



*National Council for the
Professional Development
of Nursing and Midwifery*

*An Chomhairle Náisiúnta d'Fhorbairt
Ghairmiúil an Altranais agus
an Chnáimhseachais*

Review of Achievements 1999-2009

SEPTEMBER 2009



A Celebration of Life

By Catherine Barron

Mission Statement of the National Council

The purpose of the Council is to promote and develop the professional roles of nurses and midwives in partnership with stakeholders in order to support the delivery of quality nursing and midwifery care to patients/clients in a changing healthcare environment.

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TIMELINE 1999-2009



Foreword

This publication invites the reader to take a journey across a timeline that stretches from 1999 to 2009. Throughout the journey, a story unfolds. It is a story of reflection, evolution, change, growth and adaptation. It is the story of the National Council for the Professional Development of Nursing and Midwifery and how it went about fulfilling the mission entrusted to it by the Government based on the recommendations of the Commission on Nursing in its landmark report in 1998.

The motivation behind the creation of this record of achievements by the National Council is based on the belief that to make progress it is important to be aware of where you have come from, where you have arrived and where you now need to progress towards. The reflections contained in this publication provide a reference point for the planners and builders of the health services of the future to take stock of what has been achieved in nursing and midwifery and use it as a platform on which to build. It also creates a record of the legacy of all those who have worked in and with the National Council since its foundation.

The value of reflecting on the environment in which we live and work has always been at the heart of the work of the National Council. This is the root of the service and patient centred policy that has animated all of our work. To understand the needs of the patients who come in contact with the services is to have a touchstone for the development of appropriate development responses. It also generates the energy to inspire innovative and creative approaches to meeting these needs.

The National Council has sought through its work to empower nurses and midwives to achieve their full potential as key contributors to the health services in Ireland. This is rooted in a positive culture of transparency, accountability, probity and partnership. It is also based on an understanding of the essence of nursing and midwifery as caring professions that are person centred, relationship based, holistic, involving education of patients and their families to promote positive health, co-ordinating the inputs of others and knowledge-based.

As you move across the timeline and reflect on the story that emerges, I invite you to think of the many people who made this journey possible and to celebrate with me their achievements. Through this exercise, I and my colleagues in the National Council would like to open the window to the next phase of this journey that stretches ahead into the next ten years and look forward to continuing to reflect, evolve, grow and adapt to meet the needs of those individuals who look to us for help when they most need it.



Yvonne O'Shea
Chief Executive Officer

Introduction

The National Council for the Professional Development for Nursing and Midwifery (National Council) is delighted to present a *Review of Achievements 1999-2009*, which chronicles the work of the National Council from its inception to the present. This review highlights the contribution that the National Council has made in delivering on the aspirations of the *Report of the Commission on Nursing: A Blueprint for the Future* (Government of Ireland 1998), while also outlining its unique contribution to service development in Ireland and how innovative developments have influenced the national and international healthcare community, contributing to population health and evidence-based practice. The National Council's focus has been on supporting nurses and midwives to be responsive to service need in order to build systems and care pathways which promote integrated quality care.

Internationally there have been significant changes in nursing and midwifery and for the first time Ireland has, through the establishment of the National Council, had a voice and gained recognition for its unique contribution towards specialist and advanced nursing and midwifery practice. The speed at which the National Council has driven, led and facilitated developments in nursing and midwifery has had a major influence on the healthcare agenda in Ireland and abroad. The National Council has provided services for all nurses and midwives in Ireland across all sectors.

Chapter 2 of this review provides an overview of the National Council's core functions, governance processes and committees. Chapter 3 details its contribution to the implementation of the Health Service Executive (HSE) Transformation Programme. In Chapter 4, an outline of how the National Council has worked towards the vision it set itself in its publication *Agenda for the Future Development of Nursing and Midwifery* is provided (National Council 2003). This vision provided the focus and direction for the various National Council activities over the years to support and guide the development of the clinical career pathway and continuing professional development for all nurses and midwives. Chapter 5 provides an overview of how the National Council has built capacity within the health system. Finally, the National Council's significant work to progress the research agenda is detailed in Chapter 6. A list and brief description of all National Council publications is outlined in Chapter 7. A conclusion is provided in Chapter 8.



Overview of the National Council

Establishment of the National Council

The publication of the *Report of the Commission on Nursing* in September 1998 heralded the beginning of a new direction for nursing and midwifery in Ireland (Government of Ireland 1998). On launching the report the then Minister for Health and Children Mr Brian Cowen emphasised the commitment of the Department of Health and Children (DoHC) and the Government to implementing the recommendations of the report in full. Key recommendations included the establishment of the National Council for the Professional Development of Nursing and Midwifery and the development of the clinical career pathway for nursing and midwifery. The National Council was established in 1999 following the implementation of Statutory Instrument No 376 (1999). The inaugural meeting of the National Council took place in the Nursing Policy Division, DoHC, Hawkins House on January 17th, 2000 under the Executive Chairperson Mr Liam Dunbar. Membership of the National Council was on the appointment of Mr Brian Cowen TD, Minister for Health and Children. The National Council membership consisted of 20 representatives drawn from the disciplines of nursing and midwifery, the health service employers agency, An Bord Altranais, third-level institutions and the Nursing Policy Division of the DoHC which was represented by the first Chief Nurse Ms Peta Taaffe and Mr Bernard Carey, Principal Officer. The term of office was for 10 years for half of the National Council membership, with the other half serving a five-year term.

The National Council quickly set about establishing a working group under the guidance of the Chief Nurse Ms Peta Taaffe to provide the definition of Clinical Nurse/Midwife Specialist (CNS/CMS) and outline the immediate, intermediate and future career pathways for CNS/CMS roles. The group also developed the definition of Advanced Nurse/Midwife Practitioner (ANP/AMP). The formative work of the National Council had its origins in the Nursing Policy Division of DoHC, and it is noted that the first Clinical Nurse Specialist was approved in this year (2000).

National Council Membership (1999-2004)

Mr Liam Dunbar (Executive Chairperson)

Ms Peta Taaffe (Chief Nurse, Nursing Policy Division, Department of Health & Children)

Mr Bernard Carey (Principal Officer, Nursing Policy Division, Department of Health & Children)

Ms Valerie Small (General Nursing)

Dr Cecily Begley (Third-Level Institution)

Dr Margaret (Pearl) Treacy (Third-Level Institution)

Ms Kathryn Mc Quillan (Midwifery)

Mr Paddy Hume (Care of the Elderly)

Ms Aveen Murray (Children's Nursing)

Ms Anne Marie Moran (Nurse Tutor)

Mr Pearse Finnegan (Psychiatric Nursing)

Ms Marie Keane (Health Service Employers Agency)

Ms Mary Mc Carthy (Senior Nurse Manager)

Ms Maura Nash (Intellectual Disability)

Ms Hazel Daniels (Health Service Employers Agency)

Mr Jim Hough (An Bord Altranais)

Ms Eileen Kelly (An Bord Altranais)

Ms Antoinette Doocey (Public Health Nursing)

Mr Gerry Mc Taggart (Third Level Institution)

Dr Michael Boland (Medical Practitioner)

Recruitment of the Chief Executive Officer, Head of Professional Development and Continuing Education, and Professional Development Officers took place during 2000 with the appointment of most of the executive staff in January 2001.

Chief Executive Officer

Yvonne O'Shea, RGN, RM, RNT, BA, MSc (Econ), PhD

Head of Professional Development and Continuing Education

Kathleen Mac Lellan, RGN, Dip Couns, MSc, PhD, MBA

Professional Development Officers

Mary Farrelly, RPN, RGN, BNS, M Med Sc (Nursing)

Georgina Farren, RGN, RM, BNS (Hons), MSc (Midwifery), LLB (Hons), BL

Jenny Hogan, RGN, BA (Hons), MSc

Christine Hughes, RNID, RGN, RNT, BA (Mod), H Dip, M Ed, MSc

Research Development Officer

Sarah Condell, RGN, RM, RNT, BNS, MA

Head of Management Services

Helen Bohan, BBS (Hons), MBA

Administrative Officers

Jackie Lillis, BA, HDip Ed, MA (Public Management), ALCM.

Paula O'Meara, Certificate in Health Services Management (IPA)

Lorna Byrne, Certificate in Health Services Management (IPA)

Clerical Officers

Carol Kilroy, Diploma in Health Service Policy (IPA), Certificate in Communications (PAI)

Mary Kennedy

Functions of the National Council

The functions of the National Council as outlined in S.I. No 376 of 1999 The National Council for the Professional Development of Nursing and Midwifery (Establishment) Order, 1999 are as follows:

- Monitor the ongoing development of nursing and midwifery specialities, taking into account changes in practice and service needs.

- Formulate guidelines for the assistance of health service providers in the creation of specialist nursing and midwifery posts.
- Support additional developments in continuing nurse education by statutory and voluntary health service providers.
- Assist health service providers by setting guidelines for the selection of nurses and midwives who might apply for financial support in seeking opportunities to pursue further education.
- Publish an annual report on its activities, including the disbursement of monies by the National Council.

It is the responsibility of the National Council to ensure that these statutory responsibilities are carried out. They do this by:

- Defining the mission of the National Council which is outlined in the mission statement, deciding on strategic goals for the National Council and developing the policies necessary to achieve these goals and agreeing performance objectives with the Chief Executive Officer.
- Monitoring the implementation of strategies and policies.
- Agreeing a long-term strategic plan for the National Council.
- Meeting at least four times annually. It is the responsibility of members to agree procedures for getting through its business in an effective way. To facilitate this, sub-committees of the board may be established. If it is deemed necessary or beneficial sub-committees may include non-board members.
- Ensuring that an annual report of the National Council's activities including financial information is produced and laid before the Minister by 30th June each year.
- Furnishing such other information on the National Council's activities as may be required by the Minister.
- Ensuring that adequate systems for the identification, evaluation and mitigation of risk are in place.
- Ensuring that appropriate systems of internal control are in place.
- Ensuring that the National Council is in compliance with all relevant legislation including prompt payments, tax clearance, procurement and equality legislation.
- Ensuring that the National Council meets all its legal and moral responsibilities as an employer.
- Ensuring all National Council members, on taking up appointment, sign the Code of Conduct for members and adhere to its terms for the duration of their appointment.

The National Council has set the agenda for continuing professional development among nurses and midwives in Ireland for the past 10 years. This has been achieved by consultation with the professions and with reference to international best practice and national policies. An evidence-based approach has underpinned all of the National Council activities. The success of these functions is evident within the health system and examples are detailed throughout this document. The National Council has consistently carried out its statutory functions and ancillary tasks in keeping with the principles of good governance and value for money.

Corporate Governance

From the outset the National Council has worked to ensure that best practice governance policies and procedures are embedded in the culture of the organisation. It has adopted the *Code of Practice for the Governance of State Bodies*

(Department of Finance 2009) and this, together with *The Framework for Corporate and Financial Governance* (DoHC 2006) the *Ethics in Public Office Act, 1995* and the *Standards in Public Office Act, 2001* provides the framework within which the National Council has developed a set of governance policies, procedures and codes of conduct which are designed to ensure the highest standards of governance and transparency. These policies and procedures are reviewed on an ongoing basis and updated as necessary to ensure that the National Council is at the forefront in implementing best practice in this area. Compliance with these policies and procedures is audited on an ongoing basis.

Committees

In order to facilitate the work of the National Council in a timely and effective manner a number of sub-committees have been established. Where deemed necessary or beneficial sub-committees may include non National Council members, particularly where expertise is required to assist with deliberations.

Audit and Risk Management Committee

The Audit and Risk Management Committee is mandated by the National Council to provide an independent assessment of the integrity of the financial controls in place within the National Council and to identify and manage risks in a systematic way as a basis for the implementation of appropriate mitigation strategies. The Committee has explicit authority to investigate any matters within its terms of reference, procure the resources it needs to do so and has full access to any information it requires to fulfil its functions. It is able to obtain outside professional advice and, if necessary, invite outsiders with relevant experience to attend meetings. The Committee is mandated to make recommendations to the National Council on matters covered by its terms of reference. The recommendations of the Committee will be subject to confirmation by the National Council.

Advanced Nurse Practitioner and Advanced Midwife Practitioner Portfolio Standards and Criteria Committee

The National Council established an ANP/AMP Portfolio Standards and Criteria Committee. The Committee is mandated by the National Council to make recommendations as to whether applicants meet the standards and requirements of ANP/AMP. The recommendations of the Committee will be subject to confirmation by the National Council.

Advanced Nurse Practitioner and Advanced Midwife Practitioner Posts Standards and Criteria Committee

The National Council established an ANP/AMP Post Standards and Criteria Committee. The Committee is mandated by the National Council to make recommendations to the National Council on whether posts meet the standards and criteria of Advanced Nurse and Midwife Practitioner Posts. The recommendations of the Committee will be subject to confirmation by the National Council.

Continuing Education Committee

The role of the Committee is to review applications for continuing education programme grants, which meet the required criteria, and to make recommendations to the National Council for funding. Recommendations on funding of programmes will be made in accordance with the provisions of the most recent *National Council Criteria and Processes for the Allocation of Continuing Education Funding* (National Council 2007a).

Clinical Nurse/Midwife Specialist and Advanced Nurse/Midwife Practitioner Committee

The Committee is mandated by the National Council to consider and discuss matters that may arise in relation to documents and other issues relevant to the work of the National Council in relation to CNS/CMSs and ANP/AMPs. This facilitates detailed discussions of matters that may require more time for consideration and can be dealt with more efficiently by a smaller group. The Committee will in this way contribute to greater efficiency in the work of the National Council. The recommendations of the Committee will be subject to confirmation by the National Council.

National Council Membership (2005-2009)

Ms Mary Harney, TD Minister for Health and Children appointed the following members of the National Council:

Chairperson

Dr Laraine Joyce. Dr Joyce has worked in a number of service positions including Deputy Director, Office for Health Management, HSE. Dr Joyce was appointed by the Minister for Health and Children as the independent Chair of the Nursing Education Forum which prepared the strategy for the introduction of the pre-registration nursing degree programmes.

General Nursing

Ms Valerie Small, RGN, RNT, MSc. Advanced Nurse Practitioner (Emergency), St James's Hospital, Dublin 8. The first accredited nurse practitioner in Ireland. Valerie piloted the role of ANP in 1996 in St James's Hospital and co-ordinates the advanced practice strand (Emergency) on the MSc in Nursing at the University of Dublin, Trinity College. She is also vice-chair of the Pre-hospital Emergency Care Council.

Intellectual Disability Nursing

Ms Maura Nash, RGN, SCM. Chief Executive, COPE Foundation, Bonnington, Montenotte, Cork, has held position of Director of Nursing in COPE Foundation. She was chairperson and member of the National Application Centre (Mental Handicap). Maura was also a member of the Government Working Group on the role of the nurse in mental handicap.

Psychiatric Nursing

Mr Brendan Byrne, RGN, RPN, RNT, MBA. Former Director of Nursing, Carlow/Kilkenny Mental Health Services. Currently a member of the Expert Group on Mental Health which designed the Policy/Framework document that will influence the future of Mental Health Service delivery for the foreseeable future, Brendan has extensive experience in the areas of clinical practice, education and senior management.

Public Health Nursing

Ms Antoinette Doocey, RGN, RM, HDip PHN, BA. Regional Director of Governance, Planning & Evaluation, Primary Community & Continuing Care National Team, Health Service Executive (Corporate), has worked in a variety of service delivery settings including acute, residential, community and administration health board headquarters. Antoinette was a member of the Commission on Nursing.

Children's Nursing

Ms Aileen Murray, RGN, RM, RSCN, MBA. Head of Clinical Services, Our Lady's Hospice Ltd., Harold's Cross. Aileen has worked in senior clinical and management positions including Assistant Director of Nursing in Our Lady's Hospital for Sick Children, Crumlin and AMNCH, Dublin.

Care of the Elderly

Mr Patrick Hume, RMN, RMHN, RGN, RNT, has worked in senior clinical and management positions including Area Co-ordinator, Services for Older People, North Western Health Board, Letterkenny, Co Donegal, Charge Nurse, Matron and Nurse Tutor.

Nurse Tutor

Ms Jacqueline Burke, RGN, RPN, RNT, MSc, BNS. Lecturer, UCD School of Nursing, Midwifery and Health Systems, has a particular educational and research interest in cardiovascular nursing and cardiopulmonary resuscitation. Jacqueline was a member of the National Basic Life Support Council and the National Implementation Committee for Undergraduate Nursing. She is currently a member of An Bord Altranais.

An Bord Altranais

Ms Anne Carrigy, President of An Bord Altranais, Director, Serious Incident Management Team, HSE, formerly Director of Nursing Mater Misericordie Hospital Dublin.

Ms Eileen Kelly, RGN, RM, RNT, Dip in Nursing Studies, MSc. Co-ordinator In-service and Continuing Education, Cork University Hospital and part-time lecturer at Dublin City University.

Senior Nurse Manager

Mr Jim Brown, Director Nursing and Midwifery Planning and Development Unit, Health Service Executive West, former Director of Nursing, Letterkenny General Hospital.

Health Services Employers Agency

Ms Marie Keane, RGN, SCM, BA, MSc. Director of Nursing, Beaumont Hospital, Dublin 9, previously held the post of Divisional Nurse Manager in Neuroscience.

Department of Health and Children

Ms Sheila O'Malley, Chief Nursing Officer, Nursing Policy Division, Department of Health and Children, formerly Director of Nursing and Midwifery Planning and Development Unit, HSE Dublin & Mid Leinster and Dublin North East.

Mr Tony Morris, Principal Officer, Nursing Policy Division, Department of Health and Children.

Third-Level Institutions

Prof Margaret (Pearl) Treacy, BA (Lond), Msc (Lond), PhD (Lond), RGN. Professor of Nursing and Head of the School of Nursing and Midwifery Studies, University College Dublin. Her focus of work in recent years has been on the development of nursing practice through the expansion of nurse education programmes. She has particular interests in qualitative research and nurses' health promotion activities.

Ms Bernie Quillinan, Head of Dept of Nursing and Midwifery, University of Limerick.

HSE

Dr Siobhan O'Halloran, HSE Nursing Services Director. Dr O'Halloran was previously Head of the School of Nursing, Midwifery Health Studies and Applied Science at Dundalk Institute of Technology. Prior to her appointment in Dundalk IT, Siobhan spent a number of years in the Nursing Policy Division, Department of Health and Children as nurse advisor. She was the executive director of the National Implementation Committee for Undergraduate Nursing.

Midwifery

Ms Mary Brosnan, Director of Nursing and Midwifery, National Maternity Hospital, Holles St. Prior to this Mary spent a number of years in the Nursing Policy Division, Department of Health and Children as Midwife Advisor.

The Mission of the National Council

The Council exists to promote and develop the professional role of nurses and midwives in partnership with stakeholders in order to ensure the delivery of quality nursing and midwifery care to patients/clients in a changing healthcare environment.

In order to fulfil this mission statement, the National Council provides national leadership primarily in the development of the clinical career pathway for nurses and midwives and in a number of other important areas as outlined in the core activities and support structures.

Ethos of the National Council

A large component of the work of the National Council proposed in the *Report of the Commission on Nursing* was to bring a coherent approach to the progression of specialisation, and the development of the clinical career pathway at generalist, specialist and advanced practice levels. Previously, a management post was the only route for progression for clinical nurses and midwives, thus moving clinically expert nurses away from the patient to more administrative type roles. From its inception, the National Council has developed and refined definitions and core concepts for CNS/CMS and ANP/AMP roles. These have been developed with reference to best international evidence both from the literature and networking with international agencies that have also been engaged in specialist and advanced practice role development. Patient safety and patient centredness are key drivers for the National Council in creating processes for retaining experts in clinical practice. This ultimately ensures that the patient journey both in hospital and the community is an improved experience. The philosophy and approach of the National Council has been to empower individual nurses and midwives through masterclasses, conferences and professional guidance to participate in developing new ways of providing patient care in their own area of expertise. An example of how this has worked in practice is the ANP Gastroenterology example outlined in Chapter 3.

By keeping in close communication with the health services and trends within the higher education sector, the National Council has ensured that the CNS/CMS and ANP/AMP definitions and core concepts, criteria for posts and post-holders, and administrative processes have been adjusted to meet changing needs in the services.

Approach to Work

The National Council's approach to work has always been one of openness and transparency. Crucial to its success is that the National Council works in partnership with service organisations and much of that work is developmental and involves building capacity with services so that change is ongoing into the future. The extent and nature of the National Council's activities involves close co-operation and collaboration with nurses and midwives working at local, regional and national levels, both in the healthcare and education sectors, and with key health-related agencies.

The National Council provides professional support and advice to national strategic committees involved in the development of the health services, health policy and educational services for healthcare professionals. Nurses and midwives avail of career advice and guidance on a personal level with one-to-one support from the National Council's team of Professional Development Officers and Research Development Officer. More generally structured support such as that provided by the publication *Guidelines for Portfolios for Nurses and Midwives* assists in helping individuals and organisations to identify where opportunities exist for professional development (National Council 2006a). The portfolio supports individuals to develop and maintain a record of continuing professional development achievements, and skills and competencies gained.

The National Council executive is the hub of a wide range of professional development activities for nurses and midwives. It constantly supports the professions by maintaining close working relationships with important stakeholders such as the Department of Health and Children, Health Service Executive, An Bord Altranais, Third-level Institutions, Nursing and Midwifery Planning and Development Units (NMPDUs), service providers and in particular multidisciplinary teams within organisations and institutions. The National Council executive has built up an expertise in all professional development activities, from supporting initiatives at a strategic level such as the HSE Transformation Programmes 2007-2010 (HSE 2006) to assisting individual organisations and services in developing initiatives that are provided by nurses and midwives.

Value Statement

The National Council adds value by providing and facilitating leadership in the development of the professions of nursing and midwifery in a manner that responds to service need and is patient/client-centred. The work of the National Council is evidence-based and driven by a patient safety and quality agenda. The National Council positions itself as a unique link

between policy makers, health service providers and academic institutions. It works to address the professional development needs of nurses and midwives in their work to meet the needs of patients and clients of the health services. This positioning is an essential element of the added value the National Council brings as an organisation to the task of improving health.

This section outlines the core activities of the National Council and the support activities which further enhance its impact on the professions of nursing and midwifery and the overall health services.

Core Activities

Clinical Career pathway

- Take the lead in delivering the clinical career pathway.
- Identify priority areas for development of nursing and midwifery roles.
- Strategically promote the development of CNS/CMS and ANP/AMP posts to meet service need in consultation with key stakeholders.
- Develop marketing systems to promote the clinical career pathway.
- Further develop processes to ensure optimal effectiveness.
- Ensure protection of title ANP/AMP.

The clinical career pathway is designed to ensure that nurses and midwives can fulfil their professional roles working within a range of care settings and working with different levels of clinical autonomy. The clinical pathway includes staff nurses/staff midwives, CNS/CMSs and ANP/AMPs. It is the mission of the National Council to ensure that nurses and midwives can avail of comprehensive professional development support appropriate to their own individual clinical career path. This ultimately ensures that patients are cared for by nurses and midwives with the skills and competencies to deliver a modern integrated health service.

Practice environment / facilitating services

- Support services to prepare the practice environment to develop enhanced roles and practice initiatives.
- Promote, support and evaluate innovation in practice through continuing education funding and other initiatives.
- Actively contribute to the implementation of the HSE Transformation Programme.
- Promote the importance and value of nursing and midwifery to the delivery of the health service as part of multi-disciplinary team.

Continuing professional development

- Promote and support professional education at individual, organisational, regional and national levels.
- Provide guidance on continuing professional development and career development at individual and service level.
- Identify strategic targets for continuing education funding.

Supporting evidence for practice

- Establish client care outcomes for clinical practice.
- Continue to research and develop nursing and midwifery roles and services in a changing healthcare environment.

- Promote usage and access to evidence for practice and facilitate its use.
- Actively contribute to the implementation of the *Research Strategy for Nursing and Midwifery in Ireland* (DoHC 2003).
- Build on existing funding streams for research capacity in the health services.

Support Activities

Standards and guidance

- Develop standards and guidance to support core functions.

Communication and dissemination

- Influence health service policy through research and information.
- Continue to strategically develop stakeholder relationships at all levels.
- Promote and support the implementation of national policy.
- Promote the benefits of nursing and midwifery roles to key stakeholders.
- Play a strategic role in the promotion of Ireland as a leading centre for specialist and advanced practice.

Transformational Leadership

A significant challenge posed by the *Report of the Commission on Nursing* was its call for a more strategic role for directors of nursing and midwifery and for a managerial role for middle-level managers including assistant directors. Key activities and structures that have promoted nursing and midwifery leadership in Ireland since the publication of the *Report of the Commission on Nursing* have been:

- The establishment of the post of Chief Nurse and the Nursing Policy Division at the Department of Health and Children.
- The National Council for the Professional Development of Nursing and Midwifery.
- The formalisation of the clinical career pathway by the National Council, particularly the establishment of advanced nurse/midwife practitioner posts with their remit for clinical leadership.
- The Empowerment of Nurses and Midwives Steering Group.
- The three-tiered clinical management structure with corresponding scope of management roles defined for each tier.
- The Nursing and Midwifery Planning and Development Units.
- Scope of nursing and midwifery practice guidelines.
- Structures supporting nurse and midwife prescribing.
- The establishment of the Office of the Director of HSE Nursing Services.

Other developments include:

- The publication of the *Research Strategy for Nursing and Midwifery in Ireland: Final Report* (DoHC 2003) and subsequently the *Nursing and Midwifery Research Priorities for Ireland* (National Council 2005a).
- The transition of pre-registration nursing and midwifery education programmes from the traditional hospital-based schools of nursing to the third-level education sector.

- The provision of multi- and uni-disciplinary management development programmes by the Office for Health Management.

By providing guidance and direction through its core activities, the National Council has provided national leadership for the professions of nursing and midwifery. It has contributed to policy and strategic developments for nursing and midwifery through committee membership, submissions and expert advice. The National Council has also provided nursing and midwifery leadership programmes through full or partial continuing education funding.

Continuing Education Funding

The National Council has an important role to play in providing additional continuing education opportunities that enhance the ability to maximise the potential to provide appropriate, safe and effective patient care. It supports nurses and midwives in developing and implementing new ways of working which best deliver the range and quality of services required, in the most efficient and effective way to meet the needs of patient and service demands.

In order to support innovation in nursing and midwifery practice, the National Council provides funding in the form of continuing education programmes in accordance with agreed criteria. It should be noted that the prime responsibility for the provision and funding of continuing education lies with the HSE. The funding available from the National Council helps to support continuing education in addition to funding already available through the HSE or other health service providers.

Over the past nine years the National Council has disbursed approximately €22 million that has been used to fund initiatives such as professional and service developments, courses, seminars and workshops. More than 50,000 nurses and midwives have benefited directly and indirectly from these initiatives.

The funds are disbursed on the basis of applications received via the Nursing and Midwifery Planning and Development Units and assessed in accordance with a set of criteria that has been agreed by the National Council (National Council 2007a). Awards made are subject to conditions such as:

- Acknowledgement of the support of the National Council in any documentation related to the programmes
- Delivery of the programmes as described in the submission plan
- Timely submission of progress reports
- Submission of evaluation report on completion of the programme
- Availability of project details to other regions/services on a national basis, if requested, and on the National Council's website
- Sustainability of the outcomes of the project.

Once an award has been made and an initiative has commenced, the applicants are required to submit progress reports to confirm that the project is proceeding in line with the project plan outlined in the application. A final report is required to be submitted on completion of the project. In this way accountability in the use of funds is ensured. A summary of these reports is presented to the National Council twice yearly. An account of the funding disbursed is provided each year in the National Council's annual report.

Contribution to Specialist and Advanced Nursing and Midwifery Practice Internationally

The National Council's contribution to specialist and advanced practice in nursing and midwifery has been recognised and acknowledged in countries such as England, Scotland, Northern Ireland and other countries worldwide. Contributions to developments in specialist and advanced nursing/midwifery practice have been achieved through sharing information with the International Council of Nurses (ICN), Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC), various regulatory bodies including the Nursing and Midwifery Council and ministries of Health in

places such as Queensland and Western Australia in Australia, and the Scottish NHS.

The ICN found after a monitoring exercise that more than 60 countries are currently developing or implementing advanced nursing practice. Strategic role development however is a new concept, adopted by only a few countries such as Australia, New Zealand and Ireland, mainly as a result of lessons learned from countries such as Canada and the UK, where a lack of role definition, clarity of nomenclature, scope of practice and education level has caused considerable confusion among both the nursing profession and the general public. In many respects the National Council has been leading developments in advanced nursing practice in Europe and has been acknowledged internationally by the Government of Western Australia for the contribution it has made to the development of Advanced Nurse and Midwife Practitioner Posts in that country.

The educational level for CNS/CMS is at level 8 National Qualifications Authority of Ireland (NQAI) post-registration qualification. For ANP/AMP level 9 NQAI post-registration qualification is required. These educational levels are in line with international standards.

CNS/CMS and ANP/AMP Post Numbers

The National Council has continued to monitor developments in advanced practice worldwide and now that Ireland has an increasing number of CNS/CMS and ANP/AMP posts and practitioners it has been progressively easier to carry out benchmarking exercises comparing the development of such roles in Ireland against international experiences. The findings to date have been encouraging for future development and sustainability of specialist and advanced practice in Ireland. Figures 1 and 2 outline the number of specialist and advanced practice posts approved by the National Council 2001 to 2009.

Figure 1 CNS/CMS Posts 2001-2009

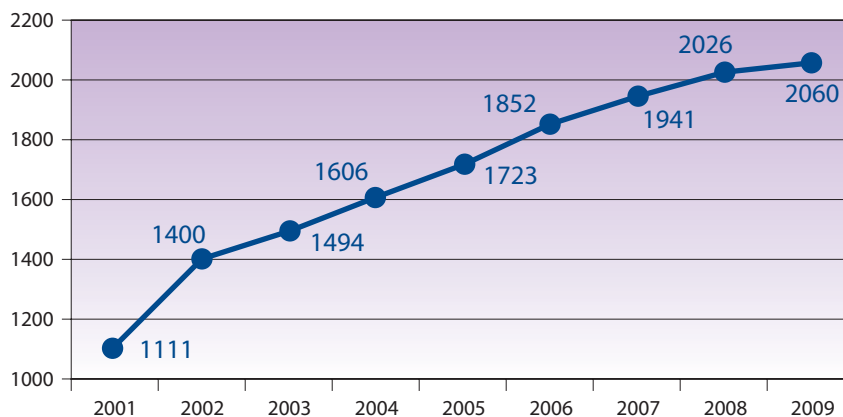


Figure 2 ANP/AMP Posts 2001-2009

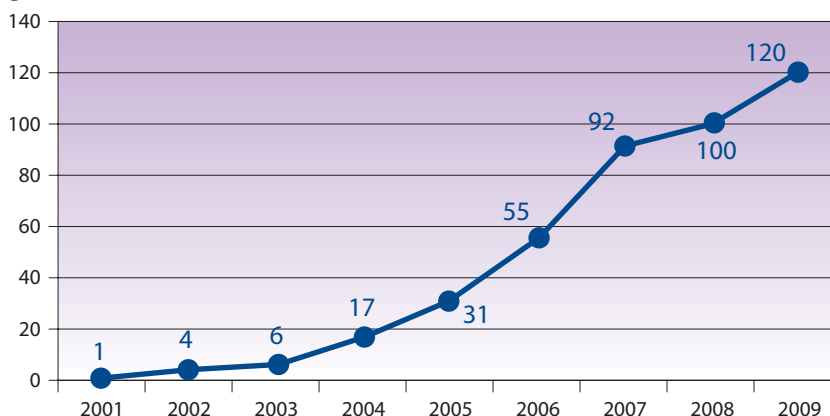


Table 1 provides a comparison of the number of advanced practice nurses (APNs) in different countries. It should be noted that in US and some other countries the title Clinical Nurse Specialist, Nurse Practitioner, Advanced Practice Nurse, and Nurse Anaesthetist come under a general umbrella of Advanced Practice Nursing (APN).

Table 1 APNs per 1000 Population

	Population	APNs	APN per 1000 population
Ireland	4.2 Million	120 ANP/AMPs	0.03*
New Zealand	4.1 Million	55 APNs	0.01**
Australia	22 Million	360 ANPs	0.01**
USA	303.5 Million	240,000 APNs	0.08
UK	60.7 Million	Information not available	

*Would read .05 if both CNS/CMS and ANP/AMP numbers utilised.

**This figure does not include CNS/CMS.

Summary

In the decade since the establishment of the National Council major advances in the professional development activities of nurses and midwives have occurred. A clinical career pathway is now well embedded in the system and large numbers of nurses and midwives have benefited from focused continuing education funding. These advances have been demonstrated by the speed at which the professions have embraced the challenges of the HSE Transformation Programme and gained clinical credibility. The international nursing and midwifery community continues to develop frameworks and processes to advance the art and science of nursing and midwifery practice. Through the robust processes and frameworks developed by the National Council, Ireland is now well placed to contribute to and influence the international debate on specialist and advanced nursing and midwifery practice. This will ensure that patients receive care from appropriately skilled nurses and midwives whether working at generalist, specialist or advanced practice level.

CHAPTER 3

The National Council's Contribution to the Implementation of the HSE Transformation Programme 2007-2010

The Health Service Executive (HSE) was established on January 1st, 2005 on foot of the Health Act (2004). The HSE now has executive responsibility for the management and delivery of health and personal social services in the Republic of Ireland. As the HSE evolves, the manner in which healthcare is delivered will also continue to evolve. Service planning is now a key activity required of many managers and professionals. The HSE's Transformation Programme 2007-2010 was prepared during 2006 and reflects the views expressed by staff in an extensive consultation process (HSE 2006). The Transformation Programme is designed to guide and assist in building the momentum for change which will ultimately lead to better care and service for patients, clients and carers. Six Transformation Priorities are set out in the document and they include 13 transformation programmes. The programmes are separated into two groups. The "A group" includes programmes that will impact on services that patients, clients and carers receive. The National Council, through many of its functions, has played a major role in helping these "Group A" programmes come to fruition.

The following is a snapshot of some of the National Council activities that are up and running and which contribute to the implementation of specific programmes under the Transformation Programme 2007-2010.

Transformation Programme 1 - Develop Integrated Services across all Stages of the Care Journey

A significant National Council contribution has been the publication of *Improving the Patient Journey: Understanding Integrated Care Pathways* (National Council 2006b). This publication aims to promote the use of integrated care pathways by nurses and midwives in order to improve the patient journey. *An Evaluation of the Extent and Nature of Nurse-Led/Midwife-Led Services in Ireland* outlines the diversity of nurse/midwife-led services in place and suggests that nurses and midwives are able to respond to patient/client need in a flexible and appropriate manner, allowing developments to occur in a multidisciplinary context (National Council 2005b).

Service Examples which have been supported by the National Council

The development of advanced nurse practitioner (ANP) roles has required that whole services revisit how their service is provided and delivered to the patient. In the case of the ANP (Gastroenterology) in St James's Hospital, which was the first post of its kind in Ireland, the site preparation process proved crucial to the success of the role. The process outlined in the *Framework for the Establishment of Advanced Nurse/Midwife Practitioner Posts* (National Council 2008a) was followed. This involved key stakeholders such as Consultants, Director of Nursing, Chief Executive, Nurse Manager, Clinical Nurse Specialists, Medical Physics and the nursing and medical team in the role development. The Consultant Gastroenterologist provides ongoing clinical supervision and support to the ANP who works as an important contributor within a multidisciplinary team.

The end result of the site preparation and development of the job description was the development of a new post of an ANP who performs routine upper and lower endoscopy procedures on adults and assists in the co-ordination of follow-up care. The ANP is now a valuable asset to the service as the work can help reduce the wait time for non-acute patients. Specific areas of focus include colonic polyp review, colonic cancer screening, Barrett's oesophagus screening, and gastro-oesophageal reflux disease and coeliac disease assessment. This role supports the early detection cancer screening programme. The development of such a role demonstrates where and how ANPs can be utilised in the management of specific caseloads. As the ANP develops skills and competencies for the post, the post holder can support other services to replicate such innovative roles in a cost efficient manner.

Individual ANPs have gained vast experience in the areas of role and service development and caseload management, as well as specific clinical expertise. That expertise and experience is being harnessed at a national level by involving ANPs/AMPs on national committees and advisory groups engaged in rolling-out services under the HSE Transformation Programme.

Another example of a service delivered by an ANP is in the area of Oncology in Letterkenny General Hospital. The development of the ANP post was led by the Consultant Oncologist and had a team approach in its development. The ANP, working closely with the Consultant Oncologist, manages a range of patients with a variety of cancers such as:

- Breast cancer patients surveillance/follow-up
- Colorectal cancer patients surveillance/follow-up
- Testicular cancer surveillance/follow-up.

The numbers of patients seen per year by the ANP (Oncology) is as follows:

- Inpatients: average of 20 to 25 per annum
- Outpatient reviews: Approximately 600 per annum
- Insertion of Peripherally Inserted Central Catheters (PICCs): 80 to 90 per annum (shared with CNS Oncology).

Palliative Care Services have seen improvements in outcomes of care as a result of the introduction of an ANP in Palliative Care in Our Lady's Hospice, Harold's Cross by an increased level of nursing expertise which directly impacts on patient care in all three clinical areas (Inpatient Unit, Day Hospice, Home Care) of specialist palliative care on two sites (Harold's Cross and Blackrock). The ANP also impacts on the end of life care of the residents in the Extended Care Unit, Harold's Cross.

The ANP performs comprehensive health assessments, plans and delivers care appropriate to the patient's needs and carries out an initial assessment on patients with complex symptoms who attend the ANP clinic in Day Hospice or in Home Care.

Palliative Care is based on a multidisciplinary approach therefore the ANP refers patients to appropriate multidisciplinary colleagues such as Public Health Nurses, Community Psychiatric Liaison Nurses, and Day Centre Nurses. Referring appropriate patients to the Day Hospice embraces the approach of therapeutic rehabilitation. The ANP role has evolved to meet clinical needs of patients and education needs of staff.

Several other initiatives, including the introduction of the Liverpool Care Pathway for the dying, have been introduced within a number of the services, including older person services. This has enhanced the role of the staff nurse. The approach emphasised HIQA standards, baseline audits have been carried out and local services established working groups. The role of practice development is considered pivotal to the successful implementation of new initiatives and the sharing of information across services. Birr Community Nursing Unit, Offaly is one such unit introducing the care pathway.

Supporting National Council Documents

- *An Evaluation of the Extent and Nature of Nurse-Led/Midwife-Led Services in Ireland* (National Council 2005b)
- *Improving the Patient Journey-Understanding Integrated Care Pathways* (National Council 2006b)
- *Framework for Establishment of Advanced Nurse Practitioner and Advanced Midwife Practitioner Posts. 4th Edition* (National Council 2008a)

- *Accreditation of Advanced Nurse Practitioners and Advanced Nurse Midwife Practitioners. 2nd Edition* (National Council 2008b)
- *Profiles of Advanced Nurse/Midwife Practitioners and Clinical Nurse/Midwife Specialists in Ireland* (National Council 2008c)

Transformation Programme 2 - Configure Primary, Community and Continuing Care Services to deliver Optimal and Cost Effective Results

In response to the need to expand and augment services in the community, the National Council has funded a number of projects and approved a number of CNS and ANP posts. Posts such as ANPs in Older Persons Services, Community Mental Health, Child and Adolescent Services, Intellectual Disability, and Primary Care all fit well with significant HSE projects.

Older Persons Services

The National Council has supported continuing care services for older persons through funding regional practice development in all HSE regions. These programmes were of a three-year duration and were led by dedicated project officers. An example of one such programme was conducted in the HSE South East region from 2001 to 2004 with further funding from 2005 to 2006.

During the programme an extensive needs analysis was undertaken using a variety of research methods and the results of this informed a strategy for delivery of focused continuing education for the region. Specific clinical issues targeted were:

- continence care
- wound care
- care of the older diabetic patient
- respiratory disorders
- stroke care
- dementia care.

Areas for expansion of practice for nurses working in care of the older person services were identified and arrangements put in place towards their achievement. A local group was established to review current guidelines and policies and develop new policies and guidelines to support the expansion in practice. The 'Essence of Care' has been adopted as the framework of choice to promote quality care and clinical governance in older person care. Audit tools have been developed to evaluate the 'Essence of Care' framework and the practice development initiatives undertaken in the region include the development of clinical placement sites for BSc nursing students and single older persons' assessment for community hospitals. These audits continue to inform future education and practice. Other forms of evaluation are also in use including reflective systems, action learning, clinical supervision and critical incident analysis.

On completion of the funded programme the services have continued practice development for care of older persons and the 'Essence of Care' framework continues to be utilised for the development of services. A number of hospitals in HSE South East are also involved in development projects and each hospital works on a particular benchmark and then when ready, shares with the remaining hospitals. To date they have launched the Nutrition, Safety and Privacy, and Dignity benchmarks which have involved the development and implementation of the necessary clinical guidelines and the provision of training for staff. The expansion of the nursing role combined with the development of specialist skills and competencies are crucial as the services aim to meet and improve the changing requirements of the older person. It

was noted that the primary motivation for the expansion of practice must be in the best interests of patients/clients and the promotion and maintenance of the best quality health service.

With emerging evidence relating to the lack of sustainability with traditional models in skills attainment, a 'Train-the-Trainer' approach was adopted to empower nursing staff by co-ordinated and facilitated skills-based training programmes. This enabled the services to respond to identified treatment interventions in the development and expansion of the older person services. The profile of the patients in the care of older person hospitals has also changed with increasing dependency levels and fragility and a need for nursing skills that include venepuncture, cannulation, male catheterisation and gastrostomy tube insertion.

Child and Adolescent Mental Health Services

In the area of Child and Adolescent Mental Health (CAMH) the post of Advanced Nurse Practitioner has been proven to significantly improve the quality and accessibility to a health service utilising existing resources. The CAMH Service in Kildare provides a service to young people and their families or other relevant adults in their lives, where the young people are experiencing a wide range of psychological, psychiatric, emotional and behavioural difficulties.

Outcomes related to the development of ANP post are:

- 52% of cases no longer need to be referred to the multidisciplinary team
- Waiting list reduced from one year or over to seven weeks
- 'Did Not Attend' rate reduced from 33% to 7%
- No increase in rate of re-referral (although one-off telephone calls are encouraged if there is an issue that families wish to discuss. The fact that this happens is a strong indicator of a positive view of the service)
- Increase of referrals due to shorter waiting lists and increased accessibility
- Initial research indicates client satisfaction
- Very positive stakeholder feedback
- Improved team morale and improved relations with other agencies (Community Care, Adult Psychiatry, Gardai, Schools & Dept of Education)
- Other CAMHS adopting the model.

Clinical Practice Guidelines

The National Council has encouraged and ensured the use of clinical guidelines for practice in the context of multidisciplinary services and patient care pathways. *Guidance on the Adaptation of Clinical Practice Guidelines: Getting Evidence into Practice* (National Council 2009a) was published by the National Council to inform and provide definitions, potential benefits and processes for adaptation of clinical guidelines through a step-by-step guidance framework approach to assist nurses and midwives at all levels of clinical practice to adapt or adopt previously developed guidelines to their own area of practice. The guidance document endorses the adaptation of existing guidelines in order to avoid unnecessary duplication of effort and valuable resources. It should be used in conjunction with *Improving the Patient Journey: Understanding Integrated Care Pathways* also published by the National Council (2006b).

Through its continuing education funding, the National Council has supported training at the local level in developing clinical guidelines, implementation of clinical guidelines and implementation of evidence-based practice. A national programme on protocols, policies and guideline training for Professional Development Co-ordinators (PDCs) for Practice Nursing was funded by the National Council. This was a two-phased, five-day programme in eight HSE areas, the aim of which was to enable the PDCs to facilitate subsequent training of Practice Nurses in protocol, policy and guideline development. The programme was evaluated as having provided participants with the knowledge and skills to develop

policies, procedures and guidelines within an agreed framework. Key topics included: defining policies, procedures and guidelines, the legal context of document development, methods of drafting, customising and reviewing documents, and multi- and intra-disciplinary collaborative practice. On foot of the programme, a 'Train-the-Trainer' system has been put in place and priority areas for policy, procedure and guideline development have been identified. This has resulted in evidence-based uniformity of patient care in General Practice as advocated in the Primary Care Strategy (DoHC 2001a).

Supporting National Council Documents

- *Position Paper 2. Clinical Nurse Specialist and Advanced Nurse Practitioner Roles in Intellectual Disability Nursing* (National Council 2006c)
- *Position Paper 3. Clinical Nurse Specialist and Advanced Nurse Practitioner Roles in Older Persons Nursing* (National Council 2007b)
- *Guidance on the Adaptation of Clinical Practice Guidelines: Getting Evidence into Practice* (National Council 2009a)

Transformation Programme 3 - Configure Hospital Services to deliver Optimal and Cost Effective Results

The key areas for transformation in these programmes are in the areas of Paediatrics, Maternity, and Accident and Emergency. The area of chronic illness prevention and care is also specified as a key deliverable. Initiatives such as Nurse-led clinics, Midwife-led clinics, increased capacity building around clinical nurse/midwife specialists and the proliferation of advanced nurse practitioner posts particularly in Emergency Departments (EDs) has supported these projects. There are 56 ANP posts (Adult and Paediatric), which provide caseload management for minor injuries/ambulatory care, mental health and cardiology. The table below outlines the ANP and CNS roles in the ED in Ireland as of February 2009.

Table 2 CNS and ANP Posts in EDs, Ireland, February 2009

Post	Title	Number
ANP	Cardiology	5
ANP	Children's Emergency	3
ANP	Emergency	48
ANP	Liaison psychiatry	1
CNS	Chest pain assessment	13
CNS	Crisis intervention liaison posts (psychiatry)	9
CNS	Emergency respiratory care	2
CNS	ENT assessment	2
CNS	Mental health liaison	15
CNS	Ophthalmology	4

In addition to CNS and ANP roles there are varying degrees of enhanced nursing roles in place in a number of emergency departments throughout the country. The range of activities in these expanded roles extends from early assessment of patients following triage, performing venepuncture and intravenous cannulation, to carrying out physical examination, initiating tests, administering immediate care and requesting diagnostic tests. The use of medication management protocols and the introduction of nurse prescribing also allows for more timely administration of medications for pain management and early intervention in the immediate management of acute illness such as

myocardial infarction and medical emergencies.

Minor Injury/Ambulatory Care

The Emergency Department (ED) in St James's Hospital initiated a nurse-led minor injury service in 1996. Since then the ANP (Emergency) service has expanded from one ANP to seven in 2007. The results of audit demonstrate that a total of 60,000 patients with a variety of injuries and conditions have been treated by an ANP during that time. A review of waiting times demonstrates a mean waiting time of 55 minutes from consultation to discharge time. The ANP service is provided over seven days and extends from 7.30am to 9pm. The scope of practice and range of conditions treated by the ANP has expanded over time to meet with the increasing demands of the service.

Cork University Hospital (CUH) appointed the first ANP (Emergency) to manage a caseload of adult minor injuries in July 2007. The number of patients treated from July 2007 to March 2008 totalled 2,552. The average age of patients treated was 37.8 years, with the majority of patients treated (63.5%) being male. Average waiting time to be seen by ANP was 63.8 minutes. Waiting times for patients when the ANP was not on duty could exceed 480 minutes. A total of 5.1 per cent of patients seen by an ANP required admission. Four additional posts have been approved by the National Council for the ED, CUH. The increase in number of ANPs is expected to exponentially affect the number of patients treated by the ANP service and will allow for further expansion of hours of service and patient caseload.

Maternity Care

The National Council has published Position Papers which are intended to guide the nursing and midwifery professions and support their efforts in meeting Transformation Programme Requirements (National Council 2006c, 2007b, 2008d, 2008e). *Midwifery Position Paper 5: Enhanced Midwifery Practice* addresses the specific implications of enhanced midwifery practice against a background of increased demands on the maternity services and the need to increase availability of choices in maternity care for all women (National Council 2008d). The paper discusses the existing clinical midwife specialist, advanced midwife practitioner and enhanced midwifery roles and looks at areas where these could be further developed. An approach to identifying the need for enhanced midwifery roles within the services is included.

Site preparation and job descriptions for two AMP (Midwifery Care) posts within Waterford Maternity Services and the Coombe Women & Infants University Hospital have met the criteria and standards of the National Council. The role of the AMP (Midwifery Care) is to lead out on the promotion of normality in care for women who are low-risk medically and obstetrically but would benefit from additional midwifery input for more complex needs such as disabilities, obesity, alcohol and/or tobacco dependency, history of domestic violence and disadvantaged groups such as travellers and ethnic minorities. The AMP will carry a defined caseload, and provide clinical leadership and expertise to enable and empower all midwives deliver optimum maternity care to women experiencing a normal pregnancy.

Other aspects of the AMP role include the implementation and evaluation of research into practice, benchmarking against best practice, active participation in the development of midwifery-led services and the provision of clinical supervision.

Supporting National Council Documents

- *An Evaluation of the Extent and Nature of Nurse-Led/Midwife-Led Services in Ireland* (National Council 2005b)
- *Position Paper 2. Clinical Nurse Specialist and Advanced Nurse Practitioner Roles in Intellectual Disability Nursing* (National Council 2006c)
- *Position Paper 3. Clinical Nurse Specialist and Advanced Nurse Practitioner Roles in Older Persons Nursing* (National Council 2007b)
- *Position Paper 4. Enhanced Nursing Practice in Emergency Departments* (National Council 2008e)
- *Position Paper 5. Enhanced Midwifery Practice* (National Council 2008d)

Transformation Programme 4 - Implement a Model for the Prevention and Management of Chronic Illness

Diabetes

Diabetes is just one example of a growing serious population health issue identified by the WHO, Department of Health and Children and HSE. The National Council has been involved in a strategic, co-ordinated approach supporting the nursing contribution in relation to this chronic disease primarily through funding various projects through targeted continuing education funding and supporting the career pathway and education requirements of ANPs, CNSs and general nurses working in the specialist area.

The National Council funded a programme for Community Diabetes Care. The aim of this two-year project was to provide a link between primary and secondary care in the HSE West, promoting nurse-led integrated collaborative working, thereby increasing the value that nurses can give to improve the quality of life for patients with diabetes.

Two years on, significant advances have been achieved in relation to diabetes in the region in line with the transformation programmes goals for chronic illness. These include:

- **Diabetic database for diabetic retinopathy screening.** Considerable work has been done as part of a National Pilot and a report will be produced which will make recommendations on how a database should be generated elsewhere. There are 14,000 names on the database which is currently undergoing a verification process through GPs.
- **Diabetes Education Programme for Healthcare Professionals.** A Dublin City University accredited stand-alone module for diabetes is up and running in Mid Western Regional Hospital Limerick Centre of Nursing Midwifery Education and is available to all nurses across primary and secondary care. Part of this includes a 'practice contract' ensuring best practice changes are made to clinical practice to benefit the patient.
- **Version II of the Diabetes Resource Manual.** This is a comprehensive, one-stop guide to managing all aspects of Type 2 diabetes. This HSE West initiative brings together healthcare professionals from all disciplines across the West.
- **Community Diabetes Clinic for Type 2 diabetes.** Innovation award monies were used to create a community-based clinic in the Borrisokane & Cloughjordan primary care team. This is the first nurse-led clinic of its kind and is promoting the management of patients with Type 2 diabetes in the community with supported services such as podiatry. Templates have been created for future roll-out to other interested Primary Care Teams.
- **Structured Education Programme for Patients.** The DESMOND training programme for newly diagnosed Type 2 patients has come to Limerick. This structured programme teaches patients important elements about diabetes and how to self-manage their condition. It is held in two half-day sessions.

Funding of third-level education post-registration education programmes in diabetes management has supported the continuing education requirements of ANPs, CNSs and general nurses wishing to pursue a career pathway in this specialist area.

One such programme, 'Diabetes Management in Primary Care' facilitated the needs of nursing staff working with both types of diabetic patients. The programme was a six-month distance-learning programme for nurses working in primary care. It facilitated participants to deliver best practice evidence-based diabetes care to their clients. Programme module content included: physiology and classification of diabetes, diagnosis of diabetes, holistic care of patients with diabetes, management of complications secondary to diabetes and practice management structures to support the delivery of

high-quality diabetic care. Workshops included insulin devices, dietary management, foot care, behavioural modification and psychological aspects of diabetes. It is intended that this programme will continue to be offered as a module on the postgraduate diploma programme or as a stand-alone option in order to meet the learning and development needs of staff.

Cardiology

ANPs and CNSs with staff nurse support are taking the lead in managing chronic diseases such as heart failure and cardiology. These roles are in the context of whole team integrated care delivery and include provision of specialist training in chronic illness prevention and management. One example of the contribution that ANPs have made to the quality of care that patients with chronic disease experience is in the area of heart failure. The ANP in Heart Failure at St Vincent's Hospital has overseen the introduction of holistic home visits for heart failure patients and she is working to improve the links between heart failure patients and palliative care organisations. Other ANP-led initiatives include follow-up of patients identified as low-risk on discharge from hospital. This follow-up is in conjunction with GPs. Low-risk patients are reviewed by the ANP and GP and only attend the heart failure unit for their three-month and annual review visits, thereby making post-discharge care more effective and user-friendly for patients and reducing the workload for other unit staff.

Services provided by the Heart Failure Unit include patient education, clinical review at week two, six and twelve post-discharge, weekly telephone calls for three months post-discharge, and annual medication reviews. The ANP has expanded these services by adding group education sessions for newly diagnosed heart failure patients and their families, which has saved 82 hours of nursing time over a nine-month period.

The ANP role enables intravenous diuretics to be administered without hospital admission, which has prevented 99 hospitalisations over a three-year period at a net cost benefit of €1,266 per patient treated. Heart Failure patients can contact the unit seven-days-a-week to report symptom deterioration. The ANP reviews patients earlier than scheduled when symptoms deteriorate and offers a new diagnostic clinic for GPs, staff in the emergency department and other relevant specialist teams.

Supporting National Council Documents

- *Improving the Patient Journey – Understanding Integrated Care Pathways* (National Council 2006b)
- *Framework for the Establishment of Advanced Nurse and Advanced Midwife Practitioner Posts 4th Edition* (National Council 2008a)
- *Framework for the Establishment of Clinical Nurse/Midwife Specialist Posts Intermediate Pathway 4th Edition* (National Council 2008f)
- *Profiles of Advanced Nurse Practitioners /Advanced Midwife Practitioners and Clinical Nurse Specialists/ Clinical Midwife Specialists in Ireland* (National Council 2008c)

Transformation Programme 5 - Implement Standards-Based Performance Measurement and Management throughout the HSE

This programme will introduce meaningful performance measurements at all levels to guide service developments. These will include clinical outcomes, financial targets, resource utilisation, processes, client satisfaction and organisational health.

A Study examining the Contribution made by Nurses and Midwives to Patient Care

The National Council has embarked on several initiatives to assist the implementation of performance measurement throughout the system. A study commenced by the National Council in 2005 aimed to capture the contribution made by

nurses and midwives to patient/client care. The findings from this study, together with those from the literature review, were outlined into the two-part publication: *Development of Measurement of Nursing and Midwifery Interventions: Guidance and Resource Pack* (National Council 2006d).

The project aims to support the achievement of the national goal of high performance in the health and social services of Ireland. The national health strategy *Quality and Fairness – A Health System for You* requires that the quality and safety of care in the Irish health system meet agreed standards (DoHC 2001b), are regularly evaluated against the agreed standards and that the delivery of services will be evidence-based. The work of the National Council centres on promoting the professional development of individual nurses and midwives and of the professions as a whole, but is undertaken in line with the national health service agenda of providing high-quality care in a cost-effective, efficient manner. Nurses and midwives comprise a large proportion of the health service workforce, providing care on a 24-hour-a-day, seven-day-a-week basis. Their interventions improve the health of patients/clients and enable them to take steps to improve and maintain their own health. In the wider healthcare context, nursing and midwifery interventions occur in tandem with interventions made by other members of the multidisciplinary team (MDT). These nursing and midwifery interventions may also occur as a result of decisions taken dependently or independently of the MDT.

Part 1 of the two part National Council publication is titled *An Evaluation of the Extent of Measurement of Nursing and Midwifery Interventions in Ireland*. It strives to capture the contribution made by nurses and midwives to the care of patients/clients through their interventions and the extent of measurement of those interventions as part of an overall quality assurance programme.

Part 2 of the document is designed to assist nurses, midwives and services in determining which interventions to select for assessment and to suggest sources and resources that may be useful. The National Council always intended that this guidance and resource pack would be updated to reflect new developments in the Irish health service and the evidence-base relating to the topics and themes identified in Part 1. A year after its publication, a meeting was held with a group of interested parties from health service providers and from third-level and service-based education providers to discuss: specific information contained within the guidance and resource pack, its currency, usefulness and relevance, validity and reliability issues, and development of the guidance and resource pack as an online resource.

In 2009, in order to contextualise and progress this work, a review was undertaken of Irish health policy and related documents published since 2006. The main themes identified were the trend in reducing reliance on acute hospitals and providing more services within primary, community and continuing care, effective governance of clinical, corporate and other resources (including quality and cost-effectiveness), adoption of a population health approach to healthcare provision in response to changing demographics, evidence-based healthcare, and service provision and patient safety.

With a view to progressing this project as efficiently as possible, an invitation was issued in May 2009 to directors of nursing, midwifery and public health nursing, nursing practice development co-ordinators, clinical nurse/midwife specialists, advanced nurse/midwife practitioners, and leaders of specialist interest groups asking them (or their delegates) to participate in the updating work. Dedicated web pages were developed within the National Council's website and by mid-June 2009 more than 50 nurses and midwives working in a variety of healthcare settings had joined a new electronic network (e-network). Using these electronic resources, the National Council will provide updates about nursing and midwifery interventions and disseminate fact sheets on topics of interest identified in the course of its work and during consultations with nurses and midwives who are involved in particular areas of healthcare and or clinical decision-making.

Research Project examining Advanced Practice Roles

A *Preliminary Evaluation of the Role of Advanced Nurse and Midwife Practitioner* was carried out by the National Council in 2005 (National Council 2005c). The purpose of the evaluation was to review the international literature and benchmark some aspects of role development which were specific in the Irish context. Information gathered during this project also highlighted some of the challenges that ANP/AMPs were experiencing in fulfilling the core concepts for the role. Clinical nurse managers and members of the MDT were also asked for their views in relation to the impact and

value of the ANP/AMP in enhancing service delivery.

Following on from this preliminary work, the National Council invited proposals in 2008 for a research project to produce a focused evaluation of the CNS/CMS and ANP/AMP in Ireland (known as SCAPE). A tender was awarded to a joint research team from Trinity College Dublin and the National University of Ireland Galway in December 2008. The research project will run over a two-year period. The project involves undertaking original data collection to evaluate and compare the clinical outcomes, service delivery and economic implications of services with clinical specialists and advanced practitioners to those without these roles. Such an evaluation will, for the first time, provide evidence of outcomes which can be attributed to nursing/midwifery interventions at a specialist and advanced practice level and it will also identify other key deliverables such as cost-benefit analysis, and patient, practitioner and service satisfaction. Another requirement from the project is that a validated data collection tool would be developed which could be used in future studies to determine outcomes, thus producing a value for money output from the study design.

Terms of Reference for the Research Project:

- To review the literature on the evaluation of healthcare interventions with specific reference to the study aim.

- The team should undertake original data collection which will evaluate the clinical outcomes, service delivery (i.e. the service process) and economic implications of the clinical nurse/midwife specialist and the advanced nurse/midwife practitioner. The team will relate the research outcomes to the clinical services of the clinical nurse/midwife specialist and the advanced nurse/midwife practitioner, standardising for patient characteristics, morbidity data etc.

- The team should compare a number of sites which have clinical nurse/midwife specialist and advanced nurse/midwife practitioner services with those that do not have such services. This may be a retrospective or prospective data collection process. Service users' wellbeing and satisfaction with the services should be included in the evaluation.

- As part of the deliverables, a validated tool which can be used in future studies to determine outcomes for clinical services of clinical nurse/midwife specialists and the advanced nurse/midwife practitioners should be developed. This will aid future monitoring and evaluation of such services.

- Provide an interim and final report. The latter should clearly identify clinical outcomes, service delivery (i.e. the service process) and economic implications in terms of efficiency (outputs relative to cost) and effectiveness (outcomes relative to inputs) of services.

Nurse and Midwife Prescribing

The National Council has also been involved in a major project in partnership with An Bord Altranais on the role of nurses and midwives in the prescribing and administration of medicinal products (see page 38 for further details of the project). The *Implementation of the Review of Nurses and Midwives in the Prescribing and Administration of Medicinal Products – Final Report* was launched in 2008 (National Council and An Bord Altranais 2008). An evaluation of the introduction of nurse/midwife prescribing medication is now complete. This evaluation measured a number of outcomes related to nurses and midwives prescribing practices from a variety of perspectives, but most notably from a patient safety and quality improvement viewpoint.

Supporting National Council Documents

- *Review of Nurses and Midwives in the Prescribing and Administration of Medicinal Products – Final Report* (National Council and An Bord Altranais 2005)
- *Development of Measurement of Nursing and Midwifery Interventions: Guidance and Resource Pack* (National Council 2006d)
- *The Implementation of the Review of Nurses and Midwives in the Prescribing and Administration of Medicinal Products- Final Report* (National Council and An Bord Altranais 2008)

Transformation Programme 6 - Ensure all Staff engage in transforming Health and Social Care in Ireland

This program aims to create and implement leadership and management development approaches, which inspire staff innovation, responsibility and accountability, and to develop mechanisms and processes to harness clinical leadership.

The National Council has supported the development of clinical leaders from a number of perspectives. In partnership with other agencies, the National Council has funded more than 50 leadership programmes for nearly 5,000 nurses and midwives. Leadership programmes have been provided at national, regional and local levels. Major grant funding has assisted in the development of many third-level education programmes which contribute hugely to capacity building.

Management Development Programmes

An example of a leadership initiative was a 'Management Development Programme for Mid and Top-Level Nurse Managers'. This 11-day programme aimed to provide Directors/Assistant Directors of Nursing and Midwifery with an opportunity to review and apply their competencies as outlined in the *Report of the Commission on Nursing* (Government of Ireland 1998). The programme was based on the needs of the participants to meet their respective roles and included: personal and interpersonal awareness and emotional intelligence, managing relationships and political intelligence, stakeholder management and time management. Participants used co-consulting to develop the skills of action-learning. As a network the participants agreed the strategic priorities and these included implementing the fundamentals of nursing and midwifery care, leadership and the development of ANP/AMP roles.

Staff nurses are also supported to engage in managerial roles. An example of one management programme, 'Development Programme for Senior Staff Nurses', consisted of a three-day programme to facilitate development of management skills in senior staff nurses to enable them to support Clinical Nurse Managers in their role. Evaluation of the programme was very positive, with participants reporting that the programme provided them with the knowledge and resources to manage change and promote continuous quality improvement within a framework of clinical governance. Programme content included: structure and process of the reform programme, the HSE, professional development planning, performance management, service planning-making the business case and conflict management.

An example of another leadership programme was delivered in the Midlands. The programme aimed to facilitate midwives and their teams to develop women-centred and evidence-based leadership strategies. All participants reported that they had experienced substantial personal growth during the programme and developed a greater understanding of the strategic agenda for healthcare.

Funding has also supported conferences and workshops such as the Regional Practice Development Conference 2007 - 'Leadership for Innovation' which was a conference to highlight innovative nursing and midwifery practice within the North East region and to demonstrate how innovations have resulted in improved quality care. Topics included: transforming the workplace culture through leadership, manufacturing motivation in nursing, nursing skill-mix challenges and future opportunities, and unlocking the potential of the clinical nurse manager role.

Refocusing Acute Psychiatry Project (Cork and Kerry)

This one-year multidisciplinary project involved 120 nurses and members of other disciplines from acute inpatient units in Kerry Mental Health Services, South Lee Mental Health Services, and North Lee Mental Health Services. It aimed to provide a structure around which mental health services in Cork and Kerry could be refocused in order to achieve changes in nursing practice (particularly around meaningful engagement with service users) and service delivery. The evaluation report identified 14 outcomes. Each participating site now holds weekly community meetings, involving patients and staff and enabling service users to influence care provision, formulation of policy and improvement of service delivery. Patients now have the opportunity to review their care prior to ward rounds, with progress/deterioration recorded and audited. Each service user is offered daily one-to-one structured engagement, which is monitored using an audit tool and reported on the 'Service User Satisfaction Survey'. Regular clinical support/supervision is now offered by assistant directors of nursing to clinical nurse managers, who in turn provide clinical support for other staff. Enhanced structures are now in place to facilitate management of acute settings. Sharing of best practice was undertaken by enabling representatives from the sites to travel to and establish links with identified sites in the UK for the purpose of advancing specialist practice. A standard is being developed in all sites to ensure that service user stays in hospital are purposeful, and service users are involved in collaborative care planning and monthly patient satisfaction surveys. The outcomes of the work to date are updated by assistant directors of nursing and displayed on 'Refocusing Noticeboards' in the clinical sites for public and service users.

Refocusing, Engagement and Nursing Leadership in Acute Psychiatry (Clare)

This programme aimed to implement refocusing psychiatry within three sites in Clare Mental Health Service, Ennis, Co Clare. It was supported by subsidiary training in nurse leadership and solution-focused management skills. The programme facilitated a 'cultural shift' within the units involved and the development of extremely well functioning acute inpatient wards. During the programme a leadership and project management group was established to introduce, implement and evaluate evidence-based practice changes. All staff were involved in developing a shared vision for the service and trained in a 'solution-focused' approach. A more individualised approach to patient care was introduced and systems were designed to enhance increased engagement and patient collaboration. This project is ongoing with leadership and commitment from unit staff.

An Action Research Evaluation of a Pilot of the Royal College of Nursing-Clinical Leadership Programme in the HSE Mid Western Area

The Nursing and Midwifery Planning and Development Unit in association with University of Limerick ran a 21-month programme to assist healthcare practitioners to develop patient-centred and evidence-based leadership strategies within the context of their practice. Evaluation of the programme demonstrates that the model of experiential and work-based leadership development utilised assisted participants to develop practical strategies to improve patient care and was extremely beneficial in bringing about service development and changes in clinical practice. Programme content included: managing self, managing the teams, patient-centred care, networking and becoming more politically aware. The evaluation gives an overview of the outcomes achieved in acute, primary, community and continuing care services. Audits show enhancement of the clinical environment, improved patient privacy and increased emphasis on risk management and health and safety initiatives, and improved hygiene standards. The evaluation also highlighted changes to staff development and support including improved support mechanisms, improved communication, and more interaction and empowerment of staff. The evaluation recommended the development of co-ordinated approaches for clinical leadership development. Through further programme grant funding from the National Council the work will continue nationally with the development of a National Framework for Nursing and Midwifery Clinical Leadership Development.

Supporting National Council Documents

- *Report on the Continuing Professional Development of Staff Nurses and Staff Midwives* (National Council 2004)
- *Clinical Nurse/Midwife Specialist Role Resource Pack 2nd edition* (National Council 2008g)
- *Clinical Supervision: A Structured Approach to Best Practice* (National Council 2008h)
- *Guidance on the Adaptation of Clinical Practice Guidelines: Getting Evidence into Practice* (National Council 2009a)

Summary

Since 2005 many developments have occurred in the Irish Health Services and within the wider societal context, most notably the establishment of the HSE and the changing function of the DoHC. The HSE's Transformation Programme and changing population epidemiology and demography play a major role in directing how services will change to better meet the needs of the population into the future. These are ongoing challenges for all health service providers in planning and delivering services. The leadership, support and guidance provided by the National Council through continuing education funding has been targeted to facilitate nurses and midwives to meet these challenges in a structured and planned manner to maximise impact on patient pathways. This approach has been in the interests of safe, effective and high-quality patient care.

The development of enhanced nursing and midwifery roles at generalist, specialist and advanced practice levels has supported the implementation of the HSE Transformation Programme. The processes that services have engaged in to develop these posts, which have been determined by the National Council, have ensured that posts are developed in line with patient/service need and are appropriately integrated into the service to ensure positive patient outcomes and maximum efficiency.



Fulfilling the Vision

In 2003 the National Council published its vision in the document *Agenda for the Future Professional Development of Nursing and Midwifery* (National Council 2003). This report benchmarked the status of the professions of nursing and midwifery at that time and set the agenda for direction and action for the strategic development of career pathways for the future.

The challenges outlined in that report related to the need for nurses and midwives to embrace new methods of care delivery, engage in continuing professional development, access education for practice and participate in nursing/midwifery research. In the last six years major progress has been made in these areas. In particular, significant achievements have been made in the development of advanced nurse practitioner posts in Mental Health, Primary Care, Care of Older Persons, Intellectual Disability, and Public Health Nursing (Community Nursing). Development of new posts and criteria for CNS/CMS, ANP/AMP across the disciplines has been facilitated by focused resource funding and dedicated professional development expertise offered by the National Council executive.

The *Report on the Continuing Professional Development of Staff Nurses and Staff Midwives* outlined the possibilities for nurses and midwives to expand their role and scope of practice within their chosen area of work and within their own discipline (National Council 2004).

Maintaining a live record of professional development, achievement of competence and skills acquisition is supported by the development of a paper and web-based publication, *Guidelines for Portfolio Development for Nurses and Midwives* (National Council 2006a). This important publication has been widely used by the professions and has formed the basis for supporting the career pathway of many nurses and midwives and those wishing to pursue roles as CNS/CMSs and ANP/AMPs.

The following examples demonstrate how the work of the National Council in supporting nursing and midwifery developments has relevance to important issues of population health, value for money, continuing professional development, advances in nursing and midwifery practice and contributions to policy and legislative developments.

Population Health

The following selection of programmes provides information on some of the initiatives funded by National Council in relation to population health. The brief is far reaching but nurses and midwives in collaboration with local and regional clinicians and educators are attempting to improve knowledge and clinical expertise, especially in the community.

Population Health in Community Nursing (HSE Northern Area, Community Care Area 7, University College Dublin, Kings College, London)

This was a two-year preliminary phase of a project concerning the development of a population health model of community nursing. The project aimed to identify sources of information on health and health needs for use in community nursing, and to develop a tool for capturing and organising the data identified. An action research methodology was chosen for the project. A situational analysis document was circulated which identified public health nursing population health issues for inclusion in the new population health tool. The programme plan facilitated the management of time and resources and documented progress in relation to these derived objectives. A working population health tool has been developed, refined and has now been implemented. The change in focus of data collection from 'nurse activity' to 'client/population health' during the project provided the structures needed to access and maximise the use of community nursing health professionals.

Formation of a Wound Care Plan for the Addiction Services (HSE Dublin Mid-Leinster)

This programme aimed to develop specialist wound care plans for drug users and implement consistent wound care management for this population group. The programme was evaluated as having facilitated participants to develop and implement a research-based wound management plan for intravenous drug user clients within the addiction services who develop abscesses. Findings from the research conducted during the programme have been presented in poster format at national and international conferences.

Enhancing Community Nursing (Regional Practice Development Co-ordinator for Community Nursing HSE-South, Directors and Assistant Directors Public Health Nursing, Public Health Nurses, Community RGNs, Home Care and Palliative Nurses)

This three-year project aimed to develop and enhance community nursing in the HSE (Southern Area), in line with the relevant primary care and community nursing strategies and involving all nurses working within public health and other community-based areas. A wound care audit was conducted in order to determine the educational needs of community nurses in the area of wound management. Site preparation and a job description for an ANP in tissue viability is being completed. A midwifery skills refresher course to update community nurses has been delivered. A health needs assessment/community profiling tool has been implemented in a number of community care areas in order to assess population needs. The implementation of policies, procedures and guidelines for care of the older adult in the community including continence promotion, tissue viability, diet and nutrition and dementia has provided a framework and support structure to facilitate the delivery of evidence-based care in the primary care setting.

Immunisation Training Programme (Regional Immunisation Group, Public Health Department, Newcastle, Co. Galway)

This programme aimed to facilitate healthcare professionals involved with the delivery of the primary immunisation schedule to provide a standardised and timely immunisation service to the target population. The programme has been evaluated as having provided participants with the knowledge and skills necessary to support and promote best practice in the safe delivery of immunisations. Programme topics included: current immunisation guidelines and schedule, preventable diseases, vaccines, immunogenicity, anaphylaxis and reactions, national database and recording systems, and administration of vaccines and injection technique. It is intended that the programme will continue to be developed and run in response to service need and delivered through the Centres of Nurse Education.

Coronary Heart Disease Prevention in Primary Care (University of Huddersfield, Regional Centre of Nurse Education, Tullamore, Cardiovascular Strategy Group)

This six-month distance-learning education programme was aimed at healthcare professionals who have a role in the delivery of services and management of those clients and their families at risk of coronary heart disease. The programme was evaluated as having provided participants with an opportunity to update their knowledge on the management of cardiovascular disease and diabetes in primary care. The objectives of the programme were met by the delivery of lectures by members of the multidisciplinary team and workshops which involved case studies and the sharing of and reflecting on experiences in practice. The programme modules included a person-centred approach incorporating effective prevention, early diagnosis, disease management and treatment of complications. During the programme participants critically evaluated a range of health promotion strategies applicable to particular patient/client groups.

Value for Money

There are increasing demands on services to demonstrate 'Value for Money', particularly in relation to new and innovative service developments. The National Council has supported the need to carry out service needs analysis and published a number of documents to assist senior nurse and midwife managers in developing new posts such as *Service Needs Analysis: Informing Business and Service Plans* (National Council 2009b) and the *Framework for the Establishment of Advanced Nurse Practitioner and Advanced Midwife Practitioner Posts* (National Council 2008a). A condition of continuing education funding is to utilise methodologies such as 'Train-the-Trainer' programmes to support

the continuation of education and training, thus minimising duplication of funding across regions.

Other examples of value for money come from the generous sharing of knowledge and expertise of individuals and service providers who have developed new posts led by CNS/CMSs and ANP/AMPs. The National Council website hosts a selection of documents relating to Site Preparation and Job Description development which can be utilised by individuals or services wishing to replicate similar services. Alongside the document templates individual nurses and midwives who have pioneered and developed new roles remain a tremendous asset to the future development of new and innovative services. Many of these nurses and midwives are at the level of advanced nurse/midwife practitioner and they participate in the National Council's Annual Conference, deliver masterclasses as part of supporting new developments and act as advisors and mentors to new practitioners working towards developing similar services (see Appendix 1 for a list of masterclasses). Guidelines and standards developed to guide clinical practice have been shared across services and regions for example *Guidelines for Management of Patients with Minor Injuries in Emergency Departments* in the South, North East and South East. This concept of sharing resources minimises variation in the standards of care delivered to similar patient groups, while maximising the effectiveness of high-quality guidelines and standards. This concept is further supported by the recent publication *Guidance on the Adaptation of Clinical Practice Guidelines: Getting Evidence into Practice* (National Council 2009a).

An example of one post development which has benefited from expertise gained in a similar clinical setting is the Site Preparation and Job Description for Advanced Nurse Practitioner in Emergency Nursing in Kerry General Hospital, HSE South. The post was modelled on similar ANP minor injury service developments such as St James's Hospital and Our Lady of Lourdes Hospital, Drogheda. An account of this is published in NCNM Review Spring/Summer 2008.

Continuing Professional Development

The following selection of programmes funded by the National Council demonstrates how carefully selected and resourced projects can influence practice and encourage a culture of continuous professional development.

As well as supporting local and regional continuing education and professional development projects, the National Council conference and masterclasses have been significant additions to the repertoire of continuing education and professional development activities now available to nurses and midwives of all grades and working in the healthcare and education sectors.

Developments for Intellectual Disability Services

Meeting the changing training needs of staff nurses in a residential centre for people with intellectual disability (Sisters of La Sagesse Services, Cregg House, Rosses Point Road, Silgo) facilitated participants to develop additional skills required to care for clients with intellectual disability who have developed dementia. Another funded project was concerned with examining the area of risk within the intellectual disability service. A Risk Management Group was established and a Risk Management and Procedure Guide was developed for use in the service. All staff within the service received training in risk identification and management, and clinical incident reports have been introduced. A Risk Register has also been introduced, and as a result, risks identified are reviewed in a systematic manner.

Clinical Audit Facilitators Development Programme

St Luke's Hospital, Kilkenny, South Tipperary Acute Hospitals, Waterford Regional Hospital and Wexford General Hospital were involved in a regional programme to develop and implement a two-year strategy for clinical audit. A project officer was appointed to oversee the programme and nursing staff in the region received education, advice and support on clinical audit. A clinical audit framework was developed and piloted. This framework will be placed on the intranet for all HSE Southern Region service providers to access. The programme has, through education and support of staff, facilitated the services in developing a clinical governance culture. Across the region, hospital accreditation and expanding clinical risk management were priorities in supporting an integrated quality system. The programme is considered to have laid down the foundations to build a culture of quality improvement and audit in the health services in the region.

Advanced Nurse Practitioner Development (Site Preparation and Job Description Development)(Mayo General Hospital, Portiuncula General Hospital, University College Hospital, Galway)

This was a two-year project developing sites in Portiuncula, Mayo General and University College Galway Hospitals for advanced nursing practice in areas of pain control, oncology, accident and emergency, diabetes and urology. On completion of the programme, sites and job descriptions for ANPs have been approved by the National Council in diabetes, oncology, urology and pain management.

Clinical Facilitator for the Introduction of a New Care Model in Mayo Mental Health Services

This one-year project aimed to develop and enhance the planning of client care by evaluating the appropriateness and suitability of different models of nursing, and the adaptation and introduction of a suitable model for the Mayo Mental Health Services. The programme has resulted in the implementation of a significant number of quality improvement initiatives within the mental health services involved. The Tidal Model has become widely used within the services and has resulted in service users becoming more involved in their care planning. Evaluation of the model showed positive views of its use in practice. The Tidal Model is now taught on undergraduate programmes and has been implemented regionally.

Nurse and Midwife Prescribing

The *Review of Nurses and Midwives in the Prescribing and Administration of Medicinal Products* (National Council and An Bord Altranais 2005) was a three-and-a half-year project jointly undertaken by the National Council and An Bord Altranais. Initiated in 2001, the review included:

- A comprehensive review of medication management by nurses and midwives and related issues
- A series of medication management seminars, focus groups and discussions with nurses and midwives
- An assessment and survey of the need for nurse and midwife prescribing in Ireland
- An evaluation of collaborative prescribing by nurses and midwives at selected pilot sites.

The project team has continued to support the recommendations of the Review. An eLearning programme was also developed to support nurses and midwives in medication management. It is hosted by www.hseland.ie through An Bord Altranais and the National Council website. The *Review of Nurses and Midwives in the Prescribing and Administration of Medicinal Products* (pp 129-130) made five recommendations with relevant actions, which the agencies committed a further three years to realise. An account of this was published in 2008 in a report titled *The Implementation of the Review of Nurses and Midwives in the Prescribing and Administration of Medicinal Products – Final Report* (National Council and An Bord Altranais 2008). The end result of this major joint project is that the number of Registered Nurse Prescribers continues to rise on a weekly basis.

Contributions to National and International Legislation and Policy

The National Council has been at the forefront in contributing to the national and international legislation and policy agenda. A list of all National Council submissions made is outlined in Appendix 2. An example of one submission is provided in Appendix 3 in order to provide insight into the extent of attention that the National Council gives to its various submissions. This is the submission in relation to *The Report of the Commission on Patient Safety and Quality Assurance: Building a Culture of Patient Safety* (Government of Ireland 2008).

Submission Regarding Proposed New Legislation Nurses and Midwives

In response to the call for submissions from the public on the proposed new legislation for nurses and midwives, the National Council submitted a detailed document (February 2008). The issues included in the submission were:

- National Council contributions in relation to leadership, processes and guidelines for the clinical career pathway, research, continuing education funding and continuing professional development
- The resource provided by the National Council
- Current and future processes for approval of CNS/CMSs and ANP/AMPs
- Proposed dissolution of the National Council
- Establishment of An Bord Altranais and Fitness to Practice procedures
- Education and training, specifically recommendations in relation to competence maintenance.

Strategic Clinical Practice Development

The National Council enables and empowers services to strategically develop clinical practice. It has been driving developmental work through capacity building in collaboration with services, and the nursing and midwifery planning and development units. The National Council published a series of position papers in order to assist and enable services to focus on the needs of the patient/client group when considering new nursing services. This has facilitated a cohesive approach by the services in moving closer to establishing advanced practice posts. One such position paper on developing roles in Intellectual Disability outlines some important issues in relation to that discipline.

Position Paper 2: Specialist and Advanced Practice in Intellectual Disability Nursing (National Council 2006c)

The respective roles of CNSs and ANPs are distinguished by their scope of practice, educational preparation and levels of clinical decision-making, responsibility and autonomy.

Clinical Nurse Specialist Roles

As of September 2006, the National Council had approved 118 CNS posts in Intellectual Disability (ID) services around the country. The key practice areas and/or client groups indicated by the post titles are:

- Challenging behaviour and behaviour management (26 posts)
- Community nursing (26 posts, including one in early services)
- Early intervention (16 posts)
- Creative, recreational and diversional activation (9 posts)
- Autism spectrum disorders (6 posts, including two with client groups of specific ages)
- Health promotion with or without intervention (6 posts, including one concerned with mental health promotion)
- Older people with intellectual disabilities (4 posts, including one concerned with health promotion).

Other practice areas indicated by the post titles are alternative and augmentative communication, complementary therapies, continence promotion, epilepsy and health promotion, feeding and nutrition, infection control, mobility, palliative care, personal development and therapeutic programmes, physical disability and special needs, sensory integration, supported living, and vocational rehabilitation. These practice areas and client groups are broadly similar to those previously identified by policy documents.

An examination of the demographic profile of people with intellectual disabilities, of clients/service-users, and of trends in social attitudes to disability, disability service models and service provision should assist in the identification of appropriate new posts and in the development of existing posts. This may apply to ANP posts as well.

Advanced Nurse Practitioner posts

A lifespan stage approach (i.e., the child, the adolescent, the adult and the older adult) has been proposed as one model for the development of advanced practice in ID nursing in Ireland in the publication *Proposed Framework for the Development of Clinical Specialism and Advanced Practice in Mental Handicap Nursing* (DoHC 2002). It is also likely that ANP posts in ID services will develop in response to identified needs within these services and in such areas as profound and multiple disabilities, challenging behaviour, autism spectrum disorders and mental health. Interest in ANP posts has been expressed informally by nurses in a small number of ID services. One project was undertaken with the support of the National Council focusing on the site preparation and development of a job description for an ANP in the area of behaviour management.

Summary

The *Agenda for the Future Development of Nursing and Midwifery* (National Council 2003) provided a vision and guided the National Council as it led the way on many important projects facilitating the development of the clinical career pathway. The National Council's commitment to continuing education funding, and working closely with the professions, the multidisciplinary team and the services has made much, if not of all the vision, come to fruition. Enhanced nursing and midwifery roles, nurse-led services and caseload management now seem a natural progression for the professions of nursing and midwifery. The examples outlined demonstrate how the work of the National Council in supporting nursing and midwifery developments has relevance to important issues of population health, value for money, continuing professional development, advances in nursing and midwifery practice and contributions to policy and legislative developments. All of these developments have occurred in the context of an environment of patient safety and clinical governance.

Building Capacity and Sustaining Development

The National Council has been contributing to knowledge development, translation, exchange, mobilisation and expertise through providing continuing education funding and strategic direction to the professions through its publications and guidance. A full list of National Council publications can be found in Chapter 7.

The *HSE National Service Plan* (HSE 2009) stresses the requirement placed on the HSE to maximise the return on health investment by using the resources available to it in the most beneficial, effective and efficient manner to improve, promote and protect the health and welfare of the public. There is a need to create additional capacity within nursing and midwifery, in order to realise greater return than ever before.

Continuing professional development is assisting the nursing and midwifery professions to close the theory/practice gap and apply knowledge, gain and maintain competence and evidence to meet the challenges of future health services requirements.

Continuing Professional Development (CPD)

CPD is a lifelong process, which includes both structured and informal activities that may include formal education programmes, participation in journal clubs, case-conferencing, clinical supervision, learning sets, preceptorship, mentorship, workshops, distance learning programmes and reflection on practice. It encompasses processes, activities and experiences that contribute towards the development of a nurse or midwife, both personally and professionally. CPD emerged as the predominant issue in the *National Council Report on the Continuing Professional Development of Staff Nurses and Staff Midwives* (National Council 2004). Since the publication of the *Report of the Commission on Nursing* in 1998 (Government of Ireland 1998), there has been considerable progress in providing CPD for nurses and midwives in Ireland. The National Council has contributed to this by funding a wide range of initiatives including the publication of *Guidelines for Portfolio Development for Nurses and Midwives* (National Council 2006a). The focus now is on how CPD resources can best enhance roles in order to support quality health services.

Examples of National Council funding support for CPD activities include the following initiatives.

Practice Development for Nurses in the Private Nursing Home Sector

This two-year programme supports a practice development co-ordinator to work with 16 private nursing homes in the HSE (Southern Area) affiliated to the Irish Nursing Homes Organisation with the overall aim of implementing a national framework for evidence-based practice in this sector.

Research into care planning for the older person in residential settings confirmed that there was a need for a standardised framework to improve documentation and care planning in the nursing home sector. Evidence-based standardised documentation for care planning was developed both in paper and an electronic versions and eight pilot sites were identified to implement the documentation. Guidelines and policies were also introduced to facilitate the correct use of the documentation set. Following the pilot programme, documentation was updated in line with the requirements of the Fair Deal Standardised Assessment process and the HIQA *Quality Standards for Residential Services for Older People in Ireland* (HIQA 2009). Copies of the Nursing Homes Ireland integrated hospital record were circulated to all participating member homes. Education to support this initiative was provided. During the programme a service needs analysis of the educational needs of staff was conducted and on foot of this, a number of study days were held targeting issues such as:

- pressure sore prevention and management

- wound care
- medication management
- dementia
- continence promotion
- nutrition.

On completion of this programme it is envisaged that a facilitator will be employed on an ongoing basis and practice development initiatives will continue within the nursing homes involved. Sustainability will be achieved through the 'train-the-trainer' model which has been utilised in many service areas and in whole regions.

Introductory Certificate in Intellectual Disability for Registered General Nurses

This programme aimed to provide registered general nurses who work within the intellectual disability services with an introduction to the theory underpinning service provision in that area. The programme, which was provided in a number of HSE areas, facilitated participants improve their knowledge regarding intellectual disabilities and gain information on recent research and developments within the intellectual disability services. Programme topics included: introduction to intellectual disability, causes and associated syndromes, epidemiology of intellectual disability, normalisation, social role valorisation and practice values and behaviours that challenge.

Third-Level Continuing Education Funding

In the early years of the National Council, the need to increase the national spread of third-level specialist education programmes to facilitate those working in specialist areas of practice to improve their knowledge base and enhance the quality of specialist care they could deliver was identified. To this end, seed funding was provided to a number of third-level institutions for curriculum development and programme start-up. At Dundalk Institute of Technology, seed funding was provided for programmes such as Higher Diploma in Nursing (Care of the Older Person), Higher Diploma in Adult Mental Health Nursing, Higher Diploma in Intellectual Disability Nursing (Older Person) and Higher Diploma in Orthopaedic Nursing. These programmes continue to run.

The University of Limerick and associated hospitals were supported to develop specific education programmes. This has resulted in the successful development and validation of eight postgraduate/MSc programmes for nurses and midwives including Graduate Diploma/Masters in Nursing (Intellectual Disability Studies), Graduate Diploma/Masters in Nursing (Psychosocial Interventions in Mental Health care), Graduate Diploma/Masters in Nursing (Rehabilitation of the Older Person), Graduate Diploma/Masters in Nursing (Adult Respiratory Care) and Graduate Diploma/Masters in Midwifery Studies. These programmes are on the curriculum for this year and it is envisaged that they will prepare nurses and midwives for enhanced, specialist and advanced practice roles and make a significant contribution to the development of nursing and midwifery.

Examples of Other Funded Programmes

The National Council provided funding for the development of an e-learning package called *Preceptorship Theory into Practice: Bridging the Gap*. The website was developed by the School of Nursing, Midwifery and Health Systems, University College Dublin in conjunction with the Adelaide and Meath and National Children's Hospital, HSE Dublin South-East Community Care Area 2, Mater Hospital, National Maternity Hospital, Our Lady's Hospital Crumlin, Royal Hospital Donnybrook and St Michael's Hospital. The website aims to provide a resource for all nurses working as preceptors in Ireland registered on all divisions of the register. The e-learning tool is now available and can be accessed at <http://ucdpreceptors.hseland.ie/>

The National Council also provided continuing education funding for a facilitator to support the development of the role of CNS in Sexual Assault Forensic Examination. There are now six approved CNSs and two who have fulfilled the

standards and criteria located in sexual assault units in Rotunda Hospital, Waterford Regional Hospital, Midland Regional Hospital, Mullingar, Letterkenny General Hospital, UCH Galway and South Infirmary Cork.

Implementing a Quality Assurance Framework for Nurses & Midwives (Our Lady of Lourdes Hospital, Drogheda)

This programme aimed to implement a quality assurance framework and support nurses and midwives in the development of audit skills. Evaluation of the programme indicates that the introduction of a clinical audit process across three acute hospital sites in Louth/Meath has resulted in an improvement in the quality of patient care. The clinical audit process has been greatly accepted and is widely used, with large numbers of staff trained in the process and more than 50 clinical audits in process or completed to date. Reported benefits of the process are: an improvement in patient care, a more effective use of time and resources and an improvement in teamwork and communication among colleagues. All audit reports have been maintained on a database and dates for audit review are generated. The database also facilitates the sharing of audit tools and experiences which allows similar organisations to benchmark each other.

Core Skills and Competency Attainment

The changing environment in acute, community and extended care facilities requires nurses and midwives to maintain competence and develop a new clinical skill set to meet the growing demand for nursing interventions which is tailored to patient need. Skills such as intravenous cannulation, percutaneous endoscopic gastrostomy (PEG) tube re-insertion, and male and female catheterisation are all examples of an emerging skill set for nurses working across the primary and secondary care spectrum. Examples of National Council funded projects facilitating skills development and train-the-trainer programmes are outlined below.

Nursing Management of Children with a Tracheostomy (Children's University Hospital, Temple Street)

The National Council funded support for a course co-ordinator to develop a three-day programme concerned with enhancing the theoretical and practical knowledge of nurses (and other healthcare professionals) who care for children with a tracheostomy and their families in a variety of healthcare settings. This cohort will facilitate early transition of children with tracheostomies from the critical care environment, early discharge from hospital and decreased hospital admissions rates. The programme was evaluated as having provided participants with a theoretical and practical foundation in the context and concepts of care of patients with a tracheostomy. It has enabled them to acquire the knowledge base and practical experience necessary to prepare for specialisation and advancement in the area of paediatric airway management. Course content included: congenital abnormalities, syndromes, airway compromise due to foreign body, subglottic stenosis, vocal cord paralysis and long-term ventilation due to chronic lung disease. It is envisaged that further programmes will be run on a six-monthly or annual basis depending on clinical service need.

Male Catheterisation for Nurses (HSE Midland Area Nurses, Acute Hospital Services, Community Care Nursing Services, Care of Older Person Services)

This one-day programme provided educational training and clinical skills on male catheterisation for registered nurses. The programme was evaluated as having equipped participants with the necessary education and skills required to undertake male catheterisation. It has contributed to a more person-centred approach to care and has reduced the number of patients with urinary retention transferred to accident and emergency departments from residential homes.

Leading Antenatal Classes (Maternity Services in Portlaoise and Mullingar)

This programme was shown to have helped participants develop antenatal education teaching skills. The course content included adult teaching strategies, what parents need to know and meeting the needs of fathers, and was considered practical and relevant to practice.

Application of Simple Clinical Score for Acutely Ill General Medical Patients (Registered Nurses MWRH, Nenagh, Co Tipperary)

This was a programme to support nurses through education to apply the 'Simple Clinical Score' (SCS) in the initial and ongoing nursing assessment of acutely ill general medical patients. During the programme, nurses in the accident and emergency department were supported to apply the SCS in order to complete a systematic initial assessment of acutely ill medical patients on admission. The programme was overseen by a multidisciplinary steering group. The programme audit has indicated that the use of this assessment tool has increased the effectiveness of interventions and treatment. Data has shown that the length of patients' stays in hospital has been reduced and there is also a reduction in the number of patients admitted to hospital. A survey of the staff that use this tool indicates that they find it helpful in patient assessment, identifying those at risk and enhancing the quality of care provided to patients. The SCS is also evaluated as having improved communication and teamwork within the multidisciplinary team, as it provides a common language.

This innovative project has been the subject of a National Council Masterclass and has resulted in the publication of the initiative in a peer-reviewed nursing journal. This further demonstrates the ability for small project funding to support innovative nursing practice at the point of patient contact, with the results being shared with the profession in a strategic, targeted fashion.

Project Officer for the Update of Midwifery Skills (St Finbarr's Hospital, Cork, Community and District Hospitals in the Cork/Kerry Region)

This 12-month programme was concerned with the provision of courses and updates for public health nurses, community-based midwives and practice nurses in antenatal education and evidence-based midwifery practice. The programme facilitated participants to develop the requisite skills to provide antenatal education in the community and hospital setting, and has updated their knowledge of evidence-based midwifery practice and midwifery emergencies. The course consisted of workshops, seminars, group work and practical skills training. Topics included: evidence-based midwifery practice, scope of midwifery practice, antenatal screening, the management of obstetrical emergencies, preparation for parenthood, and the care of a newborn with special needs. The programme has also helped participants prepare parents for birth and the transition to parenthood, provide a quality midwifery service that meets the needs of women and their families and respond appropriately to midwifery emergency situations in the community setting.

Clinical Supervision

There has been a sustained growth in the practice of clinical supervision in Ireland in recent years. An increasing number of organisations have sought to introduce clinical supervision and, in response to this interest, the National Council published the *Discussion Paper on Clinical Supervision: A Structured Approach to Best Practice* (National Council 2008h).

Through its continuing education funding process, the National Council has supported the piloting and evaluation of 14 clinical supervision programmes. A review of these offers some insight into the level of interest and activity for clinical supervision in Ireland. The programmes incorporate a wide variety of activities that centre on some form of facilitated reflection on practice fulfilling the essence of clinical supervision. There is a perception that clinical supervision is solely practised in mental health services and not used widely in other healthcare settings. In the absence of systematic research into the area, the programmes funded by the National Council would appear to challenge this perception. Some nurses working in specialist counselling and psychotherapy roles are required to avail of clinical supervision as a requirement of their membership of professional bodies such as the Irish Association of Counselling Psychotherapists (IACP). This may or may not be funded by the employers and is usually organised by the individual. However, while clinical supervision is increasingly being introduced in some mental health settings in Ireland, it is very much at an 'embryonic' stage.

The following are examples of funded projects relating to clinical supervision.

Clinical Supervision Skills for Clinical Nurse Managers (Cork Mental Health Services)

This two-month programme for clinical nurse managers in four Cork mental health services aimed to equip participants

with the knowledge and skills to supervise the clinical practice of their staff. Evaluation of the programme indicated that participants found the course to be 'very informative' and that various aspects of clinical supervision had been clarified for them. The presentations were found to be 'interesting' and 'interactive', and the materials to be 'comprehensive and assessable'. The programme was regarded as having contributed to the development of psychiatric nursing and was seen as important in motivating and encouraging ward managers to roll-out clinical supervision in their areas. The programme also provided an opportunity for discussion between colleagues and to enhance mutual support in the future. This programme built upon an earlier program implementing clinical supervision in order to advance this concept.

Clinical Supervision in Practice Module (St Vincent's Fairview, St Ita's, CCAs 6 & 8, Child & Adolescent Psychiatric Services, School of Nursing, Dublin City University)

This programme aimed to provide an introduction to clinical supervision and prepare nurses to be supervisors and supervisees. It was targeted mainly at the mental health services linked with Dublin City University (DCU). In the initial phase of this project, a series of study days were held and discussions took place between representatives from nursing management in the services involved, the NMPDU (Dublin), and the School of Nursing, DCU. These days involved introducing the concept of clinical supervision in practice and exploring the feasibility of running a module in clinical supervision for two cohorts of nurses. It was envisaged that up to 40 nurses would be released for each. Of the 61 general, mental health and intellectual disability nurses who registered for the modules, a total of 45 completed the academic requirements and obtained credit points from the university. Overall, students rated the content and delivery of the module as 'very useful' or 'useful' and applicable in practice.

Clinical Supervision: Programme Report and Update (HSE-Midlands)

In 2008, a total of 11 nurse managers from public health nursing services, mental health services and older person services completed the professional supervision training. Each manager (supervisor) was committed to offering supervision to at least three members of staff in their work area. A follow-up on their progress was undertaken by telephone and e-mail from July 27th to 30th 2009.

Nine managers reported to be currently involved in providing supervision to a total of 31 staff. They were also involved in receiving supervision either from their line manager or from a peer. The frequency of supervisory sessions varied from 4 to 12 weekly, with the majority being 4 to 6 weeks. The two respondents who reported not being involved in supervision currently cited staff leaving and work commitments (e.g. work responsibilities and new projects) as reasons for not being able to engage in providing supervision. However, both of these staff expressed very positive comments about supervision and reiterated their commitment to wanting to recommence providing supervision. Difficulties with providing supervision on a regular 4 to 6 weekly basis was cited by two other managers, again this was generally due to work commitments which often resulted in having to cancel and reschedule later appointments. Overall the feedback from all the managers and staff was extremely positive.

Managers reported that supervision enables:

- improved team working
- improved communication
- greater understanding of roles
- continuous quality improvement
- good support for staff, in particular newly qualified staff.

Managers and staff receiving supervision reported that supervision:

- provides protected time to discuss concerns/issues
- assists in dealing with stressful situations

- provides opportunity to reflect on practice and explore issues and new challenges
- helps them to work at finding their own solutions to problems
- provides positive re-enforcement
- assists them in managing clients' problems more effectively and in caring for themselves both from a personal and health and safety perspective.

Future Plans

As a result of the positive feedback from staff and managers, Directors of Nursing/Public Health Nursing have committed to releasing further staff to attend Professional Supervision Training. Even in this very challenging time of budget cuts and embargos on recruitment, professional supervision for staff could be justified as a valuable resource in supporting staff to reflect on their practice and achieve professional competence for providing safe and best quality patient care.

Funding has been secured from the National Council to run another Professional Supervision Training Course for 15 staff members, commencing in October 2009. The same care-group/service areas are being targeted as the intention is maximise the number of staff in each area who have the skills to provide supervision and to build and create a culture and awareness about the benefits of professional supervision. The five-day course will provide staff with the skills and knowledge to provide one-to-one supervision. In addition to this, a four-day course will be conducted to provide group facilitation skills. The future plan is to offer group supervision to staff who have already engaged in one-to-one supervision, which will facilitate greater numbers being able to avail of supervision. In addition, more robust evaluation methods will be identified to try and identify the outcomes for service users.

Clinical Supervision: Programme Report (Our Lady's Hospice, Harold's Cross)

Through National Council funding Our Lady's Hospice, Harold's Cross introduced clinical supervision for their Clinical Nurse Specialists. The aim of the programme was to introduce clinical supervision in order to identify solutions to problems, improve practice and increase the understanding of professional issues. The specific aims were to:

- reduce the nurses' feelings of stress and promote coping strategies
- provide an opportunity to debrief following difficult cases
- audit clinical decision-making
- provide an opportunity of learning
- enable the development of professional skills
- help enhance standards of care, efficiency and knowledge
- ultimately benefit clients, the practitioner, nursing and the organisation
- address the nurses' perceived lack of support
- assist the nurses to adjust to their evolving role.

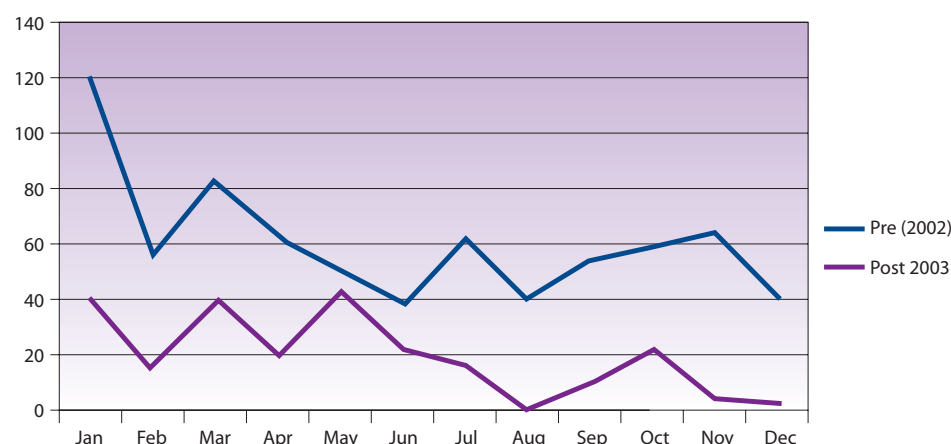
The model of clinical supervision utilised was 'group clinical supervision' to meet the needs of the 21 nurses involved in a cost effective manner. Participants completed questionnaires at three stages:

- pre-clinical supervision
- intermediate evaluation – after four months
- final evaluation – after 10 months.

The final evaluation adopted two approaches; it asked for the participants' impressions and it then compared sick leave

prior to, and after the project. The results, while not statistically significant because of the small numbers involved, demonstrated a reduction in sick leave (see Figure 3).

Figure 3 Sick leave comparison 2002 pre clinical supervision – 2003 post clinical supervision



Satisfaction with the programme was high, with participants reporting that they gained insight into their own and colleagues' feelings about work, which enabled them to better deal with situations that arise. Overall the clinical supervision programme was deemed to have positive outcomes on the nurses and on the organisation. At the time of writing, the organisation is continuing to offer clinical supervision to all staff and other areas have adopted the model.

National Council Knowledge Sharing and Networking with the Professions

The importance of knowledge sharing and networking to build capacity and sustain development is well recognised. The National Council actively supports and provides such opportunities through its various activities and facilities. The approach to work as outlined on page 15 maximises these opportunities and activities. Examples of activities are outlined.

Website Resources

The National Council website had been developed as a rich source of information for nurses and midwives. It serves as a portal for a wide variety of critical projects, vital to modern nursing and midwifery practice.

Nursing Course Database

This online database of courses was developed as a resource for nurses and midwives intending to engage in continuing professional development. The database lists nursing, midwifery and health-related courses offered by third-level institutions and/or their partner organisations in the Republic of Ireland and Northern Ireland.

The All-Ireland Practice and Quality Database

The National Council, in association with Northern Ireland Practice and Education Council (NIPEC), developed an online database for quality and practice development initiatives. The database provides a focal point for gathering and disseminating good practice, recognising innovation and personal achievement, and raising awareness of practice initiatives throughout the island of Ireland. It is designed to provide information and encourage access to examples of good practice within the nursing and midwifery professions. It also assists in avoiding unnecessary duplication of effort and enhances networking opportunities. This information resource informed a similar project in an NHS Trust in the north of England. There are currently 142 initiatives entered on the database, 65 of which are from the Republic of Ireland.

The project is an example of cross-border working on a number of levels. The two responsible organisations together maintain and promote the database under a memorandum of understanding. An example of the value of the database

and effective cross-border working is shown in the development of an ANP post in Child Health and Parenting. Here, a service in the Republic of Ireland that was interested in developing such a post made contact through the website with a similar service in the north of Ireland.

Evidence-based Nursing

Access to Evidence-based Nursing is provided via the National Council website for nurses and midwives who wish to keep pace with advances in clinical practice. This includes best quality research literature, which is then summarised and subject to expert comment. This helps practitioners to judge its relevance to their own situation. Nurses and midwives in Ireland who have undertaken an appropriate training programme from a Nursing and Midwifery Planning and Development Unit are permitted access.

Irish Nursing and Midwifery Research Database

The purpose of the Irish Nursing and Midwifery Research database is to facilitate dissemination of completed Irish nursing and midwifery research. This provides a valuable resource to both novice and experienced researchers, and for all nurses and midwives working in clinical practice, education and management. In addition it increases the visibility of research activity in Irish nursing and midwifery. The database can be used by anyone to search for Irish nursing or midwifery research. This database fulfils recommendation 3 of the *Research Strategy for Nursing and Midwifery in Ireland* (DoHC 2003).

Nursing and Midwifery Prescribing

This part of the website provides information on the nursing and midwifery prescribing project in Ireland including links to key documents and websites.

Evaluation of Clinical Nurse/Midwife Specialist and Advanced Nurse/Midwife Practitioner in Ireland (SCAPE)

The website provides up-to-date information on the progress of the National Council research project to produce a focused evaluation of the clinical nurse/midwife specialist (CNS/CMS) and the advanced nurse/midwife practitioner (ANP/AMP) in Ireland (see Chapter 3).

E-Learning Programme – Medication Management

The e-learning programme, a guide to Medication Management has been developed by An Bord Altranais and the National Council to develop clinical practice skills. Access to the e-learning programme for all nurses and midwives is through the HSE Learning Centre and a link is provided in this section of the website.

Hosted Sites

Early in the development of the website the National Council recognised the needs of groups of nurses and midwives working in specialist areas to obtain support for networking and sharing expertise and skills. The National Council provides a web development and hosting service to associations of specialist nurses and midwives wanting to establish a website for their organisation. To date 24 such associations have availed of this service, with one group (the Irish Practice Nurses Association) going on to develop theirs independently after a number of years. This service has provided associations that would otherwise have not had sufficient funds for web design to communicate their aims to a wide audience and grow and develop as organisations in the interest of quality patient care.

Clinical Career Pathway

The website serves as the central resource in Ireland in relation to the clinical career pathway. Information relating to the frameworks for development of CNS/CMS and ANP/AMP roles together with the criteria for nurses and midwives to attain these roles is posted on the website. Current statistics relating to numbers of CNS/CMS and ANP/AMP roles are provided on the website, providing unprecedented, up-to-date information regarding advanced practice nursing and midwifery roles in Ireland. All documents and forms related to the processes are available online. For staff nurses and

midwives, the website provides information on continuing education funding opportunities and directs users to documents and resources that may be of use to them in their day-to-day work and career development.

Nursing and Midwifery Interventions Project

The Nursing and Midwifery Interventions Project aims to provide guidance and assistance to nurses, midwives and services seeking to determine what interventions to select and assess. A section on the website provides documents relating to the project and opportunities for nurses and midwives to contribute to the ongoing work of the project as part of an e-network.

Electronic Networks and Groups (e-networks and e-groups)

In recent years, increased access to and use of information technology has facilitated the electronic dissemination of information and sharing of resources informing and supporting best practice. The executive of the National Council is acutely aware of the need to promote this activity among nurses working in specialised services, such as intellectual disability and mental health services. From 2002, an electronic network (e-network) has developed for nurses and others working in intellectual disability services. Links to the UK Learning Disability and Health Network were established and this has led to the sharing of resources between practitioners and other grades in Ireland and the four UK countries. By 2009, more than 250 people had joined this e-network and sub-groups for nursing practice development co-ordinators, managers, lecturers and people working in the area of challenging behaviour had developed. Similar initiatives were developed for nurses working in mental health services and higher education. The latest addition to the National Council's e-networks was set-up in June 2009 to promote sharing of resources for nursing and midwifery interventions and outcomes measurement.

National Council Conferences

Each year the National Council strives to showcase clinical innovations and developments through a national conference which is available to all nurses and midwives. Between 600 and 1000 nurses and midwives attend from staff nurses/midwives to managers from community, hospital and policy settings. Various service areas and specialties have been profiled over the years, giving all services and specialties an opportunity to share practice and professional developments. The conference is an opportunity for services to showcase innovations, hear from international speakers and network with colleagues. The conferences have focused themes and posters are displayed from local initiatives that aim to improve the quality of service to the public. Appendix 5 provides a list of all conference titles.

Posters

Any nurse or midwife who has undertaken work to improve patient care, either through research, practice development or quality initiatives is free to present their work to the conference delegates in the form of a poster. Since the first National Council annual conference in 2001, a total of 911 posters have been displayed. The posters have covered a wide range of topics, areas of practice and approaches and participants are encouraged to participate through a poster competition. The majority of posters are developed by groups and many groups are multidisciplinary. A wide range of clinical specialties and services are represented in the topics chosen, the unifying theme being improving services for patients. Delegates are provided with a book of abstracts that provides take-home information for future reference. The posters enable the presenters to showcase their work and delegates to learn from the practice of others.

ANP/AMP Open Days

It was recognised by the executive that there was a growing need for information and support in developing ANP/AMP roles in the services. In the first few years of the establishment of the executive it was possible to provide this service on-site in many cases, with officers travelling to speak with staff in a very personalised service. However, the growing numbers of requests for information and support meant that alternative approaches needed to be adopted in order to meet needs within the resources available. The ANP/AMP open days were established to provide an opportunity for nurses and midwives involved in development of ANP/AMP posts to come to the National Council, meet executive staff,

learn about the process, discuss their developments and network with others involved in similar development. These open days have been offered throughout the year since 2004. In total, 377 nurses and midwives have attended 52 open days, representing in excess of 110 different services. The open days are available to ANP/AMP candidates, project officers and service managers. Feedback has been positive, with nurses and midwives welcoming the opportunity to clarify issues and discuss developments. National Council staff continue to visit sites when the need arises.

NCNM Review

The National Council publishes the NCNM Review, which contains articles of interest to nurses and midwives including updates on developments with the Health Services. The NCNM Review is disseminated to all nurses and midwives on the Register (ca. 60,000) twice a year. The NCNM Review has developed a reputation as an authoritative and instructive source of information on many issues of relevance to the development of professional practice. Many service initiatives such as ANP post development, continuing education programme funding and a detailed analysis of the Health Service Reform Programme all provide up-to-date information to the professions.

Regional Meetings

The National Council and the NMPDUs work in partnership to support the strategic development of nursing and midwifery. Regional meetings are held annually in each of the HSE regions and are attended by directors of nursing, nursing practice development co-ordinators, representatives of the third-level education institutions and centres of nurse education, and by other relevant senior nursing and midwifery personnel. Agenda items generally include updates on nurse/midwife prescribing, continuing education, enhancing nursing and midwifery practice, research and development of the clinical career pathway.

Summary

At this point in time the National Council, through its various activities, has generated a culture of continuing professional development where skills acquisition and knowledge transfer is a communal feature of the professions of nursing and midwifery. The conduit for this knowledge generation is the relationship that has developed between a strategic, dedicated agency and engaged, willing and motivated professions. Through its publications, guidance and targeted funding, the National Council has been contributing to knowledge development, translation, exchange, mobilisation and expertise.

Continuing professional development is essential for nurses and midwives in order to support them to deliver high-quality care which promotes patient safety and maintains engagement in clinical audit. Continuing professional development is essential to support competency development and competency maintenance.

Research and Evidence into Practice

The National Council commitment to research facilitation and contribution towards the nursing and midwifery research agenda has two major strands. The first relates to research funding and the policy agenda. The second involves being an information conduit – getting research into practice, and facilitating the development of a culture of evidence-based nursing and midwifery practice (see Chapter 3 Clinical Practice Guidelines). The joint appointment in 2002 of a research development officer/nursing research advisor at the National Council and Health Research Board has provided a cohesive approach to developing each strand of the National Council's research agenda.

Milestones for Nursing and Midwifery Research in Ireland

In Ireland, several important milestones relating to nursing and midwifery research have been reached since the publication of the *Report of the Commission on Nursing* (Government of Ireland 1998). Chief among these is access to ring-fenced funding for nursing and midwifery research to generate knowledge for practice, and the publication of the *Research Strategy for Nursing and Midwifery in Ireland* (DoHC 2003). However to date, there is limited evidence about research publication rates by nurses and midwives in Ireland and perhaps more importantly, there is also little known about the level of implementation of evidence within practice. It has been recognised internationally that developing research capacity is a slow business requiring dedication in the face of inevitable setbacks. The milestones listed below have facilitated the development of research capacity in Ireland, so it is likely that these issues will be of particular interest for the foreseeable future. Far greater detail will be available in the *Review of Attainments of the Research Strategy*, to be published by the Department of Health and Children and which shows that the majority of its recommendations were achieved.

Milestones Achieved in Nursing and Midwifery Research in Ireland (1998-2009)

- The allocation of dedicated funding by the Health Research Board to nursing and midwifery projects, including individual fellowships from 1999 and programme funding from 2002
- The eligibility of nurses to access the All-Ireland National Cancer Institute (NCI) Cancer Consortium research training programme in 1999
- The formal establishment of nursing and midwifery clinical career pathway in 2001, with research as a core concept for the advanced nurse/midwife practitioner
- The joint appointment in 2002 of a research development officer/nursing research advisor at the National Council and Health Research Board
- The publication of the *Research Strategy for Nursing and Midwifery in Ireland* (DoHC 2003)
- The eligibility of nurses to apply for Cochrane Fellowships research training programme from 2003
- A nursing and midwifery research priorities identification exercise commissioned by the National Council (National Council 2005a)
- The awarding of European Union 6th Framework programme funding for *A Scoping Project on Nursing Research in Europe* (Moreno-Casbas 2005)
- The publication of a *Report on the Base-line Survey of Research Activity in Irish Nursing and Midwifery* (National Council 2006e)

- The establishment of the National Council's Junior Clinician Scientist Award for Nursing and Midwifery in 2006
- The funding of research-related education programmes for qualified nurses and midwives by the National Council (2001-2007)
- Funding by the Health Research Board for various health-related projects, with nurses and midwives beginning to compete successfully against applicants from a variety of health disciplines
- The publication by the National Council (2008i) of a project on the role of the nurse and midwife in medical-led clinical research
- Development of an online Irish Nursing and Midwifery database (see Chapter 5).

National Council's Junior Clinician Scientist Award for Nursing and Midwifery

The purpose of this award is to enable CNS/CMSs or ANP/AMPs in Ireland to conduct research on a part-time basis leading to a postgraduate research degree at Masters or Doctoral level. The research must have a clinical focus so applications should have as their objective the uncovering and/or identifying of findings which can impact on practice. Practice includes assessment of patients/clients, decision-making and planning, practitioner-led interventions and evaluation of this process. Data should generally be generated in close proximity to patients/clients or their families and findings should have the realistic potential to be applied in practice and have relevance to health and social gain. Considering the outcome of the *National Council's Nursing and Midwifery Research Priorities for Ireland* applications evaluating healthcare interventions are particularly welcomed (National Council 2005a). Critically, this award retains the CNS/CMS or ANP/AMP in practice whilst facilitating the development of their research skills.

Major Research Project funded by the National Council (SCAPE)

A focused evaluation of the clinical services provided by CNS/CMSs and ANP/AMPs in Ireland is underway through research with teams from Trinity College Dublin and University College Galway. This research will involve undertaking original data collection to evaluate the clinical outcomes, service delivery and economic implications. This independent evaluation will further contribute to refining and developing the strategic direction of the clinical career pathway in Ireland. Further details of this project are provided in Chapter 3.

Report on the Role of the Nurse or Midwife in Medical-led Clinical Research (National Council 2008i)

The purpose of this project was that the National Council would provide guidance in relation to career development for nurses and midwives in medical-led clinical research. The review of the literature, the site visit reports and the consultation have yielded valuable information providing insight into the role of such nurses and midwives. For the first time, data have been collected and collated relating to Irish nurses and midwives in these roles.

This consultation has shown the role of nurse or midwife assisting in medical-led clinical research exists within the Irish Health Services but is poorly understood. The role as it exists is hidden and diverse and lacks development, despite the best efforts of individuals to champion the role or progress their own individual professional development. The consultation phase has shown that a clear career development pathway does not exist in Ireland but needs to be constructed in order to rectify anomalies in the current situation. Without such a pathway, embedding medical-led clinical research into the health service will prove problematic due to recruitment and retention difficulties of these key personnel. This document therefore provides the background information and key considerations for progressing this career pathway and outlining the vision for the future of this role. The main recommendations in the paper include:

1. The construction of a career pathway for nurses and midwives involved in medical-led research. This requires policy,

employment and professional considerations. This is beyond the remit of the National Council as a single agency and requires multi-agency commitment. Such agencies could include policy makers, employers, professional regulators and other key stakeholders.

2. Considering the stage of development of the role in Ireland, an agreed title should be used.
3. Consideration should be given to the establishment of an employment grade. The employers through the newly developing clinical research facilities should commence standardisation and regularisation of the contractual situation for research nurses and midwives. In the interim the nursing and midwifery regional workforce planners should consider the inclusion of this particular group in their data capturing activities so that some baseline workforce planning intelligence can be gathered.
4. A role profile should be developed and disseminated to all key stakeholders to show what the role entails and its contribution as a patient service. All job descriptions should include professional responsibilities as a nurse or midwife. The competencies of the research nurse or midwife should be described. Such competencies should then be utilised in the delivery of a specific educational programme and should also guide the consideration of criteria for entry to the role.
5. Research nurses and midwives should have access to appropriate orientation to the role, and education and training within the role. Clinical research facilities should play a key role here. In the interim, a resource pack should be developed outlining access to relevant professional development opportunities.
6. Where absent, professional relationships need to be fostered and built between research nurses or midwives, and nursing or midwifery management. The establishment of a Practice Development Co-ordinator for Research Nurses or Midwives might be considered as a potential model.
7. Some clinical specialities already offer an optional clinical placement for post-graduate level students with research nursing and this should be considered by all educational establishments.
8. To avoid isolation and act as a resource of information in relation to research nursing and midwifery, a network of research nurses and midwives should be re-established with appropriate support.
9. Research nurses and midwives should be encouraged to build alliances with nursing and midwifery academia so that reciprocal research relationships can emerge.

ANP/AMP Research and Audit Activities

Advanced nurse and midwife practitioners are expected to initiate and conduct research as part of their role. Many find this a challenging core concept but as it is a requirement for accreditation ANP/AMPs have been innovatively fulfilling the requirement in different ways. Appendix 4 outlines a sample of ANP/AMP publications.

Summary

The National Council, through its various activities, has significantly built research capacity for nursing and midwifery. The approach has been to maximise research activities through partnership working and stakeholder involvement. The recommendations of the *Research Strategy for Nursing and Midwifery in Ireland* (DoHC 2003) have been achieved. This has been essential to ensuring that nurses and midwives engage meaningfully with research in order to deliver evidence-based practice.



National Council Publications

The National Council has produced a wide range of publications to support its work. The following is a selection of publications and a brief account of the purpose and content of each one. All our publications are available for downloading on our website www.ncnm.ie

Agenda for the Future Professional Development of Nursing and Midwifery



May 2003

A nation-wide consultation process was carried out from March 2002 to March 2003. Workshops were held with directors of nursing and midwifery, directors of the nursing and midwifery planning and development units, and nurses and midwives from all divisions of the register. A call for submissions yielded 105 written responses. The report benchmarks progress to date for general, midwifery, mental health, children's, intellectual disability and older person nursing and sets the agenda for a debate on options, direction and actions for the future. Continuing professional development emerges as the predominant issue in this report for all areas of nursing and is viewed as vital to developing nursing and midwifery practice in modern health structures.

An Evaluation of the Effectiveness of the Role of the Clinical Nurse/Midwife Specialist



January 2004

This report benchmarks the progress of clinical specialism in nursing and midwifery in Ireland. Ireland is at an early stage of development of these roles within a formalised framework as set out by the *Report of the Commission on Nursing* (Government of Ireland 1998). The cohorts of CNSs/CMSs in post have clearly embraced the core concepts of the role and have been empowered to improve the quality of care for patients/clients. There is overwhelming support for the effectiveness of the role of the CNS/CMS.

Report on the Continuing Professional Development of Staff Nurses and Staff Midwives



May 2004

There is growing evidence of the need to link continuing professional development (CPD) with organisational goals. This report examines CPD issues relevant to staff nurses and staff midwives by reviewing: CPD activities of staff nurses and midwives; competency achievement and maintenance relevant to service need and personal professional development; career choice relevant to CPD; and competency of staff nurses and staff midwives. The data collection methods for this report included: a literature review, focus groups and questionnaire. Staff nurses from general, mental health, intellectual disability and children's nursing and staff midwives were invited to participate. Nurses and midwives from cities, towns and rural areas were represented, as were those working in community and in-patient settings. Recommendations are made concerning the development of structures to support CPD for staff nurses and staff midwives.

An Evaluation of the Extent and Nature of Nurse-Led/Midwife-Led Services in Ireland



April 2005

The terms of reference for the study were to: examine the literature pertaining to the nurse/midwife-led care services, identify the extent of nurse/midwife-led care services in Ireland and to make recommendations on future areas for developments for nurse/midwife-led care in Ireland. The methodology employed consisted of focus groups, questionnaire and a literature review. The diversity and multiplicity of the nurse/midwife-led services in place suggest that nurses and midwives are able to respond to patient/client need in a flexible and appropriate manner, allowing the development to occur within a multidisciplinary context. To date these initiatives have been driven by service need and a desire by nurses and midwives, both at senior and clinical levels, to improve the quality of the patient/client care. It is also evident that as these services develop they are being audited and measured for clinical effectiveness and patient satisfaction. It is recommended that a business plan approach is adopted to aid the development of nurse/midwife-led services - a template to assist this is provided.

Agenda for the Future Professional Development of Public Health Nursing



June 2005

A nation-wide consultation was carried out from November 2004 to February 2005. Workshops were held with directors of public health nursing, assistant directors of public health nursing, public health nurses engaged in clinical practice and other key stakeholders. The main concerns expressed by participants related to role clarity, workload demands, variation in service provision and delivery of care, the clinical career pathway, leadership, skill-mix and multidisciplinary team working. The report benchmarks progress to date and sets an agenda for future actions.

Review of Nurses and Midwives in the Prescribing and Administration of Medicinal Products - Final Report



June 2005, jointly with An Bord Altranais

This report is the culmination of a three-and-a-half year project conducted jointly by the National Council and An Bord Altranais. The report includes a literature review, legislative issues, policy developments, activity trail, education programme, current healthcare policy and recommendations. The report identified the need for nurses and midwives in Ireland to expand their medication management practices to include prescribing medications where appropriate.

Nursing and Midwifery Research Priorities for Ireland



June 2005

Drawing upon the national *Research Strategy for Nursing and Midwifery in Ireland*, a study to identify the research priorities for nursing and midwifery in Ireland was carried out under the auspices of the National Council. The report was compiled by a team of researchers from University College, Dublin led by Dr Therese Meehan (Meehan 2005). It details priorities for the short, medium and long term in clinical practice, education and management as identified through a Delphi Study with nurses, midwives and some service users.

The Development of Joint Appointments: A Framework for Irish Nursing and Midwifery



September 2005

This document provides guidance in the form of a framework for institutions and individuals involved in making joint appointments between services, voluntary organisations, educational institutions and/or other organisations. The report provides an overview of national and international literature and experiences. The need for clear structures and supports are identified as critical success factors.

The National Council has created a framework to assist those involved in planning such roles. The framework has been used by a UK university to evaluate joint appointments in their School of Nursing in a funded and published study.

Service Needs Analysis for Clinical Nurse/Midwife Specialists and Advanced Nurse/Midwife Practitioner Posts



September 2005

This paper identifies factors necessary for a service to conduct a needs analysis to determine whether specialist or advanced levels of nursing and midwifery practice are required to deliver a high-quality service. A business case template is provided.

A Preliminary Evaluation of the Role of the Advanced Nurse Practitioner



September 2005

This report shows that ANP roles have been successful wherever they have been introduced. The posts are located over a wide variety of care areas, indicating that roles have developed in response to health service need. The strong clinical focus of the ANP role identified in the study suggests that one of the original aims of the Commission on Nursing (Government of Ireland, 1998), namely, the retention of expert nurses in direct patient care, has been achieved.

Report on the Baseline Survey of Research Activity in Irish Nursing and Midwifery



February 2006

This report provides a picture of nursing and midwifery research activity in Ireland for the period December 2002 to 2004. A number of recommended actions support the recommendations of the national *Research Strategy for Nursing and Midwifery in Ireland* (DoHC 2003, p.9). Other recommendations are set out for building upon the baseline established by this project.

A Guide to Sharing Practice and Quality Developments with Other Colleagues



June 2006

This publication is intended to help nurses and midwives prepare details of practice and quality developments for inclusion on the National Council's all-Ireland online practice and quality database.

Measurement of Nursing and Midwifery Interventions: Guidance and Resource Pack



September 2006

This is a two-part document. Part one contains a report on a study of nursing and midwifery interventions and the measurement of their outcomes taking place in Ireland. Part two contains the Guidance and Resource Pack, which aims to assist nurses, midwives and services to select and assess nursing and midwifery interventions as part of a quality improvement initiative. The document is accompanied by a CD containing versions of the two books.

Improving the Patient Journey Understanding Integrated Care Pathways



September 2006

This publication aims to promote the use of integrated care pathways by nurses and midwives in order to improve the patient's journey. A definition is provided and the national and international literature reviewed. An Irish example of an integrated care pathway is outlined.

Position Paper 2: Clinical Nurse Specialist and Advanced Nurse Practitioner Roles in Intellectual Disability Nursing



November 2006

This paper demonstrates the progress made to date in the development of the clinical career pathway in nursing and midwifery in Ireland. In particular it has focused on factors affecting the clinical career pathway in ID nursing as well as illustrating how the supporting documentation provided by the National Council might be used by nurses and managers working in ID services who wish to determine and articulate potential appropriate CNS and ANP roles.

Position Paper 3: Clinical Nurse Specialist and Advanced Nurse Practitioner Roles in Older Persons Nursing



April 2007

This position paper aims to provide guidance to care of older person's services and those services which provide care for older persons, who are considering the introduction of such posts by addressing the implications of specialist and advanced nursing practice which relate specifically to care of older persons.

Criteria and Processes for the Allocation of Continuing Education Funding



June 2007

The National Council supports nurses and midwives in developing and implementing new ways of working which best deliver the range and quality of services required, in the most efficient and effective way to meet the needs of patient and service demands. In order to support innovation in nursing and midwifery practice the National Council provides funding in the form of continuing education programmes in accordance with agreed criteria.

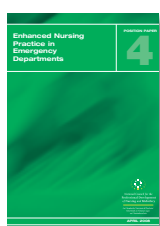
Framework for the Establishment of Advanced Nurse Practitioner and Advanced Midwife Practitioner Posts



4th Edition, January 2008

This framework outlines the background to the development of ANP/AMP posts in Ireland. It defines ANP/AMP roles and outlines the criteria that organisations must meet. It also provides guidance for managers, nurses and midwives who are working through the processes. Templates are provided to assist in the application process.

Position Paper 4: Enhanced Nursing Practice in Emergency Departments



April 2008

This paper aims to provide an update on developments in emergency nursing and identifies key components of role development for enhanced nursing practice within an emergency context. It outlines the areas that require further development in order to enhance service. A focused needs assessment guide for managers is provided with some examples from practice to outline specific patient caseloads and illustrate the variety of roles that exist.

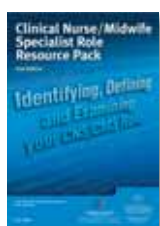
Profiles of Advanced Nurse Practitioners /Advanced Midwife Practitioners and Clinical Nurse Specialists/Clinical Midwife Specialists



April 2008

This document showcases the work of a cross section of CNS/CMSs and ANP/AMPs, highlighting how the expansion of nursing and midwifery practice can meet patient/client needs in flexible and innovative ways.

Clinical Nurse/Midwife Specialist Role Resource Pack



2nd Edition, July 2008

The second edition of the Clinical Nurse/Midwife Specialist Role Resource Pack marks the culmination of effective collaboration between the National Council and the NMPDU in Kilkenny resulting in a more up-to-date and user-friendly document. Primarily aimed at CNSs/CMSs, the pack assists users to identify and define roles in line with the National Council's framework and to undertake personal development within their specialist roles. A new first chapter outlines developments that have taken place in relation to CNS/CMS roles, and references and text have been updated and amended. The newly-added CD-ROM contains the templates and activities in Word as well as four new case studies, featuring clinical specialists in different healthcare settings.

Discussion Paper 1: Clinical Supervision: A Structured Approach to Best Practice



September 2008

This Discussion Paper outlines clinical supervision in Ireland in terms of supporting continuing professional development and professional competence resulting in improved efficiency and effectiveness in the health service. Definitions and potential benefits are outlined with examples of its use in Ireland in different clinical settings.

Framework for the Establishment of Clinical Nurse/Midwife Specialist Posts Intermediate Pathway



4th Edition, November 2008

This framework provides specific information on the National Council's requirements for CNS/CMS posts and postholders. A definition of the role of CNS/CMS is provided.

Accreditation of Advanced Nurse Practitioners and Advanced Midwife Practitioners



2nd Edition, November 2008

This document provides definition of ANP/AMP roles and outlines the criteria that nurses and midwives must meet in order to become ANPs/AMPs. It also provides guidance for managers, nurses and midwives who are working through the processes. Templates are provided to assist in the application process.

Position Paper 5: Enhanced Midwifery Practice



November 2008

This position paper addresses the specific implications of enhanced midwifery practice against a background of increased demands on the maternity services and the need to increase availability of choices in maternity care for all women. The paper discusses the existing clinical midwife specialist, advanced midwife practitioner and enhanced midwifery roles and looks at areas where these could be further developed. An approach to identifying the need for enhanced midwifery roles within the services is included.

Report on the Role of the Nurse or Midwife in Medical-led Clinical Research



November 2008

The *Report on the Role of the Nurse or Midwife in Medical-led Clinical Research* is a response to the current policy climate of investment in clinical research so as to offer patients access to 'cutting-edge' treatments for their conditions. The report consists of three parts: a comprehensive literature review, a report of site visits to UK clinical research facilities and the analysis of a consultation with 41 professionals currently in the role of clinical research nurse or midwife in Ireland. The conclusion is a series of nine recommendations for enhancing the role.

The Implementation of the Review of Nurses and Midwives in the Prescribing and Administration of Medicinal Products - Final Report



November 2008

This implementation report details the objectives, activities and outcomes of An Bord Altranais and the National Council in facilitating the introduction of prescriptive authority and expanded medication management practices for nurses and midwives.

Guidance on the Adaptation of Clinical Practice Guidelines: Getting Evidence into Practice



February 2009

The National Council supports the use of clinical practice guidelines to assist clinicians in getting evidence into practice. This paper provides definitions and outlines potential benefits and processes for adaptation of clinical practice guidelines. A step-by-step guidance framework is provided to assist nurse and midwife managers and nurses and midwives at all levels of clinical practice to adapt or adopt previously developed guidelines to their own area of practice. This is in the context of multidisciplinary provided care.

A Guide to the NCNM ONLINE RESEARCH DATABASE



September 2009

This publication is intended to help nurses and midwives use the resource of the NCNM Online Research Database. Specifically it offers guidance on how to prepare for and make a submission of a research abstract to the Online Research Database.

Service Needs Analysis: Informing Business and Service Plans



September 2009

This publication updates and develops further the National Council document *Service Needs Analysis for Clinical Nurse/Midwife Specialist and Advanced Nurse/Midwife Practitioner Posts* (2005). General guidance to nurse and midwife managers is provided in relation to key service needs analysis and business planning issues. Service needs analysis should provide informed data which in turn contributes to the service planning process which can occur at national, regional and local level. It is hoped that this paper will assist nurse and midwifery managers in contributing to the service planning process at each appropriate level within the Irish Health Services.

Review of Achievements 1999 - 2009



October 2009

This review chronicles the work of the National Council from its inception to the present. Much of the review is intended to highlight the particular contribution that the National Council has made in delivering on the aspirations of the *Report of the Commission on Nursing* (1998) while also outlining the unique contribution that the National Council has made to service development in Ireland and how innovative developments have influenced the national and international healthcare community, contributing to population health and evidence based practice.

Guidelines for Portfolio Development for Nurses and Midwives

3rd edition

Available in hard copy and an interactive format, these guidelines are aimed at individual nurses and midwives working delivering front-line healthcare, for the purpose of recording their contribution to the health services in Ireland. Re-written to reflect changes in the structures of the health services since 2006, the guidelines encourage nurses and midwives to record their personal professional development in a coherent and structured manner and provide the tools for articulating and achieving their individual professional goals within the context of the health service. Due to be published November 2009.

NCNM Annual Reports

Annual Report 2001, Annual Report 2002, Annual Report 2003, Annual Report 2004, Annual Report 2005, Annual Report 2006, Annual Report 2007, Annual Report 2008.

NCNM Reviews and Newsletters

NCNM Autumn/Winter 2009, NCNM Review Spring/Summer 2009, NCNM Review Autumn/Winter 2008, NCNM Review Spring/Summer 2008.

Quarterly Review Winter 2007, Quarterly Review Autumn 2007, Quarterly Review Summer 2007, Quarterly Review Spring 2007, Quarterly Review Winter 2006, Quarterly Review Autumn 2006, Quarterly Review Summer 2006, Quarterly Review Spring 2006, Quarterly Review Winter 2005, Quarterly Review Autumn 2005, Quarterly Review Summer 2005, Quarterly Review Spring 2005.

Winter 2004 Newsletter, Autumn 2004 Newsletter, Summer 2004 Newsletter, Spring 2004 Newsletter, Winter 2003 Newsletter, Autumn 2003 Newsletter, Summer 2003 Newsletter, Spring 2003 Newsletter, Winter 2002 Newsletter, Autumn 2002 Newsletter, Summer 2002 Newsletter, Spring 2002 Newsletter, Winter 2001 Newsletter, Autumn 2001 Newsletter, Summer 2001 Newsletter, Spring 2001 Newsletter.

Conclusion

This review identifies the work of the National Council over the past 10 years. It chronicles the successes and achievements of the agency which have built a solid foundation for sustainable nursing and midwifery developments into the future. This has occurred in a time of major change within the Irish health system and the increasing need to maximise resources in order to demonstrate value for money. The speed at which the National Council has driven, led and facilitated developments in nursing and midwifery has had major influences on the healthcare agenda in Ireland and abroad. It has consistently carried out its statutory functions and ancillary tasks in keeping with the principles of good governance and value for money.

The National Council has set the agenda for continuing professional development among nurses and midwives in Ireland for the past 10 years. This has been achieved by consultation with the professions and with reference to international best practice and national policies. A large component of the work of the National Council was to bring a coherent approach to the progression of specialisation and the development of the clinical career pathway for nursing and midwifery. From its inception, it has developed and refined definitions and core concepts for CNS/CMS and ANP/AMP roles. These have been developed with reference to best international evidence both from the literature and networking with international agencies that have also been engaged in advanced practice role development. Patient safety and patient-centredness have been key drivers for the National Council in its goal of retaining experts in clinical practice, ensuring that the patient journey is an improved experience.

The philosophy and approach of the National Council has been to empower individual nurses and midwives and services through masterclasses, conferences and professional guidance to participate in developing new ways of providing patient care in their own area of expertise. Examples of developments and achievements are presented throughout the review. It should be stressed that these represent a small collection of the enormous and valuable developments that have occurred over the past 10 years.

Crucial to the National Council's success is that it works in partnership with service organisations and much of that work is developmental and involves building capacity with services so that change is ongoing into the future. National Council activities involve close co-operation and collaboration with nurses and midwives working at local, regional and national levels, both in the healthcare and education sectors, and with key health-related agencies.

The National Council has added value by providing and facilitating leadership in the development of the professions of nursing and midwifery in a manner that responds to service need and is patient/client-centred. Its work is evidence-based and is driven by a quality agenda. In the decade since the establishment of the National Council, major advances in the professional development activities of nurses and midwives has occurred. A clinical career pathway is now well embedded in the system and large numbers of nurses and midwives have benefited from focused continuing education funding. This has been demonstrated by the speed at which the profession has embraced the challenges of the HSE Transformation Programme. The international nursing and midwifery community continues to develop frameworks and processes to advance the art and science of nursing and midwifery practice. Through the robust processes and frameworks developed by the National Council, Ireland is now well placed to contribute and influence the international debate on advanced practice.

The HSE's Transformation Programme and Ireland's changing population epidemiology and demography play major roles in directing how services will change to better meet the needs of the population into the future. These are ongoing challenges for all health service providers in planning and delivering services. The leadership, support and guidance provided by the National Council has been targeted to facilitate nurses and midwives to meet these challenges in a

structured and planned manner to maximise impact on patient pathways. This approach has been in the interests of safe, effective and high-quality patient care.

The *Agenda for the Future Development of Nursing and Midwifery* guided the National Council as it led the way on many important projects facilitating the development of the clinical career pathway (National Council 2003). Continuing education funding, and working closely with the professions, the multidisciplinary team and the services has made much, if not all of the vision, come to fruition. Enhanced nursing and midwifery roles, nurse-led services and caseload management at an advanced practice level now seems a natural progression. Such developments maximise nursing and midwifery skills in order to provide high quality services to the Irish population.

References

- Department of Finance (2009) *Code of Practice for the Governance of State Bodies*. DoF, Dublin.
- Department of Health and Children (2001a) *Primary Care - A New Direction*. DoHC. Stationery Office, Dublin.
- Department of Health and Children (2001b) *Quality and Fairness: A Health System for You*. DoHC. Stationery Office, Dublin.
- Department of Health and Children (2002) *Proposed Framework for the Development of Clinical Specialism and Advanced Practice in Mental Handicap Nursing*. DoHC, Stationery Office, Dublin.
- Department of Health and Children (2003) *Research Strategy for Nursing and Midwifery in Ireland: Final Report*. DoHC, Stationery Office, Dublin.
- Department of Health and Children (2006) *The Framework for Corporate and Financial Governance*. DoHC, Dublin.
- Health Service Executive (2006) *Transformation Programme 2007-2010*. HSE, Dublin.
- Health Service Executive (2009) *National Service Plan*. HSE, Dublin.
- Government of Ireland (1998) *Report of the Commission on Nursing: A Blueprint for the Future*. Stationery Office, Dublin.
- Government of Ireland (2008) *Report of the Commission on Patient Safety and Quality Assurance: Building a Culture of Patient Safety*. Stationery Office, Dublin.
- Health Information and Quality Authority (2009) *National Quality Standards for Residential Services for Older People in Ireland*. HIQA. Dublin.
- Moreno-Casbas T. (2005) *Nursing Research in Europe: Scoping Report*. Institute of Health, Madrid.
- National Council for the Professional Development of Nursing and Midwifery (2003) *Agenda for the Future Development of Nursing and Midwifery*. NCM, Dublin.
- National Council for the Professional Development of Nursing and Midwifery (2004) *Report on the Continuing Professional Development of Staff Nurses and Staff Midwives*. NCM, Dublin.
- National Council for the Professional Development of Nursing and Midwifery (2005a) *Nursing and Midwifery Research Priorities for Ireland*. NCM, Dublin.
- National Council for the Professional Development of Nursing and Midwifery (2005b) *An Evaluation of the Extent and Nature of Nurse-Led/Midwife-Led Services in Ireland*. NCM, Dublin.
- National Council for the Professional Development of Nursing and Midwifery (2005c) *A Preliminary Evaluation of Role of the Advanced Nurse Practitioner*. NCM, Dublin.
- National Council for the Professional Development of Nursing and Midwifery (2006a) *Guidelines for Portfolio Development for Nurses and Midwives*. NCM, Dublin.
- National Council for the Professional Development of Nursing and Midwifery (2006b) *Improving the Patient Journey: Understanding Integrated Care Pathways*. NCM, Dublin.
- National Council for the Professional Development of Nursing and Midwifery (2006c) *Position Paper 2. Clinical Nurse Specialist and Advanced Nurse Practitioner Roles in Intellectual Disability Nursing*. NCM, Dublin.

- National Council for the Professional Development of Nursing and Midwifery (2006d) *Development of Measurement of Nursing and Midwifery Interventions: Guidance and Resource Pack*. NCNM, Dublin.
- National Council for the Professional Development of Nursing and Midwifery (2006e) *Report on the Base-line Survey of Research Activity in Irish Nursing and Midwifery*. NCNM, Dublin.
- National Council for the Professional Development of Nursing and Midwifery (2007a) *Criteria and Processes for the Allocation of Continuing Education Funding*. NCNM, Dublin.
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- National Council for the Professional Development of Nursing and Midwifery (2008a) *Framework for the Establishment of Advanced Nurse/Midwife Practitioner Posts 4th edn*. NCNM, Dublin.
- National Council for the Professional Development of Nursing and Midwifery (2008b) *Accreditation of Advanced Nurse Practitioners and Advanced Nurse Midwife Practitioners. 2nd edn*. NCNM, Dublin.
- National Council for the Professional Development of Nursing and Midwifery (2008c) *Profiles of Advanced Nurse/Midwife Practitioners and Clinical Nurse/Midwife Specialists in Ireland*. NCNM, Dublin.
- National Council for the Professional Development of Nursing and Midwifery (2008d) *Position Paper 5: Enhanced Midwifery Practice*. NCNM, Dublin.
- National Council for the Professional Development of Nursing and Midwifery (2008e) *Position Paper 4: Enhanced Nursing Practice in Emergency Departments*. NCNM, Dublin.
- National Council for the Professional Development of Nursing and Midwifery (2008f) *Framework for the Establishment of Clinical Nurse/Midwife Specialist Posts Intermediate Pathway 4th edn*. NCNM, Dublin.
- National Council for the Professional Development of Nursing and Midwifery (2008g) *Clinical Nurse/Midwife Specialist Role Resource Pack 2nd edn*. NCNM, Dublin.
- National Council for the Professional Development of Nursing and Midwifery (2008h) *Clinical Supervision: A Structured Approach to Best Practice*. NCNM, Dublin.
- National Council for the Professional Development of Nursing and Midwifery (2008i) *Report on the Role of the Nurse or Midwife in Medical-led Clinical Research*. NCNM, Dublin.
- National Council for the Professional Development of Nursing and Midwifery (2009a) *Guidance on the Adaptation of Clinical Practice Guidelines: Getting Evidence into Practice*. NCNM, Dublin.
- National Council for the Professional Development of Nursing and Midwifery (2009b) *Service Needs Analysis: Informing Business and Service Plans*. NCNM, Dublin.
- National Council for the Professional Development of Nursing and Midwifery and An Bord Altranais (2005) *Review of Nurses and Midwives in the Prescribing and Administration of Medicinal Products—Final Report*. NCNM, Dublin.
- National Council for the Professional Development of Nursing and Midwifery and An Bord Altranais (2008) *The Implementation of the Review of Nurses and Midwives in the Prescribing and Administration of Medicinal Products – Final Report*. NCNM, Dublin.

APPENDIX 1

List of Masterclasses

2002

Presenter	Title of presentation
Maureen Coombs Consultant Nurse, (Critical Care), Southampton General Hospital	The Consultant Nurse in Critical Care – From Rhetoric to Reality

2003

Presenter	Title of presentation
Frances Hughes Chief Nursing Officer, New Zealand	Nurse Practitioners in New Zealand
Anne Marie Rafferty Director, Centre for Policy in Nursing Research, London School of Hygiene and Tropical Medicine	Future Funding for Research in Nursing and Midwifery
Phil Boulter Nurse Consultant (Learning Disabilities), Caterham, Surrey	People with Intellectual Disabilities: Facilitating Better Health and Access to Mainstream Services
Valerie Small Advanced Nurse Practitioner (Emergency), St James's Hospital, Dublin	The Development of the Advanced Nurse Practitioner Role
Kevin Gournay Professor of Psychiatric Nursing, Institute of Psychiatry, London	Evidence-based Mental Health Nursing, and Implementing Evidence-based Development in Mental Healthcare - Practical Considerations
Barbara Vaughan Associate Professor, University of Bournemouth	Roles Fit for Practice – Challenging Traditional Boundaries and Assumptions (Older Persons Services)
David Harling Nurse Consultant (Continuum and Learning Disabilities), Hull	Continuum – Meaningful Forms of Support for People with a Learning Disability who Present with Additional Behavioural and Mental Health Needs

2004

Presenter	Title of presentation
Valerie Small Advanced Nurse Practitioner (Emergency), St. James's Hospital, Dublin	The Development of the Role of the Advanced Nurse Practitioner in Minor Injuries
Mary Chiarella Professor of Clinical Practice Development and Policy Research, Centre for Health Services Management, University of Technology, Sydney, Australia	Leadership in Uncertain Times
P J Boyle Clinical Nurse Specialist (Asylum Seekers' Health, Dublin)	Developing Culturally Competent Healthcare Services - The Role of the CNS
Rick Owens and Rick Robson Health Advisors, Valuing People Support Team, England	Valuing Interdisciplinary Working

Mary Duff Director of Nursing, Our Lady of Lourdes Hospital, Drogheda (with members of the multidisciplinary team)	Planning Minor Injury Services – The Interdisciplinary Approach
Sandra Delamere Advanced Nurse Practitioner (Sexual Health), and Patricia Minnock Advanced Nurse Practitioner (Rheumatology), Dublin	The Development of the Roles of the ANP in Sexual Health and Rheumatology
Diane Miller Creative Healthcare Management, Minneapolis	A Strategy for Effective Leadership through a Major Health Service Reform Programme
Debbie Gould Consultant Midwife, and Maggie Elliot Director of Midwifery, Queen Charlotte's and Chelsea Hospitals, London	The Birth of the Consultant Midwife in Practice and Conception of the Consultant Midwife and Midwifery-Led Care

2005

Presenter	Title of presentation
Mary Chiarella Professor of Clinical Practice Development and Policy Research, Centre for Health Services Management, University of Technology, Sydney, Australia	Nursing Leadership in the Politics of Health
Frances Hughes Director of the Centre of Mental Health Research, Policy and Service Development, Faculty of Medical and Health Sciences, University of Auckland, New Zealand.	Political Development of Nurses: Key to Leading the Health Agenda
Siobhan Rothwell Advanced Nurse Practitioner (Emergency), Our Lady of Lourdes Hospital, Drogheda, and Liz Curtin Advanced Nurse Practitioner (Emergency Cardiology), St. James's Hospital, Dublin	The Development of the Role of the ANP in an Emergency Setting – Two Perspectives
Anthony Harrison Consultant Nurse (Liaison Psychiatry) and Research Fellow, Faculty of Health and Social Care, University of the West of England, Bristol	Developing Advanced Practice in Liaison Psychiatric Nursing - The Nurse Consultant's Experience
Erik Koornneef Senior Standards Officer, National Disability Authority, Dublin	National Standards for Disability Services: Relevance to Practice
Mary Wilson Pre-Assessment ENT/Maxillofacial Sister, Monklands Hospital, Lanarkshire, Scotland	The Development of Nurse-Led Pre-Assessment Clinics for Surgical Patients
Valerie Small Advanced Nurse Practitioner (Emergency), St. James's Hospital, Dublin, and Siobhan Rothwell Advanced Nurse Practitioner (Emergency), Our Lady of Lourdes Hospital, Drogheda	The Development of the Role of the Advanced Nurse Practitioner in the Emergency Department in Ireland

Pat McLoughlin National Director, Health Service Executive (National Hospitals Office), Aidan Browne National Director, Health Service Executive (Primary, Community and Continuing Care), and George Castledine Faculty of Health and Social Sciences, University of Central England, Birmingham	The Nursing Contribution to a Reforming Health Service
Valerie Small Advanced Nurse Practitioner (Emergency), and Patrick Plunkett Emergency Consultant, both of St James's Hospital, Dublin; and Mary Duff Director of Nursing, St Vincent's University Hospital, Dublin	Emergency Departments: Towards Meeting the Demands

2006

Presenter	Title of presentation
Alexander Nesbit Senior Lecturer, University of Plymouth	People with an Intellectual Disability who have Diabetes
Geraldine McCarthy Professor of Nursing, University College, Cork	Research Support for the Advanced Nurse Practitioner: From the Third-Level Perspective
Mary Murray Advanced Nurse Practitioner (Breast Care), St Vincent's University Hospital, Dublin and Janice Richmond Advanced Nurse Practitioner (Oncology), Letterkenny General Hospital	Developing the Role of the Advanced Nurse Practitioner in an Oncology Setting
Denis Walsh Independent Midwifery Consultant and Senior Lecturer in Midwifery, University of Central Lancashire, England	Rhythms in Labour - First, Second and Third Stages
Team from Child and Adolescent Mental Health Services HSE (Dublin and Mid-Leinster), Athy	Developing an Advanced Nurse Practitioner Role in Mental Health
Chris Stevenson Chair of Mental Health Nursing and Head of School of Nursing, Dublin City University	Current Challenges for Psychiatric Nurses
Mary Chiarella Professor of Clinical Practice Development and Policy Research Centre for Health Services Management, University of Technology, Sydney, Australia	Strategies for Fostering Leadership Potential and Developing Strategic Alliances
Katie Scales Consultant Nurse in Critical Care, Charing Cross Hospital, London	The Development of a Consultant Critical Care Outreach Nurse
Michael Brown Nurse Consultant and Teaching Fellow, NHS Lothian, Primary and Community Division, The Greenbank Centre, Royal Edinburgh Hospital	Developing Collaborative Working to Improve the Healthcare of People with Intellectual Disabilities in General Hospitals

Brendan McCormack Director of Nursing Research and Practice Development, Royal Hospitals Trust/University of Ulster, Nursing Development Centre, Belfast	Person-Centred Practice with Older People - Models, Methods and Outcomes
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2007

Presenter	Title of presentation
Gordon Lynch Advanced Nurse Practitioner (Child and Adolescent Mental Health and Psychotherapy), Health Service Executive (Dublin and Mid-Leinster), Child and Adolescent Mental Health Services, Athy	Developing Advanced Nurse Practitioner Roles in Mental Health
Debra Fairley Nurse Consultant (Critical Care) Representatives of: Institute of Technology, Tralee; Trinity College, Dublin; School of Nursing, Dublin City University; School of Nursing, Midwifery and Health Systems, University College, Dublin; and Department of Nursing, Waterford Institute of Technology	An Evaluation of a Nurse Consultant's Clinical Activities and the search for Patient Outcomes in Critical Care HEI: Research and Advanced Nursing and/or Midwifery Practice
Brian McDonald Behaviour Specialist, Galway Association	Quantifying Outcomes in Behavioural Intervention
Dermot Courtney Clinical Nurse Specialist, Health Service Executive (Dublin and North-East)	The Role of the Clinical Nurse Specialist in Supporting People with an Intellectual Disability whose Behaviour Challenges
Sean Clarke Associate Director, Centre for Health Outcomes and Policy Research, Assistant Professor of Nursing, School of Nursing, University of Pennsylvania	The Influence of Nurse/Midwife Education on Patient Outcomes
Carol Ball Consultant Nurse (Critical Care)	The Development of a Tool to Evaluate the Contribution Nurses Make to the Recovery of Critically-ill Patients
Helen Burke Advanced Nurse Practitioner (Diabetes), University College Hospital, Galway	The Development of an Advanced Nurse Practitioner in Diabetes
Brendan Drumm Chief Executive Officer, Health Service Executive and Siobhan O'Halloran, Nursing Services Director, Health Service Executive	The Transformation Programme, 2007-2010: An Update and Briefing
Jo Hockley Research Fellow/Clinical Nurse Specialist, University of Edinburgh, Scotland	Care of Older People in the Last Days of Life: A Pathway to Excellence

2008

Presenter	Title of presentation
Debra Moore Independent Consultant, Debra Moore Associates	Leadership, Policy and Practice in Intellectual Disability Services

Ann Ellis Assistant Director of Nursing and Midwifery, Waterford Regional Hospital; Eithne Coen Professional Development Officer (Midwifery), Nursing and Midwifery Planning and Development Unit, HSE (South); and Fiona Hanrahan DOMINO (Domiciliary In and Out) Midwifery, Rotunda Hospital, Dublin	The Development of Enhanced Roles in Midwifery
Patrick Coakley Clinical Nurse Specialist (Critical Care), Mercy University Hospital, Cork,	The Development of Enhanced Roles in Critical Care Settings
Carole Boulanger Consultant Nurse/Advanced Clinical Care Practitioner, Royal Devon and Exeter NHS Foundation Trust	The Development of Enhanced Roles in Critical Care Settings
John Kellett MD, and Margaret Gleeson Project Co-ordinator, Mid-Western Regional Hospital, Nenagh, Co Tipperary	Simple Clinical Score
Mary Fitzgerald Nursing Practice Development Co-ordinator, COPE Foundation, Cork and Helen Cahalane Assistant Director of Nursing, Cork University Hospital	Developing a Memorandum of Understanding
David Matthews Independent Nurse Consultant (Intellectual Disability)	Identifying Health Needs: The 'OK' Health Check Model
Brendan Drumm Chief Executive Officer, Health Service Executive	An Update and Briefing from the CEO of the Health Service Executive

2009

Presenter	Title of presentation
Denis Walshe Reader in Normal Birth, University of Central Lancashire, Independent Midwifery Consultant	Normal Midwifery
Denise Gillespie Pre-school Children's Behaviour Support Service County Clinic, Letterkenny and Dolores Gallagher NPDC, Letterkenny Health, Donegal	Advancing Nursing Practice in Child Health and Parenting-Role Development
Denise Bryant-Lukosius McMaster University, Canada	Evaluation Approaches for Advanced Nurse/Midwife Practitioners
Peter Griffiths PhD, BA, RN, FHEA, FEANS Director, National Nursing Research Unit, King's College London	Nursing Metrics



APPENDIX 2

List of National Council Submissions

Year	Submission
2001	DoHC: Nurse Prescribing Ionising Radiation
2002	Expert Group on Mental Health Policy
2002	Irish Heart Foundation: National Review of Stroke Services both in Hospitals and the Community
2002	National Taskforce on Medical Staffing
2003	DoHC: EU Directive 2001/20/EC on Clinical Trials
2003	DoHC: Statement to the Health Services Reform Programme
2004	ICSTI: Irish Position on the 7th EU Framework Programme
2004	National Disability Authority: Ethics in Disability Research, Consultation Document
2004	Mental Health Commission: Public Consultation
2006	HRB: Primary Care Research and Development in Ireland
2007	DoHC: Statement of Strategy 2008-2010
2007	Review of the operation of the Mental Health Act 2001
2008	Irish Hospice Foundation and the Health Service Executive: Palliative Care Strategy
2008	DoHC: The Report of the Commission on Patient Safety and Quality Assurance: Building a Culture of Patient Safety
2008	Mental Health Commission: Public Consultation in relation to Section 59(2) Rules Governing the Use of Electroconvulsive Therapy, Section 69(2) Rules Governing the Use of Seclusion and Mechanical Means of Bodily restraint, Section 33(3)(e) Code of Practice on the Use of Physical Restraint in Approved Centres
2008	Commission on Nursing Hours: Public Consultation
2008	Implementation and Impact of the National Framework of Qualifications and Access, Transfer and Progression policies
2008	An Bord Altranais: Guidance Standards for Care of the Older Person
2009	European Commission: Green Paper on Workforce for Health
2009	HSE: Education, Training and Research Committee
2009	DoHC: Health Action Plan
2009	MMI/ICRIN: Clinical Research Roadmap
2009	DoHC: National Positive Ageing Strategy



Example of National Council Submission

The Report of the Commission on Patient Safety and Quality Assurance: Building a Culture of Patient Safety

The Report of the Commission on Patient Safety and Quality Assurance: Building a Culture of Patient Safety (The Report) (Government of Ireland 2008) was launched on 7th August 2008. The aim of *The Report* is to provide recommendations for a framework of patient safety and quality which will lead to effectively governed healthcare facilities, increased involvement of patients and service-users in healthcare decision making at all levels of the system, and the development of local and national leadership with clear accountability and reporting relationships. The objective is to make recommendations for organisational, regulatory and educational reforms which will create a culture of patient safety for our health system. The Commission agreed that the framework around which the Irish health system should be based is as follows: *'knowledgeable patients receiving safe and effective care from skilled professionals in appropriate environments with assessed outcomes'*.

A briefing paper was prepared by the National Council following review of *The Report*. The paper aims to outline the key issues of relevance for the National Council. Current processes and publications of the National Council are referred to and implications outlined. The core activities of the National Council form the structure of this paper. Relevant quotes from *The Report* are outlined under each of the core activities. The following are the four core activities of the National Council:

1. Clinical career pathway
2. Practice environment / facilitating services
3. Continuing professional development
4. Supporting evidence for practice.

It is of note that many of the recommendations of *The Report* broadly converge with the strategic initiatives articulated through the National Council strategic and service plans. The National Council welcomes *The Report* and its recommendations. The National Council has the opportunity to review its current standards, processes and procedures in light of relevant recommendations from *The Report*.

Clinical Career Pathway

The National Council's primary purpose is to provide leadership and promote the professional development of nurses and midwives and in particular to develop and evaluate clinical career pathways for nurses and midwives. Issues and recommendations of relevance for the National Council relating to the clinical career pathway discussed within *The Report* relate to skills extension for nurses, registers and databases and clinical audit.

Clinical Audit

The Report concluded that clinical audit should be viewed as an essential and integral component of professional practice and thus contribute to improved patient outcomes. The Report recommends that:

R7.5 All clinicians, both as individuals and as members of teams or networks, must actively participate in clinical audit in compliance with national standards and priorities (p161).

The National Council CNS/CMS and ANP/AMP Frameworks for establishment of specialist and advanced practice posts (National Council 2007a, 2008a,b) outline criteria for job descriptions and competencies for individuals. Audit is an essential criterion for both job descriptions and competencies for CNS/CMS and ANP/AMP. This is acknowledged in *The Report* (p155). *The Clinical Nurse/Midwife Specialist Role Resource Pack* (National Council & HSE-SE 2008c) includes a section in relation to clinical audit for CNS/CMSs. The majority of the HSE areas have provided audit training for CNS/CMSs. The National Council provides continuing education funding for innovation and development (National 2007b). The National Council (2006a) *Measurement of Nursing and Midwifery Interventions: Guidance and Resource Pack* identifies current activities relating to the measurement of nursing and midwifery interventions and provides a resource pack to support such initiatives.

Skills Extension for Nurses

The Report specifically refers to skills extension for nurses and associated standards for nurses. *The Report* states that:

... skills extension for nurses has led to the assumption of specifically defined clinical decision-making, drug-prescribing and the performance of medical procedures such as bronchoscopy and colonoscopy. It is important therefore that consensus is reached between the different professional groups in respect of common standards and ethical behaviour that would ensure patient safety, when therapeutic interventions or the performance of procedures can be carried out by different craft groups (p9).

This is of particular relevance for advanced nurse/midwife practitioners (ANPs/AMPs). The ANP/AMP may share common skills with other healthcare professionals as outlined in job descriptions and person specifications. The ANP/AMP committees of the National Council are rigorous in ensuring that competencies for practice are explicit in the job description and are subsequently met by practitioners. A recent example outlines such a case. The ANP (Colorectal) post approved for Cork University Hospital (28/04/2008) involves undertaking flexible sigmoidoscopy. The National Council has ensured that the organisation is explicit in the person specification that the candidate will meet all Joint Advisory Group on GI Endoscopy (JAG) guidelines. The JAG on GI Endoscopy has been in existence since 1994. It is sponsored by several Royal Colleges and was set up to define the standards for the training of all endoscopists regardless of professional background. These are internationally recognised standards and are endorsed by Irish GI Consultants. JAG explicitly states that nurse endoscopists' practical and theoretical training must be equal to that of a medical endoscopist.

Registers and Databases

The National Council maintains an electronic database for all CNS/CMS and ANP/AMP posts and postholders. This database was established in 2001 and has been the main source for information for service and policy relating to CNS/CMS and ANP/AMP trends and research. The database is subject to regular audit and continuously updated. Information can be made available with regard to data held on the database. The process for obtaining such information is outlined on the National Council website. *The Report* refers to national registers and databases and current gaps in relation to information that is currently maintained on such registers.

In the Irish context, the Medical Council maintains a register of all medical practitioners and also a specialist register. It is not currently a mandatory requirement for consultant posts in the HSE to be filled by those on the specialist register. There are similar registers maintained by the Nursing Board, the Health and Social Care Professionals Council, the Dental Council and the Pharmaceutical Society of Ireland. There is no national system of credentialing, no system of alert notices or no national database to which employers can apply for information relating to the qualifications and competence of healthcare practitioners other than the professional regulatory bodies which record only information relating to the practitioner's current registration status (p10).

R5.23 Consideration should be given by the professional regulatory bodies to the development of a means by which patients may be enabled to access information relating to the maintenance of professional competencies by healthcare professionals (p24).

ANP/AMPs are the only nurse/midwives in Ireland subject to review of continuing competence in order to retain a title.

Application for re-accreditation as ANP/AMP involves the submission a portfolio indicating how the applicant continues to fulfil the criteria and competencies required to practice as an ANP/AMP. This portfolio is reviewed by the ANP/AMP Accreditation Committee of the National Council. The portfolio includes evidence of research, maintenance of competence and clinical audit. This is a credentialing process.

All CNS/CMSs must have essential qualifications, experience and competencies that are required to fulfill the role and functions of the job at the level required by the National Council.

Clinical Accountability

The Report refers to clinical accountability in relation to patient care.

R5.9 At all times during an episode of care, it should be clearly identified and documented who is the responsible clinician accountable for the patient. The patient, and the patient's relatives or carers, should be informed and be able to discuss his/her care with that clinician... (p22).

The National Council requires job descriptions for both CNS/CMS and ANP/AMP posts to explicitly detail the level of clinical decision making, clinical responsibility, scope of practice and both professional and clinical accountability. In relation to ANP/AMPs the National Council recommends that the ANP/AMP should be professionally accountable to Director of Nursing/Midwifery and clinically accountable to a Senior Nurse/Midwife Manager or another named professional member of the healthcare team as appropriate e.g. Consultant or Psychologist or a Senior Nurse/Midwife Manager. The National Council criteria require definition of caseload and explicit referral mechanisms and reporting relationships.

Licensing of Healthcare Providers

The Report places emphasis on minimum criteria for standards for services to provide healthcare. *The Report* recommends that regulations determine the criteria for health services in order to obtain a licence to provide services.

R6.11 The regulations that determine the criteria for obtaining a licence should include the following (not an exhaustive list):

- *effective governance and management arrangements*
- *protocols for the transfer of patients to and from other healthcare providers so as to ensure a safe and seamless patient journey*
- *risk management systems in place*
- *participation in audit and adverse event reporting systems*
- *participation in recognised systems of continuous quality improvement e.g. accreditation*
- *appropriately trained and competent staff*
- *implementation of evidence-based practice*
- *participation in continuing medical education (CME) and competency re-validation programmes*
- *mechanisms for patient participation and feedback*
- *information management*
- *meeting health and safety standards*
- *appropriate structure, equipment and service design (p27).*

The National Council as part of its approval process for ANP/AMPs outlines minimum site preparation criteria. The evaluation of the role of the Advanced Nurse Practitioner undertaken by the National Council in 2005 identified that the work done in developing these roles and sites, including negotiation of the roles within the multidisciplinary teams and

negotiating the expansion of practice, has resulted in a greater utilisation of the skills developed by the ANP once they commenced their posts.

The National Council supports life-long learning through providing guidelines on portfolio development (NCNM 2006b). These guidelines are aimed at individual nurses and midwives working at the forefront of healthcare delivery, for the purpose of assisting them to identify, reflect upon and record the contribution they make to direct and indirect care, encouraging them to store records of their development in a coherent and structured manner and providing guidance and information on achieving their individual professional goals within the context of the needs of the health service.

The Report refers to a number of issues in relation to CPD which are relevant to the National Council including service users as partners, organisational responsibility for CPD, professional leadership and education, training and lifelong learning.

Service Users as Partners

The Report recommends a:

National network of patient advocates who will work in partnership with healthcare organisations ...

The National Council has sought service-user involvement for a number of its publications including *An Evaluation of the Effectiveness of the Role of the Clinical Nurse/Midwife Specialist* (National Council 2004a) and *A Preliminary Evaluation of the Role of the Advanced Nurse Practitioner* (National Council 2005a). The 2008 research tender for a focused evaluation of the clinical services provided by the CNS/CMS and ANP/AMP specifically requests as a deliverable that service users' wellbeing and satisfaction with the services will be included in the evaluation. Additionally as part of the joint An Bord Altranais/ National Council prescribing project service users were represented at various stages of the project.

Continuing Professional Development

Organisational Responsibility for Continuing Professional Development

The Report is explicit that healthcare organisations have responsibilities in relation to CPD.

R5.27 Healthcare organisations should put in place human resource processes and strategies which ensure that all professionals employed in the organisation are fully compliant with continuing professional development requirements (p103).

The National Council through its various reviews, guidance and documentation has outlined various employer responsibilities and roles in relation to CPD. In the *Report on the Continuing Professional Development of Staff Nurses and Staff Midwives* (National Council 2004b) the National Council made recommendations for health service providers stating that health service providers have a key role in ensuring fair and equitable provision and uptake of CPD by nurses and midwives. A strategic approach to this will ensure the effective use of resources for CPD, enhanced service provision provided by competent nurses and midwives. This will also enhance career development and job satisfaction among nurses and midwives, and contribute to staff retention. Specifically the National Council states that:

1. The provision of CPD should reflect an education and training needs analysis, and should have broader concerns than functional tasks. CPD could be an agreed process between corporate learning at HSE regional level, directors of nursing and midwifery planning and development units, the education providers, directors of nursing and midwifery and front-line managers
2. Health service providers should ensure that there is a fair and equitable distribution of nurses and midwives undertaking further education. An education needs analysis approach linked to the service planning process should support this
3. Each health service provider should have a policy on applying for funding for CPD. This policy should detail criteria for funding, eligibility, payment of fees, study and exam leave, guidelines for line managers and a learning contract

4. Job descriptions should be developed collaboratively and become more competency-based
5. Part-time and job-sharing staff should become a targeted group for medium to long-term career planning.

Supporting Evidence for Practice

The Report makes reference to evidenced-based practice, clinical effectiveness and access to information. *The Report* states that:

Clinical guidelines are a key intervention to support evidence-based practice and are often used in conjunction with ICPs and managed care (p149).

The National Council has provided guidance on the the process of implementation of integrated care pathways (ICPs) (National Council 2006c). The National Council considers that ICP development builds on what has already been achieved and offers new opportunities for patients, professionals and services. The National Council provides guidance to inform nurses and midwives with regard to ICPs. A considerable body of international literature on the concept was examined to identify the best evidence and the most effective and efficient approaches to ICPs. The development of the document was informed by consultation with key professionals with expertise and/or experience of this concept in Ireland. National standardised terms and definitions have been incorporated into the document where possible to promote and build on the current body of knowledge and practice in the Irish healthcare system.

The ANP/AMP framework requests services to have developed multi-disciplinary evidence-based guidelines to support scope of practice (National Council 2008a). The CNS/CMS Framework (2007a) outlines CNS/CMS responsibilities which include the process of supporting evidence-based practice.

The National Council supports evidence-based practice and research by funding continuing education programmes in accordance with agreed criteria.

The Report states that

It is essential in any healthcare system that healthcare professionals, multi-disciplinary teams, organisations and the wider healthcare service are able to use information to monitor the safety and quality of the services that are being provided so as to enable the sharing of good practice, make improvements as required and inform the planning of services. Clinical effectiveness embraces this approach as part of a well governed healthcare system, and involves a number of processes and behaviours at the various levels of healthcare in order to drive safety and quality. The requirements for good clinical effectiveness include access for healthcare professionals to the most up-to-date information and evidence-based practice relating to the condition or specialty area, and the undertaking of effective clinical audit by individuals, teams, organisations and the wider health system in a well led, organised and effectively managed manner, with strong clinical leadership to support and drive the activity. Clinical effectiveness also includes establishing clinical standards, guidelines and indicators that enable healthcare professionals to monitor their individual, team and organisation's performance against nationally, and where possible, internationally recognised comparative parameters. It further involves ensuring that staff are supported, educated and trained in clinical audit, information models and the use of information to inform and improve their service (p11).

The National Council led an initiative on *Finding and Appraising Evidence* since 2004. This involved funding (in conjunction with the Nursing and Midwifery Planning and Development Units) 31 trainers at the Centre for Evidence Based Nursing (Nottingham) and the Centre for Evidence Based Medicine (Oxford) to roll out local programmes through the NMPDUs. An evaluation in 2006 showed that over 1200 nurses and midwives had availed of such training from the 19 trainers that were delivering the programme in 2004-2006. In addition, the National Council makes available the *Journal of Evidence Based Nursing* through its website to nurses and midwives who have attended such training.

The National Council also supports generating evidence for practice through providing targeted research funding. Examples include (through the HRB): the National Council funds the Junior Clinician Scientist award for Nursing and

Midwifery enabling a CNS/CMS or ANP/AMP to undertake a Masters by Research or PhD on a part-time basis; the commissioning of large studies of interest to National Council such as *The Evaluation of the CNS/CMS* (National Council 2004a) and *ANP/AMP role* (National Council 2005a). The National Council aims to conduct its own work from an evidence base and therefore has undertaken such studies as *An Evaluation of the Extent and Nature of Nurse-led/Midwife-led Service in Ireland* (National Council 2005b) or assists nurses and midwives in measuring outcomes with *Measurement of Nursing and Midwifery Interventions: Guidance and Resource Pack* (National Council 2006a).

The National Council (2006a) *Measurement of Nursing and Midwifery Interventions: Guidance and Resource Pack* identifies current activities relating to the measurement of nursing and midwifery interventions and provides a resource pack to support such initiatives. This supports evidence-based practice.

The National Council showcases information on practice initiatives for quality through its joint hosting with Northern Ireland Practice and Education Council (NIPEC) of the All-Ireland Practice and Quality Development Database. This resource allows health professionals to search for initiatives and share experiences and results of practice and quality development for services. A wide range of initiatives have been submitted and the database therefore serves as a key resource for service development and networking.

Projects currently live on the database include:

- Dementia Care Mapping Pilot Project which assesses the quality of life from the perspective of the person with dementia. Following feedback to staff a plan is developed to enhance care
- Development of Guidelines for Good Practice in Adult Urethral Catheter Management, which facilitated the introduction of onsite male catheterisation in an older person care setting
- The introduction of the Refocusing Model to acute psychiatric services which serves to improve staff/client engagement to achieve closer collaboration between staff and service users in the managing of care and service delivery
- Review of all Information Leaflets in a major acute hospital
- Implementing Evidence into Practice which developed Evidence-Based Practice (EBP) workshops for staff in and the formation of a regional Research Facilitation Group was established to support the initiative
- The introduction of a standardised Patient Assessment and Nursing Care Plan documentation package to twenty-five units comprising of Community Hospitals and Continuing Care facilities and subsequent audit
- Development of a focused, systematic Accident and Emergency Nursing Assessment of persons presenting with Deliberate Self Harm
- The introduction of Post Discharge Patient Satisfaction Surveys in a stroke unit
- The development of a Competency Assessment tool for Registered Nurses in a major acute hospital
- The introduction of Psychosocial Interventions in Enduring Mental Illness in a rehabilitation unit
- The development of a Community Mothers Programme where experienced mothers as non-professionals visit and support other mothers
- Blood Pressure Hand Held Card as a tool which empowers patients through education in their management of hypertension
- Developing an In-Patient Falls Prevention Programme.

The promotion of evidence generation and utilisation occurs through masterclasses, the annual conference, regional meetings, and dedicated pages on the National Council website and NCNM Review. Hosting web-pages for specialty

organisations who themselves provide guidance on best practice also occurs.

It is of note that many of the recommendations of *The Report* broadly converge with the strategic initiatives articulated through the National Council strategic and service plans. The National Council operates a strong governance framework fulfilling both its board and executive functions. The National Council welcomes *The Report*.

References

Government of Ireland (2008) *Building a Culture of Patient Safety: Report of the Commission on Patient Safety and Quality Assurance*. The Stationery Office, Dublin.

National Council for the Professional Development of Nursing and Midwifery (2004a) *An Evaluation of the Effectiveness of the Role of the Clinical Nurse/Midwife Specialist*. NCNM, Dublin.

National Council for the Professional Development of Nursing and Midwifery (2004b) *Report on the Continuing Professional Development of Staff Nurses and Staff Midwives*. NCNM, Dublin.

National Council for the Professional Development of Nursing and Midwifery (2005a) *A Preliminary Evaluation of the Role of the Advanced Nurse Practitioner*. NCNM, Dublin.

National Council for the Professional Development of Nursing and Midwifery (2005b) *An Evaluation of the Extent and Nature of Nurse-Led/Midwife-Led Services in Ireland*. NCNM, Dublin.

National Council for the Professional Development of Nursing and Midwifery (2006a) *Measurement of Nursing and Midwifery Interventions: Guidance and Resource Pack*. NCNM, Dublin.

National Council for the Professional Development of Nursing and Midwifery (2006b) *Guidelines for Portfolios for Nurses and Midwives*. NCNM, Dublin.

National Council for the Professional Development of Nursing and Midwifery (2006c) *Improving the Patient Journey: Understanding Integrated Care Pathways*. NCNM, Dublin.

National Council for the Professional Development of Nursing and Midwifery (2007a) *Framework for Establishment of CNS/CMS Posts, 3rd edition*. NCNM, Dublin.

National Council for the Professional Development of Nursing and Midwifery (2007b) *Criteria and Processes for the Allocation of Continuing Education Funding*. NCNM, Dublin.

National Council for the Professional Development of Nursing and Midwifery (2008a) *Framework for Establishment of Advanced Nurse and Advanced Midwife Practitioner Posts, 4th edition*. NCNM, Dublin.

National Council for the Professional Development of Nursing and Midwifery (2008b) *Accreditation of Advanced Nurse and Advanced Midwife Practitioners, 4th edition*. NCNM, Dublin.

National Council for the Professional Development of Nursing and Midwifery and HSE-SE (2008c) *Clinical Nurse/Midwife Specialist Role Resource Pack*: National Council and HSE-SE.



Sample of ANP/AMP Publications

- Daly M. (2007) The role of the fracture liaison nurse. *Osteowise* 4(4).
- Daly M. (2009) The role of practice nurses in bone health. *Journal of the Irish Practice Nurses Association* 1(2), 39-42.
- Delamere S. (2002) HIV/AIDS post registration education-an impact evaluation. *The All Ireland Journal of Nursing and Midwifery* 2(7), 46-50.
- Fealy G., McCarron M., O'Neill D., McCallion P., Clarke M., Small V., O'Driscoll A. & Cullen A. (2009) Effectiveness of gerontologically informed nursing assessment and referral interventions for older persons attending the emergency department: systematic review. *Journal of Advanced Nursing* 65(5), 934-945.
- Murray M. (2008) The development of specialist breast care nursing in Ireland. *Irish Journal of Medical Sciences*. 177, 151-154.
- Murphy N., Mockler M., Ryder M., Ledwidge M., & McDonald K. (2007) Decompensation of chronic heart failure associated with pregabalin in patients with neuropathic pain. *Journal of Cardiac Failure* 13(3), 227-229.
- Richmond J.P. & Wright M.E. (2006) Development of a constipation risk assessment scale. *Journal of Orthopaedic Nursing*. 10(4), 186-197.
- Richmond J.P. (2007) Exploring nursing care in outpatient's oncology clinics in Ireland. *Cancer Nursing Practice*. 6(2)34-39.
- Richmond J.P. & Wright M.E. (2008) Establishing reliability and validity of a constipation risk assessment scale. *Journal of Orthopaedic Nursing*. 12(3-4), 117-104.
- Ryder M. (2005) Is heart failure nursing practice at the level of a clinical nurse specialist or advanced nurse practitioner? The Irish experience. *European Journal of Cardiovascular Nursing* 4, 101-105.
- Ryder M., Murphy N., McCaffrey D., O'Loughlin C., Ledwidge M. & McDonald K. (2008) Outpatient intravenous diuretic therapy; potential for marked reduction in hospitalisations for acute decompensated heart failure. *European Journal of Heart Failure* 10, 267-272.
- Small V. (2008) Abdominal injuries. In *Accident and Emergency : Theory into Practice 2nd edn*. (Dolan B, & Holt L eds), Bailliere Tindall, Edinburgh.
- Small V. (2008) Surgical emergencies. In *Accident and Emergency : Theory into Practice 2nd edn*. (Dolan B, & Holt L eds), Bailliere Tindall, Edinburgh.
- Taylor R (2009) Symptoms, diagnosis and classification of asthma. *Nursing in General Practice*. 1(2), 32-34.



APPENDIX 5

List of National Council Conferences

NCNM 1st Annual Conference

November 2001

The Development of Nursing and Midwifery in Ireland - Building on the Blueprint

NCNM 2nd Annual Conference

November 2002

Building on the Health Strategy: Challenges for Nurses and Midwives

NCNM 3rd Annual Conference

November 2003

Achieving Strategic Outcomes: The Interdisciplinary Challenge

NCNM 4th Annual Conference

November 2004

Facing the Challenge of Change: Nurses and Midwives - Proactive in Professional Development to Support Change

NCNM 5th Annual Conference

November 2005

Innovation for the Health Services: Nurses and Midwives promoting Change

NCNM 6th Annual Conference

November 2006

Developing Services for Patients and Clients: Nurses and Midwives promoting Innovation and Change

NCNM 7th Annual Conference

November 2007

Team-Working to Support Excellence in Patient Care

NCNM 8th Annual Conference

November 2008

Integrated Health Services Supporting Patient-Care Pathways

NCNM 9th Annual Conference

November 2009

Clinical Excellence: Safety, Quality and Evidence



*National Council for the
Professional Development
of Nursing and Midwifery*

*An Chomhairle Náisiúnta d'Fhorbairt
Ghairmiúil an Altranais agus
an Chnáimhseachais*

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