a unique opportunity for midwife associations to approach policymakers to act now to design and resource integrated approaches to support both UHC and prevention, preparedness and response capacities for health emergencies within wider efforts to build equitable, resilient health systems.

The ICM says this can be done by:

- Engaging governments and political leadership at all levels to include midwives in national discussions on UHC, and integrate midwife-led care into the health system
- Advocating for midwives to be enabled and resourced to work across their full scope of practice in a supportive and well-functioning health system
- Advocating for midwives to have the opportunity to participate in all decision-making related to sexual, reproductive, maternal, newborn, child and adolescent health
- Showcasing the work of midwives in the media as a way of creating public support for midwife-led care
- Partnering with stakeholders including women's groups, health professionals, policy makers, regional and international partners, who can all advocate for midwife-led care to be embedded in UHC.

The International Confederation of Midwives has undergone a rebranding, which includes a new logo

The ICM stressed that midwives are at the forefront of ensuring that women and families have access to quality sexual, reproductive, maternal, newborn, child and adolescent health.

"Midwives are even more critical in times of crisis because if they are enabled to work across their full scope of practice, they can ensure that women, gender diverse people and newborns get the quality primary healthcare they need, facilitating referrals to next-level care as needed", the ICM said.

Leading from the front

As her term as INMO president draws to a close, Karen McGowan reflects on her leadership of the union. Interview by **Freda Hughes**

"TO LEAD during the pandemic and to be visible and strong was an honour," Karen McGowan said of her election in 2020 and subsequent two terms as president of the INMO. This was a challenging time in terms of access to members which had to happen virtually while nurses and midwives around the country adjusted to new ways of working.

"Members thrive on interacting and connecting with each other," the outgoing president said. "It allows us to share best practice and advocate for our patients and ourselves, but Covid took a lot of that away from us and we had to find new ways to support each other. I am honoured to have been president at such a turbulent time."

Ms McGowan has worked with two Executive Councils during her time as president since 2020. She said they developed strong bonds and got to know each other's strengths and weaknesses during their time together.

Nurses and midwives from almost every area of the professions are represented at the top of the Organisation and nobody is afraid to voice their opinions or argue their point, she said.

Karen McGowan advanced nurse practitioner and INMO president pictured above and right with colleagues Lini Ji Ji, senior staff nurse, outpatients department, and Jennifer Shortt, pelvic floor clinical nurse specialist at the gynaecology department at Beaumont Hospital, Dublin

Ms McGowan is the youngest president in the history of the INMO, a title she wears with great pride. She became a mother to two children during her time on the Executive Council and her presidency.

"Everybody juggles but I'm lucky to have a very strong family who support me and enabled me to be president and do my job. It was a big leap of faith during my presidency to take up the gynaecology ANP role in Beaumont.

"Society makes you feel like you should work like you have no children and have children like you don't have a job. There's the never-ending mammy guilt but I'm always thinking of my children and the sort of society they will grow up in. I feel I need to do as much as I can to make society better in terms of how we perceive women in the workplace," she said.

Despite the many challenges, there have been some great successes during Ms McGowan's four years as president, such as the restoration of pre-2013 working hours (37.5-hour week), the application of the enhanced practice pay scale in all public sector and most private sector employments, the pandemic recognition payment, improvement of motor travel rates and subsistence rates, and the extension of the Building Momentum Agreement, which secured significant pay rises for nurses and midwives.

Phases 1 and 2 of the Framework for Safe Nurse Staffing and Skill Mix were also rolled out during her time in office. During Covid the INMO also secured the pandemic placement grant for students and ensured prioritisation of nurses and midwives for vaccine boosters, along with a number of other measures. The union also guaranteed members the right to disconnect from work outside of normal hours and secured the extension of breastfeeding breaks from six months to two years for nursing mothers on their return to work.

Career progression

Despite the significant work involved in getting these and many other issues over the line, Ms McGowan also moved from her role as an ANP in the ED in Beaumont Hospital to the hospital's gynaecology department.

While pregnant during the pandemic, she treated a lot of women who presented to the ED with gynaecology problems because they had nowhere else to go. They were presenting with ectopic pregnancies, ovarian cysts, torsion and various other conditions so Ms McGowan felt the hospital needed to expand service provision in these areas. She spoke to consultants and explained that if the scenario was properly addressed, they could help to avoid admissions to the ED. After a gynaecology ANP role was agreed, she interviewed for the post and was successful in securing it.

"I loved ED. I think if you cut me down the middle I'd be ED through and through but my perspective changed during Covid. I could see the gap in the service and realised that, if we had an ANP in gynaecology, these people wouldn't need to go to the ED. I always felt very strongly about women's health. Vicky Phelan was my hero. She was such a strong advocate for women's health and I felt that important work needed to be done to honour her legacy."

Ms McGowan was already a fully qualified ANP and went on to do her postgraduate degree in ambulatory gynaecology in Dublin City University (DCU) in 2023. She said she was lucky in the sense that she was a registered ANP already and just needed the extra gynaecology modules to obtain verification. The course was carried out virtually and her team was understanding when it came to needing days off for exams.

"It was a lot to juggle with being president and a mum too, but with women's health, time is of the essence and you have to take the opportunities when they arrive," she added.

Women's health

Part of her role was to lead an ANP-led clinic for postmenopausal bleeding. That clinic went on to win a nursing and midwifery award in December 2023. Ms McGowan is the only ANP in her department but would love to see more people moving into advanced practice. Beaumont Hospital has ANP grand rounds where ANPs present cases from different services and create an environment to foster mentorship and support for candidate ANPs.

> "I've learned so much and made friends for life through this union"

Beaumont was the first Irish hospital to introduce ANP grand rounds, but both Tallaght University Hospital and the Mater Misericordiae University Hospital have since followed suit.

"Advanced practice roles can really solidify a service and make the health service more robust. If you feel an ANP would greatly advance your department, it's about having that conversation with the consultants and your nurse managers and assessing what the priorities are, what you want to achieve and then where your support needs to be. Providing time for training for nurses and midwives to progress to the ANP/AMP role is essential so that they can reach autonomy and independent decision making," Ms McGowan continued.

"If there is an ANP in the position who has walked the path already, that is of great value to a candidate ANP in terms of the support and guidance and mentorship they can offer. I can mentor ANPs from different departments in terms of clinical decision-making autonomy and anything on the professional side. That's why these structures within hospitals are really important."

Karen McGowan, pictured giving her final ADC address as president, has been a vocal advocate for women's health

Ms McGowan hopes to lead her own ANP clinic dealing with postmenopausal bleeding. She has put forward a business case for another ANP to support the postmenopausal bleeding service in her unit. She believes that staff nurses and midwives are the core of the workforce and that safe staffing levels must be achieved. She said this will require legislation to back it up and funding to make it happen and hopes that the next Executive Council will be successful in bringing this work to a conclusion.

"I encourage anyone who is considering putting themselves forward for the Executive Council to do it because it is such a great opportunity to be a voice for your own respective areas of healthcare.

"The union has been part of my life since I became a student nurse. It has given me so much confidence and made me a vocal advocate for nursing, midwifery and safe patient care. When I started working in the ED, we were dealing with overcrowding and treating patients on chairs. Unfortunately that is still the case all these years later. I've loved helping others get involved with the union and build their confidence too. I've learned so much and made friends for life through the union.

"We can lose confidence due to all the stresses and strains of an overcrowded health service, so it's essential to celebrate the wins. We are advocates for our patients, but we have to advocate for each other too. I'm honoured to be president of this wonderful union. It's coming to an end now and I'm a little bit sad, but I'm very proud of the achievements that we've made," Ms McGowan told *WIN*.

Let's talk women's health

The INMO Ladies Lounge has created a safe space where women's health can be discussed openly and honestly, writes **Freda Hughes**

THE INMO will host a women's health event on International Women's Day, March 8, at the Richmond Education and Event Centre. The event, called the Ladies Lounge, deals with all aspects of women's health across their lifespan. This will be the second such event since the concept was created by INMO president Karen McGowan in Beaumont Hospital last year.

Ms McGowan said she was inspired to create the Ladies Lounge by her experience looking after women in outpatient clinics and working in a mainly female profession. The clear lack of information around women's health became obvious to her, as did the taboo nature of certain subjects.

Ms McGowan felt that a safe space was needed to discuss these issues, so she ran the first Ladies Lounge in Beaumont in September 2023. It was a major success and was attended by nurses, administrative staff, healthcare assistants, physios, doctors and consultants. They discussed issues such as menopausal symptoms, myths and facts about hormone replacement therapy (HRT) and mood disturbances in an open and relaxed environment.

Ms McGowan and the INMO deemed it appropriate to host a second Ladies Lounge in the Richmond on International Women's Day, which is also the day of the family and care referendums. The INMO represents two predominately female professions and wanted to open up the forum so that any member could take part and share their experiences.

"As this area of healthcare is something I'm passionate about and as I'll be finishing up as INMO president soon, I wanted to host this event and make it open to all INMO members," Ms McGowan said.

"There are so many women out there suffering in silence and it's important that we create a support network and try to bring about changes that result in more supportive workplaces. We work in high-pressure environments, so having a support network in the workplace is so important. The shared experience makes us feel less isolated."

Speakers on the day will include Sinéad Cleary, ANP in women's health *(see opposite page)*; Jean Coffey, ANP in women's health; Kate Pleace, CNS in fertility; Yvonne Counihan, CNS in endometriosis; Yvonne Hartnett, PHD candidate and perinatal health registrar, Coombe Hospital; and Aoife Harvey, women's health physiotherapist. There will also be presentations from Dr Shayi Dezayi from Beaumont Hospital on vulval and vaginal health and urinary symptoms of menopause, and Dr Geraldine Connolly, retired consultant and founder of My Girls Gynae, an organisation focused on female adolescent health.

Stop the Stigma

The Stop the Stigma campaign will also be discussed at the event. This is a trade union initiative led by ICTU which the INMO has been actively involved in. It encompasses everything in a woman's life, from menstrual bleeding to menopause, and aims to create greater supports and reasonable accommodation within workplaces around these issues.

"Reasonable accommodation will be different for menopause, heavy periods and various other issues. It might mean having access to cold water or a fan for some, being in closer proximity to toilets or adapting uniforms for others. The campaign is about promoting good communication between management and staff, as well as training managers so that they are able to look after their staff when these issues arise," said Ms McGowan.

"Robust discussions around these issues are essential. Supporting women at all stages of their lives and not just during pregnancy will lead to greater retention of nurses and midwives in the long run. Heavy periods, deep depressions due to pre-menstrual stress, premenstrual dysphoric disorder, endometriosis and similar issues, female incontinence, prolapse and other problems can be hugely demoralising in work and can knock people's confidence terribly. It's about being able to have those conversations with your manager and being able to say, 'Listen, I'm really struggling' and for that to be taken seriously.

"The campaign is only in its infancy, but it needs to be a living, breathing thing and not some document that just sits on a shelf gathering dust. We shouldn't feel ashamed to discuss these issues. It needs to become a normality in our working lives. Knowing there will be some flexibility if you need it makes a big difference and can help to take the stress out of these issues faced by all woman at some point in their lives. Demystifying these topics is essential to creating supportive workplaces."

The INMO Ladies Lounge runs from 10am-4pm on March 8. There will be a panel discussion and Q&A after the speakers. It's free to INMO members and €100 for non members. To book your place, see **www.inmoprofessional.ie/Course/Offering/2796** or Tel: 01 664 0618.

Towards nurse-led gynaecology care

Sinéad Cleary is one of a growing number of ANPs in Ireland leading the pursuit to eliminate cervical cancer by 2040, writes **Freda Hughes**

SINÉAD Cleary, an ANP working in the Women's Health Unit in Tallaght Hospital, will be one of the expert speakers presenting at the upcoming Ladies' Lounge event at the Richmond Education and Event Centre on March 8.

Ms Cleary will speak about CervicalCheck and Ireland's cervical cancer elimination project, HPV screening and the rollout of the national HPV vaccination programme, which started in 2010 and from 2019 began to offer vaccination to boys as well as girls in the first year of secondary school. Her presentation will highlight how important it is for women to be aware of their bodies, to know the symptoms to watch out for and when to talk to a healthcare professional. She will cover topics such as colposcopy, ambulatory gynaecology and suspicious symptoms.

The Women's Health Unit in Tallaght includes the endometriosis hub, the general benign gynaecology clinic, prolapse and the colposcopy clinic. Within the unit's staff are specialist nurses in endometriosis, colposcopy and ultrasonography. Due to the risk of cervical cancer and endometrial cancer, women with postmenopausal bleeding are seen quickly. The unit is essentially an ambulatory gynaecology unit with nurse specialist and advanced practice clinics, which free up capacity in consultant clinics for the more complex cases that require specialist intervention. The importance of this unit cannot be overstated in that it reduces waiting lists and waiting times within the hospital.

"Benign gynaecology had previously gotten a bit lost in the system, so people with fibroids, prolapse, incontinence etc. faced long waiting lists," Ms Cleary said.

"Nurses' scope of practice has expanded to include prescribing, ultrasound, and being able to prescribe radiology such as MRIs, CTs and interventional radiography. With ANPs, we don't require a consultant presence to see our cohorts of patients. Patients are then triaged out of the ANP clinic, as opposed to into it, if they need further treatment."

Varied career

Ms Cleary qualified as a nurse in 1999 after her training at St James's Hospital, Dublin. Initially she worked in the outpatient department there, before moving to the gynaecology clinic, where she learned about cancers that predominantly affect women. There she worked with a senior nurse, Carol Mullen, whose advocacy on behalf of the women in her care she found inspiring. Some years later she trained as a midwife at the Coombe Hospital, where she later moved into colposcopy.

"I worked as a specialist nurse there with a fellow nurse specialist Mary Martin, who was just incredible. She saw her own patients and did her own treatments. I thought 'this is what I could do'. This was before the advanced practice roles existed so we were doing it as clinical specialists and it also predated cervical screening in Ireland. I qualified as a midwife and started in the colposcopy clinic as a midwife specialist.

"We knew cervical cancer was preventable so that is where I wanted to put my energy. We would see women with abnormalities but we would also see women presenting with advanced cancer because they had never had a smear test. Screening came to Ireland as a proper 'call and recall' system for women from the age of 25 to 60 in the early 2000s. They have their smear test and we call them back for another five years later and every five years after that. That was a game-changer because now all women between the ages of 25 and 60 were going to get invited for a smear test and now, since the advent of HPV primary screening, we are screening women up to 65."

Screening services have been a feature of the NHS in the UK for a lot longer than in Ireland. Ms Cleary's accrediting body was the British Society for Colposcopy and Surgical Pathologists. It was an apprenticeship body and she had to complete a log book of 150 cases and maintain her accreditation every three years. She went on to work in colposcopy at the Coombe until 2017.

When an ANP role came up in Tallaght, Ms Cleary applied for it and became a candidate ANP. She started her master's in University College Dublin and qualified in 2020. She then went on to qualify in ultrasonography for early pregnancy and

gynaecology. Colposcopy is still her primary area of work but she also provides ambulatory gynaecological services for women with irregular bleeding, bleeding after intercourse or any suspicious symptoms.

"In the aftermath of the CervicalCheck crisis we had a huge increase in referrals because women were worried, and sample-takers were also worried that they might miss something. We were receiving huge volumes of patients and there was no longer capacity to see them all, so we began developing ambulatory gynaecology clinics for these women.

"I started working in what we called a 'suspicious symptoms clinic'. If a woman has any sort of suspicious symptom, she attends my clinic and I can do a scan, a colposcopy, take samples from the lining of the womb or if I can see an abnormality I can take a biopsy of the cervix. This is all done as a day service on one visit. It's a kind of one-stop shop. Since I started two years ago, the waiting list for gynaecology appointments has gone from five years to 10 months, which is incredible," she said.

"It's great to be able to stay in the clinical setting while still advancing in your career. In 1998 when I was training as a nurse, the Commission on Nursing had published its report *The Blueprint for the Future*. That commission tasked the use of specialist roles in nursing. Previously if nurses and midwives wanted to progress their careers, they were taken away from the clinical frontlines and we lost their years of experience when they went into administrative or management roles," she told *WIN*.

Tallaght University Hospital has secured funding together with the National Women and Infants Health Programme to build a dedicated women's health unit near the main hospital campus. The hospital currently has 30 ANPs and 30 candidate ANPs, with advanced practitioners represented in almost every department. Ms Cleary says that management has been incredibly supportive and that they understand the value of training and advanced practice roles.

Eliminating stigma

Ms Cleary observed that Ireland had made great strides in women's healthcare during her career. "We [Ireland] have announced our cervical cancer elimination date to be in 2040. I came into colposcopy before we had a screening programme and I will retire two years after our elimination date, which is incredible. For a country that didn't have screening, to go through to elimination within my working life is brilliant. With screening we know women are living longer now."

Ladies' Lounge event

The Ladies' Lounge event aims to provide an opportunity for women in the professions to convene. It will cover topics such as menopause, menstruation, cervical screening and the 'Stop the Stigma' campaign.

"We want the event to be guided by the women attending so we're going to speak and then have a panel discussion where people can ask questions. With nursing and midwifery being predominantly female professions, why not talk about these things? The hot flushes and the periods that could happen in the middle of work or suddenly getting emotional in meetings – this is biology and physiology and we want to dispel a lot of the fear and taboo around these topics. Talking to each other as professionals and acknowledging that we are human. We can not only be strong for our patients – being strong for ourselves is something we should do more often."

Working for students and new grads

The recently appointed student and new graduate officer spoke to **Freda Hughes** about what led her to nursing and her plans for her INMO role

INMO student and new graduate officer Jamie Murphy

JAMIE Murphy is the new INMO student and new graduates officer. Having started working as a nurse during the pandemic she quickly observed the many issues that nurses in her unit faced. She realised they needed to get organised and volunteered as an INMO rep in her workplace. She has advocated for her colleagues and peers ever since.

"We saw the importance of being in a union as they provided a huge amount of support during the pandemic. Also, my colleagues and I were on the wrong pay scale when we started working. The enhanced practice salary scales had been hard won during the 2019 national strike while I was a student, but we had been placed on the old salary scale and were not receiving our full pay. As INMO rep, I took the issue to my INMO industrial relations officer and together we fought to have our pay rectified and backdated. We were successful and it underlined not only the importance of checking your pay slip but also of being in a union," she told *WIN*.

"The INMO is the only union specifically representing nurses and midwives and there is great strength in that."

Before starting her nurse training, Ms Murphy had previously spent 10 years working as a healthcare assistant in a nursing home. It was here that she was inspired to train as a nurse and credits the chief nurse there with instilling her with strong principles. She promoted a holistic, patient-centred approach to nursing and explained that bedside nursing must have warmth and compassion at its heart.

Ms Murphy said that working there was very rewarding. "My soul felt enriched working with older people. They had so much wisdom and good advice. I was shaped by the 10 years I worked there," she added.

Initially she thought she would continue working with older people as a nurse, but realised her passion for children's nursing matched her passion for working with older people. She did an integrated degree in paediatric and general nursing in Trinity College Dublin with work placements in Children's Health Ireland at Temple Street, Crumlin and Tallaght, as well as in the Dublin general hospitals. On qualification she worked as a paediatric nurse at CHI, Tallaght for three years before taking up her current role as student and new graduate officer with the INMO.

New role

As part of her new role, Ms Murphy wants to meet as many students as she can in the coming weeks and months. She aims to learn what is important to them and to understand the issues they are currently facing. She also plans to engage with the Youth Forums to get students and new graduates together and get them talking. She hopes to see students empowered and feeling ready to take motions to ADC or become INMO reps.

"Often in first and second year we want to change the world and throw ourselves wholeheartedly into everything university has to offer. However, as we hit third and fourth year our focus shifts to assignments and exams and we can't wait to graduate into the world of work.

"In college of course there were times when I was tired and deflated but I used to remind myself of how much I wanted this when I applied for the course. Keep on top of your assignments and don't let things build up. You will get through the bad days and enjoy the good days," she said.

Ms Murphy strongly believes that in order to grow and retain the nursing and midwifery workforce in this country we must start with our students. She feels the health service needs to treat them with respect and show them how much they are valued from day one.

"It's all about retention. The student allowance is a step towards acknowledging the vital roles students play within the health service, but we still have a long way to go. The value that they hold needs to be acknowledged and remunerated.

"However, a union is only as strong as its members and when student and new graduate members voice their issues we can campaign on their behalf. By joining the union, we are ensuring that our professions are respected and protected within the wider health service.

"Trade union membership is free for students so that when you come up against an issue and seek representation you have the strength of 42,000 nurses and midwives behind you. The union allows us to amplify our voices," she said.

For Ms Murphy, life is about always learning. She encourages all members to avail of the many professional development courses available through the INMO and to make sure to use all of the resources the union has to offer, such as the excellent library service.

"My message to the current student body is that I'm contactable and want to hear from you. It's your union and you should utilise everything it has to offer."

Jamie Murphy is the INMO's student and new graduate officer. To contact her, email: Jamie.murphy@inmo.ie

Section focus

INMO Professional

Jean Carroll, Section Development Officer

European children's nursing meeting shows value of education and collaborative working

THE sixth Congress of the Paediatric Nursing Associations of Europe (PNAE) focused on the challenges facing children's nursing, children's rights and the education of paediatric nurses.

The Congress, which took place in Rome in September, heard from Maria Brenner, Trinity College Dublin, on the principles of integrated complex care for children in the community setting. Prof Brenner outlined the results of the Models of Child Health Appraised (MOCHA) trial, which found that more collaboration was needed between healthcare professionals in the development of care plans.

The study, which looked at the primary care setting in 30 European countries, also highlighted recruitment and retention as a significant issue affecting health systems across Europe.

Prof Brenner said the MOCHA study challenged paediatric nurses to articulate their role in integrated care. Some of the key points made by respondents included the benchmarking of existing community services against principles and standards of care; the need for increased engagement by nurses in policy; and increased inter-professional communication, education and research.

Martina Kennedy, assistant professor of children's nursing, UCD, presented on the development of a paediatrics-focused communication module for undergraduate children's nursing programmes.

Prof Kennedy's research included mapping out the current delivery in Ireland and UK. She identified several barriers to delivering communication training for children's nurses, including: an over-reliance on clinical practice; a lack of nurse educators with paediatric experience; and the need to include the voice of the child.

'Leading the Way: A National Strategy for the Future of Children's Nursing in Ireland 2012-2031' was presented by Rosemarie Sheehan, project officer at Children's Health Ireland and the strategy's national lead. Ms Sheehan highlighted that Irish nurses have a role to play in leading children's nursing in Europe.

It was encouraging to see paediatric nurses showcasing the wonderful work being done in Ireland to an international nursing audience.

A parent, Angelo Ricci, described what parents needed from children's nurses. His viewpoint aligned perfectly with the nursing strategy.

Prof Jean Coad, Nottingham University, UK, delivered a presentation on the role of clinical academic research in the careers of children's nurses, and its impact on care.

Prof Coad said the National Institute of Health research in the UK has received more than 10 years of funding from their government for paediatric nursing research, as well as investment in nurses' careers.

The Congress was organised by the PNAE in collaboration with the Italian National Federation of Orders of Nursing Professions (FNOPI) and the Italian Society of Paediatric Nursing. The theme was 'Children's Healthcare in a Changing World'.

More than 400 nurses attended from all over Europe. Italian nurses represented the largest attending cohort, while Ireland, with a smaller population, had the fourth highest number of attendees with 16 nurses. Iceland and Denmark had the second and third largest delegations at the congress.

The PNAE was established in April 2003, as a regional group of the International Association of Paediatric Nursing, and currently more than 20 countries are represented.

The goals of the PNAE involve enhancement of the care of children and adolescents, and the use of the UN Convention on the Rights of the Child to promote and advocate for their health, welfare and development and to encourage paediatric nurses to communicate together to improve the care of all children.

Through networking and the activities of the PNAE across Europe, the aim is to ensure that all children, young people and families are guaranteed the quality of nursing they deserve.

Currently the PNAE is working in collaboration with the European Society of Paediatric and Neonatal Intensive Care, the European Academy of Paediatrics and is also developing new links with the European Children's Health Organisation (ECHO).

The Congress was a welcome opportunity for paediatric nurses to share experiences, disseminate research, and to show quality improvement projects and innovations regarding the care of children in acute, chronic or complex care.

Overall the Congress was an inspiring event, with a wealth of speakers from all grades and areas of paediatric nursing.

The next Congress is scheduled for spring 2026 in France. The INMO Children's Nurses Section recommends anyone who works in paediatric nursing to get involved by either submitting an abstract or a poster for presentation.

– Eileen Tiernan, education officer, INMO Children's Nurses Section

Leadership workshop

Have you booked your place for Jane Salvage's leadership workshop taking place on Tuesday, March 26 at the INMO Richmond Education and Event Centre?

Jane Salvage is a renowned nursing policy activist, teacher and writer working at Kingston University and St George's University of London, UK.

Email education@inmo.ie with your name, number and INMO membership number to confirm your place.

THE RICHMOND
EDUCATION AND EVENT CENTRE

INMO Professional

Continuing professional development for nurses and midwives

INMO EDUCATION PROGRAMMES

In the pull-out this month…

Falls reduction, assessment and review

Mar 12

The purpose of short online 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.

Leg ulcer study session

Mar 13

This short online course will advise participants on leg ulcer management. Topics covered on the day include; pathophysiology, assessment and management of leg ulcers. Participants will: have an understanding of the theory and concepts of the different causes of leg ulcerations, have gained a deeper understanding of the pathophysiology of leg ulceration, be aware of different non invasive assessment for leg ulcerations, and understand the importance of compression for venous leg ulcerations.

Restrictive practices – thematic support for your centres

Mar 21

In June 2023, HIQA identified guidance to meet thematic standards regarding restrictive practices with facilities in care of the older person. The guide provides the right to live as independently as possible without unnecessary restriction. This can be achieved by providers and staff taking a positive and proactive approach in reducing and eliminating restrictive practices. In light of the new thematic inspection occurring from June 2023 and requests to support staff, this programme will enhance knowledge and support the organisation in meeting best practice from June 2023 guidance framework.

INMO Professional

Heading into spring with a positive outlook

Steve Pitman
Head of Education and Professional Development

INMO Professional would like to welcome two new INMO sections that have been set up recently following the decision of the INMO Executive Council. The Inclusion Health Section developed from the Nurses and Midwives for Inclusion Health Group that was originally formed as an independent group in 2019. This section is open to members working in or who have an interest in the area of inclusion health, including homeless health, migrant/refugee health, Traveller health, mental health, disability health, forensic and prisoner health, addiction health and sexual health. The Inclusion Health Section is a professional network that allows members to share and develop excellence in inclusion health and advocate for nurses, midwives and service users to ensure a more inclusive health service.

The second section that has been set up recently is the Dermatology Aesthetic Nurses Section. This section is for members who work in or are interested in dermatology and aesthetics. This is a growing area of professional practice and specialism, with nurses in both the public and private sectors. This section provides a unique opportunity to network with other nurses who are working in dermatology and aesthetics and will provide a voice to advocate on behalf of your fellow members. For further information on joining an INMO section, please contact jean.carroll@inmo.ie

Annual INMO survey

The Annual INMO Membership Survey is currently open, and all members are encouraged to participate. This is an online survey that is designed to explore the experiences of nurses and midwives working in various healthcare settings across Ireland.

This year, the survey covers workplace conditions, wellbeing, cost of living and staffing. The survey results provide valuable information that is used to inform the INMO strategy for supporting and representing nurses and midwives. If you would like to participate, the link to the survey can be found on the INMO website or INMO social media platforms.

Ladies Lounge

The INMO has teamed up with the Ladies Lounge to celebrate International Women's Day on Friday, March 8, 2024. A full-day event has been organised to explore menopause and women's health. This is a free event for INMO members that runs from 10.45am-4pm and will take place in the INMO's Richmond Education and Event Centre in Dublin 7. A broad range of topics will be discussed, along with presentations by experts in women's health. See *page 20* for further information or visit **www.inmoprofessional.ie**

Maternity and Midwifery Festival

This festival is run by the Maternity and Midwifery Forum and is supported by the INMO. This is a hugely successful event that will take place on April 9, 2024 in the Helix, Dublin City University. The festival is free to attend and is open to midwives, student midwives and professionals interested in maternity care.

A wide range of contemporary topics will be discussed, exploring issues such as tackling and recognising birth trauma, building continuity of care, improving mother and baby postnatal wellbeing, and evaluation of midwife-led antenatal clinics. Tickets are available at **mmf.eventbrite.ie** Further details of this event will be included in the April issue of *WIN*.

CJ Coleman Award

INMO Professional is delighted to offer the CJ Coleman Research and Innovation Award again for 2024. The award is sponsored by CJ Coleman, an insurance broker that has generously sponsored the INMO members' research award for over a decade. A bursary of €1,000 will be awarded for a completed research/change project promoting and improving the quality of patient care and/or staff working conditions in an innovative way.

The closing date for completed applications is April 3, 2024. Further details and a link to the application form are available on the INMO website and on *page 41* of this issue.

On-site education

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

Writing for *WIN*

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

All of the following programmes are category 1 approved by the NMBI and allocated continuous education units
Online course fee: €30 members; €65 non-members
Time: 10am-1pm

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

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

Mar 12 **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.

Mar 13 **Leg ulcer study session**

This short online course will advise participants on leg ulcer management. Topics covered on the day include: pathophysiology, assessment and management of leg ulcers. After completing this course, members will: have an understanding of the theory and concepts of the different causes of leg ulcerations, have gained a deeper understanding of the pathophysiology of leg ulceration, be aware of different non-invasive assessment for leg ulcerations, and understand the importance of compression for venous leg ulcerations.

Mar 20 **Peripheral Intravenous Cannulation** *(in person)*

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

Mar 21 **Restrictive practices – 2023 thematic support for your centres**

In June 2023, HIQA identified guidance to meet thematic standards regarding restrictive practices in facilities that care for older people. The right to live as independently as possible without unnecessary restriction is enshrined within the guidance. This can be achieved by providers and staff taking a positive and proactive approach in reducing and eliminating restrictive practices. In light of the new thematic inspection occurring from June 2023 and requests to support staff, this programme will enhance the participant's knowledge and support the organisation in meeting best practice from the June 2023 guidance framework.

Mar 21 **Retirement planning seminar**

INMO Professional in partnership with Cornmarket Financial Services have developed an in person seminar to help support members planning for retirement. Topics covered on the day will include: Superannuation explained, when a full pension is available, the calculation of the lump sum, options for increasing your retirement benefits, AVCs, Personal Retirement Savings Accounts (PRSAs), savings plans, planning your finances in retirement, what to do about any surplus income you may have in retirement and your own individual requirements. Fee: €10 INMO members; €45 non members.

Mar 25 **The importance of documentation for nurses and midwives**

This short programme will assist nurses and midwives in understanding their duty or care and responsibility in the area of best practice in documentation, keeping good records and their ethical and legal responsibility of getting it right. It also provides an introduction to legal and professional requirements including the NMBI code and guidance for recording clinical practice, relevant HIQA regulations and standards, adhering to consent and data protection legislation in record keeping, purpose of healthcare records, and tips for appropriate documentation, including questions and answers.

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

Mar 26 **Competency-based interview preparation**

This programme assists participants to prepare for a competency-based interview, which is based on the premise that past experience can predict future behaviour. This is an increasingly common style of interviewing that enables candidates to show how they would demonstrate certain behaviours and skills in the workplace by answering questions about how they have reacted to, and dealt with, previous workplace situations. The programme will provide an overview of CV development and will outline the steps in the interview process. Role play will be used to ensure that participants are able to communicate their knowledge and experience effectively for any future interviews.

Apr 3 **Time management**

This new online courses will help nurses/midwives recover lost time and take some pressure off themselves. This course will enable nurses and midwives learn some critical techniques and practices to help eliminate some of the key time thieves. We all have them and we can learn how to manage them, and our use of time, better.

Apr 9 **Change management – valuable tools for nurses and midwives**

The aim of this course to enhance the understanding of nurses and midwives of change management and strategies to improve the potential for successful change initiatives in helping them lead, develop and manage change in their workplace. Participants will gain valuable tools in how to understand the nature and process of change within the healthcare setting; appreciate the importance of managing stakeholders as part of the change process; apply change concepts with their clinical and managerial practice and reflect on their previous experience of change. They will leave with knowledge of how to best support their work colleagues on how to approach change positively.

Apr 11 **Diabetes – a general overview**

This course will give a general overview of diabetes. It will give insight into the different diagnosis of diabetes, treatment options and management of it. Participants will learn about blood glucose testing, ketone testing, insulin pump and sensors and emergencies.

Apr 15 **Introduction to effective library search skills**

This short online course is aimed at nurses and midwives who would like to develop valuable lifelong information seeking skills to get the most up to date information for clinical practice, reflection, or policy development. This course will assist participants who are undertaking academic programmes.

Apr 15 **Understanding and developing care plans for nurses and midwives**

This 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.

Apr 17 **Introduction to treating and preventing pressure ulcers**

This short online course will advise participants on pressure ulcer prevention. Topics covered on the day include; causes of pressure ulcers, risk assessment, and prevention of pressure ulcers. After completing this course, participants will be able to: discuss the causes of pressure ulcers; identify the factors that place a person at risk of developing pressure ulcers; have an understanding of the key principles of preventing ulcers and be able to take action to prevent pressure ulcers in the clinical environment; have an understanding of pressure ulcer classifications and grading; have an understanding of the key principles of the SSKIN Bundle and how to implement it in the clinical environment.

Apr 18 **Adult asthma – getting the basics right**

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

Apr 18 **Retirement planning seminar**

INMO Professional, in partnership with Cornmarket Financial Services, have developed an in-person seminar to help support members planning for retirement. Topics covered on the day will include: superannuation explained, when a full pension is available, the calculation of the lump sum, options for increasing your retirement benefits, AVCs, Personal Retirement Savings Accounts (PRSAs), savings plans, etc, planning your finances in retirement, what to do about any surplus income you may have in retirement and your own individual requirements. Fee: €10 INMO members; €45 non-members.

INMO Professional

Irish Nurses and Midwives Organisation
Working Together

Cornmarket

RETIREMENT PLANNING SEMINAR

We are running dates in Dublin and Galway in 2024

INMO Professional in partnership with Cornmarket Financial Services have developed an in person seminar to help support members planning for retirement.

Topics covered on the day will include:

- Superannuation explained
- When a full pension is available
- The calculation of the lump sum
- Options for increasing your retirement benefits
- AVCs, Personal Retirement Savings Accounts (PRSAs), savings plans, etc.
- Planning your finances in retirement
- What to do about any surplus income you may have in retirement
- Own individual requirements such as your investment goals, investment time frame, attitude to investment 'risk/reward', etc.
- Personal taxation
- Budgeting and money saving tips

Thursday, 21 March 2024,
Thursday, 18 April 2024

The Richmond Education & Event Centre

9.30am to 2.30pm **DUBLIN**

Thursday, 25 April 2024

The Connacht Hotel, Galway

9.30am to 2.30pm **GALWAY**

Limited places available, early booking is advised.

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

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

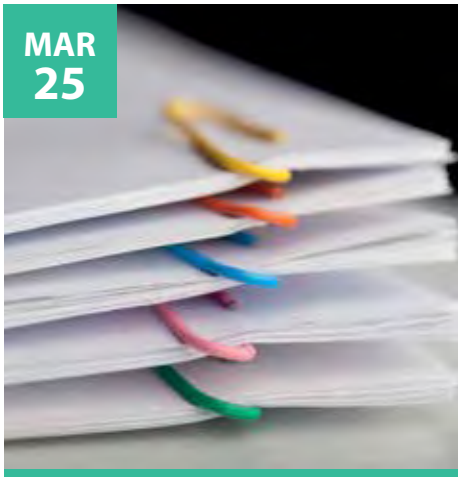
INMO Professional

INMO
Irish Nurses and Midwives Organisation
Working Together

EDUCATION PROGRAMMES COMING SOON

Below are some of our online courses scheduled in March/April 2024 for nurses and midwives.

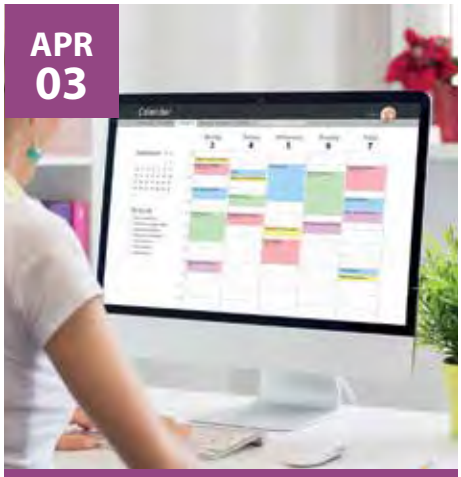
MAR 25



The importance of documentation
for nurses & midwives

Understand the duty of care & responsibility in the area of best practice. Keeping good records and ensuring ethical and legal responsibility is achieved.

APR 03



Time management
for nurses & midwives

This new online courses will help nurses/midwives recover lost time and take some pressure off themselves by learning some critical techniques and practices.

APR 09

Change management valuable tools
for nurses and midwives

Enhance the understanding of change management and strategies to improve the potential for successful change initiatives.

APR 15

Introduction to effective library skills

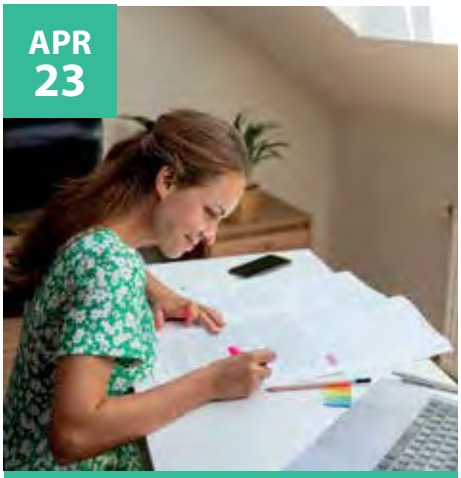
Develop valuable lifelong information seeking skills to get the most up to date information for clinical practice, reflection, or policy development.

APR 15

Understanding and developing care plans
for nurses and midwives

Learn the most up-to-date standards and policies and reflect on the past, present and future use of care planning and its importance in the workplace.

APR 23



Improve your academic writing and research skills online course

This course will assist participants in completing their written assignments. The objective of the course is to help prepare the student for academic study.

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

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

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

Apr 23 **Improve your academic writing skills and research skills**

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

Apr 24 **Phlebotomy** *(in person)*

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

Apr 25 **COPD – getting the basics right**

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

May 3 **Safe administration of medicines in residential care**

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

May 16 **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.

May 21 **Nursing records under the spotlight** *(in person)*

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

May 29 **Complaints management for healthcare staff**

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

Jun 4 **The importance of documentation for nurses and midwives**

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.

Jun 14 **Management skills**

This programme outlines the key competencies required for ward managers to be effective in their roles as leaders and managers in healthcare delivery. Clinical managers perform both managerial and leadership functions in order to provide effective healthcare delivery to patients. The programme will explore both management and leadership functions and how these are applied in practice so as to promote quality and safety of care. Key topics covered include: management principles and competencies, team building, delegation and clinical supervision. Participants will gain effective management competencies that can be applied in the workplace to promote quality and safety in healthcare delivery.

Advanced practice literature

Advanced practice is a defined career pathway for registered nurses and midwives, committed to continuing professional development and clinical supervision, to practise at a higher level of capability as independent autonomous and expert practitioners.[1] This month the library team is looking at articles from Irish and international journals on advanced practice. The articles below cover a broad range of topics, including future and current roles, leadership, diagnostic imaging, working environment and education.

Irish articles

Future Role

- Carney M, Mahon P, Stoneman P, Garvey S. Advanced Nurse Practice: Present and Future: Where to now? International Journal of Nursing Health Care Research, 2023, 6: 1468
- Thompson W, McNamara M. Constructing the advanced nurse practitioner identity in the healthcare system: A discourse analysis. Journal of Advanced Nursing. 2022 Mar;78(3):834–46

Practice nursing

- Casey M, Rohde D, Twomey L, Cullen W, Carroll, Á. Role dimensions of practice nurses and interest in introducing advanced nurse practitioners in general practice in Ireland. Health Science Reports. 2022;5(2). https://doi.org/10.1002/hsr2.555

Leadership

- Ryder M, Gallagher P. A survey of nurse practitioner perceptions of integration into acute care organisations across one region in Ireland. Journal of Nursing Management. 2022 May;30(4):1053–60

International articles

Midwifery

- Toll K, Sharp T, Reynolds K, Bradfield Z. Advanced midwifery practice: A scoping review. Women Birth. 2024;37(1):106-117. doi:10.1016/j.wombi.2023.10.001

Role development

- De Raeve P, Davidson PM, Bergs J et al. Advanced practice nursing in Europe—Results from a pan-European survey of 35 countries. Journal of Advanced Nursing. 2024 Jan;80(1):377–86
- De Rosis C, Duconget L, Jovic L, Bourmaud A, Dumas A. The deployment of advanced practice nurses in the French health system: From clinics to professional networks. International Nursing Review. 2024 Jan;00: 1-13. https://doi.org/10.1111/inr.12926.
- Nahari A, Alhamed A, Moafa H, Aboshaiqah A, Almotairy M. Role delineation of advanced practice nursing: A cross-sectional study. Journal of Advanced Nursing. 2024 Jan;80(1):366–76

Regulation

- Palmer W, Julian S, Vaughan L. Independent report on the regulation of advanced practice in nursing and midwifery. Research report. 2023. Nuffield Trust.

Exciting changes coming to INMO Library online resources

The library is changing how members will access our online resources, including databases and journals. As part of our commitment to providing you with an enhanced online experience, the online library will be integrated into the main INMO website and access to library resources including databases and journals will be via OpenAthens. Therefore, the Nurse2Nurse website will cease to exist. This change will occur over the coming months, so to ensure uninterrupted access please register for OpenAthens by contacting the library at niamh.adams@inmo.ie or call 01 6640625

Contact the library

If you require any articles in full text, assistance with accessing the online library or would like to make an appointment to visit in person, email library@inmo.ie or phone us on 01 6640614/25

Reproductive health

- Endres KH. Improving Women's Health: How nurse practitioners can support reproductive health. JNP. 2024 Jan;20(1)

Residential care

- Koda M et al. Nurse practitioner placement in a nursing home in Japan. Journal for Nurse Practitioners. 2024 Jan;20(1)

Telehealth

- Currie J, Charalambous J, Williams S, Fox A, Hollingdrake O. A qualitative approach to exploring nurse practitioners' provision of telehealth services during the Covid-19 pandemic in Australia. Collegian. 2024 Feb;31(1):10–9

Diagnostic imaging

- Kearns M, Brennan P, Buckley T. Nurse practitioners' use of diagnostic imaging: A scoping review. J Clin Nurs. 2024 Feb;33(2):432–53

Work environment

- Ten Hoeve Y, Drent G, Kastermans M. Factors related to motivation, organisational climate and work engagement within the practice environment of nurse practitioners in the Netherlands. Journal of Clinical Nursing. 2024 Feb;33(2):543–58

Leadership

- Triglianos T, Tan KR, Prewitt J, Fajardo M, Hirschey R. Expanding leadership and professional development opportunities for oncology nurse practitioners. Journal of Continuing Education in Nursing. 2024 Feb;55(2):94–100.

Education

- Jones V, McClunie-Trust P, Macdiarmid R, Turner R, Shannon K, Winnington R, et al. Education pathways for graduate entry registered nurses to transition to advanced practice roles: A realist review. Nurse Education Today. 2024 Feb

INMO Professional

Midwifery library update

GIVEN the increase in literature of importance to our midwife members, the library team will dedicate a page in *WIN* to highlight the midwifery resources that are available to members through the INMO Library. This month we have highlighted some articles of Irish and international interest as well as including new Irish reports.

Articles

- Beeson S, Vincent H and Frankland J. (2024) 'Combating female genital mutilation', British Journal of Midwifery, 32(1), pp. 46–49. doi:10.12968/bjom.2024.32.1.46
- Fletcher A. et al. (2024) 'Evaluation of a termination of pregnancy education programme in the Republic of Ireland: part 2', British Journal of Midwifery, 32(1), pp. 6–13. doi:10.12968/bjom.2024.32.1.6
- McNeill M and Kitson-Reynolds E. (2024) 'Student midwives' experiences of clinical placement and the decision to enter the professional register', British Journal of Midwifery, 32(1), pp. 14–20. doi:10.12968/bjom.2024.32.1.14
- Abdul-Rahim HZ et al. (2024) 'Building strong foundations in leadership and management for midwifery students', British Journal of Midwifery, 32(1), pp. 38–44. doi:10.12968/bjom.2024.32.1.38
- Edwards E. Supporting autistic midwifery students: fostering inclusion and empowerment. MIDIRS Midwifery Digest, 33(4), pg. 302-303
- Stringer C. An integrative review of the impact of fidelity on simulation-based learning in midwifery education. MIDIRS Midwifery Digest, 33(4):321-325
- Tant M, Staras T. A qualitative study exploring the factors impacting student midwives' experience of developing their breastfeeding support skills. MIDIRS Midwifery Digest, 33(4):364-371
- Ellis P & Phillips K.(2024) Midwifery Care for Trans and Gender Diverse People. The Practising Midwife, 27(1),pp.17-20
- Bustamante Medina M & Curtin M. (2024) The impact of hyperthyroidism on maternal and fetal outcomes. The Student Midwife, 7(1), pp.12-15
- Vasilevski V et al. (2024) 'Satisfaction with maternity triage following implementation of the Birmingham Symptom-Specific Obstetric Triage System (BSOTS): Perspectives of women and staff', Journal of Advanced Nursing, 80(2), pp. 673–682. doi:10.1111/jan.15806.

Reports

- O'Hare MF, Manning E, Corcoran P, Greene RA, on behalf of MDE Ireland. Confidential Maternal Death Enquiry in Ireland, Report for 2019–2021. Cork: MDE Ireland, October 2023
- Kelly-Harrington R, Hennessy M, Leitao S, Donnelly M, Murray C, O'Sullivan M, Dalton-O'Connor C, Nuzum D, O'Donoghue K. Pregnancy Loss (under 24 weeks) in Workplaces: Informing policymakers on support mechanisms.

Websites

A useful directory of support services and knowledge for both bereaved parents and healthcare professionals is **www.pregnancyandinfantloss.ie** This website includes clinical guidelines, care pathways, patient information leaflets, Irish reports, Irish research and Irish education programmes.

RCM iLearn

A new 20-minute course has been released this year on the RCM iLearn platform entitled 'Detecting anorectal malformations'. Anorectal malformations (ARMs) are a variety of conditions affecting both male and female newborn babies where there is an abnormality in the formation or position of the normal anus and rectum.

Inspection for ARM is conducted soon after birth yet these conditions are frequently missed, with potential serious consequences.

On completion of the course you will be able to:

- Examine the neonate for the presence of anorectal malformations at the initial examination (within 24 hours of birth)
- Examine the neonate for anorectal and perianal malformations during the systematic physical examination (within 72 hours)
- Discuss antenatal and postnatal signs and symptoms of anorectal malformation
- Identify when to refer the neonate to the paediatrician for anorectal malformations or potential malformations.

Contact the library

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

RCM i-learn access for INMO midwife members

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

Royal College of Midwives

Irish Nurses and Midwives Organisation
Cumann Altraí agus Ban Cabhrach na hÉireann

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IMPORTANT: PLEASE PRINT YOUR DETAILS IN ALL FIELDS IN BLOCK CAPITALS
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INMO Branch:	
Student: (Please tick appropriate) Yes ☐ No ☐	
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Email Personal:	Work:

The above details are correct as of:

Date: Signature:

Irish Nurses and Midwives Organisation,
The Whitworth Building, North Brunswick Street, Dublin 7, Ireland
Tel: 01 6640600 **Fax:** 016610466 **Email:** inmo@inmo.ie

Q and A Bulletin Board

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

Sick leave when pregnant

Q. I have a query in relation to pregnancy-related sick leave. I am currently out on sick leave as a result of my pregnancy. I have been out for a number of weeks so far and have been hospitalised for two consecutive days. What is my entitlement to sick leave?

Because you were hospitalised for two days or more you are covered under the critical illness protocol (CIP). This allows sick leave to be paid at six months full pay and six months half pay. The employer will take into account any previous sick leave. When submitting medical certificates to the employer the consultant or GP must write on the certificate that the sick leave is pregnancy-related.

Public holidays for part-time workers

Q. I am currently working part-time for 20 hours per week. My employer advised me that because I work part-time I am not entitled to any of the public holidays. Is this the case?

All permanent and temporary employees who work full-time get public holiday benefits. If you work on a casual or part-time basis, you must have worked at least 40 hours during the five-week period before the public holiday. In lieu of a public holiday you can get one of the following:

- A paid day off on the public holiday
- A paid day off within a month
- An extra day's annual leave
- An extra day's pay.

Am I on the correct payment scale?

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

This is not correct. When you commenced employment in September 2023 as an RGN, you should have been placed on point 1 of the nursing/midwifery salary scale. After you completed 16 weeks of work (including time worked as a pre-reg) in approximately January 2024, you should have progressed to point 3 of the salary scale – this will be your 'new increment date'. This is in line with HSE HR Circular 032/2019 which states: "Nurses/midwives currently on point 1 will benefit from the revised new entrant measure and, at their next increment post March 1, 2019, skip point 2 and go to point 3."

One year from this date, you should progress to point 4 and will then be eligible to apply for the enhanced practice contract. I would generally recommend applying a few weeks before moving to point 4.

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

Shift access while on parental leave

Q. I am currently availing of parental leave and have a document that confirms with my employer that I am availing of this leave on a roster of one day per week. My employer has now advised that I have a reduced entitlement to access shifts that earn premium payment. My employer claims that I am now a part-time worker. Can you please clarify if this is the case?

No, this is not the situation and your employer is incorrect. Parental leave is granted on the understanding that all of your terms and conditions of employment are protected. With this in mind, you are not considered to be a part-time worker, rather you are simply availing of a temporary reduction while on parental leave and so you have to be regarded as not being absent. This means that you retain all your employment rights, other than the right to remuneration and superannuation benefits.

Should you have any further difficulties in this area, please be sure get in touch with your INMO industrial relations official who should be able to act on your behalf in this regard.

Know your rights and entitlements

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

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

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

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26	MAR	**Leadership Masterclass** The Richmond Education and Event Centre, Dublin
21	MAY	**National Care of the Older Person Section** Midlands Park Hotel, Portlaoise, Co Laois
24	SEP	**Telephone Triage Section** The Richmond Education and Event Centre, Dublin
05	OCT	**Operating Department Nurses Section** Slieve Russell Hotel, Cavan
19	OCT	**Public Health Nurses Section** Online Webinar
07	NOV	**All Ireland Midwives Conference** Fairways Hotel, Dundalk, Co Louth
16	NOV	**National Childrens Nurses Section** Online Webinar

All conferences and webinars are Category 1 approved by NMBI

ONLINE AND IN-PERSON EVENTS

UPCOMING EVENTS 2024

Early booking is advisable

To book a place call 01 6640618/41

www.inmoprofessional.ie/conference

BOOK NOW

A column by Maureen Flynn

Quality & Safety

Spark Innovation Programme

NURSES and midwives across the country spark ideas for innovation. This month we share exciting news from the HSE Spark Innovation Programme that will be of interest to nurses and midwives who have ideas for sustainability and innovation in the design and delivery of patient care.

The Spark Innovation Programme is a frontline, staff-led initiative that seeks to support, promote and recognise innovation among healthcare staff. The initiative was initially established as a national programme to empower and engage doctors at the beginning of their careers. The power of this vision has seen Spark expand in recent years to include nurses, midwives and all healthcare professionals, and every employee of the HSE. This has been achieved with partnerships and ongoing support from the Office of Nursing and Midwifery Services Director (ONMSD), National Doctors Training and Planning (NDTP), and the National Health & Social Care Professions Office (NHSCPO).

Spark Seed goes green

Throughout March 2024, the most popular initiative, 'Spark Seed', is going green. Though always a key consideration for all funding initiatives, sustainability will take centre stage in March as the Spark team seeks out creative and innovative ways in which we can positively impact sustainability and decrease our carbon footprint across the health service.

Individuals or groups can apply for funding of up to €10,000 to support innovative projects to enhance health services and make it more sustainable. Spark welcomes ideas from nurses, midwives, doctors, and health and social care professionals. This includes applications from HSE staff members who have formal responsibility for sustainability in their setting. While the application may be led by any individual employed by the HSE, the main applicant must be a member of one of the professional groups listed above and collaboration is highly encouraged. Input from other organisations is also facilitated and is encouraged. Online applications are open from March 1, 2024 until 5pm on March 29, 2024.

If you have an innovative idea that promotes environmentally sustainable practices within the healthcare industry, Catherine Marsh, the national nurse and midwife innovation fellow, is particularly keen to hear from you.

Spark Impact

Spark Impact offers funding from €5,000 to €90,000 for innovative projects that address the most pressing healthcare challenges head-on. The programme is inviting applications via online submission until March 22, 2024.

The fund focuses on critical healthcare priorities including, but not limited to: preventative and screening services, mental health, children's health, integrated urgent and emergency care, access to care, climate change and disability services.

In addition to financial support, Spark Impact offers a structured application process ensuring that selected projects receive comprehensive guidance, mentorship and access to a network of experts and partners. This approach empowers innovators to refine their ideas, validate their solutions and navigate a pathway from concept to implementation.

"We believe that a collaborative approach to healthcare innovation embedded with design thinking processes and guidance from innovation experts is the best way to reshape the future of healthcare," said Dr Bobby Tang, national fellow for innovation and change.

An example of a project Spark has previously funded is an ambulatory home hydration programme for children with cancer, where Caroline Rooney, an

advanced nurse practitioner at Children's Health Ireland obtained funding of €13,620 for a pilot study. Currently, pre- and post-chemotherapy hydration for certain children's cancers involves inpatient admission. This leads to increased healthcare costs and unnecessary anxiety for children and their careers. Alongside a multidisciplinary team, Ms Rooney is leading a pilot project for a home infusion service. This project has the potential to be scaled to a wider patient population as well as providing a lower cost of care and a better patient experience.

Get involved

At your next ward, unit, team or group meeting share your ideas for improvement and talk about how you might engage with the spark innovation programme.

Further information

You can find a leaflet and the guide for spark impact on the HSE website or find information on spark programme (including Spark Seed) by scanning the QR code below. You are invited to connect and talk to a spark team member by email at spark@hse.ie, catherine.marsh@hse.ie, bobby.tang@hse.ie or follow the programme on X @ProgrammeSpark

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

Acknowledgements: A special thank you to the national Spark Innovation fellows Catherine Marsh and Dr Bobby Tang for assistance in preparing this column.

Irish Nurses and Midwives Organisation
Working Together

2024 Nurse and Midwife Representative Training

The INMO provides Representative Training to our members.

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

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

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

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

Month	Date	Location
JUNE	05 & 06	Waterford
	12 & 13	Galway
	19 & 20	Dublin
JULY	16 & 17	Dublin
SEPTEMBER	10 & 11	Dublin
OCTOBER	03 & 04	Sligo
	08 & 09	Cork
	14 & 15	Dublin

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

CONTACT YOUR INMO OFFICIAL

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

Experiencing difficulties paying?

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

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

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

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

Acute care pathways for cancer patients

Maria Gillespie and **Terry Hanan** discuss how the National Cancer Control Programme's acute oncology nursing service is helping cancer patients to avoid emergency department admissions

THE acute oncology telephone triage nursing service is pivotal in providing a direct access route for cancer patients who require review, avoiding the emergency department (ED). Using this service, cancer patients who are on treatment and become unwell can access a clinical nurse specialist via a dedicated telephone line in any of the 26 centres across the country that deliver systemic anticancer therapy (SACT).

The acute oncology nursing service focuses on the management and treatment of patients who present acutely unwell with cancer treatment side-effects or as an emergency complication from a known cancer diagnosis.

Unwell patients who require additional review or treatment are, where possible, seen in the cancer day care unit or a dedicated space away from the ED. Occasionally, patients will legitimately require ED attendance due to the serious nature of their presentation or when a non-ED pathway has not been agreed locally.

This service was set up following the National Action Plan in response to Covid-19[1] published by the Department of Health in March 2020, which emphasised the need to maintain critical and ongoing services.

The National Cancer Control Programme (NCCP) advocated and secured funding for clinical nurse specialist posts in all of the 26 SACT hospitals to safeguard patients and minimise, where possible, their attendance to ED and their requirement for admission to hospital. Equity of access to this service was prioritised regardless of geographical location.

Mary Holden, an acute oncology service user, said the service should be renamed "Keep the patient out of the ED service". Living in Dublin, she is moving to Donegal after retirement, and hopes for the same access to supports.[2] "It should be the same for every patient, there should be no difference between the care in one part of the country and the other. The fact I'm attending one of the big centres in Dublin should not mean I get a better quality of service," she said.

The acute oncology service is well established in the UK and they have experience in utilising the UK Oncology Nursing Society (UKONS) validated triage assessment tool and supporting documentation.[3] The NCCP obtained approval for its usage in Ireland. Training was provided by our UK colleagues to nurses in each of the 26 SACT services nationally.

Patients who are on active treatment are triaged on the oncology/haematology advice line using the UKONS validated triage assessment tool. This assessment uses a Red Amber Green (RAG) system to assess and manage patient's symptoms *(see Figure 1)*.

Proof of concept is not solely anecdotal from patient feedback but also is demonstrated by the nursing metrics that are returned monthly to the NCCP from each of the 26 SACT services.

These nursing metrics quantify the requirement for the acute oncology nursing service and have demonstrated that many patients who are unwell when undergoing cancer treatments can be appropriately managed outside of the ED setting. The acute oncology service is well placed and

Figure 1: Red-Amber-Green assessment system

Green	Amber	Red
• Symptoms can be managed at home with self care and advice	• Requires follow-up/review within 24 hours • Two or more ambers = red	• Requires urgent follow up

Figure 2: Acute oncology telephone triage service

Direct access via telephone triage service to a specialist nurse-led service, Monday to Friday, from 8am to 4pm

Vulnerable patients are assessed and where possible avoid ED attendance

Enhanced links with community services, eg. community intervention teams, GPs

links with community services as outlined in the Sláintecare strategy.[4]

In December 2023, HSE chief executive Bernard Gloster spoke about the "very visible pressure we see in our emergency departments every day of the week". He reiterated that "every person we avoid presenting unnecessarily at an ED helps to reduce the pressure".[5]

The HSE Urgent and Emergency Care Operational Plan published in July 2023 resonates with the aims of what the acute oncology service is striving to achieve, with a focus on avoiding emergency department attendance for cancer patients who become unwell on treatment. It is also strategically in line with the National Cancer Strategy objective to ensure that patients on active treatment receive appropriate admission in emergency situations.[7]

A key performance indicator objective outlines a target of less than 20% of patients on active cancer treatment are admitted through EDs. This is also highlighted in the NCCP's SACT model of care and endorsed by the Department of Health's cancer patient advisory group recommendations.[8]

Recruitment needs

The greatest challenge associated with the existing acute oncology service is the lack of 24-hour access for patients. There is no dedicated nurse specialist in the acute oncology service after these hours or at weekends and there is no leave cover. There is a requirement for additional nursing and administrative roles to achieve a 24/7 service to build resilience.

The NCCP is committed to realising this goal which will deliver tangible benefits for cancer patients.

Conclusion

The acute oncology service is now available across the country in all centres that deliver cancer treatments and proof of concept is evident. The NCCP is committed to realising a 24/7 service that will deliver real benefits for cancer patients.

Maria Gillespie is the assistant director of nursing of the Acute Oncology Service and Terry Hanan is the national clinical lead for cancer nursing, both at the National Cancer Control Programme

References

1. Department of Health (March 2020), Ireland's National Action Plan in response to Covid 19 (Coronavirus) accessed at: https://www.gov.ie/en/publication/47b727-government-publishes-national-action-plan-on-covid-19/

2. Griffin N. €2m in funding needed to extend lauded nurse helpline for cancer patients, Irish Examiner, 23rd October 2023, accessed at: https://www.irishexaminer.com/news/arid-41252620.html

3. United Kingdom Oncology Nursing Society – UKONS Triage Tool version 2(November 2016) accessed at: https://www.ukons.org/site/assets/files/1134/oncology_haematology_24_hour_triage.pdf

4. Department of Health (2018) Sláintecare, available at: https://www.gov.ie/en/campaigns/slaintecare-implementation-strategy/

5. Gloster B. HSE Staff Message from CEO Bernard Gloster, 14th December 2023, Health Service Executive, accessed at: https://www.youtube.com/watch?v=cKNsfMbTmVE

6. Health Service Executive (2023, July). HSE Urgent and Emergency Care Operational Plan 2023, hse-urgent-and-emergency-care-operational-plan-2023

7. Department of Health (July 2017), National Cancer Strategy (2017-2026), available at: https://www.gov.ie/pdf/?file=https://assets.gov.ie/9315/6f1592a09583421baa87de3a7e9cb619.pdf#page=null

8. Health Service Executive, NCCP Systemic Anti-Cancer Therapy (SACT) Model of Care available at: https://www.hse.ie/eng/services/list/5/cancer/profinfo/medonc/nccp-systemic-anti-cancer-therapy-model-of-care.pdf

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The closing date for applications is
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email: education@inmo.ie or visit www.inmo.ie

INMO Professional

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Are you in a leadership role and want to develop your skills?

JOIN THIS LEADERSHIP SKILLS DEVELOPMENT MASTERCLASS

Tuesday, 26 March 2024

Time: 10.30am - 2.00pm

Venue: The Richmond Education and Event Centre, Dublin 7

FREE TO INMO MEMBERS

Programme outline

10.30	Registration / coffee
11.00	**Opening address** Tony Fitzpatrick, Director of Professional Services
11.15	**Talking About Leadership – interactive workshop hosted by** Jane Salvage RGN, BA, MSc, HonLLD, HonDSc, HonDUniv, FQNI Independent Consultant and Programme Director ICN Global Nursing Leadership Institute, Geneva, Switzerland
2.00	Lunch, networking and close

Advance preparation for attendees:

In advance of attending, you are requested to do a little bit of preparation, so you can get the most out of the workshop. **Scan the QR code to view all documents.**	
1. Please read this short article:	
Salvage J, White J (2019). Nursing leadership and health policy: everybody's business. International Nursing Review, 23 May, https://doi/full/10.1111/inr.12523	
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It was developed by ICN for the Global Nursing Leadership Institute. **Scan the QR code to view the document, print and complete and bring with you to the seminar.**	

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Give Prolia patients the package leaflet and patient reminder card**.** Re-evaluate the need for continued treatment periodically based on the benefits and potential risks of denosumab on an individual patient basis, particularly after 5 or more years of use. **Contraindications:** Hypocalcaemia or hypersensitivity to the active substance or to any of the product excipients. **Special Warnings and Precautions: Traceability:** Clearly record the name and batch number of administered product to improve traceability of biological products. ***Hypocalcaemia:*** Identify patients at risk for hypocalcaemia**.** Hypocalcaemia must be corrected by adequate intake of calcium and vitamin D before initiation of therapy. Clinical monitoring of calcium levels is recommended before each dose and, in patients predisposed to hypocalcaemia, within 2 weeks after the initial dose. Measure calcium levels if suspected symptoms of hypocalcaemia occur. ***Renal Impairment*****:** Patients with severe renal impairment (creatinine clearance < 30 ml/min) or receiving dialysis are at greater risk of developing hypocalcaemia. ***Skin infections:*** Patients receiving Prolia may develop skin infections (predominantly cellulitis) requiring hospitalisation and if symptoms develop then they should contact a health care professional immediately. ***Osteonecrosis of the jaw (ONJ):*** ONJ has been reported rarely with Prolia 60 mg every 6 months. Delay treatment in patients with unhealed open soft tissue lesions in the mouth. A dental examination with preventative dentistry and an individual benefit:risk assessment is recommended prior to treatment with Prolia in patients with concomitant risk factors. Refer to the SmPC for risk factors for ONJ. Patients should be encouraged to maintain good oral hygiene, receive routine dental check-ups and immediately report oral symptoms during treatment with Prolia. While on treatment, invasive dental procedures should be performed only after careful consideration and avoided in close proximity to Prolia administration. The management plan of patients who develop ONJ should be set up in close collaboration between the treating physician and a dentist or oral surgeon with expertise in ONJ**.** ***Osteonecrosis of the external auditory canal:*** Osteonecrosis of the external auditory canal has been reported with Prolia. Refer to the SmPC for risk factors. ***Atypical femoral fracture (AFF):*** AFF has been reported in patients receiving Prolia. Discontinuation of Prolia therapy in patients suspected to have AFF should be considered pending evaluation of the patient based on an individual benefit risk assessment. ***Long-term antiresorptive treatment:*** Long-term antiresorptive treatment may contribute to an increased risk for adverse outcomes such as ONJ and AFF due to significant suppression of bone remodelling. ***Concomitant medication:*** Patients being treated with Prolia should not be treated concomitantly with other denosumab containing medicinal products. ***Warnings for Excipients:*** Patients with rare hereditary problems of fructose intolerance should not use Prolia. **Interactions:** Prolia did not affect the pharmacokinetics of midazolam, which is metabolized by cytochrome P450 3A4 (CYP3A4). There are no clinical data on the co-administration of denosumab and hormone replacement therapy (HRT), however the potential for pharmacodynamic interactions would be considered low. Pharmacokinetics and pharmacodynamics of Prolia were not altered by previous alendronate therapy. **Fertility, pregnancy and lactation:** There are no adequate data on the use of Prolia in pregnant women and it is not recommended for use in these patients. It is unknown whether denosumab is excreted in human milk. A risk/benefit decision should be made in patients who are breast feeding. Animal studies have indicated that the absence of RANKL during pregnancy may interfere with maturation of the mammary gland leading to impaired lactation post-partum. No data are available on the effect of Prolia on human fertility. **Undesirable Effects:** The following adverse reactions have been reported: Very common (≥ 1/10) pain in extremity, musculoskeletal pain (including severe cases). Common (≥ 1/100 to < 1/10) urinary tract infection, upper respiratory tract infection, sciatica, constipation, abdominal discomfort, rash, alopecia and eczema. Uncommon (≥ 1/1000 to < 1/100): Cellulitis, ear infection and lichenoid drug eruptions. Rare (≥ 1/10,000 to < 1/1,000): Osteonecrosis of the jaw, hypocalcaemia (including severe symptomatic hypocalcaemia and fatal cases), atypical femoral fractures, and hypersensitivity (including rash, urticaria, facial swelling, erythema and anaphylactic reactions). Very rare (< 1/10,000): Hypersensitivity vasculitis. Please consult the Summary of Product Characteristics for a full description of undesirable effects. **Pharmaceutical Precautions:** Prolia must not be mixed with other medicinal products. Store at 2°C to 8°C (in a refrigerator). Prolia may be exposed to room temperature (up to 25°C) for a maximum single period of up to 30 days in its original container. Once removed from the refrigerator Prolia must be used within this 30 day period. Do not freeze. Keep in outer carton to protect from light. **Legal Category:** POM. **Presentation and Marketing Authorisation Number:** Prolia 60 mg: Pack of 1 pre-filled syringe with automatic needle guard; EU/1/10/618/003. Price in Republic of Ireland is available on request. **Marketing Authorisation Holder:** Amgen Europe B.V., Minervum 7061, NL-4817 ZK Breda, The Netherlands. Further information is available from Amgen Ireland Limited, 21 Northwood Court, Santry, Dublin D09 TX31. Prolia is a registered trademark of Amgen Inc. **Date of PI preparation:** May 2022 (Ref: IE-PRO-0322-00006)

Adverse reactions/events should be reported to the Health Products Regulatory Authority (HPRA) using the available methods via www.hpra.ie. Adverse reactions/events should also be reported to Amgen Limited on +44 (0)1223 436441 or Freephone 1800 535 160.

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Amgen Ireland
21 Northwood Court, Santry, Dublin 9, Ireland.

IE-PRO-0522-00002. Date of preparation: June 2022

Prevention of secondary fragility fractures

New research highlights the urgent need for a fully funded National Fracture Liaison Service to stop the revolving door of secondary fragility fractures. **Tara Horan** reports

CONTINUED shortcomings in fracture prevention services have been identified across Ireland, as well as a serious lack of services in certain regions. In its second annual report on the Irish Fracture Liaison Service Database, the National Clinical Programme for Trauma and Orthopaedic Surgery is once again calling for funding and resources to fully implement a National Fracture Liaison Service.[1]

New research from the RCSI has found that while improvements across a number of areas have been made in the past year, a number of regions across the country still lack any sort of fracture liaison service (FLS) infrastructure. As of September 2023, just 69% (11 out of 16) of all adult trauma hospitals in Ireland had an FLS.[1] This figure makes clear the need for a National Fracture Liaison Service. Not only would this offer improve health outcomes, but the report states it is a cost-effective prevention that would deliver long-term savings to the health service.[1,2]

A fracture liaison service is an internationally recognised model of care for secondary fracture prevention. People aged 50 years and over presenting with fragility fractures (a fracture resulting from a low level of trauma such as a trip or bump) are identified proactively, assessed, treated and monitored for osteoporosis and falls risk. An FLS is a globally recognised service that has been implemented in 55 countries to date.[3] Ireland was the second country after the UK to produce a national FLS database (FLS-DB) report.

A fragility fracture can be extremely debilitating and can have a devastating impact on a person's ability to live independently, which is why secondary fracture prevention is so important.[4] Recently published data from the 2019-2020 Major Trauma Audit[5] shows that 62% of major trauma injuries resulted from a fall of a low height or with low force, ie. simple trips/slips. Fragility fractures are the main serious injury from these falls.[5]

The report notes that fragility fractures in older adults remain a significant barrier to healthy ageing and social participation by shortening lives, permanently limiting mobility, increasing dependence and reducing mental wellbeing. In addition, there are economic impacts by affecting a person's ability to remain in the workforce and indirect effects on the productivity of family members needing to care for a relation who suffers a fragility fracture. National FLS-DB programmes highlight the often invisible impact of adults with a fracture from societal, economic, healthcare and patient/family perspectives. National FLS-DB audits aim to stop the 'revolving-door' trend of adults who present with a fracture to a trauma centre then coming back with further avoidable fragility fractures because of simple gaps in effective secondary fracture prevention care.

In the absence of a fully resourced National Fracture Liaison Service, no hospital successfully met each of the standards outlined in the International Osteoporosis Foundation's 'Capture the Fracture' best practice framework.[1,6] With our ageing population, the incidence of new fragility fractures in Ireland each year is estimated to be 32,000 and is expected to increase to 51,000 per year in the next 10 years as the population ages. This is the highest projected incidence of new fragility fractures in all EU countries.[7]

Among the key findings of the FLS-DB 2023 report was that vertebral fractures need to be prioritised for case finding as these patients are at greatest risk of further fractures. Data from 2022 showed that just 26% of the expected number of vertebral fractures were identified nationally.[1] This illustrates the need to develop a specific national strategy for case finding within this patient group.

Additionally, the report identified a need for greater follow-up care, with just 35% of patients recommended anti-osteoporosis medication (down from 53% in 2021). Only 11% of patients were referred to start strength and balance training, and just 5% started within 16 weeks of their fracture. This is despite the fact that these are recognised as critical interventions when it comes to reducing the risk of re-fracture and preventing future falls.

Of the patients who presented to the nine hospital sites in 2022, approximately 600 had sustained a previous fracture, yet only 26% of these were on treatment for osteoporosis. The report points to this as proof of a large treatment gap and shows a lack of awareness and unmet therapeutic need in patients at high risk of fracture.[1]

However, encouragingly in 2022, 31% of patients had commenced anti-osteoporosis medication by first follow up compared to just 17% in 2021. The report highlights the critical need to monitor contact with patients at 12-16 weeks post fracture to ensure that appropriate medication has been commenced. This improved from 30% in 2021 to 40% in 2022, demonstrating that when an adequately resourced FLS is in place, therapy is started within an acceptable timeframe, which brings real benefits to patients.

The report notes that poor tolerability of oral anti-osteoporosis medication is commonly reported so there is a need for good communication and patient education, ensuring they understand how to administer this medication. Memory difficulties, which are prevalent in this patient population, also impact biannual injectable therapies due to the need for advanced scheduling of appointments. This emphasises the need for ongoing monitoring of treatment at 12 months post fracture.

References on request, quote: Horan T. WIN 2024; 31(2)43

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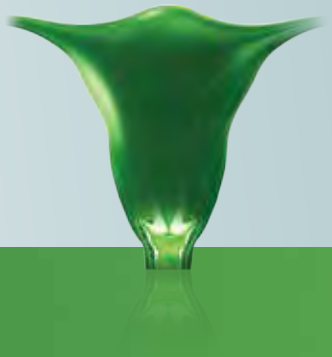

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KEYTRUDA® (pembrolizumab)
ABRIDGED PRODUCT INFORMATION KEYTRUDA® (pembrolizumab) **PRESENTATION** KEYTRUDA 25 mg/mL: One vial of 4 mL of concentrate contains 100 mg of pembrolizumab. **INDICATIONS** KEYTRUDA as monotherapy is indicated for the treatment of adults and adolescents aged 12 years and older with advanced (unresectable or metastatic) melanoma. KEYTRUDA as monotherapy is indicated for the adjuvant treatment of adults and adolescents aged 12 years and older with Stage IIB, IIC or III melanoma and who have undergone complete resection. KEYTRUDA as monotherapy is indicated for the adjuvant treatment of adults with non-small cell lung carcinoma who are at high risk of recurrence following complete resection and platinum-based chemotherapy. KEYTRUDA as monotherapy is indicated for the first-line treatment of metastatic non-small cell lung carcinoma (NSCLC) in adults whose tumours express PD-L1 with a ≥50% tumour proportion score (TPS) with no EGFR or ALK positive tumour mutations. KEYTRUDA, in combination with pemetrexed and platinum chemotherapy, is indicated for the first-line treatment of metastatic non-squamous NSCLC in adults whose tumours have no EGFR or ALK positive mutations. KEYTRUDA, in combination with carboplatin and either paclitaxel or nab-paclitaxel, is indicated for the first-line treatment of metastatic squamous NSCLC in adults. KEYTRUDA as monotherapy is indicated for the treatment of locally advanced or metastatic NSCLC in adults whose tumours express PD-L1 with a ≥1% TPS and who have received at least one prior chemotherapy regimen. Patients with EGFR or ALK positive tumour mutations should also have received targeted therapy before receiving KEYTRUDA. KEYTRUDA as monotherapy is indicated for the treatment of adult and paediatric patients aged 3 years and older with relapsed or refractory classical Hodgkin lymphoma (cHL) who have failed autologous stem cell transplant (ASCT) or following at least two prior therapies when ASCT is not a treatment option. KEYTRUDA as monotherapy is indicated for the treatment of locally advanced or metastatic urothelial carcinoma in adults who have received prior platinum-containing chemotherapy. KEYTRUDA as monotherapy is indicated for the treatment of locally advanced or metastatic urothelial carcinoma in adults who are not eligible for cisplatin-containing chemotherapy and whose tumours express PD L1 with a combined positive score (CPS) ≥ 10. KEYTRUDA as monotherapy or in combination with platinum and 5-fluorouracil (5-FU) chemotherapy, is indicated for the first-line treatment of metastatic or unresectable recurrent head and neck squamous cell carcinoma (HNSCC) in adults whose tumours express PD-L1 with a CPS ≥ 1. KEYTRUDA as monotherapy is indicated for the treatment of recurrent or metastatic HNSCC in adults whose tumours express PD-L1 with a ≥ 50% TPS and progressing on or after platinum-containing chemotherapy. KEYTRUDA, in combination with axitinib, is indicated for the first-line treatment of advanced renal cell carcinoma (RCC) in adults. KEYTRUDA, in combination with lenvatinib, is indicated for the first line treatment of advanced renal cell carcinoma in adults. KEYTRUDA as monotherapy is indicated for the adjuvant treatment of adults with renal cell carcinoma at increased risk of recurrence following nephrectomy, or following nephrectomy and resection of metastatic lesions. *Microsatellite instability high (MSI-H) or mismatch repair deficient (dMMR) cancers Colorectal cancer (CRC)* KEYTRUDA as monotherapy is indicated for adults with MSI-H or dMMR colorectal cancer in the following settings: - first line treatment of metastatic colorectal cancer - treatment of unresectable or metastatic colorectal cancer after previous fluoropyrimidine based combination therapy. *Non-colorectal cancers* KEYTRUDA as monotherapy is indicated for the treatment of the following MSI H or dMMR tumours in adults with (a) advanced or recurrent endometrial carcinoma, who have disease progression on or following prior treatment with a platinum containing therapy in any setting and who are not candidates for curative surgery or radiation, (b) unresectable or metastatic gastric, small intestine, or biliary cancer, who have disease progression on or following at least one prior therapy. KEYTRUDA, in combination with platinum and fluoropyrimidine based chemotherapy, is indicated for the first-line treatment of locally advanced unresectable or metastatic carcinoma of the oesophagus or HER-2 negative gastroesophageal junction adenocarcinoma in adults whose tumours express PD-L1 with a CPS ≥ 10. KEYTRUDA, in combination with chemotherapy as neoadjuvant treatment, and then continued as monotherapy as adjuvant treatment after surgery, is indicated for the treatment of adults with locally advanced, or early stage triple negative breast cancer at high risk of recurrence. KEYTRUDA, in combination with chemotherapy, is indicated for the treatment of locally recurrent unresectable or metastatic triple negative breast cancer in adults whose tumours express PD L1 with a CPS ≥ 10 and who have not received prior chemotherapy for metastatic disease. KEYTRUDA, in combination with lenvatinib, is indicated for the treatment of advanced or recurrent endometrial carcinoma in adults who have disease progression on or following prior treatment with a platinum containing therapy in any setting and who are not candidates for curative surgery or radiation. KEYTRUDA, in combination with chemotherapy with or without bevacizumab, is indicated for the treatment of persistent, recurrent, or metastatic cervical cancer in adults whose tumours express PD L1 with a CPS ≥ 1. KEYTRUDA, in combination with trastuzumab, fluoropyrimidine and platinum-containing chemotherapy, is indicated for the first-line treatment of locally advanced unresectable or metastatic HER2-positive gastric or gastro-oesophageal junction adenocarcinoma in adults whose tumours express PD-L1 with a CPS ≥ 1. **DOSAGE AND ADMINISTRATION** See SmPC for full details. Therapy must be initiated and supervised by specialist physicians experienced in the treatment of cancer. The recommended dose of KEYTRUDA in adults is either 200 mg every 3 weeks or 400 mg every 6 weeks administered as an intravenous infusion over 30 minutes. The recommended dose of KEYTRUDA as monotherapy in paediatric patients aged 3 years and older with cHL or patients aged 12 years and older with melanoma is 2 mg/kg bodyweight (up to a maximum of 200 mg), every 3 weeks administered as an intravenous infusion over 30 minutes. For use in combination, see the Summary of Product Characteristics (SmPC) for the concomitant therapies. KEYTRUDA must not be administered as an intravenous push or bolus injection. When administering KEYTRUDA as part of a combination with intravenous chemotherapy, KEYTRUDA should be administered first. Treat patients until disease progression or unacceptable toxicity (and up to maximum duration of therapy if specified for an indication). For the adjuvant treatment of melanoma, NSCLC, or RCC, KEYTRUDA should be administered until disease recurrence, unacceptable toxicity, or for a duration of up to one year. Refer to the SmPC for dosing in neoadjuvant and adjuvant treatment of locally advanced, or early stage triple-negative breast cancer at high risk of recurrence. KEYTRUDA, as monotherapy or as combination therapy, should be permanently discontinued (a) For Grade 4 toxicity except for: endocrinopathies that are controlled with replacement hormones; or haematological toxicity, only in patients with cHL in which KEYTRUDA should be withheld until adverse reactions recover to Grade 0-1; (b) If corticosteroid dosing cannot be reduced to ≤10 mg prednisone or equivalent per day within 12 weeks; (c) If a treatment-related toxicity does not resolve to Grade 0 1 within 12 weeks after last dose of KEYTRUDA; (d) If any event occurs a second time at Grade ≥ 3 severity. Patients must be given the Patient Card and be informed about the risks of KEYTRUDA. *Special populations Elderly:* No dose adjustment necessary. *Renal impairment:* No dose adjustment needed for mild or moderate renal impairment. No studies in severe renal impairment. *Hepatic impairment:* No dose adjustment needed for mild or moderate hepatic impairment. No studies in severe hepatic impairment. *Paediatric population:* Safety and efficacy in children below 18 years of age not established except in paediatric patients with melanoma or cHL. **CONTRAINDICATIONS** Hypersensitivity to the active substance or to any excipients. **PRECAUTIONS AND WARNINGS** *Assessment of PD-L1 status* When assessing the PD-L1 status of the tumour, it is important that a well-validated and robust methodology is chosen to minimise false negative or false positive determinations. *Immune-mediated adverse reactions* Immune-mediated adverse reactions, including severe and fatal cases, have occurred in patients receiving pembrolizumab. Most immune mediated adverse reactions occurring during treatment with pembrolizumab were reversible and managed with interruptions of pembrolizumab, administration of corticosteroids and/or supportive care. Immune mediated adverse reactions have also occurred after the last dose of pembrolizumab. Immune-mediated adverse reactions affecting more than one body system can occur simultaneously. Immune-mediated adverse reactions are immune-mediated pneumonitis, immune-mediated colitis, immune-mediated hepatitis, immune-mediated nephritis, immune-mediated endocrinopathies (including adrenal insufficiency, hypophysitis, type 1 diabetes mellitus, diabetic ketoacidosis, hypothyroidism, and hyperthyroidism), immune-mediated skin adverse reactions (also including Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN)). Refer to SmPC for more information and management of immune-mediated adverse reactions. *Complications of allogeneic Haematopoietic Stem Cell Transplant (HSCT):* Cases of graft-versus-host-disease (GVHD) and hepatic veno-occlusive disease (VOD) have been observed in patients with classical Hodgkin lymphoma undergoing allogeneic HSCT after previous exposure to pembrolizumab. *Infusion-related reactions:* Grades 1, 2, 3 or 4 infusion reactions including hypersensitivity and anaphylaxis, could be seen with pembrolizumab treatment. Refer to SmPC for more information and management of infusion-related reactions. *Overdose:* There is no information on overdose with pembrolizumab. In case of overdose, monitor closely for signs or symptoms of adverse reactions and treat appropriately. **INTERACTIONS** No formal pharmacokinetic drug interaction studies have been conducted with pembrolizumab. No metabolic drug drug interactions are expected. The use of systemic corticosteroids or immunosuppressants before starting pembrolizumab should be avoided because of their potential interference with the pharmacodynamic activity and efficacy of pembrolizumab. Corticosteroids can be used as premedication, when pembrolizumab is used in combination with chemotherapy, as antiemetic prophylaxis and/or to alleviate chemotherapy-related adverse reactions. **FERTILITY, PREGNANCY AND LACTATION** *Women of childbearing potential* Women of childbearing potential should use effective contraception during treatment with pembrolizumab and for at least 4 months after the last dose of pembrolizumab. *Pregnancy* No data on use in pregnant women. Do not use during pregnancy unless the clinical condition of the woman requires treatment with pembrolizumab. *Breast-feeding* It is unknown whether pembrolizumab is secreted in human milk. A risk to newborns/ infants cannot be excluded. *Fertility* No clinical data available. **SIDE EFFECTS** Refer to SmPC for complete information on side effects. Pembrolizumab is most commonly associated with immune-mediated adverse reactions. Most of these reactions resolved with appropriate medical treatment or withdrawal of pembrolizumab. The most serious adverse reactions were immune-mediated and infusion-related adverse reactions. When pembrolizumab is administered in combination with axitinib or lenvatinib, refer to the SmPC for axitinib or lenvatinib prior to initiation of treatment. For additional lenvatinib safety information related to advanced RCC see the SmPC for Kisplyx and for advanced EC see the SmPC for Lenvima. **Monotherapy:** *Very Common:* anaemia, hypothyroidism, decreased appetite, headache, dyspnea, cough, abdominal pain, nausea, vomiting, constipation, musculoskeletal pain, arthralgia, asthenia, oedema, pyrexia, diarrhoea, pruritus, rash, fatigue. *Common:* pneumonia, thrombocytopenia, neutropenia, lymphopenia, hyponatraemia, hypokalaemia, hypocalcaemia, insomnia, neuropathy peripheral, lethargy, dry eye, cardiac arrhythmia (including atrial fibrillation), hypertension, hyperthyroidism, dizziness, dysgeusia, pneumonitis, colitis, dry mouth, hepatitis, severe skin reactions, vitiligo, dry skin, eczema, alopecia, dermatitis acneiform, erythema, dermatitis, myositis, pain in extremity, arthritis, influenza like illness, chills, AST and ALT increases, increase in blood alkaline phosphatase, hypercalcaemia, blood bilirubin increased, blood creatinine increased, infusion related reaction. **In combination with chemotherapy:** *Very Common:* neutropenia, anaemia, thrombocytopenia, leukopenia, hypothyroidism, hypokalaemia, decreased appetite, insomnia, neuropathy peripheral, headache, dizziness, dyspnoea, cough, diarrhoea, nausea, vomiting, abdominal pain, constipation, alopecia, rash, pruritus, arthralgia, musculoskeletal pain, myositis, pyrexia, fatigue, asthenia, ALT increase, AST increased. *Common:* pneumonia, febrile neutropenia, lymphopenia, infusion related reaction, adrenal insufficiency, thyroiditis, hyperthyroidism, hyponatraemia, hypocalcaemia, lethargy, dysgeusia, dry eye, cardiac arrhythmia (including atrial fibrillation), hypertension, pneumonitis, colitis, gastritis, dry mouth, hepatitis, severe skin reactions, erythema, dry skin, dermatitis acneiform, dermatitis, eczema, pain in extremity, arthritis, acute kidney injury, oedema, influenza-like illness, chills, blood creatinine increased, blood alkaline phosphatase increased, blood bilirubin increased, hypercalcaemia. **In combination with axitinib or lenvatinib:** *Very Common:* urinary tract infection, anaemia, hypothyroidism, decreased appetite, headache, dysgeusia, hypertension, dyspnoea, cough, diarrhoea, abdominal pain, nausea, vomiting, constipation, rash, pruritus, arthralgia, musculoskeletal pain, myositis, pain in extremity, fatigue, asthenia, oedema, pyrexia, lipase increased, alanine aminotransferase increased, aspartate aminotransferase increased, blood creatinine increased. *Common:* pneumonia, neutropenia, thrombocytopenia, lymphopenia, leukopenia, infusion-related reaction, adrenal insufficiency, hyperthyroidism, thyroiditis, hyponatraemia, hypokalaemia, hypocalcaemia, insomnia, dizziness, neuropathy peripheral, lethargy, dry eye, cardiac arrhythmia (including atrial fibrillation), pneumonitis, colitis, pancreatitis, gastritis, dry mouth, hepatitis, severe skin reactions, dermatitis, dry skin, erythema, dermatitis acneiform, alopecia, arthritis, nephritis, influenza like illness, chills, amylase increased, blood bilirubin increased, blood alkaline phosphatase increased, hypercalcaemia. **PACKAGE QUANTITIES** KEYTRUDA 25 mg/mL: 4 mL of concentrate in a 10 mL Type I clear glass vial. **Legal Category:** POM. **Marketing Authorisation numbers** EU/1/15/1024/002 **Marketing Authorisation holder** Merck Sharp & Dohme B.V., Waarderweg 39, 2031 BN Haarlem, The Netherlands. **Date of revision:** October 2023. Further information is available on request from: MSD, Red Oak North, South County Business Park, Leopardstown, Dublin, D18 X5K7 or from www.medicines.ie. Adverse events should be reported. Reporting forms and information can be found at www.hpra.ie. Adverse events should also be reported to MSD (Tel: 01-2998700) II121

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Adverse events should also be reported to MSD (Tel: 01-2998700)

References
1. KEYTRUDA Summary of Product Characteristics, Available at www.medicines.ie. Accessed September 2023.
PDL1: Programmed death-ligand 1, CPS = combined positive score

MSD
Red Oak North, South County Business Park,
Leopardstown, Dublin D18 X5K7, Ireland.

IE-KEY-00015 Date of Preparation: January 2024

CLINICAL FOCUS:
Cervical cancer

This month in our series on female oncology we look at cervical cancer, the leading cause of cancer death in women internationally

CERVICAL cancer is primarily a disease of younger women, with almost 60% of patients under the age of 50 years at diagnosis. It is the eighth most common cancer in Ireland and the second most common cause of cancer death in women aged 25 to 39 years.[1] The National Cancer Registry Ireland (NCRI) records 262 new cases of invasive cervical cancer in Ireland each year.[1] Globally, cervical cancer remains a major female health concern, with 85% of cases occurring in developing countries and the extent of this inequity makes it the leading cause of cancer death in women in the world.[2,3]

Early diagnosis is essential for improved patient outcome and the National Cervical Cancer Screening Programme in Ireland has resulted in a relatively constant decline of cancer diagnoses each year with almost one-third of invasive cervical cancers diagnosed through this national screening programme from 2017-2019.

Cervical cancer is mostly due to persistent infection with human papillomavirus (HPV).[4,5] While there are hundreds of HPV subtypes, only a dozen are considered 'high risk' for the development of cervical cancer. In particular, HPV-16 and HPV-18 infections are responsible for approximately 70% of all cervical cancers. Immunisation against these specific HPV subtypes can prevent this infection and is expected to reduce cervical cancer incidence.[6,7,8]

Pathologically, cervical cancer predominantly comprises squamous cell carcinoma (80%), although adenocarcinoma, adenosquamous and other subtypes can occur, including neuroendocrine or undifferentiated cervical cancer.

Locally advanced disease that is not resectable may be amenable to curative intent treatment with chemotherapy and radiotherapy combined. Concurrent chemoradiotherapy utilises cisplatin chemotherapy weekly during daily radiotherapy (RT) and is the superior treatment of choice for stage IB3 to IVA disease based on the results of five randomised control trials.[9,10,11,12]

Figure: Serial PET CT scans of locally advanced cervical cancer

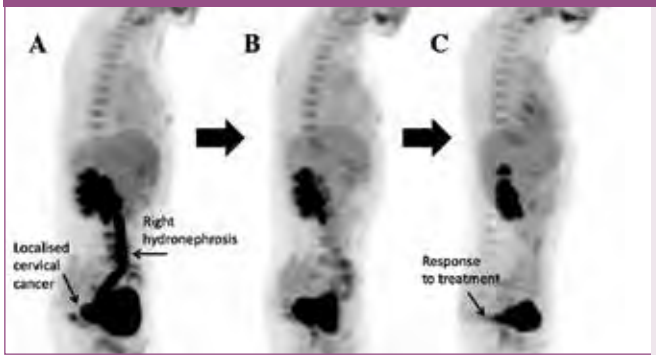

Figure 1 a, b, c. Serial PET CT scans of locally advanced cervical cancer on, during and after completion of concurrent chemoradiotherapy, showing resolution of the right hydronephrosis (caused by local mass effect of the cervical cancer itself) and response of the primary tumour to the therapies with loss of FDG avidity

Looking at the case of a 28-year-old woman who underwent investigation for right hip pain and post-coital bleeding, a diagnosis of stage IIIb cervical squamous cancer was made with right-sided hydronephrosis. The patient underwent concurrent chemoradiotherapy in the form of weekly cisplatin with daily external beam radiotherapy for six weeks.

The *Figure* above illustrates her serial PET CT scans prior (a), during (b) and three months after (c) treatment. These show resolution of her right hydronephrosis and tumour response to chemoradiotherapy with loss of FDG avidity of the primary disease. This was followed by three sessions of brachytherapy, an internally delivered radiotherapy, with a radiological complete response post-treatment that is ongoing.

Immune checkpoint inhibitors

Trials are ongoing to ascertain the benefit of adding immune checkpoint inhibitors such as the PD-1 inhibitors, pembrolizumab or durvalumab, to chemoradiotherapy. The phase III randomised clinical trial, KEYNOTE-A18, was open in Ireland and recruited until November 2022 (NCT04221945). CALLA presented its early interim findings at the European Society of Medical Oncology (ESMO) annual congress 2022, with no improvement in progression free survival (PFS) with the addition of an immune checkpoint inhibitor.

Despite a negative result with CALLA, KEYNOTE-A18 presented at ESMO 2023 significantly improved PFS with approximately 10% improvement in 24-month rate of relapse. More prolonged follow-up is required with both trials to understand the long-term impact of these agents.

Dr Dearbhaile Collins is a consultant medical oncologist at Cork University Hospital

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‡Long-acting defined as efficacy over 12 months and is based on data for patients treated with AJOVY® in the HALO extension study (n=1,890)[2]

Please refer to the Summary of Product Characteristics (SmPC) for full details of Prescribing Information.

Ajovy® (fremanezumab) 225mg Solution for Injection in Pre-filled syringe and Ajovy® (fremanezumab) 225mg Solution for Injection in Pre-filled Pen Abbreviated Prescribing Information. **Presentation:** Fremanezumab 225mg solution for injection in pre-filled syringe. Fremanezumab 225mg solution for injection in pre-filled pen. **Indications:** For prophylaxis of migraine in adults who have at least 4 migraine days *per* month. **Dosage and administration:** The treatment should be initiated by a physician experienced in the diagnosis and treatment of migraine. Ajovy is for subcutaneous injection only and can be injected into areas of the abdomen, thigh, or upper arm that are not tender, bruised, red, or indurated. For multiple injections, injection sites should be alternated. Patients may self-inject if instructed in subcutaneous self-injection technique by a healthcare professional. *Adults*: Two dosing options are available: *Monthly dosing*: 225mg once monthly. *Quarterly dosing*: 675mg every three months. When switching dosing regimens, the first dose of the new regimen should be administered on the next scheduled dosing date of the prior regimen. The treatment benefit should be assessed within 3 months after initiation of treatment. Evaluation of the need to continue treatment is recommended regularly thereafter. *Missed dose*: The indicated dose should resume as soon as possible, a double dose must not be administered to make up for a missed dose. *Children*: No data are available. *Elderly*: Limited data available. Based on the results of population pharmacokinetic analysis, no dose adjustment is required. *Renal impairment*: No dose adjustment is required. No data in severe renal impairment. *Hepatic impairment*: No dose adjustment is required. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Precautions and warnings:** In order to improve the traceability of biological medicinal products, the name and the batch number of the administered product should be clearly recorded. Anaphylactic reactions have been reported rarely with fremanezumab. Most reactions have occurred within 24 hours of administration although some reactions have been delayed. Patients should be warned about the symptoms associated with hypersensitivity reactions. If a serious hypersensitivity reaction occurs, initiate appropriate therapy and do not continue treatment with fremanezumab. No safety data are available in patients with certain major cardiovascular diseases. **Interactions:** No formal clinical drug interaction studies have been performed. **Pregnancy and lactation:** It is preferable to avoid the use of Ajovy during pregnancy as a precautionary measure. A risk to the breast-fed child cannot be excluded. A decision must be made whether to continue Ajovy therapy while breast-feeding. **Effects on ability to drive and use machines:** No influence on the ability to drive and use machines. **Adverse reactions:** Anaphylactic reaction, hypersensitivity reactions such as rash, pruritus, urticaria and swelling. *Very Common*: Injection site pain, injection site induration and injection site erythema. *Common*: Injection site pruritus. Consult the Summary of Product Characteristics in relation to other side effects. **Overdose:** It is recommended that the patient be monitored for any signs or symptoms of adverse effects and given appropriate symptomatic treatment if necessary. **Legal category:** POM. **Marketing Authorisation Number:** EU/1/19/1358/001-004. **Marketing Authorisation Holder:** Teva GmbH, Graf-Arco-Str. 3, 89079 Ulm, Germany. **Job Code:** MED-IE-00076. **Date of Preparation:** November 2023.

Adverse events should be reported. Reporting forms and information can be found at **www.hpra.ie**.
Adverse events should also be reported to Teva UK Limited on **+44 (0) 207 540 7117** or **medinfo@tevauk.com**

References:
1. AJOVY® Summary of Product Characteristics. Teva Pharmaceuticals Ireland. **2.** Goadsby PJ *et al. Neurology* 2020; 95(18): e2487–e2499. **3.** Dodick DW *et al. JAMA* 2018; 319(19): 1999–2008. **4.** Silberstein SD *et al. N Engl J Med* 2017; 377(22): 2113–2122.

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Focus on: Chronic migraine

Vanessa Lefort reviews a case study of a young woman experiencing episodic migraine with aura

A 21-YEAR-OLD woman with a history of episodic migraine with aura with high frequency pattern is reviewed in the clinic with an increase of headache days

Her baseline was up to eight consecutive days of moderate to debilitating migraines with a few attack-free weeks in between.

She was prescribed prophylactic medications venlafaxine 75mg OD and flunarizine 10mg nocte. With this management her migraine frequency reduced to an average of four migraine days every few weeks. She has trialled amitriptyline in the past but she did not tolerate it.

The patient has a background of Primary Raynaud's, heart murmur and Ehlers-Danlos syndromes (EDS) without cardiac involvement.

In the past six months, her migraine has evolved to more frequent episodes with a minimum of eight migraine attacks per month, lasting on average 24 to 48 hours. She had not identified any particular contributing factors except for a change of work routine, although she did not feel this to be particularly stressful. She used to stop her attacks with a combination of paracetamol and ibuprofen but has started to use sumatriptan since hearing about it through a friend. She found it effective and is reliant on it for all her attacks.

The nature of the headaches remained unchanged with an initial visual aura of scintillating scotoma lasting on average 15 minutes followed by a throbbing headache, oftentimes on the left temporal aspect which doesn't tend to radiate but could also occur on the right temporal aspect. She suffered with associated symptoms of photophobia, osmophobia that makes her feel slightly nauseous and motion sensitivity, and tends to lie down to help manage most attacks.

Headache type

The diagnosis was chronic migraine with typical aura as per the International Classification of Headache Disorders (ICHD-3) as she is now experiencing more than 15 headache days per month for more than three consecutive months, which, on at least eight days/month, has the features of migraine headache.[1]

Management

Firstly, the patient felt quite defeated that her migraine had evolved in a chronic pattern despite her best effort to manage contributing factors, such as lack of sleep, and had been keeping to a pretty balanced routine. Reassurance was given to the patient that, despite her best efforts, migraine is a condition that can wax and wane throughout a lifetime and may warrant a review of strategies from time to time.

She was further upset when she realised that triptans are contraindicated with her comorbidity of Primary Raynaud's as people who experience Raynaud's should avoid medicines that reduce blood flow to the peripheries.

Her GP had suggested a trial of contraceptive pill, which she declined as she hadn't identified any catamenial component and had no plan to conceive. However, she was advised that as she experiences visual aura a progesterone-only contraceptive pill would be the option for her if her plans changed in the future.

Table 1: Migraine prophylactic treatments

Oral medication:
- Acetazolamide
- Amitriptyline/dosulepin/nortriptyline
- Atenolol/metoprolol/propranolol
- Candesartan (Avoid in pregnancy)
- Flunarizine
- Pitoztifen
- Sodium valproate (should not be prescribed for women of child-bearing age)
- Topiramate (Avoid in pregnancy)
- Venlafaxine

Subcutaneous:
- Botulinum toxin (Botox)

Intravenous:
- Dihydroergotamine

Preventive management options

A list of migraine prophylactic treatments is outlined in *Table 1*. Also available are calcitonin gene-related peptide (CGRP) monoclonal antibodies (Mabs), the first preventive medicines specifically developed for the treatment of migraine. These are erenumab (Aimovig), fremanezumab (Ajovy), galcanezumab (Emgality) and eptinezumab (Vyepti). They are administered as a single monthly injection (or three injections of Ajovy every three months).

Another preventive option is Botox. As per NICE guidelines Botulinum toxin type A is recommended as an option for the prophylaxis of headaches in adults with

chronic migraine (defined as headaches on at least 15 days per month of which at least eight days are with migraine), that has not responded to at least three prior pharmacological prophylaxis therapies.[2]

In this case, the patient felt that she could not tolerate a further increase of venlafaxine and given that she had trialled three preventatives, she was not keen to try a fourth oral agent.

Options such as propranolol or topiramate or CGRP-Mabs injections were not appropriate given her comorbidities (Primary Raynaud's, heart murmur and Ehlers-Danlos syndromes) and child-bearing age.

Instead the patient decided to opt for Botox (Botulinum toxin type A) injections administered three monthly in the clinic, adhering to the PREEMPT paradigm,[2] since it is the only protocol that has proved efficacy of onabotulinumtoxinA (*see Figure 1*).[3]

Acute management options

As triptans are contraindicated with the patient's comorbidity of Primary Raynaud's, her NSAID was switched from ibuprofen to naproxen/esomeprazole combined tablet up to 10 days/month with paracetamol to a maximum of six days/month.

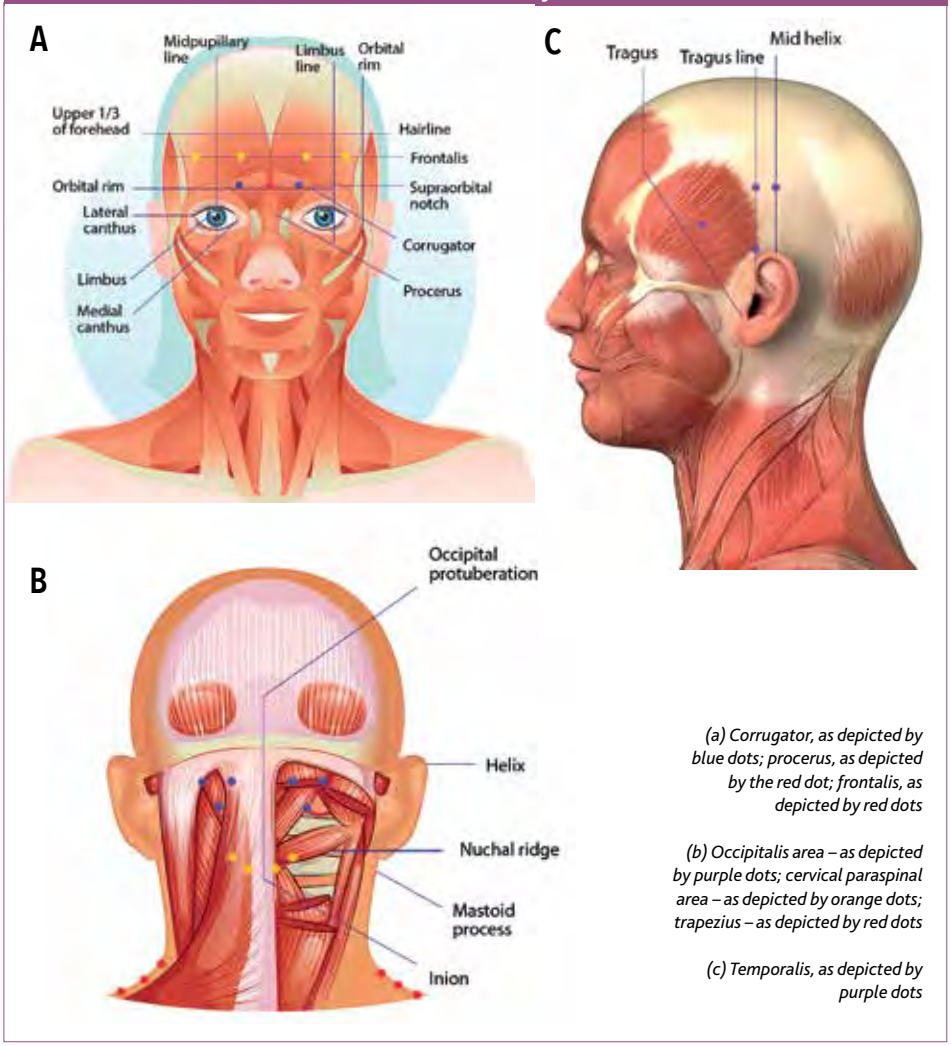
Another option, rimegepant, suitable with her medical history, was offered. Rimegepant is an oral CGRP receptor antagonist licensed for the acute treatment of migraine with or without aura in adults and for the preventive treatment of episodic migraine in adults, who have at least four migraine attacks per month. The National Centre for Pharmacoeconomics (NCPE) recommends that rimegepant (Vydura) be considered for reimbursement if cost-effectiveness can be improved relative to existing treatments and that a managed access programme is introduced.[5]

Outcome

As per NICE and European Headache Federation guidelines,[2,3] the patient's response was assessed after two sessions 12 weeks apart. Her headache days had decreased to an average of eight per month with a significant reduction in the severity of the headaches making her use of firstline analgesia scant and effective. A consideration for the down-titration of one of her preventatives is now being contemplated.[6]

Vanessa Lefort is a clinical nurse specialist in headache St Vincent's University Hospital, Dublin

Figure 1. Anatomy of the muscles in the PREEMPT Injection Paradigm[4]
Fixed-site, fixed-dose PREEMPT injection site locations



(a) Corrugator, as depicted by blue dots; procerus, as depicted by the red dot; frontalis, as depicted by red dots

(b) Occipitalis area – as depicted by purple dots; cervical paraspinal area – as depicted by orange dots; trapezius – as depicted by red dots

(c) Temporalis, as depicted by purple dots

Table 2: Treatment regime for acute migraine

Analgesia	NSAIDs	Triptans
Paracetamol 500mg *Max dose two tablets every six hours*	Naproxen *Max dose, 500mg 12 hourly*	Sumatriptan 50-100mg *Max dose 300mg daily*
	Ibuprofen *Max dose 600mg eight hourly*	Zolmitriptan 2.5mg *Max dose 10mg daily*
	Diclofenac *Max dose 75mg 12 hourly*	Frovatriptan 2.5mg *Max dose 5mg daily*
	Aspirin *Max dose 900mg six hourly*	Almotriptan 12.5mg *Max dose 12.5mg daily*
	Mefenamic acid *Max dose 500mg eight hourly*	Eletriptan 40mg *Max dose 80mg daily*
		Naratriptan 2.5mg *Max dose 5mg daily*

References
1. Headache Classification Committee of the International Headache Society (2018) The international classification of headache disorders: 3rd edition. Cephalalgia 38:1-211
2. National Institute for Health and Care Excellence (NICE). TA260: Botulinum toxin type A for the prevention of headaches in adults with chronic migraine. Available at: www.nice.org.uk.
3. Guideline on the use of onabotulinumtoxinA in chronic migraine: a consensus statement from the European Headache Federation. Bendtsen L, Sacco S, Ashina M, Mitsikostas D, Ahmed F, Pozo-Rosich P, Martelletti P. J Headache Pain 2018 Sep 26; 19(1):91. doi: 10.1186/s10194-018-0921-8
4. Blumenfeld AM, Silberstein SD, Dodick DW et al. Insights into the functional anatomy behind the PREEMPT injection paradigm: guidance on achieving optimal outcomes. Headache: J Head Face Pain 2017, Apr 6
5. National Centre for Pharmacoeconomics www.NCPE.ie
6. Kim SA, Choi SY, Youn MS, Pozo-Rosich P, Lee MJ. Epidemiology, burden and clinical spectrum of cluster headache: a global update. Cephalalgia 2023; 43(9)

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- **Rapid† and long-acting‡ efficacy[1,2]**
- **Safety profile comparable to placebo[3,4]**

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AJOVY® is indicated for prophylaxis of migraine in adults who have at least 4 migraine days *per* month[1]

*Based on the quarterly dosing regimen[1] †In Phase III pivotal studies, fewer migraine days were seen with AJOVY® *vs* placebo as early as Week 1 ($p<0.0001$)[1]
‡Long-acting defined as efficacy over 12 months and is based on data for patients treated with AJOVY® in the HALO extension study (n=1,890)[2]

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Take a break with WIN CROSSWORD Competition

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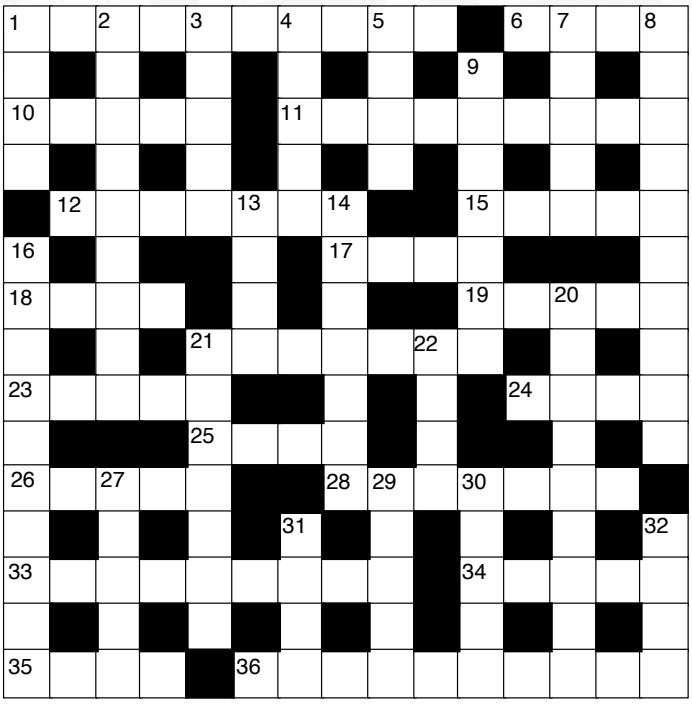
Across

1 Sue put clay around the tree the koalas love (10)
6 Slightly open (4)
10 One of the spikes of a fork (5)
11 Make a start – by making part of the body quiver? (5,1,3)
12 Former musical group known as the Fab Four (7)
15 Chasm (5)
17 Ballet dress (4)
18 See 20 down
19 French river, scene of a terrible World War I battle (5)
21 Parachute for pleasure (7)
23 Holy artefact (5)
24 Verifiable (4)
25 Popular flower (4)
26 Cox's Pippin, for example (5)
28 Common small bird (7)
33 Some bribes to keep someone quiet (4,5)
34 Social blunder (5)
35 Cowboy slang for townsman (4)
36 Prior tears are dispelled by this life support machine (10)

Down

1 Glimpse (4)
2 Narrow escape - but not from phoning long-distance? (5,4)
3 Of little weight (5)
4 Cowboy group enlisted to help a sheriff in pursuit of criminals (5)
5 US State most associated with the Mormon religion (4)
7 & 30d Smiling Mr Federer is a standard for pirates (5,5)
8 The 'R' of a healthcare RN (10)
9 For the reason that (7)
13 Accidental spillage (4)
14 Examines carefully (7)
16 Drew closer (10)
20&18a A power farm sat around creating these vegetables (9,4)
21 Shrieks (7)
22 Permit of immigration (4)
27 Sat for an artist (5)
29 Shell out – eventually (3,2)
30 See 7 down
31 Joint protected by the patella (4)
32 Expensive (4)



Name:

Address:

You can email your entry to us at **nursing@medmedia.ie** by taking a photo of the completed crossword with your details included and putting *'Crossword Competition'* in the subject line. Closing date: **March 20, 2024.** Alternatively post your entry to: WIN Crossword, MedMedia Publications, 17 Adelaide Street, Dun Laoghaire, Dublin A96E096

February crossword solution

Across: Flight path 6 Afar 10 Adieu 11 Lock horns 12 Whiting 15 Patio 17 Oust 18 Oath 19 El Cid 21 Snooker 23 Towel 24 Purr 25 Ebro 26 Krone 28 Tendril 33 Red setter 34 Frisk 35 Airs 36 Toll bridge

Down: 1 Feat 2 Irish stew 3 Haunt 4 Pylon 5 Tick 7 First responders 9 Chapter 13 Ivan 14 Go to pot 16 South Korea 20 Crucified 21 Sleeper 22 Even 27 Older 29 Enrol 30 Defer 31 Otto 32 Skye

The winner of the February crossword sponsored by MedMedia is Mary Cullinane, Douglas, Co Cork

Irish study to examine link between psoriasis and psoriatic arthritis

AN IRISH-led study has aimed to develop a process to assess psoriatic arthritis risk in psoriasis patients.

Nurses working with these patients have been urged to advise them of the study, which is examining the association between the two conditions.

The research will also inform wider efforts to diagnose the condition earlier or predict disease progression, to develop new diagnostic tests and to pioneer personalised therapies to avert permanent, disabling joint damage.

A research team at University College Dublin, in partnership with the University of Oxford, has aimed to recruit 2,000 people across Ireland, out of a total of 25,000 across Europe, to the study. Psoriasis affects at least 73,000 people in Ireland, with one-third of patients going on to develop psoriatic arthritis.

Anyone over 18 years of age who has been diagnosed with psoriasis, and who do not already have a psoriatic arthritis diagnosis, can take part in the study. Participants will be asked questions about their psoriasis and other medical conditions, any musculoskeletal symptoms arising, treatments they are receiving, as well as details about their lifestyle.

The questionnaires, which will be shared with participants every six months over a three-year period, can be filled out remotely, and some respondents may be sent a home blood-sampling kit to help in the development of a tool to assess psoriatic arthritis risk.

"By identifying biomarkers associated with psoriatic arthritis, our aim is to develop a blood test to identify it prior to the development of any symptoms. Ultimately, if we can develop ways of better identifying which patients will develop arthritis, we may be able to prevent it through risk factor modification and preventative therapies," said Prof Oliver FitzGerald, consultant in rheumatology and the study's co-lead author.

"Unfortunately, right now we don't know which patients with psoriasis will go on to develop psoriatic arthritis and which will not.

"There is no diagnostic test or algorithm available to predict psoriatic arthritis. We know that it is important that it be recognised promptly as each day left untreated leads to poorer outcomes," Prof Fitzgerald added.

Patient group will inform direction of National Rare Disease Plan

A NEW patient forum that will contribute to the creation of the new National Rare Disease Plan has met for the first time.

The formation of the this patient group has followed the establishment in December 2023 of the National Rare Disease Steering Group, which was tasked with developing the National Rare Disease Plan.

It is estimated that around 6% of the population, or 300,000 people in Ireland, are living with a rare disease, and the plan will set out the vision for rare disease services in Ireland as well as outline the actions required to achieve this.

In order to ensure that the voices of patients and their families are considered, the patient forum will feed directly into the steering group.

The patient forum is co-chaired by the Irish Platform for Patient Organisations, Science and Industry (IPPOSI) and Rare Diseases Ireland (RDI), and supported by the office of the chief medical officer (CMO) in the Department of Health.

"The Rare Disease Patient Forum is of paramount importance to ensuring that the input from those with lived experience of rare diseases is central to the development of a new National Rare Disease Strategy that is responsive to their needs and is fit for purpose for the future," said the CMO Prof Breda Smyth.

Also speaking on the new patient platform, Minister for Health Stephen Donnelly said that he was aware that living with a rare disease could be an extremely difficult and isolating experience – one that affects thousands of people all over Ireland.

"I'm committed to ensuring that our health service can provide the right care in the right place at the right time for all patients. That is why we must listen carefully to the views of those with lived experience of rare diseases, including people's loved ones, families, carers and advocacy groups," said Mr Donnelly.

Vicky McGrath, Rare Disease Ireland chief, added that a series of online meetings, surveys and workshops were to be announced shortly.

App monitors menopause signs

WOMEN in Ireland will soon have access to a new app that collates the latest information and research on menopause.

The Menopause Hub app can be used to monitor menopausal and perimenopausal symptoms. Users will also be able to set up and receive reminders around medications and appointments.

Launched by the Menopause Hub, the app is the brainchild of the clinic's chief executive and founder, Loretta Dignam.

Ms Dignam opened her first clinic in 2019 after discovering the lack of help that is available to menopausal and perimenopausal women. She said the data gathered by the app can be used by researchers to investigate future treatments.

"The aim is that the data collected will provide a valuable insight into the effectiveness of current therapies, such as hormone replacement therapy (HRT) and/or cognitive behavioural therapies, and this knowledge can also be used by clinicians when prescribing treatments," Ms Dignam said.

March

Friday 8
INMO Ladies Lounge.
The Richmond. See *page 22*

Tuesday 26
Leadership masterclass with Jane Salvage. The Richmond. See *page 24*

April

Wednesday 10
CPC Section meeting. 11am online

Saturday 20
School Nurses Section 10am at the Richmond

Saturday 20
PHN Section meeting. 10.30am online

Monday 22
ED Section meeting. 11am online

Monday 22
Children's Nurses Section meeting. 1pm online

For further details on any listed meetings or events, contact jean.carroll@inmo.ie (unless otherwise indicated)

Tuesday 23
COOP Section meeting. 11am online

Tuesday 23
ODN Section meeting. 7pm online

Tuesday 23
TT Section meeting. 11am online

Wednesday 24
RNID Section meeting. 2.30pm online

Thursday 25
CIT Section meeting. 11am online

Thursday 25
Assistant Directors Section meeting. 2.30pm online

Monday 29
Nurse/Midwife Education Section meeting. 9am online

Monday 29
Advanced Practice Section meeting. 11am online

Tuesday 30
Retired Section meeting. 11am online/in person at the Richmond

May

Thursday 23
SALO meeting. 12pm at the Richmond

Tuesday 28
COOP Section conference. Portlaoise

Tuesday 28
Integrated Care Section meeting. 2pm online

Wednesday 29
Orthopaedic Nurses Section meeting. 4pm online

Condolence

❖ We extend our deepest sympathies to the family and friends of Happiness Mandere who recently passed away. Happiness was a staff nurse in St James's Hospital, Dublin and will be sorely missed by her colleagues there. May she rest in peace.

INMO Membership Fees 2024

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

Retired Section events

❖ Retired Section members are invited to attend *The Pull of the Stars* in the Gate Theatre at 2pm on Saturday April 13. Book directly with The Gate on 01-5720732.

❖ The Retired Section is also planning a trip to Clonakilty, West Cork on May 6 for five days with JMG Travel. Accommodation will be at the four-star Clonakilty Park Hotel.

Please contact Ger from the Section committee on 087279470 if you have any questions about either of the above events.

Exciting changes coming to Nurse2Nurse

As part of our commitment to providing you with an enhanced online experience, the INMO Library is changing how members will access our online resources, including databases and journals.

What does this mean?

- The Nurse2Nurse website will cease to exist
- All library resources will be accessible via the INMO website: **inmo.ie/library**
- Access to library resources will be via OpenAthens

This change will occur over the coming months, so to ensure uninterrupted access, register for OpenAthens by emailing niamh.adams@inmo.ie or call 01 6640625

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We require 4-6 nights per month availability.
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- Reliable Staff/Continuity of Care
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ATTENTION
NEW GRADUATES

New Grads who received their NMBI Pin in 2023 start on point 1 of the nursing salary scale, which is €33,943.

Once you have completed a further 16 weeks of work post your internship, this can include your pre-reg experience. You then skip point 2 of the salary scale and move to point 3, which is worth €36,863.

However, if you received your NMBI Pin in 2022, you should now be moving to point 4 of the salary scale on your next increment date. This means that you are now eligible to apply for the Enhanced Practice Contract. This would allow you to move onto point 1 of the enhanced nurse salary scale, worth €40,827.

Depending on your work location you may also be entitled to the medical and surgical ward allowance, worth €2,554 per annum.

Many of you will be moved to the new pay scale automatically and will already be receiving the location allowance, but it is important to check with your HR/Payroll department.

TOP TIP

Check your payslip, as this should state what point of the scale you are on and when your next increment is due.

If you have any further questions get in touch with INMO Student/New Grad Officer Jamie at **jamie.murphy@inmo.ie**

If you're not a new graduate but have questions about your pay, call our **Information Office on 01 6640600.**

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ONLINE COURSE

RESTRICTIVE PRACTICES
2023 thematic support for your centres

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On June 2023 HIQA identified guidance to meet thematic programme regarding restrictive practices with facilities in care of the older person. The guide provides the right to live as independently as possible without unnecessary restriction. This can be achieved by providers and staff taking a positive and proactive approach in reducing and eliminating restrictive practices.

In light of the new thematic inspection occurring from June 2023 and requests to support staff this programme will enhance knowledge and support the organisation in meeting best practice from June 2023 guidance framework.

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

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

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