

REGULATION MATTERS

ISSUE 4 - JUNE 2013

IN
THIS ISSUE

Decisions Following Fitness to Practise Committee Inquiries	2	Professional Matters Q&A	6	Publications of Interest	8
Fitness to Practise Inquiries 2006 – 2010	2	Update on the Review of the Code of Professional Conduct	7	Useful Websites	8
EU Symposium report	3	Social Media and Social Networking Guidance	7	Current Journal Articles	8
Message from CEO	3	News In Brief	7		
Board Members	4				

New Board takes office

The *Nurses and Midwives Act 2011*, which was signed into law on 21 December 2011, called for the appointment of a new Board to Bord Altranais agus Cnáimhseachais na hÉireann/Nursing and Midwifery Board of Ireland (NMBI). The Board comprises 23 members, eight of whom are registered nurses and midwives elected last October by the professions. This was the first election through e-voting held by a public body in this country. Fourteen of the remaining fifteen members, were subsequently appointed by the Minister of Health. For the first time in its history the Board will have a lay majority.

The newly appointed Board met for the first time in the Radisson Blu Hotel in Stillorgan on March 25-26 for a two day induction programme. This programme was led by Dr Maura Pidgeon, CEO of NMBI and included

presentations by Dr Ambrose McLoughlin, Secretary General of the Department of Health, Mr. Aidan Horan of the Institute of Public Administration and members of the senior management team of NMBI. Topics covered included statutory regulation, legal issues, corporate governance and the role and function of the Board and its departments.

Eleven members of the first Board under the new Act will hold office for three years and the remaining twelve members for five years. This means that elections will be held again in 2015, 2017, 2020 etc. to allow for a rolling membership system with overlapping terms to provide continuity to the Board. From 2015 onwards the term of office for all Board members will be five years.

The Board met for its first formal meeting on 16 and 17 April. Round table discussion

groups were held regarding the standing orders and were adopted. In addition, the President and Vice-President were elected at these meetings. The 11 eligible nurse and midwife representatives on the Board were invited to self-nominate for the role of President by email to the Board Secretary before the meeting. The Vice-President was elected at the meeting once the President had been appointed.

The CEO and staff of NMBI would like to take this opportunity to extend our thanks to outgoing Board members for contributing their valuable time and expertise. We wish all newly appointed members well as they begin their new terms of office.

Please go to pp 4-5 for photos and bios of board members.

President's Message

I am honoured to take up the role as President of NMBI at such an important time for nursing and midwifery. As a registered nurse I am acutely aware of the challenges that nurses and midwives are experiencing on a daily basis. As a Director of Nursing I have great confidence in the ability of both professions. I am also very confident that the *Nurses and Midwives Act 2011* will enable both professions to provide safer patient care and in part, this will be achieved by the development of a competency framework.

My fellow colleagues on the new Board and I are charged with establishing a number of essential structures and committees that are required under the new legislation to further enhance the protection of the public. While the new legislation primarily exists to protect the public, it also provides support and guidance to nurses and midwives in how we can enhance the quality of care that we provide to our patients and clients.

We are all conscious of the agenda relating to patient safety and it is in this context that NMBI will be seeking clarification on how we can support and assist you. Therefore, we will engage with and involve you in the implementation of this important legislation. This is an exciting opportunity for us as nurses and midwives to further enhance our roles so that we may provide the highest standards of care to our patients.

As President of NMBI I am looking forward to working with you and my colleagues on the Board in addressing the challenges and opportunities that lie ahead.



Mr. Paul Gallagher
President

NMBI Annual National Conference 2013



The annual conference will be held on Wednesday 9 October 2013 at the Chartered Accountants House, Pearse Street, Dublin 2. The title for this year's conference is "*Back to the future: Preserving the fundamentals of nursing and midwifery and adapting to new futures in healthcare.*" Online registration for the conference will open in June 2013. For those unable to attend, the event can be viewed online via our website. This year, we will be introducing a poster exhibition at the conference. Posters should promote, support and advance the patient safety agenda. Further details will be provided in our monthly ezine and on our website.

Decisions following Fitness to Practise Inquiries

NAME (P.I.N.)	FINDING*	SANCTION	CONFIRMED BY HIGH COURT
Ms. Grainne Paula Conway (P.I.N. 25849)	(a)	Erasure	22/10/2012
Ms. Jacqueline M. Flores (P.I.N. 97098)	(a)	Erasure	5/11/2012
Ms. Celia Tyrrell (P.I.N. 55266)	(a)	Censured Conditions were attached to the retention of her name in the Register of Nurses and Midwives.	5/11/2012
Ms. Antonette V. Estrella (P.I.N. 92342)	(a)	Erasure	5/11/2012

* (a) is "Professional misconduct and (b) is "Unfitness to engage in such practise by reason of a physical or mental disability". (Nurses Act, 1985)

Decisions following an Application to the High Court Pursuant to Section 42 of the Nurses Act, 1985

Section 42 (1) states that: "Where a nurse is convicted in the State of an offence triable on indictment or is convicted outside the State of an offence consisting of acts or omissions which would constitute an offence triable on indictment if done or made in the State, the Board may decide that the name of such person should be erased from the register."

NAME (P.I.N.)	CONVICTION	SANCTION	CONFIRMED BY HIGH COURT
Nicholas Dominic Power (P.I.N. 55008)	Offences contrary to Section 2 of the Criminal Law (Rape) (Amendment) Act, 1990 as amended by Section 37 of the Sex Offenders Act, 2001.	Erasure	5/11/12

Fitness to Practise Inquiries 2006 – 2010 Drug and alcohol abuse cases – what can be learned?

The role of NMBI is to protect the public through the promotion of high standards of education and training and professional conduct among nurses and midwives. As part of that role, we have a statutory responsibility to carry out inquiries into the fitness to practise of nurses and midwives.

From 1 January 2006 to 31 December 2010, 115 Fitness to Practise inquiries were carried out. These inquiries were analysed in order to identify patterns and trends and, in particular, to look at what registrants and employers might learn from that analysis.

The issues under scrutiny in the inquiries were broadly categorised as follows:

- Clinical practice and competence
- Behaviour
- Drug and alcohol abuse
- Failure to adhere to conditions

In the Spring 2012 edition of Regulation Matters, clinical practice and competence cases were looked at. Here, the results of the analysis in relation to drug and alcohol cases are presented. Future editions will focus on other aspects of the analysis.

How many cases?

Of the 115 inquiries between 2006 and 2010, 28 cases involved drug abuse and 11 cases involved alcohol abuse. This represents one-third of all cases. In all of these cases, there were also allegations of professional misconduct. Combined alcohol and drug abuse was rare.

What kind of drugs?

Some problems developed when nurses or midwives self-medicated instead of getting professional help for a problem such as pain, insomnia, anxiety, stress, or depression. Over time, some needed larger doses or stronger medication. This may have led them from use to abuse of over-the-counter preparations containing codeine to a dependence on stronger opiates.

Some individuals seemed to commence with abuse of strong mood altering drugs. Some of the drugs abused posed serious health risks. Use of 'street drugs' was not common.

Drugs abused included:

- MDA Schedule 2: Morphine, Fentanyl, Cyclomorph and Pethidine

- Codeine preparations
- Sedatives and anaesthetic agents: Hypnovel (Midazolam) and Propofol
- Benzodiazepines
- Anti-depressants
- Steroids

Many of these problems went undetected for many years. Good stock-control procedures and periodic audits of MDA records can help to detect problems earlier.

What can we learn?

- Nurses and midwives should look for appropriate professional help if they are ill or distressed. Self-medication can create an additional and more serious problem.
- Nurse and midwife managers who suspect that a staff member has a drug or alcohol problem should take appropriate steps to deal with it. It won't go away. Early intervention protects patients and helps the nurse or midwife in question.

Nurses or midwives who have a health problem that they are addressing appropriately are very unlikely to be the subject of a complaint.

Cont'd from Fitness to Practise Inquiries 2006 – 2010

Problems can arise, though, when a nurse or midwife fails to acknowledge that they have a health problem or fails to follow medical advice. This can give rise to an application for an Inquiry on the basis of alleged unfitness to practise by reason of physical or mental disability. A nurse or midwife with an alcohol or drug problem may also engage in behaviour that puts patients at risk and which may constitute professional misconduct.

A nurse or midwife with an alcohol problem might be under the influence of alcohol on duty. This could happen if they have been drinking before coming on duty or if they have had a drink whilst on duty, for example, drinking during meal breaks.

A nurse or midwife who has a drug problem might steal drugs, prescription pads, needles and syringes from the workplace and could forge prescriptions. Stealing drugs might be covered up by forging colleagues' signatures or making false entries in a patient's records.

Practising whilst under the influence of alcohol or non-prescribed drugs is not acceptable professional behaviour for a nurse or midwife. It is likely that their practice will be negatively affected and this could put patients at risk. Driving to and from work under the influence of alcohol or non-prescribed drugs could also result in a criminal conviction.

EU Symposium: "Exploring the contribution of Nurses to healthcare in Europe."

NMBI hosted this symposium as an associated event of eu2013.ie. The purpose of the symposium was to address and outline the potential for strengthening collaboration throughout Europe and to address the important issues in a modernised Directive for nursing. The symposium was timed to capture the presence of Chief Nurses from Europe who were attending the Chief Nurses and Chief Medical Officers meeting hosted by the Department of Health.

Nurses play a critical role in providing health care not only in traditional settings such as hospitals and long-term care institutions, but increasingly in primary care and in home care settings. In addressing the future healthcare and health system challenges, a forum of knowledgeable sources of nursing at the symposium, sought to explore how they could work together to maximise the contribution of nursing to the health care debate. The forum sought to support a mobile cadre of nurses in Europe while ensuring patient safety and expectations of care.

The one-day symposium was attended by Chief Nurses, representatives of "Competent Authorities" including ministries of both education and health, educators of nurses, managers of services including hospitals and representatives of nurses from across Europe and internationally. The symposium was opened by Mr Alex White T.D., Minister of State for Primary Care in Ireland. This symposium provided a holistic view of the issues at hand, by bringing together government policy, educational policy, economic arguments including decision-making tools, and methodologies for influencing decision-making at European level. Issues discussed included education quality and standards frameworks especially those in the European education space,

nursing education and research based standards for care and workforce planning including the challenges facing nursing.

A number of papers referred to the OECD (2011) reports concerning workforce planning and to the challenge of finding health workers from 2020 (Mobility of Health Professionals (MoHProf) 2011). The challenges highlighted will be providing care to a population where it is estimated that long-term conditions such as obesity, diabetes, chronic respiratory and cardiac disease will impact severely in society (King's Fund 2012). Health is about people and a trusting relationship built on technical competence and service orientation, steered by ethical commitment and social accountability (Frenk and Chen 2013). Nurses play a crucial role in applying knowledge to improve health through technology, information and also as caregivers, communicators, educators, team leaders and members, managers and the human face of the health system. Nurse training should provide a more robust and more output oriented assurance that the professional has acquired certain knowledge and skills during the training. The current Directive in the modernisation process is considering competency based nurse education across Europe.

Modernised healthcare requires a modern Directive and dates for future meetings were planned by members of the symposium.



L-R: Dr. Kathleen MacLellan, Nurse Advisor, Department of Health; Dr. Maura Pidgeon, CEO, NMBI, Mr. Alex White, T.D., and Dr. Anne-Marie Ryan, Chief Education Officer, NMBI.

MESSAGE from CEO



Dear Registrant,

I would like to welcome our newly-elected President, Paul Gallagher, Director of Nursing in St. James's Hospital. Paul's considerable experience at

executive management level having scaled the career ladder from staff nurse has given him an insight into the challenges facing our professions and the health service. This will be very valuable to the Board. I would also like to congratulate, John Murray, Community Mental Health Nurse from Waterford, on his re-election as Vice President. John's experience of serving on the previous Board, during a time of tremendous change, will bring important continuity. Paul and John are thoughtful and engaged leaders, who are committed to supporting you in providing a high standard of care to your patients.

We know that you work in a very challenging environment. We know that you carry out your work with care, kindness, courtesy, compassion and empathy. The question we constantly ask ourselves is how can we ensure that you are equipped with the skills, expertise and guidance to provide high quality care. We want to hear your views.

We have started on the journey of implementing the *Nurses and Midwives Act, 2011*. The most significant change is that midwifery is now recognised as a distinct profession. Whilst the elections in September 2012 and the formation of the new Board are two prominent parts of the legislation, over the coming months the new register and the new structures for Fitness to Practise will come into being. While our remit is to protect patients, the complaints process also ensures greater openness and transparency for everyone. Mandatory Professional Competence will be introduced to strengthen the public's confidence in the professions by providing assurance that those who are registered are competent and committed to their practise.

Opportunities present themselves in challenging times. Traditional boundaries between professions are breaking down. Nurses are making decisions at a higher level. Leaders in our professions at all levels create environments where it is safe to ask questions, if you are unsure of what to do. These leaders are strong in what they believe and have a sense of accountability. They nurture those around them. It is our duty to encourage these leaders.

Yours sincerely,
Dr Maura Pidgeon
Chief Executive Officer

BOARD MATTERS

Board Members



Mr. Paul Gallagher
President
Board Member, Director of Nursing, HSE Nominee
Occupation:
Director of Nursing, St. James's Hospital, Dublin



Mr. John Murray
Vice President
Board Member from the practice of Psychiatric Nursing
Occupation:
Clinical Nurse Specialist, Community Mental Health, Waterford



Ms. Mary Barrett
Board Member from the practice of Care of Older People
Occupation:
Staff Nurse, St Brendan's Community Nursing Unit, Co. Galway



Mr. Mark Blake-Knox
Board Member from the Voluntary Sector
Occupation:
Chief Executive Officer, The Cheshire Foundation in Ireland



Dr. Éamann Breatnach
Board Member, Medical Council Nominee
Occupation:
Consultant Radiologist, Dublin



Margaret Carroll
Board Member, HEI Nominee
Occupation:
Associate Professor in Midwifery, School of Nursing and Midwifery, Trinity College, Dublin



Ms. Essene Cassidy
Board Member from the practice of Public Health Nursing
Occupation:
Clinical Practice Public Health Nurse, Waterford



Ms. Sinead Cleary
Board Member from the practice of Midwifery
Occupation:
Clinical Midwife Specialist: Nurse Colposcopist, Coombe Women and Infants University Hospital, Dublin



Ms. Mary Connor
Board Member from the Public Health Sector, Education of Nurses and Midwives
Occupation:
Nurse Tutor, Centre of Nurse Education, Galway



Mr. John Cregan
Board Member, HSE Nominee
Occupation:
Director, HSE Regional Health Office, Co. Offaly



Mr. Pat Dolan
Board Member, Public Representative
Occupation:
Retired Area Manager, HSE



Ms. Colette Finn
Board Member, Public Representative
Occupation:
Doctoral Student, Cork



Mr. Noel Giblin

Board Member from the practice of Intellectual Disability

Occupation:

Staff Nurse Intellectual Disability Services, Co. Mayo



Prof. Michael Larvin

Board Member, Minister for Education and Skills Nominee

Occupation:

Head of Graduate Entry Medical School, University of Limerick



Ms. Rosarii Mannion

Board Member, HSE Nominee

Occupation:

HSE, Assistant National Director HR. Co. Meath



Ms. Michelle Monahan

Board Member, CORU Nominee

Occupation:

Radiographic Services Manager, Connolly Hospital, Dublin



Mr. Denis Murphy

Board Member, Public Representative

Occupation:

Regulatory Compliance and Quality Manager, Dublin Dental University Hospital



Dr. Pat Nash

Board Member, Public Representative

Occupation:

Consultant Cardiologist/ Group Clinical Director, Galway and Roscommon University Hospitals Group



Dr. Kevin O'Carroll

Board Member, HIQA Nominee

Occupation:

Standards and Technology Officer, HIQA



Ms. Linda Phelan

Board Member from the practice of Children's Nursing

Occupation:

Staff Nurse, Our Lady's Children's Hospital, Dublin



Ms. Madeline Spiers

Board Member from the practice of General Nursing

Occupation:

Staff Nurse, St Colmcille's Hospital, Co. Dublin

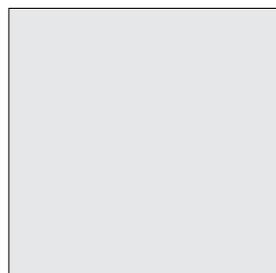


Prof. John Wells

Board Member, HEI Nominee

Occupation:

Head of School of Health Sciences, Department of Nursing, Waterford Institute of Technology



Vacancy

Board Member, Public Representative

Q I was recently asked by a solicitor friend of mine if I would be interested in acting as an expert witness for a court case. While he explained a bit about what would be required from me I am unsure if I am qualified. Does the NMBI have any criteria established for nurses serving as expert witnesses? I have 12 years of nursing experience mostly in acute hospital settings on general medical wards.

A If you are interested in acting as an expert witness (for a legal court case) you should first inform yourself about the role, what does it involve? It is advised that you seek additional detailed information from the solicitor about the case and seek out other resources or references to inform your decision to act as an expert witness. Expert witness services are used by solicitors and barristers in legal and medical negligence cases and also by healthcare professional regulators for fitness to practise inquiries.

What is an expert witness? "One who is especially knowledgeable in a particular field on the basis of education or experience and can assist the jury (court) or fitness to practise inquiries in understanding technical and complicated subject (adapted from Lott and Brown, 2001).

NMBI advises registrants thinking about acting as an expert witness to consider the following key points in determining if they are qualified for this position. These key points centre around the concept of competency and include:

- Clinical experience
- Education (and training)
- Knowledge
- Skill

Clinical Experience

Clinical experience in the particular area involving the legal case is important as the role requires the expert witness to assess, interpret and explain the specifics of the case. A nurse or midwife with limited clinical experience does not support the person as being a credible expert with the legal team, judge and jury/court. The area of clinical expertise should be identified particularly as healthcare and nursing becomes more specialised. A nurse working in the psychiatric community setting would typically not qualify as an expert witness for a case that happened in an acute psychiatric unit in a hospital.

Education

Further education beyond the nurse or midwife's initial registration programme may be a desired criteria for an expert witness. Additional education and continued professional development in the area of speciality pertaining to the case can increase the authority of the expert witness. An example of this is a nurse who holds a higher diploma in diabetes care.

Certification in the speciality area (for example family planning for a practice nurse, advanced care life support for an intensive care nurse) also demonstrates a registrant's commitment to maintaining high quality of practice in that particular area.

Knowledge

Besides years of experience and educational qualifications expert knowledge is evidenced by teaching, presenting at conferences, publishing and participating in research. These all contribute to further qualifying the nurse or midwife as an expert in the field. Membership in a professional association relevant to the speciality area also indicates that the registrant is maintaining current knowledge.

Skill

Critical traits for the expert witness also include excellent written and verbal communication skills. The nurse or midwife will be asked to prepare written reports and statements expressing their expert opinion, based on their review of the legal documents and records provided by the legal team. The ability to effectively and knowledgeably communicate their professional opinion in a deposition or at a trial requires the nurse or midwife to be self-assured and able to address challenges to their opinion and even their professional qualifications to be an expert witness.

Maintaining your clinical competency in your particular scope of practice is important for any nurse and midwife including those acting as an expert witness. Participation in a continued competency scheme will be a requirement of practice in the future as per the *Nurses and Midwives Act 2011*.

Being an expert witness is a significant responsibility as it support high standards of professional practice and helps to protect the health, safety and well-being of patients (Paterson and McMullen, 2007).

References and Resources:

Barrington, E. The role of the expert witness. Presentation on 28 February 2013 Professional Regulatory Seminar. Dublin: McDowell Purcell Solicitors.

Round Hall, (2012) The Irish Bar and Expert Witness Directory 2012. Dublin: Thomson Reuters.

Paterson, MA and McMullen, P. (January 2007) So you want to be a legal nurse consultant or an expert witness: issues and considerations. Journal for Nurse Practitioners. pp 29-32.

Solon, M. (2010) So you want to be an expert witness... RCM. p 29.

Wright Lott, J and Brown, G. (2001) The nurse expert witness. Newborn and Infant Nursing Reviews. 1(3) pp 181-191.

Q I am a registered midwife and the maternity unit that I work in has no phlebotomy service out of hours and on the weekends. My line manager has recently asked me to develop a plan to expand the role of the midwife to include phlebotomy. What do I need to take into consideration when developing this plan?

A The *Scope of Nursing and Midwifery Practice Framework* outlines the range of roles, functions, responsibilities and activities in which a registered nurse or midwife is educated, competent and has authority to perform (An Bord Altranais, 2000). The scope of professional practice, professional autonomy and accountability and competence are interrelated concepts.

It is appropriate that nursing and midwifery practice should develop to meet the everchanging needs of the population and the Health Service. Expanding the role of the nurse and midwife encompasses becoming competent, reflective practitioners and developing expertise/skills to meet the patient's/client's needs in a holistic manner.

The role and function of taking blood is considered within the scope of practice of a nurse/midwife. For a nurse/midwife to undertake this role he/she must be competent to do so. If a nurse/midwife is required to undertake such a role but has not developed or maintained competence in the area of taking blood he/she should develop the skills. In such a situation it is also appropriate for a manager to assist the midwife in attending education to develop this practice where he/she is competent.

In this situation the manager has requested a development plan which would include review of the current skills in the unit, current level of competence, training needs analysis, education and training plan with continuous competency assessments. The Practice Development Unit (PDU), Nursing and Midwifery Professional Development Unit (NMPDU) or Centres of Nursing and Midwifery Education are a potential resource and support when developing such a change. The development of policies, guidelines and protocols should be undertaken at a local level to ensure that such practice is evidence based and supported within the organisation.

Update on the Review of the Code of Professional Conduct

The project timeline for the second phase of consultation for the proposed new code of professional conduct and ethics for registered nurses and registered midwives has been rescheduled for early Autumn of this year. The reason for this is twofold:

- to familiarize the new Board and its Ethics Committee with the Code's project work to date
- to support other professional guidance project development identified in the Board's project implementation for the *Nurses and Midwives Act 2011*. This includes examining the Scope of Nursing and Midwifery Practice Framework (2000) in view of a new Code.

NMBI thanks all the stakeholders who have participated to date with the Review, especially members of the Ethics Subgroup, and the External Advisory Group. We look forward to consulting with registrants and the public about the Code and associated guidance on professional matters.

Please check our website and ezine for the details for the national consultation taking place in September.

We encourage you to forward any comments on the Code project to reviewofcode@nmbi.ie.

Social Media and Social Networking Guidance

The Social Media and Social Networking Guidance being developed by NMBI and the Nursing Alliance (INMO, PNA and SIPTU) is in its final stages of completion. This project which began last summer has focused on producing a suite of information to assist nurses, midwives and students so that they can:

- learn about the professional benefits of social media and social networking practice;
- understand the basic guidelines for safe social media and social networking;
- identify areas that they need to explore;
- identify major areas of risk through the review of general information
- have references and resources for further reading and research.

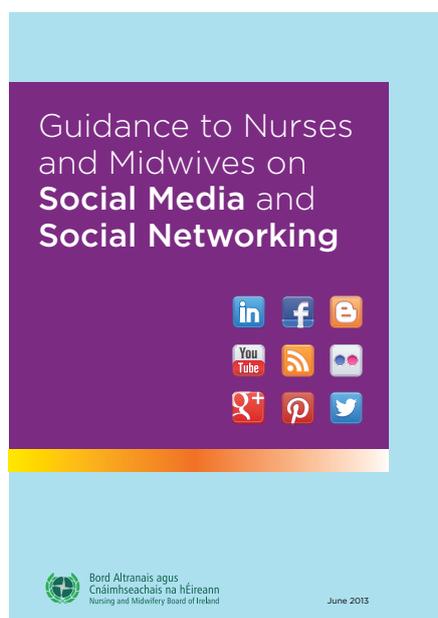
This guidance suite consists of:

1. A top tips sheet for quick easy viewing focusing on the key points for keeping professional and safe when using social media and social networking sites like Twitter, Facebook, LinkedIn, etc.
2. A brief guidance document that provides more detailed information including general guidelines which builds on the top tips messages, associated benefits and risks, practice examples and situations that nurses and midwives have shared with us.

An extensive literature review supports this work and presents the common and shared themes coming from other regulatory organisations and professional groups guidance on the subject. It also contains current references across the health and social care services, policy and academic sectors.

The Social Media Working Group composed of NMBI Education staff and representatives of the nursing and midwifery unions, and supported by an external advisory group, have been making final revisions to the drafts during the past few months. The Board of NMBI and the respective Executives of the unions will be presented with the final draft documents within the next 2 months. This will be followed by a launch of the publications. Further details for this will be provided via our website and ezine.

For further information you can contact Kathleen Walsh, Professional Officer Standards of Practice and Guidance by email at kwalsh@nmbi.ie.



NEWS IN BRIEF

Public Board meetings

The Board is fully committed to the commencement of Public Board meetings at an early date as this represents an important opportunity for nurses, midwives and members of the public to observe the business of the Board at first hand. The following are the dates for public Board meetings in 2013:

27 August, 2013 (to be confirmed)
23 October, 2013
18 December, 2013.

If you would like further information, please contact Jess Hogan at jhogan@nmbi.ie

Written submissions by NMBI (Jan-April 2013)

NMBI participates in consultations through written submission. Consultation refers to initiatives to listen to and take on board the views of stakeholders and the general public, through requests for feedback on different issues. It is a two-way conversation between an organisation and its stakeholders and members of the public, which should ensure that stakeholders and the public are in a very real way participating in an organisation's decision-making and policy-making activities.

Title of Consultation	Requested by
Standardising Patient Discharge Summary Information: a Draft National Data Set for Consultation.	HIQA
Educational Entry Requirements	Teaching Council
Consultation on Transposition of EU Directive 2011/62/EU on Falsified Medicinal Products	DoH
National Open Disclosure Policy and Guideline Documents for consultation	HSE
Public Consultation on Continuing Professional Development: Standards and Requirements	CORU
National Demographic Dataset & Guidance	HIQA
Draft Corporate Plan 2013-2015	HIQA

All submissions can be downloaded from our website www.nmbi.ie under News and Events/external consultations.

Publications of Interest

Public Health Guidelines on the Prevention and Management of Influenza Outbreaks in Residential Care Facilities in Ireland 2012/2013

<http://www.hpsc.ie>

This guidance from the Health Protection Surveillance Centre gives detailed advice and guidance in relation to infection prevention and control practices and also in relation to the public health risk assessment and management of an outbreak of ILI or influenza for residential care facilities.

The ICN Code of Ethics for Nurses

<http://www.icn.ch>

The ICN Code of Ethics for Nurses is a guide for action based on social values and needs. The Code is regularly reviewed and revised in response to the realities of nursing and health care in a changing society. The Code makes it clear that inherent in nursing is respect for human rights, including the right to life, to dignity and to be treated with respect.

The ICN Code of Ethics guides nurses in everyday choices and it supports their refusal to participate in activities that conflict with caring and healing.

Health in Ireland, Key Trends 2012

<http://www.dohc.ie>

This booklet provides summary statistics on health and health care over the past decade. It also aims to highlight selected trends and topics of growing concern and to include new data where it becomes available. An important objective is to assess ourselves and our progress in the broader EU context. The booklet is divided into six chapters ranging from population, life expectancy and health status through to health care delivery, staffing and costs.

Useful Websites

<http://www.qqi.ie/Pages/default.aspx>

Quality and Qualifications Ireland was established on the 6 November 2012 under the *Qualifications and Quality Assurance (Education and Training) Act 2012*. The new Authority was created by an amalgamation of four bodies that have both awarding and quality assurance responsibilities: the Further Education and Training Awards Council (FETAC), the Higher Education and Training Awards Council (HETAC), the National Qualifications Authority of Ireland (NQAI) and the Irish Universities Quality Board (IUQB).

<http://thisisnursing.rcn.org.uk>

This site is an initiative of the Royal College of Nursing (RCN) to promote nursing and to educate people about nursing and the amount of skill and expertise that is involved in the profession. Nurses can use the website to get involved through taking part in surveys, watching films and sharing the latest news with friends and colleagues.

<http://www.univadis.ie>

Univadis is a portal to professional medical information and website where you can explore the very latest publications, news, medical journal articles, and an extensive library made available through our network of medical websites. Get accurate, up-to-date search results from medical and general databases, from one site.

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Current Journal Articles

The following articles may be obtained from the library by completing the article request form on our website and forwarding it on along with payment to the library. (see www.nmbi.ie/en/publications.aspx).

Library Articles Nos 19 - 24

- 19 **GENERAL PRACTITIONERS/PRACTICE NURSE/ PRIMARY CARE**
McCarthy, Geraldine et al., "Practice nurses and general practitioners: perspectives on the role and future development of practice nursing in Ireland," *Journal of Clinical Nursing*, v.21 (15/16) 2012, pp. 2286 – 2295 (10 pages)
- 20 **OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE)/MIDWIFERY EDUCATION**
Smith, Valerie et al., "The Objective Structured Clinical Examination (OSCE) as a strategy for assessing clinical competence in midwifery education in Ireland: A critical review", *Nurse Education in Practice*, v.12 (5) September 2012, pp. 242 -247 (6 pages)
- 21 **CAREFUL NURSING/HISTORY/SPIRITUALITY/ IRISH**
Meehan, Therese, C., "Spirituality and spiritual care from a Careful Nursing Perspective", *Journal of Nursing Management*, v. 20 (8) December 2012, pp. 990 – 1001 (12 pages)
- 22 **NURSES/NURSING/IDENTITY STUDENTS**
Brennan, Damien et al., "Changing institutional identities of the student nurse", *Nurse Education Today*, v. 32 (7) October 2012, pp. 747 – 751 (5 pages)
- 23 **WELLNESS RECOVERY ACTION PLANS/MENTAL HEALTH/NURSES**
Higgins, Agnes et al., "Evaluation of mental health recovery and Wellness Recovery Action Planning education in Ireland: a mixed methods pre-postevaluation", *Journal of Advanced nursing*, v. 68 (11) 2012, pp. 2418 – 2428 (11 pages)
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