

WIN



Journal of the
Irish Nurses and
Midwives Organisation

Latest INMO
CPD education
programme
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World of Irish Nursing & Midwifery

Trolley crisis
continues to
set unwanted
records

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Making
every patient
contact count

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Planning your
professional
development

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Sea change
in women's
healthcare

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Kerry Branch relaunches

New branch will represent over 1,400 nurses



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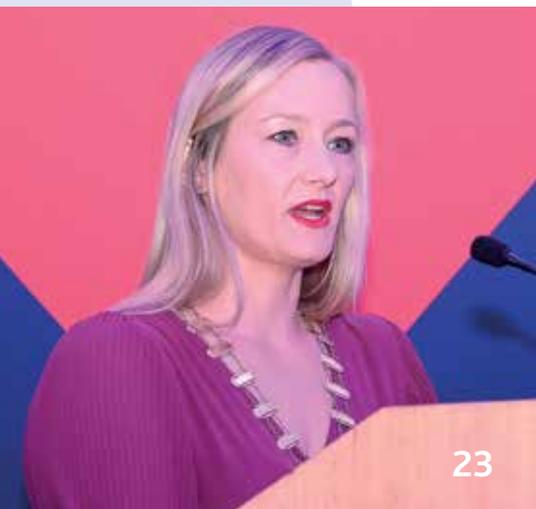
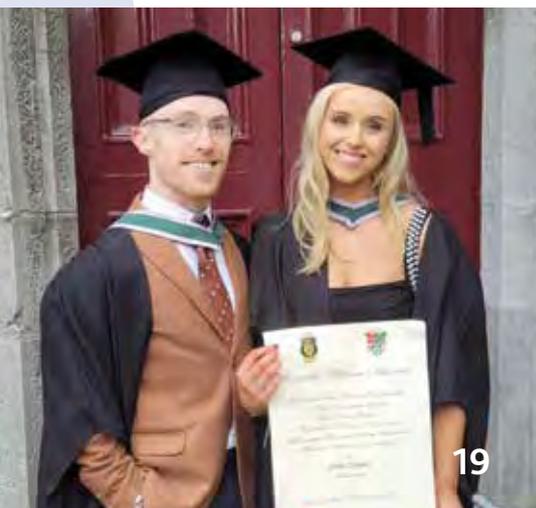
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On the cover this month (l-r):
 Connie O'Leary, former branch chair;
 Nicola McGovern, treasurer; Noreen
 Corcoran, chair; Karen McGowan, INMO
 president; Eileen Reidy, vice chair; Sheila
 Dixon, former INMO president; Phil Ni
 Sheaghda, INMO general secretary;
 Eileen Breen, former branch secretary; and
 Susanne Dennehy, branch secretary

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

EXECUTIVE COUNCIL ELECTION 2024

All members are asked to note that 2024 is an election year for election, to the Executive Council, for a two year period (2024-2026). Elections will be conducted under the revised new Rule Book (Rule 8) adopted at the ADC in May 2021.

ELIGIBILITY FOR NOMINATION TO EXECUTIVE COUNCIL (RULE 8)

Nominations for the Executive Council shall be submitted, on the appropriate form, to the General Secretary, on, or before, 5pm on Wednesday, **February 14, 2024**. To be eligible for membership of the Executive Council a member must:

- i) have been a paid-up member of the Organisation, for not less than two years prior to the date of her/his nomination, and be on the Live Register of the Nursing and Midwifery Board of Ireland (NMBI); and
- ii) be proposed and seconded by Officers of their Branch or Section following endorsement of the candidate by that Branch or Section.

To be eligible for election as an undergraduate student nurse/midwife member of the Executive Council an undergraduate student must:

- i) have been a member of the Organisation for not less than six months prior to the date of her/his nomination; and
- ii) be proposed and seconded by undergraduate student nurses/midwives who have themselves been members of the Organisation for not less than six months or be proposed and seconded by Officers from their Branch.

COMPOSITION OF THE EXECUTIVE COUNCIL

Clinical: 16 seats

Includes all grades of Registered Nurse and Midwife (other than those eligible to go forward under the Education and Management Categories below), to be filled as follows:

- i) Registered General Nurse - at least two seats
Registered Midwife - at least one seat
Registered Nurse Intellectual Disability - at least one seat
Registered Sick Children's Nurse - at least one seat
Registered Public Health Nurse - at least one seat;

Please note persons elected, to these reserved seats, must be on that register and engaged in clinical practice in that discipline.

- ii) If these reserved seats are not filled, via the 16 candidates with the most votes, then they must be filled with reference to the next highest candidate, from that discipline, who is engaged in clinical practice in that discipline.
- iii) If there are no candidates meeting any of the six reserved seats (clinical) then the seats shall be filled by the candidate with the highest vote in the clinical category.

Education: 2 seats

- i) One seat to be filled by members from all grades of Nurse/ Midwifery Teachers, Clinical Teacher, and/or others with a Nurse/ Midwifery Teaching qualification who are actively engaged in nurse/midwifery education.
- ii) One seat to be filled from members who are working in the wider field of nurse/ midwife education and its management including Clinical Placement Co-Ordinators/Clinical Placement Facilitators/Specialist Co-Ordinators and Nurse/Midwife Practice Development Co-Ordinators.

Management: 3 seats

Includes all members at, or above, Clinical Nurse Midwife Manager 3 who are actively engaged in management.

Undergraduate Student Nurses/Midwives: 1 reserved seat

Includes all undergraduate Student Nurses/Midwives/New Graduates up to 24 months qualified.

- Provided always that only those grades for whom the Organisation has negotiation rights shall be a member of the Executive Council
- In the event of any of the seats allocated to the Education and Management categories not being contested, then those seats shall be filled by the candidates, in the **Clinical Category**, who receive the next highest vote, or votes, after the initial filling of the 16 seats taking into account the six reserved clinical seats.
- In the event of any dispute, as to the category for which a member may be eligible for election, then the Executive Council shall determine the category under which a member is eligible to contest the election.

ELIGIBILITY FOR OFFICE OF PRESIDENT AND VICE PRESIDENTS (RULE 9)

9.1.1 The President, first Vice-President (Honorary Treasurer) and second Vice-President shall be elected at the **2024** Annual Delegate Conference at which elections are scheduled.

9.1.2 A separate election shall be held for President, first Vice-President and second Vice-President, and such elections shall be by secret ballot of all voting delegates at the Annual Delegate Conference.

9.1.3 The elected candidate must secure an overall majority by exceeding 50% of the eligible votes cast. If no candidate has achieved an overall majority, as aforesaid, then the candidate, or candidates, receiving the lowest vote or votes, if their combined vote is less than the total vote of the highest candidate, shall be eliminated and a further ballot shall take place immediately.

9.1.4 If there shall be a tie, another vote shall be taken, and if the result is still a tie, the outcome shall be decided by lot (drawing the name of the successful candidate) by the chairperson of the Standing Orders Committee.

9.2 To be eligible for election to the office of President or Vice-Presidents she/he shall have been an elected member of the incoming Executive Council and shall have been a member of the outgoing Executive Council for the term immediately preceding her/his election.

9.3 Nominations for the office of President, first and second Vice Presidents, together with their written consent must be submitted in writing to the General Secretary not later than 21 clear days before the Annual Delegate Conference for notification to delegates to that meeting at which the election will take place. (Closing date for receipt of nominations is 5pm on Tuesday, April 9, 2024).

9.4 The President shall preside at the Annual Delegate Conference and Special Delegate Conferences held during the year and at all Executive Council Meetings. In the absence of the President the first Vice-President shall take the Chair; in the absence of the first Vice-President the second Vice-President shall take the Chair.

9.5 The office of President shall not be held by the same person for more than two consecutive terms.

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Govt must value essential workers



AS THIS issue of WIN goes to print, public sector pay talks are at a stalemate. The government simply must value its public service workforce and re-engage in talks with an improved position. The trade unions across the public sector agree that the proposals to date are not good enough and do not assist a workforce facing an increased cost of living. We will be in direct communication with our members who are employed by the state in relation to next steps if the proposal remains unacceptable.

It has been four years since Covid arrived in Ireland. The government is due to begin a public inquiry into how the pandemic was handled and the INMO stands ready to fully participate in this inquiry. Research carried out by the UCD School of Business in conjunction with the Nevin Economic Research Institute, points to the need to increase staffing and capacity, and generally build greater resilience into the healthcare system to avoid negative outcomes for staff (see page 13 for more on this).

We cannot examine how the Covid pandemic affected healthcare workers without looking at the approach to their conditions of employment in the preceding period. Two policy areas in particular need to be examined:

- The underinvestment in nursing and midwifery posts in both the public and private sector led to serious issues when the pandemic hit

- The policy of outsourcing care of older person services to the private sector, where minimal staffing levels quickly collapsed. This has been a very harsh lesson relating to the flaws in this policy.

The role of the public health sector is crucial in handling a healthcare emergency and the pandemic must be a wake-up call in relation to investment and forward planning. The INMO has fought against insufficient staffing levels over the past decade and, through the industrial relations machinery of the State, developed industrial agreements that attempt to correct understaffing.

The 2007 moratorium on recruitment in the health services cut just over 3,500 whole-time equivalent nursing and midwifery posts from the public service

and slowed down recruitment to these essential frontline posts for the following decade. It was not until the second half of 2020 that we regained the staffing numbers of December 2007. During this period our services expanded and our population has grown – hence increasing waiting lists and ever increasing trolley numbers.

The HSE's most recent recruitment moratorium poses the same problem – beds without staff don't work. Hospitals using their surge capacity results in insufficient staff to care for patients, as well as unsafe occupancy levels of over 83%.

The Oireachtas Committee report into nursing home care during Covid, highlighted the need to examine employment conditions in this sector. This is urgent, for both staff and those in their care. Any funding received by providers to whom the State is outsourcing this service, must be contingent on the right to collective bargaining for all staff categories.

There will be plenty to say in the coming months about future pandemics and how we can prepare better for what lies ahead. I believe that there are three main issues that need to be dealt with urgently:

- Recognition that the public health service can react quickly to any shock, including a pandemic. This requires a fresh look at staff recruitment and retention to achieve the safe level of 83% hospital occupancy, expansion of appropriate care in the community including state-provided step-down and long-term care
- Improve pay and conditions of essential healthcare workers, using collective bargaining with trade unions
- Give clinical staff more say and include them at senior levels when determining policy. Remember, women at work make up the majority of workers in this category and they have different requirements, so let them have a proper proportionate say.

Phil Ní Sheaghda
General Secretary, INMO



THE LADIES LOUNGE

Date:	Friday 8th March 2024
Venue:	The Richmond Education and Event Centre, Dublin
Time:	From 10.30am - 3.30pm
Cost:	FREE for INMO members / €100 non member

INMO Professional are delighted to be hosting The Ladies Lounge on Friday 8 March in The Richmond Education & Event Centre.

The Ladies Lounge aims to open up the conversation on menopause and further support women with the right information to make informed personalised decisions. The menopause impacts everyone differently, and how we deal with it has changed over the years. The Ladies Lounge is a safe and confidential space to open up the conversation and support each other.

The Ladies Lounge is open to all INMO Members.

Booking in advance is essential. To book go to www.inmoprofessional.ie, email education@inmo.ie or call **01 6640618/41**



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A positive focus with the president

Karen McGowan, INMO president



Executive Council update

New Year, new focus

WITH many section and branch AGMs taking place it's a busy time in preparation for ADC 2024. I attended the Advanced Nurse/Midwife Practitioner Section meeting and the Dublin North Branch meeting recently. These meetings provide an opportunity to inform yourself of what is going on locally and at a national level. Thanks to everyone who has submitted their nominations or put their names forward for Executive Council. It is a wonderful opportunity to represent your area and continue to advocate for your colleagues and patients. Motions brought to conference set the focus and direction of the Organisation for the following two years. The very best of luck to the candidates and please ensure you exercise your vote.

OVER recent weeks, the Executive Council has met in person and in virtual session as a result of the adjournment of national pay talks. This is still an ongoing matter and we will keep members up to date on any developments. What was proposed from government was not acceptable and must be improved on.

Several members of the Executive Council attended the new Kerry Branch's AGM in January. The event was well attended with local representatives present. Branches are the lifeblood of the union and the Tralee and Killarney Branches, which recently merged to form the new Kerry Branch, have played a huge role in the history of our great Organisation. The amalgamation is a mark of development and strength. Participation of our branches is essential, from forming policy through to our annual delegate conference and from organising to discussing local issues and appointing reps. All of these structures ensure that our Organisation, which is now over 100 years old, remains democratic and strong to grow over the next 100 years. The Executive Council appreciates the work of the reps, branch officers and staff who made this a fantastic event.

Executive Council members will attend the ICTU Women's Conference in Athlone on March 7-8, 2024, which will mark International Women's Day.

The planning committee for ADC 2024 has met and plans are going well. The meeting will take place in Croke Park, which promises to be a hive of activity in May – don't forget your jersey.

The next scheduled meeting of the Executive Council is February 19 and 20.

Forward focus on gynaecology cancers

IN KEEPING with the focus on gynaecology in this issue, I spoke to Sheilah Broderick, clinical nurse specialist (CNS) in gynaecology oncology, who works in the Mater University Hospital. Sheila and her team of five CNSs co-ordinate care alongside a CNS in survivorship.

Gynaecology oncology is a specialised area that can vary from young to older women. This can be any cancer of the female reproductive system which includes the uterus, the ovaries, the cervix, the vulva or the vagina. This is a time when patients can feel very vulnerable but, reassuringly, Ms Broderick and her team deliver a patient-centred approach.

Ms Broderick's interest has always been in gynaecology oncology having completed her diploma in 2004 before moving from St Vincent's University Hospital to the Mater when the position of CNS became available. With over 20 years experience you get a sense of her passion for the role as she speaks. "As difficult as it can be, it is hugely rewarding to meet these women and support them on their journey," she explained.

The team developed the Go Forward Clinic, in line with ThisisGo.ie, to look after ovarian cancers. Ms Broderick is the patient's first point of contact during a virtual consultation where information is gathered about the patient's health history, outlook and psycho-social supports. "Some women are very young and have children, so this all needs to be taken into consideration when planning their care," she said.

The Go Forward Clinic takes a dynamic approach to care and is a nurse-led service that aims to improve patient care. The anxieties associated with coming to the clinic are allayed by the virtual review, after which they are given an information pack and a consultant review. The team also provides an educational clinic where the appointment is dedicated to holistic needs and what their treatment might mean in terms of the quality of life afterwards. This service has had excellent feedback from patients stating that every aspect of their life was discussed from menopause to holistic needs. "The women are better prepared when seeing the consultant and know what questions to ask. This empowers them and gives them access to the services they require," she added.



Nurse members of the Go Forward Clinic at Mater Misericordiae University Hospital (l-r): Emma Nixon, Caroline Miller, Sheilah Broderick, Sheila Boylan and Aidin Roberts

Get in touch

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

INMO repeats call for immediate de-escalation in several hospitals

IN EARLY January the INMO called for senior decision-makers within hospital groups and the HSE to remove all barriers to providing safe care.

INMO general secretary Phil Ní Sheaghda said: "The worrying but predictable rise in the number of patients who have been admitted to hospital without a bed needs immediate de-escalation action. We are seeing high numbers of patients on trolleys in some of our smaller hospitals which is very high risk for patients in these areas.

Speaking as the country was reaching a peak of RSV, Covid and influenza infections early in the new year, Ms Ní Sheaghda called on senior decision-makers within the HSE and individual hospital groups to introduce immediate de-escalation measures in some of the

worst affected areas.

"Oppressive overcrowding is not just confined to one or two hospitals – we are seeing overcrowding challenges in each part of the country, with this predicted to get worse as the week goes on.

"Our members want to be able to provide safe care to patients but also be assured that their own health and wellbeing is being protected. Neither are guaranteed when they are working in overcrowded conditions where respiratory infections are rife.

"The HSE and other public sector healthcare employers must assure nurses, midwives and other healthcare workers and indeed the public at large that they are taking extraordinary action to ensure that all barriers to providing safe care at this time are removed."

Call for immediate cessation of non-urgent electives

Within a few weeks, as predicted INMO TrolleyWatch was recording record numbers of admitted patients on trolleys in several hospitals around the country.

On January 23, 640 patients, including 27 children, were being treated without a bed in Irish hospitals.

Commenting on this dangerous level of overcrowding, Ms Sheaghda said: "As predicted by the INMO, trolley numbers have been very high over the last few days leading to overcrowding records being broken in Cork University Hospital (94 patients on trolleys on January 23) and University Hospital Limerick (132 patients on January 22). This is leading to very dangerous situations for patients and nurses who are

trying their best to provide safe care.

"We are calling for the immediate cessation of all non-urgent elective procedures. We know anecdotally from our members that some hospitals are still allowing procedures to be carried out despite huge numbers of patients on trolleys in hospitals. This is not acceptable.

"Hospitals must now make it their focus to de-escalate the number of patients being admitted on trolleys. The aim has to be to reduce the number of patients on trolleys across the hospital. We are seeing a worrying increase in the number of patients on trolleys across wards.

"Patient and nurse safety and wellbeing must be a priority," Ms Ní Sheaghda added.

2023 worst year on record for hospital overcrowding

More focus on patient and staff safety needed in 2024 - INMO

A TOTAL of 122,879 patients, including 3,494 children, were admitted to hospital without a bed in 2023, according to the INMO TrolleyWatch, making it the worst year for hospital overcrowding on record.

INMO general secretary Phil Ní Sheaghda said: "2023 was another difficult year for our members across the country and the second year in a row that we have broken overcrowding records. Irish nurses and midwives are working in hospitals that are in a near constant state of overcrowding coupled with short staffing. There is an increased demand for services due to a growing and ageing population. While services have expanded, which

is to be welcomed, the staffing levels are not matching the growing demand on service provision."

The INMO met with the HSE and the Department of Health on two occasions in the lead-up to Christmas. Recognising the anticipated surge in influenza, Covid and RSV infections in January, the INMO strongly urged them to:

- Grant an exemption for critical front-line staff from the recruitment freeze
- Utilise all accessible capacity in private hospitals in order to boost capacity
- Postpone all non-urgent elective care until February to redirect resources and prioritise critical needs

- Implement more robust infection control measures across all hospitals to ensure a safer environment for both patients and healthcare professionals
- Issue stronger public health advice to the public.

"Now is the time to keep and encourage staff to work in our public health service. With a rising turnover rate, we are tirelessly working to stem the tide of unsafe nurse staffing – an imposition of a moratorium on frontline staff is an obvious own goal", said Ms Ní Sheaghda.

On health and safety of staff, she said: "More than 11 nurses and midwives were assaulted every day in Irish hospitals in 2023. Another unwelcome

spike in assaults against staff and particularly nurses and midwives must be tackled in 2024. After significant lobbying by the INMO, we are optimistic that a new division to be established in the Health and Safety Authority will contribute to forcing employers to take the health and safety and conditions in which nurses and midwives and other health care workers more seriously. The focus must be on preventing assaults as opposed to dealing with them after the fact.

"The HSE's focus for 2024 must be to make the provision of healthcare safer for those who work in our public health system and for the patients they serve."



At the launch of the new amalgamated Kerry Branch: INMO president Karen McGowan with newly elected branch officers (l-r): Noreen Corcoran, chair; Nicola McGovern, treasurer; Eileen Reidy, vice chair; and Suzanne Dennehy, secretary



The INMO president makes a presentation to chair of the Kerry Branch, Noreen Corcoran



At the launch were (l-r): Eileen Reidy, branch vice chair; Sarah Mahony, Kenmare Community Hospital; and Caitriona Shanahan, PHN, Milltown, Co Kerry

New INMO Kerry Branch recognises strength in numbers

THE INMO formally launched its new amalgamated Kerry Branch last month, which will represent close to 1,400 nurses in Co Kerry taking in work locations in Killarney, Tralee, Dingle, Listowel, Cahersiveen, Valentia, Beaufort and Kenmare.

The union sees the amalgamation of all INMO branches in Kerry as a very welcome development. Members in Kerry are now working in a branch system that can look to resolve some of the issues they are facing on a local and national level.

Speaking at the launch of the Kerry Branch in Killarney, INMO general secretary Phil Ní Sheaghda, who is a native of Ventry, Co Kerry, said: "The forming of this new Kerry Branch is a tangible demonstration of the INMO's presence and strength in the country. Our members in Kerry are no doubt working in a very challenging time for the Irish health service. The fact that we have now brought all of our Kerry branches together will ensure that nurses and midwives in the county have a strong forum in which to advocate the issues that they face."

Pointing to a growth of over 10% in membership since the pandemic, INMO IRO Liam Conway said that this new branch will "undoubtedly lead to further growth in our membership as we strive to ensure that every nurse and midwife can deliver safe care through safe practice in Co Kerry".

The launch attracted a large attendance by new and long-standing members alike. Prior to the launch, Noreen Corcoran was elected as chair of the new branch. Speaking to members and invited guests she said that one of the main objectives for the new Kerry Branch is to increase the opportunities for members in Co Kerry.

"We will lobby local representatives to ensure that training places at both undergraduate and postgraduate level are increased in Munster Technological University (MTU), Kerry. The opportunity to train here in Kerry but also continue your career here must not be out of grasp."

She also called on local TDs and councillors to prioritise the provision of affordable accommodation for healthcare workers in the county as "accommodation remains a significant barrier to recruitment in community hospitals due to high prices and supply."

ICTU general secretary Owen Reidy attended this key union event and helped officially launch the new branch. He spoke about the importance of branches like the Kerry Branch and how they will play a major role in ensuring that local members know the benefits of being in a trade union.

The main issues that the Kerry Branch is currently campaigning on include:

- Bed capacity, which must be increased in older person services and rehabilitation units across the county. University



Addressing the new amalgamated Kerry Branch were: INMO general secretary Phil Ní Sheaghda (above) and ICTU general secretary Owen Reidy (left)

Hospital Kerry (UHK) has had significant levels of hospital overcrowding in the past three years (3,836 patients on trolleys in 2023, 3,474 in 2022 and 2,409 in 2021). Additional bed capacity is required in community hospitals to facilitate step down, rehabilitation and respite. It is understood that capital works have been submitted for additional bed capacity in UHK, but funding is still required. There is a pressing need to increase single occupancy beds for infection control purposes

- Safe staffing – the recruitment pause must be lifted so that the rollout of the implementation of the safe staffing framework in UHK can continue, for which ring-fenced funding has been secured
- Housing – accommodation needs to be supplied for migrant healthcare workers

- There is a need for an increase in community RGN and public health nursing posts within the community. Training for PHNs should be made available in MTU Kerry
- Further funding is required from government to roll-out increased training places at both undergraduate and postgraduate level for nurses and midwives in the county with MTU Kerry
- Section 39 organisations: Secured funding model for vital services provided in Section 39 organisations in the county, South Doc, Kerry Parents and Friends Association and Valentia Hospital must be guaranteed. Workers still await payment under the national Section 39 pay restoration deal, which was agreed under the auspices of the Workplace Relations Commission in 2023.

NMBI reports 7% increase in nurses and midwives in patient-facing roles

LAST year saw a 5% increase in the number of registered nurses and midwives in Ireland compared to the previous year, according to the NMBI 'State of the Register' report published in November. In addition, the year saw considerable increases in advanced practitioners registrations.

This now annual report on nursing and midwifery staff across the country provides a valuable snapshot of the workforce, breaking down the number of nurses and midwives who are registered, practising and patient-facing in Ireland. It also provides an age profile of registrants and the counties in which they are working.

This year's register shows that as of June 1, 2023, there were 84,948 nurses and midwives on NMBI's Register, of whom 79,489 are currently practising and 6,257 are new registrants. This represents a 4% year-on-year increase in the number of registrants and a 27% increase in new registrants joining the NMBI Register.

The report also breaks down the changes across the various divisions of the register. The largest increases across the register were in advanced practice and prescribing, with a 43% and 23% increase in AMPs and ANPs respectively, as well as a 32% increase in midwife prescribers and 14% increase in nurse prescribers. There was also a 23% increase in midwife tutors.

Some 5,494 general nurses were added to the register between 2022 and 2023, bringing the total number of registered general nurses to 71,239. An additional 206 children's nurses were also registered this year, and an additional 138 public health nurses.

In terms of nationalities represented in the register, the report provides the opportunity to acknowledge the diverse backgrounds that make up the nursing and midwifery workforce in Ireland. More than half (3,272) of the new registrants during this period were trained in India, with registrants from 62 countries representing those registering for the first time. Besides India, the majority of new registrants were educated in Ireland, the Philippines, the UK and Zimbabwe.

The top five countries represented across the entire register in 2023 were: Ireland (54,144), India (15,060), Philippines (6,348), the UK (3,296) and Nigeria (779). However, overall, 117 nationalities were represented in the nursing and midwifery register this year.

This data requires careful attention and reflects the need for supports, adaptation programmes and orientation for internationally educated nurses and midwives in Ireland. It also demonstrates the issues of ethical international recruitment and reliance on internationally educated staff, which are frequently cited in discussions of staffing and workforce growth.

This is particularly relevant given that international data shows Ireland is a significant outlier regarding its excessive reliance on internationally educated nurses; 2023 OECD health statistics show Ireland's share of foreign-trained nurses at 46.6%, well ahead of the OECD average of 8.7%.

The 'State of the Register' report also demonstrates the gender and age make-up of the workforce. Across the register, 71,456 (90%) of the 79,486 practising registered nurses



and midwives, were female. Over one-third of patient-facing nurses and midwives were aged between 30 and 40.

In terms of geographical location, the highest concentration of registrants (26,237) was in Dublin and the lowest (234) in Co Leitrim, with 17,233 nurses and midwives reported to be working in Cork, Galway or Limerick.

Despite the slight increase in registration numbers in 2023, it is important to note that the NMBI records the number of applications it received for Certificates of Current Professional Status, for nurses and midwives who wish to leave Ireland to work abroad.

These certificates are sent directly from the NMBI to the equivalent regulatory authority in the country or state where the nurse or midwife is seeking registration. From June 2022 to September 2023, the NMBI issued 5,432 certificates, with more than 3,000 of these issued to nurses and midwives aged between 25 and 35.

The patterns in growth across the workforce are encouraging, but the publication of this

report is also an opportunity to acknowledge the global competition for nurses and midwives. The international make-up of the workforce and the strong migration trends among healthcare workers means the Irish system must be able to provide sustainable long-term careers across all divisions.

Furthermore, while it is important to retain new graduates from Irish universities and to attract nurses and midwives from abroad, it is also important to focus on retaining those who have come from abroad and spent many years building careers in Ireland and whose contribution to the workforce during that time has been invaluable.

The NMBI register report is an invaluable tool for demonstrating and visualising the trends that contribute to a viable and sustainable workforce and the careers that are built in the health service.

– **Tony Fitzpatrick, director of professional services, INMO**

The Nursing and Midwifery Board of Ireland State of the Register 2023 report can be found at: www.nmbi.ie/Registration/NMBI-state-of-the-Register

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

NJC talks on several national issues

Two draft HSE circulars paused

The HSE issued two draft circulars in relation to:

- Temporary higher appointments
- Non-reckonability of pension for employees working in private organisations, including Section 39 organisations.

As there was no consultation in relation to these circulars, at the interim NJC meeting on January 9, 2024, the staff panel objected to the lack of proper engagement and consultation.

The Department of Health and the HSE have agreed to pause these circulars and negotiations on same are due to commence shortly.

Claim for harmonisation of marriage leave

The HSE and the Department of Health are supporting a claim for harmonisation of marriage leave, which would provide for increased annual leave for employees who have an allocation of less than 28 days. This matter is now being referred to the Department of Public Expenditure and Reform for approval.

Special Leave With Pay Scheme (Long Covid)

As per Labour Court Recommendation LCR22859, the HSE and staff side are due to engage jointly, on the Special Leave With Pay Scheme for members with long Covid, ahead of March 31, 2024 when the current scheme expires.

Redesignation of voluntary hospices

It is hoped that all outstanding matters relating to the redesignation of the four voluntary hospice providers will be resolved soon.

Since the announcement by government that the four hospices (Marymount Care Centre, Milford Care Centre, Galway Hospice and St Francis Hospice) would be redesignated from Section 39 service level agreements with the HSE to Section 38 agreements, work has been ongoing to protect the rights and entitlements of staff working in these facilities. Under Section 38 agreements they will have the terms and conditions pertaining to public servants.

However, there are a number

of legacy issues in relation to the pension and the government has agreed to a proposal in relation to this. We are awaiting correspondence from the Department of Health on this matter and hope to have all outstanding issues relating to the redesignation resolved in the coming weeks.

Injury grant for healthcare workers working in RNID employment

Where employees are absent from work as a result of an injury at work or other absences, there is a provision under the Superannuation Scheme for an extension of payments to such employees. RNID employers have been refusing to implement this provision even though they are bound by the rules of the scheme. The unions have requested a meeting with the HSE and Section 38 intellectual disability service providers in relation to the non-application of the Article 109 claim. The HSE position is that this is incorporated in the funding etc. However, the employers are refusing to give the benefit of

this scheme to employees, and this response from the employers to date is not acceptable.

National Investigations Unit

Amendments were previously proposed in relation to the operational procedures in relation to the National Investigations Unit. This matter was raised at the recent interim NJC and it is expected that there will be documentation forwarded to the union side shortly.

Domestic violence and menapausal policies

Agreement has been reached in relation to a domestic violence leave policy which will provide for up to five days annual leave for employees who are affected by domestic violence. Progress has also been made on a menopause and menstrual leave policy and an updated draft policy is currently being reviewed.

The INMO has made representations to management seeking that the policy is strengthened in a number of respects, including support and training for managers and occupational health practitioners.



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

New joint forum on community nursing matters

THE HSE and the INMO have agreed to establish a Community Matters Joint Forum that will examine all issues pertaining to community nursing. It is agreed that this forum will be chaired jointly and will act as a clearing house for dealing with problems in community nursing at a national level.

Terms of reference will be agreed between the parties and a date has been set for the next meeting.

On the management side

the forum will comprise the HSE primary care head of operations, the senior HR manager and the director of public health nursing leads. On the INMO side, there will be involvement from the director and assistant directors of industrial relations, as well as membership from the community sector.

Community Nursing Oversight Group

The INMO is engaging with the HSE seeking to make

improvements for members working in community nursing. For example the INMO has sought to secure the location allowance for community RGNs and has been advocating for additional clerical support and upgrading of IT infrastructure in community nursing.

It is expected that there will be engagement between the INMO and the HSE on these and other matters shortly and we will advise members of these forthcoming discussions.



Update on INMO industrial action

INMO members have progressed several calls for industrial action around the country in recent months.

St John's Hospital, Limerick

The Executive Council sanctioned commencement of a ballot for industrial action in the form of a work to rule at St John's Hospital, Limerick. This follows hospital management renegeing on an agreement regarding the decision to close beds in the hospital.

The work to rule commenced

prior to Christmas and it is expected that this matter will be referred to the Workplace Relations Commission.

Connolly Hospital, Dublin

The INMO Executive Council sanctioned a work to rule at Connolly Hospital, Dublin in December. This decision to take industrial action arose due to hospital management routinely using the endoscopy department as an overflow for the extremely busy emergency department. Over 300

patients were placed in the endoscopy recovery area over a nine-month period, causing issues in relation to safety and patient care.

The sanctioning of the work to rule was followed by hospital management decision that the endoscopy unit would close for procedures except for emergency procedures.

Four further ballots for action

At an Extraordinary Meeting of the INMO Executive Council

on Thursday January 11, 2024, the commencement of ballots for industrial action were sanctioned in four further locations:

- Ballyshannon Community Nursing Unit
- St John of God Kerry Services
- Sligo University Hospital
- Aut Even Hospital, Kilkenny.

Arrangements are being made to commence the balloting process in respect of these disputes. These disputes relate to staff shortages and accommodation issues.

Lessons from working during Covid-19

A DETAILED insight into the realities of the experiences of and work performed by essential workers during the pandemic formed the backdrop for a recent symposium.

Hosted by UCD Michael Smurfit Graduate Business School, the 'Working in Essential Services: Lessons from Working during Covid-19' symposium examined essential workers' job quality and wellbeing during the pandemic and explored whether essential workers possess the skills and resilience to undertake such a role again in the event of another health emergency.

INMO general secretary Phil Ní Sheaghdha addressed the symposium on the topic 'What now for essential workers in healthcare after the pandemic?' Other speakers included former chief medical officer Dr Tony Holohan, CEO of IBEC Danny McCoy, and NERI co-director Paul MacFlynn.

The findings from the UCD Working in Ireland Survey (WIIS) provided the backdrop



At the symposium were (l-r): Phil Ní Sheaghdha, INMO general secretary; Paul MacFlynn, co-director, Nevin Economic Research Institute; Prof John Geary, UCD Smurfit School of Business; Prof Orla Feely, UCD president; Prof Tony Holohan, adjunct full professor of public health UCD and former chief medical officer; Dr Danny McCoy, CEO, IBEC; and Dr Maria Belizon, ICADE, Madrid and visiting research fellow at UCD

for the symposium. This unique study offers a detailed insight into the realities of the work performed by nurses, doctors, care staff, retail workers and other essential workers during the pandemic.

Key findings from the report include:

- Essential workers' wellbeing was substantially impaired during the Covid-19 pandemic and was manifested in pronounced levels of reported anxiety
- Female essential workers were at a greater risk of contracting the virus than were their male counterparts
- Female workers' wellbeing was significantly more impaired and was evident in their more intensive work

effort levels and more pronounced levels of anxiety and stress.

Essential workers employed in workplaces where they trusted their management and believed they were treated with fairness and respect, and where there was trade union representation, were more likely to report lower levels of work intensification and anxiety. In such workplaces, too, there was a greater likelihood of staff voicing their concerns in respect of Covid-19 and of these being addressed by their employer.

- Essential workers' perceptions of trade union influence during the pandemic are generally positive
- There is a significant

correlation between a union presence in the workplace and low levels of perceived risk of contracting the virus.

In her presentation to the symposium, Ms Ní Sheaghdha stressed that it is not too late to make the changes necessary to create a health service that our citizens can be proud of.

"Covid presented us with the opportunity to allow our healthcare system to break out of a cycle of constant crisis. While we have seen record levels of overcrowding, an unwarranted freezing of frontline staff recruitment and lengthy waiting times, we can make decisions in the medium and long-term to enhance our health service," she said.

Strategic investment in nursing will provide valuable returns - ICN

**OUR NURSES.
OUR FUTURE.**
International Council of Nurses
The economic power of care

THE economic power of care which creates healthy people and societies and drives healthy economies, will be highlighted by the International Council of Nurses (ICN) on International Nurses' Day 2024 under the theme: 'Our Nurses. Our Future. The economic power of care'.

International Nurses Day (IND) is celebrated on May 12 each year and a theme is chosen by ICN – a federation of more than 130 national nursing associations around the world within which the INMO is the Irish national nursing association, representing over 28 million nurses working worldwide.

Explaining the reasoning behind the theme, ICN president Dr Pamela Cipriano said despite being the backbone of healthcare, nursing often faces financial constraints and societal undervaluation.

Continuing the ICN's overarching theme 'Our Nurses. Our Future' and the policy actions of the ICN Charter for Change, the ICN chose to focus IND 2024 on the economic power of care with the aim of reshaping perceptions and demonstrating how strategic investment in nursing can bring considerable economic and societal benefits.

"The ICN believes now is the time for a shift in perspective. We have seen time and again how financial crises often lead to budgetary restrictions in health care, typically at the

expense of nursing services. This reductionist approach overlooks the substantial and often underemphasised economic value that nursing contributes to healthcare and society as a whole," Dr Cipriano said.

"Policymakers, healthcare administrators and even the general public are often unaware or misinformed about the return on investment that adequate funding in nursing can provide, especially in financially turbulent times such as these. Drawing from the lessons learned from the Covid-19 pandemic and recognising

the increasing threat to the health of populations around the world due to conflicts, the climate crisis and financial instability, we believe the time is right to advocate for a shift in perspective and policy."

A special IND report on the economic power of care will be released on May 12, 2024. Meanwhile, the ICN is encouraging nurses, governments, international organisations and the general public to help promote the power of nursing by posting the IND logo, using the hashtags #IND2024 and #OurNursesOurFuture

Davos focus on nursing's economic power

ICN chief executive officer Howard Catton, a member of the World Economic Forum's (WEF) Global Future Council on the Future of Care Economy, recently observed that Davos leaders are recognising the economic case to invest in nursing and healthcare.

After a meeting led by Council members, Mr Catton said it was encouraging that

the WEF has the care workforce, with nurses at its centre, clearly on its agenda. As a member of the Council, he said he was pleased to see investment in education in the health sector as a major topic, which is in line with the ICN's own Charter for Change and the recently announced theme for this year's International Nurses Day, which is 'The

economic power of care'.

The ICN welcomed the fact that world leaders at Davos are recognising the true value of nurses and women at the centre of healthcare systems.

"Investment in healthcare is not a cost, it is a best-buy investment for all our futures with benefits for every society, community and economy around the world," Mr Catton said.

Gender equity at root of failure to invest in nursing

THE International Council of Nurses is marking its 125th anniversary with two new position statements on gender equity, restating the organisation's commitment to gender equality and the empowerment of women.

The first of these, *Gender Equity in Health and Health Care*, describes the pervasiveness of gender inequity and the harm to health and social injustice it creates. The second statement, *Gender Equity in the*

Nursing and Health Workforce, outlines how gender inequity is a root cause of the failure of societies to properly value, protect, respect and invest in nurses.

ICN president Dr Pamela Cipriano said a driving force behind the creation of the ICN in 1899 was the desire of its founders to empower nurses and, importantly, to improve the situation of women around the globe.

In her New Year message to

nurses everywhere, Dr Cipriano said those objectives are just as important today. In celebrating the ICN's 125th anniversary this year, she spoke of the desire of Ethel Gordon Fenwick and other founding members to create an international coalition of nurses that would also elevate the position of women around the world.

Noting much had been achieved and that the position of women has much improved over the past 125 years, she said

the ICN continues to strive for those two objectives with more than 130-member national nursing associations that are carrying on the job of increasing the strength of the profession within the unity of the ICN.

However, Dr Cipriano also noted that the truth is that inequality generally is increasing around the world in terms of health, economics, poverty and opportunities, and gender inequality is often at the heart of these growing inequities.



ICN's key messages on climate change and health echoed in COP28 declaration

THE International Council of Nurses (ICN) raised the concerns of the world's nurses about the dangerous health effects of climate change at COP28's first Climate and Health Day meeting in Dubai.

ICN delivered its key messages about phasing out fossil fuels, building low-carbon, climate resistant health systems and putting health at the centre of climate change by investing in nursing.

ICN chief executive officer Howard Catton said: "Nurses right around the world are seeing the harmful effects of climate change and are caring for those who are affected by them. Climate change is putting additional demands on

Key points from the Health Day Declaration

- Prioritising a comprehensive response to climate change impacts on health, encompassing mental health, cultural losses and displacement
- Combating inequalities, working towards the achievement of the Sustainable Development Goals, and improving health, livelihoods and social protection systems globally
- Encouraging emissions reduction and waste management in the health sector, promoting sustainability and setting procurement standards
- Scaling up investments in climate and health from various sources, strengthening synergies between climate and health portfolios
- Regularly convening with diverse stakeholders, including the WHO ATACH initiative (Alliance for action on climate change and health), to foster collaboration on climate change and health

already overburdened health systems that are still struggling to recover from Covid.

The current situation is simply unsustainable for nurses and other health workers, and

the facilities they work in.

Mr Catton also noted that as nurses, we know the importance of addressing root causes and fossil fuel emissions are the single biggest contributor to climate change, and by a huge margin. The ICN expressed disappointment that at the last moment, COP28 stepped back from the historic commitment to phase out fossil fuels that the health of the planet needs, and instead used the weaker language of transitioning away from fossil fuels. "In that context, we must continue to work to strive for the necessary reductions in greenhouse gases but let there be no doubt – the world has to end its addiction to fossil fuels now," he said.



FREE TO INMO MEMBERS

Read  interview with Jane Salvage on the section page.

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

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Tuesday,
26 March 2024

Time:
10.30am - 2.00pm

Venue:
The Richmond Education and Event Centre, Dublin 7

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>

2. Complete the ICN Strategic Leadership Assessment Tool.

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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Work to rule continues at St John's

INMO members in St John's Hospital in Limerick City are to continue their industrial action in the form of a work to rule for the foreseeable future.

This action began on November 23, 2023 due to ongoing nursing vacancies at the hospital, which are causing unsafe nurse to patient staffing levels. INMO assistant director of industrial relations Mary Fogarty said: "This has led to mismanagement of

available bed capacity, including a refusal by management to protect 12 surgical beds. "Local engagement on December 1 concluded in a written agreement to enable the industrial action to end but this was immediately breached by management. This action has severely dented trust and confidence in management.

"Further talks lasting eight hours at the Workplace Relations Commission on

December 13 also failed to reach an agreement with the work to rule set to continue for the foreseeable future.

"Nurses at St John's Hospital are advocating for safe staffing levels and proper management of the available 89 inpatient bed capacity. It is disappointing that this is how far nurses at the hospital have to go to highlight their concerns for the safety of patients and their own mental and physical wellbeing. Our

members in St John's have to cope with excessive workloads, but they are determined to have their concerns heard and to continue to advocate on behalf of their patients.

"Management at the hospital have also clearly shown that they are not taking the concerns seriously by breaching the agreement reached on December 1, and their inability to engage in a solutions focused manner at the WRC."

Agreement on phased opening of Tuam CNU

FOLLOWING the assistance of the Workplace Relations Commission, agreement was reached on the initial opening of the new community nursing unit (CNU) in Tuam, Co

Galway. The agreement will see 25 new beds open and residents transferred from the old Aras Mhuire to the Joe and Helen O'Toole CNU. A further 25 beds will remain vacant

with the agreement stating that the status quo will remain pending further consultation under the auspices of the WRC. The INMO also secured two nurses and two healthcare

assistants on night duty for the initial phase when resident capacity reaches 20 to 25 residents.

– Mary Fogarty, assistant director of IR

Cases show importance of checking payslips

Member gains over €10,000 in salary scale correction

FOLLOWING a recent INMO Information Clinic held in the Southwest, the INMO pursued an issue concerning the application of the Enhanced Nurse/Midwife Practice Scale (ENP) and appointment to the correct point of the salary scale for a member.

Following representation,

the correct ENP contract was issued to this member on the correct point of the scale. The member's employer applied for retrospection, resulting in the member receiving a payment of over €10,000 gross.

Retrospective payment of location allowance

The INMO pursued a claim for a member last year regarding a period of time when they

were redeployed to a specialist area but did not receive a location allowance. After raising this matter at local level and formally through the grievance process, the claim was finally conceded with our member receiving full retrospection.

It is important to ensure when you move from an area, particularly into a specialised area, that you receive the full

allowance that you are entitled to. See www.inmo.ie/Salary_Information.

The INMO encourages members to check their payslips and ensure when changing posts that the correct increment is applied based on experience. If you have any queries in relation to pay, contact the INMO Information Office.

– Liam Conway, INMO IRO

Location allowance claim settled in Clontarf

A LONG-RUNNING INMO claim to have the location allowance apply on three geriatric units in Clontarf Orthopaedic Hospital has been settled. This claim was referred to the Labour Court in 2018, referencing two Department of Health circulars: 112/99 which granted the location allowance to nurses caring for older people, and those working in long-stay units or units in county hospitals and 33/2004 which granted the location

allowance to nursing staff caring for older people (excluding day care centres).

From 2014 onwards, three units in Clontarf (Swan, Kinchora and Gracefield wards) were changed from orthopaedic and interim care to geriatric/frail wards for people over 65, with clinical governance by consultant geriatricians. With the introduction of the Integrated Care Programme for Older Persons (ICPOP), a consultant

geriatrician post and 16 beds on Kinchora ward are now dedicated to this stream.

The Labour Court found that it had insufficient information to address the claim and recommended that the HSE/INMO raise the issue at national level to establish what constituted a geriatric unit for the purpose of qualifying for the geriatric location allowance set out in the circulars.

The INMO, with the director of nursing, pursued the claim

locally, setting out the rationale for the claim. That rationale stated that the three wards all provide services such as care plans, in line with the HSE National Clinical Programme for Older Persons, and that the three wards are clinically governed by consultant and ICPOP geriatricians.

In December 2023, the location allowance was approved for the three units and will be backdated to January 2023.

– Karen McCann, INMO IRE

Finding your way

Gráinne Henry discusses a new guide detailing the support available to survivors of rape, sexual assault and other forms of sexual violence

IF YOU have experienced sexual violence, it can be hard to know where to turn for trusted information and support. From our 45 years of supporting those affected by sexual violence, the Dublin Rape Crisis Centre knows that it is vital to be able to access information and support when you need it. With that in mind, we created 'Finding Your Way after Sexual Violence', an online guide that aims to support victims and survivors of sexual violence.

The guide offers information on how to access a Sexual Assault Treatment Unit (SATU), report the assault to the Gardaí, and how to navigate the courts and legal processes. The guide also describes the various types of support available to survivors, such as the free confidential 24-hour National Rape Crisis Helpline, Tel:1800 778888.

Primarily aimed at survivors of sexual violence, the guide is trauma-informed and uses animations, audio clips and direct quotes to explain how the various processes could make a survivor feel, as well as how and where to seek support following sexual violence. In each section of the guide, there is also information designed for those seeking to know more about how to support another person.

Finding Your Way after Sexual Violence features a diverse range of personal experiences shared by victims and survivors in

both audio and written format. We have included testimonials from staff and volunteers working in SATUs, the Gardaí and from those working and volunteering in the courts and legal system.

These testimonials provide reassurance that there are empathetic, professional and dedicated people available who want to help and support victims and survivors, and who understand that experiences are individual to each person, as are needs.

As medical professionals, Finding Your Way after Sexual Violence may be useful in understanding how victims and survivors of sexual violence might be feeling. Survivors have been through a traumatic experience and are often worried about being believed or about what will happen next. In particular, the guide provides an insight into what happens in a SATU and is a great referral point for any patients who would like more information on supports and options available to them.

The reality is that many people in Ireland have been harmed by sexual violence. Data from the Central Statistics Office shows that 52% of women and 28% of men reported experiencing sexual violence in their life.¹ In 2022, the National Rape Crisis Helpline had 18,400 contacts² and there were 1,072 attendees across SATUs nationwide.³

It is important to understand the additional impact of trauma when working with patients who have experienced sexual violence. "Time after time, a survivor will say how much it helps them to meet someone who reassured them that they are believed," reported one SATU volunteer.

Finding Your Way after Sexual Violence is for anyone in Ireland affected by sexual violence, including victims and survivors, their supporters and others engaged in these systems. It is not just a guide for those who have experienced sexual violence directly; it aims to help all of us to understand our role in supporting and understanding victims and survivors.

The guide is available on DRCC's website at: www.drcc.ie/fyw If you would like to distribute flyers about Finding Your Way after Sexual Violence, the National Rape Crisis Helpline or any of DRCC's services, email: communications@rcc.ie

For anyone impacted by sexual violence, at any time, the National 24-hour Rape Crisis Helpline offers free, confidential support at 1800 778888

Gráinne Henry is a communications assistant at the Dublin Rape Crisis Centre

References

1. Central Statistics Office, *Sexual Violence Survey 2022 & 2023*
2. Dublin Rape Crisis Centre, *Annual Report 2022, 2023*
3. Sexual Assault Treatment Unit, *Annual Report 2022*

Finding Your Way after Sexual Violence

A guide to options and supports after rape, sexual assault and other forms of sexual violence in Ireland



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Entrants can apply online at www.inmo.ie

**The closing date for applications is
Wednesday, 3 April 2024.**

For more information
email: education@inmo.ie or visit www.inmo.ie

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.

Congratulations class of 2023

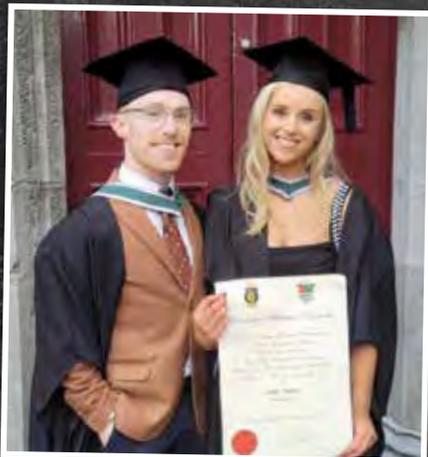
CONGRATULATIONS to all newly qualified nurses and midwives. The last four years will have been busy and challenging but you stuck with it and are now working, or about to start working, as fully qualified nurses and midwives. The INMO is here to support you and your colleagues whenever you might need us. Congratulations on this immense achievement and the best of luck in your future endeavours.



Chloe McGuire, Amy Hickey and Lorna Hoare, South East Technological University, Waterford



Hannah Needham, Niamh Tumulty and Ciaran Freeman, St Finbarr's Ward, University Hospital Galway



Ciaran Freeman and Sophie Dugdale, St Finbarr's Ward, University Hospital Galway



Edel O'Flynn, Miriam Hanlon and Aine Devine, Munster Technological University, Tralee



Dajana Herceg, Maeve Mooney and Marie Cullen, Atlantic Technological University, Donegal



Graduating class from Munster Technological University, Tralee



Welcome and valued

A recent conference of the International Nurses Section celebrated the section's 20th anniversary and recognised the daily contribution of overseas workers to the Irish health service

THE INMO International Nurses and Midwives Section recently held a special conference at the Richmond Education and Event Centre to celebrate its 20th anniversary. The event was attended by INMO members representing the many nationalities of nurses and midwives working in Ireland and members and officers of the International Nurses and Midwives' Section. The conference was also attended by Taoiseach Leo Varadkar as well as Minister for Health Stephen Donnelly and Minister for Children, Equality, Disability, Integration and Youth Roderic O'Gorman.

The section's annual conference is a chance to celebrate the vital work of this network in providing support, advocacy and community to a large number of nurses and midwives in Ireland. The 20th anniversary celebrations also represented a chance to recognise the formidable work of the nurses and midwives who created and nurtured this section since it began, and to acknowledge the INMO's longstanding commitment to protecting the welfare of international members.

Everyday contribution

The event was opened by INMO president Karen McGowan, who welcomed the Taoiseach to speak to attendees. The Taoiseach thanked section members for the opportunity to attend the conference and noted the significance of the anniversary and the importance of celebrating the section and its members. He acknowledged the growth in nursing and midwifery

numbers in recent years and the increased specialisation among nurses and midwives

Mr Varadkar also noted that there remained significant challenges and that he hoped to work alongside the INMO in finding solutions. In particular, he referred to the implementation of the recommendations of the Expert Review Group on Nursing and Midwifery, which he described as an important tool for "improving and reforming the health service".

He thanked international nurses and midwives for joining the Irish health workforce and for the significant value they bring to the health service, noting that the contribution of nurses and midwives comes with additional challenges when living away from family and community. Noting the importance of migration in Irish history, the Taoiseach referred to recent decisions made by the UK government regarding spousal immigration procedures for healthcare workers, and stated his commitment that the Irish government would not be making any similar decisions.

Finally, Mr Varadkar referred to the rioting that took place in Dublin on November 23, 2023. He noted the importance of the response of healthcare workers in this incident and the importance of protecting healthcare workers from racist abuse and violence.

Cornerstone of the health service

The INMO president also welcomed Minister for Health Stephen Donnelly to the conference, who addressed attendees

and thanked them for their service. Acknowledging that many of the section members had been working in Ireland for 20 years or more, he described their professions and contributions as "the cornerstone of a strong and resilient health service on the path to universal healthcare".

The Minister announced the creation of two new posts in the health service, promoting inclusion and combating discrimination. He said that one of these roles would be dedicated to nursing and midwifery and acknowledged the significant role of the INMO in bringing about this change and in improving the health service.

The Minister also spoke about the incident in Dublin on November 23, describing it as a "shameful day in Ireland's capital city". He noted the impact that such an incident has on our international healthcare workers.

The Minister acknowledged that around half of all healthcare workers in Ireland have trained abroad and that it would not be possible to run the Irish health service without their contribution. He added that the health service is "enriched" by the presence of international nurses and midwives, and told attendees "you are welcome in Ireland, you are valued in Ireland and we are eternally grateful to have you".

Global perspective

International Council of Nurses president Pam Cipriano addressed the conference regarding migration and the global



Far left: Indian members of the International Nurses and Midwives Section wore their traditional dress as part of the celebration. Centre: Taoiseach Leo Varadkar and Minister for Health Stephen Donnelly visited the Richmond Education and Event Centre to meet with section officers and members of the INMO Executive Council (L-R): Caroline Gourley, INMO second-vice president; Karen McGowan, INMO president; Elizabeth Allauigan; Stephen Donnelly; Abimbola Olabamiji, vice chair, International Section; Grace Oduwole, INMO Executive Council; Leo Varadkar; Toyosi Atoyebi, secretary, International Section; Mary Tully, INMO first-vice president; Jibin Soman, chairman, International Section. Far right: Nigerian members of the section dressed in their national colours as part of the celebration

nursing workforce. She said that migration is a major aspect of the lives of healthcare workers, with particular relevance to the Irish health service. With regard to the global nursing shortage, she cited a shortfall of approximately 8 million nurses and stressed the importance of protecting the workforces of countries that are heavily recruited from.

Ms Cipriano also discussed the challenges of responding to retention and migration issues in the workforce with increased undergraduate training places, noting that the average migrating nurse has 12 years' experience, which makes it difficult to replace their skills with a new graduate. She spoke about some of the challenges facing migrating nurses, including discrimination and illegal practices concerning employment contracts and freedom of movement, as well as some shortfalls in orientation and integration support and preceptorship.

Ms Cipriano congratulated the section for setting the standard on how to welcome and support the international nursing and midwifery workforce.

The conference also heard from Ukrainian chief nurse Katarina Balabanova, who gave a moving address regarding the situation for healthcare workers in Ukraine. She described the resilience of Ukrainian nurses working in small rural facilities and caring for patients in facilities that were under attack. In particular, she described the professionalism, resilience and courage of her colleagues working in dangerous situations and their commitment to patient care and safety. Katarina's impactful presentation demonstrated the devastating effects of the war and conveyed the immediacy of the dangers her colleagues were working

in. She expressed gratitude for the support of the international nursing and midwifery workforce and received a warm round of applause for her work and that of her colleagues.

“You are welcome in Ireland, you are valued and we are eternally grateful to have you”

Ongoing challenges

Minister O'Gorman expressed his gratitude for the contribution of international nurses and midwives. He acknowledged that it was a difficult time for migrants in Dublin, and therefore a particularly important time to recognise and appreciate the section's contribution over its 20-year history. The Minister described the section as a part of the INMO that “embodies equality and representation”.

A panel discussion was facilitated by Steve Pitman, INMO head of education and professional development, which included: Rachel Kenna, chief nurse; Diana Malata, INMO rep and ANP; Jincy Jerry, ADON in infection prevention and control; Liz Kingston, University of Limerick associate professor in nursing; Laura Bambrick, ICTU social policy officer; Janet Baby Joseph, midwife; Ann Marie O'Reilly,

Threshold national advocacy manager; and INMO executive council members Grace Odeyele and Ron Russell.

The panel discussed some of the challenges facing nurses and midwives in Ireland, including housing and cost-of-living obstacles, with detailed accounts of some experiences of seeking housing and advice on how to get housing support. The panel also discussed some of the remarkable achievements of section members that demonstrate the extraordinary contribution made by international nurses and midwives. Members also spoke about their experiences of representing Irish nursing and midwifery internationally, and the rewards of pursuing their professional careers in Ireland, as well as the vital role played by the INMO and the section in supporting that development.

The conference heard from Paul de Raeve, European Federation of Nursing secretary general, who discussed the European directive on mutual recognition of professional qualifications and its impact on nurse migration.

The conference also heard from Geraldine Shaw, director of the HSE Office of Nursing and Midwifery Services, who presented on the integration of non-EU nurses into the HSE and the employer's plan for future integration supports.

The day finished with the awarding of prizes to section members for extraordinary contributions throughout the years. There was also a festive celebration of the many cultures represented within the section. This was an opportunity to recognise the achievements of the network over the past 20 years and the strength of the community and resources that have been built during this time.

All Ireland Nursing Festival

Sláintecare

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Tuesday 9 April 24

Fresh perspectives on midwifery

Maternal choice was a hot topic at the recent All-Ireland Midwifery Conference in Monaghan

MEMBERS of the INMO and the Royal College of Midwives (RCM) Northern Ireland turned out in large numbers for the 2023 All-Ireland Midwifery Conference in Monaghan in November.

The conference, which was opened by INMO president Karen McGowan, heard from consultant midwife Shona Hamilton on the importance of patient choice, with particular focus on women who choose to give birth outside of maternity services.

Ms Hamilton's presentation considered the importance for many women of feeling in control of their birth experience and how the medical model of care focuses significantly on the physical aspects of birth, without adequate consideration of the factors influencing choice, including personal history and the impact of previous birthing experiences. Ms Hamilton noted the importance of offering a service that truly meets women's needs, rather than asking why women might not use the services that are being offered.

Mervi Jokinen, outgoing president of the European Midwives Association (EMA), addressed the conference on the impact of midwifery care across society. She described midwifery as a "continuous force for dynamic impact", with potential positive effects across families and communities. Referring to midwives as the "guardians of sexual and reproductive healthcare", Ms Jokinen also noted the significant increase in chief midwifery officers at government level across European countries.

Attendees were also addressed by the lead midwife from the Northern Health and Social Care Trust, Rachel Chakravarti, and advanced midwifery practitioner (ANP) at the National Maternity Hospital, Ciara Coveney, who discussed the role of continuity of midwifery care. Ms Chakravarti discussed the well-established benefits of a continued relationship between a patient and a known midwife. Ms Coveney also cited data that support AMP-led care pathways, noting there was



At the conference were (l-r): Tony Fitzpatrick, INMO director of professional services; Mervi Jokinen, outgoing president of the EMA; Karen McGowan, INMO president; and Steve Pitman, INMO head of education and professional services

higher attendance at education sessions under midwifery care and a shorter interval to treatment under midwives.

Specialist midwives in inclusion care Ann-Maria O'Brien and Claire McGuigan spoke about providing midwifery care in prisons. They offered insights into the particular vulnerabilities of the communities they work with and the importance of continuity of care among people who are at risk of marginalisation and experiencing complex psychological and social situations during pregnancy and birth.

Workshops were held throughout the day in which attendees discussed research practices. Another workshop, facilitated by Deirdre Mulligan, HSE Office of the Nursing and Midwifery Services Director and Gráinne Sheeran, project officer, Chief Nurses Office, covered consultation and engagement on community midwifery by the Expert Review Body on Nursing and Midwifery.

A panel discussion on regulation and education heard contributions from Nursing and Midwifery Council senior midwifery adviser Verena Wallace, RCM director of professional midwifery Fiona Gibb, and ANPs Aisling Dixon (Portiuncula Hospital, Galway) and Emer McCormack (Our Lady of Lourdes Hospital, Drogheda).

Fiona Molony, also from Our Lady of

Lourdes, won the poster competition for her poster 'Embracing the Waves'. The poster highlighted the reintroduction of water births at the Drogheda hospital. Driven by client feedback, it aims to enhance person-centred care and meet women's preferences. Collaboration with multidisciplinary teams and colleagues from Northern Ireland informed guidelines and education on water births, and testimonials from mothers and midwives showed the positive impact of water births.

In her opening address, Karen McGowan thanked the midwife representatives of the INMO Executive Council for their leadership and advocacy for their profession and for the people in their care.

Ms McGowan also acknowledged the longstanding and warm relationship between the INMO and the RCM, and recognised the hard work of both organisations in hosting the conference. With regard to the vital role of midwives in advocating for improvements in maternal care, Ms McGowan stated the need to improve maternal choice in Ireland, and the vital role of midwifery in guaranteeing "the sexual, reproductive and maternal health of women in Ireland and internationally".

Lynda Moore, INMO Executive Council, chaired the afternoon sessions.



Section focus

INMO Professional

Jean Carroll, Section Development Officer

Renowned nursing policy activist to deliver leadership workshop

NURSING policy activist Jane Salvage will be running a masterclass for assistant directors of nursing, midwifery, public health and night superintendents in the coming weeks.

Ms Salvage has had a long career, beginning as a staff nurse in London's East End before moving into a broad variety of roles, including editor of the *Nursing Times* and running a global leadership programme for the International Council of Nurses.

However, it was in the early years of her career that she could see that nurses and midwives were not offered sufficient training to move into leadership roles.

"In those early days, I began to be very concerned about the persistent undervaluing of nursing, the lack of recognition, and those issues have been the driver of my career. I think one

of the things that is holding the profession back is our lack of preparation for leadership roles. So that's what led me to doing the kind of lecturing and consultancy that I do now."

Ms Salvage said it is important that nurses and midwives feel support and solidarity with their colleagues so that they know they are not facing difficult challenges alone.

"Leadership in nursing and midwifery is needed at every level. In the past, leaders have been seen as the lone male hero galloping in to rescue everybody but we understand now that leadership is much more about a collective endeavour.

"If you're already in a leadership role in nursing or midwifery, it's important to be able to access the supports you need to perform better in order to lead transformational

changes within your organisation," she added.

"It can be very difficult in services that are underfunded and understaffed so we have to be even smarter in order to do what's really important."

Ms Salvage told *WIN* what INMO members could expect from the lecture.

"I hope above all they will feel inspired and supported. I hope they will be able to reflect on their own leadership skills and think about how they can develop them further. It will be a mixture of individual reflection, working groups and discussion with a panel for quite a varied programme."

The assistant directors masterclass is open to directors and assistant directors of nursing, midwifery, public health and night superintendents. For more information please contact jean.carroll@inmo.ie

Orthopaedic nursing conference

THE INMO Orthopaedic Nursing Conference will take place in the Clayton Hotel, Galway on Thursday, April 18.

Section members are invited to submit abstracts for posters and papers to present. This conference is an opportunity for orthopaedic nurses to highlight the work they are engaged in.

The following topics will be discussed on the day:

- Development of orthopaedic nursing role
- Specialist nursing and scope expansion
- Advances in orthopaedic patient care
- Orthopaedic nursing research
- Practice development and innovations
- Meeting the needs of patients.

The closing date for abstract submissions is Thursday, February 29, 2024.

For more information please contact caitrona.boyce@hse.ie

Drogheda midwife recognised for waterbirth research

THE winning poster for this year's All Ireland Midwifery Conference was submitted by midwife Fiona Molony from Our Lady of Lourdes Hospital, Drogheda, along with her colleagues Kelly Delaney and Siobhan Walsh.

The research, entitled 'Embracing the Waves: A Re-introduction of Waterbirths to Our Lady of Lourdes Maternity Unit, Drogheda', was driven by client feedback and aimed to enhance person-centred care and meet women's birth preferences.

Collaboration with multidisciplinary teams and midwifery colleagues in the north of



Pictured receiving her certificate for winning poster at the recent All-Ireland Midwifery Conference is Fiona Molony, Our Lady of Lourdes Hospital, Drogheda. Her research looked at the positive impact of the reintroduction of waterbirths to the maternity unit at the hospital. Also pictured are Lynda Moore, INMO Executive Council (left) and Kelly Delaney (right)

Ireland informed guidelines and education on water births. A satisfaction survey will assess if the change reflected women's preferences.

Testimonials from mothers and midwives showed the positive impact of water births, emphasising calmness, relaxation and joy.

The poster showcased stakeholder engagement and the transformative nature of water births. For more coverage of the conference see [page 23](#).

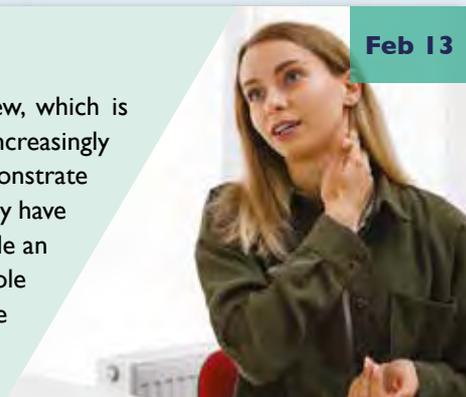
INMO EDUCATION PROGRAMMES

In the pull-out this month...

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.

Feb 13



Assessment and care planning

This programme provides nurses caring for older persons with the most up-to-date information regarding policy and standards. It will focus on the need for comprehensive assessment, including risk assessment and care planning for older people in residential care settings. Participants will be provided with practical tips on how to prepare for and carry out a comprehensive assessment of a new resident in a nursing home, enabling them to develop a person-centred care plan. The programme will outline the appropriate steps for writing a person-centred care plan, how to conduct a review of an individual's care plan, and how to update it in accordance with changing needs.

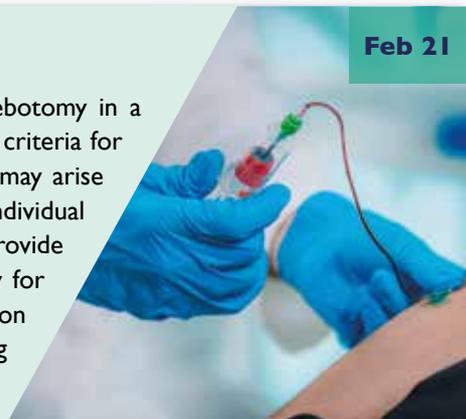
Feb 19



Phlebotomy

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).

Feb 21



An important year ahead for the professions



Steve Pitman
Head of Education and
Professional Development

This year will offer many opportunities to develop and enhance the nursing and midwifery professions. The major challenge facing healthcare is the continuing shortage of nurses and midwives. The 2022 Department of Health report *A System Dynamics Model of Nursing Workforce Supply* is clear in highlighting the need to dramatically increase the number of nursing and midwifery graduates each year to work towards greater self-sufficiency and less reliance on international recruitment. This is a 10-14-year strategy, and action must be taken now to address workforce demands and resourcing. The key to addressing current challenges is through the Framework for Safe Nurse Staffing and Skill Mix, which must be fully funded and implemented by the end of 2024 and underpinned by legislation.

Significant developments and changes are also expected through the ongoing work of the Expert Review Body on Nursing and Midwifery, which is examining four areas: workforce, education and professional development, digital health and governance and leadership structures.

The NMBI has commenced work on the development of the Professional Competence Scheme (PCS) and has recently published *A Report of the Review of Undergraduate Nursing and Midwifery Curriculum Leading to Registration in Ireland*. It is expected that we will see developments in both of these areas in 2024.

PCS

The requirement for the NMBI to monitor the maintenance of the professional competence of nurses and midwives is outlined in the Nurses and Midwives Act 2011. The NMBI has invited nurses and midwives and members of the public to participate in a consultation on its PCS guideline.

The Act emphasises the responsibility of the individual nurse and midwife in the maintenance of their professional competence. Importantly, it also places legal obligations on an employer to facilitate the maintenance of professional competence of the nurse or midwife. This obligation includes employers making it easier for nurses and midwives to engage in CPD and to provide learning opportunities. Guidance and explanation must be given not only to nurses and midwives but also employers. This will provide clarity on the support required to enable the employer to fulfil their legal obligation to facilitate and support the CPD and maintenance of the competence of nurses and midwives.

It is important to recognise the demands and pressures experienced by nurses and midwives in the current healthcare environment, as well as the challenges of participating in CPD activities and the additional requirements proposed as part of the implementation of the PCS. The introduction of the PCS should be fair, equitable and transparent and it should not place undue

additional demands on nurses and midwives. Two draft documents are available for review at nmbi.ie:

- *Draft Professional Competence Scheme Guideline for Registered Nurses and Registered Midwives*
- *Draft Professional Competence Scheme Explanatory Note for the Individual Nurse and Midwife*

The draft guideline document refers to NMBI-approved employer competency schemes, eg. HSE Personal Development Plan Framework. This suggests that a link could be made between the PCS requirements and organisation processes already established. This could potentially reduce duplication and unnecessary effort. However, it is important to establish a clear separation between regulatory and employment requirements and responsibilities. It is expected that further information about the proposed Employer Competency Scheme will be provided by NMBI over the coming months. The consultation is open until Friday, February 16 and feedback can be provided through a survey questionnaire. The INMO will be engaging in the process and providing feedback on behalf of members.

Undergraduate programmes review

A Report of the Review of Undergraduate Nursing and Midwifery Curriculum leading to Registration in Ireland, commissioned by NMBI, was published in December 2023. The report evaluated the current undergraduate education programmes in the context of changing population healthcare needs. The report's findings will inform the developments of the undergraduate programmes currently being considered by the Expert Review Body. If you are interested in reading the report or viewing the webinar held in December to launch the report, then links are available on the NMBI website.

CJ Coleman Award

INMO Professional is delighted to offer the CJ Coleman Research and Innovation Award again for 2024. The award is sponsored by insurance broker CJ Coleman, which has sponsored the award for more than a decade. A bursary of €1,000 will be awarded for a 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 3 April 2024. See [page xx](#) for more details.

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.

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

Education Programmes

Tel: 01 6640618/41

Email: Linda Doyle and Deborah Winters at education@inmo.ie



All of the following programmes are category I 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 I approved • Digital certification provided

Feb 13 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.

Feb 13 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.

Feb 19 Understanding and developing care plans for nurses

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.

Feb 21 Phlebotomy

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).

Feb 21 Wound care management

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

Feb 22 Mindfulness for midwives

Have you always desired more skills in teaching breathing and calming techniques to expectant parents? If your role involves taking antenatal classes or offering advice to women suffering unexpected outcomes, then this course is for you. Take this journey to the inner world and become aware of your breath, body, and emotions to offer your full presence to the mothers you serve.

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.

Feb 22 Type I diabetes management

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

Feb 27 Introduction to management and leadership skills

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

Feb 27 Telephone assessment for nurses and midwives

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

Feb 29 Medication management best practice

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

Mar 6 Improve your academic writing and research skills

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

Mar 6 Become more assertive

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

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 21 Restrictive practices – 2023 thematic support for your centres

In June 2023, HIQA identified guidance to meet thematic programmes 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.

2024 Education Programmes

Below are some of our online/in person courses scheduled in February/March 2024 for nurses and midwives.
 Booking early is recommended, call 01 6640618/41 or email education@inmo.ie.

Personal development

**Competency based
Interview
preparation**



**Tuesday,
13 February 2024**

**Introduction to
effective library
skills**



**Tuesday,
13 February 2024**

**Mindfulness for
midwives**



**Thursday,
22 February 2024**

**Introduction to
management &
leadership**



**Tuesday,
27 February 2024**

**Assessment and
care planning**



**Monday,
19 February 2024**

**Academic writing
& research skills**



**Wednesday,
2 March 2024**

**Telephone
assessment**



**Tuesday,
27 February 2024**

In person course

**Phlebotomy
(in person course)**



**Wednesday,
21 February 2024**

Clinical courses

**Wound care
management**



**Wednesday,
21 February 2024**

**Type 1 diabetes
management**



**Thursday,
22 February 2024**

**Medication
management**



**Thursday,
29 February 2024**

**Falls reduction &
assessment**



**Tuesday,
12 March 2024**

To book call: **01 6640618/41** or email: **education@inmo.ie**
www.inmoprofessional.ie/course

Mindfulness for Midwives

Take time for yourself

Thursday, 22 February 2024

Are you a midwife/nurse/PHN working in a maternity hospital or community setting, and you are expected to support women during pregnancy, birth and beyond? Have you always desired more skills in teaching breathing and calming techniques to expectant parents? If your role involves taking antenatal classes or offering advice to women suffering unexpected outcomes, then this course is for you.

Take this journey to the inner world and become aware of your breath, body, and emotions to offer your full presence to the mothers you serve.

The course will include; why Mindfulness matters; mindful breathing; breathing techniques for labour; mindfulness for breastfeeding mothers; mindful communication techniques for midwives and loving kindness meditation.



Restrictive practices

- 2023 thematic support for your centres

Thursday, 21 March 2024

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 the June 2023 guidance framework.



Call 01 6640618/41 or email education@inmo.ie
For more information 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.

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 be: Superannuation explained, when a full pension is available, the calculation of the lump sum, options for increasing your retirement benefits, AVCs, Personal Retirement Savings Accounts (PRSAs), savings plans, 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.

Mar 25 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. 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.

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 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 be: Superannuation explained, when a full pension is available, the calculation of the lump sum, options for increasing your retirement benefits, AVCs, Personal Retirement Savings Accounts (PRSAs), savings plans, 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.



Literature round-up

Midwifery and breastfeeding

- Fletcher A, Cowman T, Cazzini H, Fleming J, Healy N. Evaluation of a termination of pregnancy education programme in the Republic of Ireland: part 2. *Br J Midwifery*. 2023 Dec 21;32(1):6–13
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Care of the older person

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Intellectual disability

- Sheerin F, Fleming S, May P, McCallion P, McCarron M, Naseer A, et al. Challenges in care and service provision for older adults with intellectual disabilities and complex age-related conditions in Ireland. *Br J Learn Disabil* 2024 Jan 5
- Moloney M, Hennessy T, Doody O. Parents' perspectives on reasonable adjustments in acute healthcare for people with intellectual disability: A qualitative descriptive study. *J Adv Nurs*. 2023 Nov 1;79(11):4268–79

Pressure ulcer

- Avsar P, Renjith V, Chima C, Patton D, O'Connor T, Moore Z. Assessing nurses' attitudes towards pressure ulcer prevention: an updated systematic review. *J Wound Care*. 2023 Sep 2;32(9):544–54

Cancer care

- Dunnion C, Giltenane M, Dowling M. The 'inbetweeners': living on a watch and wait approach for chronic lymphocytic leukaemia – a qualitative study. *Br J Nurs [Internet]*. 2023 Sep 7;32(16):794–800
- Richmond J, Kelly M, Johnston A, Hynes L, Murphy P, Murphy A. Current management of adults receiving oral anti-cancer medications: A scoping review protocol. *HRB Open Res*. 2022 Feb 16;4:7

Sepsis

- JohalJolyn J, MagtotoLeaderlou M. Sepsis (Adults): Monitoring. 2023. Evidence Summary

Urinary incontinence

- Kelly AM. A holistic approach to assessing an individual with urinary incontinence. *Br J Community Nurs*. 2023 Aug 28;28(9):445–54

Paediatric care

- Lizarondo L. Healthcare Provider Communication with Pediatric Patients/Carers. 2021

Covid-19

- Zabaleta-Del-Olmo E, Santesmases-Masana R, Martín-Payo R, Romero-Collado À, Zamora-Sánchez J-J, Urpí-Fernández A-M, et al. Research on missed nursing care during the COVID-19 pandemic: A scoping review. *Worldviews Evidence-Based Nurs*. 2023 Dec 1;20(6):559–73
- Tunç AM, Çevirme A. Attitudes of healthcare workers toward the Covid-19 vaccine and related factors: A systematic review. *Public Health*

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

Nurs [Internet]. 2024 Jan 1;41(1):10–21

- Gómez-Brufal-Flores M, Hueso-Montoro C, Esteban-Burgos AA, Montoya-Juárez R et al. Attitudes and experiences related to the deaths of COVID-19 patients among nursing staff: A qualitative evidence synthesis. *J Adv Nurs*. 2024 Feb 1;80(2):580–96
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Reports

Nursing and Midwifery

- Nursing and Midwifery Board of Ireland. NMBI State of the Register 2023 1st June 2023

Eating disorders

- Nursing & Midwifery Services Director: Health Service Executive (HSE). Eating disorders - A guide for nurses. HSE

Maternal death

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- Government of Ireland. Health Ireland Survey 2023: Summary Report. 2023. Government Publications
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Online – Introduction to Effective Library Search Skills

Next course date: Tuesday, February 13, 2024

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

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



Learning resources at your fingertips

RCM i-learn has a range of online learning modules designed to support members' continuous professional development. i-learn is easy to use and provides around-the-clock access to online learning. You can enrol on as many modules as you wish and work through them when and where you like.

Course content

The RCM i-learn modules are constantly being updated with more being developed all the time – from 10-minute tasters that can be taken in your coffee break to packages of courses, such as Examination of the Newborn. There are also courses for developing your career or leadership skills.

Courses feature interactive activities, animation, video, audio and quizzes to help reinforce your learning. Case studies and reflective activities are also included and you are encouraged to make notes in preparation for career development opportunities.

Courses available

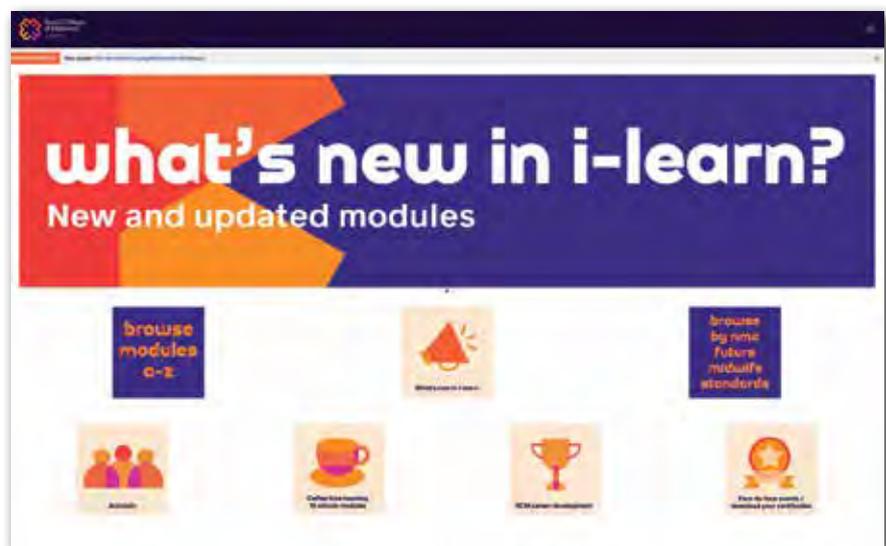
There are more than 150 RCM i-learn modules with more being developed all the time, as well as updates being made to older courses. New courses include:

- Detecting anorectal malformations
- Neurodiversity in the workplace
- Preventing pressure ulcers in maternity care
- Personalised care
- Very brief advice on smoking for pregnant women.

How to access

The RCM i-learn resource is only available to those working as midwives or those on the NMBI Midwifery register. Firstly you need to register your interest with the INMO and once this is done you can register with RCM and then gain access.

- Complete the form at: <https://inmoprofessional.ie/RCMAccess/Request> or



- email: library@inmo.ie with your details
- Once your details have been confirmed you will receive an email from the INMO and you can proceed to the RCM website: <https://www.rcm.org.uk/registration/> to register for access. You must use the email address you used on the form
 - A confirmation message will prompt you to go click the link in your email. This is essential. Your account will not be fully created if you do not activate it via this link. The account activation message will follow.

To login:

1. Go to: www.rcm.org.uk
2. Click 'Login' at the top right
3. Enter your email address (the one used to create your account) and the password you set up
4. Your MyRCM page will display. Check that your email address is displayed at the top right
5. To access i-learn, click the i-learn icon which displays on the right of the page, just above the envelope
6. You will now see the i-learn front page.

Check that your name is shown at the top right. If it is not displayed, you are not logged into i-learn.

Troubleshooting

If you are having any difficulties accessing RCM i-learn please contact the INMO library team for help. If you need assistance you can reach the library staff by email at: library@inmo.ie or Tel: 01 6640614.

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



Nurse and Midwife Representative Training 2024

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.

Date	Location
13 & 14 Feb 2024	Cork
5 & 6 March 2024	Dublin Advanced Rep Training
11 & 12 March 2024	Dublin
19 & 20 March 2024	Louth/Cavan
5 & 6 June 2024	Waterford
12 & 13 June 2024	Galway
19 & 20 June 2024	Dublin
16 & 17 July 2024	Dublin
10 & 11 September 2024	Dublin
3 & 4 October 2024	Sligo
8 & 9 October 2024	Cork
14 & 15 October 2024	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



Bulletin Board

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



Public service pension after break in service

Q. I am returning to work as a staff nurse in the public health service following a 10-year break. I resigned from my post as I could not get a career break at the time. My employer advised that I will be paying into the new Single Public Service (SPS) pension scheme because I had a break of more than six months in employment. Prior to this I was in a Defined Benefit (DB) Scheme. Is this correct?

Yes, the SPS pension scheme applies to new entrants to the public health service and is effective from January 1, 2013. This will not affect people who are currently working and paying into a Defined Benefit pension scheme, as their pension will continue as is. The SPS scheme is different from the DB scheme when calculating pension and lump sum, currently it is based on the salary of the grade on date of retirement. The SPS pension scheme is based on what is termed a career average scheme. What this means is, contributions that are made each year will be averaged over the career span and pension will be based on this sum which will be increased in line with the Consumer Price Index, on retirement, as opposed to the salary for the grade on retirement.

If you leave the service for a period in excess of 26 weeks at any time in the future and then re-enter the public health service, you will enter on the SPS scheme. This will not apply if your contract is not broken, ie. career break, secondment, maternity leave. Therefore, it is very important that people on the DB Scheme consider this if considering resigning from their post in the future.

Breastfeeding at work

Q. I am a full-time staff nurse working in a HSE hospital. What is the policy regarding breastfeeding breaks? My baby will be eight months old when I return to work.

In line with government and HSE policy on infant feeding and supporting more mothers to breastfeed and to breastfeed for longer, nurses/midwives will be entitled to time off without loss of pay for breastfeeding breaks at work for up to one hour per normal working day. This policy was approved by the HSE's executive management team and came into operation from

February 2, 2021. Under the policy, nurses/midwives are entitled to time off without loss of pay for breastfeeding breaks at work for up to one hour per normal working day. Nurses/midwives who are working reduced hours or work longer days can take the breaks on a pro-rata basis. Breastfeeding breaks may be taken in the form of one break of 60 minutes, two breaks of 30 minutes each, or three breaks of 20 minutes each, or in such other manner as agreed by the employee and her manager.

If no breastfeeding facilities exist in the workplace, the employee may reduce her working day by one hour without loss of pay, in accordance with service need and in a manner to be agreed between the employee and manager. Employees should be provided with a designated space where possible for the purposes of breast milk expression. Managers are required to engage with employees in relation to these arrangements and should endeavour to facilitate needs as far as reasonably practicable, having regard to service requirements. See *HR Circular 006/2021* for more.

Specialist allowance on enhanced contract

Q. I am a senior, dual qualified nurse but haven't applied for the enhanced nurse/midwife practice contract. I am currently working in a theatre department, in receipt of an allowance and have completed an operating theatre nursing course. Should I apply?

As a senior dual qualified nurse, your basic salary is the same on the enhanced contract. The big difference is the value of the allowance. You are restricted on the dual qualified scale to an abated value of the allowance – currently €1,597. This was the better arrangement until the introduction of the enhanced contract. If you moved to the enhanced contract now, as a theatre nurse and with a qualification in theatre, you can collect a higher specialist qualification allowance of €3,835, which is a €2,238 increase on your current income. By applying for both the enhanced contract and the specialist qualification allowance now, you would move to the senior enhanced contract salary of €55,851 and collect the specialist qualification allowance of €3,835. I would strongly advise that you consider applying for both.



Know your rights and entitlements

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

Contact Information Officers Catherine Hopkins and Catherine O'Connor at
Tel: 01 664 0610/19

Email: catherine.hopkins@inmo.ie, catherine.oconnor@inmo.ie
Mon to Thur 9am-5pm; Fri 8.30am-4.30pm



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

Quality & Safety

A column by
Maureen Flynn



Evaluation of Education and Learning Programmes Guide

NURSES and midwives across the country play a key role in the provision of education and learning programmes. In this month's column we share a new resource 'Evaluation of Education and Learning Programmes Guide 2023'. This resource, developed by the HSE National Quality and Patient Safety Directorate, will be of interest to nurses and midwives designing, participating in and evaluating education programmes.

It is good practice to include an evaluation alongside learning programmes that take place in healthcare workplaces.¹ This provides a means of:

- Assessing the programme effectiveness
- Gathering feedback on opportunities for improvement
- Informing programme review cycles
- Achieving the programme's learning outcomes.

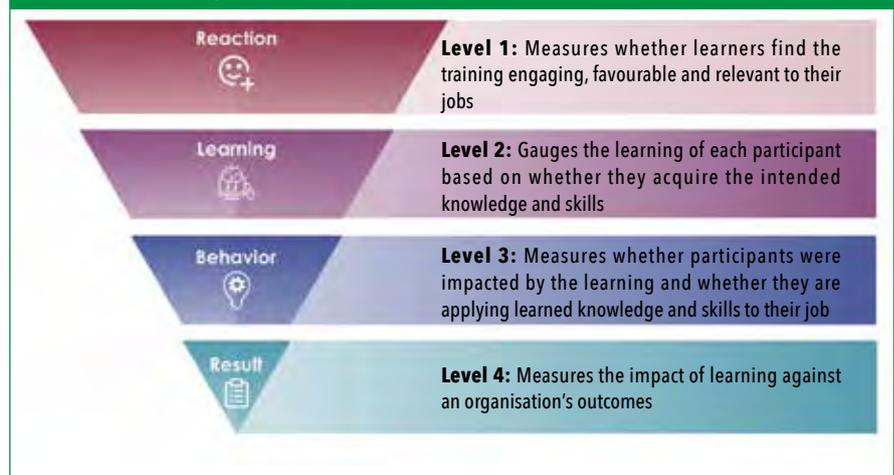
Evaluation plays an important role in promoting accountability and transparency, assessing the efficiency and effectiveness of resources invested in a programme, and providing information on how well a programme is achieving its goals.

At its simplest, evaluation will provide a systematic and objective assessment of a project, programme, event, policy or initiative to determine its effectiveness, efficiency, relevance and sustainability.²

Evaluation frameworks

The most commonly used evaluation framework for education and training purposes is the Kirkpatrick model, introduced in 1959. Kirkpatrick is an outcome-focused model evaluating the outcomes of education programmes at four levels (see Figure).³ The first level assesses the participant's satisfaction with the training and the second level monitors what they learned. The third and fourth levels define the correlation between acquired skills and impact on behaviour at work (transfer of learning), as well as impact on workplace outcomes.

Figure: Kirkpatrick model of evaluation



The guide

The guide provides standardised tools and ideas on how you go about evaluating education and learning programmes. This also includes webinars, workshops and other education and learning initiatives (eg. project clinics).

The guide contains:

- A rapid review of evaluation frameworks for education and learning programmes
- A summary of tools and templates that can be used in the evaluation of each level of the Kirkpatrick framework
- A core set of evaluation questions to support all Level 1 evaluations
- Examples of additional Level 1 reaction questions that can be used when designing programme evaluations.

Get involved

You can read the Evaluation Guide on the National Quality and Patient Safety (QPS) Directorate website or you can download the full guide.

At your next ward, unit, team or group meeting why not talk about how you evaluate your teams learning programmes. The tools in the guide can be adapted to design an evaluation that is appropriate for your particular programmes.

Connect with your Nurse and Midwife Practice Development (NMDP) Team or your Centre for Nursing and Midwifery Education (CNME) about the use of the guide.

More information

You can find a leaflet and download the guide itself on the HSE website at: <http://bit.ly/education-evaluation> or by scanning the QR code on the right. To find more information or talk to a member of the NQPSD QPS Education team you can contact the team by email at: QPS.education@hse.ie



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

Acknowledgements

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Making every contact count

A team from East Galway/Roscommon Chronic Disease Hub discusses how they are making opportune patient interventions count

'MAKING Every Contact Count' (MECC) is a health behaviour change programme for the health services that aims to make the most of all routine interactions between healthcare professionals and patients by seeing such encounters as opportunities for promoting health and wellbeing.

This innovative approach recognises the potential impact that brief, everyday conversations and interactions can have on individuals' health behaviours and outcomes. By integrating the MECC approach into chronic disease hubs, healthcare professionals can help to empower patients to make positive lifestyle changes, address health concerns and improve their overall quality of life.

Collaboration and working within multi-disciplinary teams (MDT) are important concepts in healthcare, but they have some differences in their approach and functionality. This MECC project included a collaboration of teams with focus on those chronic diseases addressed by Sláintecare – cardiology, respiratory, diabetes and health promotion.

Collaboration in healthcare involves different healthcare professionals from different disciplines working together to provide comprehensive care to patients. This can include doctors, nurses, pharmacists, therapists and other specialised healthcare professionals. Team members share their expertise and work jointly to ensure that every contact counts.

Collaboration encourages open communication and teamwork among professionals, ultimately leading to improved patient outcomes.

The MECC team in East Galway/Roscommon chronic disease hub was established in July 2023. It included the

Pilot from November 1 to December 15, 2023					
Total patient number	Cardiology	Respiratory	Diabetes	Total contacts in Hub	
	35	26	4	65	
Data summary					
Intervention subject	Tobacco use	Alcohol use	Physical activity	Healthy eating	Total ask(ed)
Ask (ed) by all disciplines	9	2	4	5	20
Advise (d) by all disciplines	3	4	9	4	20
Assess (ed) by all disciplines	0	0	0	0	0
Assist (ed) by all disciplines	1	0	3	0	4
Arrange (d) by all disciplines	5	0	38	0	43

operational lead for East Galway/Roscommon Integrated Care, the MECC mobiliser, the health promotion officer, a cardiac rehabilitation physiotherapist, a diabetes nurse specialist and a respiratory nurse specialist.

A database was established with three primary objectives in order to assess the implementation of MECC:

- How does it help the provider?
- How does it help the public?
- How does it help the patient?

This became the MECC site register. It was launched in November with a six week pilot, which allowed evaluation of its effectiveness and analysis of the trending data.

Results

Data was collected using the five 'A's model: Ask, Advise, Assess, Assist and Arrange. The five 'A's model in MECC is a framework that allows the healthcare provider promote and offer support for healthy behaviours and prevention of illness in a structured and appropriate manner. The pilot focused on supporting the health behaviour changes in relation to smoking, alcohol and

drug use, physical activity and healthy eating.

- In the six week-pilot 65 patients had interaction with a healthcare professional that opened an opportunity for promoting health and wellbeing
- Of these, 66% (n=43) journeyed through the five 'A's framework and were actively involved in programmes such as pulmonary rehab, cardiac rehab or the quit-smoking programme.

In the past, there was no record of these interactions and any subsequent alterations in behaviour.

With the MECC approach, the East Galway/Roscommon Chronic Disease Hub has provided a strong platform for promoting healthy lifestyle changes with patients in a way that is both effective and efficient. This, in turn, is expected to align with the overall goal of Sláintecare to reduce hospital visits, thereby resulting in cost savings for our healthcare system.

Emma Burke is a respiratory nurse specialist and Donough McBrearty is a cardiology physiotherapist at Chronic Disease Hub East Galway/Roscommon. Patrick Conway is the MECC mobiliser in CHO2 and a senior health promotion and improvement officer

Planning for success

Gráinne Caffrey discusses how to use the HSE's professional development planning framework for nurses and midwives

THE HSE Professional Development Planning Framework was introduced to support nurses and midwives and provide a structured process that could facilitate professional development. In May 2023 the HSE professional development planning process became mandatory for all nurses and midwives employed by the HSE.

The process is aligned with the HSE performance achievement process and both processes are supported by the INMO and the Joint Staff Associations. The HSE Office of the Nursing and Midwifery Service Director (ONMSD) manages the overall process by providing resources to support nurses and midwives and their managers. The resources include the framework, guides and the digital professional development planning tools which are accessible on the nursing and midwifery hub on HSeLanD.

It is important to highlight that the professional development planning process and the associated templates are not for use in any form of disciplinary context and are not used for performance management. In addition, they will not be included in Health Information and Quality Authority (HIQA) inspections of designated centres.

A performance achievement/professional development plan is a tool that supports the nurse or midwife to identify professional goals for the benefit of themselves, their service users and their workplace. Professional development is a continuous development process that facilitates nurses and midwives to engage with their line manager, to identify their professional goals and the support required to achieve their goals. This has the potential to advance both their careers and patient services. Professional development goals are aligned to the NMBI Code of Professional Conduct and Ethics.¹

Benefits of professional development planning

- Helps you to recognise and acknowledge your strengths and facilitates you to identify and meet your professional developmental needs
- Supports you to set professional long- and short-term goals
- Provides an opportunity for one-to-one engagement at least once a year with your line manager
- Provides an opportunity for you to give and receive feedback
- Provides an opportunity to engage in continuing professional development and builds your professional confidence and credibility
- Enables you to demonstrate how you maintain your professional development and competence for the NMBI
- Enhances job satisfaction and staff retention
- Supports organisational goals and objectives
- Contributes to the delivery of safe quality care and improved patient experience.

Accessing professional development planning

The digital professional development planner is available on the nursing and midwifery hub on HSeLanD. There, you can create and maintain an online portfolio of your professional development. All you need to start is a HSeLanD account. Helpful resources to support you include the Professional Development Planning Information Guide² and Framework.³ Download from the digital professional development planning hub resources section at: <https://pdp.hseland.ie/>

The professional development planning process consists of four main stages: Prepare, Plan, Collaborate and Act:

Stage 1: Prepare

- Read the Information Guide² and the Framework³

- Reflect on your professional career to date. Think about what you want to achieve at your professional development meeting
- Compile your documents/certifications (HSeLanD certs will automatically be included in your digital planner)
- Is there something that you professionally want to achieve in your workplace, for your organisation and/or for yourself?
- Take the time to reflect on your strengths. Explore your skills and experience
- If you are a line manager, ensure that you have a work email address, eg. Jane.Doe@hse.ie linked to your HSeLanD account, as this is what your staff will use to identify you as their line manager.

Stage 2: Plan

- Plan your professional goals one by one by considering the following:
 - Is there a skill or experience you want to achieve?
 - Do you want to implement evidence-based practice?
 - Are you interested in furthering your education?
 - Have you an idea for an innovation in your service area?
 - Are you involved in auditing of practice standards? Could this be improved?
 - Have you considered a change in policy to support best practice?
- Align your goals to the NMBI Code of Professional Conduct and Ethics¹
- Collaborate with your line manager to agree a date and time that suits you both
- Draft your professional development goals. Remember they will be discussed at your review meeting.
 - Start with the self-assessment section:
- Identify the strengths that you bring to your role
- Describe how you are using your knowledge, skills and experience in your role
- Are your knowledge, skills and experience

being optimally utilised? If not always, take time to consider how this can be achieved? What are the areas in relation to your knowledge, skills and experience that you would like to develop and describe how?

- What challenges exist in your role and how can you be supported to manage them?

There are no right or wrong answers, this is your professional development; it is about you and for you. The answers will support you and your manager to create discussion points as part of your conversation.

Next, you can set your professional goals. You can have one goal or set up to five of them.

- Professional goal: Name your professional goal and remember make it SMART: Specific, Measurable, Achievable, Realistic and Time-bound
- NMBI Code of Conduct and Ethics Principles:¹ These can be accessed on the digital planner. Again, tick one or all five if applicable
- Support required to achieve the goal: This could be an educational programme, mentorship, shadowing a senior colleague, gaining experience or developing a competency
- Required action: What do you need to achieve your goal? Can your line manager support you in any way to achieve this goal?

Finally, submit your digital professional development planner online or send a copy to your line manager. You are encouraged to use digital planning, as this will automatically be sent to your designated line manager and it will be counted in the national reports. Once submitted your planner will be locked until your collaborative meeting with your line manager begins. You can print off a copy if required.

Stage 3: Collaborate

The professional development planning process requires all nurses and midwives to meet with their line manager at least once annually. Please ensure that you know your HSeLanD login and password, so that you can access your digital professional development planner. This also unlocks your planner for the meeting.

At the collaborative session, you and your manager review your self-assessment, professional goals and can make changes or updates to your planner.

'Comments and discussion' is the title of the final section. In this section, your line manager may summarise the meeting and your collaborative conversation. They may also add commentary if additional goals were added or if there are other actions



required to support you in your professional development and attaining your goals.

When the discussion is complete, you can set a date with your line manager for your next meeting.

At the end of this meeting, you and your line manager can 'agree and sign' the professional development planner. To complete this process simply select the 'Agree and Sign' button.

Congratulations you have completed your professional development planner

Stage 4: Act

As you progress with your professional development planner you will see that it is a circle for continued professional development, so now is the time to act. Therefore, you should review your planner on a regular basis to ensure your goals are being achieved. If they are not being achieved, ask yourself, why not? On the digital planner, you can add updates whenever you want – these updates are only visible to you. This is a useful means of tracking progress, reflective learning and retaining your records, to update your line manager at your next professional development planning meeting.

As part of your preparation for your next meeting, you will be required to review your goals and achievements as you

progress with plans for the next stage of your professional journey.

Resources

Resources and training materials are available on the digital PDP Hub resources section^{4,5} to support nurses, midwives and managers with exemplar professional development planners, testimonials, instruction videos and support documentation. The ONMSD is available nationally to support services with the implementation of PDP.

Dr Gráinne Gaffney is NMPD professional development planner support lead at the ONMSD

Acknowledgement: Thanks to Catherine White, project manager, ONMSD

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Balancing act

Emma O'Hart discusses the 'double duty' care burden that many nurses and midwives can face



DOUBLE duty caregiving refers to health-care professionals who provide care in their personal lives while continuing to care professionally.¹ Double duty caregiving has been investigated in the US, Canada and the Netherlands where it was found that 30-50% of nurses and/or midwives were carrying a double duty of care.^{1,2,3}

One might assume that these nurses and midwives have primarily negative experiences of such a care burden; however, this proved untrue on review of the literature.¹ Perhaps this is because as a nurse or midwife, you have access to resources and knowledge that other caregivers may not.

Caregiving in Ireland

Double duty caregiving has yet to be investigated in Ireland. *Family Carers Ireland: The State of Caring* report published that 500,000 people in Ireland are family carers – approximately one in eight adults – saving the state €20 billion annually.⁵ Of these, 88% of those caring for family members are women.⁴

The report provides a snapshot of what it could be like for those caring for a loved one and, given our ageing society, one can only see this situation deteriorating. Projections by Family Carers Ireland predict that by 2030, one in five people in Ireland will be a family carer.⁵

Ageing society

The Economic and Social Research Institute (ERSI) projected that from 2015 to 2030, the number of those aged 65 and over will increase from one in eight to one in six.⁶ The number of those aged 85 and over will almost double. The demand for care in the community and home care will increase from 38% to 54%.⁵

The ERSI also stated that the need for care for those in intermediate or residential

care facilities will increase by up to 54% and in the community, demand for public sector care, primary care and pharmacies will also increase.⁵

Recruitment and retention

As of June 1, 2023, there were 84,948 nurses and midwives on the NMBI Register. There are 79,489 practising and 70,969 patient-facing registrants, with 8,520 not patient-facing. Some 71,456 of the total number on the register of those practising are female.⁶

Nurses are still the largest group of health service employees accounting for 59% of the healthcare workforce globally and delivering an estimated 90% of primary healthcare services.⁷ International and national nurse staffing trends show that the problem of retaining nurses will not be resolved anytime soon.⁹

The healthcare recruitment moratorium in Ireland from 2009-2015 severely affected safe staffing levels, from which we are still recovering.^{8,9} The INMO continues to call for legislation to underpin safe staffing using the Framework for Safe Staffing and Skill Mix.¹⁰

Where to from here?

Nurses and midwives are the largest worker group in healthcare in a predominantly female profession.⁷ The demand for care in an ageing Irish society continues to increase. Safe staffing levels and retention of staff remain an ongoing issue.^{7,8}

We must ask ourselves if the statistics for double duty caregiving internationally are similar in the Irish healthcare setting? What impact does this have on nursing in Ireland? What services are in place to support nurses and midwives in their workplaces?

A study is underway at Dublin City

University in relation to this issue and we are calling on INMO members to consider participating in our survey. The survey can be accessed at: <https://survey.zohopublic.eu/zs/V0BJVX> or by scanning the QR code. It will take approximately 20 minutes to complete.



SCAN ME

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A sea change in women's healthcare

Ambulatory gynaecology units are shifting traditionally consultant-led services towards a more efficient model with nurses at its core. **Freda Hughes** spoke to two nurses at the leading edge of this change

IRELAND'S first ambulatory gynaecology clinics were established in 2005. In these clinics, located across the country, a novel one-stop 'see and treat' approach to diagnosis and treatment of certain gynaecology conditions is facilitated in an outpatient setting, moving away from the traditional inpatient day case diagnostic procedures.

Internationally, and in particular in the UK, these clinics – otherwise known as office hysteroscopy clinics – have many benefits over an inpatient approach with the use of general anaesthetic.¹ With the use of smaller diameter scopes, diagnostic hysteroscopy became possible and acceptable for the majority of women who attended.² It is a convenient model of care, where in most instances women can attend the clinic on their own, have their diagnostic procedures carried out and receive results the same day. Outpatient hysteroscopy clinics are recognised internationally as best practice in the diagnosis and treatment of abnormal uterine bleeding.³

Here in Ireland, a 2019 review by the National Women and Infants Health Programme (NWIHP) resulted in funding to expand ambulatory gynaecology services around the country. The ambulatory gynaecology model of care, the review estimates, will alleviate pressure on inpatient gynaecology waiting lists and is predicted to have the potential to treat 70% of gynaecology referrals and reduce waiting times. Currently, all acute hospitals providing maternity services are linked with an ambulatory gynaecology clinic.

In the main, ambulatory gynaecology clinics have been facilitated by obstetric and

"We have taken a lot of pressure off the theatre with our expanded hysteroscopy clinic"

– Jean Coffey



gynaecology consultants and registrars. However, with increasing year-on-year gynaecology referral numbers and workforce challenges, the NWIHP has recognised the importance of providing funding for 20 advanced nurse practitioner (ANP) posts in ambulatory gynaecology. These ANPs have the potential to advance their expertise in gynaecology diagnostics and women's health. The role will also improve access to care, provide continuity of care and develop advanced decision-making skills for expanded practice. The pathway to register as an ANP in ambulatory gynaecology will require candidates to complete diagnostic courses, a master's degree and certification in nurse prescribing.

ANP stories

Jean Coffey is one of two ANPs in the Rotunda Hospital in Dublin. She trained in general nursing in St Vincent's University Hospital, later moving to London where she worked on a gynaecology ward. There she gained experience in early pregnancy and general gynaecology. She decided to specialise in ambulatory gynaecology and

trained as a clinical nurse manager (CNS) in the UK. In 2019 she took up the post of CNS in gynaecology in the Rotunda, but she found that she preferred being patient focused so trained as an ANP and took up her new role as the ambulatory gynaecology unit (AGU) was opened in the hospital.

"Reducing waiting lists and the use of general anaesthetic are two huge benefits of our clinics. We have taken a lot of pressure off the theatre with our expanded hysteroscopy clinic. Our service has taken several months off the general gynaecology waiting lists and they are currently the lowest they've ever been. Traditionally, gynaecology was consultant led, but with the ANP role we have greater autonomy and can discharge patients," she told *WIN*.

ANPs and candidate ANPs in ambulatory gynaecology have the capacity to co-ordinate and deliver increasingly complex care and to carry out invasive and non-invasive diagnostic and therapeutic procedures. Currently there are three registered ANPs in ambulatory gynaecology care in the country, 14 candidate ANPs and five qualified nurse hysteroscopists. Fifteen out of the 21 clinics envisaged have commenced, all offering varying degrees of service provision. Already there has been a positive net reduction of 6.9% in gynaecology waiting



lists from 2020-2022, in the face of a 59% increase in gynaecology referrals in the same time period. The most positive reduction has been in people on the referral list for lengthy periods of time, which has seen a 60% reduction from 2020-2022. The NWIHP stated in its annual report for 2022 that "the capacity to see and treat women will continue to grow year on year, with more services due to deploy in 2023, as well as current services continuing to expand their own service."

Runagh Burke trained as a general nurse in Limerick and later commenced midwifery training in Galway. In 2010 she took up a nursing/midwifery role in the AGU in Mayo University Hospital and began to consider training as an ANP. In 2020 a candidate ANP position became available in University Hospital Galway. The role combined early pregnancy services and ambulatory gynaecology. She helped her colleagues to set up the unit and initially worked there as a nurse manager in 2020.

At the end of 2020, Runagh applied for the candidate ANP post and was successful. She commenced her ultrasound and early pregnancy training as a postgraduate student in UCD in 2021. She graduated in January 2022 and went on to complete her nurse prescribing postgraduate course.

Ms Burke, who recently began a master's

"We are independent of the consultant, but they are here if we need them"

– Runagh Burke

in advanced practice, explained some of the procedures carried out in AGUs.

"After completing our diagnostic courses, ANPs can take on many of the procedures a consultant would have traditionally done. We are independent of the consultant, but they are here if we need them. In the majority of cases, it's a 'see and treat' scenario. We can also offer prescriptions and therapeutic management. Not all patients will want their procedures done as an outpatient, so it's important for patients to have a choice in their care and this should include the option of an inpatient procedure if preferred to the outpatient setting.

Patients are most often referred to AGUs with postmenopausal bleeding, heavy menstrual bleeding, dysfunctional uterine bleeding, intermenstrual bleeding, postcoital bleeding, incidental findings of increased endometrial thickness or cervical polyps. Other referrals include intrauterine device insertion and removal, diagnosis and treatment of endometrial polyps, and assessment of pelvic pain.

AGUs carry out transvaginal ultrasound as the first-line diagnostic tool. This is a non-invasive method that can reliably

measure endometrial thickness and detect intrauterine pathology. Hysteroscopy by ANPs using the vaginoscopic technique facilitates the direct visualisation and examination of the uterine cavity. Certain ANPs can also perform operative hysteroscopies whereby endometrial sampling can take place and endometrial polyps can be removed with a hysteroscope.

Most referrals to ambulatory gynaecology clinics come from general practice. Patients can access care and treatment through the AGU and the GP will be kept informed of the care and/or diagnostics carried out. Ms Coffey said she would love to see AGUs set up in primary care settings in the community. She added that she would also like to establish an emergency referral pathway from emergency departments to the AGU, as well as an ANP-led emergency clinic where patients could be triaged so that they're not waiting long hours for care in maternity hospital EDs.

"I think establishing ambulatory gynaecology services in primary care settings would be amazing," Ms Coffey said.

"Many patients do not need to come into a hospital environment. I think it would have a positive impact in community health. In the Rotunda we have a small emergency department. Mostly obstetric patients present there but there are women who come in presenting with gynaecology problems as well who often have to wait for hours, so we are discussing a pathway for emergency presentation."

AGUs provide a holistic approach to care with their multidisciplinary teams. ANPs say that in gynaecology and women's health, you don't have to be an ANP to be effective. For example, many units have developed training for nurses and



An ANP-led staff awareness campaign was launched in University Hospital Kerry on World Menopause Day, October 28, 2023

midwives in the management of pro-lapse, cervical screening, sexual and reproductive health, contraception counselling and fitting contraceptive devices. However, the role of the ANP in these nurse-led units is crucial and should not be underestimated.

Speaking about the importance of ANP roles, Ms Burke said: "Becoming an ANP is a really great way for nurses to progress in their careers, without having to become desk based or go into management or academia. We hope to have our own study days and education sessions in future."

Ms Coffey added: "It's a great progression pathway for nurses without losing those skilled people from the clinical setting, while retaining that skill and passion and knowledge. It also gives us a bit more influence on policy and decisions around care as an ANP. We use this to give nursing and midwifery a voice at policy level."

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Ambulatory gynaecology units in Ireland

- University Hospital Galway
- Cork University Maternity Hospital
- Rotunda Hospital, Dublin
- Waterford University Hospital
- Nenagh (UL Hospitals Group)
- Our Lady of Lourdes, Drogheda
- Wexford General Hospital
- Coombe Women and Infants University Hospital, Dublin
- National Maternity Hospital, Dublin
- Letterkenny University Hospital
- Midland Regional Hospital, Portlaoise
- Sligo University Hospital
- Mayo University Hospital
- St Luke's General Hospital, Kilkenny
- Midland Regional Hospital, Mullingar

Awaiting full deployment of services:

- Tallaght University Hospital
- Cavan General Hospital
- University Hospital Kerry
- Portiuncula University Hospital

Further planned AGU clinics:

- Tipperary University Hospital
- Our Lady's Hospital, Navan

One-stop shop for gynae services

Freda Hughes recently sought the candidate ANP perspective on the ongoing development of AGUs around the country

THERE are 15 fully deployed ambulatory gynaecology units (AGUs) nationwide, with another four in the process of deploying full services and two more clinics planned. Apart from those listed in the box (*below left*), Tallaght University Hospital has an ambulatory gynaecology service, but full deployment will only happen after the process of capital development is complete.

Cavan General Hospital, University Hospital Kerry and Portiuncula University Hospital will also fully open their service once infrastructure development is complete. Further ambulatory gynaecology services are also planned for Tipperary University Hospital and Our Lady's Hospital, Navan.

The AGU at Letterkenny University Hospital opened in March 2021 and hosts 15 clinics per fortnight, offering a full range of services. Shelley Gillespie, a candidate ANP there, told *WIN* that patient feedback has been positive.

"Our AGU offers a one-stop, 'see and treat' outpatient clinic that aims to assess, treat and discharge within one visit. On average we see 170 patients a month and provide a range of services. A 2022 patient satisfaction survey showed 94% of patients were extremely satisfied with the service and happy to return again if the need arose," she said.

Mayo University Hospital's ambulatory gynaecology department was established in 2002, initially as a small hysteroscopy clinic in the hospital's day services unit. It subsequently expanded in 2005 and was converted to a fully functioning AGU. Pricilla Fair, who is a candidate ANP at the department, gave an update on the unit's recent progress.

"Training has a great impact on service delivery and is a key to keeping staff interested in women's health. A total of 1,335 women were seen in our unit in 2022, an increase from 1,092 in 2021," she said.

The AGU in Nenagh Hospital is part of the University of Limerick Hospitals Group's regional hub for women's health. Specialist nurses working within the AGU include a candidate ANP in ambulatory gynaecology, a clinical nurse specialist (CNS) in fertility and a CNS in menopause. In addition there is a team of sonographers and physiotherapists. A campaign for the recruitment of a CNS in endometriosis and a second CNS in fertility was underway at the time of writing. A candidate ANP at the Nenagh AGU, Catherine Henry, said she was proud of the positive impact the unit has had on women's health in the region.

"Multidisciplinary team collaboration ensures that women experience a seamless pathway through investigations and treatment, eliminating fragmentation and duplication of care. This streamlining of care enhances the patient experience and improves outcomes. We are constantly improving by innovation and learning from best practice. Quality improvement is integral to all our activities at the AGU, as evidenced by regular auditing of patient experience and clinical practices. We take pride in knowing that we have a positive impact on women's health," she told *WIN*.

Portiuncula University Hospital's catchment area encompasses East Galway, Roscommon, Westmeath, North Tipperary and Offaly. It is a level 2 ambulatory gynaecology site, currently in an interim location, targeting 1,200-1,500 patients per year. It is envisaged that this AGU will open in 2024, with candidate ANP Yvonne Claffey already working as part of the multidisciplinary team there.

"The NWIHP has developed a forum to support candidate and registered ANPs in our roles, helping to assist us as we plan, develop and begin implementing this women's health model. It involves the formation of a national shared folder, clinical supervision sessions, the development of national guidelines and promotion of our role and a national standardised survey of patients' experiences. I am excited to be a part of the development of this service in benefiting women's health in both Portiuncula and in Ireland," said Ms Claffey.

The ambulatory gynaecology service in University Hospital Kerry is undergoing significant development. A new purpose-built women's health centre will house the ambulatory gynaecology service, along with a midwifery-led antenatal and postnatal community maternity service.

Up to October 2023, the ambulatory gynaecology workload at UHK consisted of approximately 450 care encounters, while separately the registered ANP has seen more than 360 urogynaecology patients. This has the potential to expand significantly once the designated facility is available. Deirdre Moss, ANP in women's health/maternity directorate, said barriers remain for women seeking individualised care.

"The goal is to continue to break down barriers and enable women to have informed conversations when seeking individualised care with medical professionals," she added.

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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 \geq 50% tumour proportion score (TPS) with no EGFR or ALK positive tumour mutations. KEYTRUDA in combination with pembrolizumab 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 \geq 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) \geq 1. 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 \geq 1. KEYTRUDA as monotherapy is indicated for the treatment of recurrent or metastatic HNSCC in adults whose tumours express PD-L1 with a \geq 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 \geq 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 advanced unresectable or metastatic triple negative breast cancer in adults whose tumours express PD-L1 with a CPS \geq 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 \geq 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 \geq 1. **DOSE 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 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 \leq 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 \geq 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 method 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 (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 Kispilix and for advanced EC see the SmPC for Lenvima. **Monotherapy:** Very Common: anaemia, hypothyroidism, decreased appetite, headache, dyspnoea, cough, abdominal pain, nausea, vomiting, constipation, musculoskeletal pain, arthralgia, asthenia, oedema, pyrexia, diarrhoea, pruritus, rash, fatigue, Common: pneumonia, thrombocytopenia, neutropenia, lymphopenia, hyponaetria, 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, hyponaetria, 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, 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, hyponaetria, 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. © 2023 Merck & Co., Inc., Rahway, NJ, USA and its affiliates. All rights reserved. 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) 1/121

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)

References

- KEYTRUDA Summary of Product Characteristics. Available at www.medicines.ie. Accessed September 2023.
- PD-L1: Programmed death-ligand 1, CPS = combined positive score



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

Irish podcast to focus on gynaecological cancers

Opening a new series in *WIN* that focuses on female oncology, we look at a new podcast which shares the experiences of gynaecological cancer patients while looking at treatment options and advances

A NEW podcast series on gynaecological cancers, which represent 12% of all female cancers, has been launched by the Irish Society of Gynaecological Oncology (ISGO). Hosted by GP Dr Doireann O'Leary and sponsored by Breakthrough Cancer Research, the series shares the stories and first-hand experiences of people who have had a cancer diagnosis. They are joined by various healthcare professionals, who provide expert advice, with the podcasts also delving into cutting-edge research and advancements that aim to improve survival and treatment options.

Episodes include topics focused on specific cancers such as ovarian cancer (in particular PARP inhibition) and gestational trophoblastic disease, to topics which bridge all cancer types including experience of palliative care services. People share their stories of being diagnosed with a genetic cancer syndrome and what this has meant for them and their family as well as patient and public involvement in research. They also explore the psychological and psychosexual consequences of cancer treatment.

Dr Dearbhaile Collins, president of ISGO and consultant medical oncologist in Cork University Hospital, said that the vision was to deliver accurate information to the public from both specialists and patients themselves, and to create easily understandable and accessible audios.

"We are delighted with the engagement from Irish experts in their fields and the frank and insightful personal experiences from patients. ISGO looks forward to being involved in future podcasts in other areas of gynaecological cancer," she added.

"The patient voice is central to this series. I learned so much from the patient advocates who courageously shared their story and lived experience to help others. I also got to speak to the dedicated consultants who care for them; their lifelong dedication to providing evidence-based



At the launch of a new podcast series by the Irish Society of Gynaecological Oncology (ISGO), were (l-r): Dr John Coulter, consultant obstetrician and gynaecological oncologist at Cork University Maternity Hospital; Bridget Carr (patient); Dr Dearbhaile Collins, president of ISGO; and Eoghan O'Sullivan, Breakthrough Cancer Research

Table 1. Episodes of podcast series on gynaecological cancers

Episode 1: The lived experience of genetic testing. Includes patients' experiences of preventative surgery due to a BRCA gene mutation and of ovarian and endometrial cancers and Lynch syndrome
Episode 2: Ovarian cancer and PARP inhibitors Dr Dearbhaile Collins, consultant medical oncologist, explains PARP inhibitors, A recent breakthrough in ovarian cancer treatment
Episode 3: Redefining palliative care Dr Karie Dennehy and Dr Miriam Collieran, consultants in palliative medicine, on their role and how they support patients and families
Episode 4: Psychosexual impact of fertility treatment and cancer. Dr Doireann O'Leary speaks with a woman who discusses the impact of fertility and cancer treatment on her relationship. Dr Yvonne O'Meara, systemic psychotherapist and psychosocial oncologist, discusses the psychosexual impact of cancer on relationships
Episode 5: Lived experience of gestational trophoblastic disease. Dr John Coulter, consultant obstetrician, gynaecological oncologist and clinical lead of the National Gestational Trophoblastic Disease Centre at Cork University Maternity Hospital
Episode 6: Public and patient involvement (PPI) Dr O'Leary speaks with Sharon O'Toole, senior research fellow at Trinity College Dublin working in the area of gynaecological cancer and ISGO Board member, who co-founded its public and patient involvement (PPI) group, through which patients and members of the public get involved in cancer research

care with empathy is inspiring. This series is a must listen for all women. We discuss gynaecological cancers, 'red flag' symptoms never to ignore, how to 'speak up' and advocate for yourself in the oftentimes overwhelming healthcare setting. We say the 'unsaid', said Dr Doireann O'Leary.

More than 1,400 gynaecological cancers are diagnosed in the Irish Republic annually, with a further 591 diagnosed each year in Northern Ireland. This represents over 12% of female cancers. Symptoms of gynaecological cancer may include: abnormal vaginal bleeding or discharge, feeling full too quickly, bloating or difficulty eating,

pelvic pain or pressure, abdominal or back pain, a more frequent need to urinate, constipation, itching, burning sensations of the vulva and changes in vulval colour or skin.

ISGO is an all-Ireland venture encompassing all gynaecological cancers. Its aim is to advocate for patients through improvements in education, training and research. Breakthrough Cancer Research is Ireland's leading research charity for poor prognosis cancers. It supports research all over Ireland in gynaecological cancers.

To access the series, visit Dr Doireann's Podcast. For further information see: www.thisisgo.ie



CKD prevalence revealed

TILDA research highlights need for CKD management pathway

NEW research has revealed that one in seven people over the age of 50 have chronic kidney disease (CKD) – almost all of whom (98%) don't know they have it. This is one of the recent findings released from the largest study to date in Ireland to characterise the population affected by CKD over the age of 50 years. Data from The Irish Longitudinal Study on Ageing in Ireland (TILDA)¹ was analysed by researchers from Trinity College Dublin in collaboration with the HSE.

The presence and severity of CKD identifies individuals who are at increased risk of adverse health outcomes, such as cardiovascular disease, premature death, and potentially progression to requiring dialysis or a kidney transplant and premature mortality. As such, preventing and managing CKD constitutes a key aim of overall health management.

Key findings

Based on TILDA data from 2009-2011 to 2013-2015, CKD prevalence in adults aged 50 years and over in Ireland is rising. While this is likely to be primarily related to ageing and improved survival in the general population, these trends highlight the importance of continued public health action to raise awareness and to improve the care and outcomes for people with CKD. CKD was present in 15.6% of people aged 50+ in Ireland, which equates to approximately 226,000 people or one in seven of the population. Almost all (98%) those with CKD were unaware they had it. While blood pressure management should be tightly controlled in CKD to prevent or slow down progression, blood pressure was found to be poorly controlled in CKD in Ireland. Hypertension was the most common CKD-related condition in the Irish adult population.

The estimated prevalence of CKD in Irish adults aged 50+ years without diabetes and hypertension was 6.22% based on TILDA wave 1 data and 10.01% based on wave 3. Age, blood pressure, HbA1c, body mass index (BMI) and hypertension were

significantly associated with the presence and severity of CKD.

With CKD becoming more common over time in Ireland, the researchers highlight the need for action in primary and secondary care to raise awareness and to improve the outcomes for people living with CKD.

New cases of CKD in Ireland in people aged 50+ are occurring at a rate of 16 people per 1,000 person-years of follow up, which will likely also contribute to substantial future demand on nephrology services and hospital inpatient stay. The increasing prevalence of CKD has implications for future treatment policies in nephrology in Ireland, including health-care resource allocation planning as part of Sláintecare as well as the implications of new treatment options for CKD on the chronic disease management programmes in Ireland. New treatments proven in trials to alter the course of CKD, thereby reducing progression to established kidney disease, are now also available for patients.

Lead author Prof Donal Sexton, consultant nephrologist at St James's Hospital and TILDA analyst, said: "This report is extremely important for people with chronic kidney disease living in Ireland since it highlights not only how common it is but also emphasises the public health requirement to improve awareness and treatment in the light of new approved medications. The incorporation of CKD into the chronic disease management programme in Ireland may facilitate improved treatment of the condition in primary care."

Prof Rose-Anne Kenny, principal investigator of TILDA, said: "Ireland is the fastest ageing country in Europe. In Ireland, we spend one-fifth of our lives with disability and significant disease. CKD is an important and hitherto neglected cause of such disability in ageing. The aim of this TILDA research is to characterise CKD in adults in Ireland and raise awareness of how common it is and how, if it is identified sufficiently early, we can manage its

course and lessen its more severe health consequences. The data will assist new screening, referral and management pathways for CKD and increase independent living and quality of life for Irish adults."

Prof George Mellotte, national clinical director for renal services, said: "The National Renal Office proposes to use the clinical epidemiology data from this report to help inform the design of the model of care and service development for early chronic kidney disease in the community and to advocate for CKD to be included as part of the national chronic disease management programme."

Prof Colm Henry, HSE chief clinical officer, said: "CKD is one of the most common comorbidities amongst the conditions already covered by the chronic disease management programme. In the advent of new disease modifying medications, screening for CKD in high risk groups is of paramount importance, in particular in primary care and opportunistic screening in secondary care."

Carol Moore, CEO of the Irish Kidney Association said the report "highlights the need for more education around CKD and that it should not be viewed in isolation but rather as an integral part of other health conditions such as diabetes, high blood pressure and cardiovascular disease".

Conclusion

In conclusion, based on this large, prospective cohort study, the researchers characterised the population with CKD in Ireland, and showed that the prevalence of CKD is 15% in adults 50 years or older in the general population as of 2016. Furthermore, according to clinical CKD grading, around one-third of individuals with CKD in Ireland had moderate to severe CKD, with an intermediate or high risk of associated complications including the progress to end-stage kidney disease (ESKD).

Reference

1. Chronic kidney disease in community-dwelling adults aged 50+ years in Ireland: A Report from TILDA and the National Renal Office. <https://tilda.tcd.ie/publications/reports/CKDReport/>

EVRENZO™ is like a breath of fresh air, in symptomatic anaemia of CKD

EVRENZO mimics the body's natural response to low oxygen conditions, such as those experienced at high altitude.¹ By stimulating a coordinated erythropoietic response, oral EVRENZO increases endogenous production of erythropoietin and improves iron bioavailability – ultimately leading to increased haemoglobin production and increased red blood cell production.¹ All of which could reduce the complexity of current anaemia management.²



EVRENZO is indicated for treatment of adult patients with symptomatic anaemia associated with chronic kidney disease (CKD)¹



Prescribing Information

EVRENZO™ (roxadustat) film-coated tablets

Name: EVRENZO 20 mg film-coated tablets, EVRENZO 50 mg film-coated tablets, EVRENZO 70 mg film-coated tablets, EVRENZO 100 mg film-coated tablets, EVRENZO 150 mg film-coated tablets.

Presentation: Film-coated tablets containing 20 mg, 50 mg, 70 mg, 100 mg or 150 mg roxadustat. **Indications:** Treatment of adult patients with symptomatic anaemia associated with chronic kidney disease (CKD). **Posology and Administration:** Treatment should be initiated by a physician experienced in the management of anaemia. All other causes of anaemia should be evaluated prior to initiating therapy with EVRENZO and when increasing the dose. EVRENZO must be taken orally three times per week and not on consecutive days. The tablets are taken orally with/without food, swallowed whole and should not be chewed, broken or crushed. EVRENZO can be taken before or after dialysis (see SPC section 5.2). Individualise dose to achieve and maintain target haemoglobin (Hb) levels of 10–12 g/dL. Treatment should not continue beyond 24 weeks if a clinically meaningful increase in Hb levels is not achieved. **Starting dose:** Ensure adequate iron stores prior to initiation. **Patients not currently/previously treated with an erythropoiesis-stimulating agent (ESA):** Recommended starting dose: Patients <100kg: 70 mg three times weekly. Patients ≥100kg: 100mg three times weekly. **Patients converting from an ESA:** Patients on ESA treatment can be converted to roxadustat. **Dialysis patients stable on ESA:** only consider conversion if clinically valid reasons exist. **Non-dialysis patients stable on ESA:** conversion not studied, only consider on benefit-risk to patient. The recommended starting dose is based on the average prescribed ESA dose in the 4 weeks before conversion. The first roxadustat dose should replace the next scheduled ESA dose. See Table 1. in the SPC. **Maximum recommended dose:** Patients not on dialysis do not exceed a roxadustat dose of 3 mg/kg body weight or 300 mg three times weekly, whichever is lower. **Patients on dialysis do not exceed a roxadustat dose of 3 mg/kg body weight or 400 mg three times weekly, whichever is lower. Dose adjustments and Hb monitoring:** The individualised maintenance dose ranges from 20 mg to 400 mg three times per week (400 mg only for CKD patients on dialysis). Monitor Hb every 2 weeks until a level of 10–12 g/dL is reached and stabilised, then every 4 weeks or as clinically indicated. The dose of roxadustat can be adjusted stepwise up or down from the starting dose 4 weeks after treatment start, then every 4 weeks except if the Hb increases by >2 g/dL, in which case the dose should be reduced by one step immediately. When adjusting the dose, consider the current Hb level and the recent rate of change in Hb level over the past 4 weeks, and follow the dose adjustment steps in Table 2 in SPC section 4.2. If dose reduction is required for a patient on the lowest dose, reduce the dose frequency to twice a week. If further dose reduction is needed, the frequency may be reduced to once weekly. **Maintenance dose:** After stabilisation of target Hb levels, monitor Hb levels regularly and follow dose adjustment rules. Consider alternative explanations in patients with inadequate Hb response (see SPC section 4.2). **Patients starting dialysis while on roxadustat treatment:** No specific dose adjustments required. Follow normal dose adjustment rules. **Concomitant roxadustat treatment with inducers or inhibitors:** When initiating/discontinuing concomitant treatment with strong inhibitors or inducers of CYP2C8, or inhibitors of UGT1A9, monitor Hb levels routinely and follow dose adjustment rules. **Missed dose:** If there is >1 day until the next dose, the missed dose must be taken as soon as possible. If one day remains before the next dose, skip the missed dose. Then resume the regular dosing schedule. **Elderly:** No adjustment of starting dose (see SPC section 5.2). **Patients with hepatic impairment:** Mild hepatic impairment: No adjustment of starting dose. Moderate hepatic impairment: Caution is recommended. Reduce starting dose by half or to the level closest to half the starting dose. Severe hepatic impairment: Not recommended (see SPC sections 4.4 & 5.2). **Paediatric population:** No data are available in patients <18 years of age. **Contra-indications:** EVRENZO is contra-indicated in the following conditions: Hypersensitivity to the active substance, peanut, soya, or to any of the excipients listed in section 6.1 of the SPC; Third trimester of pregnancy (see sections 4.4 & 4.6 of the SPC); Breastfeeding (see section 4.6 of the SPC). **Warnings and precautions:** Cardiovascular and mortality risk: Overall, the cardiovascular and mortality risk for treatment with roxadustat has been estimated to be comparable to the cardiovascular and mortality risk for ESA therapy based on data from direct comparison of both therapies (see SPC section 5.1). Since, for patients with anaemia associated with CKD and not on dialysis, this risk could not be estimated with sufficient confidence versus placebo, a decision to treat these patients with roxadustat should be based on similar considerations that would be applied before treating with an ESA. Further, several contributing factors have been identified that may impose this risk, including treatment non-responsiveness, and converting stable ESA treated dialysis patients (see SPC sections 4.2 and 5.1). In the case of non-responsiveness, treatment with roxadustat should not be continued beyond 24 weeks after the start of treatment (see SPC section 4.2). Conversion of dialysis patients otherwise stable on ESA treatment is only to be considered when there is a valid clinical reason (see SPC section 4.2). For stable ESA treated patients with anaemia associated with CKD and not on dialysis, this risk could not be estimated as these patients have not been studied. A decision to treat these patients with roxadustat should be based on a benefit risk consideration for the individual patient. **Thrombotic vascular events:** The reported risk of thrombotic vascular events (TVEs) should be carefully weighed against the benefits to be derived from treatment with roxadustat particularly in patients with pre-existing risk factors for TVE, including obesity and prior history of TVEs (e.g., deep vein thrombosis [DVT] and pulmonary embolism [PE]). Deep vein thrombosis was reported as common and pulmonary embolism as uncommon amongst the patients in clinical studies. The majority of DVT and PE events were serious. Vascular access thrombosis (VAT) was reported as very common amongst the CKD patients on dialysis in clinical studies (see SPC section 4.8). In CKD patients on dialysis, rates of VAT in roxadustat treated patients were highest in the first 12 weeks following initiation of treatment, at Hb values more than 12 g/dL and in the setting of Hb rise of more than 2 g/dL over 4 weeks. It is recommended to monitor Hb levels and adjust the dose using the dose adjustment rules (see Table 2) to avoid Hb levels of more than 12 g/dL and Hb rise of more than 2 g/dL over 4 weeks. Patients with signs and symptoms of TVEs should be promptly evaluated and treated according to standard of care. The decision to interrupt or discontinue treatment should be based on a benefit risk consideration for the individual patient. **Seizures:** Seizures were reported as common amongst the patients in clinical studies receiving roxadustat (see SPC section 4.8). Roxadustat should be used with caution in patients with a history of seizures (convulsions or fits), epilepsy or medical conditions associated with a predisposition to seizure activity such as central nervous system (CNS) infections. The decision to interrupt or discontinue treatment should be based on a benefit risk consideration of the individual patient. **Serious infections:** The most commonly reported serious infections were pneumonia and urinary tract infections. Patients with signs and symptoms of an infection should be promptly evaluated and treated according to standard of care. **Sepsis:** Sepsis was one of the most commonly reported serious infections and included fatal events. Patients with signs and symptoms of sepsis (e.g., an infection that spreads throughout the body with low blood pressure and the potential for organ failure) should be promptly evaluated and treated according to standard of care. **Secondary hypothyroidism:** Cases of secondary hypothyroidism have been reported with the use of roxadustat (see SPC section 4.8). These reactions were reversible upon roxadustat withdrawal. Monitoring of thyroid function is recommended as clinically indicated. **Inadequate response to therapy:** Inadequate response to therapy with roxadustat should prompt a search for causative factors. Nutrient deficiencies should be corrected. Intercurrent infections, occult blood loss, haemolysis, severe aluminium toxicity, underlying haematologic diseases or bone marrow fibrosis may also compromise the erythropoietic response. A reticulocyte count should be considered as part of the evaluation. If typical causes of non-response are excluded, and the patient has reticulocytopenia, an examination of the bone marrow should be considered. In the absence of an addressable cause for an inadequate response to therapy, Evrenzo should not be continued beyond 24 weeks of therapy. **Hepatic impairment:** Caution is warranted when roxadustat is administered to patients with moderate hepatic impairment (Child Pugh class B). Evrenzo is not recommended for use in patients with severe hepatic impairment (Child Pugh class C) (see SPC section 5.2). **Pregnancy and contraception:** Roxadustat should not be initiated in women planning on becoming pregnant, during pregnancy or when anaemia associated with CKD is diagnosed during pregnancy. In such cases, alternative therapy should be started, if appropriate. If pregnancy occurs while roxadustat is being administered, treatment should be discontinued and alternative treatment started, if appropriate. Women of childbearing potential must use highly effective contraception during treatment and for at least one week after the last dose of EVRENZO (see SPC sections 4.3 and 4.6). **Misuse:** Misuse may lead to an excessive increase in packed cell volume. This may be associated with life threatening complications

of the cardiovascular system. **Excipients:** EVRENZO contains lactose. Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose galactose malabsorption should not take this medicinal product. EVRENZO contains Allura Red AC aluminium lake (see SPC section 6.1) which may cause allergic reactions. EVRENZO contains traces of soya lecithin. Patients who are allergic to peanut or soya, should not use this medicinal product. **Effects on ability to drive and use machines:** Roxadustat has minor influence on the ability to drive and use machines. Caution should be exercised when driving or using machines. **Interactions:** Effect of other medicinal products on roxadustat: **Phosphate binders and other products containing multivalent cations:** Roxadustat should be taken >1 hour after administration of phosphate binders or other medicinal products or supplements containing multivalent cations (not lanthanum carbonate) (see SPC section 4.2). **Modifiers of CYP2C8 or UGT1A9 activity:** Monitor Hb levels when initiating/ discontinuing concomitant treatment with gemfibrozil, probenecid, other strong inhibitors/inducers of CYP2C8 or other strong inhibitors of UGT1A9. Adjust the dose of roxadustat following dose adjustment rules based on Hb monitoring. (see SPC section 4.2). **Effect of roxadustat on other medicinal products:** **OATP1B1 or BCRP Substrates:** Co administration of roxadustat with simvastatin in healthy subjects increased the AUC and C_{max} of simvastatin and simvastatin acid. The concentrations of simvastatin and simvastatin acid also increased when simvastatin was administered 2 hours before or 4 or 10 hours after roxadustat. Co administration of roxadustat with rosuvastatin increased the AUC and C_{max} of rosuvastatin. Co administration of 200 mg of roxadustat with atorvastatin increased the AUC and C_{max} of atorvastatin. Interactions are also expected with other statins. Monitor for adverse reactions associated with statins and for the need of statin dose reduction. Roxadustat may increase the plasma exposure of other medicinal products that are substrates of BCRP or OATP1B1. Monitor for possible adverse reactions of co administered medicinal products and adjust dose accordingly. See SPC. **Roxadustat and ESAs:** It is not recommended to combine administration. **Pregnancy and lactation:** There are no data on the use of roxadustat in pregnant women. Roxadustat is contra-indicated in the third trimester of pregnancy and is not recommended during the first and second trimester. If pregnancy occurs during EVRENZO treatment, discontinue EVRENZO and switch to an alternative if appropriate. EVRENZO is contra-indicated during breast-feeding. **Fertility:** The potential effects of roxadustat on male fertility in humans are unknown. At a maternally toxic dose, increased embryonic loss was observed. Women of childbearing potential must use highly effective contraception during treatment and for at least one week after the last dose. **Undesirable effects:** Summary of the safety profile. The safety of EVRENZO was evaluated in 3542 non dialysis dependent (NDD) and 3353 dialysis dependent (DD) patients with anaemia and CKD who have received at least one dose of roxadustat. The most frequent (≥10%) adverse reactions associated with roxadustat are hypertension (13.9%), vascular access thrombosis (12.8%), diarrhoea (11.8%), peripheral oedema (11.7%), hyperkalaemia (10.9%) and nausea (10.2%). The most frequent (≥1%) serious adverse reactions associated with roxadustat were sepsis (3.4%), hyperkalaemia (2.5%), hypertension (1.4%) and deep vein thrombosis (1.2%). **List of adverse reactions:** Adverse reactions observed during clinical studies and/or in post-marketing experience are listed in this section by frequency category and MedDRA system organ class. Frequency categories are defined as follows: very common (≥1/10); common (≥1/100 to <1/10); uncommon (≥1/1,000 to <1/100); rare (<1/1,000); very rare (<1/10,000); not known (cannot be estimated from the available data). **Infections and infestations:** Common: Sepsis. **Endocrine disorders:** Not known. Secondary hypothyroidism. **Metabolism and nutrition disorders:** Very common: Hyperkalaemia. **Psychiatric disorders:** Common: Insomnia. **Nervous system disorders:** Common: Seizures, headache. **Vascular disorders:** Very common: Hypertension, vascular access thrombosis (VAT). Common: Deep vein thrombosis (DVT). **Gastrointestinal disorders:** Very common: Nausea, diarrhoea, Common: Constipation, vomiting, Skin and subcutaneous tissue disorders: Not known: Dermatitis Exfoliative Generalised (DEG). **Hepatobiliary disorders:** Uncommon: Hyperbilirubinaemia. **Respiratory, thoracic, mediastinal disorders:** Uncommon: Pulmonary embolism. **General disorders and administration site conditions:** Very common: Peripheral oedema. **Investigations:** Not known: Blood thyroid stimulating hormone (TSH) decreased. This adverse reaction is associated with CKD patients who were on dialysis while receiving roxadustat. **Description of selected adverse reactions:** **Thrombotic vascular events:** In CKD patients not on dialysis, DVT events were uncommon, occurring in 1.0% (0.6 patients with events per 100 patient years of exposure) in the roxadustat group, and 0.2% (0.2 patients with events per 100 patient years of exposure) in the placebo group. In CKD patients on dialysis, DVT events occurred in 1.3% (0.8 patients with events per 100 patient years of exposure) in the roxadustat group and 0.3% (0.1 patients with events per 100 patient years of exposure) in the ESA group (see SPC section 4.4). In CKD patients not on dialysis, pulmonary embolism was observed in 0.4% (0.2 patients with events per 100 patient years of exposure) in the roxadustat group, compared to 0.2% (0.1 patients with events per 100 patient years of exposure) in the placebo group. In CKD patients on dialysis, pulmonary embolism was observed in 1.2% (0.7 patients with events per 100 patient years of exposure) in the roxadustat group, compared to 0.5% (0.3 patients with events per 100 patient years of exposure) in the ESA group (see SPC section 4.4). In CKD patients on dialysis, vascular access thrombosis was observed in 12.8% (7.6 patients with events per 100 patient years of exposure) in the roxadustat group, compared to 10.2% (5.4 patients with events per 100 patient years of exposure) in the ESA group (see SPC section 4.4). **Seizures:** In CKD patients not on dialysis, seizures occurred in 1.1% (0.6 patients with events per 100 patient years of exposure) in the roxadustat group, and 0.2% (0.2 patients with events per 100 patient years of exposure) in the placebo group (see SPC section 4.4). In CKD patients on dialysis, seizures occurred in 2.0% (1.2 patients with events per 100 patient years of exposure) in the roxadustat group, and 1.6% (0.8 patients with events per 100 patient years of exposure) in the ESA group (see SPC section 4.4). **Sepsis:** In CKD patients not on dialysis, sepsis was observed in 2.1% (1.3 patients with events per 100 patient years of exposure) in the roxadustat group, compared to 0.4% (0.3 patients with events per 100 patient years of exposure) in the placebo group. In patients on dialysis, sepsis was observed in 3.4% (2.0 patients with events per 100 patient years of exposure) in the roxadustat group, compared to 3.4% (1.8 patients with events per 100 patient years of exposure) in the ESA group (see SPC section 4.4). **Skin reactions:** Dermatitis exfoliative generalised, part of severe cutaneous adverse reactions (SCARs), has been reported during postmarketing surveillance and has shown an association with roxadustat treatment (frequency not known). Prescribers should consult the full summary of product characteristics in relation to other adverse reactions. **Overdose:** Single supratherapeutic doses of roxadustat 5 mg/kg (up to 510 mg) in healthy subjects were associated with a transient increase in heart rate, an increased frequency of mild to moderate musculoskeletal pain, headache, sinus tachycardia, and less commonly, low blood pressure (all non-serious). Roxadustat overdose can elevate Hb levels above the desired level; manage with discontinuation or reduction of roxadustat dosage and careful monitoring and treatment as clinically indicated. Roxadustat and its metabolites are not significantly removed by haemodialysis. **Package Quantities, Basic NHS cost:** EVRENZO (12 pack tablets). United Kingdom (UK): 20 mg = £59.24, 50 mg = £148.11, 70 mg = £207.35, 100 mg = £296.21, 150 mg = £444.32. Ireland (IE): POA. **Legal Classification:** UK: POM. Ireland POM/SA. **Product licence numbers:** Great Britain (GB): PLGB 00166/0427-0431. Northern Ireland (NI/IE): EU1/21/1574/001-005. **Marketing Authorisation Holder:** GB: Astellas Pharma Ltd., 300 Dashwood Lang Road, Bourne Business Park, Addlestone, United Kingdom, KT15 2NX. NI/IE: Astellas Pharma Europe B.V. Sylviusweg 62, 2333 BE Leiden, The Netherlands. **Date of Preparation of Prescribing Information:** February 2023. **Document number:** MAT-IE-EVZ-2023-00002. **Further information available from:** UK: Astellas Pharma Ltd., Medical Information: 0800 783 5018. IE: Astellas Pharma Co. Ltd., Tel.: +353 1 467 1555. For full prescribing information, please see the SPCs which may be found at: GB: www.medicines.org.uk; NI: https://www.emcmedicines.com/en-gb/northernireland/; IE: www.medicines.ie.

United Kingdom Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to Astellas Pharma Ltd. on 0800 783 5018.

Ireland Adverse events should be reported. Healthcare professionals are asked to report any suspected adverse reactions via: NPRA Pharmacovigilance, Website: www.npra.ie or Astellas Pharma Co. Ltd. Tel: +353 1 467 1555, E-mail: irshdrgsafety@astellas.com.

▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions.

CKD, chronic kidney disease. 1. EVRENZO SMP. 2. Sanghani NS, Haase VH. Adv Chronic Kidney Dis 2019; 26:253–266. MAT-IE-EVZ-2023-00001 | March 2023



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Take a break with **WIN** CROSSWORD Competition

Across

- 1 The airspace that is occupied by a particular plane on a journey (6,4)
- 6 It's nowhere near being involved in a safari (4)
- 10 French goodbye (5)
- 11 Take on an opponent - or secure what protrudes from some cattle? (4,5)
- 12 Type of seafish (7)
- 15 Paved garden feature (5)
- 17 Eject forcibly (4)
- 18 Solemn vow (4)
- 19 Historic Spaniard warrior portrayed on screen by Charlton Heston (2,3)
- 21 Sport involving twenty-two balls (7)
- 23 With which to dry the distressed owlet (5)
- 24 The sound of a contented cat (4)
- 25 The longest river entirely in Spain (4)
- 26 Unit of currency in Norway and Denmark (5)
- 28 The shoot of a plant (7)
- 33 Breed of dog favoured by a communist composer of crosswords? (3,6)
- 34 Search a person (5)
- 35 Melodies (4)
- 36 You have to pay to cross the river here (4,6)

Down

- 1 Mighty deed; great achievement (4)
- 2 Traditional dish - a possible origin of whist, sire (5,4)
- 3 Be present in a ghostly way (5)
- 4 Structure built to support cables (5)
- 5 Correct mark (4)
- 7 & 8 Denser profs stir up the ones who give earliest medical attention (5,10)
- 9 Section of a book (7)
- 13 Russian czar, nicknamed the Terrible (4)
- 14 Lose it, totally - when you head for a game of 21 across? (2,2,3)
- 16 Asian country, capital Seoul (5,5)
- 20 Executed on a cross (9)
- 21 Dozer under the railway tracks (7)
- 22 Smooth, level (4)
- 27 Senior, more aged (5)
- 29 Sign up (5)
- 30 Postpone, or yield to a more authoritative person (5)
- 31 Bismarck's first name (4)
- 32 Largest island of the Inner Hebrides (4)

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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: **February 21, 2024**. Alternatively post your entry to: WIN Crossword, MedMedia Publications, 17 Adelaide Street, Dun Laoghaire, Dublin A96E096

Winter crossword solution

- Across:** 1 Hid 3 Baker Street 8 Picnic 9 Prostate gland 11 Sweat 13 Block 15 Sadness 16 Trouble 20 Candy 21 Lurid 23 Salem 24 Handball 25 Catnap 26 Electrocute 27 Nay
- Down:** 1 Hypoglossal 2 Declared 3 Build 4 Emperor 5 Tusks 6 Erased 7 Toe 12 Take-home pay 13 Basic 14 Kerry 17 Bed-linen 18 Angelic 19 France 22 Debit 23 Shade 24 Hoe

The winner of the winter crossword sponsored by MedMedia is Colette Gibbons, Louisburgh, Co Mayo

INMO president and colleagues recognised for innovative service

INMO president Karen McGowan and her team at Beaumont Hospital, Dublin, were recognised recently by the Irish Healthcare Awards as winners of the Nursing and Midwifery Project of the Year.

The award, which is sponsored by the Scottish Nursing Guild, was awarded to the gynaecology department at Beaumont Hospital for its innovative nurse-led

rapid access post menopausal bleeding service.

The service, based in St Joseph's Hospital campus, Raheny, was implemented by Ms McGowan in 2022, and represents a crucial development in the provision of women's health services.

Speaking at the awards, Ms McGowan acknowledged the work of the gynae-

colony team providing the service, and lauded her colleagues in the nursing community for their support in the implementation of this important project.

In particular, Ms McGowan noted the nursing staff in St Joseph's Hospital, whose patient-focused approach has enabled this service to be run to an award-winning standard.

Ireland scores low in international breastfeeding ranking

IRELAND has received a score of 56/100 when it comes to support for and protection of breastfeeding and a rank of 57 out of 99 participating countries globally, in an inaugural report by Technological University Dublin (TU Dublin).

The World Breastfeeding Trends Initiative Report, led by TU Dublin with support from UNICEF, has ranked Ireland at 10th out of 19 European countries that participated.

Ireland has one of the lowest breastfeeding rates in the world, with just 63% of babies receiving breastmilk at birth and < 5% exclusively breastfeeding at six months, a stark deviation from the WHO target of 50% at the six-month mark.

The report pinpointed gaps in Ireland's support for and protection of breastfeeding and identified key areas for improvement to raise Ireland's breastfeeding rates. These include standardising breastfeeding education for all healthcare



professionals who encounter pregnant and breastfeeding women, providing for greater availability of breastfeeding preparation classes and breastfeeding support groups, developing an infant and young child feeding in emergencies preparedness plan, and fully implementing the WHO Code of Marketing of Breastmilk Substitutes.

"The good news is that Ireland has some good policy in place; the bad news is that doesn't seem to be reflected in

our national breastfeeding statistics and in maternal feedback. Healthcare staff on the ground need to be adequately resourced to be able to give good, timely breastfeeding support.

"Ireland's National Breastfeeding Action Plan expires this year; if we focus on developing a new action plan, and implement the recommendations in this report, there is real potential to improve our score for when the report is repeated in five years," said lead author Dr Liz O'Sullivan, TU Dublin.

Gráinne Moloney, senior advisor in early childhood nutrition, UNICEF, said that the report was "an important milestone and piece of the puzzle" towards improving Ireland's breastfeeding rates.

"It shows that while there are some good policies in place, there needs to be greater implementation and enforcement of breastfeeding supportive policies to translate into higher rates."

Nurse from Sligo General Hospital to cycle from Roscommon to Australia in aid of local hospice charity



Twenty-five-year-old Fergal Guihen from Arigna, Co Roscommon, plans to cycle 23,000km to Australia across an 11-month period, beginning in March. A general nurse in Sligo General Hospital, he will leave Roscommon in early March and plans to reach Australia in February 2025, raising funds for Mayo Roscommon Hospice Foundation in the process. Mr Guihen, who worked in St James's Hospital, Dublin prior to taking up his current post in Sligo General Hospital ED, will need to average 100km per day to complete his trip, which will take in 25 countries across three continents. "This challenge is no doubt going to be the hardest thing I have ever done. I had a thought that I may as well incorporate a fundraising element into it, so I've chosen a charity local to me, the Mayo Roscommon Hospice Foundation, as I want to give back to my local community," Mr Guihen said. Mayo Roscommon Hospice Foundation has been providing palliative care services in both counties for more than 30 years. To donate, visit www.idonate.ie/rossie-to-aussie

February

Wednesday 7

Telephone Triage Section AGM. 11am online

Thursday 8

SALO Group meeting. 12:30pm at the Richmond and online

Monday 12

National Children's Nurses Section AGM. 11am online

March

Friday 12

Ladies Lounge see page 6 for full details

Tuesday 26

ADON Masterclass with Jane Salvage. See page 15&24 for full details

April

Saturday 20

PHN Section meeting. 10.30am online

Monday 29

Advanced Practice Section meeting. 11am online

Tuesday 30

Retired Section meeting. 11am at the Richmond and online

May

Thursday 23

SALO meeting. 12pm at the Richmond and online

Wednesday 29

Orthopaedic Nurses Section meeting. 4pm online



Condolences

- ❖ Sincere sympathy to Norma Breen, PHN and secretary of the Mallow Branch on the recent passing of her mother, Joan Breen. May she rest in peace
- ❖ We extend our deepest condolences to INMO Executive Council member George Jefferies and his family on the death of his mother Ita. *Ar dheis Dé go raibh a h-anam*
- ❖ We extend our deepest sympathies to the family and friends of INMO member Margaret (Mairead) Feighery (née Flannery). Margaret's nursing career spanned both the HSE and the NHS. She will be fondly remembered by all who knew her

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 notice

- ❖ The Retired Section will be attending *The Pull of the Stars* in The Gate Theatre at 2pm, Saturday, April 13. The play is set in a Dublin hospital in 1918 during the Spanish flu pandemic. It follows three days in the life of Julia Power, a young midwife assigned to a quarantined women's ward. If you are a section member and would like to attend, call to book on 01-5720732. For queries, call Ger on 087-2794701

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
- 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 contacting the library by email: niamh.adams@inmo.ie or call 01 6640625



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Credentials: NCLEX-RN/US RN license or on an NCLEX pathway
Desirable: VisaScreen Certification

Night nurses needed

The Irish Cancer Society are seeking Registered Nurses, qualified in General or Paediatric Nursing, who have some palliative care experience to deliver end-of-life care to seriously ill patients in their home. We require 4-6 nights per month availability. Training will be provided. Job description on www.cancer.ie
 Email CV to recruitment@irishcancer.ie
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Contact Declan at omahonyandco@gmail.com or 087 417 5095

Irish Nurses Rest Association

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

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



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Counselling Helpline

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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 allocation allowance, but it is important to check with your HR/ Payroll department.



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 Róisín at roisin.oconnell@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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