Report of the Expert Review Body on Nursing and Midwifery

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Chairperson's Foreword

Health service provision is by its very nature dynamic and ever-changing. An effective and efficient functioning health service is also crucial to every resident in Ireland. Each of us is likely to use it on a number of occasions during the course of our lifetime. The dynamic nature of the service was evident long before the onset of COVID-19, but the latter has brought into focus issues of capacity, capability, structures, governance, resourcing, resilience and more. It also served to remind us of the central role that our nursing and midwifery professions play in the provision of the health service, and we have had everyday reminders, particularly over the past two years, of their courage, their strength, and their focus on the well-being of the patient.

A number of factors and events gave rise to the formation of the Expert Review Body by the Minister for Health. An industrial dispute in early 2019 followed by recommendations from the Labour Court as well as the Public Service Pay Commission report (2018) were the immediate drivers. The development of *Sláintecare,* which provides the strategic underpinning for the entire health service, continues to be central to the consideration of matters relating to the planning and provision of health services in this country and was very much to the fore in the deliberations of the Body.

The terms of reference for the Body were sufficiently wide to allow us to make quite an extensive examination of the profession, albeit not as fully comprehensive as was undertaken by the Commission on Nursing, with our consideration extending beyond the matters that were immediate to the industrial dispute to issues of education and development, digital health, workforce matters and leadership and governance. These are reflected in the chapter headings of our review.

The Review is significantly informed by our engagement with stakeholders. Submissions were invited from all relevant stakeholders, and forty-five individual submissions were received. It was clear to the Body that considerable care and thought went into each of these, and there was an evident concern for the well-being of patients and the longer-term effectiveness of the health system. We also had the benefit of fourteen presentations from among those stakeholders where we had the opportunity to engage on relevant matters in a more detailed manner. We would like to express our deep gratitude to each of those stakeholders.

As Chair, I would also like to express my considerable thanks to my fellow Expert Review Body members who brought not just their personal expertise (which is considerable) but also a huge commitment to ensuring that our final document was one that was practical and capable of implementation as well as being reflective and strategic. We were extremely fortunate in having Ray Healy from the Department of Health as our Secretary. His knowledge, patience and diligence were crucial to the work of the Body.

Finally, I would commend this report and recommendations as supportive of an evolving and developing health service in which the nursing and midwifery professions play, and are facilitated in playing, an appropriate caring and leadership role in an overall more coherent structure.

Dr Moling Ryan

Chairperson

January 2022

Executive Summary

The Expert Review Body (ERB) was set up by the Minister for Health in 2021 and was initiated as part of the resolution of an industrial dispute in nursing and midwifery. The terms of reference requested that the ERB conduct a general review of nursing and midwifery as well as specific issues related to management grades. Membership consisted of a number of national and international experts, trade union representation, membership from the Department of Health and Department of Public Expenditure and Reform, as well as the nursing and midwifery professions. Stakeholder engagement was central to the work of the ERB, and this consisted of submissions, presentations, and virtual meetings. The outcome from these stakeholder engagements was significant in developing the recommendations outlined in this Report.

Following this introduction and a context chapter, the Report consists of a further four chapters, each of which provides a number of recommendations on the future of the nursing and midwifery professions in the context of the terms of reference of the ERB and the implementation of the recommendations in Sláintecare.

Each chapter follows a similar format built around a series of questions:

- Where are we now?
- What have we heard?
- Where do we want to be?
- How will we get there?

The following paragraphs provide a high-level summary of the chapters presented in this report:

Chapter 2 – **Current Context** - describes the current context in which nurses and midwives practise in Ireland, including the regulation of the professions and educational preparation. It includes an acknowledgement of the tremendous contribution of nurses and midwives in reforming care pathways and providing care, most recently evident in their response to the Covid-19 pandemic.

Chapter 3 – **Workforce -** provides a discussion of the nursing and midwifery professions in Ireland, projections of the requirements to provide future care, as well as outlining career pathways currently available through clinical and management grades. The chapter provides an overview of the divisions of nursing and midwifery and the current national policy directions. This chapter also outlines recommendations related to safe nurse and midwifery staffing, decision-making in recruitment and retention and the wellbeing of nurses and midwives.

Chapter 4 - **Education and Professional Development -** looks at the current education and development of nurses and midwives and considers various reforms in the context of current and future demands on the professions. The recommendations address the undergraduate nursing and

midwifery curricula and routes of access into nursing and midwifery education that will facilitate the next generation of students to provide care in a variety of health and social care settings. In addition, this chapter includes recommendations related to the support structures for nursing and midwifery students and newly qualified nurses and midwives. Recommendations also address new career pathways into shared clinical academic roles, which will allow nurses and midwives to combine their clinical expertise with up-to-date research and education to facilitate the provision of evidence-based patient care[1].

Chapter 5 - **Digital Health -** emphasises the importance of nurses and midwives in the utilisation of digital strategies and approaches to practice in the provision of healthcare. The recommendations in this chapter propose that local digital leads should be in place to support the implementation of, and sustain, a digital approach to nursing and midwifery practice. This chapter also proposes that a cohort of nurse and midwife leaders in digital health is essential to ensure that emerging and new technologies address the needs of patients and healthcare professionals. In addition, recognising the growing impact of digital technologies on the provision of healthcare, there will be a need to streamline nurses' and midwives' access to broader digital systems, including the provision of a unique employee identifier, the use of data for decision making in the provision of patient care and the introduction of standardised terminology measures.

Chapter 6 - **Governance and Leadership Structures –** considers the governance and leadership changes relating to senior nurses and midwives following on from the recommendations of the Body and the requirements of Sláintecare as well as the inadequacies or inconsistencies in the current arrangements. It also focuses in detail on the Labour Court recommendation relating to certain nursing management grades, including pay-bands, grading and leadership roles

[1] **NOTE:** there is a broad range of terminology used for those cared for by nurses and midwives. Throughout the document the term used to describe the individual(s) receiving care is person/people and patient. This includes reference to women, men, people who identify as gender diverse, children, clients, residents, and all other people receiving healthcare provided by nurses and midwives.

Summary of Recommendations

Number	Recommendation
Nursing and Midwifery Workforce	
01	The Department of Health to develop an integrated workforce strategy for nursing and midwifery to include planning and forecasting staffing requirements based on operational and strategic plans for all services and the new enhanced role of the nurse and midwife in both hospital and community settings.
02	Future Health Service Executive (HSE) recruitment strategies to be informed by excellence in workforce planning, with transparency and compliance against performance indicators. This should be supported by data and evidence linked to the impact of nursing and midwifery care on patient outcomes.
03	Nursing and midwifery workforce planning should be organised and managed at the hospital group/integrated service area level. To support this, the HSE will transfer the appropriate autonomy to the Group/Area/Director of Nursing/Director of Midwifery and Director of Public Health Nursing levels, with associated authority to recruit and retain nurses and midwives in a more streamlined and efficient way, in line with HR practices.
04	The HSE, Nursing and Midwifery Board of Ireland (NMBI) and higher Education Institutions (HEI) to review access and capacity of undergraduate education with a plan to increase undergraduate student numbers in each of the disciplines annually in line with the projected workforce demands. It is recognised that the projected increase in nursing and midwifery student numbers will require planning in relation to academic, clinical staffing and placements resources as well as infrastructural resources.
05	The Department of Health and the HSE to advance the implementation of the Framework for Safe Staffing and Skill-Mix in General and Specialist Medical and Surgical Care Settings in Ireland (Department of Health 2018)[2] and continue delivery of Phase 2 (emergency settings) and Phase 3 (long-term residential care and community settings).
06	The HSE to continue to advance the implementation of the Birthrate Plus approach as a model to determine clinical midwifery staffing levels across all appropriate maternity units; and formally evaluate the maternity workforce model being utilised, including the effectiveness of Birthrate Plus.
07	ONMSD, with the Higher education institutions, to identify and develop clinical nurse specialist/clinical midwifery specialist and advanced nursing practice/advanced midwifery practice career pathways to meet service needs in the community and primary care settings.
08	The HSE to support the development of integrated clinical nurse specialist/clinical midwifery specialist and advanced nursing practice/advanced midwifery practice services in line with the Enhanced Community Care Programme and acute care

[2] https://www.gov.ie/en/publication/2d1198-framework-for-safe-nurse-staffing-and-skill-mix-in-general-and-speci/#

	services as outlined in the HSE National Service Plan 2021[3] and supported by the implementation of the Enhanced Nurse/Midwife Contract.
09	ONMSD, with the Higher education institutions, to advance planning for the further development of community midwifery care in line with the recommendations of Sláintecare and the National Maternity Strategy (Department of Health 2016[4]).
10	The Department of Health to review the Development of Graduate to Advanced Nursing and Midwifery Practice[5] policy to progress a revised target of 3% of the nursing and midwifery workforce practising as Advanced Nurse and Advanced Midwife Practitioners.
11	The HSE, Directors of Nursing, Directors of Midwifery and Directors of Public Health Nursing with stakeholders to review the current flexible working policies and practices to support and enhance the development of a more employee-friendly approach to the recruitment and retention of nurses and midwives.
12	The HSE and NMBI to develop a five-year strategy, supported by workforce intelligence data, for the retention of nurses and midwives in Ireland, with a particular focus on: • Early graduate and early career nurses and midwives. • Nurses and midwives in the last decade of their career. • Professional mobility. • Workforce stability. This strategy should also utilise and incorporate staff retention supports and tools such as professional development plans, performance reviews, clinical supervision, coaching, mentorship, staff wellbeing, access to continuing professional development and postgraduate education, and leadership support.
13	The HSE/ONMSD to develop a programme of structured rotation options between acute and community settings to support those on the Enhanced Nurse/Midwife Contract. This programme will facilitate staff to develop the required clinical knowledge and skills to deliver integrated care.
14	The Health Service Executive and health service providers should systematically implement a structured approach to support the health and wellbeing of nursing and midwifery staff. This includes the implementation of validated evidence-based organisational initiatives (for example, Magnet principles) and providing access to wellbeing resources as required [6],[7],[8].
Education	
15	The Department of Health, Nursing and Midwifery Board of Ireland (NMBI), higher education institutions and the Health Service Executive (HSE) to review the routes of entry to undergraduate nursing and midwifery as part of increasing diversity of the nursing and midwifery workforce.
16	Higher Education Institutions, in partnership with the NMBI, to introduce Graduate Entry to Nursing (GEN) and Graduate Entry to Midwifery (GEM) programmes as part of the wider future health workforce planning process.

[3] https://www.hse.ie/eng/services/publications/serviceplans/national-service-plan-2021.pdf
[4] https://www.gov.ie/en/publication/0ac5a8-national-maternity-strategy-creating-a-better-future-together-2016-2/
[5] https://www.gov.ie/en/publication/96ce55-a-policy-on-the-development-of-graduate-to-advanced-nursing-and-midw/
[6] https://www.hse.ie/eng/about/who/qid/learn-and-develop-qi-skills/learning-and-development-programmes.html
[7] https://www.hse.ie/eng/about/who/healthwellbeing/
[8] https://www.inspiresupporthub.org/HSE-EAPandME

17	To inform the workforce planning process, higher education institutions should monitor and report student attrition rates from undergraduate nursing and midwifery programmes.
18	Higher education institutions, the Department of Health, the HSE and the NMBI, through a high-level working group, to review the undergraduate nursing and midwifery curricula in the context of Sláintecare, the introduction of the enhanced practice contract, and the future health needs of the population. This group should also align any revisions to the curricula to national health priorities as well as global issues (UN Sustainable Development Goals)[9]. This review should consider: • Leadership • Working within and across primary, community, and acute care settings. • Working effectively in interprofessional teams. • eHealth and technology-enhanced communication. • Social determinants of health. • Advanced physical and psychological assessment and interventions.
19	The NMBI, higher education institutions, the HSE (including Community Health Organisations) to expand the locations for undergraduate nursing and midwifery student clinical placements, particularly in community and primary care settings. In addition, to reflect the implementation of Sláintecare in the provision of integrated care, the time allocated to community placements for nursing and midwifery students should be increased.
20	The Nursing and Midwifery Board of Ireland to review the Standards and Requirements for undergraduate and postgraduate level education programmes every five years to ensure that requirements are aligned with both national and global health priorities.
21	The NMBI to develop a plan for the undergraduate curriculum of psychiatric and intellectual disability nursing to meet European Union standards.
22	Higher education institutions, in partnership with the Nursing and Midwifery Board of Ireland and the HSE, to develop and implement a variety of relevant and contemporary postgraduate education programmes in community nursing and general practice nursing.
23	ONMSD, with the Higher education institutions, to develop and offer Continuing Professional Development programmes in line with service need for registered nurses and midwives with the initial focus to facilitate the development of: • Advanced leadership, supervision, and delegation capabilities. • Digital health and communication. • Data analytics and decision making.
24	The HSE, in partnership with the higher education institutions and the Health Research Board, to develop a nationally agreed clinical academic career framework[10] for nurses and midwives.
25	ONMSD, with the Higher education institutions, to further develop joint nursing and midwifery clinical–academic appointments across acute and community settings.
26	The Nursing and Midwifery Board of Ireland and higher education institutions to review the options for conversion programmes for registered nurses and midwives to enable them to move between the disciplines[11] and further intra-professional mobility.

[9] https://sdgs.un.org/goals

[10] A formal clinical academic career framework allows nurses and midwives to continue in a clinical role while at the same time undertaking research to improve patient outcomes.

[11] General, Learning Disability, Psychiatric Nursing and Midwifery.

27	ONMSD, with the support of the NMBI, to commission an evaluation of the support in clinical practice (acute and community), including the role of nursing and midwifery staff, clinical placement coordinators and link lecturers and mentorship to determine a new model to support undergraduate nursing and midwifery students and newly qualified staff.
28	To inform continued strategic implementation and development of advanced nursing and midwifery practice, a further evaluation of the impact of advanced practice across the system should be commissioned by the Department of Health and HSE within two years (4 years post-implementation of the Policy on the Development of Graduate to Advanced Nursing and Midwifery Practice[12]).
29	The HSE, through the Community Health Organisations, to increase the number of Professional Development Coordinators for Practice Nursing (PDCPNs) to facilitate the strategic development and standardisation of the care delivered by general practice nurses.
30	The Department of Health to review the current funding structure in respect of continued professional development of nurses and midwives to ensure that it is effectively aligned with the strategic objectives of Sláintecare.
31	The Nursing and Midwifery Board of Ireland to advance the development, establishment and operation of one or more schemes for the purposes of monitoring the maintenance of professional competence by registered nurses and registered midwives as outlined in the Nurses and Midwives Act of 2011.
Digital Health	
32	The HSE to establish and resource a Working Group to support the National Clinical Information Officer (Nursing and Midwifery) and the Office of the Chief Clinical Information Officer (OCCIO) in implementing the Digital Roadmap for Nursing and Midwifery - 2019 to 2024 (ONMSD 2019)[13]. This group would be responsible for prioritising the following: a) Implementing national data standards for nursing and midwifery that enable interoperability. b) Supporting and standardising nursing and midwifery digital leadership roles to include establishing new digital leadership roles, where appropriate. c) Ensuring person-centred engagement to facilitate input and co-design from service users. d) Advocating that the required digital and technological infrastructure to support nursing and midwifery practice is available.
33	The HSE/ONMSD to engage with the Department of Health on the need for the development and implementation of a national policy to provide a unique Health Service Provider Identification (HSPI) as appropriate to nursing and midwifery staff.
34	ONMSD, National Clinical Information Officer (Nursing and Midwifery) and Nursing and Midwifery Informatic Officers to: • continue to develop a national minimum dataset of nursing and midwifery core documentation • establish a preferred national approach to the use of standardised terminologies for nursing and midwifery • develop standardised data sets for nursing and midwifery.

[12] https://www.gov.ie/en/publication/96ce55-a-policy-on-the-development-of-graduate-to-advanced-nursing-and-midw/#

[13] https://healthservice.hse.ie/filelibrary/onmsd/digital-roadmap-for-nursing-midwifery-2019-2024.pdf

35	HSE to establish a nursing and midwifery digital leadership and governance structure in each of the proposed Regional Health Authorities (CHO/Hospital Group in the interim) with responsibility for implementing the strategic goals of the Digital Roadmap for Nursing and Midwifery and maintaining achievement in their organisation.
36	ONMSD to develop training resources to enable senior nurses and midwives to increase their capabilities for data analysis and digital healthcare.
37	Department of Health and the ONMSD to prioritise Goal 7 of the Digital Roadmap for Nursing and Midwifery (ONMSD, 2019) to resource and implement the Digital Capabilities Framework for nursing and midwifery to address existing deficits.
Governance and Leadership Structures	
38	Following a review, the financial quantum of difference to senior nurse and midwife grades arising from the implementation of the Enhanced Nurse/Midwife Contract in 2019 was identified as an average salary difference of 3.28%. The Expert Review Body recommends that this difference be addressed through the sectoral bargaining process as part of the public service pay agreement 'Building Momentum 2021 – 2022'[14].
39	Nurses and midwives to be represented on the most senior HSE operational decision-making forums to ensure their input is appropriately represented and contributes to the strategic direction of the health services. Necessary consultation and discussions should begin immediately to actualise this recommendation. Group Chief Directors of Nursing and the Nursing and Midwifery Services Director, as the senior leads for nursing and midwifery in the current structure, to be consulted by the Department of Health and the HSE on how this representation will be actualised.
40	An integrated collaborative network of leaders at Director of Nursing, Director of Midwifery and Area Director of Nursing (Mental Health and Nursing and Midwifery Practice Development Units) and Director of Public Health Nursing levels across all care areas (acute and community) to be formally established. This will facilitate operational support for the executive leadership and provide an appropriate structure to collaborate, coordinate, and support integrated care delivery and prevent separate governance structures from evolving with the introduction of Regional Health Authorities.
41	The reconfiguration of the Group Chief Director of Nursing and Midwifery role to that of Executive Nurse/Midwifery lead level in each Regional Health Area.
42	Align the salary of a single Director of Nursing in each of the nine Model 4 hospitals to that of the Area Director of Nursing for Mental Health.
43	The Hospital Banding System currently in place to be discontinued. A revised approach for determining Director of Nursing/Midwifery and Assistant Director of Nursing/Midwifery grading across the system to be implemented. This should take into account the revised roles, scope, and responsibilities in the context of Sláintecare and the reforms required to provide integrated and universal healthcare. The number of grades to be rationalised to eight salary scales, the details to be determined between the relevant parties in the context of the next public service pay agreement.

[14] https://www.gov.ie/en/publication/e9d23-building-momentum-a-new-public-service-agreement-2021-2022/

44	The Public Health Nurse salary scale to be merged with that of the current Clinical Nurse Manager 2/Clinical Midwife Manager 2 salary scale.
45	Extend the revised PHN/CNM 2/CMM 2 salary scale by the addition of one further scale point and the introduction of a Long Service Increment.
46	The specialist/location allowance currently available to Clinical Nurse Manager 2/Clinical Midwife Manager 2 grades to also apply to the Clinical Nurse Manager 3/Clinical Midwife Manager 3 grades.
47	Any issues relating to internal and external entry to the merged Public Health Nursing/Clinical Nurse Manager 2/Clinical Midwife Manager 2 salary scale should be discussed between the parties in the context of the next public service pay agreement.

Chapter 1 Introduction

1. Establishment of the Expert Review Body

1.1 Background

The Minister for Health announced the establishment of an Expert Review Body (ERB) on Nursing and Midwifery in June 2020, to conduct a review of the nursing and midwifery professions. This arose from two earlier processes: The Report of the Public Service Pay Commission (September 2018) and Labour Court Recommendation 21900, which was part of the resolution of the industrial dispute in nursing and midwifery in 2019. The review was initially planned to coincide with the period of the Public Service Stability Agreement 2018-2020. However, due to the impact of the Covid-19 pandemic, the ERB did not commence its work until the 30th of July 2020.

The 2018 Report of the Public Service Pay Commission stated, further to its recommendations on nursing, that:

> *"There would be a value in considering a more general review embracing the full spectrum of issues relating to scope and role (including task transfer), structure, operational flexibilities, management responsibilities, professional development and other measures designed to improve the quality and efficiency of service delivery in an integrated way, alongside any compensation issues to be argued by the staff side (PSPC, 2018: 72)."*

The Terms of Reference of the Expert Review Body (Appendix 1) provide that the various outputs will serve as a basis for future engagement between the parties to the Public Service Stability Agreement in the context of negotiations on a successor collective agreement. Therefore, this is not a complete review of the professions; it is limited in scope to the Terms of Reference and is not comparable with the previous work of the Commission on Nursing (Government of Ireland 1998). This Report comes at a time of significant health service reform under Sláintecare, and this context formed part of the consideration of the Body.

1.2 Labour Court Recommendations

Following an industrial dispute in early 2019, the parties (Health Service Executive, Department of Health, Department of Public Expenditure and Reform and staff representative organisations) agreed to arbitration facilitated by the Labour Court and, subsequently, to implement the recommendations received from The Court.

Labour Court Recommendation (LCR) 21900 set out the agreed approach to the resolution of the 2019 nursing industrial dispute. The Health Service Executive (HSE), Department of Health, Department of Public Expenditure and Reform (DEPR), the Irish Nurses and Midwives Organisation INMO), the Services Industrial Professional and Technical Union (SIPTU) and the Psychiatric Nurses Association (PNA) agreed prior to arbitration to implement the Court's recommendations. LCR 21900 states:

> *"In the context of the significant planned reform of health services as referenced in the Public Service Pay Commission (PSPC) published in August 2018, the Court recommends that an expert review of the nursing profession should be undertaken over the medium term and in any event to be completed during the lifetime of the PSSA."*

In relation to the unions' claim relating to clinical nurse manager and community nursing grades, the Court noted:

> *"The union claim in respect of the Clinical Nurse Manager 1 grade (CNM1), the Clinical Nurse Manager 2 grade (CNM2) and community nursing grades cannot be accommodated in phase one of the development of the profession as set out in this Recommendation but should be examined by the expert review of the profession provided for herein.*
>
> *The development of the profession arising from this Recommendation and the work of the Expert Review Body will, in the view of the Court, have implications for the management of nursing, and consequently, the Expert Review Body should examine in particular the effects on the management grades of Clinical Nurse Manager 3 (CNM3), Assistant Director of Nursing (ADON) and Director of Nursing."*

Arising from its recommendation on this claim, the Court recognised that it would have implications for nursing management. Consequently, it proposed that the Expert Review Body should examine in particular the effects on the management grades of Clinical Nurse Manager 3, Assistant Director of Nursing/Midwifery, and Director of Nursing/Midwifery.

The Terms of Reference (as agreed by the parties) provided that the Expert Review Body would conduct a general review of nursing and midwifery, embracing the full spectrum of issues relating to scope and role, structure, operational flexibilities, management responsibilities, professional development and other measures designed to improve the quality and efficiency of service delivery in an integrated way. The review would also:

- Provide a greater understanding of how nurses and midwives can work and be organised more effectively, and their current role developed to support, alongside other healthcare staff, the delivery of an integrated healthcare service of excellence.
- Examine with reference to LCR 21900 and LCR 21901 the effects of the implementation of phase one of the management grades of Clinical Nurse Manager 3, Assistant Director of Nursing and Director of Nursing, and the unions' claim in respect of Clinical Nurse Manager 1 and 2 and community nursing grades.
- Identify existing data information gaps and make recommendations on future data requirements and integration with centralised systems to support future planning.
- Take account of and incorporate advances in technology capable of improving healthcare delivery.
- Examine the accommodation of training and professional development issues in this context.

- Identify any legislative changes required to support any recommendations.

2. Work of the Expert Review Body

2.1. Meetings

The Expert Review Body met from July 2020 until January 2022. Meetings were held through videoconferencing due to the working-from-home policy necessitated by the COVID-19 pandemic. Minutes of these meetings are available on the Department of Health website (https://www.gov.ie/en/publication/c4f6e-expert-review-body-on-nursing-and-midwifery).

2.2. Membership of the Expert Review Body

The Expert Review Body was chaired by Dr Moling Ryan, with representatives from the Department of Health, the Health Service Executive, and the Irish Congress of Trade Unions (ICTU), as well as academic and international experts. Membership of the Expert Review Body included:

- Angela Reed, Senior Professional Officer, Northern Ireland Practice and Education Council for Nursing and Midwifery.
- Andrew Condon, Principal Officer, Department of Public Expenditure and Reform (replacing Tom Clarke in December 2020).
- Bridie O'Sullivan, Group Chief Director of Nursing and Midwifery, South-Southwest Hospital Group.
- Professor Jonathan Drennan, Chair of Nursing and Health Services Research, University College Cork.
- Patricia King, General Secretary of ICTU.
- Rachel Kenna, Chief Nursing Officer, Department of Health.

Secretariat to the group was provided by Ray Healy, Project Officer, and Stephen O Brien, Administrative Officer.

Additionally, a sub-group of the Expert Review Body met on a number of dates in parallel with the main group listed above to discuss particular matters, the outcomes of which were fed back to the wider group and are reflected in the relevant sections of this report.

2.3. Stakeholder engagement

The Expert Review Body invited submissions from stakeholder groups, including the nursing and midwifery professions, trade unions, employer representatives, heads of services, education bodies, and medical and health and social care professions. A list of those who made submissions is provided in Appendix 2. The invitations to the stakeholders posed the following questions:

1. Nursing and midwifery leadership takes place at every level of the healthcare service. In the context of Sláintecare, the enhanced nurse/midwife contract and service reform generally consider the key leadership capabilities required for the professions. Taking these capabilities into account, what consideration needs to be given to the scope and role, professional responsibilities and operational flexibilities of the nursing and midwifery professions to improve the quality and efficiency of service delivery in an integrated way?
2. What impact will the implementation of the enhanced nurse/midwife contract and service reform outlined in Sláintecare have on the current nursing and midwifery management grades, that is Clinical Nurse/Midwife Manager (1, 2 and 3), Assistant Directors of Nursing/Midwifery, Directors of Nursing and Midwifery and Group Chief Directors of Nursing/Midwifery? What supports and structures should be considered and put in place to allow nursing and midwifery management grades to further improve the quality and efficiency of service delivery in an integrated way?
3. In the context of service development and advances in technology to improve the delivery of healthcare, and in light of the considerations provided in response to questions 1 and 2, what are the education and development gaps that need to be addressed to continue to support nursing and midwifery leadership throughout the health services and enable management grades to meet reform expectations?
4. If there are any additional comments which you feel are useful for the Expert Review Body to consider, please include them at this point.

Additionally, fourteen stakeholders and representative organisations were invited to present to the Expert Review Body and were provided with the opportunity to expand on their presentations within question-and-answer sessions. The views, presentations and submissions of stakeholders were considered by the Body, and they informed its analysis and recommendations presented within this Report.

Each chapter of the report includes a "What have we heard?" section outlining the themes which emerged in stakeholders' submissions and presentations and supported by narrative from the submissions. To preserve their anonymity, individual stakeholders are not identified, and quoted material is not attributed to a particular stakeholder. This approach presents the arguments and viewpoints provided by stakeholders and are used to support the recommendations. The ERB commended the quality of the submissions received, and it acknowledged the time taken to compile the comprehensive information that was used to inform the ERB's work.

Chapter 2
Nursing and Midwifery - The Current Context

1. Introduction

Following the publication of the landmark report from the Commission on Nursing (Government of Ireland 1998), the nursing and midwifery professions have undergone substantial reform and change. These changes include the transfer of education from hospital-based schools of nursing and midwifery into the higher education sector (universities and technological universities[15]), the development of specialist and advanced practice roles, the extension of practices such as medicinal prescribing and requesting of X-rays by nurses and midwives, the development of nurse and midwife-led services, and the increased utilisation of research evidence in the provision of high-quality patient care. In addition, the last twenty years have also seen the development of multidisciplinary teams in which nurses and midwives are central to the provision of care to populations with diverse and increasingly complex healthcare needs.

Over the next decade, there will be many changes and challenges in healthcare, including an increase in the provision of integrated care (Government of Ireland 2021), an ageing population and a higher prevalence of people living with complex and long-term illnesses. There is also the possibility of the need to increasingly deal with wide-scale health emergencies such as that seen as a consequence of the Covid-19 pandemic. In addition, in relation to the nursing and midwifery workforces, further challenges will continue in the recruitment and retention of healthcare staff, and there will be a move from hospital-based to community-focused healthcare. These challenges will require new approaches to education, a re-examination of the entry routes to the nursing and midwifery professions, and the further facilitation of nurses and midwives to provide a high level of care within the community and primary care settings.

The following sections outline the context in which the nursing and midwifery professions are operating and how the current landscape will inform the development of the professions over the next decade.

[15] It is acknowledged that during the writing of this report, a number of Institutes of Technology amalgamated into recently formed technological universities.

1.1. Nursing and Midwifery Education in Ireland

As of May 2021, there were 82,217 nurses and midwives registered with the Nursing and Midwifery Board of Ireland (NMBI) (Figure 1). As well as nurses and midwives providing direct patient care in Ireland, these figures include registrants who are on the Register but are not providing care in the Irish health services, including retirees, registrants working in other health and non-healthcare industries, nurses and midwives working in other countries and those on career breaks. In 2020, for the first time, nurses and midwives could self-declare whether they were practising in their respective area of registration, thus providing additional insight to the registered workforce. It is of note that a nurse or midwife can be registered in several divisions while not actively practising in each division.

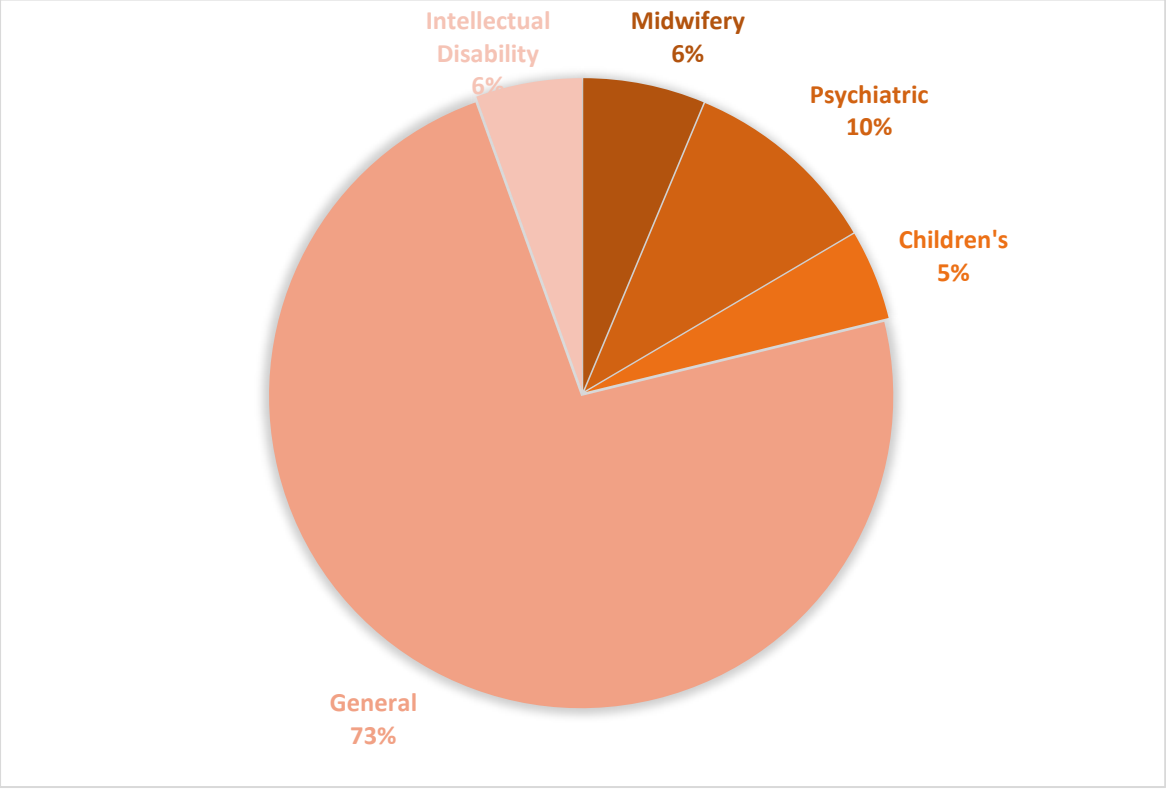

Figure 1 – Current NMBI Registrations by Division - May 2021

The Nursing and Midwifery Board of Ireland (NMBI) is responsible for the registration of nurses and midwives as well as the regulation and training of these professions. Nursing and midwifery students during their education enter the NMBI Candidate Register and complete all statutory and European Union (EU) requirements prior to being eligible for registration. The undergraduate honours bachelor's degree programmes leading to registration with the NMBI include General Nursing; Children's and General Nursing (Integrated); Intellectual Disability Nursing; Psychiatric Nursing; and Midwifery. There are also a number of divisions of the Register that pertain primarily to post-registration programmes for nurses and midwives. In total, 13 HEIs offer programmes in nursing and/or midwifery (St. Angela's College, Sligo is an Institute that offers registration programmes and is affiliated with NUI Galway). All

undergraduate nursing and midwifery programmes are four years in duration, with the exception of the combined Children's and General Nursing programme, which is five years in duration.

The NMBI is mandated by the Nurses and Midwives Act of 2011 (Acts of the Oireachtas 2011) to set Standards and Requirements for the initial professional education of registered nurses and midwives, and the latest Standards and Requirements were published in 2016 (NMBI, 2016a, 2016b). These Standards and Requirements provide direction for higher education institutions and for health service providers for the education of nurses[16] within all four divisions of the nurses' Register and the midwives' Register. The Nurses and Midwives Act of 2011 (Acts of the Oireachtas 2011)[17] also sets out the role of the NMBI in setting the standards required for nurses and midwives and how these standards should be applied in the protection of the public receiving care from the professions. The 2011 Act further recognised midwifery as a separate profession from nursing and, in recognition of this, changed the name of An Bord Altranais to the Nursing and Midwifery Board of Ireland (An Bord Altranais agus Cnáimhseachais na hÉireann). Table 1 outlines the number of new registrants yearly over the last decade. Of note is that in 2016 the number of EU and non-EU first-time registrants was similar to the number of Irish educated registrants joining the workforce. From 2017 to the present date, the number of non-EU registrants exceeded the number of Irish registrants. Non-EU registrants increased from 15.2% of all new registrations in 2015 to 47.8% of all new registrations in 2020, highlighting the importance of overseas nurses in the provision of care in the health services. Conversely, registrations of nurses who trained in Ireland reduced from 61.8% of the total new registrations in 2015 to 39.7% in 2020. New registrations from nurses who qualified in the European Union (excluding Ireland) declined in 2019 and 2020.

Table 1 – Annual Registrations with NMBI 2015 – 2020

First-time registrations between 2010 – 2020				
Year	**Ireland** N (%)	**EU (excluding Ireland)** N (%)	**Non-EU** N (%)	**Total**
2015	1,389 (61.8%)	517 (23.0%)	343 (15.2%)	2,249
2016	1,321 (38.9%)	1,034 (30.5%)	1,040 (30.6%)	3,395
2017	1,391 (29.7%)	1,748 (37.3%)	1,545 (33.0%)	4,684
2018	1,342 (35.3%)	1,018 (26.8%)	1,443 (37.9%)	3,803
2019	1,397 (37.8%)	483 (13.1%)	1,819 (49.1%)	3,699
2020	1,474 (39.7%)	466 (12.5%)	1,776 (47.8%)	3,716

The undergraduate awards for nursing and midwifery are at Level 8 on the National Framework of Qualifications (Quality and Qualifications Ireland, 2014). The practice outcomes for each year equate to the levels specified in the National Framework of Qualifications (QQI, 2012) – Year 1 (Level 6), Year 2 (Level 7) and Years 3 and 4 (and 5 Children's & General Integrated) (Level 8). The mandate for NMBI to set out the rules for the education of nurses and midwives is contained in sections 85 (1) and (2) of the Nurses and Midwives Act 2011 (Acts of the Oireachtas 2011). Articles 40–42 of 2005/36/EC outline the principal requirements for the training of midwives; Article 31 of 2005/36/EC lays out the principal requirements for the training of general nurses; in addition, the education of general nurses is based

[16] https://www.nmbi.ie/NMBI/media/NMBI/nurse-registration-education-programme.pdf?ext=.pdf
[17] https://www.irishstatutebook.ie/eli/2011/act/41/enacted/en/print

on EU Directive 2013/55/EU[18] amending Directive 2005/36/EC (EN 28.12.2013 Official Journal of the European Union L 354/151). The undergraduate education of children's, mental health and intellectual disability nursing students is not explicitly detailed in an EU directive but informed by the general nursing and midwifery directives.

1.2. Post-Registration Programmes

Universities and Institutes of Technology offer and deliver a wide range of post-registration programmes for nurses and midwives ranging from certificate to master's levels (see Appendix 3 for NMBI recognised post-graduate programmes). The majority of these courses are clinically focused, with the largest growth in the provision of programmes to prepare nurses and midwives to work in advanced practice roles. A number of programmes that prepare nurses and midwives to work in speciality areas (e.g., critical care, emergency nursing, gerontological nursing, neonatal care) are delivered in partnership with hospitals linked to a Higher Education Institution. Most post-registration programmes are delivered to prepare nurses to work in the acute sector; only two programmes were identified that prepare nurses and midwives to work in community settings (community health and community mental health nursing). It is acknowledged that other specialist programmes are available for gerontological nursing, which can span both acute and community sectors. Several post-graduate programmes lead to registration on specialist divisions of the Register (see Appendix 3, e.g., advanced practice, prescribing, tutors' divisions). Legislation[19] enabling nurses and midwives to prescribe medications (NMBI 2019)[20] was introduced in 2006, with amendments introduced in 2007 (Irish Medicines Board 2006, 2007). 2006, 2007). European Communities (Medical Ionising Radiation Protection) (Amendment) Regulation 2007 was given effect in Irish law through Statutory Instrument No. 303. This Statutory Instrument No. 303 (2007) amended the definition of 'prescribers' of medical ionising radiation to include registered nurses maintained on the register of nurses by NMBI. The first medicine and radiation prescribers registered with the Board in 2008.

2. Nursing and Midwifery Workforces

Reflecting the changes in nursing and midwifery following the publication of the Commission on Nursing (Government of Ireland 1998), there has been exponential growth in the number of pathways available to both nurses and midwives following graduation. These include clinical, management, education and research and highlight the development of the professions in each of these areas (Figure 2).

[18] https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2013:354:0132:0170:en:PDF
[19] https://www.irishstatutebook.ie/eli/2006/act/3/enacted/en/html
[20] https://www.nmbi.ie/NMBI/media/NMBI/NMBI_Practice-StandardsGuidelines_07102019.pdf?ext=.pdf

Figure 2 – Nurse and Midwife Career Options - NMBI 2020

Nursing and midwifery make up the largest group of health professionals in Ireland. Over the last decade, the proportion of nurses and midwives working in the public health sector has remained relatively unchanged, with a slight percentage increase of 3.6% between 2010 and 2019. This is in the context of increasing growth in demand for public health services over this same time period (for example, inpatient and day case activity increased by 22.4% between 2009 and 2019) (Department of Health, 2019)[21]. It is also of note that between 2008 and 2014, during the recessionary years, staff nurse numbers (the grade providing most direct patient care) decreased by 10.7%. However, recently, there has been an increase in the number of nurses and midwives employed within the health services. HSE data shows that the number of whole-time equivalent nurses and midwives employed in the public sector in Ireland increased from 37,345 in August 2018 to 41,136 in August 2021, an increase of 10.15%.[22]

The clinical context in which nurses and midwives in Ireland work also need to be taken into consideration when examining the number required to provide safe and effective healthcare. Among the OECD 28, Ireland has the highest bed occupancy rates (94.9% compared to the OECD 28 average of 75.2%) and one of the lowest numbers of hospital beds (3 per thousand compared to an OECD 36 average of 4.7 per thousand)[23]. These levels of occupancy rates and the number of hospital beds impact the work of nurses and midwives both in hospital and community settings and can lead to increased waiting times for patients who require access to care.

[21] https://www.gov.ie/en/publication/f1bb64-health-in-ireland-key-trends-2019/
[22] https://www.hse.ie/eng/staff/resources/our-workforce/workforce-reporting/
[23] https://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-2019_4dd50c09-en;jsessionid=IkHoT0RRWH0WcWKNHseIinzw.ip-10-240-5-37

There are a number of key documents related to the future of the healthcare workforce in Ireland. These include Working Together for Health: A National Strategic Framework for Health and Social Care Workforce Planning (Department of Health 2017)[24] and a number of policy reports published under Sláintecare[25]. The main policy driving change in the health workforce in Ireland is Sláintecare, in particular the Sláintecare Report (Houses of the Oireachtas 2017) and Action Plan (Department of Health 2019b) and the Implementation Strategy (Government of Ireland 2021). Recommendations for the future of the health workforce include the provision of an increasing number of advanced practice roles and expanding care delivered in primary and community settings.

One of the key recommendations in the Sláintecare Implementation Strategy (Government of Ireland 2019)[26] that will impact the nursing workforce in Ireland is to:

> 'Fully implement the first and second phases of the work of the Taskforce on Safe Nurse Staffing and Skill Mix. Commence work on the development of this model to determine the appropriate community nursing workforce' (Action 9.2; Sub-Action 9.2.3; p. 64).

This recommendation builds on work carried out by a Taskforce on Staffing and Skill-Mix established by the Department of Health in 2014. From this work, a Framework for Safe Nurse Staffing and Skill-Mix in General and Specialist Medical and Surgical Settings in Adult Hospitals in Ireland (Department of Health 2018) was developed. The Taskforce is currently in the process of developing safe nurse staffing and skill-mix frameworks for emergency, older persons and community settings.[27] The Framework for Safe Nurse Staffing and Skill-Mix was developed to provide an evidence-based approach for determining the nursing and healthcare staffing requirements based on the measurement of patient acuity and dependency and the complexity of care required. The National Maternity Strategy (2016-2026) is also an ambitious programme of work and includes an evidence-based approach to determine the staffing level required to provide care in this specialist setting through BirthRate Plus[28].

The ERB heard in the various submissions and presentations of the challenges facing future nursing and midwifery roles, including the bridging of both acute and community settings, nurses and midwives playing a central role in health promotion and the delivery of treatment and care in community settings. These new models of community nursing and midwifery will be particularly important in achieving integrated service delivery[29] (a key goal of Sláintecare and the HSE[30]) and will include services ranging from maternal health to nurse-led teams providing care in a patient's home or residential setting.

[24] https://assets.gov.ie/10183/bb9d696ba47945e6b065512356fcb6c3.pdf
[25] https://www.gov.ie/en/campaigns/slaintecare-implementation-strategy/
[26] https://assets.gov.ie/22607/31c6f981a4b847219d3d6615fc3e4163.pdf
[27] https://www.gov.ie/en/publication/6d6817-taskforce-on-staffing-and-skill-mix/#
[28] Birthrate Plus is a workforce planning system for maternity settings.
[29] https://www.who.int/westernpacific/about/how-we-work/programmes/integrated-service-delivery
[30] https://www.hse.ie/eng/about/who/cspd/icp/

2.1. Current Nursing and Midwifery Structures

The Commission on Nursing (Government of Ireland 1998) made a number of recommendations in relation to managerial and leadership grades. This resulted in a significant change to the nursing and midwifery governance structures and introduced a number of new grades. Figure 3 outlines the current nursing and midwifery governance structure that was put in place following the recommendations of the Commission on Nursing.

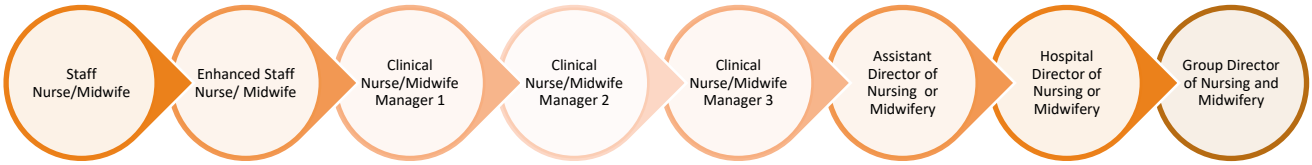

Figure 3 – Acute Care Sector Governance Structure

Following graduation and registration with NMBI, nurses and midwives join the healthcare workforce at staff nurse or staff midwife grades. These grades make up the majority of the nursing and midwifery workforce and are responsible for the provision of direct patient care. Since the introduction of the Enhanced Nurse/Midwife contract in 2019, staff nurses and midwives can apply to move to the new contract once it is determined that the qualifying criteria are met for each applicant.

The first managerial promotional grade above staff/enhanced nurse/midwife is Clinical Nurse or Clinical Midwife Manager Grade 1 (CNM 1/CMM 1). This was a new grade introduced to the health service following a recommendation made by the Commission on Nursing (Government of Ireland 1998). This role has a strong clinical focus, including direct patient care delivery as well as a leadership role and a defined managerial responsibility to support the Clinical Nurse Manager/Clinical Midwife Manager Grade 2 (CNM 2/CMM 2).

The Clinical Nurse Manager/Clinical Midwife Manager Grade 2 (CNM 2/CMM 2) post was recommended by the Commission on Nursing as a replacement of the traditional Ward Sister role, and was in recognition of the expanded managerial and leadership responsibilities required of the post. The CNM/CMM 2 is central to facilitating the safe operation of a ward or unit as well as ensuring the provision of high-quality patient care. The post is also central to ensuring effective communication with members of the multidisciplinary team and coordinating the provision of safe and effective patient care by nursing or midwifery staff. While the CNM/CMM 2 is predominantly a ward management role, the grade also applies to nurses and midwives in senior positions that provide

services outside ward/unit settings, for example, patient flow, infection prevention control and patient safety.

The third promotional grade above staff nurse/midwife is the post of Clinical Nurse/Clinical Midwife Manager Grade 3 (CNM 3/CMM3). The Commission on Nursing identified the CNM/CMM 3 post as the highest frontline clinical management grade. The CNM/CMM 3 was highlighted by the Commission as having managerial responsibility for a department and, as such, is usually only in place in larger teaching hospitals. Unlike the CNM/CMM 1 and 2 posts, the definition and operationalisation of the CNM/CMM 3 post have evolved over time into a multitude of roles. As well as being responsible for a department, the grade has been used as a mechanism to appoint senior nurses into specialist posts such as quality improvement leads.

The grade above CNM/CMM3 is that of Assistant Director of Nursing/ Assistant Director of Midwifery (ADON/ADOM). ADON/ADOMs have responsibility for a number of units, departments or divisions. Other titles analogous to the ADON/ADOM role include Directorate Nurse/Midwife Manager or Divisional Nurse/Midwife Manager. The Commission on Nursing (Government of Ireland 1998) recommended that the ADON/ADOM grade replace the traditional Assistant Matron and Assistant Chief Nursing Officer[31] levels. McMahon (2018) identified that the ADON/ADOM role involves operations management and leadership, and those in the post are central in the provision of patient safety, governance, implementation of service plans and budgetary responsibility. The post is also responsible for staff development, deployment and recruitment, as well as strategic service planning and development.

The most senior nursing and midwifery posts at the hospital/residential setting level are those of Director of Nursing/Director of Midwifery, with those in the post being the professional lead for all nursing/midwifery care and nursing /midwifery services in an organisation. The role of Director of Nursing/Midwifery was introduced following the recommendation of the Commission on Nursing and replaced the traditional titles of a matron and chief nursing officer. The position of Director of Nursing/Midwifery is a high-level leadership role in which the postholder is responsible for delivery of safe and effective services, strategic planning, policy development and implementation and consultation with senior management within the healthcare setting (McMahon 2018). It is evident that the role and level of responsibility assigned to Directors of Nursing and Midwifery have increased significantly since the publication of the Commission on Nursing.

The management structures described above are not limited to general or midwifery settings; they also apply across mental health, intellectual disability, older person's, and children's nursing sectors. In some situations, where there is an absence of an operation's manager, directors of nursing can take on additional responsibilities for the management of areas such as catering, cleaning, support staff, among others. In some areas, additional grades have been developed or amalgamated to support service delivery; for example, Area Directors of Nursing in Mental Health were introduced to provide a high-level management structure to provide integrated, service-wide care.

[31] Assistant Chief Nursing Officer Office and Chief Nursing Officer titles were, prior to the Commission on Nursing recommendations, used in the mental health services.

All acute hospitals were reorganised into seven Hospital Groups (Higgins 2013)[32], six covering geographical areas and one for the Children's Health Ireland Group. Group Chief Directors of Nursing are responsible for all acute nursing and midwifery services across all HSE and Section 38[33] acute hospitals. Group Chief Directors of Nursing and Midwifery are members of each respective hospital group's senior management team and are identified by Hospital Group Chief Executives as designated officers as part of the HSE's Performance and Accountability Framework. Hospital Directors of Nursing and Midwifery report professionally to the Group Chief Director of Nursing and Midwifery and collaboratively focus on improving patient experience and quality of care while delivering agreed key performance indicators and the establishment of a performance culture.

2.2. Public Health and Community Nursing

Nurses and midwives in the community sector are employed under different leadership and management structures to those operating in the hospital sector. Public health nurses (PHNs) along with mental health nurses, older person nurses, and intellectual disability nurses provide care in community settings with the principal aim of delivering healthcare services and promoting and protecting the health of the population. The service provided by these cohorts aims to be a total quality system that is responsive to patients who require support, education and care in community settings. The PHN generally works within a defined geographical area on a population basis, providing care that is preventative and curative through the provision of a range of services tailored to the needs of the individual. Public Health Nurses provide care across the full lifespan, from infant care to the care of older people within their homes. Patients are referred to a PHN through a number of sources, including hospital-based healthcare professionals, general practitioners, family members or through self-referral from an individual who requests support. There is also the position of community RGN (CRGN), whose role exists in addition to that of the PHN. The role of the CRGN was put in place to meet the changing needs of people requiring care in the community sector. In some circumstances, the CRGN reports directly to the PHN; in other areas, they carry their own caseload and report to an Assistant Director of Public Health Nursing. CRGNs play a vital role in supporting, coordinating and delivering patient care in the community.

The Director of Public Health Nursing has a pivotal role in team leadership as well as in-service planning, coordinating care in the community and the management of activity and resources within a community service area. The position requires a strategic approach to the development of services and structures, embracing continuous quality improvement, patient safety and the management of change to comply with the Health and Information Quality Authority (HIQA) Standards (HIQA, 2012).

At present, the reporting structures in the community include Public Health Nurses reporting to an Assistant Director of Public Health Nursing (ADPHN), who in turn reports to a Director of Public Health Nursing (DPHN). The DPHN, Directors of Nursing in older persons' settings (residential, rehab, intermediate and day ambulatory services), Directors of Nursing in intellectual disability services and

[32] https://assets.gov.ie/12167/64bd8d50ac8447a588d253d040284cd4.pdf
[33] Section 38 organisations are hospitals and disability services that are funded to provide a defined level of service on behalf of the HSE.

Assistant/Directors of Nursing in mental health settings, report to the Head of Service in the Community Health Organisation (non-nursing grade) (Figure 4).

Figure 4 – Public Health Nursing Governance Structure

2.3. Introduction of Enhanced Nurse/Midwife Role

The Enhanced Nurse/Midwife Practice Contract was put into effect following Labour Court Recommendations LCR 21900, 21901, 21941 and 21942. Nurses and midwives can apply to move into the role once they reach point 4 or above of the current staff nurse/staff midwife salary scale. The Labour Court also set out other prerequisites, which include documented competencies, evidence of skill acquisition, certified skills training, and evidence of participation in clinical audit and evaluation of care (HSE HR Circular 022/2019). The HSE Enhanced Nurse/Midwife Practice implementation plan[34] outlines a number of requirements, including that the nurse or midwife may be required to deliver or transfer services in acute and/or community settings and 'the implementation of strategies and projects to shift care delivery to the community setting including new approaches to chronic disease management (HSE HR Circular 022/2019; 5). In addition, it states that the postholder is required to be flexible in the implementation of new models of care. The focus of the new grade outlined in the implementation plan is to support the implementation of Sláintecare and work in the development of community services. The Enhanced Nurse and Midwife grade is viewed in the implementation plan as 'a key enabler to transform the profession and focus on the delivery of improved patient care and services' (HSE 2020; 2).

Table 2 – Uptake of the Enhanced Nurse/Midwife Contract as of September 2021

Hospital/ Hospital Groups	Headcount appointed to enhanced contracts
Acute Services	13,035
Primary Care/Social Care	3,426
Mental Health Services	975

[34] https://www.hse.ie/eng/services/publications/nursingmidwifery%20services/enhanced-nurse-midwife-contract-implementation-plan-november-2019.pdf

2.4. Sláintecare and Nursing and Midwifery

Sláintecare is the 10-year strategy to reform healthcare in Ireland. The main aims of the strategy are to improve the patient and service user experience and achieve enhanced outcomes. A principal focus of the Sláintecare strategy is to 'keep people well in their own communities as long as possible' (Department of Health 2019: 5). This is similar to the experience in a number of health systems across Europe (Finland, Belgium, Denmark, Croatia and the UK) over the last twenty years. Reforms in these countries have particularly focussed on integrated care between hospital and community services. An example of this can be seen in Northern Ireland, where the Health and Social Care (Reform) Act (Northern Ireland) 2009 provided a legislative framework within which newly formed health and social care structures could operate. This outlined the necessary governance and accountability arrangements to support the effective delivery of health and social care in the region. These structures included the integration of all programmes of care in acute and community settings, including links to the independent and voluntary sectors.

Delivering services in an integrated way is a central focus of Sláintecare (Department of Health 2019), and there will be a need for nursing and midwifery to be central to this change. Following the formation of the Hospital Groups (Higgins 2013), the associated governance structure for quaternary, tertiary and secondary care centres facilitated the integration of care across the acute hospital setting. The Hospital Group structure has supported the development of nursing and midwifery roles most clearly reflected in the increase in the number of advanced nurse and midwife practitioners (ANPs/AMPs) and clinical nurse/midwife specialists (CNS/CMS) in practice in the acute care sector. However, a comparable increase has not occurred in the community sector. The main reason for this is that strategic nursing and midwifery leadership is not currently in place at senior management levels in Community Health Organisations (CHOs) to drive an integrated and coordinated approach to the development of ANP/AMPs within the community workforce. This integrated and coordinated approach in both acute and community settings is a key focus of the Sláintecare strategy (Houses of the Oireachtas 2017), with the strategy particularly identifying the important role that advanced nurse practitioners and practice nurses have in the implementation of integrated care. The Sláintecare report further emphasises the need for the re-design of nurses' and other healthcare professionals' clinical roles to enable them to provide services in community settings that are currently predominantly delivered in hospitals.

The current governance structure in nursing and midwifery has supported significant advancement of the professions following the recommendations of the Commission on Nursing (Government of Ireland 1998), where a clear management structure from Staff Nurse to Director of Nursing/Midwifery was outlined. This tiered, standardised, and structured approach provided clear lines of management, governance, and career pathways. However, the introduction of Sláintecare will require a revision of structures that cross both acute and community settings to ensure the continuity of patient care from acute to community and community to acute services. Research has demonstrated that a shared and managed transfer of care has better outcomes for patients, reducing their likelihood for readmission

and more positive management of long-term conditions (Lewis, 2020). Currently, there are poorly developed systems and governance structures to support nursing and midwifery advanced practice in this way, providing a significant challenge in the move to provide integrated care.

It follows from this that the development of integrated care, as envisaged in Sláintecare, requires education and training for nurses and midwives in acute, primary care and community settings at both undergraduate and postgraduate levels. The further advancement of the integrated care model will also require the development of new and expanded roles and new ways of working for nurses and midwives. This is already starting to occur. A recent evaluation of the introduction of ANPs to strategic areas related to integrated care, older persons, and long-term care (rheumatology and respiratory care) in Ireland identified the impact that these new posts were having on the provision of integrated care (Brady *et al.* 2020). The evaluation highlighted that the role of ANPs in these strategically important areas was in line with the recommendations in the Sláintecare report, in particular, the delivery of services to patients by the most appropriate healthcare professional. In addition, the evaluation identified that ANPs were developing services that incorporated both hospital and community health systems in the areas of older persons' and long-term care.

3. Nursing and Midwifery during the COVID-19 Pandemic

The declaration by the World Health Organisation (WHO) of a worldwide pandemic in March 2020 changed the way care was planned, delivered, and evaluated almost overnight as the entire healthcare system had to urgently adapt to meet the healthcare challenges of COVID-19 on the population of Ireland.

As this Report was being developed, nurses and midwives were central in providing healthcare during the pandemic. This care was delivered at great risk to themselves and their families. Many nurses and midwives became ill with COVID-19 and, tragically, a number lost their lives to the disease. Working alongside medical and health and social care colleagues, nurses and midwives were instrumental in the re-organisation of the health services to provide care to people with, or at risk of, COVID-19, the provision of contact tracing, education to the public on staying safe and the organisation and administration of vaccines to the population. The pandemic also brought into focus the provision of digital technologies to provide healthcare as well as the role of nursing and midwifery leadership in the provision of safe and effective health services during a major population health crisis. Nursing and midwifery also had a role in the maintenance of non-covid care, with many nurses and midwives being redeployed to support essential care services during the pandemic.

The Office of the Nursing and Midwifery Services Director (ONMSD) Hub and Spoke model facilitated an efficient system of connectivity with frontline services and national decision-makers. This model contributed significantly to the ability to support both national and local service reactions to the COVID-19 pandemic. In response to the pandemic, the vast majority of ONMSD nursing, midwifery, and administrative personnel voluntarily redeployed either into frontline clinical services or contributed to the response at a national or local level. The ONMSD established a COVID-19 Working

Group with a number of workstreams designed to respond to the challenges encountered by the services. Examples of some of the new work streams, patterns and methods of service delivery that were put into place as a consequence of the COVID-19 pandemic are outlined below.

3.1. Nursing and Midwifery Responses to COVID -19

During the COVID-19 pandemic, nurses and midwives continued to deliver care to patients but also demonstrated significant flexibility in response to service needs. It was evident that nurses and midwives provided leadership at all levels of the healthcare system in responding to the significant demands of providing care as a result of the pandemic. Nursing and midwifery leadership was represented on a number of national forums, groups and workstreams relating to the COVID-19 vaccination strategy. These groups included the National Public Health Emergency Team (NPHET - main group and sub-groups), the National Vaccine Taskforce, the Clinical Placement Oversight Group and the Vaccination Clinical Support Group.

The impact of COVID-19 on the population in Ireland is considerable. Nurses and midwives had to reform their practice to respond to the pandemic through new approaches to delivering safe and effective care, the development of new patient pathways (for example, critical care, emergency departments and the re-designation of wards for patients with COVID-19), as well as preparing for additional numbers of patients suspected of being infected with COVID-19. The pandemic heightened the need for team-based care, enhanced infection control procedures, person-centred care and other core skills that nurses and midwives provided before and during the pandemic. The entire healthcare system had to react to the pandemic; the Expert Review Body was presented with multiple examples of how nurses and midwives responded. A sample of these is provided below, noting that there were many more innovative examples presented (Figure 5).

Figure 5 – Examples of Nursing and Midwifery Responses to the COVID -19 Pandemic

3.2. Supporting the National Vaccination Programme

Nurses and midwives have a long tradition of supporting vaccination programmes, for example, the Schools' Immunisation Programme, Seasonal Influenza Peer Vaccination Programme and Primary Childhood Immunisation Programme. With the support of the office of the Chief Nursing Officer, Department of Health, and the NMBI, on the 24th of December 2020, the Medicinal Products Regulations and required Statutory Instruments were signed into law, thus enabling a number of named healthcare professions, including registered nurses and registered midwives, to supply and administer COVID-19 vaccines.

The HSE provided governance for registered nurses and registered midwives to administer COVID-19 vaccines through protocols included in the COVID-19 vaccination programme. These protocols were developed by the ONMSD through its National Nursing and Midwifery Immunisation Working Group and were approved by the HSE Chief Clinical Officer, Director of the Health Protection Surveillance Centre and Director of the ONMSD. An education programme was developed by the ONMSD in collaboration with the National Immunisation Office (NIO) for current peer-vaccinators/registered nurses and registered midwives, and other healthcare professionals. Over 1,000 peer-vaccinators/registered nurses and registered midwives, and other healthcare professionals attended this training webinar hosted by the NIO and ONMSD on the 29th of December 2020. Nursing and midwifery staff provided vital leadership in the establishment of Community Vaccination Centres

throughout the country. Since December 2020, the Statutory Instrument and protocols have been expanded to accommodate a new vaccination workforce and to enable nursing and midwifery students who meet the criteria to work as vaccinators. The set-up, functioning and rollout of the vaccination programme has been an enormous success made possible by staff redeployment, volunteers, postponement of retirement and the assistance of many state agencies who contributed unreservedly to the programme. The vaccination centres have also been a positive experience for undergraduate nursing and midwifery students who, at the time of this report, are undertaking placement opportunities in many sites. The set-up, functioning and continued expansion of the Covid-19 vaccination programme has continued to deliver booster and children's vaccines. The Test and Trace programme was also rapidly expanded during the pandemic, with nurses and midwives taking leadership and operational role in the implementation and digitalisation of the process.

3.3. Summary

It is evident that the professions of nursing and midwifery have evolved substantially over the last decade. There has been growth in the education provision available to the professions following the move into the higher education sector (universities and institutes of technology). In addition, nurses and midwives have innovated in their practice to provide care pathways for patients with diverse needs. Nursing and midwifery leadership have undertaken strategic roles in reforming the health services to provide high-quality patient care; this was abundantly evident during the response to the COVID-19 pandemic. However, a number of challenges remain in relation to ensuring that the education of nurses and midwives is relevant to the healthcare needs of the population and that it is positioned to address major strategic change envisaged by Sláintecare. Recruitment, retention and the wellbeing of the nursing and midwifery workforce will also be key challenges over the next decade as the healthcare needs of the population become increasingly complex, and there is a shift from hospital to community-based care and the demographic profile of the population changes. These challenges will require a number of strategic initiatives in the education of nurses and midwives, the provision of digital technologies in healthcare, workforce planning and governance of the professions.

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Chapter 3 Nursing and Midwifery Workforce

Ambition

That the population of Ireland will have their current and future care needs met by a stable and sustainable workforce, and nurses and midwives will be supported through career pathways and development opportunities, maximising mobility and flexibility of care delivery.

1. Where are we now?

The Organisation for Economic Co-operation and Development (OECD)[35] countries now employ more healthcare professionals than ever before (OECD 2019). However, despite this growth, there is expected to be over the next decade a shortfall in the number of nurses and midwives available to work within health systems. In 2020 the World Health Organisation published a major report entitled State of the World's Nursing 2020 and estimated that, globally, there is currently a shortfall of six million nurses with a need to increase by eight per cent the number of graduate nurses year-on-year up to 2030. The recently published, *The State of the World's Midwifery 2021* (WHO 2021) estimated that there is a worldwide shortage of approximately 900,000 midwives, with a recommendation that there is a need to substantially increase the number of midwives over the next decade, particularly in the provision of maternal and child health in developing countries.

Recognising the potential impact of this shortfall, there has been increasing investment globally in the nursing and midwifery workforces over the last 20 years (OECD 2019). The OECD reports that the average number of nurses internationally is 8.8 per 1,000 population, but this ranges from a low of 1.1 to a high of 18.0 nurses depending on the country and how the data is collected. Ireland, according to the OECD, has 12.9 nurses per 1,000 population (OECD 2021). However, comparing the number of nurses across countries is difficult due to the variation in how the data is collected and reported. The majority of countries that provide data to the OECD include only nurses providing direct patient care

[35] https://www.oecd.org/about/members-and-partners/

(practising nurses)[36] , whereas Ireland includes all nurses working in the health system; this category is defined as professional nurses[37] (clinical, education, managers, research).

Data for Ireland reported to OECD in 2021 was provided by the Nursing and Midwifery Board of Ireland (NMBI) (previous years' data was provided by the Central Statistics Office (CSO)) and consists of the total number of registered nurses on the Board's register on the 31st of December each year. This does not necessarily mean that each registrant is active in the field they are registered in. In addition, data reported for nurses by the OECD also includes midwives. It is not possible to distinguish between nurses and midwives on this data as the majority of registered midwives also hold registered nursing qualifications (OECD 2021). It should therefore be noted that the figures for nurses and midwives in Ireland reported by the OECD are overestimated by approximately 10% (OECD 2020).

Up until 2019, the proportion of nurses and midwives working in the public health sector in Ireland remained relatively unchanged. However, there has been an increase of 10% in the number of nurses and midwives employed in the public health system between August 2018 and August 2021. This needs to be set in the context of increasing growth in demand for public health services over this same time period (for example, in-patients and day cases increased by 22.4% between 2009 and 2019) (Department of Health 2019). It is also of note that between 2008 and 2014 (recession years), the number of staff nurses (the grade providing most direct patient care) decreased by 10.7%. The clinical context in which nurses in Ireland work also needs to be taken into consideration when examining the number of nurses required to provide healthcare: among the OECD 28, Ireland has the highest bed occupancy rates (94.9% compared to the OECD 28 average of 75.2%) and one of the lowest numbers of hospital beds (3 per thousand compared to an OECD 36 average of 4.7 per thousand) (OECD 2019).

Internationally, data on the number of midwives practising can be difficult to access as many countries include combined figures for both nurses and midwives in their national statistics. The EU central statistics agency, Eurostat,[38] does publish data specific to the number of midwives in European countries. Ireland has the highest number of midwives per 100,000 inhabitants across Europe (220 per 100,000 inhabitants). However, these figures include those on the NMBI Register who registered as a midwife as well as those currently practising as a midwife. These figures are, thus, substantially inflated.

Apart from the OECD, data on the number and grades of nurses and midwives in Ireland is published by the Department of Health (2020) and the Workforce Reporting and Intelligence Unit[39] in the HSE. The Workforce Reporting and Intelligence Unit provides data on the nursing and midwifery workforce at a national, divisional, hospital group and community healthcare organisational level on a monthly basis (from 2018 to present) and is a valuable resource in identifying levels of recruitment and retention amongst the professions.

[36] The OECD defines practising nurses as those that provide direct care to patients (OECD 2021).
[37] The OECD defines professional nurses as those who assume responsibility for the planning and management of the care of patients, including the supervision of other health care workers, working autonomously or in teams with medical doctors and others in the practical application of preventive curative measures (OECD 2021).
[38] see https://bit.ly/3EoaTTN
[39] https://www.hse.ie/eng/staff/resources/our-workforce/workforce-reporting/

There will be an increasing demand for nurses and midwives in the future, with skills and roles changing. These changes will occur not least due to the ageing population but also aligned to the growth in the number of people living with long-term illnesses (OECD 2019). In addition, the anticipated shortage of healthcare workers will be exacerbated by an increase in nurses and midwives reaching retirement age in Ireland over the next decade (Ryan et al., 2019). This is reflected in the data: in 2016, the HSE[40] reported that a fifth of staff within the public health sector was aged over 55, with an average age of 44.6 years. As well as an ageing workforce and changing population demographics, future workforce planning will be impacted by the level of nurse and midwife migration, changes in working patterns and increased demands for nursing and midwifery staff in specialist and community settings. Consideration will also need to be taken of the long-term impact of Covid-19 on the health and well-being of the population in the determination of future workforce planning.

It is of note that the issue of recruitment and retention of the nursing and midwifery workforce will also require greater focus over the next decade (Barriball et al., 2015). This will involve collecting robust data to inform workforce development and the co-ordination of actions by practitioners, the Department of Health, the HSE, healthcare leaders and workforce researchers to ensure that wards, units and community settings are safely staffed and that healthcare professionals are working in environments that enhance recruitment and retention (Brook et al. 2019). Evidence has demonstrated the benefits arising from a number of initiatives that support the retention of staff, including the safe staffing of wards and units (Department of Health 2018a).

The wellbeing of the nursing and midwifery workforces has come to the fore, not least due to the impact of the COVID-19 pandemic on physical and mental health as nurses and midwives have had to deal with the physical, psychological, and ethical challenges associated with the pandemic. Rates of burnout in nursing and midwifery have been identified as being higher when compared to other professions, and it is associated with high workloads, poorer staffing levels, psychological demands, poor leadership, and challenging team relationships (Dall'Ora *et al.* 2020). International studies have shown that other factors that can also impact the wellbeing of nurses and midwives include bullying, violence and aggression in the workplace, and racism (Spence Laschinger and Nosko 2015; Cottingham and Andringa 2020). Enhancing the wellbeing of staff requires strategies that ensure that there is responsive leadership, a quality clinical environment, manageable workloads, and safe staffing. It is imperative that, through these strategies, we both retain experienced nurses and midwives as well as supporting newly qualified nurses and midwives.

1.1. Workforce Diversity

The vast majority of the nursing and midwifery professions are female, with the proportion of males on the NMBI Register remaining relatively unchanged over the last decade (Figure 6). This is similar to the nursing and midwifery workforce internationally, where approximately 90% of the nursing and midwifery workforce is female (OECD 2021).

[40] https://paycommission.gov.ie/wp-content/uploads/Our-People-Our-Workforce-December-2016-.pdf

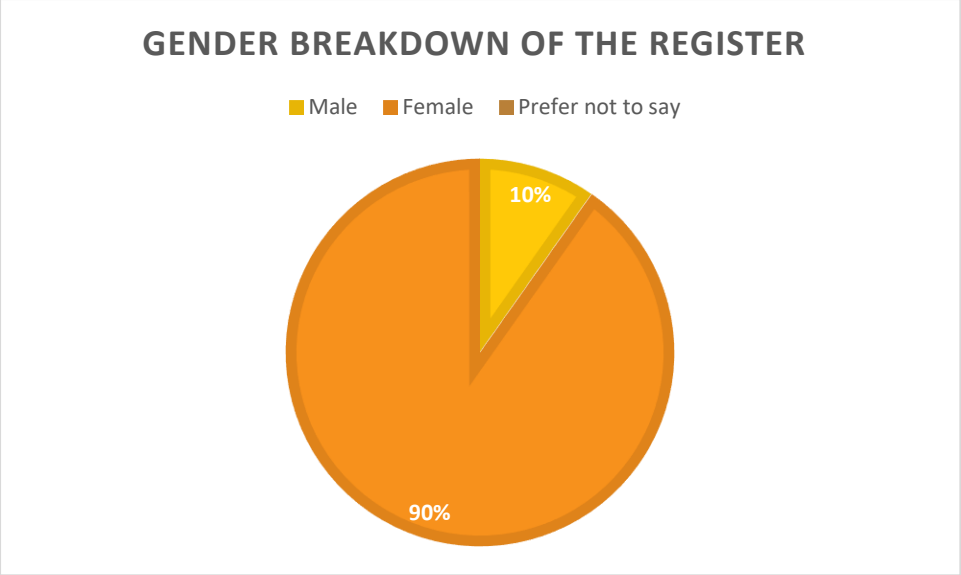

Figure 6 - Gender Breakdown of NMBI Register 2021

Figures 7 and 8 also highlight the age profile of the nursing and midwifery workforce, with approximately a quarter of nurse and midwife managers aged 55 years of age and older.

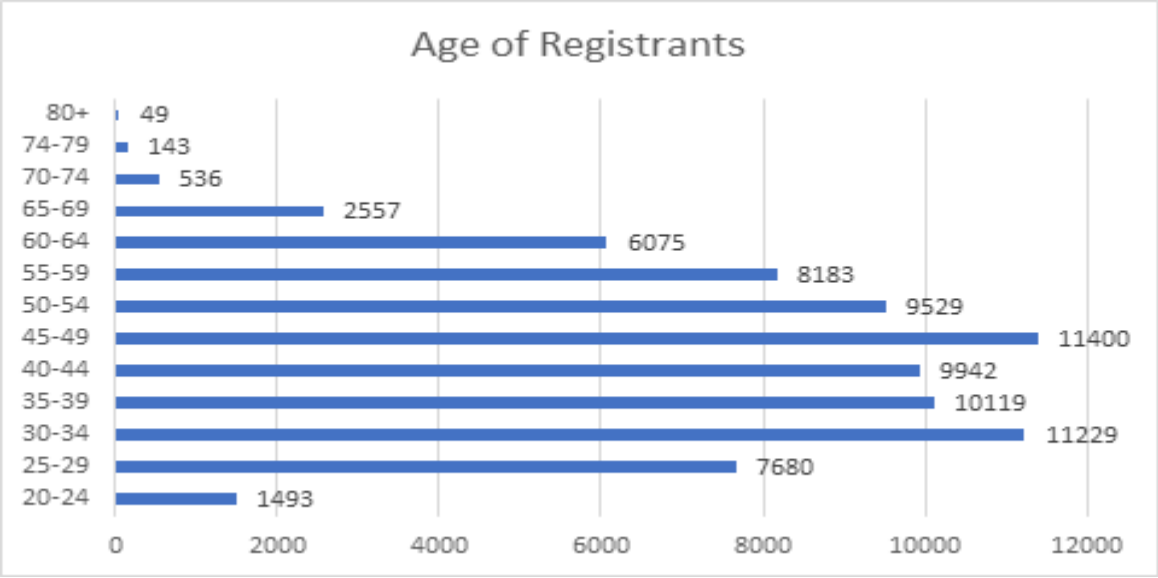

Figure 7 - Age profile of Registrant Population in Ireland (Source NMBI 2021)

As is becoming evident in Ireland, the United States, the United Kingdom, Australia, Canada, and other countries report an ageing nursing and midwifery workforce, caring for increasing numbers of older people. The challenge is how to replace the many nurses who will retire over the next decade. Some countries must also cope with reductions in potential students entering the nursing and midwifery professions due to the number of alternative opportunities now available to school leavers. The level of retirement from the professions over the next decade will have implications for the recruitment of replacement staff and has the possibility of increasing shortages in the nursing and midwifery

workforce. The ageing of the nursing and midwifery workforces will require a number of initiatives to recruit and retain both older nurses and midwives as well as younger graduates.

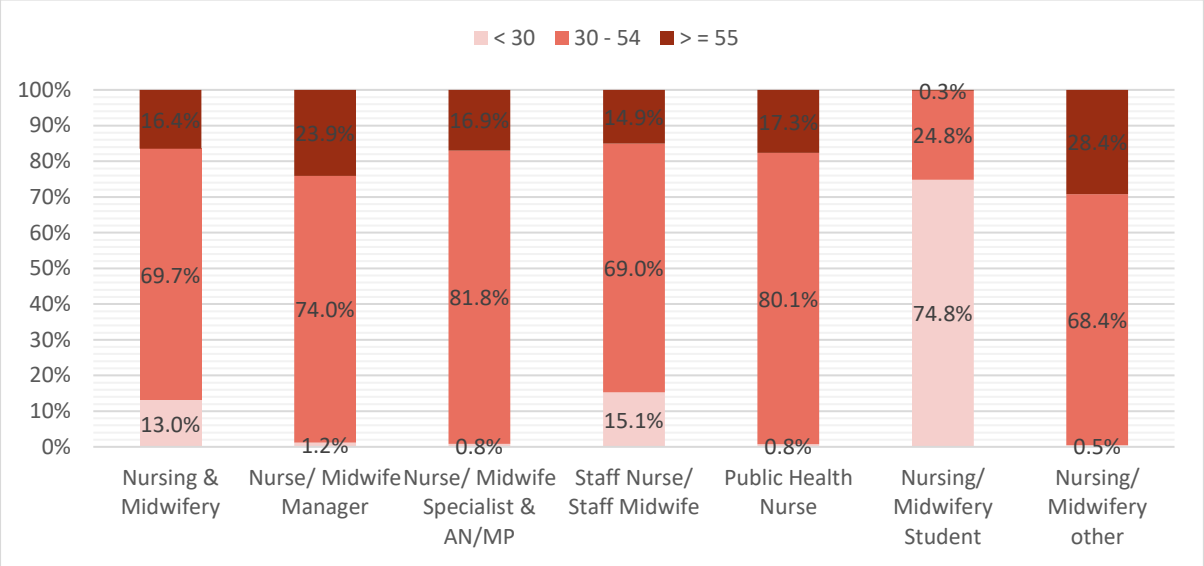

Figure 8 - Age Profile of Nurses and Midwives as of June 2021 (Source HSE 2021)

Figure 8 highlights the proportion of Irish and overseas nursing and midwifery staff providing care in the health system. One in four at Staff Nurse and Staff Midwife levels are from overseas, with 10% at the managerial level. The proportion of overseas nurses working as nurse and midwife specialists is 5%, with the proportion of PHNs at 1%.

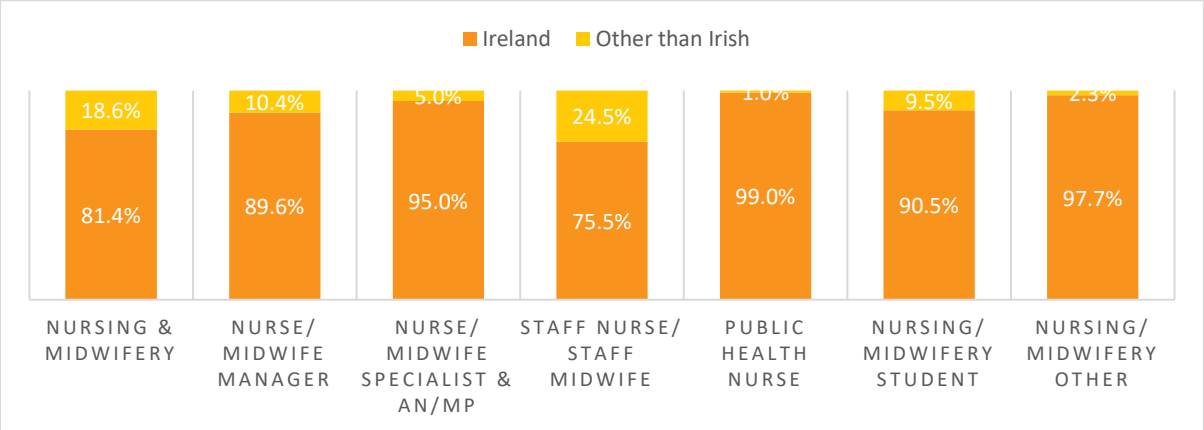

Figure 9 - HSE Nurse and Midwifery Nationality as of JUNE 2021 (Source HSE 2021)

1.2. Nursing and Midwifery Professions and Career Pathways

The nursing profession in Ireland consists of a number of disciplines, including general, mental health, intellectual disability, and children's nursing. In addition, midwifery is recognised in the Nurses and Midwives Act (4.44) as a distinct profession from nursing.

1.2.1 General Nursing

General nursing is by far the largest division on the NMBI Register, with the majority of nurses on this division working in the acute hospital sector. Currently, the Framework for Safe Nurse Staffing and Skill-Mix in General and Specialist Medical and Surgical Care Settings in Adult Hospitals (Department of Health 2018a) is being implemented to determine the staffing levels required in medical and surgical settings in the acute sector[41]. This Framework is being implemented by the HSE in acute hospitals and outlines the approach to ensure that wards are safely staffed. Frameworks for safe nurse staffing and skill-mix in emergency departments and older person's settings are currently in preparation.

1.2.2 Psychiatric Nursing

Psychiatric nursing in Ireland has undergone tremendous change over the last 20 years, moving from a predominantly hospital-based service to one that provides care to people with mental health needs in community settings. During this time, there has also been a reconfiguration of services with mental health nurses providing innovative services in child and adolescent mental health, adult mental health, the mental health of older people and forensic services. The strategy document, *Sharing the Vision: A Mental Health Policy for Everyone* (Department of Health 2020a), identifies that there has also been growth in a number of services to which mental health nurses are central, including the provision of digital mental health, health promotion, early intervention in psychosis, neurorehabilitation, and suicide prevention. *Sharing the Vision* also recognises the need for further involvement of psychiatric nurses in social prescribing, talking therapies, and trauma-informed care, as well as the further enhancement of community mental health and outreach teams, to enable nurses to provide mental health care to patients in a variety of settings including people's homes, nursing homes, refugee centres and homeless services (Department of Health 2020a).

1.2.3 Intellectual Disability Nursing

Intellectual disability nursing has also seen tremendous change over the last 20 years and has led the way in moving from a residential care model to one which emphasises person-centred care with a social and community focus to care delivery. In 2018, the HSE published an important strategy document, *Shaping the Future of Intellectual Disability Nursing in Ireland* (HSE, 2018[42]). This strategy document, recognising the extensive changes in intellectual disability services over the last decade, provides a comprehensive roadmap in the provision of person-centred care, supporting people with

[41] The first phase of the Framework for Safe Nurse Staffing and Skill-Mix in General and Specialist Medical and Surgical Care Settings is being implemented in Model 4 hospitals.

[42] https://healthservice.hse.ie/about-us/onmsd/quality-nursing-and-midwifery-care/shaping-the-future-of-intellectual-disability-nursing-in-ireland.html

an intellectual disability, developing nursing capacity and leadership, and improving outcomes for people with an intellectual disability.

1.2.4 Children's Nursing

The children's nursing strategy, *Leading the Way, A National Strategy for the Future of Children's Nursing in Ireland 2021-2031* (HSE 2021), identified the unique care required by children and that Registered Children's Nurses (RCNs) are specifically educated and trained to meet the needs of children and their families. The Strategy also identified the requirement for the RCN to be at all grades of leadership and management within organisations that care for children to ensure that the complex care required is realised at every level. This Strategy also confirmed advanced practice as critical to the future direction of children's nursing to meet future workforce demands. The requirement to progress the development of RCN/Registered Advanced Nurse Practitioner and establish a career trajectory for Advanced Nurse Practitioner roles was highlighted by the *National Strategy* as necessary across all child healthcare settings.

1.2.5 Midwifery

The profession of midwifery has led and driven significant changes in the provision of maternity services. Midwives provide care and support to women and their families while pregnant, throughout the birth and during the period after a baby's birth. The Commission on Nursing (Government of Ireland 1998) acknowledged the case made by midwives for recognition of their distinct identity and recommended that the title of the amending legislation should be the Nurses and Midwives Act (4.44). On 21st December 2011, the Nurses and Midwives Act was signed into law. This Act updated the provision relating to the regulation of nurses and midwives and recognised midwifery as a separate profession.

Ireland's first *National Maternity Strategy, Creating a Better Future Together,* was published in 2016 (Department of Health 2016). The strategy recognised that there were pressures in relation to the recruitment and retention of midwives and highlighted the utility of workforce planning systems such as BirthRate Plus[43]. The *Strategy* also highlighted the need to implement a workforce plan both to build capacity in maternity services and ensure that those providing care to women have the necessary skills to provide safe and effective care. Recommendations in the *Strategy* related to the workforce were based on the recognition of the changing role of the midwife and the need to build capacity 'not only in terms of numbers but also in relation to capability to deliver the new model of service across the home, the community and the hospital settings' (Department of Health 2016: 106). Recognising the need for integrated care, the *Strategy* proposed that midwives working in hospital settings, as part of a multidisciplinary team, also provide outreach antenatal and postnatal care in community settings. As a result, midwifery services are increasingly moving from the hospital to the community, including the provision of homebirths. It is also of note that midwives work across other specialist areas, such as gynaecology, neonatal care, and operating theatre settings.

[43] Birthrate Plus is a commercial workforce planning system for maternity services (https://www.birthrateplus.co.uk).

1.2.6 Clinical Career Pathways

Following qualification, there are several clinical pathways for nursing and midwifery graduates to follow, including clinical, management, specialist, and education pathways.

1.2.7 Staff Nurses and Staff Midwives

The largest body of nurses providing care in general, psychiatric, children's, and intellectual disability nursing are at Staff Nurse and Clinical Nurse Manager grades, with those in midwifery at Staff Midwife and Clinical Midwife Manager levels. There are approximately 38,000 nurses and midwives employed in the public health sector, and they account for approximately a third (31.8%) of the public health service workforce (Department of Health 2019a)[44] , with Staff Nurses and Staff Midwives comprising 68% of the total nursing and midwifery workforce (HSE 2021)[45].

The Department of Health each year publishes a report titled *Health in Ireland – Key Trends* (Department of Health 2021). This Report outlines trends in healthcare employment over a 10-year period and highlights that, while the proportion of medical and dental healthcare professionals increased by 41.2% between 2010 and 2021, the proportion of nurses increased by 11%. Another factor that needs to be considered in measuring trends in nursing and midwifery are turnover rates. The adjusted turnover[46],[47] the rate for staff nurse and midwife grades, is 7.3%. This is higher than the overall adjusted turnover rate within the health services (6.5%). The overall adjusted turnover rate for all grades of nurses and midwives is 6.6% (HSE 2020). There is limited data available on the reasons for turnover as this is managed by individual health service providers with various processes in place to capture this data.

Staff Nurses and Staff Midwives, as the staff group that provide the majority of direct patient care, have an impact on a number of outcomes. At a macro level, investing in a well-educated, well-resourced nursing and midwifery workforce can impact economic growth through ensuring a healthy population which leads to better patient outcomes and increased access to care (OECD 2019). A well-resourced nursing and midwifery workforce also impacts directly on patient outcomes, including reduced mortality rates (Needleman et al., 2011), a reduction in hospital-acquired infections (Twigg et al. 2013), enhanced patient satisfaction (Ausserhofer et al., 2013), reduced length of stay (Spetz et al., 2013) and hospital readmission rates (Weiss et al., 2011) to name but a few.

[44] This figure includes both nurses and midwives; however, they are not distinguished in the report.
[45] https://www.hse.ie/eng/staff/resources/our-workforce/workforce-reporting/national-reports.html
[46] 'Turnover rate is the percentage of employees in a workforce that leave during a certain period of time. Health Service turnover is distorted by the multiplicity of employers and HSE payrolls where staff leaving one employer but remaining within the service are included in the statistics' (HSE 2019).
[47] The adjusted turnover rate excludes the turnover rate of pre- and post-registration nursing and midwifery students.

1.2.8 Public Health Nursing and Community Registered Nurses

There are approximately 1,500 Public Health Nurses (PHNs) who provide integrated care, education, and health promotion to people in the community (in the patient's own home and health centres). The population served by PHNs ranges across the lifespan from infants through to older people. PHNs are responsible for the developmental assessments of pre-school children as well as school-based hearing and vision screening and immunisation programmes. In relation to older people, PHNs are central to the assessment of this cohort for home support or the provision of long-term residential care (Wren et al., 2017). The current workload model of care provision by PHNs is based on providing care within a district or geographical area. The last decade has seen an increasing number of demands on the role of PHNs, including an emphasis on supporting older people with health care needs to remain in their homes and the need to provide more complex healthcare interventions to people within the community (Pye 2020). In addition, there is an increasing demand to provide care to children within the community, with very few child-specific PHN roles identified (HSE 2021). The demand for healthcare in the community is set to increase, with the *Health Service Capacity Review* (Department of Health 2018b) projecting those appointments with PHNs will increase by 46% by 2031. Despite these increasing demands, there is, at present, no workforce planning system based on patient need in place in the community. In 2019, it was estimated that funding for PHNs was €269 million; this, due to increasing demand for their services, is estimated to increase to €574 million by 2035 (Walsh *et al.* 2021).

Supporting PHNs is the grade of Community RGN who are employed by the HSE. Community RGNs do not hold a specialist public health qualification or need to complete a community-focused education programme prior to working in community settings. Working under the direction of PHNs, they provide comprehensive care to people in community settings. There has been, to date, no structured research into their role or the impact of their role on patient outcomes in Ireland.

1.2.9 General Practice Nurses

General Practice Nurses are not included on the NMBI Register as a specific discipline. However, there has been a substantial increase in the last decade in the number of nurses and midwives working in general practice (GP) settings. Data reported in 2021 identified that 94% of general practices in Ireland employed a nurse at least on a part-time basis, with an average of 1.2 whole-time equivalents (WTEs) per practice (Collins and Homeniuk, 2021). GP nurses are privately employed, and their salaries are paid by the practice in which they work. In 2019, it was estimated that there were approximately 24 million visits to general practices in Ireland, with an estimated five million of those visits to GP nurses (Walsh *et al.,* 2021).

1.2.10 Older Persons' Nursing

Older persons' nursing is not a separate division of the NMBI register but, nevertheless, a distinct discipline providing residential, intermediate, respite and rehabilitation care for older adults. This specialism requires an understanding of multiple co-morbidities and the complexity of older adult care. Older persons' nursing services also deliver ambulatory care supports (from staff nurse to ANP level) in tissue viability, frailty care, dementia (Memory Clinics) and a range of chronic disease management services, to name but a few.

1.2.11 Clinical Nurse and Midwife Specialists

In 2001, the first specialist nurse and midwifery practice roles were introduced. The creation of these roles was in response to the need to enhance patients' access to healthcare as well as the provision of care to patients with diverse, long-term healthcare needs. Specialist practice roles were defined by the National Council for the Professional Development of Nursing and Midwifery[48] (NCNM 2008) as an area of specialist nursing or midwifery practice that requires the application of specially focused knowledge and skills, which are both in demand and required to improve the quality of patient care. Specialist practice includes a major clinical focus comprising assessment, planning, delivery, and evaluation of care and treatment given to patients and their families in hospital, residential and community settings. The specialist nurse or midwife works closely with medical and health, and social care colleagues and may make alterations in prescribed clinical options along with agreed protocol-driven guidelines (NCNM 2008).

This resource provides comprehensive nurse-led and midwife-led services in several settings, including mental health services, older persons' services and women's health services (NCNM 2005). The roles of Clinical Nurse/Clinical Midwife Specialists (CNS/CMS) in Ireland have expanded and developed following their introduction, delivering care within specialist services. CNS/CMS roles have been identified as providing high-quality care that has a positive impact on patient outcomes (Begley et al., 2013; Tracy et al., 2020).

1.2.12 Advanced Nurse and Advanced Midwife Practitioners

Advanced nurse and midwifery practice roles have been developed in Ireland in response to patient and service needs. The NMBI has defined advanced practice as a '…career pathway for registered nurses/midwives, committed to continuing professional development and clinical supervision, to practise at a higher level of capability as independent, autonomous, and expert practitioners' (NMBI, 2017). The essential criteria for advanced practice roles as set out previously by the National Council for the Professional Development of Nursing and Midwifery and currently by the NMBI are that the practice is carried out by autonomous, experienced practitioners who are competent, accountable, and responsible for their own practice (NCNM, 2008; NMBI, 2017, 2018). Additionally, the current criteria require that Advanced Nurse Practitioners and Advanced Midwife Practitioners promote wellness, offer healthcare interventions, and advocate healthy lifestyles for patients and their families in a variety of settings in collaboration with other healthcare providers according to an agreed scope of practice. Such practitioners must have a high level of clinical competency and theoretical knowledge, along with advanced critical thinking capabilities (Begley *et al*., 2010; Brady et al., 2020). They further manage a patient caseload, and a key factor in advanced practice is the degree of decision making and accountability. Although ANPs and AMPs work closely with the higher education sector both in the provision of teaching and research, there are, to date, no joint posts in place between clinical and higher education settings.

[48] The National Council of Nursing, Midwifery and Health Systems was formed following a recommendation by the Commission on Nursing (Government of Ireland). It was dissolved under Part 12 of the Nurses and Midwives Act 2011 and its role and function were subsumed into the Nursing and Midwifery Board of Ireland.

Table 3 – Number of ANP/AMPs Registered with NMBI 2020

Divisions	Total
Advanced Midwife Practitioners	16
Advanced Nurse Practitioners	562

1.2.13 Nurse and Midwife Prescribers and Referral for Radiological Procedures

As well as CNS/CMS and ANP/AMP roles, the introduction of nurse and midwife medicinal product prescribing and nurse and midwife authority to refer for radiological procedures are illustrative examples of well-supported role expansion of the workforce. These roles have demonstrated a positive impact on patient access to care, waiting times, patient satisfaction, concordance with treatment and the provision of high-quality care (Drennan et al. 2009, 2011, 2014; Naughton et al. 2013; Hyde et al. 2016). Nurses and midwives can register as prescribers with NMBI following completion of a programme of education in prescribing offered by a number of higher education institutions

1.3 Taskforce on Safe Nurse Staffing and Skill-Mix

The Taskforce on Safe Nurse Staffing and Skill Mix for Nursing was established in July 2014 with the aim to provide evidence-based methods for determining nurse staffing requirements based on measurement of patient acuity and dependency as well as taking into consideration the complexity of the environment in which care is delivered. This unique approach to workforce development brought together the Department of Health, the HSE, staff representative associations, international experts, academics, and researchers in developing frameworks for safe nurse staffing and skill mix. To date, Phase 1 (medical, surgical and specialist settings) of the Taskforce is complete, with Phase 2 (emergency departments) nearing completion and Phase 3 (long-term residential settings/community) ongoing.

1.3.1 Phase 1 – Acute Medical, Surgical and Specialist In-patient Wards

Phase 1 was developed and tested in a number of pilot wards and is currently being implemented in general and specialist medical and surgical inpatient units in a number of hospitals nationally. The results from the pilot testing of the *Framework* demonstrated a number of improved patient, staff and organisational outcomes, with the 18-month impact report of the pilot sites demonstrating sustained

improvements. The *Framework for Safe Nurse Staffing and Skill-Mix for Medical, Surgical and Specialist Settings* (Phase 1) was launched as national policy in 2018 (Department of Health 2018a)[49].

1.3.2 Phase 2- Emergency Care Setting

Phase 2 developed a specific methodology for determining nurse staffing levels and skill-mix in emergency care settings using the Framework principles and assumptions that were developed in Phase 1. It has been piloted and implemented in three emergency departments and one local injury unit. Data collection from Phase 2 (emergency care settings) continued throughout the Covid-19 pandemic. An evaluation of the pilot implementation of the Framework for Safe Nurse Staffing and Skill Mix in Emergency Care Settings has been undertaken by a research team at University College Cork. This evaluation report has been considered by the national Taskforce, and publication of the Framework for Safe Nurse Staffing and Skill-Mix in Adult Emergency Settings is expected in early 2022.

1.3.3 Phase 3 – General Adult Non-Acute Care Settings

Phase 3 (general non-acute care settings) commenced in December 2020. In line with recommendation 5.4 of the report by the COVID-19 Nursing Homes Expert Panel (Department of Health 2020b)[50], the initial focus for Phase 3 is currently on Long-Term Residential Care (LTRC) settings for older adults, including nursing homes. The process commenced in late 2020 with the international evidence and literature review. This evidence review led by Professor Jonathan Drennan (University College Cork) is complete and will inform the adaptation of the Framework for LTRC settings. A national taskforce to oversee Phase 3 held its first meeting in February 2021 and has identified a model, outcomes and pilot sites for testing. This testing is due to commence in early 2022. It is planned that the development of a pilot Framework for community settings will commence testing in the second quarter of 2022.

It is proposed that these Frameworks (medical, surgical and specialist, emergency settings, older persons and community settings) will provide a systematic, evidence-based approach to determining safe nurse staffing and skill-mix levels within the health system in Ireland. The development of these Frameworks is underpinned by a partnership approach that includes clinical practice, policy, and research. The development of the Frameworks, in particular, is informed by the analysis and utilisation of data in measuring the effectiveness of the implementation of the recommendations from the Frameworks in practice.

2. What have we heard?

[49] National implementation and roll-out of Phase 1 of the Framework for Safe Nurse Staffing and Skill Mix was delayed during the COVID-19 crisis as HSE resources were redeployed. Its implementation has recently been recommenced on a phased basis in Model 4 hospitals.

[50] See: https://www.gov.ie/en/publication/3af5a-covid-19-nursing-homes-expert-panel-final-report/

A number of common themes emerged from the many presentations and submissions received from stakeholders on the nursing and midwifery workforces. These themes are outlined below.

2.1. Framework for Safe Nurse and Midwife Staffing and Skill-Mix

A central theme that was identified from the consultation process and highlighted in a number of submissions to the Expert Review Body related to the need to ensure safe levels of nurse and midwife staffing. Submissions from stakeholders welcomed the work of the Taskforce on Safe Nurse Staffing and Skill-Mix[51] with calls for it to be introduced on a wider scale and in other healthcare settings. There was recognition that the Framework provided comprehensive guidance on ensuring that wards were safely staffed as well as recognising the central role of clinical nurse managers in ward leadership and in ensuring the context in which nursing work takes place was considered.

2.2. Workforce Planning and Reform

Workforce planning was also highlighted in a number of submissions as currently being a highly centralised function. This, it was perceived, reduced the ability of healthcare providers to respond to nurse and midwife staffing needs in a timely and responsive manner. Submissions from various stakeholders identified that workforce planning required a different approach to develop into a more agile process in line with Sláintecare and reform of the health services. It was suggested in several submissions that, while there is a role for workforce planning at a national level, there are benefits to devolving this function to hospital group or integrated service area levels. This, it was proposed, would enhance strategic and integrated workforce planning, and provide for effective forecasting of staffing requirements in the context of reform. Valid and robust data on the nursing and midwifery workforces was also identified as a significant challenge and viewed as essential to assist decision making and planning strategies.

> *"By Nurses/Midwives having more autonomy in decision making and leadership the services can be transformed, and academic literature suggests that it results in decreased care costs and improved quality."*

2.3. Recruitment and retention

Submissions highlighted issues with the current recruitment and retention process across the nursing and midwifery workforces with the need to continue international recruitment to address shortfalls in staffing across all disciplines. One area highlighted in multiple submissions was that nurses and midwives should be provided with greater autonomy over their practice and environments, with some suggestions that the professions be given positions of budget holders and a place on executive management teams where this did not currently exist. Submissions from stakeholders further proposed that Directors of Nursing and Midwifery should have devolved responsibility for recruitment and retention of staff within their organisation. In addition, an issue also identified by stakeholders

[51] See https://www.gov.ie/en/publication/6d6817-taskforce-on-staffing-and-skill-mix/

was the delay in the recruitment process, with significant differences highlighted between voluntary (Section 38) and HSE service providers.

A number of submissions also highlighted the need to implement strategies to facilitate the retention of nursing and midwifery staff through the enhancement of the clinical working environment, the introduction of flexible approaches to working, parental leave, family-friendly approaches to rosters and shift patterns and the implementation of the Enhanced Contract for nurses and midwives. Challenges, in particular, with the recruitment of promotional management nursing and midwifery grades at CNM2/CMM2 and Director of Nursing/Midwifery levels were also highlighted by stakeholders. The introduction of the Enhanced Contract was positively identified in submissions as providing a clear clinical pathway for staff, as well as this grade having the potential to support the implementation of Sláintecare.

2.4. Development of Specialist and Advanced Roles

> *"We need more specialist posts to be introduced in more areas to start filling some of the gaps that have always existed."*

Stakeholders noted the significant improvement to patient care and professional leadership that has been evidenced since the introduction of CNS/CMS and ANP/AMP posts. The Department of Health (2019b) recommendations in the policy document on the Development of Graduate to Advanced Nursing and Midwifery Practice[52] further enables the credentialing of a nurse's or midwife's previous experience and education or training, thereby reducing the time required to move into the CNS/CMS or ANP/AMP roles. The policy also recommends that, nationally, at least 2% of the nursing and midwifery workforce should be at ANP/AMP level to meet the needs of patients over the next decade.

3. Where do we want to go?

3.1. Sláintecare and the Nursing and Midwifery Workforces

The main policy driving change in the health workforce in Ireland is Sláintecare[53], in particular the Sláintecare Report (Houses of the Oireachtas 2017), the Action Plan (Department of Health 2019c) and the Implementation Strategy (Government of Ireland 2021). This suite of Sláintecare reports highlights the centrality of the nursing and midwifery professions in realising the goals of enhancing the health and well-being of the population and expanding primary and social care. Recommendations for the future of the health workforce within Sláintecare include: enhancing access to public health and community nurses, the expansion of nursing and midwifery roles in primary healthcare teams, an increase in specialist nursing and midwifery roles (including ANPs and AMPs in community settings), the implementation of the work of the Taskforce on Safe Nurse Staffing and Skill-Mix and new models

[52] See: https://www.gov.ie/en/publication/96ce55-a-policy-on-the-development-of-graduate-to-advanced-nursing-and-midw/
[53] https://www.gov.ie/en/campaigns/slaintecare-implementation-strategy/

of community midwifery. These recommendations are endorsed by the Expert Review Body and identify innovations that need to be implemented to ensure that the nursing and midwifery workforces provide quality care both within and between acute and community settings.

3.2. Workforce Data

Data availability to support workforce planning is challenging, and the lack of robust, standardised data to inform workforce planning was identified in a number of submissions. Rostering and operational data is an essential requirement for monitoring staff leave, performance, well-being, productivity, and staff deployment. However, most hospitals and non-acute care settings still rely on paper-based approaches to record management. The ability to analyse and evaluate human resource data would greatly assist Sláintecare's vision for appropriate staffing levels and the building of integrated multidisciplinary teams. Currently, work is underway to implement the Framework for Safe Nurse Staffing and Skill Mix (Department of Health 2018a), with the implementation of the TrendCare[54] workforce planning and management system a welcome development to help determine the required staffing resources and, ultimately, is expected to have a positive impact on healthcare provision. However, more work needs to be carried out to standardise workforce data and create workforce data sets that can be used for future planning and decision making.

3.3. Dynamic Recruitment and Retention

Dynamic and responsive recruitment is required in order to maximise the available workforce to address the complex care requirements of the population. As was noted in the submissions received, the lack of streamlined processes during recruitment can have a significant impact on the workforce's capability and capacity to deliver the care required. Equally, clear governance and accountability would require that Directors of Nursing, Directors of Midwifery and Directors of Public Health Nursing are in the position to oversee, resource and maintain a level of responsibility for the workforce within their organisation. Directors of Nursing, Midwifery and Public Health should be provided with greater localised autonomy in the recruitment of nurses and midwives. This can provide a more streamlined and dynamic solution and reduce the number of steps that are evident in the current process.

3.4. Wellbeing

A number of strategies to enhance the wellbeing of nurses and midwives and to prevent or alleviate burnout at the unit and organisational level are required. Evaluations of strategies at the organisational level have demonstrated positive outcomes on preventing or reducing the experience of burnout of staff within the workplace. In addition, the Covid-19 pandemic is placing unique strains on the nursing and midwifery workforce due to the high numbers of seriously ill patients, restricted visiting, unpredictability in demand for health services as well as staff becoming unwell due to the

[54] Trendcare is a commercial nursing workforce planning management system (http://www.trendcare.com.au).

SARS-CoV-2 virus. The rapid spread and consequences of Covid-19 has the potential to impact the physical and psychological health and well-being of nurses and midwives, including moral distress, burnout and post-traumatic stress. There is a need, therefore, to build on initiatives currently in place to support the health and wellbeing of nursing and midwifery staff. These initiatives include improving the clinical working environment and ensuring equitable workloads, involving staff in decision making, enhancing autonomy, creating a supportive community, and ensuring that people are being treated with respect (Maslach 2017). In addition, there is a need to support nurses and midwives to enhance their own wellbeing, encourage the use of team and peer support, and ensure that managers and leaders are providing staff with access to support both physically and psychologically (Maben and Bridges 2020). Many of these strategies are evident in Magnet hospitals[55] and other evidence-based innovations to improve the working environment in clinical settings. The HSE Workplace Health and Wellbeing Unit[56] and the Employee Assistance Programme[57] provide a number of valuable resources to support and enhance the health and wellbeing of nurses and midwives, as do supports at the hospital, residential and community levels.

4. How will we get there?

Key recommendations in the Sláintecare Implementation Strategy (Government of Ireland 2021) that will impact the nursing workforce include the full implementation of the first and second phases of the work of the Taskforce on Safe Nurse Staffing and Skill Mix, and to 'commence work on the development of this model to determine the appropriate community nursing workforce' (Action 9.2; Sub-Action 9.2.3; p. 64). This acknowledges that the Framework for Safe Nurse Staffing and Skill Mix is having a positive impact (Department of Health 2018a); however, it has not yet been implemented across all settings. The importance of continued implementation and development of the Frameworks in a number of settings is relevant to the development of the professions over the next decade. Sustaining, supporting and expanding the safe nurse staffing Frameworks as they develop is a key consideration and builds on work carried out by the Taskforce in the Department of Health[58]. In addition to the implementation and expansion of the Taskforce on Safe Nurse Staffing and Skill-Mix, there will be a requirement to reconfigure the nursing and midwifery workforces to provide care in community settings through changes in education and the enhanced provision of nurses working both in community and GP practice settings. There will be a need to devolve decision making on recruitment and retention to nursing and midwifery leadership at a local level to ensure that nursing and midwifery staff are in place to meet the needs of patients. There is also a need to ensure that nurses and midwives are supported within quality clinical environments through equitable workloads and a culture of dignity and respect.

[55] Magnet is a process by which hospitals demonstrate excellence in transformational leadership, structural empowerment, exemplary professional practice, new knowledge, innovation, and empirical outcomes. Hospitals are awarded Magnet status by the American Nurse Credentialling Centre. Magnet designated hospitals have been shown to have high levels of nurse recruitment and retention, high levels of job satisfaction and excellent patient outcomes.
[56] https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/
[57] https://healthservice.hse.ie/staff/benefits-services/benefits/counselling.html
[58] https://www.gov.ie/en/publication/6d6817-taskforce-on-staffing-and-skill-mix/

5. Recommendations

Based on the submissions received and following engagements with key stakeholders and consideration of the current and future health needs of the population, the following recommendations are proposed:

5.1 Workforce Planning and Reform

Number	Recommendation
01	The Department of Health to develop an integrated workforce strategy for nursing and midwifery to include planning and forecasting staffing requirements based on operational and strategic plans for all services and the new enhanced role of the nurse and midwife in both hospital and community settings.
02	Future Health Service Executive (HSE) recruitment strategies to be informed by excellence in workforce planning, with transparency and compliance against performance indicators. This should be supported by data and evidence linked to the impact of nursing and midwifery care on patient outcomes.
03	Nursing and midwifery workforce planning should be organised and managed at the hospital group/integrated service area level. To support this, the HSE will transfer the appropriate autonomy to the Group/Area/Director of Nursing/Director of Midwifery and Director of Public Health Nursing levels, with associated authority to recruit and retain nurses and midwives in a more streamlined and efficient way, in line with HR practices.
04	The HSE, Nursing and Midwifery Board of Ireland (NMBI) and higher Education Institutions (HEI) to review access and capacity of undergraduate education with a plan to increase undergraduate student numbers in each of the disciplines annually in line with the projected workforce demands. It is recognised that the projected increase in nursing and midwifery student numbers will require planning in relation to academic, clinical staffing and placements resources as well as infrastructural resources.
05	The Department of Health and the HSE to advance the implementation of the Framework for Safe Staffing and Skill-Mix in General and Specialist Medical and Surgical Care Settings in Ireland (Department of Health 2018)[59] and continue delivery of Phase 2 (emergency settings) and Phase 3 (long-term residential care and community settings).
06	The HSE to continue to advance the implementation of the Birthrate Plus approach as a model to determine clinical midwifery staffing levels across all appropriate maternity units; and formally evaluate the maternity workforce model being utilised, including the effectiveness of Birthrate Plus.

[59] https://www.gov.ie/en/publication/2d1198-framework-for-safe-nurse-staffing-and-skill-mix-in-general-and-speci/#

5.2 Specialist and Advanced Practice

Number	Recommendation
07	ONMSD, with the Higher education institutions, to identify and develop clinical nurse specialist/clinical midwifery specialist and advanced nursing practice/advanced midwifery practice career pathways to meet service needs in the community and primary care settings.
08	The HSE to support the development of integrated clinical nurse specialist/clinical midwifery specialist and advanced nursing practice/advanced midwifery practice services in line with the Enhanced Community Care Programme and acute care services as outlined in the HSE National Service Plan 2021[60] and supported by the implementation of the Enhanced Nurse/Midwife Contract.
09	ONMSD, with the Higher education institutions, to advance planning for the further development of community midwifery care in line with the recommendations of Sláintecare and the National Maternity Strategy (Department of Health 2016[61]).
10	The Department of Health to review the Development of Graduate to Advanced Nursing and Midwifery Practice[62] policy to progress a revised target of 3% of the nursing and midwifery workforce practising as Advanced Nurse and Advanced Midwife Practitioners.

5.3 Working Environment and Staff Wellbeing

Number	Recommendation
11	The HSE, Directors of Nursing, Directors of Midwifery and Directors of Public Health Nursing with stakeholders to review the current flexible working policies and practices to support and enhance the development of a more employee-friendly approach to the recruitment and retention of nurses and midwives.
12	The HSE and NMBI to develop a five-year strategy, supported by workforce intelligence data, for the retention of nurses and midwives in Ireland, with a particular focus on: • Early graduate and early career nurses and midwives. • Nurses and midwives in the last decade of their career. • Professional mobility. • Workforce stability. This strategy should also utilise and incorporate staff retention supports and tools such as professional development plans, performance reviews, clinical supervision, coaching, mentorship, staff wellbeing, access to continuing professional development and postgraduate education, and leadership support.
13	The HSE/ONMSD to develop a programme of structured rotation options between acute and community settings to support those on the Enhanced Nurse/Midwife Contract. This programme will facilitate staff to develop the required clinical knowledge and skills to deliver integrated care.

[60] https://www.hse.ie/eng/services/publications/serviceplans/national-service-plan-2021.pdf
[61] https://www.gov.ie/en/publication/0ac5a8-national-maternity-strategy-creating-a-better-future-together-2016-2/
[62] https://www.gov.ie/en/publication/96ce55-a-policy-on-the-development-of-graduate-to-advanced-nursing-and-midw/

14	The Health Service Executive and health service providers should systematically implement a structured approach to support the health and wellbeing of nursing and midwifery staff. This includes the implementation of validated evidence-based organisational initiatives (for example, Magnet principles), communicating and providing wellbeing resources as required. [63],[64],[65]

[63] https://www.hse.ie/eng/about/who/qid/learn-and-develop-qi-skills/learning-and-development-programmes.html
[64] https://www.hse.ie/eng/about/who/healthwellbeing/
[65] https://www.inspiresupporthub.org/HSE-EAPandME

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Chapter 4
Education and Professional Development

Ambition

To reform the scope and provision of nursing and midwifery education and professional development to meet the current and future healthcare needs of the population.

1. Nursing and Midwifery Education and Professional Development in Ireland

Historically, nurses and midwives in Ireland were trained through an apprenticeship model; recruitment and education were undertaken at the hospital level with little or no input from the higher education sector. This system was reformed in 1994 when a three-year Diploma in Nursing programme was introduced. This system formally linked hospital-based schools of nursing with universities and institutes of technology and remained in place until recommendations in the Commission on Nursing (Government of Ireland 1998) and the European Union (EU) Recognition of Professional Qualifications Directive (Directive 2005/36/EC) led to the establishment of a four-year BSc Nursing degree in 2002 following which a BSc Midwifery and a combined BSc in Children's and General Nursing commenced in 2006. This model of education is generally referred to as the graduate training model to distinguish it from the previous traditional or apprenticeship models of nurse and midwifery education. A number of studies have outlined the effectiveness of graduate-level education for nurses and midwives and the positive impact that this level of education has on patient care (Aiken *et al.,* 2003, 2014; Kutney-Lee *et al.* 2013).

This level of support for the move of nurse and midwifery education into the higher education sector was highlighted in a review of the undergraduate programme, commissioned by the Minister for Health in 2012, where it concluded that there was:

> "Widespread support for the move to degree level education and integration into the higher education sector, and positive comments on the quality of the newly qualified nurses and midwives. Their readiness to undertake clinical practice and their ability to use evidence to underpin that practise was noted. The internship period was seen as a key factor in developing preparedness for practice and is a unique feature of the programmes in the Republic of Ireland (Department of Health, 2012)."

As well as theoretical input in the higher education settings, nursing and midwifery students undertake placements in a wide variety of clinical learning environments within health and social services. In these environments, students incrementally gain practical experience, skills and professional capabilities required to become members of the nursing and midwifery professions. Learning during clinical placement is on a supernumerary basis for years one to three and the first part of year four, following which students undertake an internship placement for 36 weeks. The internship experience is key for the consolidation of knowledge through supportive practice placements. These internship practice placements facilitate the application of clinical judgment and clinical decision making in the final stages of the undergraduate education of nurses and midwives.

In line with the introduction of undergraduate level education, postgraduate education for nurses and midwives has also grown exponentially following the implementation of the recommendations of the Commission on Nursing and provides a pathway for career and specialist development. Education programmes for nurses and midwives at postgraduate level range from continuing professional development modules through to doctoral-level studies. The growth in postgraduate education for nurses and midwives has resulted in significant advancement of the nursing and midwifery professions and the development of specialist and advanced roles that are having a positive impact on patient care and service reform (Higgins et al. 2019; Coyne et al. 2016; Drennan 2010; Brady et al. 2019). Both Universities and Institutes of Technology, in partnership with health service institutions, provide programmes that facilitate nurses and midwives to undertake key education, leadership, clinical specialist and advanced practice roles.

2. Where are we now?

2.1. Undergraduate Education

Internationally, from the year 2000 onwards, the number of nursing and midwifery graduates has increased in most OECD countries, with the latest figures reporting an average of 44.5 nursing graduates per 100,000 population; the number of nursing graduates in Ireland in 2019 at 28.9 per 100,000 of the population is below the OECD average and substantially below countries such as Australia (108.9), Finland (81.8) and the United States (65.6) (Organisation for Economic Co-operation and Development (OECD) 2021). OECD countries that have increased the number of places for nurses

at pre-registration levels over the last decade have taken policy decisions to expand the number of graduates to keep pace with the increase in demand for nursing care of people with long-term health conditions and ageing populations. The need to expand the number of education places for nurses and midwives is highlighted in the *Health Service Capacity Review* (Department of Health 2018). This Review has projected that, over the next decade, there will be a 40% increase in demand for practice nurse appointments and a 46% increase in demand for appointments with public health nurses. Also, in relation to residential and home care, it is projected that by the year 2031, there will be a 39% increase in the need for long-term residential care and a 70% increase in the provision of in-home care. Demand for hospital care is also projected to increase with a 16% increase in emergency department attendances, a 37% increase in acute medical assessment unit attendances and a 24% increase in in-patient non-elective admissions. These increases in service demand are in line with population modelling projections that life expectancy for males will increase from 78.4 years in 2011 to 82.9 years in 2030 and for females will increase from 82.9 years in 2011 to 86.5 years by 2020 (Wren et al. 2017). Currently, the highest referral rate to public health nurses is for people aged 85 years of age and older (2,370.0 visits per 1,000 population) and these are projected to increase over the next decade. In addition, it is projected that life expectancy for people with long-term illnesses will increase, as will the proportion of people living with multiple chronic conditions (Wren et al., 2017). These increases in patient care need over the next decade will require an associated increase in the numbers of nursing and midwifery students who will be available to provide care following graduation in a variety of settings.

Annually, approximately 2,000 students commence pre-registration nursing and midwifery education in the higher education sector in Ireland. The undergraduate honours bachelor's degree programmes lead to registration with the Nursing and Midwifery Board of Ireland (NMBI) in General Nursing, Children's Nursing, Intellectual Disability Nursing, Psychiatric Nursing and Midwifery. Six universities and seven institutes of technology offer programmes in nursing and/or midwifery. All undergraduate nursing and midwifery programmes are four years in duration, apart from the combined Children's and General Nursing programme, which is four and a half years in duration.

Undergraduate nursing and midwifery education is divided between theoretical learning (63 weeks) within the higher education institute and clinical learning (45 weeks supernumerary and 36 weeks internship) within a healthcare setting (NMBI 2016a; NMBI 2016b). Students, while on clinical experience, are facilitated by funded clinical supports, including clinical staff, clinical placement coordinators (CPCs), nurse and midwifery practice development coordinators and link lecturers. Central to the support of students on clinical placement are CPCs, nurses, and midwives who act as preceptors. CPCs were introduced following the introduction of the Diploma in Nursing programme to support nursing students on clinical placement and provide a pivotal role in liaising with nurse and midwifery ward managers, nursing and midwifery educators and practice development coordinators. An evaluation of the role was last undertaken in 2002 (Drennan, 2002). In this evaluation, the post was identified as highly effective in facilitating and supporting student learning in clinical practice and supporting nursing and midwifery students while on placement. The CPC role remained in place following the transition from diploma to degree level education for nursing and midwifery students, but no further evaluations of the post have been undertaken to date. In addition, there has been no systematic evaluation of the overall support provided to nursing and midwifery students during their clinical placements.

2.2. Postgraduate Education

Following the publication of and recommendations in the Commission on Nursing (Government of Ireland 1998), there has been exponential growth in the provision of postgraduate education for nurses and midwives at the foundation, certificate, diploma, postgraduate diploma, master's and doctoral levels. There are a broad range of postgraduate education programmes for nurses and midwives that provide a number of career options in clinical practice, leadership, education and research. The majority of these programmes are clinically focused, with the most significant growth in programmes that prepare nurses and midwives to work in clinical specialist and advanced practice roles. Programmes that prepare nurses and midwives to work in speciality areas (e.g., emergency nursing, gerontological nursing, neonatal care) are delivered in partnership with hospitals linked to a higher education institution. The majority of postgraduate programmes that are currently available prepare nurses to work in the acute sector, with a minority of programmes identified that provide education to nurses and midwives working in community settings (public health nursing, community health and community mental health nursing).

The last decade, in particular, has seen the growth in the availability of postgraduate programmes that lead to registration on specialist divisions of the Register (e.g., advanced practice, prescribing, tutors' divisions), with many nurses and midwives entering these specialist divisions completing master's and, increasingly, doctoral-level studies. One of the specialist divisions of the Register that has seen exponential growth is that which enables registration as a nurse or midwife prescriber (NMBI 2019). Legislation enabling nurses and midwives to prescribe medications was introduced in 2006, with amendments introduced in 2007 (Irish Medicines Board, 2006a, 2006b; Medicinal Products Regulation 2007). The first prescribers registered with the Nursing and Midwifery Board of Ireland in 2008, with evaluations demonstrating that the extension of prescribing was highly effective in enhancing patient access to care (Drennan *et al.,* 2009).

The introduction of nurse and midwife medication prescribing and radiological procedure requesting illustrates examples of well-supported role expansion. Following successful completion of a programme of study in either one or both these areas, nurses and midwives can apply to become registered prescribers. At the time of this report, there were 1,224 nurses and midwives registered as prescribers (Registered Nurse Prescriber (RNP)/Registered Midwife Prescriber (RMP)) with the NMBI. Registered nurse and midwife prescribers are employed across 114 clinical areas and 183 health service providers (acute hospitals, primary and community services and prison services). These prescribers also include 46 RNPs working with private health service providers, including those working within general practice settings.

The majority of nurses and midwives who are registered prescribers are working at specialist or advanced practice levels. Evaluations of these roles at both national (Begley *et al.* 2010; Brady 2019) and international levels (Laurant *et al.* 2018) have demonstrated that specialist and advanced nursing and midwifery roles have a positive impact on patient care, including enhanced access to care, reducing patient waiting times, the provision of continuity of care as well as high levels of patient

satisfaction. These outcomes provide evidence to continue the implementation of the *Policy on the Development of Graduate to Advanced Nursing and Midwifery Practice* (Department of Health 2019) and continue to increase the number of nurses and midwives working at specialist and advanced practice levels. The full implementation of advanced practice and specialist roles requires an understanding of the impact as well as barriers and facilitators of these roles; therefore, further, and continuing research and evaluation in this area is required. This will inform the future development and strategic implementation of these posts.

Overall, the development of specialist nursing and midwifery roles and nurse and midwifery-led care, underpinned by postgraduate-level education, has been shown to have a positive impact on a number of patient outcomes, including patient satisfaction, access to care and enhanced health outcomes (Laurant *et al.,* 2018). The further development and expansion of these roles are required to meet the needs of patients both in acute and community settings.

2.3. Professional and Practice Development

The role of the Office of the Nursing and Midwifery Services Director (ONMSD) is to strategically lead and support nurses and midwives to deliver safe, high-quality, person-centred care. The ONMSD, through a hub and spoke model, provides a focal point and critical professional link for strategic support and leadership through Nursing and Midwifery Planning and Development Units (NMPDUs) and Centres for Nurse and Midwife Education (CNMEs), Area Directors NMPDU, National Clinical Leadership Centre (NCLC), and National Leads who collectively support the Director of the ONMSD through:

- Providing professional guidance and expertise.
- Providing strategic development of nursing and midwifery.
- Supporting the implementation of policy, strategy, regulation, and professional priorities.
- Promoting evidence-based standards of care and supporting measurement.
- Providing support services that enable the provision of person-centred care.
- Supporting professional development, including implementing national standards for CPD programmes.
- Supporting enhanced scope of practice for nurses and midwives.
- Supporting innovation and improvements in practice.
- Fostering workforce development through workforce planning initiatives.
- Strengthening clinical leadership capacity and capability throughout nursing and midwifery.
- Supporting and preparing nurses and midwives to integrate healthcare information and digital technologies into practice, education, research, and management.

The ONMSD is funded and holds its own budget responsibility and, provides a range of funding to support professional development, new clinical developments, and considers applications within its governance remit and agreed criteria. Private practices, including GP practice nurses are not supported through this funding.

These strategic initiatives are supported by a range of resources for nurses and midwives to continue their professional development through blended and online learning via HSeLanD (www.hseland. i.e.) as well as other eLearning resources. A recent example of this innovation was the development of the

online vaccination training programme to respond to the need for a significant increase of the workforce to safely deliver the national COVID-19 vaccination programme. The ONMSD also incorporates the National Clinical Leadership Centre for Nursing and Midwifery, which delivers leadership development opportunities for nurses and midwives through the Clinical Leadership Competency Framework, leadership programmes, development initiatives, webinars, and workshops.

Currently, each of the eight NMPDUs has a director and is supported by senior nurses and midwives who work collaboratively with directors of nursing and midwifery across the health service to deliver on agreed priority objectives and service innovations.

There are 12 HSE CNMEs and eight voluntary (Section 38) CNMEs (Figure). They are responsible for:

- Supporting education to implement national clinical programmes, for example, diabetes, older persons', and mental health care.
- Providing nurse and midwife continuing professional development (CPD) programmes.
- Ensuring that CPD activities offered to nurses and midwives by CNMEs are in line with service needs and national clinical programmes.
- Recording, monitoring, and auditing the provision of nurse and midwife CPD.
- Supporting the delivery of QQI Health Care Skills award Level 5 programme for healthcare assistants via the CNMEs.
- Maintaining education standards for CPD.

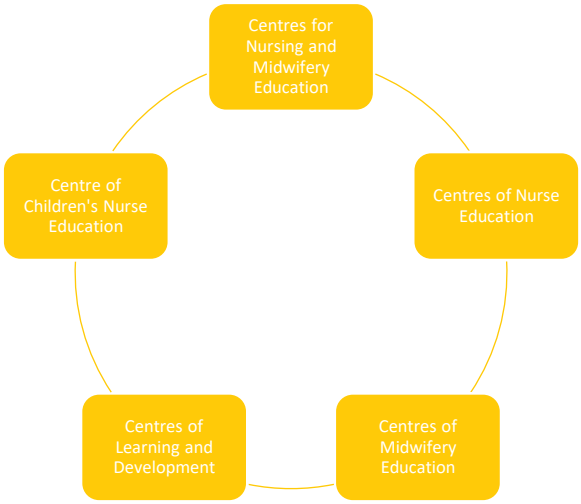

Figure 10 - Organisation of CNMEs

The CNMEs provide access to postgraduate professional education, training, and development either directly by the CNME/ NMPDU or funded through the CNME/NMPDU for external courses.

Nurse and midwife practice development units at the hospital level provide ongoing practice and educational support to both nursing and midwifery students and clinical nursing and midwifery staff. Generally, the units are staffed with a practice development coordinator, clinical placement coordinators and clinical facilitators. The purpose of the nurse practice development units is to

facilitate the development of quality nursing and midwifery practice and the implementation of patient-centred care. These units are led by a practice development coordinator, who, in conjunction with other members of the team, reviews policies and procedures, supports the dissemination of research, supports clinical audits and evaluations, provides support for professional development, and coordinates advanced practice roles. Clinical facilitators provide support for general and specialist professional development and, in particular, the provision of clinical education and support to clinical staff.

2.4. Professional Regulation

The Nursing and Midwifery Board of Ireland (NMBI, formerly An Bord Altranais), is the independent, statutory organisation that regulates the nursing and midwifery professions in Ireland. They work with nurses and midwives, the public and key stakeholders to enhance patient safety and patient care.

Their core functions are:

- Maintaining the Register of Nurses and Midwives.
- Evaluating applications from Irish and overseas applicants who want to practise as nurses and midwives in Ireland.
- Supporting nurses and midwives to provide care by developing standards and guidance that they can use in their day-to-day practice.
- Setting requirements for nursing and midwifery educational programmes in Higher Level Institutions.
- Investigating complaints made from patients, their families, health care professionals, employers and holding Fitness to Practise inquiries.

Registration governs the individual's scope of professional practice. The NMBI is mandated by the Nurses and Midwives Act of 2011 (Acts of the Oireachtas 2011) to set Standards and Requirements for the initial professional education of registered nurses and midwives; the current Standards were published in 2016 (NMBI 2016a, 2016b). These Standards and Requirements provide guidance for higher education institutions and health service providers for the education of nurses and midwives for five divisions of the Register (General, Midwifery, Psychiatric, Intellectual Disability, Children's). The Nurses and Midwives Act of 2011 also set out the role of the NMBI in setting the standards required for nurses and midwives and how these standards should be applied in the protection of the public receiving care from registrants. The 2011 Act recognised midwifery as a separate profession from nursing and changed the name of An Bord Altranais to the Nursing and Midwifery Board of Ireland (An Bord Altranais agus Cnáimhseachais na hÉireann). The mandate for NMBI to set out the rules for the education of nurses and midwives is outlined in sections 85 (1) and (2) of the Nurses and Midwives Act 2011. The education of general nurses is required to comply with EU Directive 2013/55/EU amending Directive 2005/36/EC (EN 28.12.2013 Official Journal of the European Union L 354/151) with the education of midwives outlined in Article 43 of the Directive.

The NMBI outlines the competencies required for entry to the Nurses' and Midwives' divisions of the Professional Register. These competencies encompass six domains of practice reflected at the appropriate level in learning outcomes for each clinical placement:

- Domain 1: Professional values and conduct of the nurse.
- Domain 2: Nursing and midwifery practice and clinical decision making.
- Domain 3: Knowledge and cognitive skills.
- Domain 4: Communication and interpersonal skills.
- Domain 5: Management and team working.
- Domain 6: Leadership and professional scholarship.

In addition, nursing and midwifery students, for the duration of their education, must enter the NMBI Candidate Register and complete all statutory and EU requirements before being eligible for registration. As noted, the undergraduate honours bachelor's degree programmes lead to registration with NMBI on one of the five divisions of the Register. There are also seven divisions of the Register that pertain primarily to post-registration programmes for nurses and midwives. These include Public Health, Nurse Tutors', Midwife Tutors', Nurse Prescribers', Midwifery Prescribers' Advanced Nurse Practitioners'PHNTMTNPMPANP and Advanced Midwife Practitioners'AMP divisions.

The Nurses and Midwives Act of 2011 (Acts of the Oireachtas 2011) outlines the role and function of the NMBI in relation to the maintenance of professional competence (Part 11). This part of the Act states that it is the duty of registered nurses and midwives to maintain professional competence on an ongoing basis. In addition, the Act states that:

> *'A registered nurse or registered midwife shall, whenever required by the Board to do so, demonstrate competence to the satisfaction of the Board in accordance with any requirement of the Board' (Part 11, Section 87 (2)) and that: 'A registered nurse or registered midwife shall, whenever required by the Board to do so, demonstrate competence to the satisfaction of the Board in accordance with any requirement of the Board' (Part 11, Section 88 (1)).*

The Act further states that The Board shall … 'establish and operate one or more than one scheme for the purposes of monitoring the maintenance of professional competence by registered nurses and registered midwives' (Part 11, Section 89 (1)). To date, no formal scheme for the maintenance of professional competence has been put in place by the NMBI for nurses and midwives. A number of other countries do require nurses and midwives to demonstrate periodic evidence of continuing education credits when renewing their registration, however, this is currently not a requirement for nurses and midwives to maintain their annual registration with the NMBI.

3. What Have We Heard?

Several consistent themes relating to the education and professional development of nurses and midwives emerged from more than 45 submissions received from stakeholders.

Access to Education

Important points were raised by a number of stakeholders on educating nurses and midwives in the context of the introduction of Sláintecare. Submissions received suggested that, with greater convergence of acute and community services, a more interdisciplinary approach to education will be required. In addition, it was highlighted that increasing the scope of clinical placements for undergraduate nursing and midwifery students in community settings would be needed.

"The establishment of service provided, and role specific courses is urgently needed to ensure a comprehensive education is ascertained. This would infuse a greater base of knowledge of basic and fundamental principles up to, and including, advanced management theory for Nurse Managers."

A significant number of stakeholders proposed enhancing access to the profession by increasing the number of undergraduate nursing and midwifery places. Submissions also proposed the need to develop and implement graduate-entry programmes. This, it was highlighted, would facilitate the recruitment of people into nursing and midwifery with a wide range of experience. In addition, submissions highlighted that there was a need for a greater understanding among academic partners of the Enhanced Nurse and Midwife Contract's requirements and the education required to inform this development.

Review of Undergraduate and Postgraduate Education

"Additional or supplementary training in the use of e-health and personal health monitoring devices may be needed to support practice. More senior grades need to understand the characteristics of digital and e-health, the methods of deployment in their related services, and the impact of digital technologies on health and social care service provision in accordance with the Sláintecare Implementation Plan."

A number of submissions proposed the inclusion of programmes incorporating areas of training from management-related disciplines into both undergraduate and postgraduate nursing and midwifery education. Areas suggested included leadership, entrepreneurship, people management, negotiation and consensus-building, risk management, policy development and project management. Submissions and presentations also highlighted the need to examine the models and levels of support that nursing, and midwifery students receive on clinical placements both in acute and community settings.

Other submissions called for an increase in the level of practical experience within educational programmes and more interprofessional education to encourage a shared understanding of roles across professional boundaries.

Submissions also argued that there should be a systematic approach to regularly reviewing the curriculum and regulatory standards in line with changes in the healthcare system and predicted patient needs.

"The skills required to negotiate and influence service planning need to be encouraged and developed through education and mentoring."

Continuing Professional Development and Career development

"CPD is necessary to maintain inter-professional credibility."

Many of the submissions received included observations on the need for widespread and equitable access to CPD. The necessity of CPD to facilitate the skills and education of the nursing and midwifery workforce, enabling them to provide high-quality, evidence-based care, was also highlighted.

There was also a call in a number of submissions for a focus on supporting career development with access to more postgraduate education and training options provided by the CNMEs and NMPDUs, especially in the areas of digital and community care. In particular, education in the area of community care was highlighted as being important for nurses and midwives working across all disciplines and settings. This, it was argued, would develop a shared understanding of roles across professional boundaries. Submissions also emphasised the need to further integrate evidence-based care into clinical practice through the identification and implementation of innovative posts and roles.

4. Where Do We Want to Go?

4.1. Sláintecare

Implementing the recommendations in the *Sláintecare Report* (Houses of the Oireachtas, 2017) provides an opportunity to re-examine nursing and midwifery students' education to ensure alignment with future patient and service needs. The *Sláintecare Report* highlights the need to develop a healthcare workforce that will provide direct care and have a role in health promotion, population health, and the facilitation of patient self-care and self-management. These developments will require cross-boundary communication, leadership, and care coordination by nurses and midwives across acute and community settings due to the central recommendation in *Sláintecare* to integrate care across these services. The recently published *Sláintecare Implementation Strategy and Action Plan 2021 – 2023* (Government of Ireland, 2021) will build on the innovation demonstrated in the health services throughout the COVID-19 pandemic. The *Strategy* focuses on two new reform programmes: Programme One - *Improving Safe, Timely Access to Care and Promoting Health and Wellbeing,* will focus on care integration, patient safety and prevention, productivity, enhancing capacity, achieving

Sláintecare waiting time targets and ensuring care is provided in the right location and at the right time; Programme Two - *Addressing Health Inequalities*, will bring us on a journey towards universal healthcare. Both these programmes have particular relevance for nursing and midwifery in informing education at both undergraduate and postgraduate levels to prepare nurses and midwives to develop and implement new and effective approaches to service delivery.

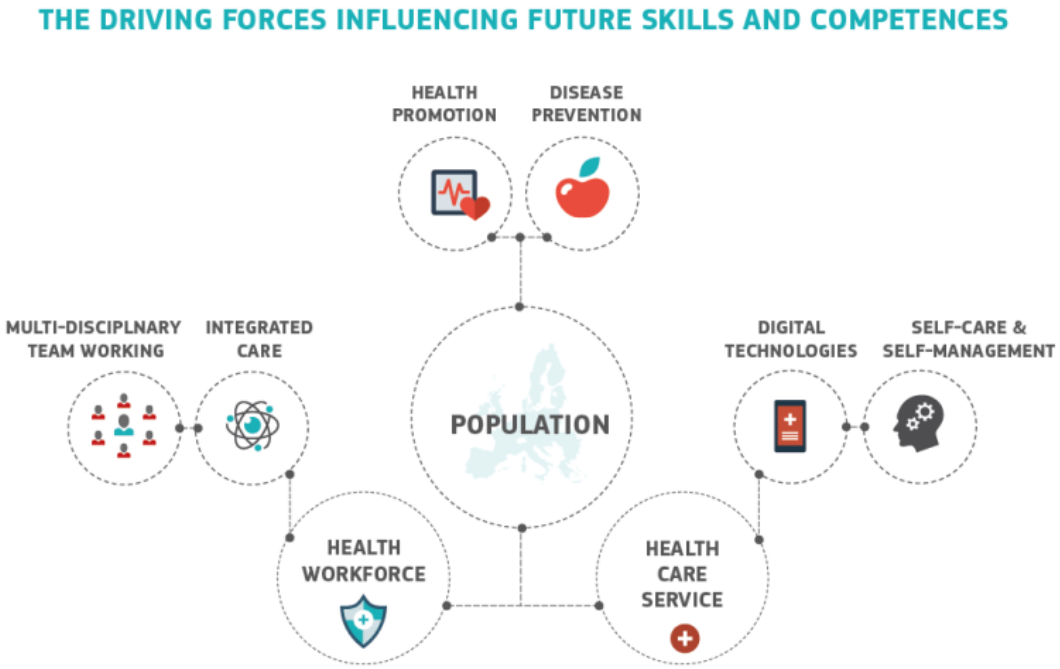

Figure 11 - Driving Forces Influencing Future Skills and Competencies - NMBI 2020

To meet the care needs of an ageing population, to reduce the reliance on an acute hospital-based care model and to emphasise health promotion and disease prevention will require the development of a nursing and midwifery workforce that has a wide range of capabilities grounded in science, humanities, technology, leadership, teamwork, health promotion and disease prevention and an understanding of the social determinants of health (Figure 11). Nurses and midwives will be required to adopt an integrated approach that will support a care delivery model in both the community and hospital settings based on patient needs. This is encompassed in the Enhanced Nurse and Midwife Practice role, which acknowledges the additional skills, education and professional development required to provide safe and high-quality integrated care in both acute and community settings with an emphasis on new approaches to chronic disease management (HSE 2019 HR Circular 022/2019 – Nursing and Midwifery - the Enhanced Nurse / Midwife Practice Contract).

4.2. Increase Undergraduate Capacity in Community Care

The current undergraduate nurse and midwifery education systems are predominantly orientated towards acute care with limited exposure of students to community care, a key focus of Sláintecare. At present, students are provided with between one and four weeks of community care placements during which they work alongside public health nurses during their rotation. While this short exposure

to community care is invaluable to student education, they do not gain the necessary experience of caring for people with various needs outside of the acute care setting. In addition, the level of support the nursing and midwifery students receive on community placement can be variable. Therefore, there is a need to increase the experience nursing and midwifery students gain in community settings and the support they receive from public health nurses and community RGNs.

In relation to student support, a pilot clinical placement coordinator (CPC) role was trialled in the community setting with an evaluation identifying that the post was a positive addition to the community nursing team and was an investment in public health nursing (Drennan *et al.* 2004). The evaluation at the time recommended that the pilot CPC in the community project be extended to all community care areas providing support to nursing and midwifery students. Benefits of developing the CPC post included the advancement of nursing and midwifery practice in the community, increased understanding of the complexities of community nursing by students, recruitment of nursing students to public health and community nursing and, ultimately, the delivery of quality, evidence-based nursing and midwifery care to patients, clients and communities (Drennan *et al.* 2005). However, despite these recommendations, the pilot project was discontinued; currently, there are very few CPCs supporting student learning in community care settings. Implementing the recommendations in Sláintecare requires that support structures are put in place to ensure nursing and midwifery students are provided with the best learning opportunities while on community placements, including in GP practices.

4.3. Clinical Nurse and Midwifery Specialists and Advanced Nursing and Midwifery Practitioners

The benefits of advanced nursing and midwifery practice are extensively evidenced in both national and international literature. Evidence suggests that creating a critical mass of nurses and midwives as specialists and advanced practitioners has benefits for service provision and patient care, such as improved timely access to services, hospital avoidance, reduced waiting lists and integration of services. The move to degree level education in 2002 and subsequent investment in nurse and midwifery education has provided opportunities for nurses and midwives to lead on care delivery and demonstrate the added benefit of specialist and advanced practice, for example, prescribing medicinal products and authority to refer for radiological procedures, to service provision and patient care.

The nursing and midwifery workforce in Ireland is highly educated and highly skilled. Since the creation of advanced nurse and midwife posts in 2001, 447 advanced practitioners have registered with NMBI, with a further 175 candidates expected to join the Register this year. However, international benchmarking indicates that this remains a comparatively low number. Challenges still exist to meet the critical mass required as set out in the target to achieve 2% of the nursing and midwifery workforce registered at an advanced practice level. This is recognised in the Department of Health document *A Policy on the Development of Graduate to Advanced Practice* (Department of Health 2019), where a new model of education for ANPs and AMPs is outlined, which takes into consideration the prior learning of prospective ANPs and AMPs and reduces the length of time required for RNs and RMs to progress to these roles. As mentioned in the Workforce chapter, there is a need to advance and further

implement these highly effective posts within the health service, not only in the acute care sector but particularly in community and long-term residential care settings.

4.4. Education for Community Settings

There is a need to expand specialist programmes into the community setting, including specialist programmes in community mental health nursing, community nursing for people with an intellectual disability, community midwifery, community children's nursing, community nursing for older people and the care of people with long-term conditions in community settings. These specialist programmes should be underpinned by public-patient involvement in care delivery and should emphasise health inequalities, determinants of health, maternal and child health, health technology in community settings, caring for rural populations, the care needs of older people, health promotion, prevention and safeguarding, community care models and public health emergencies. Placements in the community for students as well as in the patient's own home should include community health clinics, GP practices, schools, prisons, workplaces, and services providing support to homeless people and refugees. As outlined in the Enhanced Nurse and Midwife Practice Role (HSE 2019 HR Circular 022/2019 – Nursing and Midwifery - the Enhanced Nurse / Midwife Practice Contract), there is also a need to prepare nursing and midwifery students to work collaboratively across acute and community care settings. In addition, nursing and midwifery students should be prepared to collaborate with social services and to work together with other health and social care professionals delivering care in community settings.

GP Nurses are privately employed by General Practitioners, who are independent private contractors. They do however have access to a number of Professional Development Coordinators for Practice Nursing (PDCPN) who are employees of the HSE and:

- have responsibility for the strategic development of practice nursing.
- provide guidance and direction for practice nursing.
- work as the link between the HSE and practice nurses.
- facilitate education and continuing professional and role development.
- collaborate with relevant healthcare professionals, educational bodies and other stakeholders.

Whilst acknowledging the private employment contract between a practice nurse and the GP as employer, the National Group of the Professional Development Coordinators for Practice Nursing work towards:

- the integration and recognition of practice nursing as a key role in primary care.
- supporting educational, professional and role development of practice nurses.
- providing evidence-based standards of nursing for patients within general practice.

4.5. Joint Appointments and Clinical Academic Roles

There is a need to integrate clinical, academic and research roles of nurses and midwives for the advancement of patient care. Such integration will help advance innovation and enhance the rapid translation of evidence into practice within health services.

The formal linking of clinical and academic roles brings together innovation and scholarship in the provision of evidence-based healthcare within clinical settings. Clinical academics focus on building a research-led care environment which includes developing the capacity and capability of health care staff to deliver evidence-based healthcare. A central feature of clinical academic research is that they are clinical leaders whose aim is to inform and improve the effectiveness, quality, and safety of healthcare. In Ireland, there is currently no structured clinical academic pathway for nurses and midwives who wish to be clinically active while undertaking healthcare research. The development of formal clinical academic roles would allow nurses and midwives to continue in a clinical role while at the same time undertaking research to improve patient outcomes. By remaining clinically active, nurses and midwives can identify and undertake research on issues that directly affect patients within their clinical speciality. This initiative allows nurses and midwives to combine both clinical and research roles.

As well as clinical academic roles, there is a need to further develop the implementation of joint appointments between and within health service providers and higher education institutions. The provision of joint appointments was recommended in the Commission on Nursing (Government of Ireland 1998) and subsequently outlined in the document, *The Development of Joint Appointments: A Framework for Irish Nursing and Midwifery* (National Council for the Professional Development of Nursing and Midwifery 2005). Joint appointments can be considered at two levels, the first being a joint appointment between acute and community health services. These appointments provide care to patients across both settings and can be provided by a clinical nurse or midwifery specialists and/or advanced nurse or midwifery practitioners. Examples of where nurses and midwives work across both acute and community settings include those providing care to people with long-term conditions, within learning disability, older person's care, mental health and children's services and midwives working in maternal and infant health. The second level is a joint appointment between a higher education institution and a health service provider with posts jointly funded by both bodies. There are a number of joint appointments at the professorial level in place between the HSE and institutes of higher education in the area of older persons' care and long-term illness, but there is a need to further develop and expand these posts between acute and community services and roles that are based both in higher education and health service settings. The latter would include the development of clinical professorships in nursing and midwifery that reflect both the healthcare and research priorities of the health service.

4.6. Research and Innovation

Measuring and understanding the impact of nursing and midwifery interventions and nursing and midwifery-led care helps ensure the sustainability of emergent and new ways of providing nursing and midwifery care and provides an evidential basis for safe and high-quality healthcare. Routine use of data, quality improvement methodologies, and implementation science will enhance team functioning and, ultimately, patient outcomes. Nurse and midwifery managers and leaders require skills in creating and analysing standardised data so that they can lead out on transformative service improvement agendas.

4.7. Working with Other Healthcare Professionals

Nurses and midwives collaborate with and work in multidisciplinary teams. These collaborations include working centrally with medical teams and health and social care professionals. As patient healthcare needs become more complex, and the provision of healthcare is increasingly multidisciplinary, the importance of teamwork, communication, supervision, and delegation is becoming progressively important. To ensure that the role of nurses and midwives within these teams is effective and constructive, there is a need at both undergraduate and postgraduate levels not only to enhance nurses' and midwives' understanding of their roles within multidisciplinary teams but also to prepare them to lead these teams when required. This means that educational provision at both undergraduate and postgraduate levels should include opportunities for interdisciplinary learning and the development of the core skills of leadership, supervision, and delegation.

4.8. Mentorship

Mentoring is a process where a more experienced clinician (mentor) uses dedicated time to facilitate the personal and leadership development of someone less experienced (mentee). Mentors are usually outside of the normal line of management – this minimises any conflicts of interest and, in general, makes it easier for the mentee to ask for help. Mentoring is used across many organisations and is especially suited for helping people settle in a new role and assisting people in moving forward in their career or when in a new position.

The application of mentorship is primarily intended to support nurses and midwives throughout their career and has been shown to have a number of benefits to the mentor, the mentee, and the wider organisation, including:

- Facilitating staff in managing stress.
- Positive impact on job satisfaction and improved retention rates.
- Empowerment, sharing knowledge and leadership skill development.
- Building a culture of engagement and empowerment.

Therefore, based on the positive outcomes of a mentorship programme, there is a need for a more robust and developed national approach to mentorship, with a particular focus on newly qualified nurses and midwives and emerging leaders. For newly qualified nurses and midwives, the initial transition from student to staff nurse or staff midwife has been termed in Kramer's (1974) classic work as 'reality shock' due to the disconnect between what they experienced as a student and the reality of clinical work. The consequence of this reality shock is that it can result in the high turnover of newly qualified nurses and midwives, especially within their first year of practice. There are a number of approaches that have been shown to facilitate the transition from student to staff nurse and staff

midwife, including new graduate nurse and midwife mentoring programmes (Schoessler and Waldo 2006a, 2006b) and the implementation of Magnet principles into clinical sites.[66]

Effective mentoring programmes for newly qualified nurses have been shown to reduce rates of turnover and enhance the clinical competencies of the graduates (Zhang et al., 2016). There is, therefore, a need for hospitals, higher education institutions and the HSE to identify, develop and implement mentoring programmes for newly qualified nurses and midwives, particularly to provide high levels of support within the new graduates' first year of practice.

5. How Will We Get There?

Having considered the relevant literature and the future demands of the healthcare system and noting the experience and submissions of the stakeholders, the following recommendations are proposed under the headings of Access, Preparation for Practice, and Professional Development

6. Recommendations

6.1 Access to Education

Number	Recommendation
15	The Department of Health, Nursing and Midwifery Board of Ireland (NMBI), higher education institutions and the Health Service Executive (HSE) to review the routes of entry to undergraduate nursing and midwifery as part of increasing diversity of the nursing and midwifery workforce.
16	Higher Education Institutions, in partnership with the NMBI, to introduce Graduate Entry to Nursing (GEN) and Graduate Entry to Midwifery (GEM) programmes as part of the wider future health workforce planning process.
17	To inform the workforce planning process, higher education institutions should monitor and report student attrition rates from undergraduate nursing and midwifery programmes.

6.2 Preparation for Practice

Number	Recommendation
18	Higher education institutions, the Department of Health, the HSE and the NMBI, through a high-level working group, to review the undergraduate nursing and midwifery curricula in the context of Sláintecare, the introduction of the enhanced practice contract, and the future health needs of the population. This group should also align any revisions to the

[66] Magnet is a process by which hospitals demonstrate excellence in transformational leadership, structural empowerment, exemplary professional practice, new knowledge, innovation, and empirical outcomes. Hospitals are awarded Magnet status by the American Nurse Credentialing Centre. Magnet-designated hospitals have been shown to have high levels of nurse recruitment and retention, high levels of job satisfaction and excellent patient outcomes.

	curricula to national health priorities as well as global issues (UN Sustainable Development Goals)[67]. This review should consider: • Leadership • Working within and across primary, community, and acute care settings. • Working effectively in interprofessional teams. • eHealth and technology-enhanced communication. • Social determinants of health. • Advanced physical and psychological assessment and interventions.
19	The NMBI, higher education institutions, the HSE (including Community Health Organisations) to expand the locations for undergraduate nursing and midwifery student clinical placements, particularly in community and primary care settings. In addition, to reflect the implementation of Sláintecare in the provision of integrated care, the time allocated to community placements for nursing and midwifery students should be increased.
20	The Nursing and Midwifery Board of Ireland to review the Standards and Requirements for undergraduate and postgraduate level education programmes every five years to ensure that requirements are aligned with both national and global health priorities.
21	The NMBI to develop a plan for the undergraduate curriculum of psychiatric and intellectual disability nursing to meet European Union standards.

6.3 Professional Development

Number	Recommendation
22	Higher education institutions, in partnership with the Nursing and Midwifery Board of Ireland and the HSE, to develop and implement a variety of relevant and contemporary postgraduate education programmes in community nursing and general practice nursing.
23	ONMSD, with the Higher education institutions, to develop and offer Continuing Professional Development programmes in line with service need for registered nurses and midwives with the initial focus to facilitate the development of: • Advanced leadership, supervision, and delegation capabilities. • Digital health and communication. • Data analytics and decision making.
24	The HSE, in partnership with the higher education institutions and the Health Research Board, to develop a nationally agreed clinical academic career framework[68] for nurses and midwives.
25	ONMSD, with the Higher education institutions, to further develop joint nursing and midwifery clinical–academic appointments across acute and community settings.
26	The Nursing and Midwifery Board of Ireland and higher education institutions to review the options for conversion programmes for registered nurses and midwives to enable them to move between the disciplines[69] and further intra-professional mobility.
27	ONMSD, with the support of the NMBI, to commission an evaluation of the support in clinical practice (acute and community), including the role of nursing and midwifery staff, clinical placement coordinators and link lecturers and mentorship to determine a new model to support undergraduate nursing and midwifery students and newly qualified staff.

[67] https://sdgs.un.org/goals

[68] A formal clinical academic career framework allows nurses and midwives to continue in a clinical role while at the same time undertaking research to improve patient outcomes.

[69] General, Learning Disability, Psychiatric Nursing and Midwifery.

28	To inform continued strategic implementation and development of advanced nursing and midwifery practice, a further evaluation of the impact of advanced practice across the system should be commissioned by the Department of Health and HSE within two years (4 years post-implementation of the Policy on the Development of Graduate to Advanced Nursing and Midwifery Practice[70]).
29	The HSE, through the Community Health Organisations, to increase the number of Professional Development Coordinators for Practice Nursing (PDCPNs) to facilitate the strategic development and standardisation of the care delivered by general practice nurses.
30	The Department of Health to review the current funding structure in respect of continued professional development of nurses and midwives to ensure that it is effectively aligned with the strategic objectives of Sláintecare.
31	The Nursing and Midwifery Board of Ireland to advance the development, establishment and operation of one or more schemes for the purposes of monitoring the maintenance of professional competence by registered nurses and registered midwives as outlined in the Nurses and Midwives Act of 2011.

[70] https://www.gov.ie/en/publication/96ce55-a-policy-on-the-development-of-graduate-to-advanced-nursing-and-midw/#

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Chapter 5
Digital Health

Ambition

Nurses and midwives will engage and have lead roles in integrated digital health approaches enabled by the provision of appropriate technological infrastructure to enhance the delivery of person-centred healthcare.

1. Digital Health

Digital health is now a critical part of any healthcare service, and its adoption is key to improving patient care outcomes, improving clinical utility, and increasing the sustainability and integration of the healthcare system (Kickbush et al., 2021). More importantly, the evolution of technology in healthcare also requires a specialised workforce who understand and realise the significance of digital health. Digital health practice and the meaningful use of data have been identified as significant levers for change to sustain future services globally (Braithwaite et al., 2018). The World Health Organisation (WHO), in the publication of the Global Strategy for Digital Health 2020 – 2025, recognised that the growth in the interconnectedness of information and communications technologies had great potential to accelerate digital progress in healthcare towards the development of knowledge-based societies (WHO, 2020).

Given the importance of digital technologies to sustaining future global health, supporting the development of dedicated digital health leadership is a current priority for Ireland (Department of Health, 2013). This is particularly relevant to the professions of nursing and midwifery, which are at the forefront of service delivery and responsible for planning, implementing, and evaluating a broad range of initiatives to improve health outcomes, enhance the patient experience, and ensure the effective utilisation of resources (ONMSD/HSE, 2020).

There is also an increasing focus on creating digital professionalism as part of nurses' and midwives' professional identities. This requires the capacity to understand, develop, and demonstrate learning when using digital technology in clinical practice. Therefore, it is essential that nurses and midwives are actively involved in the leadership, policy development, and advocacy for digital health at the individual, local, and national levels.

The eHealth Strategy for Ireland (Dept of Health, 2013) identified eHealth (digital) technologies and systems as:

P*atient-centric and involving the use of modern information systems and technologies to integrate and coordinate healthcare delivery to ensure improved patient outcomes, greater efficiencies of delivery, higher levels of transparency and improved ease of access* (p16).

Over the past two years, nurses and midwives played vital roles, particularly in leading digital innovation to improve care in the context of the COVID-19 global pandemic, where digital healthcare was at the forefront of service delivery. In addition, during the period of the Expert Panel Review report writing, the Health Service Executive (HSE) experienced a significant cyber-attack that directly impacted the ability of nursing and midwifery teams to provide services across practice areas. On the 14th of May 2021, the HSE suffered a major ransomware cyberattack that required all of its Information Communication Technology (ICT) systems nationwide to be shut down. Several hospitals could not access electronic systems and records and had to rely on paper records. As a result, the cyber-attack had a significant impact on hospital and community services across the country - many hospital appointments were cancelled, including all outpatient and radiology services. Almost immediately, clinical guidance was issued from the Office of the Chief Clinical Officer and updated regularly. Services across Ireland increased their ongoing risk assessment processes, putting new arrangements in place to maintain care and patient safety in hospital and community services.

Significant learning has taken place within the professions in Ireland, not least for nursing and midwifery which, at the forefront of service delivery, were highly impacted by this event across all professional areas, including practice, education, research, and policy. Therefore, continuity planning for nursing and midwifery practice must be understood within this context, appropriately risk assessed and mitigated for in the future.

2. Where are we now?

2.1. Digital Health Policy Direction for Ireland

Sláintecare includes an eHealth (digital health) programme as part of the Service Redesign and Supporting Infrastructure Workstream (Sláintecare Action Plan - Department of Health, 2019). It is focused on ensuring that the requisite ICT infrastructure and resources are in place to support service delivery. This will require data to support population health planning and systems to drive more efficient, effective, and collaborative care. A focus on providing clinicians and managers with the tools and information needed to support decision-making is also central to this programme (HSE, 2019).

2.2. What is Digital Nursing and Midwifery?

As the largest professional group within the healthcare workforce, nurses and midwives generate a significant volume of healthcare data (Englebright and Caspers, 2016). Nurses and midwives have essential roles that cross the domains of patient care, leadership, advocacy, education, and research. As the Irish healthcare system increases the utilisation of technology to deliver patient care, digital health-related functions and capabilities are fast becoming an essential component of daily practice.

The wealth of information gathered through real-time assessments, interventions, processes, and outcomes across care continuums via the constancy of nursing and midwifery, provide great possibilities to enhance the care delivered to the public (Welton, 2016). Aligned with the collation of health data from populations through wearable technologies, cloud computing, smartphone mobile technologies and social media (Lokuge et al., 2018), the 21st Century is an era of opportunity to study and evaluate linkages to create knowledge for the improvement of professional practice, personalised medicine, and population health outcomes (Higgins et al., 2018). This is dependent on a workforce with the skills to ensure the meaningful use of such data (Ricciardi and Boccia, 2017).

2.3. Nurses' and Midwives' Contribution to Digital Health Solutions

Vast volumes of data are generated daily within the health service, requiring digital solutions to enable real-time data access and interpretation to support high-quality patient care delivery (Appleby, 2014). The number of digital clinical systems and solutions procured and deployed in the Irish healthcare system will grow exponentially over the next five years. Some progress has already been made to embed technology within the health infrastructure to expedite integration between primary and secondary care, to which nurses and midwives are making significant contributions.

Figure 6 provides some examples of digital healthcare solutions currently in place and contributing to integrated care, where nurses and midwives have had significant roles in leading innovation and implementation.

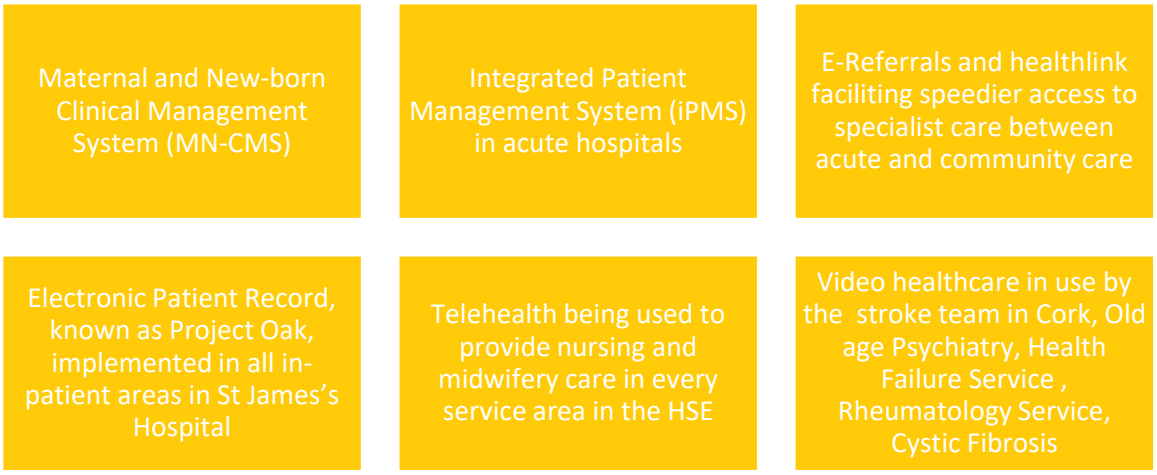

Figure 6 – Examples of digital healthcare solutions currently in place

2.3.1 Digital Roadmap for Nursing and Midwifery

The Digital Roadmap for Nursing and Midwifery (ONMSD/HSE, 2019), launched in 2019, sets out the strategically planned goals (Figure) required for a digitally enabled nursing and midwifery workforce. These strategic aims align with and support the eHealth strategy (Dept of Health, 2013) and the Sláintecare implementation plan (Dept of Health, 2019). Nurses and midwives are in a strong position to advocate for people who use services to ensure optimum access and use of digital technology to improve population health and well-being. However, implementation has been challenging due to resourcing issues and the lack of an appropriate infrastructure to support the strategic aims.

Figure 13 - Digital Roadmap Goals (ONMSD/HSE, 2019)

2.4. Nursing and Midwifery Digital Capabilities

Working forward from the National Nursing and Midwifery Digital Health Capability Framework (2020) led by the Australian Digital Health Agency and developed by the Australasian Institute of Digital Health, ONMSD, the HSE, NIPEC and Digital Health and Care NI (DHCNI) developed and launched a framework to outline digital capabilities for nurses and midwives in November 2021 (ONMSD & NIPEC, 2021).

As Ireland increases the use of digital technologies to deliver patient care, digital health-related roles and capabilities will become commonplace amongst nurses and midwives working across the domains

of patient care, leadership, advocacy, education, and research. This Framework seeks to recognise those roles and the unique digital health capabilities of nurses and midwives.

In defining capabilities, the framework encompasses competence but also emphasises other components such as adaptability to change, lifelong learning, and self-efficacy, thus addressing wider aspects of professionalism, focusing on supporting continuous development rather than an assessment of a skill at a specific point in time.

2.5. Current Challenges of Digital Adaptation

The current digital landscape requires significant reform to facilitate the integration of nursing and midwifery practice. Previous Information, Communication and Technology (ICT) decisions created siloes of systems and services, resulting in many existing challenges. The Expert Review Body was presented with evidence from across the HSE and private sector organisation of numerous disparate information systems and storage arrangements in different locations that frequently lacked interoperability. This was compounded by the absence of a unique citizen health identifier which provides challenges in the potential to transfer health and care information across sectors.

Evidence demonstrates that an infrastructure that is highly fragmented with gaps and silos of information prevents the safe, effective transfer of data and poses great difficulty for those planning and delivering healthcare services (HIQA, 2018).

The eHealth Strategy for Ireland (Department of Health, 2013) outlined the pathway to a robust and integrated digital healthcare system for Ireland. The eHealth Ireland project team headed by the Office of the Chief Clinical Information Officer (OCCIO) collaborates with the Health Information and Quality Authority (HIQA) to support decision making regarding information governance, national data collections, terminologies, classifications, and standards. The governance underpinning data collection will be supported by legislation in the Health Information and Patient Safety Bill 2019 yet to be enacted. A crucial component of digital interoperability, traceability and accountability is the potential to identify healthcare practitioners through a single, unique sign-on code. This is separate and different to the aforementioned unique citizen health identifier. As yet, a Health Service Provider Identification (HSPI) system has not been implemented in Ireland but will be required by the 2019 Bill.

Much progress has been made in understanding the data challenges and working forward from the Strategy (Dept of Health, 2013). Implementing the long-awaited Individual Health Identifier (IHI) has recently gone live with the roll-out of the COVID care tracker (CCT) and SwiftQueue (electronic queue management system). The critical advancement of the IHI is a key enabler for the capture of health intelligence data that can be used by clinicians, policymakers, planners, and researchers. This is a crucial step forward, but much more needs to be done to facilitate the future digital practice of the professions.

2.5.1. Standardised terminologies

Inconsistent language to describe nursing and midwifery practice renders it challenging to demonstrate the nursing and midwifery contribution to patient care and identify benchmarks and

quality assurance (Wang et al., 2011; Leary et al., 2017). Ireland does not currently maintain a dictionary of nursing and midwifery care terms to ensure national consistency. Data with different formats and structure makes it difficult to retrieve, aggregate, interpret and utilise large data sets (Levein et al., 2015; Leary et al., 2017). There are many examples in Ireland where nursing and midwifery activity is not coded or captured; for example, such activity is not included on hospital Patient Administration System (PAS) systems for administration, nor are nursing or midwifery interventions included in the Hospital In-Patient Enquiry (HiPE) system for submission to the Hospital Pricing Office (HPO). In 2016, the Dept of Health procured the Systematised Nomenclature of Medicine-Clinical Terms (SNOMED-CT) licence for Ireland to standardise the clinical terminology to produce reliable electronic health information. The key medium to long term goals of the Department of Health is to develop SNOMED expertise, develop a rigorous focus on quality, and adopt the SNOMED-CT Strategy 2020-2025. Work is currently being undertaken on behalf of the Chief Nursing Officers for the UK and Ireland to scope the impact of such terminologies on nursing and midwifery practice (ONMSD/HSE, 2020).

2.5.2. Data Sets

The development of national nursing and midwifery data standards and data quality standards facilitate the exchange of clinical information across healthcare services and systems for improved data integration, information sharing, data analytics, performance monitoring, patient safety and quality and service improvement (HQIA, 2014; Sundling and Kurtycz, 2019; Vuokko et al., 2017).

In addition to the lack of clinical terminology systems, there has been no straightforward process for defining, standardising, and managing defined data sets in Ireland for nursing and midwifery professions. Internationally, data sets standardise the collection of essential nursing and midwifery information across a range of clinical settings. These minimum core data sets, used regularly by most practitioners in delivering care across the various settings, can provide an accurate description of diagnoses, care, and resources used. When collected on an ongoing basis, a standardised nursing and midwifery database enables practitioners to compare data across populations, settings, geographic areas, and time (Clancy et al., 2006; Dykes et al., 2009; Kieft et al., 2018).

Further work will need to be undertaken to continue developing standardised data sets across the broader nursing and midwifery care areas. The key to integrating and recognising nursing and midwifery interventions is developing a core data, or primary data set, which establishes how nursing and midwifery standards and terminologies need to be applied and the context in which they are used.

3. What have we heard?

The submissions received, and data from the direct engagements events with key stakeholders provided insight into the current advances and challenges to digital transformation and potential solutions available. Many of the submissions welcomed the publication of the Digital Road Map (ONMSD/HSE, 2019) and urged system-wide funded support for the implementation of this important strategic document.

"Identification of posts to provide and manage delivery of data collection systems such as NPEC reporting, quality and patient safety data and KPI analytics"

Resourcing Digital Health Technologies

Particularly evident in the submissions and presentations received was the enthusiasm and willingness on the part of nurses and midwives to engage with digital health technologies in their daily practice. Nurses and midwives recognise the potential benefits to the people they provide services to, the opportunity to improve efficiencies and value for money, and the opportunities to expand their practice by introducing digital solutions. Notably, oral submissions provided rich information relating to the plethora of short-term pilot projects or *ad-hoc* solutions to achieve a level of digital integration and transition relating to specific and time-bound needs in service provision. Unfortunately, despite the early success of many pilots, it was evident that these fragmented approaches have led to increased frustration with delays in resource investment, training, and the licencing of technology. Equally, the fragmented approach to resourcing generated further barriers to providing an integrated, whole-system approach to digital care.

Nursing and Midwifery Leadership for Digital Health Transformation

It was evident from both the written submissions and oral presentations that nurses, and midwives are ideally positioned to lead and advocate for transforming the current system into a digital space.

"Understanding emerging eHealth technologies and communication platforms with on-the-job training for managers"

The Expert Review Body learned of examples of the success of digital solutions, which had been led by a range of dynamic and innovative nursing and digital midwifery leaders occupying critical roles in healthcare organisations across Ireland. The submissions also clearly identified the strong desire for nurses and midwives to be more involved in implementing new digital initiatives and strategies to ensure future solutions are best suited to meet patients' and clients' needs, enabling successful implementation and optimisation and identification of potential roadblocks to sustainability.

"Nursing informatics is required to be developed in all disciplines of nursing"

Building Nursing and Midwifery Digital Capacity in Ireland

Alongside the evidence of digital innovation in practice, there was evidence of a consistent desire to build both capacity and capability in the digital practice space for the future of nursing and midwifery in Ireland. This was both at an expert level to support strategy, policy, and service direction and at a granular level across all levels of practice of nurses and midwives system wide.

System-wide Application and integration of Digital Health Technologies

The good practice examples provided to the Expert Review Body lay in stark contrast to the frustrations experienced and expressed by nurses and midwives that similar projects have not been identified for national implementation. Many submissions spoke of the strong and unlocked potential for quality improvement in services and meaningful use of nursing and midwifery data through a unified, integrated Electronic Health Record across secondary, primary and community care. This was deemed to be a key enabler for the future success of Sláintecare.

"A single-patient record will be required to ensure continuity of patient care, as this care moves through different levels/services within the integrated pathway"

"Develop national nursing and midwifery data standards, data quality standards and interoperability that facilitates the exchange of clinical information meaningfully across healthcare services, improving data integration, information sharing, data analytics, performance monitoring"

Meaningful use of Nursing and Midwifery Data

Much of the evidence provided to the Expert Review Body in both oral and written submissions talked about future opportunities linked to consistent capture of nursing and midwifery information, both in terms of advancing services and practice. To support this, it was strongly reflected in submissions that a strategic approach to the capture, storage, management, sharing and use of nursing and midwifery data should be implemented. Any future nursing and midwifery data strategy should also recognise and champion the importance of a national standardised reference terminology for nursing and midwifery practice across digital formats. This element is linked to building digital health skills capacity, including meaningful use of nursing and midwifery data and the resourcing of informatics' teams to support this element in practice.

Among the submissions received were examples of how nurses and midwives have already adapted to digital healthcare:

- Mental health services use telenursing to triage and support their clients at home.
- Midwives use the MN-CMS to capture the inpatient care needs and facilitate easy transfer to community care after discharge.
- Nurses working with intellectual disabilities are using assisted living devices and 'apps' to support and monitor their clients in an independent living setting.
- Children's nurses are preparing to engage with an ambitious digitally-enabled strategy as part of Children's Health Ireland, allowing greater access and integration across all Children's Health Ireland sites.

- General nurses are running telehealth, virtual clinics, and community virtual wards to avoid hospital admissions and reduce patients' length of stay while maintaining patient safety and providing high-quality care.

4. Where do we want to go?

4.1. Sláintecare and eHealth

As previously highlighted, Sláintecare includes goals to create a digital healthcare system that connects the health service and citizens. The Sláintecare Action Plan (2021) core principle focuses on providing the requisite ICT infrastructure and resources to support services. This ambition is enabled by appropriate care pathways and seamless transitions underpinned by a fully digital patient record (Department of Health, 2021b)

As previously mentioned, the nursing and midwifery professions make up a significant proportion of the health and social care workforce who work closely and continuously with the people for whom services are provided. While the Digital / eHealth Programme is a vital enabler of the Sláintecare Reform Programmes, the significant investment in eHealth capital and staffing must include further development and resources for nurses and midwives to lead the implementation of critical areas of the Strategic Action Plan.

Continued progress has been made in the Sláintecare Reform Digital/ eHealth implementation workstream, including the digital infrastructure and support available during COVID-19. Future advances in digital health should be enabled by dedicated nursing and midwifery leadership roles across organisations and policy areas, promoting the development and growth of the practice in this crucial aspect of future healthcare delivery.

4.2. Future of Digital Health

There is evidence internationally that the use of digital technologies enables efficiencies affecting many outcomes for people accessing services, including decreased hospitalisations and reduced lengths of stay, avoidance of duplication of procedures and tests, reduced reliance on error-prone paper-based processes and up to date, accurate and timely patient record history (Department of Health, 2013). Technologies such as virtual care, remote monitoring, big data analytics, intelligent wearables (Figure 1) (Nuffield Trust, 2016), and the exchange of data and relevant information across the health ecosystem have the potential to enhance health outcomes by improving diagnosis, treatment decisions driven by data, digital therapeutics, self-management, and care as well as furthering evidence-based knowledge, skills and competence for professionals to support healthcare.

In a review of the rapid adoption of digital health technologies during the COVID-19 pandemic, the King's Fund (King's Fund, 2021) outlined the essential nature of strategic planning in our current health and social care digital health economies, stating that *'decisions taken now will influence the way health and care systems adopt tools to adapt to the needs of their populations. (pg7)'*.

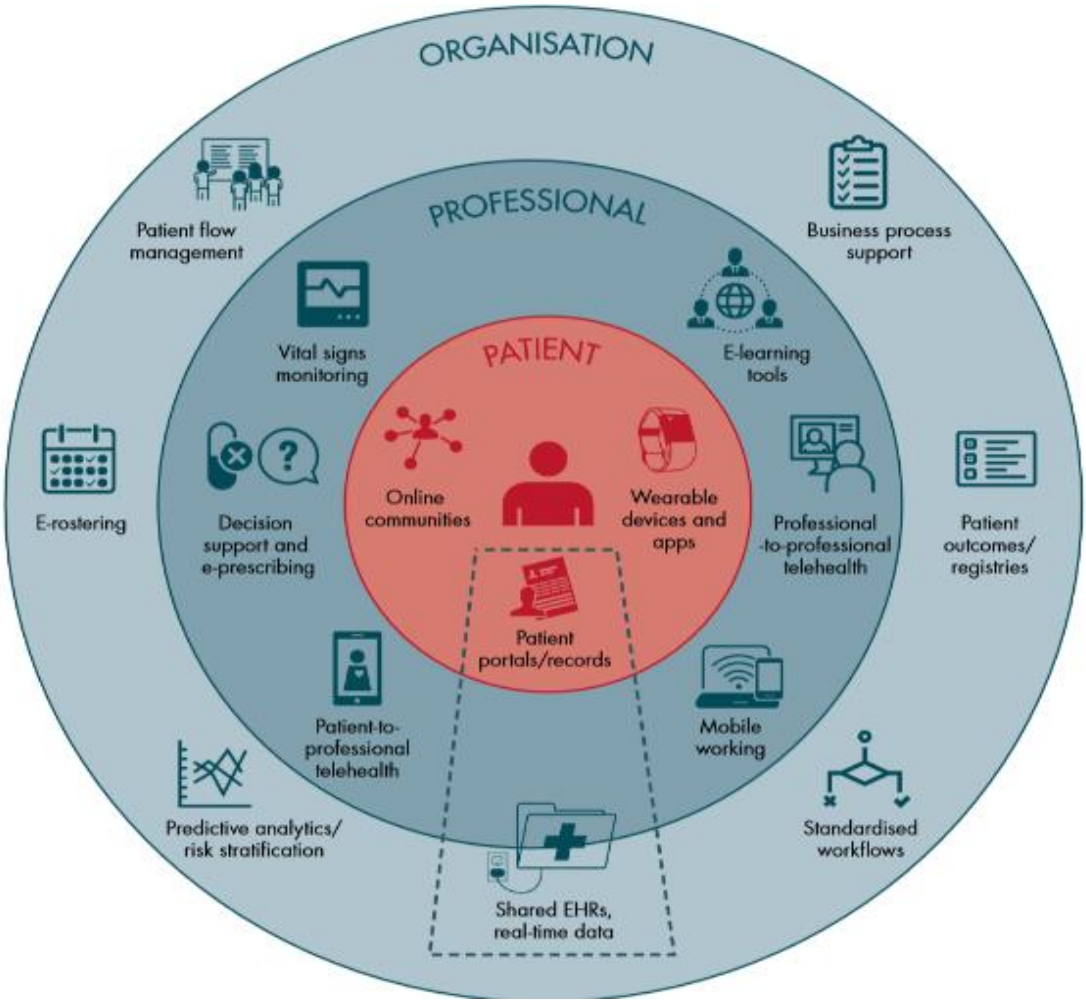

Figure 14 - Examples of Digital Health Approaches (Nuffield Trust, 2016)

The area of digital health practice will continue to grow exponentially over the next ten years, with expected innovations in:

- Artificial Intelligence (AI) to support clinical decision making, process optimisations, preclinical research, and patient-facing applications (Fenech et al., 2018)
- Machine learning from a range of health data sources (Rajkomar et al., 2018)
- Wearable devices and health apps positively impacting on health behaviours (Dounavi and Tsoumani, 2019)
- Online triage and remote access to care through digital technologies and greater use of digital-first models (Baird et al., 2016; Baird and Maguire, 2021).

Key factors in the future of digital technology in health and social care across three domains have been identified as helping the public to make the most of data and digital technologies, supporting staff to maximise digital technology, and developing local and national leadership (The King's Fund, 2021).

Given the proximity to the public and service users and the safety-critical nature of the professions (Aiken et al., 2014), nurses and midwives must be enabled to lead and deliver on digital health priorities for the population of Ireland (ONMSD/HSE, 2019). Therefore, the recommendations of this

report need to align with future ways of working and support policy, strategy, and capability developments for nurses and midwives to be leaders and innovators in this space.

Increasingly, cybersecurity poses a system-wide challenge for health service provision across global economies. In 2019, Imperial College London collated evidence for a report from National Health Service (NHS) organisations relating to examples of previous attacks in the UK and across the globe (Ghafur et al., 2019). The report outlined several key measures to increase cyber resilience, including employing cybersecurity professionals in digital health teams and having clear communication systems so staff know where to access advice on cybersecurity. There was a recognition that as digital health approaches expand, so would the opportunity to attack these systems from cybercriminals. Like all healthcare professionals, nurses and midwives will need to understand potential threats, vulnerabilities in systems, and mitigations to prevent cybersecurity breaches now and into the future.

The major ransomware cyberattack in May 2021 has facilitated significant learning within the professions in Ireland, not least for nursing and midwifery, who, as previously mentioned, were highly impacted by this event. This learning will support further development in this expanding area of digital practice.

Finally, a unique digital identifier for every health and social care professional is a key enabler for Sláintecare Reform yet to be implemented. This vital element will facilitate the future development of and safe access to unified, integrated Electronic Health Records across secondary, primary and community care in Ireland.

5. How will we get there?

Building on the work already undertaken, it is essential to continue transitioning to transformative digital healthcare service. Nurses and midwives are ideally placed to lead and advocate for the digital health solutions required to support integrated care and implement Sláintecare.

Implementing the strategic goals set out in the Digital Roadmap for Nursing and Midwifery 2019-2024 (HSE/ONMSD, 2019) is essential to realising the digital potential of the nursing and midwifery workforce. Nurses and midwives need to work closely with the Office of the Chief Clinical Information Officer (HSE) and the National Clinical Information Officer – Nursing and Midwifery (ONMSD) to understand how they can use digital capabilities and health technologies available to achieve the ambitions of the HSE and Sláintecare.

The recommendations address the critical areas of digital standards, terminology, resources, and education to support and develop nursing and midwifery to lead and engage in integrated digital health approaches. This includes the provision of appropriate technological infrastructure to enhance the delivery of person-centred healthcare. They also reflect the other requirements of establishing career pathways, governance, and management structures to enable and retain clinicians in this area.

6. Recommendations

6.1 Nursing and midwifery Leadership for Digital Health

Number	Recommendation
32	The HSE to establish and resource a Working Group to support the National Clinical Information Officer (Nursing and Midwifery) and the Office of the Chief Clinical Information Officer (OCCIO) in implementing the Digital Roadmap for Nursing and Midwifery - 2019 to 2024 (ONMSD 2019)[71]. This group would be responsible for prioritising the following: e) Implementing national data standards for nursing and midwifery that enable interoperability. f) Supporting and standardising nursing and midwifery digital leadership roles to include establishing new digital leadership roles, where appropriate. g) Ensuring person-centred engagement to facilitate input and co-design from service users. h) Advocating that the required digital and technological infrastructure to support nursing and midwifery practice is available.
33	The HSE/ONMSD to engage with the Department of Health on the need for the development and implementation of a national policy to provide a unique Health Service Provider Identification (HSPI) as appropriate to nursing and midwifery staff.

6.2 Meaningful Use of Nursing and Midwifery Data

34	ONMSD, National Clinical Information Officer (Nursing and Midwifery) and Nursing and Midwifery Informatic Officers to: • continue to develop a national minimum dataset of nursing and midwifery core documentation • establish a preferred national approach to the use of standardised terminologies for nursing and midwifery • develop standardised data sets for nursing and midwifery.

6.3 Resourcing Digital Technologies

Number	Recommendation
35	HSE to establish a nursing and midwifery digital leadership and governance structure in each of the proposed Regional Health Authorities (CHO/Hospital Group in the interim) with responsibility for implementing the strategic goals of the Digital Roadmap for Nursing and Midwifery and maintaining achievement in their organisation.

[71] https://healthservice.hse.ie/filelibrary/onmsd/digital-roadmap-for-nursing-midwifery-2019-2024.pdf

6.4 Building Nursing and Midwifery Digital Capacity

Number	Recommendation
36	ONMSD to develop training resources to enable senior nurses and midwives to increase their capabilities for data analysis and digital healthcare.
37	Department of Health and the ONMSD to prioritise Goal 7 of the Digital Roadmap for Nursing and Midwifery (ONMSD, 2019) to, resource and implement the Digital Capabilities Framework for nursing and midwifery to address existing deficits.

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Legislation

The Health Information and Patient Safety Bill 2019

Chapter 6 Governance and Leadership Structures

Ambition

To have in place governance and operational structures that support the reform of the professions proposed in this report and that deliver the flexibility of integrated care to meet the healthcare needs of the population while ensuring service quality and safe care.

1. Introduction

The *Sláintecare* Report places considerable emphasis on good leadership, governance, and accountability as critical functions of any health system. This is echoed in the *Sláintecare* Implementation Strategy, which highlights the importance of a framework of health structures, governance and accountability that supports the delivery of effective and safe health and social care services. One of the key strategies proposed, and now in the process of implementation, is to increase integration between the acute hospital sector and community-based care.

A system of nursing and midwifery governance encompassing management and leadership development at every level supports a patient-focused response to the challenging trends occurring in health service delivery. Nursing and midwifery leadership in a modern multi-faceted healthcare system is key to enabling coordinated and effective working of various departments, facilities, and workforce placing nurses and midwives in significant strategic positions. It is well evidenced that robust strategic planning and effective leadership styles are critical components to ensure excellent patient care and the best possible outcomes (Cummings et al., 2018). For the professions, however, strategic leadership is complex, requiring skill, development, and support to balance the needs of patients, nurses, midwives, the multidisciplinary team, and management for optimal patient care. This strategic leadership applies to all clinical settings, whether it is hospital or community care and support focused strategic direction and strategy development as a key management function. Nursing and midwifery leaders have the required skills and knowledge of the complexity of the healthcare system to strategically maximise the nursing and midwifery input in response to increasingly challenging healthcare needs.

The Labour Court recommendation in 2019, following the industrial relations dispute, included the establishment of the ERB to undertake a review of the nursing and midwifery professions, including

consideration of previous union claims and acknowledged that its work would have implications for the management of nursing and midwifery.

The programme of work proposed for the ERB by the Minister for Health explicitly referred to "the need for fundamental reforms which will impact significantly on nursing and midwifery in the context of implementing *Sláintecare*" and that its review would embrace the full spectrum of issues relating to scope and role, structure, operational flexibilities, management responsibilities, professional development and other measures designed to improve the quality and efficiency of service delivery in an integrated way. The terms of reference required the ERB to provide a greater understanding of how the work of nurses and midwives can be organised more effectively, and their current role developed to support, alongside other healthcare staff, the delivery of high-quality integrated healthcare service. The ERB was also tasked in its terms of reference to address a number of specific issues relating to nursing and midwifery management grades.

It was thus clear to the ERB that leadership and governance within the nursing and midwifery professions are critical areas for consideration, as was their potential to contribute to the greatest extent possible to the delivery of efficient and effective health services in a manner that best utilises their unique position, responsibilities, strengths, and capacity.

Previous analysis had also highlighted the significant challenge that exists for recruitment and retention of nursing and midwifery management grades, in particular Director of Nursing/Midwifery, CNM 2 and equivalent posts in Model 4 hospitals. Recruitment and retention of experienced and highly qualified nurses and midwives to these posts are critical to achieving the reform of the professions and the implementation of Sláintecare.

2. Where are we now?

The composition, structure, training and evolution of the nursing and midwifery professions have been outlined in earlier chapters. The most recent development has seen the expansion of clinical practice becoming regularised through the introduction of a new grade called the 'Enhanced Nurse/Midwife'. The introduction of this grade is designed to put in place arrangements to allow graduate nurses and midwives to expand their practice in response to patient and service need and thereby work to the full scope of their qualifications. This constitutes a fundamental change in the role of the graduate nurse/midwife and is regarded as a further development of the nursing and midwifery professions. This now sets the future direction for role expansion in a structured way.

2.1. Labour Court Recommendations

As noted earlier, the Labour Court made recommendations in 2019 arising out of an industrial relations dispute and specified key areas for consideration by the Expert Review Body. Specifically, it stated:

"The Union claim in respect of Clinical Nurse Manager 1 grade (CNM1), the Clinical Nurse Manager 2 grade (CNM2) and community nursing grades cannot be accommodated in phase one to the development of the profession as set out in this Recommendation but should be examined by the expert review of the profession provided for herein.

The development of the profession arising from this Recommendation and the work of the Expert Review Body will, in the view of the Court, have implications for the management of nursing, and consequently, the Expert Review Body should examine in particular the effects on the management grades of Clinical Nurse Manager 3 (CNM3), Assistant Director of Nursing (ADON) and Director of Nursing (DON)."

This chapter focuses on the reforms to the governance structures and processes proposed by the ERB as necessary in order to meet the challenges of integrating care across all sectors and ensuring an appropriate leadership voice for the nursing and midwifery professions. It also addresses various relevant issues relating to grades and structures consistent with the Labour Court recommendations. It is noted that where issues arise during implementation of the recommendations of this chapter of the report, the parties will revert to The Labour Court for final determinations.

3. What have we heard?

A number of common themes emerged from the many submissions received from stakeholders involved with the nursing and midwifery professions.

3.1. Grading and Governance Structures

Stakeholders, in submissions and presentations to the Expert Review Body, maintained that Directors of Nursing and Midwifery were a notable example of issues relating to remuneration arising from the current hospital banding approach, which, it was stated, was significantly outdated and not fit for purpose. It was also noted in many submissions that there is currently no senior nurse or midwifery operational representation at the executive level in the HSE.

The pivotal role of the CNM/CMM 2 grade was also emphasised in submissions and presentations as a position that is essential for the quality management of clinical areas through the provision of leadership and clinical expertise. The importance of the role was further emphasised in submissions received by highlighting that it is situated at the point in which the patient receives care and, as such, was vital in ensuring that patients received safe, effective and high-quality care.

In addition to the pay differential associated with the implementation of the enhanced nurse/ midwife contract, there were a number of issues identified in the PSSA report on recruitment and retention (August 2018) that transferred into and featured strongly in the union claim that led to the 2019 industrial action. These issues were also identified through the extensive work of the ERB and include recruitment, retention, and standardisation of salary for the CMN2 grade across the health system. The banding structure to determine pay at this grade is not applied in a standardised way. The ad hoc and local interpretation of the banding structure has led to significant differences in the application that does not always reflect the level of responsibility of the roles. The lack of a structured approach

has compounded the recruitment issue. This is a challenge then for the implementation of safe, integrated care across a system and ultimately achieving universal health coverage.

The ERB identified that the current 'banding' system for determining pay for DON/Ms and ADON/Ms is outdated, does not relate to the current hospital system, does not consider community roles, and is no longer applied on a standardised, systematic basis. This is challenging on a number of fronts in the context of Sláintecare as outlined above but also in the context of a governance structure on a systematic basis for nursing and midwifery to provide integrated patient care, clinical governance for innovative care solutions as well as the implementation of the professional reforms recommended in the ERG report.

There are 14 DON/M and ADON/M salary scales in the current structure, the majority of which are based on the acute hospital system. To support the implementation of policy and move care into the community safely, the system that determines pay for DON/M grades requires reform. This reform should reflect the current health system and be based on reflecting levels of responsibility on a national, regional, and local basis. This would support tiered leadership through a variety of leadership roles that reflect the level of accountability and integration of care across the system.

A longstanding grading dispute relating to Area Directors of Nursing in Mental Health was also referred to, noting that a separate process relating to this grade concluded in August 2021 with the acceptance by the parties of Labour Court Recommendation 22454.

Submissions received by the ERB argued that some of the managerial grades across all sectors required a review so that new roles or scope of responsibility could be acknowledged. This was also highlighted as important in light of some of the changes required as the Sláintecare strategy is implemented.

3.2. Leadership

Submissions pointed to the key leadership roles provided by senior nurses and midwives in delivering safe, effective, and high-quality care. Developing leadership skills and competencies was identified as essential in ensuring senior nurses and midwives are equipped to support their staff and services, especially in light of the proposed structural changes to be delivered under Sláintecare. Submissions also emphasised that leadership skills and competencies need to be developed and promoted from staff nurse/midwife grades onwards, with a particular emphasis on the CNM 1/CMM 1 grade to support effective succession planning throughout the system. There are a number of recommendations addressing the development of leadership skills and building competency across the professions contained in Chapter 4.

4. Where do we want to go?

4.1. Nursing and Midwifery Contributing within HSE Decision-Making Forums

Nationally, the nursing and midwifery professions represent at least one-third of the workforce across the health service, with many nurses and midwives holding senior operational roles. However, nursing and midwifery are not represented at relevant senior/executive decision-making forums within the HSE. The ERB sees this as a notable gap that has the potential to impact

adversely on effective decision making across the health services and is firmly of the view that this matter needs to be addressed as a matter of urgency.

4.2. Nursing and Midwifery in Regional Health Area Executive Roles

At a regional level, the development of the Regional Health Areas[72] is a critical component of the Sláintecare reform plan, impacting the overall governance structure of the HSE. Given the breadth and depth of nursing and midwifery across the system and the reform of the professions required in line with Sláintecare and the conclusions of the Expert Review Body, there is a compelling case for the governance structure for RHAs to include an Executive Nurse/Midwifery lead (in line with similar international structures). This role would provide professional accountability and oversight for delivering essential policy requirements of integrated care, innovative care delivery and efficiencies across acute and community care areas.

There is already a close alignment between the existing Hospital Groups and the proposed Regional Health Areas (RHAs). The Expert Review Body has identified the senior lead model currently in place through the Group Chief Director of Nursing structure as having worked well in delivering reform to date, and that model could apply across an RHA structure without creating an additional management layer. In appreciating the suggested RHA structure, the Expert Review Body proposes that the Group Chief Director of Nursing and Midwifery role with any reconfiguration is considered in the context of an Executive Nurse/Midwifery lead level in each RHA. The ERB is of the view that this executive role should be at the appropriate senior management level and that be consistently applied across all RHAs.

Aligned to the regional structure referred to above, the ERB is of the view that an integrated network forum of nursing and midwifery leaders across all disciplines would be a vital asset for delivering integrated care. This forum would support the RHA executive leadership and provide an appropriate structure to collaborate and coordinate across acute, community and primary care settings.

4.3. Consistent Approach to Pay Bands

There are currently 23 distinct grades of Director of Nursing/Midwifery, Director of Public Health Nursing, and Assistant Director of Nursing/Midwifery/Public Health across acute and community services. Each grade is linked to one of 15 separate salary scales. The ERB noted that the grading of Area Directors of Nursing in Mental Health was addressed in a separate Labour Court recommendation in August 2021 (LCR22454) and is therefore not addressed by the ERB.

The remaining 22 grades are distributed over 14 separate salary scales. Some of these grades are aligned to the existing 'Hospital Banding' structure, which determines the salary scales for Directors of Nursing and Midwifery and Assistant Directors of Nursing and Midwifery in the acute sector. The system, which has been in place since 1994, designated hospitals at certain Bands based on hospital

[72] https://assets.gov.ie/19412/f5c574463ffa4059bc9e734c82297608.pdf

activity levels, preregistration nurse training[73] and staff responsibilities. The system is significantly out of step with current hospital or community structures, the current complexity of care or the level of responsibility for nurses and midwives at this grade. This outdated system, based on delivering care in either acute or community settings, acts as a barrier to the integration of care delivered across the system. Salary scales follow the historic band designation and have evolved in an unsystematic siloed way in response to recruitment challenges over the years. Further, the current banding does not encompass community or public health nursing. In order to achieve the reform required in an integrated and safe way, the ERB has concluded that a revised, standardised system reflecting the different grades with the associated levels of responsibility and accountability across the acute and community system is required.

The Director of Nursing role in the model 4 hospitals is not encompassed by the banding system. The hospitals of this size and nature, the complexity of the role, the responsibility of delivering nursing services on a national, regional and specialist level, and the size and diversity of the workforce did not exist at the time the current system was implemented. The associated salary scale, as a result, does not reflect the role or responsibilities of the Director of Nursing in a model 4 hospital and merits being addressed separately to measures relating to other Directors of Nursing and Midwifery and Assistant Directors of Nursing and Midwifery grades. The ERB is of the view that a single Director of Nursing in each of the current nine Model 4 hospitals should have a salary scale equivalent to the Areas Directors of Nursing for Mental Health.

The current variability and *ad hoc* application of the Hospital Banding system poses a significant challenge to policy implementation, reform, and patient flow and renders the integration of care for patients that move between sectors more challenging and ultimately disjointed. The increased clinical complexity of nursing and midwifery care and the development of specialised supports in both community and acute settings requires a sustainable, modern, and agile governance structure for continued development in line with reform.
The Expert Review Body, therefore, concludes that the approach for determining Director of Nursing/Midwifery and Assistant Directors of Nursing/Midwifery grading across the system should be revised. The review of this grading structure needs to take into consideration the revised roles, scope, and responsibilities in the context of Sláintecare and the reforms required to support integrated care delivery. This can be achieved by rationalising the current 14 separate salary scales to a minimum of eight. This proposal includes all operational and non-operational Directors of Nursing and Midwifery and Assistant Directors of Nursing and Midwifery other than the Area Directors of Nursing in Mental Health.

This approach supports the policy aims of the Department of Health and the service requirements of the HSE while also rationalising the salary scales to enable the required reform for integrated care across acute and community sectors. It allows for standardisation of the scope of roles to support the delivery of universal health coverage reflecting national, regional, and local responsibilities. In addition, the approach proposed eliminates the risk of excessive rationalisation, protecting the governance provided through the Directors of Nursing and Midwifery and Assistant Directors of Nursing and Midwifery grades. This constitutes the governance structure required to oversee implementation of all ERB recommendations, and, it is proposed, would lead to significant

[73] Prior to the move of schools of nursing into the higher education sector.

productivity, efficiency, and effectiveness gains across many areas of the professions, including education, workforce, digital health, and leadership. Progressing these recommendations is required to support the delivery of policy reform as envisaged under Sláintecare. Delivery of the pay tier structure and a successful transition away from the existing banding structures will require appropriate planning and consultation in line with public service pay requirements.

4.4. Clinical Nurse/Midwife Manager and Public Health Nurse Grades

The clinical nurse/midwife manager role has evolved over the last 20 years and now encompasses expanded managerial and leadership responsibilities, including complex ward/unit operations, patient safety, and ensuring a high-quality patient experience. The post is also central to ensuring effective communication with members of the multidisciplinary team and coordinating safe and effective patient care. As noted earlier in this report, the pivotal role of the CNM/CMM 2/PHN was made clear throughout the consultation process. The ERB concludes that the CNM/CMM 2 and PHN roles remain critical for managing clinical areas in terms of providing leadership and clinical expertise at the point where patients receive care across the system.

Challenges with recruitment and retention of the CNM/CMM 2/PHN grade was a consistent theme identified in submissions and through the work of the ERB. Currently, approximately 45% of CMN / CMM 2 staff are at the maximum point of their existing scale and 55% of PHNs are at the maximum point of their existing scale. As noted earlier, the ERB views the roles of the CNM/CMM 2 and PHN in the system as critical in terms of service delivery, governance, and management. Furthermore, these roles are crucial in the effective integration of services across the acute and community sectors. The ERB notes the small salary differential between PHNs and CNM/CMM2 salary scales and the essential function of these grades in the implementation of Sláintecare.

Taking these considerations into account, the ERB proposes that there is a necessity to:

- Merge the PHN salary scale to the current CNM/CMM 2 salary scale.
- Extend the CNM/CMM 2 pay scale by the addition of one further scale point and;
- Extend the CNM / CMM 2 pay scale by the addition of a Long Service Increment
- Provide the CNM 3 grade with the specialist/location allowance currently provided to the CNM/CMM 2 grade.

Any issues relating to internal and external entry to the merged CNM2 / PHN pay scale should be discussed between the parties and addressed at an appropriate future point

4.5. Remuneration Changes from the Introduction of Enhanced Nurse/Midwife Contract

The Expert Review Body was also requested under the Labour Court recommendations to examine the effects of the creation of the new Enhanced Nurse/Midwife Practice grade on the management

grades of Clinical Nurse Manager 3, Assistant Director of Nursing and Director of Nursing, and the union claim in respect of Clinical Nurse Manager 1, 2 and community nursing grades.

The Department of Health offered its assistance to the Body to progress this key piece of work by facilitating an independent calculation exercise to establish the monetary impact of the new grade on those management grades. This offer of an independent calculation was accepted by the Body.

An independent expert was appointed by the Body to evaluate the methodology that was most appropriate to calculating the financial quantum. The outcome of the exercise, as agreed by the ERB, was that the impact on the various scales was 3.28%. Accordingly, the Body advised the Department of Health that the calculation exercise should now be completed in accordance with these findings.

The base salary figures for which the percentage increase was applied were those as of 1st October 2020 per the Health Sector Consolidated Salary Scales. The calculation was completed by KPMG on 18th December 2020, and its report and findings were provided to the ERB by the Department of Health on the same date. This report was submitted, through the parties involved, to the Public Service Stability Agreement (PSSA) process for further consideration. It is understood that this matter is to be addressed as part of the implementation of the current public service pay agreement 'Building Momentum 2021 – 2022'.

5. Recommendations

Based on the submissions received and after engagements with key stakeholders and detailed consideration of the various matters at issue, including taking account of recruitment and retention, governance and operational structures, and roles, the following recommendations are proposed:

5.1 Addressing the Pay Anomaly

Number	Recommendation
38	Following a review, the financial quantum of difference to senior nurse and midwife grades arising from the implementation of the Enhanced Nurse/Midwife Contract in 2019 was identified as an average salary difference of 3.28%. The Expert Review Body recommends that this difference be addressed through the sectoral bargaining process as part of the public service pay agreement 'Building Momentum 2021 – 2022'[74].

5.2 Nursing and Midwifery Representation on Senior Forums

39	Nurses and midwives to be represented on the most senior HSE operational decision-making forums to ensure their input is appropriately represented and contributes to the strategic direction of the health services. Necessary consultation and discussions should begin immediately to actualise this recommendation. Group Chief Directors of Nursing and the Nursing and Midwifery Services Director, as the senior leads for nursing and midwifery in the current structure, to be consulted by the Department of Health and the HSE on how this representation will be actualised.

[74] https://www.gov.ie/en/publication/e9d23-building-momentum-a-new-public-service-agreement-2021-2022/

40	An integrated collaborative network of leaders at Director of Nursing, Director of Midwifery and Area Director of Nursing (Mental Health and Nursing and Midwifery Practice Development Units) and Director of Public Health Nursing levels across all care areas (acute and community) to be formally established. This will facilitate operational support for the executive leadership and provide an appropriate structure to collaborate, coordinate, and support integrated care delivery and prevent separate governance structures from evolving with the introduction of Regional Health Authorities.
41	The reconfiguration of the Group Chief Director of Nursing and Midwifery role to that of Executive Nurse/Midwifery lead level in each Regional Health Area.

5.3 Consistent Approach to Grading and Pay Bands

42	**Align the salary of a single Director of Nursing in each of the nine Model 4 hospitals to that of the Area Director of Nursing for Mental Health.**
43	The Hospital Banding System currently in place to be discontinued. A revised approach for determining Director of Nursing/Midwifery and Assistant Director of Nursing/Midwifery grading across the system to be implemented. This should take into account the revised roles, scope, and responsibilities in the context of Sláintecare and the reforms required to provide integrated and universal healthcare. The number of grades to be rationalised to eight salary scales, the details to be determined between the relevant parties in the context of the next public service pay agreement.

5.4 Clinical Nurse/Midwife Manager 2/Public Health Nurse Grades

44	The Public Health Nurse salary scale to be merged with that of the current Clinical Nurse Manager 2/Clinical Midwife Manager 2 salary scale.
45	Extend the revised PHN/CNM 2/CMM 2 salary scale by the addition of one further scale point and the introduction of a Long Service Increment.
46	The specialist/location allowance currently available to Clinical Nurse Manager 2/Clinical Midwife Manager 2 grades to also apply to the Clinical Nurse Manager 3/Clinical Midwife Manager 3 grades.
47	Any issues relating to internal and external entry to the merged Public Health Nursing/Clinical Nurse Manager 2/Clinical Midwife Manager 2 salary scale should be discussed between the parties in the context of the next public service pay agreement.

6. References

Cummings GG, Tate K, Lee S, Wong CA, Paananen T, Micaroni SPM, Chatterjee GE 2018. Leadership styles and outcome patterns for the nursing workforce and work environment: a systematic review. International Journal of Nursing Studies, vol 85, pp 19–60.

Chapter 7
Conclusion

The nursing and midwifery professions are vital to the delivery of the positive health reform in Ireland envisaged in Sláintecare through the provision of innovative clinical practice, strategic leadership as well as an evidence-based care focus on the healthcare needs of the population.

Sláintecare aims to improve the patient and service user experience to achieve better outcomes through keeping people well in their own communities as long as possible. Keeping people well in their own communities requires a shift from acute services to one where care is delivered closer to the patient's home. This shift will require nurses and midwives to be prepared, supported, and positioned to enable the integration of high quality and safe care across all programmes and service boundaries. Stronger systems and governance are required to strengthen the advancement of nursing and midwifery practice to deliver on this ambitious Sláintecare reform programme.

The nursing and midwifery contribution to safe, quality care in a reformed and integrated health service will be further advanced through the provision of career pathways and development opportunities, facilitated by effective workforce planning, education and training reform, digital health application, underpinned by effective governance and operational structures that enhance leadership growth and mobilisation at all levels.

Workforce

Workforce planning reform must take place to effect responsive recruitment and retention of nurses and midwives and to ensure a stable and sustainable workforce that is vital for a functioning and quality-driven healthcare system. Health services will require a highly educated, skilled, and mobile workforce to deliver on the Sláintecare programme, delivering the right care, in the right place at the right time. A comprehensive nursing and midwifery workforce plan is required that is based on more robust, standardised, and accurate data capture. The plan will need to focus on delivering a flexible, family-friendly approach to enhance the recruitment and retention of nursing and midwifery staff in addition to advanced career pathway options, including specialist roles to meet the healthcare needs of the population.

Devolving greater localised autonomy to Directors of Nursing and Midwifery for the recruitment of nurses and midwives can create a more streamlined and dynamic solution, positioning them to oversee, resource and maintain a level of responsibility for the workforce within their organisation.

The cumulative effect of professional stress and burnout within the health care professions has been receiving increasing attention. The impact has been especially challenging during the Covid-19 pandemic, and while interventions to reduce the stress that nurses and midwives experience and to promote wellness are widely signposted, they may not be effectively implemented in a busy ward or community environment. It is important that strategies are developed that prevent burnout from occurring among nurses and midwives through improving organisational ability to provide a safe clinical working environment, equitable workloads, involving staff in decision making, enhancing

autonomy, creating a supportive community, and ensuring that people are treated with dignity and respect.

It is also essential that workforce planning is underpinned by the Framework for Safe Nurse Staffing and Skill Mix, which needs to be expanded and implemented across all settings to assure safe, quality patient outcomes and to enable the Sláintecare reform programme to deliver on its goals.

Education and Professional Development

It is acknowledged that graduate-level education has had a positive impact on patient care. Aligning nursing and midwifery undergraduate training programme capacity with projected workforce and service demands will be key to achieving a 'fit for purpose' workforce into the future.

The Commission on Nursing provided recommendations on career and specialist pathways and these led to the development of current programmes at the postgraduate level ranging from continuing professional development to doctoral-level education. However, higher education institutions will be required to become even more responsive to service needs through reforming both undergraduate and postgraduate education to reflect the requirements of the Sláintecare programme. Educational programmes will be required to prepare nurses and midwives to work within and across primary, acute and community care services, to embrace nurse and midwife enhanced practice roles and to undertake clinical specialist and advanced practice roles. These programmes must also have a population health focus as well as competency development in readiness for digital health applications together with preparing nurses and midwives for leadership roles now and into the future.

To address wider workforce planning requirements, there will be a requirement from nursing and midwifery educators to widen the access parameters and develop more relevant and dynamic options for graduate entry to nursing and midwifery programmes. In addition, strategies to grow and develop the recruitment of mature students into undergraduate nursing and midwifery education programmes will need to be developed speedily so as to maximise the potential intake into programmes that meet both career aspirations and the health service needs of the population. Robust and standardised mechanisms also need to be put in place to monitor current attrition rates and to provide appropriate interventions to reduce student attrition, thus ensuring workforce supply and economic return on investment.

Continuing Professional Development is an essential component for all practising nurses and midwives, and it will be important that higher education institutions, the Nursing and Midwifery Board of Ireland and the ONMSD work in partnership to develop and offer programmes that will build capabilities for advanced leadership, supervisions and delegation, digital health and communication, data analytics and decision making and other programmes that will align learning with service needs across the entire health sector. Emerging challenges in healthcare require clinical academic expertise from nurse and midwife researchers grounded in clinical practice who will provide the evidence from questions that matter at the point closest to the provision of patient care. The Department of Health partnering with the Health Service Executive and the Health Research Board in facilitating and developing joint clinical-academic appointments would be an important step in ensuring the nursing and midwifery professions continue to develop a body of knowledge to underpin excellence in practice.

Digital Health

Recognising that Digital Health is a crucial element in enhancing the delivery of person-centred healthcare, nurses and midwives are ideally placed with the provision of appropriate technological infrastructure to lead and advocate for digital health solutions that will support integrated care and facilitate the implementation of Sláintecare. A concerted effort is required to ensure that nurses and midwives have the capacity to understand, develop and demonstrate the use of digital technology in clinical practice. A policy and strategy to address the leadership, system-wide application and meaningful use of nursing and midwifery data are needed. The ONMSD (2019) *Digital Roadmap for Nursing and Midwifery*[75] should be prioritised by the HSE to develop, resource and implement a Digital Capabilities Framework of Nursing and Midwifery to address existing capability deficits.

Ongoing development of education programmes to support digital capability expansion for nurses and midwives is essential, as is the development of the Unique Health Service Provider Identification (HSPI), standardised terminology, national minimum data sets and digital standards to support and develop nursing and midwifery to lead and engage in integrated digital health approaches. Building on work already in progress in this domain will ensure that nursing and midwifery will be well-positioned to contribute significantly to the digital health transformation reform programme. The establishment of nursing and midwifery digital leadership and governance structures in each Regional Health Area with responsibility for implementing the strategic goals of the Digital Roadmap for Nursing and Midwifery will also greatly contribute to achieving the ambitions of Sláintecare.

Governance and Leadership Structures

The nursing and midwifery professions have continued to evolve and partake in the development of national policy and the development of local and national services. The role of both nurses and midwives has changed and developed to accommodate a transformative health service in Ireland. Nurses and midwives traverse both the clinical care and management of services where they are working to the full extent of their qualifications. Nurses and midwives hold senior operational roles throughout the health system but are not represented at the executive level in the HSE within current governance structures. To support the continuing contribution of the professions to the health sector, the ERB recommendations provide for nursing and midwifery representation at the most senior HSE operational decision-making levels and propose that senior nurses and midwives are not only represented but also consulted. The establishment of regional structures with an integrated network forum of nurse and midwifery leaders will facilitate operational support for the executive leadership and provide an appropriate structure to collaborate, coordinate, and support integrated care delivery. The ERB also recognises that reform is required of the Group Chief Director of Nursing and Midwifery roles. This will facilitate operational support for the executive leadership and provide an appropriate structure to collaborate, coordinate, and support integrated care delivery.

A number of specific recommendations are made by the ERB relating to the contribution and complexity of the Model 4 hospital directors of nursing and the complexity of these roles on a national, regional and specialist basis, the requirement for rationalisation of the other directors of nursing/midwifery and assistant directors of nursing/midwifery grades to at least eight salary scales, inclusive of operational and non-operational roles and a recommendation that the CNM3 grade

[75] https://healthservice.hse.ie/filelibrary/onmsd/digital-roadmap-for-nursing-midwifery-2019-2024.pdf

should benefit from the special/location allowance provided to the CNM/CMM 2 in the 2019 agreement.

In conclusion, the report contains 47 recommendations based on the submissions received, the expertise of the Expert Review Body (ERB) and following engagement with key stakeholders and consideration of the current and future health needs of the population. We are confident that these recommendations have the potential to contribute significantly to the provision of efficient, effective, fair and safe health services in this country.

Appendix 1 – Terms of Reference

Terms of Reference for an Expert Review Body on Nursing and Midwifery

1. Programme of Work

It is recognised that there are major shortages in the global workforce of nurses and midwives, and, in this context, it is essential that the supply of such skilled professionals is used in the most efficient and effective manner possible.

In line with the recommendations of the Public Service Pay Commission and the Labour Court, and given the need for fundamental reforms which will impact significantly on nursing and midwifery in the context of implementing Sláintecare, this Expert Group will conduct a general review of nursing and midwifery, embracing the full spectrum of issues relating to scope and role, structure, operational flexibilities, management responsibilities, professional development and other measures designed to improve the quality and efficiency of service delivery in an integrated way.

The review will also:

• Provide a greater understanding of how nurses and midwives can work and be organised more effectively, and their current role developed to support, alongside other healthcare staff, the delivery of an integrated healthcare service of excellence;

• Examine with reference to LCR 21900 and LCR 21901 the effects of the implementation of phase one on the management grades of Clinical Nurse Manager 3, Assistant Director of Nursing and Director of Nursing, and the union claim in respect of Clinical Nurse Manager 1, 2 and community nursing grades;

• Identify existing data information gaps and make recommendations on future data requirements and integration with centralised systems to support future planning;

• Take account of and incorporate advances in technology capable of improving healthcare delivery;

• Examine the accommodation of training and professional development issues in this context

• Identify any legislative or regulatory changes required to support any recommendations.

Appendix 2 - List of submissions received by the Expert Review Body

Body Submitting
1. General Practice Nursing & PDCPN (Professional Development Coordinators for Practice Nursing)
2. Irish Nurse Managers in Intellectual Disability Services
3. Human Resources, HSE
4. South/South West Hospital Group
5. Chief Directors of Nursing and Midwifery
6. Irish Association of Directors of Nursing and Midwifery
7. Strategic Nursing & Midwifery Integrated Services Network
8. RCSI Hospital Group - Midwifery
9. RCSI Hospitals Group - Nursing
10. Irish Universities Association, Heads of Schools of Nursing and Midwifery
11. Health Informatics Society of Ireland
12. School of Nursing and Midwifery, UCC
13. Ms Sheila McClelland, CEO, NMBI
14. Dublin Midlands Hospital Group – each hospital
14.2 Tallaght University Hospital
14.3 Midland Regional Hospital, Tullamore
14.4 Midland Regional Hospital, Portlaoise
14.5 Naas General Hospital
14.6 The Coombe
14.6 Midland Regional Hospital, Portlaoise, Maternity Services
15. Dublin Midlands Hospital Group - St. James's Hospital
16. Mater Misercordiae University Hospital
17. Irish Medical Council

18. CORU
19. SIPTU
20. Strategic Nursing and Midwifery Integrated Services Network CHO7
21. Public Health Nursing Dept. Dublin West
22. PNA
23. CHO 8
24. CHO west
25. IAANMP
26. Cork University Hospital
27. Irish Practice Nurses Association
28. Ireland East Hospital Group – Nursing
29. Area Directors of Mental Health
30. Individual submission from ADON in CUH
31. Ireland East Hospital Group – Corporate submission
32. Office of Nursing and Midwifery Service Director
33. University of Limerick Hospital Group
34. INMO
35. Directors of Nursing within the South/Southwest Hospital Group
36. CHO 1 – older person service submission
37. CHO 1 – Practice Nurses Services
38 Children's Health Ireland
39. Departments of Nursing and Midwifery within Institute of Technology Sector in Ireland
40. Strategic Nursing and Midwifery Integrated Services Network – CHO 8
41. Cork-Kerry CHO
42. Voluntary Hospice Group
43. Sláintecare Programme Office

44. CHO Mid-west
45. Dr Susan Kent

Appendix 3 - Post Graduate courses approved by the NMBI

Course Title	Course Provider	Award	Website	Approval Start	Approval End
Acute Medicine Nursing	Galway Mayo Institute of Technology	Certificate	GMIT	07-May-20	07-May-25
Adult Respiratory Nursing Practice	Dundalk Institute of Technology	Certificate	DKIT	10-Oct-19	10-Oct-24
Advanced Care Planning	University College Cork	Stand-Alone Module	UCC	25-May-17	25-May-22
Advanced Professional Management of Aggression and Violence	Dundalk Institute of Technology	Post Graduate Diploma	DKIT	10-Oct-19	10-Oct-24
Advanced Research Methods	National University of Ireland Galway	Stand-Alone Module	NUIG	02-Jun-16	02-Jun-21
Advanced Research Methods for Healthcare Professionals	University College Cork	Stand-Alone Module	UCC	25-May-17	25-May-22

Advanced Wound Care Management	National University of Ireland Galway	Stand-Alone Module	NUIG	02-Jun-16	02-Jun-21
Applied Health and Wellness Coaching	St. Angela's College Sligo	Postgraduate Diploma	STAC	07-Jun-16	07-Jun-21
Basic Cognitive Behaviour Skills for Nurses	RCNME Connolly Hospital	Certificate	N/A	25-Feb-16	25-Feb-21
Best Practice in Cervical Smear Taking	National University of Ireland Galway	Stand-Alone Module	NUIG	02-Jun-16	02-Jun-21
Cardiac Nursing Management	National University of Ireland Galway	Stand-Alone Module	NUIG	02-Jun-16	02-Jun-21
Cardiovascular Nursing	RCNME Connolly Hospital	Certificate	N/A	25-Feb-16	25-Feb-21
Care of the Child & Family with Palliative / Complex Needs	National University of Ireland Galway	Stand-Alone Module	NUIG	02-Jun-16	02-Jun-21
Child Health and Wellbeing	University College Dublin	MSc & P.Grad Dip	N/A	02-Jun-16	02-Jun-21
Children's Nursing	Trinity College Dublin	Higher Diploma	TCD	14-Jul-16	14-Jul-21

Children's Nursing	Dublin City University	Higher Diploma	N/A	07-May-20	07-May-25
Children's Nursing	University College Dublin	Higher Diploma	UCD	25-Mar-20	25-Mar-25
Chronic Illness Management (Nursing)	University College Dublin	Postgraduate Diploma	N/A	15-Mar-18	15-Mar-23
Clinical Health Sciences Education	Trinity College Dublin	MSc, Postgraduate Diploma	TCD	18-Jun-19	18-Jun-24
Clinical Governance: Supporting Safe Practice	National University of Ireland Galway	Stand-Alone Module	NUIG	02-Jun-16	02-Jun-21
Clinical Research	Royal College of Surgeons in Ireland	Post Graduate Certificate	RCSI	14-Jul-16	14-Jul-21
Clinical Supervision: Supporting Continuing Professional Development	National University of Ireland Galway	Stand-Alone Module	NUIG	02-Jun-16	02-Jun-21
Cognitive Behavioural Therapy	University College Cork	Postgraduate Diploma	UCC	25-May-17	25-May-22
Cognitive Therapy	Trinity College Dublin	MSc	N/A	25-Feb-16	25-Feb-21

Cognitive Therapy and Motivational Interviewing for Practice	Waterford Institute of Technology	Post Graduate Diploma, MSc	WIT	25-Feb-16	25-Feb-21
Community Health	University College Dublin	MSc	N/A	02-Jun-16	02-Jun-21
Community Health	Trinity College Dublin	MSc	TCD	01-Sep-16	01-Sep-21
Contemporary Palliative Care Practice	Dundalk Institute of Technology	Certificate	DKIT	09-Feb-17	09-Feb-22
Critical Care Nursing (Children)	University College Dublin	Graduate Diploma	UCD	17-Feb-20	17-Feb-25
Critical Care Nursing: Cardiovascular	University College Dublin	Post Graduate Diploma	UCD	10-Oct-19	10-Oct-24
Critical Care Nursing: Intensive Care	University College Dublin	Post Graduate Diploma	UCD	10-Oct-19	10-Oct-24
Dementia	Trinity College Dublin	MSc,Post Graduate Certificate,Post Graduate Diploma	TCD	17-Feb-20	17-Feb-25

Dementia	University College Cork	MSc,Post Graduate Certificate,Post Graduate Diploma	UCC	10-Oct-19	10-Oct-24
Dementia Care: Transforming Practice	National University of Ireland Galway	Stand Alone Module	NUIG	02-Jun-16	02-Jun-21
Dermatology	University College Dublin	Post Graduate Diploma, Certificate	UCD	07-May-20	07-May-25
Diabetes Care	University College Dublin	Graduate Diploma	UCD		
Diabetes Nursing	RCNME Connolly Hospital	Certificate	N/A	25-Feb-16	25-Feb-21
Diabetes Nursing	RCNME Tullamore	Certificate	N/A	23-Mar-17	23-Mar-22
Emergency Nursing	Athlone Institute of Technology	Certificate	AIT	22-Jan-18	22-Jan-23
Emergency Nursing	Dundalk Institute of Technology	Certificate	DKKIT	22-Jan-18	22-Jan-23
End of Life Care: Psychological & Social Perspectives	National University of Ireland Galway	Stand-Alone Module	NUIG	02-Jun-16	02-Jun-21

Evidence-Based Cervical Screening	University College Cork	Stand-Alone Module	UCC	25-May-17	25-May-22
Fundamentals of Understanding and Responding to Domestic Abuse	Dundalk Institute of Technology	Certificate	DKIT	04-Apr-19	04-Apr-24
Gerontological Nursing	Trinity College Dublin	MSc, Post Graduate Diploma, Post Graduate Certificate	TCD	24-Mar-16	24-Mar-21
Gerontological Nursing	University College Dublin	MSc	N/A	02-Jun-16	02-Jun-21
Health Sciences (Acute Medicine)	National University of Ireland Galway	MSc, Postgraduate Diploma	NUIG	02-Jun-16	02-Jun-21
Health Sciences (Children's Palliative/Complex Care)	National University of Ireland Galway	MSc / Postgraduate Diploma	NUIG	02-Jun-16	02-Jun-21
Health Sciences (Emergency Care)	National University of Ireland Galway	MSc / Postgraduate Diploma	NUIG	02-Jun-16	02-Jun-21

Health Sciences (Gerontology)	National University of Ireland Galway	MSc / Postgraduate Diploma	NUIG	02-Jun-16	02-Jun-21
Health Sciences (Intensive Care)	National University of Ireland Galway	MSc / Postgraduate Diploma	NUIG	02-Jun-16	02-Jun-21
Health Sciences (Nursing / Professional Studies & Healthcare Quality Studies)	St. Angela's College Sligo	Postgraduate Diploma	STAC	25-Feb-16	25-Feb-21
Health Sciences (Oncology and Haematology)	National University of Ireland Galway	MSc / Postgraduate Diploma	NUIG	02-Jun-16	02-Jun-21
Health Sciences (Palliative care)	National University of Ireland Galway	MSc / Postgraduate Diploma	NUIG	02-Jun-16	02-Jun-21
Health Sciences (Perioperative)	National University of Ireland Galway	MSc / Postgraduate Diploma	NUIG	02-Jun-16	02-Jun-21
Health Sciences (Public Health Nursing)	National University of Ireland Galway	Postgraduate Diploma/MSc	NUIG	24-Mar-16	24-Mar-21

Health Sciences (Wound Healing and Tissue Repair)	National University of Ireland Galway	MSc / Postgraduate Diploma	NUIG	02-Jun-16	02-Jun-21
High Dependency Maternity Care	National University of Ireland Galway	Stand-alone Module	NUIG	14-Jul-16	14-Jul-21
Human Factors in Patient Safety	Royal College of Surgeons in Ireland	MSc, Post Graduate Diploma, Certificate	RCSI	25-Feb-16	25-Feb-21
Leadership / Nursing Leadership	Institute of Technology Tralee	Diploma	TRA	02-Jun-16	02-Jun-21
Leadership Management and Quality Initiatives in Intellectual Disability services	Dundalk Institute of Technology	Certificate	DKIT	04-Apr-19	04-Apr-24
Management for Healthcare Professionals	Waterford Institute of Technology	Certificate	WIT	23-Mar-17	23-Mar-22
Management of Diabetic Foot Disease	National University of Ireland Galway	Stand-Alone Module	NUIG	02-Jun-16	02-Jun-21

Management of Intra-Articular and Soft Tissue Injection Techniques	University College Dublin	Professional Certificate	UCD	23-Mar-17	23-Mar-22
Management of Venous Leg Ulceration	National University of Ireland Galway	Stand Alone Module	NUIG	02-Jun-16	02-Jun-21
Mental Health	Trinity College Dublin	MSc	TCD	07-May-20	07-May-25
Mental Health Child, Adolescent and Family	Trinity College Dublin	MSc	TCD	07-May-20	07-May-25
Mental Health (Psychosocial Interventions)	Trinity College Dublin	MSc	TCD	07-May-20	07-May-25
Midwifery	Dundalk Institute of Technology	Higher Diploma	DKIT	28-Oct-18	30-Sep-23
Midwifery	Trinity College Dublin	Higher Diploma	TCD	04-Apr-19	04-Apr-24
Midwifery	University College Cork	MSc, Post Graduate Diploma	UCC	17-Feb-20	17-Feb-25
Midwifery	University College Cork	Higher Diploma	UCC	25-May-18	25-May-23
Midwifery	University College Dublin	Higher Diploma	UCD	04-Apr-19	04-Apr-24

Midwifery	University of Limerick	Higher Diploma	UL	06-Jun-19	06-Jun-24
Midwifery Practice	University College Dublin	MSc	UCD	12-Nov-13	09-Feb-22
Midwifery Practice and Leadership	Trinity College Dublin	Master in Science/Post Graduate Diploma	TCD	14-Jul-16	14-Jul-21
Musculoskeletal Casting and Splinting	Royal College of Surgeons Ireland	Professional Certificate	N/A	25-May-17	25-May-22
National Foundation Education Module in Critical Care Nursing (UCC & UCD in Association with HSE & ONMSD)	UCC, UCD, HSE, ONMSD	Minor	N/A	07-Sep-17	07-Sep-22
Neuro-oncology Nursing (Cancer Nursing)	Royal College of Surgeons in Ireland	Optional Module	N/A	15-Sep-16	15-Sep-21
Nurse Authority to Prescribe Ionising Radiation (X-Ray)	RCNME Connolly Hospital	Certificate	HSE	25-Feb-16	25-Feb-21

Nursing	Institute of Technology Tralee	MSc	TRA	02-Jun-16	02-Jun-21
Nursing	Royal College of Surgeons in Ireland	BSc (Hons) Degree, Certificate	RCSI	11-Jul-18	11-Jul-23
Nursing	Trinity College Dublin	MSc & PGrad Dip	TCD	02-Jun-16	02-Jun-21
Nursing	University of Limerick	MSc	UL	12-Oct-17	08-Jun-22
Nursing	University College Dublin	MSc	UCD	13-Oct-16	13-Oct-21
Nursing	Waterford Institute of Technology	MSc, Post Graduate Diploma	WIT	10-Oct-19	05-Dec-24
Nursing (Add On)	Galway Mayo Institute of Technology		GMIT	04-Apr-19	04-Apr-24
Nursing (Advanced Practice Nursing)	Athlone Institute of Technology	MSc, Post Graduate Diploma, Certificate		07-May-20	07-May-25
Nursing (Advanced Practice Nursing)	Dundalk Institute of Technology	MSc, Post Graduate Diploma, Certificate		07-May-20	07-May-25

Nursing (Advanced Practice Nursing)	Galway Mayo Institute of Technology	MSc, Post Graduate Diploma, Certificate		07-May-20	07-May-25
Nursing (Advanced Practice Nursing)	Institute of Technology, Tralee	MSc, Post Graduate Diploma, Certificate	TRA	07-May-20	07-May-25
Nursing (Advanced Practice Nursing)	Letterkenny Institute of Technology	MSc, Post Graduate Diploma, Certificate		07-May-20	07-May-25
Nursing (Advanced Practice Nursing)	Trinity College Dublin	MSc	TCD	15-Mar-18	15-Mar-23
Nursing (Advanced Practice Nursing)	University College Dublin	MSc	UCD	15-Mar-18	15-Mar-23
Nursing (Advanced Practice Nursing)	University College Cork	MSc	UCC	15-Mar-18	15-Mar-23
Nursing (Advanced Practice Nursing)	National University of Ireland Galway	MSc	NUIG	15-Mar-18	15-Mar-23

Nursing (Advanced Practice Nursing)	Waterford Institute of Technology	MSc, Post Graduate Diploma, Certificate		07-May-20	07-May-25
Nursing/Midwifery (Advanced Practice)	NUIG, TCD, UCC, UCD, UL	MSc		Approval was received for 2020-2021 for one cohort only	
Nursing (ACCS)	Letterkenny Institute of Technology	Bachelor of Science	N/A	24-Mar-16	24-Mar-21
Nursing (Cancer Nursing)	Royal College of Surgeons in Ireland	MSc, Post Graduate Diploma, Post Graduate Certificate	RCSI	07-May-20	07-May-22
Nursing (Care of the Surgical Patient)	Royal College of Surgeons in Ireland	MSc, Post Graduate Diploma, Certificate	N/A	07-May-20	07-May-25
Nursing (Clinical Practice)	University College Dublin	MSc	UCD	02-Jun-16	02-Jun-21
Nursing (Community Mental Health Nursing)	St. Angela's College Sligo	Post Graduate Diploma	STAC	25-May-17	25-May-22

Nursing (Coronary Care Nursing)	Royal College of Surgeons in Ireland	MSc, Post Graduate Diploma, Post Graduate Certificate	RCSI	07-May-20	07-May-22
Nursing - Critical Care Nursing	Royal College of Surgeons in Ireland	MSc, Post Graduate Diploma, Post Graduate Certificate	RCSI	07-May-20	07-May-22
Nursing (Dementia Care)	University of Limerick	MSc	UL	15-Sep-16	15-Sep-21
Nursing - Ear, Nose and Throat Nursing	Royal College of Surgeons in Ireland	MSc, Post Graduate Diploma, Post Graduate Certificate	N/A	07-May-20	07-May-22
Nursing (Emergency Nursing)	Royal College of Surgeons in Ireland	MSc, Post Graduate Diploma, Post Graduate Certificate	RCSI	07-May-20	07-May-22
Nursing (Gerontological Nursing)	Royal College of Surgeons in Ireland	MSc, Post Graduate Diploma, Post Graduate Certificate	RCSI	07-May-20	07-May-22

Nursing (Infection Prevention/Control Nursing)	Royal College of Surgeons in Ireland	MSc, Post Graduate Diploma, Post Graduate Certificate	RCSI	07-May-20	07-May-22
Nursing (Neuroscience Nursing)	Royal College of Surgeons in Ireland	MSc, Post Graduate Diploma, Post Graduate Certificate	RCSI	07-May-20	07-May-22
Nursing - Neonatal Nursing	Royal College of Surgeons in Ireland	MSc, Post Graduate Diploma, Post Graduate Certificate	N/A	07-May-20	07-May-22
Nurse/Midwife Prescribing	University of Limerick	Certificate	UL	12-Oct-18	12-Oct-22
Nurse/Midwife Prescribing of Medicinal Products	University of Limerick	Certificate	N/A	15-Mar-18	15 Mar 2023
Nurse/Midwife Medicinal Product Prescribing	Dundalk Institute of Technology	Certificate	DKIT	07-May-20	07-May-25
Nursing (Older People)	University of Limerick	MSc, Post Graduate Diploma	UL	07-May-20	07-May-25

Nursing (Ophthalmic Nursing)	Royal College of Surgeons in Ireland	MSc, Post Graduate Diploma, Post Graduate Certificate	RCSI	07-May-20	07-May-22
Nursing - Orthopaedic Nursing	Royal College of Surgeons in Ireland	MSc, Post Graduate Diploma, Post Graduate Certificate	RCSI	07-May-20	07-May-22
Nursing (Palliative care)	University of Limerick	MSc	UL	15-Sep-16	15-Sep-21
Nursing (Pathway 2 - Intensive Care)	University College Cork	Post Graduate Diploma		17-Jan-19	17-Jan-24
Nursing (Perioperative care)	University of Limerick	MSc	UL	15-Sep-16	15-Sep-21
Nursing - Perioperative Children's Nursing	Royal College of Surgeons in Ireland	MSc, Post Graduate Diploma, Post Graduate Certificate	RCSI	07-May-20	07-May-22
Nursing (Peri-Operative Children's Nursing) - Pain Management Module	Royal College of Surgeons in Ireland	Stand-Alone Module	N/A	22-Jan-18	22-Jan-23

Nursing - Perioperative Nursing	Royal College of Surgeons in Ireland	MSc, Post Graduate Diploma, Post Graduate Certificate	RCSI	07-May-20	07-May-22
Nursing (Psychosocial interventions in Mental Health Care)	University of Limerick	MSc	UL	15-Sep-16	15-Sep-21
Nursing (Renal Nursing)	Royal College of Surgeons in Ireland	MSc, Post Graduate Diploma, Post Graduate Certificate	RCSI	07-May-20	07-May-22
Nursing (Respiratory Care in Nursing Practice)	Royal College of Surgeons in Ireland	MSc, Post Graduate Diploma, Post Graduate Certificate	RCSI	07-May-20	07-May-22
Nursing (Respiratory Care)	University of Limerick	MSc	UL	12-Oct-17	08-Jun-22
Nursing (with Speciality Area)	University College Cork	MSc, Post Graduate Diploma,	Please visit UCC School of Nursing and Midwifery website for further informatio n	05-Dec-19	05-Dec-24

		Certificate			
Nurse/Midwife Prescribing of Medicinal Products	Trinity College Dublin	Certificate	TCD	22-Jan-18	22-Jan-23
Nursing / Professional Nursing	Trinity College Dublin	Master in Science, Post Graduate Diploma	TCD	24-Mar-16	24-Mar-21
Nursing - Child Health and Wellbeing	Trinity College Dublin	MSc	TCD	02-Jun-16	02-Jun-21
Nursing and Healthcare Quality Improvement	University College Cork	MSc	UCC	22-Jan-18	22-Jan-23
Nursing Education	National University of Ireland Galway	Post Graduate Diploma	NUIG	12-Oct-17	12-Oct-22
Nursing Education	National University of Ireland Galway	MSc	NUIG	12-Oct-17	12-Oct-22
Nursing Health Assessment and Interventions for Persons	Dundalk Institute of Technology	Certificate	DKIT	10-Oct-19	10-Oct-24

Nursing Management	Royal College of Surgeons in Ireland	BSc (Hons) Degree, Certificate	RCSI	11-Jul-18	11-Jul-23
Nursing Studies	University College Cork	BSc (Hons) Degree	UCC	05-Dec-19	05-Dec-24
Nursing Studies for Clinical Practice	Waterford Institute of Technology	Bachelor of Science (Honours)	N/A	15-Sep-16	15-Sep-21
Nursing/Midwifery (Medicinal Product Prescribing)	Royal College of Surgeons in Ireland	Professional Certificate	N/A	22-Jan-18	22-Jan-23
Pain Developmental Pathway Programme	University College Dublin	MSc, Post Graduate Diploma, Professional Certificate	UCD	10-Oct-19	10-Oct-24
Palliative and End of Life Care	Galway Mayo Institute of Technology	MSc, Post Diploma, Certificate	GMIT	10-Oct-19	10-Oct-24
Palliative Approaches to Symptom Management	National University of Ireland Galway	Stand-Alone Module	NUIG	02-Jun-16	02-Jun-21
Palliative Care	Trinity College Dublin	MSc	TCD	07-May-20	07-May-25

Palliative Care	University College Dublin	Graduate Certificate, Graduate Diploma, Master	UCD	25-Feb-16	25-Feb-21
Perinatal Health	Dundalk Institute of Technology	Certificate	DKIT	06-Jun-20	06-Jun-24
Perinatal Mental Health	University of Limerick	MSc	UL	31-Oct-18	03-Oct-22
Person-Centred Care (Older People)	University College Dublin	MSc, Post Graduate Diploma	UCD	02-Jun-16	02-Jun-21
Pre-Admission Nursing (Minor Award)	Waterford Institute of Technology	Certificate	WIT	04-Apr-19	04-Apr-24
Preparation for Birth & Parenthood Facilitation	University College Cork	Stand-Alone Module	UCC	25-May-17	25-May-22
Principles & Practice of Acute Medical Nursing	National University of Ireland Galway	Stand-Alone Module	NUIG	02-Jun-16	02-Jun-21
Psychosocial Interventions	Dundalk Institute of Technology	Certificate	DKIT	10-Oct-19	10-Oct-24
Psychosocial Interventions for Practice	Waterford Institute of Technology	Certificate	WIT	25-Feb-16	25-Feb-21

Public Health Nursing	University College Cork	Post Graduate Diploma	UCC	05-Dec-19	05-Dec-24
Quality of Life & Symptom Management in Children's Palliative / Complex Care	National University of Ireland Galway	Stand-Alone Module	NUIG	02-Jun-16	02-Jun-21
Quantitative Methods and Data Analysis for Healthcare	Trinity College Dublin	Post Graduate Certificate	TCD	22-Jan-18	22-Jan-23
Recognition and Care of the Acutely Ill Woman in Maternity Services	Dundalk Institute of Technology	Certificate	DKIT	04-Apr-19	04-Apr-24
Recognising and Responding to Client Deterioration	National University of Ireland Galway	Stand-Alone Module	NUIG	02-Jun-16	02-Jun-21
Recognition and Management of the Deteriorating Adult	Dundalk Institute of Technology	Certificate	DKIT	04-Apr-19	04-Apr-24

Rehabilitation of the Frail Older Person (Gerontological Nursing)	Royal College of Surgeons in Ireland	Optional Module	N/A	15-Sep-16	15-Sep-21
Respiratory Nursing	RCNME Connolly Hospital	Certificate	N/A	25-Feb-16	25-Feb-21
Return to General Nursing Practice	RCNME Tullamore	Minor, Special, Supplemental Award	HSE	25-May-17	25-May-22
Return to Nursing Practice	RCNME Limerick	N/A	HSE	23-Mar-17	23-Mar-22
Return to Nursing Practice	RCNME Louth	N/A	HSE	09-Feb-17	09-Feb-22
Return to Nursing Practice	Cork University Hospital	N/A	HSE	13-Oct-16	13-Oct-21
Return to Nursing Practice Programme	Mater Misericordiae University Hospital	N/A	HSE	02-Jun-16	02-Jun-21
Return to Practise	RCNME HSE South	N/A	HSE	14-Jul-16	14-Jul-21
Science in Behaviours of Concern (Across the Life Span)	Athlone Institute of Technology	Higher Diploma	N/A	25-Feb-16	25-Feb-21

Specialist Nursing - Haematology and Cancer Care Nursing	Trinity College Dublin	MSc, Post Graduate Diploma, Post Graduate Certificate	TCD	07-May-20	07-May-22
Specialist Nursing - Cardiovascular Nursing	Trinity College Dublin	MSc, Post Graduate Diploma, Post Graduate Certificate	TCD	07-May-20	07-May-22
Specialist Nursing - Emergency Department	Trinity College Dublin	MSc, Post Graduate Diploma, Post Graduate Certificate	TCD	07-May-20	07-May-22
Specialist Nursing - Gerontological Nursing	Trinity College Dublin	MSc, Post Graduate Diploma, Post Graduate Certificate		07-May-20	07-May-22
Specialist Nursing - Intensive Care Nursing	Trinity College Dublin	MSc, Post Graduate Diploma, Post Graduate Certificate	TCD	07-May-20	07-May-22

Specialist Nursing - Orthopaedic	Trinity College Dublin	MSc, Post Graduate Diploma, Post Graduate Certificate	TCD	07-May-20	07-May-22
Specialist Nursing - Peri-operative Nursing	Trinity College Dublin	MSc, Post Graduate Diploma, Post Graduate Certificate	TCD	07-May-20	07-May-22
Specialist Nursing - Renal Nursing	Trinity College Dublin	MSc, Post Graduate Diploma, Post Graduate Certificate	TCD	07-May-20	07-May-22
Specialist Understanding of Complex Care for Children	National University of Ireland Galway	Stand-Alone Module	NUIG	02-Jun-16	02-Jun-21
Student-centred Teaching & Learning: Active Engagement Strategies	National University of Ireland Galway	Stand-Alone Module	NUIG	14-Jul-16	14-Jul-21

Surgical skills for Healthcare Practitioners	Dublin City University	Stand-alone module	DCU	15-Sep-16	15-Sep-21
Teaching Effectively	National University of Ireland Galway	Stand-Alone Module	NUIG	02-Jun-16	02-Jun-21
Wound Management and Tissue Viability	Royal College of Surgeons in Ireland	MSc Post Graguate Diploma, Certificate	RCSI	07-May-20	07-May-22