
Review of Undergraduate Nursing and Midwifery Degree Programmes

Consultation Report

28th March 2012

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Abbreviations

AMP	Advanced Midwife Practitioner
ANP	Advanced Nurse Practitioner
CPC	Clinical Placement Co-ordinator
CMS	Clinical Midwife Specialist
CNS	Clinical Nurse Specialist
CMM	Clinical Midwife Manager
CNM	Clinical Nurse Manager
HEI	Higher Education Institute
HSE	Health Service Executive
IV	Intravenous
NMPDU	Nursing and Midwifery Planning and Development Units

1. Introduction

The Department of Health has commenced a review of the undergraduate nursing and midwifery degree programmes in order to establish their efficiency and effectiveness in preparing nurses and midwives to practice in the Irish healthcare system now and into the future (referred to as the Review throughout this report). The undergraduate degree programmes have been in place since 2002 for nursing (general, psychiatric and intellectual disability nursing) and 2006 for midwifery and integrated children and general programmes. Undergraduate nursing and midwifery programmes should be of high quality resulting in nurses and midwives who are educated to provide optimum care to patients and clients in a modern health service contributing to effective service delivery. A Review Group is overseeing the review of the nursing and midwifery programmes having regard to the objectives of the current health reform programme, the future workforce needs of the public health system and the need to achieve value for money. The review is chaired by Professor Martin Bradley.

This Review is being conducted on a modular basis consisting of the following elements:

- 1) An examination of:
 - the content of the undergraduate programmes
 - the structure of the current degree programmes including the separate points of entry, clinical placement requirements and governance arrangements.
- 2) An analysis of the number of student places required to ensure sufficient numbers of nurse and midwife graduates for new patterns of service delivery within the public health system.

The Review Group will consider the findings of both exercises and report to the Minister by September 2012. Following the completion of these exercises the Department of Education and Skills and the Higher Education Authority in consultation with the higher education institutions will lead on the development of any changes required in relation to the organisation and delivery of nursing and midwifery degree programmes within the higher education system. This will take into account the broader education policy considerations in relation to demand for

such programmes nationally and internationally and the overall funding implications involved and take full consideration of the findings of the report to the Minister for Health on workforce planning and curricula changes.

This consultation report details the consultation plan which provided for opportunities for stakeholders to contribute to the review. The consultation methodology and the analysis of the key trends emerging from the consultation process are presented. Submissions were sought in December 2011, focus groups were held January to March 2012 and stakeholders were invited to meetings in February and March 2012. A dedicated webpage to the Review on the Department of Health website¹ was utilised to provide information on the consultation process. The following details the response to the consultation.

Submissions	227	Appendix 1
Focus Groups	18 (Nursing, Midwifery and Public Interest)	Appendix 2
Stakeholder Meetings	22 Stakeholder Groups	Appendix 3

The attendance at the focus groups and the number of submissions indicated a huge interest and enthusiasm to contribute to the Review. Many participated through collective responses and representations. There was a general welcome for the Review and the opportunity to contribute to its deliberations through attending focus groups and providing written submissions.

1.1 Submissions

Submissions were sought through advertisement in national newspapers (Irish Times, Irish Independent and Examiner) on 8th December 2011 and on the Department of Health Website (Appendix 3). Closing date for receipt of submissions was 30th January 2012.

¹ www.dohc.ie/issues/nmr

1.2 Focus Groups

1.2.1 Nursing, Midwifery and Student Focus Groups

Regional focus groups for nursing, midwifery and students were organised in a variety of venues around the country. Application information (forms, questions and Review briefing paper) for the focus groups was made available on the Department of Health website from 9th December 2011. In order to increase attendance at focus groups stakeholders were targeted via email and Review Group members circulated focus group information to their constituents. The closing date for receipt of bookings was 30th December and there were 309 bookings at this time.

A preliminary review of bookings identified attendee profile gaps in relation to nursing and midwifery management grades, students, staff nurses/midwives, children's and midwifery services. In order to increase bookings the regional Nursing and Midwifery Planning and Development Units (NMPDUs) and relevant services were targeted directly to fill vacancies for the largest attendee profile gaps. Two specific student focus groups were organised. Bookings increased to 361 by 19th January 2012. The final number who attended the focus groups was 390. Appendix 2 outlines details of those who attended these focus groups.

Each Focus Group lasted 2 ½ hours. At the start of the focus group a briefing was given outlining the background and context of the Review by a Review Group member, Review Chair or Project Lead. Each focus group had an identified facilitator and note taker prior to the focus group. A facilitator's guide was developed which outlined the focus group process and roles of the facilitator and note taker. This guide was developed to support consistency in the management of the focus groups. These were experienced facilitators drawn from the higher education institutes (HEIs), Health Service Executive (HSE) regional NMPDUs, the Review Group, the Review Group Chair and the Project Lead. A summary of the main points for each focus group was returned to the facilitator and note taker for verification and to check for any omissions or errors.

Attendees were asked to work through six questions throughout the focus group (Appendix 2). The first three questions related to the current programmes and the second three questions related to future programmes. Prior to the focus group attendees received

a copy of the focus group questions and the Review briefing paper. This was to allow attendees time to consider the questions, prepare their contributions to the focus groups and to discuss the issues with their colleagues. The focus group questions and the Review briefing paper were also available on the Department of Health website.

The facilitators guide was circulated widely in order to support those who wished to conduct their own focus groups to prepare for attending Review focus groups or for compiling a written submission.

1.2.2 Public Interest Focus Groups

Public interest focus groups were organised with the assistance of the HSE advocacy unit. Invitations were sent to 205 public interest focus groups to attend focus groups organised in Dublin and Athlone. The Athlone focus group was cancelled as only 2 had booked into it and places were offered in Dublin. One focus group was held in Dublin on 6th February with 10 attendees.

The HSE provided an experienced facilitator. Notes were taken by the facilitator and the project lead. The Chair of the Review Group opened the focus group and a briefing was given outlining the background and context of the Review. Prior to the focus group attendees received a copy of the focus group questions and the Review briefing paper. This was to allow attendees time to consider the questions, prepare their contributions to the focus groups and to discuss the issues with their colleagues. The facilitator utilised the facilitator's guide developed for the nurses and midwives focus groups.

1.3. Stakeholder Meetings

Stakeholder meetings were held based on the terms of reference and questions developed following analysis of key trends emerging from the submissions and focus groups.

Meetings were convened in the Department of Health on 27th February and 5th March 2012. Appendix 3 details the stakeholder meeting schedule and meeting format.

1.4. Analysis

Content analysis of the focus groups, submissions and stakeholder meetings was completed. Key trends were identified. Quotes are included to illustrate issues as appropriate.

1.4.1 Additional Sources of Information from Public Interest Groups

In addition to information from submissions and the public interest focus group a number of published sources were examined in order to identify views of care from nurses and midwives.

Irish Society Quality and Safety in Healthcare (2012) *Acute Inpatient Survey: Measuring the Patients Experience of Hospital Services 2012*. ISQSH, Dublin.

Mental Health Commission (2012) *Mental Health Inpatient Survey: Your Views of Mental Health Inpatient Services*. MHC, Dublin.

National Service Users Executive (2011) *Summary Report of the NSUE Survey of Members on Vision for Change*. NSUE, Dublin.

Patient satisfaction with nursing and hospital care in Irish general hospitals: RN4CAST findings (Research Update 2 of 3. March 2012). Prepared by Ms Marcia Kirwan on behalf of the DCU RN4CAST Research Team: Professor A. Scott; Dr. A. Matthews; Ms Marcia Kirwan; Ms Daniela Lehwaldt; Dr. Roisin Morris and Professor Anthony Staines.

1.4.2 Additional Sources of Information from Graduates

The Office of Nursing and Midwifery Services HSE completes an annual survey of graduates. The most recent survey was published in December 2011 - *Findings from the Survey of 2010 Nursing and Midwifery Graduates: Where are they now?* In 2011, the *Survey of 2010 Nursing and Midwifery Graduates* was distributed to a total of 1,403 graduates who completed a BSc undergraduate education programme in general/psychiatric/intellectual disability nursing or midwifery in 2010, of which 625 (45%) individuals responded (579 nurses, 46 midwives). This report was examined in terms of graduates' perceptions of preparedness for practice.

2. Consultation Themes - Public Interest Groups

Pre-registration nursing and midwifery education programmes should prepare nurses and midwives to deliver healthcare services now and into the future. It is important therefore to hear directly from those using the services and identify important issues for the educational preparation i.e. the curriculum for nurses and midwives. A number of themes emerged from the public interest group inputs (focus group, submissions and published sources as outlined in Section 1.4.1 and Appendix 4). These themes are referred to throughout the analysis of the entire consultation (Section 3). This section specifically identifies the issues and recommendations emerging from public interest groups. Appendix 4 details further information from referenced sources.

2.1 Self Care

The concepts of self care and a recovery approach were identified as very important to service users. It was articulated that service users manage their own care for the majority of time at home and in the community. Yet when service users interact with health professionals the sense of ‘self care’ and being the ‘expert patient’ is not always acknowledged either in verbal or other interactions.

‘There is a huge contradiction between the “official” position among health professionals of support for the idea of patients taking responsibility for and being involved in decisions about their care and the practice on wards e.g. taking control of medications from the patient’ (Service User)

Service users strongly recommended that the philosophy of ‘self care’ and the patient as ‘expert patient’ should be incorporated into the education of nurses and midwives.

2.2 Therapeutic Relationship

Service users considered the development of a therapeutic relationship between the nurse and patient as important to the overall experience of the service user with the health service. Confidence in the knowledge and skills of the nurse or midwife and excellent communication between the nurse or midwife and the service user were seen as essential to the therapeutic relationship.

2.3 Communication

Service users identified that communication skills for nurses and midwives are extremely important. Communication was seen as central to the care provided to service users.

'My personal experience: The nurses were the best of the medical people who dealt with me. The...were in and out and gone. But the nurses came in and took the time and talked and listened. They were extremely nice and extremely caring'. (Service User)

'Nurses should introduce themselves'. (Service User)

'Informed consent is not always being sought. Consent for certain examinations [such as abdominal palpitation] [written consent is sought for surgery etc.] are often sought verbally in a very informal way.' (Service User)

It was felt however that students do not consider communication as important a subject as other subjects and they recommended that communication be part of the examined curriculum.

2.4 Equality and Diversity

It was considered that there should be greater emphasis on equality, diversity and inclusion with an emphasis on preparing nurses and midwives to be aware of the specific healthcare issues and needs of diverse, minority and ethnic groups as well as an emphasis on inclusive practice.

'Traveller women would like to breastfeed...traveller children put on soya milk automatically for first 24 hours...this can put the mother off breastfeeding... make it harder for them...needs more attention...midwife awareness of this.' (Service User)

2.5 Theory Practice Gap

Service users highlighted that there can be a difference between what students are taught as evidence-based best practice and the actual clinical practice. Specific reference was made to maternity care. It was considered that at times the skills that nurses and midwives are taught are not being utilised in the clinical area. It was recommended that those in education should spend more time in the clinical areas.

'Nurses are underused in A&E. Not doing a lot of what they are qualified for - waiting for doctor to do it.' (Service User)

'Those in education should spend some time on the wards.' (Service User)

2.6 Service User Recommendations for the Education of Nurses and Midwives

Service users identified the following as important issues for inclusion in the educational preparation of nurses and midwives²:

-
- Inclusion of service users in terms of curriculum content and programme delivery
 - Incorporation of self-awareness of the nurse and midwife in the curriculum. Reflective journaling was identified as a tool that could be promoted to support this
 - Communication skills as an assessed subject
 - An increase in interdisciplinary training
 - Provision of examples of real-life healthcare-related events and situations
 - The principles of dignity, respect, equality and diversity must be central to the curriculum thus promoting inclusive practice
 - Placement in a community setting should be part of training
 - A continuous improvement approach to training including educators spending time on the wards.
-

'Clients, advocates giving talks to student nurses and midwives – this is very spasmodic, it is dependant on individual lecturers. It is not structured into the curriculum – it should be.' (Service User)

² Service users stated that the recommendations identified may already be included in the educational preparation of nurses and midwives but that the issues listed were what they identified as most important for them as users of the health system.

3. Consultation Themes – Submissions, Focus Groups and Stakeholder Meetings

3.1 Value of the Undergraduate Nursing and Midwifery Degree

There was unanimous support for the provision of the undergraduate programmes at degree level (level 8 National Framework of Qualifications). Nurses and midwives were seen to graduate with a qualification at an equal level to other professions. This was supported by stakeholders who considered that it has allowed for the recognition of the professions of nursing and midwifery. The Pharmaceutical Society indicated that degree status has made a difference. They considered that without it, it would have been difficult to progress the nurse prescribing agenda. Education to honours degree level was seen to provide a coherent education pathway to master's degree level or PhD.

The integration of theory and practice was identified as strong. The international feedback regarding Irish graduates who migrate to work in other countries was identified as very positive with regard to fitness of the nurse or midwife for practice. There was a general feeling that the students on graduation were 'fit for purpose'. There were however some concerns expressed from a minority indicating that new graduates required more support than would have been anticipated given the opportunity for internship.

The importance of degree level qualification was linked to research analysing patient outcome data with qualifications. Research studies of high quality and depth have identified that hospitals with higher proportions of nurses educated at baccalaureate level or higher experienced lower mortality and failure to rescue rates^{3 4}.

The four year programmes were seen to have facilitated the students to engage in a broad range of subjects (such as research methodologies, ethical and legal considerations, risk assessment and management). This engagement was identified as extremely important for the promotion of evidence based practice, patient safety and the

³ Aiken L.H., Clarke S.P., Cheung R.B., Sloane D.M. & Silber J.H. (2003) Educational levels of hospital nurses and surgical patient mortality. *Journal of the American Medical Association* 290:1617-1623.

⁴ Rafferty A.M., Clarke S.P., Coles J., Ball J., James P., McKee M. & Aiken L.H. (2007) Outcomes of variation in hospital nurse staffing in English hospitals: cross-sectional analysis of survey data and discharge records. *International Journal of Nursing Studies* 44(2)175-182.

provision of holistic patient care. Early exposure to and the broadness of clinical placements were seen as strengths.

'Level 8 honours programme – more credibility with other professions'. (Student)

'The mix of different topics we get to study such as psychology and sociology – these help us to broaden our minds while studying nursing'. (Student)

The broad range of teaching and learning approaches employed was seen as a strength of the programme for example the use of blended learning⁵, Objective Structured Clinical Examinations (OSCEs), simulation, enquiry based learning, elearning etc.

'Tutorials, practicals...best teaching'. (Student)

It was suggested that technology could be maximised to provide support for students when in the clinical areas. For example having the opportunity to log in to 'expert lectures'. The importance of Higher Education Institutions (HEIs) embracing new teaching methodologies was raised e.g. smaller group facilitation for communication skills, active learning strategies such as problem/work based learning.

The 'socialisation' of student nurses and midwives into third level institutions was welcomed and seen to benefit students' personal development. While the college year was generally supported there were suggestions that programmes should run over the whole year. Other suggestions expressed by a minority were to reduce the programme back to a three year programme over full and not academic years.

The supports for the students were valued. These included clinical placement co-ordinators (CPCs), practice development, student allocation officers, lecturers, library and skills laboratory facilities.

⁵ Blended learning can be defined as the use of a combination of teaching methods such as e-learning, virtual classrooms, traditional teaching in the classroom etc.

It was noted that in terms of the midwifery programme only two cohorts have completed the programme which is early to evaluate the programme.

3.2 Programme Content

It was generally accepted that the curriculum should be more outcome and competency based rather than content driven. It was felt that the curriculum was overloaded with content i.e. the list of subjects being taught had been continually expanded over the years rather than being refocused in line with healthcare developments.

It was noted that incremental learning is happening over the four years and that the identification of outcomes and competencies appropriate for each year was important. It was suggested that this approach would be useful in the development of academic content and to identify the level at which students have attained for each year. This could also be linked to levels 5 to 8 on the National Framework of Qualifications which would support exit strategies if required.

3.2.1 Curriculum Focus

The focus of hospital, acute care and an illness model were identified as dominating the curriculum and that an increased community focus and a health focus was required. It was considered that the curriculum should be driven by the emerging models of care delivery from the clinical care programmes with a focus on chronic disease management.

In line with population demography and epidemiology a stronger emphasis on gerontology and dementia care was advocated for mental health, intellectual disability and general nurse programmes. It was seen that these programmes would benefit from increased older person academic content and clinical placements. Practical skills identified included PEG⁶ reinsertion, sub-cutaneous fluids and male catheterisation.

The ability and expertise to promote health and wellbeing was identified as critical for all nurses and midwives. Working with communities regarding the importance of

⁶ Percutaneous endoscopic gastrostomy tube inserted into the patient's stomach as a means of feeding.

maintaining mental health and the prevention of mental health problems was seen as desirable.

The integrated children's and general programme identified the importance of balance in relation to including both paediatric and general placements. It was raised that for some programme providers the focus was predominantly on paediatrics and not general. The intellectual disability nurses raised the tension between engaging in a 'social model' while embracing a nursing model of care. The importance of student midwives having the opportunity for practice of normal midwifery skills was noted.

Cancer it was indicated was becoming a chronic disease which means that nurses need to be prepared to provide cancer nursing care across both hospital and community. The National Cancer Control Programme in partnership with the Office of Nursing and Midwifery Services HSE are due to publish '*A Strategy for Nurses Caring for People with Cancer in Ireland incorporating an Educational Framework*' that addresses the competencies required by nurses who will care for patients with cancer. It was strongly suggested that this document be considered as a guide to inform the undergraduate curriculum and the core competencies required by nurses at registration in relation to caring for people with cancer.

There was general agreement for the need of greater integration of pharmacology and medication management throughout the programmes rather than being provided as a distinct module. Students reported having a theoretical background in pharmacology but experiencing difficulty in relation to numeracy and drug calculations.

'Not enough pharmacology and should be branch specific'. (Student)

The use of an emancipatory practice development model was advocated to support development of a person centred model of care.

Inclusion of a leadership module to develop competence and confidence (such a module could include options such as team building, conflict management, management and governance, international trends in health management, financial management, lean

health, information and communications technology (ICT), change management) was proposed. General management skills should be incorporated for all programmes which would include organisation, prioritisation and management of care. Students it was considered should be computer and information technology literate.

3.2.2 Health Assessment

The inclusion of more in depth health assessment skills and the use of early warning scores were seen as both essential and desirable. This could include psychological, cognitive and physical/clinical assessment skills in line with the health assessments conducted by other health professionals. Students it was suggested should be prepared to conduct a systematic ‘head to toe’ assessment utilising multidisciplinary evidence-based assessment tools. This would support nurses and midwives participation as equal respected members of multi-disciplinary teams. This in turn would directly benefit clinical care providing early access to assessment and clinical decision making promoting early intervention and earlier detection of patient deterioration. The importance of being able to manage the physical health needs of mental health and intellectual disability clients was noted.

The roles of clinical judgement and decision making are seen as very important in modern health care delivery. Their explicit inclusion in the curriculum would prepare nurses and midwives to work more autonomously in the community within the team structure. This approach would also provide the foundation for progressing to medication and ionising radiation prescribing; and expanded, specialist and advanced practice. There were mixed views as to whether medication prescribing should be included in the undergraduate curriculum. There was a view that nurses and midwives require experience as qualified staff before becoming prescribers but that the use of medication protocols could be included.

3.2.3 Core Values of Nursing and Midwifery

The bio-medical model emphasis was seen as very strong and the importance of identifying and retaining the core values of nursing and midwifery was emphasised including the concept of ‘caring’. The core values of nursing and midwifery, the value of good communication skills and development of interpersonal skills were universally

seen as important by the nursing and midwifery professions and the public interest groups. This includes compassion, empathy and caring.

The requirement to embrace the philosophy of ‘person centred care’ across all disciplines was seen as critical. The concept of ‘expert patient’ was raised which was supported by the public interest groups. The curriculum it was considered should prepare students to empower patients and service users to self care. Participation of patients in teaching/providing talks was advocated.

‘People with direct experience of receiving mental health services should be involved in delivering all nursing education courses in the country in order to assist students in developing non-stigmatising, positive attitudes towards people with mental health conditions’. (Service User)

3.2.4 Teamwork

Nurses and midwives work in teams and the skills to support teamwork should be included in the curriculum. Opportunities for interdisciplinary education should be actively explored. For example subjects such as research, clinical audit and evaluation skills were seen as essential for students but education could be provided with other students both nursing, midwifery, medicine and others. One submission from a HEI gave the example:

‘...nursing students ...come together with students studying medicine, physiotherapy and occupational therapy to explore clinical scenarios involving interprofessional practice and patient care’. (HEI)

This was supported by the stakeholders (Irish Medical Council, Pharmaceutical Society Ireland, Pre Hospital Emergency Care Council) identifying a ‘learning together’ concept as a useful process of education.

3.2.5 Equality and Diversity

It was considered that there should be greater curriculum content on equality, diversity and inclusion with an emphasis on preparing nurses and midwives to be aware of the specific healthcare issues and needs of diverse, multi-cultural, minority and ethnic

groups as well as an emphasis on inclusive practice. The inclusion of service users in terms of curriculum content and programme delivery was seen as important.

3.2.6 Approaches to Curricula

A population health approach to care delivery with health promotion/prevention skills as well as addressing chronic disease management would enable graduates to function equally well in hospital and community settings. Alignment between the curriculum and national clinical care programmes was identified as important. The curricula needs to continually adapt to emerging healthcare policy and the changing models of delivery of healthcare ensuring the dynamic nature of knowledge and skills required for practice. This requires flexible curricula to allow for significant healthcare changes in Irish society to be incorporated in a timely manner.

A patient safety philosophy underpinning the curriculum was strongly advocated by stakeholder groups. Transitions in care, handovers and communications were identified as 'risk' issues by the Clinical Indemnity Scheme. The Clinical Indemnity Scheme submission provides six domains of competency which they recommend are included in curriculum. These domains include communicating effectively, identifying, preventing and managing adverse events and near misses, working safely, being ethical and managing learning.

Examples of additions to programmes included: for general nurses intravenous (IV) cannulation and venepuncture; for mental health nurses the recovery approach and managing self harm and for children's nurses the national model of care for paediatrics. Changes from a segregation approach to inclusion and independence for those with intellectual disability was noted. The midwives emphasised the importance of having a focus on health promotion, child/family health issues, community care and normal midwifery practice. The following were identified in relation to midwifery by service users:

'I would like to see all midwives trained extensively in breastfeeding support'. (Service User)

'Introduction of a lecture to midwives on dealing specifically with multiples [multiple births]'. (Service User)

It was felt however that there is a risk of overloading the curriculum content and losing sight of the required outcomes at undergraduate level. It was generally agreed that the undergraduate programme should not equip a student for rest of their life but equip them with the ability to learn and to engage in life-long learning. A principles based approach to the curriculum was advocated which would support national consistency where graduates attain specific competencies at the end of their programmes of education.

3.3 Clinical Placements

Clinical placements were universally valued by students, health service providers and HEIs. This included both supernumerary and rostered placements. Early exposure to clinical placements was seen as a positive.

There was a high level of awareness of the impact of the changing nature of healthcare delivery and the challenges presented by the current economic climate on the clinical learning environment and curriculum content for undergraduate nurses and midwives. For example traditional surgical clinical placements are significantly reduced as much surgical care is now provided as day cases. There is saturation of students in some clinical areas which means that there can be large number of students per preceptor which limits access to quality preceptorship.

The Emergency Nursing Interest Group – National Emergency Medicine Programme advocated that exposure to emergency nursing is an essential aspect of the undergraduate programme. This area of nursing offers a unique insight for students to observe the interface between primary/secondary and occasionally tertiary care during and emergency patient episode. An increase from two weeks exposure to four weeks was proposed in year three. Additionally it was considered that allocation of students to emergency departments during their ‘rostered’ year would be beneficial.

Opportunities for placement in a Band 1 hospital for all students in order to gain insight into highly technical complex care should be explored it was considered by some groups.

The importance of exposure of students to end of life and bereavement care in acute hospitals/community care and home care teams was highlighted. Hospice placement for all students was advocated (8 inpatient units across the country). The Irish Hospice Foundation endorsed the statement of the European Association for Palliative Care⁷ on the competencies which should be instilled in the general community of nurses through their undergraduate training.

A stronger emphasis in older person care was advocated for mental health, intellectual disability and general nurse programmes. Core and fundamental skills for nursing it was considered could be gained in older person placements.

3.3.1 Clinical Placement Challenges

The specialist placements as currently structured in years two and three were seen to fragment the programme and its delivery. The current structure means that students in the main do not have general placements after year 1 and enter their internship year having that large gap which impacts on their performance. A significant challenge is the retention and development of skills and knowledge attained in first year as years two and three are predominantly focused on multiple short specialist placements the value of which were questioned. This has the potential to delay identification of students who may have difficulties in practice until late in the degree programmes. This can also result in insufficient time to develop in-depth knowledge and intervention skills. The extent of short specialist placements was seen as a luxury and that students would benefit more from a smaller number of major placements. Students described themselves as ‘tourists’ rather than being part of a team when on their specialist placements. The requirement for 100% attendance in clinical placements was not seen to be practical all the time. The logistics of travel for clinical placements in terms of distance, travel arrangements, requirements to move accommodation and cost was described by students.

Midwives identified that there can be saturation of students on placements. This means that there could be a large of students in one clinical area which reduces the quality of the clinical experience for the student and places pressure on the staff midwives and the preceptors. It was considered that it might be useful to utilise additional midwifery

⁷ <http://www.eapcnet.eu/LinkClick.aspx?fileticket=e9JnEa7YZDM%3d>

services and not just those that are currently attached to third levels if available. This is already happening in some HEIs. It was even suggested that a smaller intake would provide more of a quality student experience. Midwives highlighted that students entering fourth year could have as little as ten deliveries completed.

Clinical placements it was proposed should be integrated more effectively with theoretical components to allow students to more easily apply theory to practice. For example students might do a specific clinical placement but may not have had the theoretical/academic content.

With the move to community care students require more time in community placements including community intervention teams which should be facilitated at the beginning of the programmes. Mental health and intellectual disability appeared to have more opportunities for such placements. It was considered that a broader range of community placements should be utilised to include General Practices (General Practitioner and practice nurse), placements with social workers, home visits with physiotherapists and occupational therapists and placements with other members of multidisciplinary team for example dietician, health promotion officer, area medical officer, psychologist etc.

Placements in day care facilities were advocated and with local services such as pharmacist, methadone clinics, environmental health officer, schools, community Gardai and local voluntary groups such as St Vincent de Paul etc. Following the patient journey from the home with primary care at the lowest level of complexity through to the acute hospital services was advocated. At the stakeholder meetings the Pre Hospital Emergency Care Council suggested that pre-hospital care and the ambulance service could be considered as a community area. Insurance issues for community placements were raised. It was identified that supports for students in the community were limited.

As only a small minority of people with mental health problems receive treatment in specialist mental health services, the undergraduate psychiatric nursing programme should prepare students to practice in a variety of community settings and to provide a range of evidence-based care for those with psychological problems within these settings. Exposure to addiction services on a clinical placement is problematic as many addiction services may not have a nurse on site to provide preceptorship.

Midwives in particular considered that more community placements were necessary. Midwives considered the need to have more focus on the normal aspects of midwifery both in hospital and community.

It was felt that an increased opportunity for Erasmus and international placements would be useful using for example the NHS in Northern Ireland. However challenges to such placements were raised in terms of identification of learning outcomes and assessment processes.

Suggestions were made in order to increase access to clinical placements. These included rostering of students throughout the 24 hour period or in the summer period.

‘Student nurses who are supernumerary should get more options to do night duty as this is the time when most admissions can occur into an acute psychiatric admission unit’. (Student nurse)

The potential of skill laboratories could be exploited as clinical placements.

Opportunities to engage with the private sector to support clinical placements were advocated. Older person services indicated that they could provide high quality placements with the opportunity for students to attain core nursing competencies.

‘More private and voluntary nursing homes should be used for clinical placement...nursing home sector is highly regulated and therefore it could be argued that the standard of nursing care in these settings is being monitored and approved...’ (Nursing Homes Ireland)

3.3.2 Internship

The Internship was seen as essential for consolidation of learning and development of critical thinking skills. However as previously identified the current programme structure means that students can enter internship without having experienced general placements since year one. This is stressful for both staff and students as there is an expectation of a level of practice for an intern regardless of whether it is the first or last day of internship. Specific attention to preparation for commencing internship in terms

of both theory and structure of clinical placements would help alleviate some these issues.

It was felt that there are gaps in attaining key clinical skills/competencies in the internship year for example IV drug administration, blood transfusions and total parenteral nutrition (TPN).

'Not enough exposure to...that we will need post qualifying e.g. IV cannulation, IV drug therapy, male catheterisation.' (Student)

Development of core competencies for internship it was felt would be useful but would require a structured framework at national level.

It was raised that students undertaking internship are not up-to-date in mandatory in-service education as this is provided in 3rd year and not 4th year e.g. cardio pulmonary resuscitation, patient moving and handling techniques. Students stated clinical environments could be 'overwhelming' and busy at times. Support such as links with other students and increased awareness of qualified staff that students may be encountering clinical situations (such as death) for the first time were called for. New graduates highlighted an opportunity for enhanced education regarding⁸:

- pharmacology and medication administration (including intravenous (IV) antibiotic preparation and administration), IV therapy management; communication (patient/family/medical teams)
- time management
- acquiring venepuncture and peripheral IV cannulation competency skills during the period of clinical internship, thus aiding their transition to the role of registered nurse or midwife
- more clinical placement time across the total programme with a focus on developing 'hands on' skills in core clinical settings was strongly suggested.

'Lots of clinical skills...be very employable worldwide...competitive advantage for Irish graduates'.
(Students)

⁸ Office of Nursing and Midwifery Services Director (ONMSD) 2012 *Findings from the Survey of 2010 Nursing and Midwifery Graduates: Where are they now?*

3.3.3 Preceptorship⁹

The preceptors were seen to be integral to the programmes and their input was highly valued. Initial education preparation for preceptors was identified as varied throughout the country. It was suggested that preceptorship training could be mandatory and defined at a national level possibly through An Bord Altranais. On-going support for and evaluation of preceptors was identified as important going forward. Additionally it was identified that not all nurses and midwives wish to act as preceptors. Preceptors were seen as a diminishing resource and at times could have up to five students to precept. This limited time to give feedback to students and assessments could be delayed. It was suggested that part of this potential issue could be addressed by a relaxing of the requirement that students preceptor/mentor for all practice placements must be a registered nurse/midwife.

'It is challenging making sure that we can preceptor all the students – particularly when there are several different groups there.' (Clinical Nurse Manager II)

An approach that supports multiple models of preceptorship was proposed which could include 'co-preceptorship' models. It was proposed that there was potential for clinical supervision in the fourth year rather than preceptorship.

Stakeholders suggested incentives to encourage preceptors in their role as educators of students. Examples were given from medicine at a stakeholder meeting. Incentives included honorary titles with the HEI and on-line access to library which would support staff to feel part of the teaching community.

3.3.4 Theory Practice Gap

The theory practice gap was identified with students not necessarily seeing in practice what they learnt in college. Midwives felt that this was a significant issue for them.

⁹ Each student is assigned a named preceptor, who is a registered nurse, during clinical practice placement to provide support and supervision. Preceptors/nurses, who support students, should have completed a teaching and assessing course to enable them support, guide and assess students and assist them learn the practice of nursing (ABA Requirements and Standards for Nurse Registration Education Programmes 2005) (ABA Requirements and Standards for Midwifery Registration Education Programmes 2005).

3.3.5 *Supernumerary Status*

It would appear that the understanding and interpretation of supernumerary status varies throughout the country which impacts negatively on student experiences. Further guidance from An Bord Altranais was requested. Providing consistent preceptorship was seen as challenging as students are present for five days a week and staff work the full twenty four hours over seven days.

3.3.6 *Reflective Practice*

Reflection time was highly valued by both students and academic staff. The understanding of reflection and the structures and processes varies throughout the country. Further guidance from An Bord Altranais was requested. It was raised that sometimes reflective practice is seen as an opportunity to complete academic assignments. A more structured approach was called for.

3.4 **Requirements and Standards**¹⁰

The Requirements and Standards were seen to be content driven and it was strongly recommended that they should be more outcomes focused with explicit outcomes/competencies identified for each year and the final year of the programmes. This is the approach that the stakeholder groups such as the Irish Medical Council and the Irish Pharmaceutical Society identified that they are taking for their students.

The Requirements and Standards were not seen to reflect system changes which have altered the clinical placement opportunities. For example much of acute care in mental health is now in the community rather than as an inpatient service.

¹⁰ Section 85 of the Nurses and Midwives Act 2011 sets out the duties of Bord Altranais agus Cnáimhseachais na hÉireann with regard to nursing and midwifery educational and training. The Board will set and publish standards of education and training for first time registration and post-registration specialist nursing and midwifery. It will approve programmes and bodies which may deliver such programmes of nursing and midwifery education and training and inspect places in the State where training is provided for the purpose of monitoring adherence to the nursing and midwifery education and training standards. The Board must prepare and publish guidelines for bodies approved to deliver education programmes on ethical standards and behaviour appropriate for nurses, midwives and candidates.

An Bord Altranais (2005a) *Requirements and Standards for Nurse Registration Education Programmes*. 3rd Edition. An Bord Altranais, Dublin.

An Bord Altranais (2005b) *Requirements and Standards for Midwifery Registration Education Programmes*. 3rd Edition. An Bord Altranais, Dublin.

It was considered that broader interpretation in the Requirements and Standards of what defined a clinical placement would be useful. It was suggested that the Requirements and Standards should allow for placements where there is no nurse or midwife for example a student mental health nurse or a student intellectual disability nurse could have a valid learning opportunity with a psychologist. A long placement with a CNS or ANP might offer excellent learning. An example of the benefit of a long placement with a CNS (Paediatrics) who works in both hospital and community was given.

A lot of discussion indicated that each HEI has its own interpretation of the Requirements and Standards and the assessment processes. While there was no consensus it was considered that it would be useful to explore the potential for a national framework for both curriculum content and assessment processes or a national curriculum. There was a strong call for consistent national assessment processes and documentation. This would minimise variation in assessment across the country. This would support consistency of outcomes and competencies attained on registration as a nurse or midwife.

The importance of the description of psychology as a subject emerged particularly for children's nursing, mental health nursing and midwifery. It was proposed that it should be included as a separate section for psychiatric students. A generic requirement to cover a fundamental introduction to psychology with specific reference and application to psychiatric nursing where relevant and a few specific topics such as cognition, psychological problems/distress and psychological interventions were identified. The importance of family and community engagement was emphasised to support social integration. In relation to midwifery it was considered that psychology is so relevant to that rather than a broad heading 'psychology' in the Requirements and Standards that the fundamental introduction to psychology with specific elements such as psychology of pregnancy, stress management and early childhood development should be included.

3.5. Failure to Fail

'Failure to fail' is an issue. Students could reach internship year before they are assessed to 'fail'. This it was felt was due to the structure of the placements and the assessment processes. Preceptors are reluctant to fail a student in a competency particularly if a student is on a short placement. On specialist placements, competence is not always or

not consistently assessed. It would appear that students can progress for substantial amounts of time without competence assessment. Exit awards to assist those who wish to leave the programme should also be considered.

There was seen to be a lack of guidance from An Bord Altranais on fitness to practice for student nurses who are managing disability issues. Disciplinary issues were also raised and the role of An Bord Altranais was raised bearing in mind that the students are on a candidate register.

3.6 Programme Structure

3.6.1 Points of Entry

The nursing points of entry were valued and seen to prepare nurses and midwives to work in specific disciplines. The points of entry it was suggested create a strong identity and a distinct scope of practice associated with the discipline. Graduates it was considered were prepared for the specific client group from day one. This was seen as positive if the priority is the client group with the patient at the centre. One submission describes the following in relation to intellectual disability nursing:

'The ID programme should develop a RNID¹¹ who has the competence to promote the health and well-being, individuality, autonomy, rights, choice and social inclusion for people with intellectual disability, while also encouraging others to do the same. The RNID must be able to advocate for their strengths and abilities and facilitate the full and active participation of the person themselves, their families and advocates. The RNID must be able to understand and apply the current and proposed policy and legislation. They must have advanced communication skills to be able to understand and communicate effectively with people with intellectual disabilities, their families and advocates. They must also respond in a therapeutic capacity to people with complex health, behavioural and psychological needs. The RNID must be able to meet the needs of individuals with intellectual disabilities across the life span from babies, children, young people, pregnant and post natal woman, people with Mental Health, complex behaviours, chronic diseases, physical disabilities, older people and people with cognitive deficits e.g. dementia. The RNID must have the ability to work in partnership with other relevant agencies e.g. health; education, training and employment, social care and housing to secure that optimum access and gain from required services. The RNID must have the ability to case manage and lead, manage and work as an effective team member with all stakeholders'. (HEI)

¹¹ Registered Nurse Intellectual Disability

There was however general support for and acceptance of shared learning and common foundation subjects for the first year of the programme. This it was felt was different from a generic programme. Some suggested that there were common foundation opportunities which could apply meaningfully over the four years.

All nurses need to be able to appreciate the complex interactions between mental, physical and intellectual health and illness/disability across the lifespan. Further more nurses need to incorporate this knowledge into skilled holistic assessments and interventions in any nursing discipline.'
(HEI)

It was noted at the stakeholder meetings by the Department of Education that there is a move generally in education for a more general first year to provide a broader education experience.

The importance of cross fertilisation across disciplines was emphasised. The concern that separate points of entry may be reinforcing boundaries within nursing was expressed at a stakeholder meeting. It was suggested by a small number that generic entry would facilitate students to have exposure to different divisions of the register before making up their minds on their career.

'5 points of entry ...runs the risk of leading students into a professional cul de sac'. (Nurse Focus Group – HEI and Service Provider)

'Choose branch of nursing by points system'. (Students)

The direct entry model was seen to result in less attrition and ensured that certain areas of practice such as intellectual disability had enough graduates for practice. It was indicated however that the attrition rate for the direct entry midwifery programmes is high when compared to other direct entry programmes. It should be noted however that at this time only two cohorts have completed the direct entry midwifery programme.

The direct entry midwifery programme means that midwives are immersed in the midwifery philosophy and are dedicated to the development of the profession, recognising the uniqueness of midwifery. Historically there has been a loss of midwives

who completed the post graduate midwifery programme to the public health nursing education programme. This loss was seen to have reduced with the introduction of the direct entry midwifery programme and the changed entry requirements for the public health nursing programme. Direct entry midwifery was seen to promote the independent autonomous role of the midwife. It was noted that many maternity hospitals provide gynaecology services and midwives are not prepared for these areas. Additionally women present with medical conditions such as diabetes, renal failure etc. There was a variety of suggestions in relation to inclusions with regard to requirements for competency in gynaecology care. Some considered that 'gynaecology' was appropriate for inclusion in the undergraduate education while others felt that postgraduate education could be provided to expand the role of the midwife in this area.

Many of the mental health nurse submissions made reference to the New Zealand publication (Prebble 2001¹²) regarding conclusions by the author that psychiatric/mental health nursing is a distinct scope of practice which requires specialty undergraduate preparation. Intellectual disability nurses made reference¹³ to recommendations of a recent UK report presenting expert opinion on key issues, and potential solutions concerning the diminishing numbers of learning disability nurses in England.

Children's nurses identified that the integrated children's and general nursing programme is the only route in Ireland to obtain a children's pre-registration qualification. This was seen as disadvantageous for those who wanted to pursue a children's qualification only and it was seen to raise the CAO points which excludes a number of potential candidates. Additional points of entry proposed included gerontological nursing and community nursing.

3.6.2 Career Progression

The opportunity for certain graduates to travel may be diminished as their qualifications e.g. mental health and intellectual disability may not be recognised in all countries. There is no accelerated pathway for graduates to attain a postgraduate registration

¹² Prebble K. (2001) On the brink of change? Implications of the review of undergraduate education in New Zealand for mental health nursing. *Australian and New Zealand Journal of Mental Health Nursing*. 10:136-144.

¹³ Gates B (2011) Learning Disability Nursing: Task and finish Group: Report for the Professional and Advisory Board for Nursing and Midwifery - Department of Health, England.

qualification in a second discipline, with the exception of children's nursing and midwifery. This was seen to impact on nursing and midwifery workforce mobility and flexibility and limiting career pathways and options for graduates. It also limits the opportunities for cross fertilisation between specific branches of nursing, reducing optimum benefits for patients. It was felt although there was no consensus on this that consideration should be given to shortened post registration programmes and/or consideration of other dual qualifications such as mental health and general nursing. It was noted that medicine has a graduate entry pathway. A graduate entry programme or an accelerated programme it was considered could occur through a 'module mapping' exercise. The integrated children's general programme was seen to provide increased employment opportunities.

3.7 Governance Arrangements

The local joint working groups were highly valued.

'Strong local partnerships and good working relationships have been established between health service providers and the HEI' (Director of Nursing)

It was felt however that they work better in some areas than others. The joint working groups should stay strategic, be inclusive and work with formalised memorandums of understanding. The joint working groups should have inclusive representation from both clinical and academic staff. The importance of regular inclusive meetings with a high level of commitment and responsiveness to issues was emphasised.

Clinical Placement Co-coordinators (CPCs) are generally attached to hospital services and do not provide cover in the community. There are some exceptions in mental health and intellectual disability. The employment location of CPCs was raised in terms of creating flexibility in supporting more diverse clinical placements.

There are a number of competing agendas for academics including the need to undertake research and to publish. However the importance of lecturers being clinically credible and maintaining clinical competence in their area of interest was raised. Consideration should be given to other types of appointments e.g. lecturer practitioners. The 'link lecturers' as identified in the Requirements and Standards were not seen to work in

reality. The importance of clinical staff teaching on programmes was valued and it was considered more such teaching should occur. There was call for more visibility of academic staff when students are on clinical placements to augment assessment and support of students. One HEI provided an example where it had introduced the role of the clinical tutor for both nursing and midwifery programmes. The clinical tutors are based in the third level clinical skills laboratory for nine months of the year where they facilitate development of students' clinical skills through simulated clinical experiences and are employed in clinical practice for the remainder of the year.

'The clinical tutor is a great link between the health service provider and HEI.' (HEI and Service Provider)

Selection process for nursing and midwifery students through the CAO was raised. Some considered that inclusion of an interview or HPAT¹⁴ process would be useful in identifying suitable candidates.

3.8 The Funding Distribution Model

Funding of Nursing and Midwifery undergraduate education programmes has transferred from the Department of Health to the Department of Education and Skills for distribution by the Higher Education Authority. Funding mechanisms are currently "ring fenced" within third levels. The Schools of Nursing and Midwifery in the HEIs indicated that they considered it important that the funding for nursing and midwifery remains "ring-fenced" into the future i.e. that is the funding of nursing and midwifery undergraduate programmes is not subject to discipline weightings (i.e. third level funding distribution models).

3.9 Evaluation

It was considered that programme review every five years was not adequate. On-going transparent evaluation of the programmes was recommended.

¹⁴ The admissions test selected by the Irish Medical Schools is called HPAT-Ireland (Health Professions Admission Test-Ireland). The test measures a candidate's logical reasoning and problem solving skills as well as non-verbal reasoning and the ability to understand the thoughts, behaviour and/or intentions of people.

3.10 Workforce Planning

The 2:1 replacement ratio where one staff nurse is replaced with two students during the internship was seen as challenging to maintain. There was call to increase the internship to 12 months in order to support the services in workforce planning around the 2:1 ratio. The feasibility of continuing of the 2:1 ratio in the community given current staffing structures was raised as a potential barrier to providing community placements for interns.

Caution was expressed with regard to any consideration on the reduction of the intake of student numbers. It was considered important that there would not be a return to a workforce planning scenario where Ireland would require overseas recruitment for nurses and midwives. Consideration of support for newly qualified nurses was expressed and a graduate employment scheme was advocated.

4. Conclusion

There was strong support for the degree programme in the consultation process. Suggestions were made to improve programme oversight, programme delivery and programme evaluation. It was considered that consideration should be given to a standard curriculum, assessment process and documentation. Greater guidance was called for from An Bord Altranais and suggestions were made in relation to the Requirements and Standards. General support for the five points of entry remained however the concepts of shared learning, common foundation subjects and interdisciplinary education were advocated.

Learning outcomes and specific competencies for each year of the programmes were seen to be essential. A philosophy of patient empowerment, population health improvement and life long learning were advocated. A principles based approach to the curriculum driven by emerging models of healthcare delivery in Ireland was advocated which would support national consistency where graduates attain specific competencies at the end of their programmes of education.

Appendix 1 List of Submissions

1. Anonymous.
2. Anonymous, Student Midwife, Cork University Maternity Hospital.
3. Anonymous, Senior Management, HSE South.
4. Ms Aisling Ahern, Clinical Placement Co-ordinator, Mater Misericordiae University Hospital.
5. Mr Odhran Allen, Director of Mental Health Policy, Gay and Lesbian Equality Network.
6. Ms Brigid Arkins, Lecturer, School of Nursing & Midwifery, University College Cork.
7. Ms Jill Atkinson, Midwifery Section, Dundalk Institute of Technology.
8. Ms Brigid Barron, Innovation & Programme Manager, Caring for Carers Ireland, Ennis, Co. Clare.
9. Ms Maria Barry, Assistant Director of Nursing, South Tipperary General Hospital.
10. Ms Orla Barry, Director, Mental Health Reform.
11. Ms Catherine Beatty, Clinical Nurse Specialist in Psychotherapy, Tallaght Adult Mental Health Centre.
12. Mr James Begley, Acting Clinical Nurse Manager III, West Galway Mental Health Services, University Hospital Galway.
13. Ms Rose Bennett, Nursing Practice Development Co-ordinator, Nursing Practice Development Unit, St. Ita's Hospital, Portrane, Co. Dublin.
14. Ms Rose Bennett, Nursing Practice Development Co-ordinator, on behalf of staff in North Dublin Mental Health Service.
15. Ms Rita Bourke, Clinical Placement Co-ordinator, Merlin Park Hospital, Galway.
16. Ms Kate Bree, Assistant Director of Nursing & Nurse Practice Development Co-ordinator, Sligo General Hospital.
17. Ms Anne Brennan, Nurse Practice Development Co-ordinator, St. Vincent's Hospital and Dublin North Central Mental Health Services.
18. Ms Mary Brosnan, Director of Nursing & Midwifery, National Maternity Hospital.
19. Ms Mary Brosnan, Lecturer, Department of Nursing and Healthcare Studies, Institute of Technology Tralee, North Campus, Tralee, Co. Kerry.
20. Dr Gary Brown, Head of Department, Nursing & Health Studies, Institute of Technology, Tralee, on behalf of Pre-Registration Course Board Institute of Technology (Tralee), HSE South and Bon Secours Hospital Tralee.
21. Dr Gary Brown, Head of Department, Nursing & Health Studies, Institute of Technology, Tralee, on behalf of Local Joint Working Group, Institute of Technology Tralee, South HSE and Bon Secours Hospital Tralee.
22. Ms Judy Buckley, Chairperson, Irish Multiple Births Association.
23. Ms Geraldine Burke, Clinical Placement Co-ordinator, St. Otteran's Hospital, Waterford.

24. Ms Emma Burns, Birdhill, Co. Tipperary.
25. Ms Helena Butler, Nurse Practice Development Co-ordinator, Kerry General Hospital.
26. Ms Evelyn Byrne, University Teacher, Clinical Skills Network Ireland.
27. Ms Margaret Carroll, Head of Midwifery and Director of Midwifery Programmes, Trinity College Dublin.
28. Ms Avilene Casey, Interim President of Irish Association of Directors of Nursing and Midwifery, Kilcreene Hospital.
29. Dr Brieger Casey, Director of Teaching and Learning, Dublin City University.
30. Dr Brieger Casey, Director of Teaching and Learning, on behalf of Dublin City University and Healthcare Partner Services.
31. Ms Deirdre Clarke, Clinical Placement Co-ordinator, Beaumont Hospital.
32. Ms Silva Claudynalle, 1st Year Student Midwife Class Representative, on behalf of all 1st Year Student Midwives, School of Nursing & Midwifery, University College Cork.
33. Ms Carol Condon, College Lecturer and Co-Director of Undergraduate Education, on behalf of the Clinical Practice Committee of University College Cork and associated Health Care Providers.
34. Ms Caroline Conway, Clinical Placement Co-ordinator, on behalf of Registered General Nurses Mayo General Hospital.
35. Ms Anne Corcoran, Student Allocations Liaison Officer, on behalf of Allocations Liaison Officers affiliated to Higher Education Institute, Trinity College Dublin.
36. Mr Michael Coughlan, Head of Discipline (General Nursing), Trinity College Dublin.
37. Professor Imelda Coyne, Professor of Children's Nursing, Trinity College Dublin.
38. Mr Matt Crehan, Assistant Director of Nursing, East Galway Mental Health Service.
39. Ms Aisling Culhane, Research & Development Advisor, Psychiatric Nurses Association.
40. Mr Peter Cullen, Head of Standards, Research and Policy Development, Higher Education and Training Awards Council, on behalf of IUQB, HETAC, NQAI and FETAC Executives.
41. Mr John Joe Culloty, Councillor.
42. Ms Catherine Cunniffe, Clinical Placement Co-ordinator, on behalf of National Clinical Placement Co-ordinators Association – Mental Health Division.
43. Ms Fiona Daid, Clinical Nurse Manager, Emergency Nursing Interest Group/National Emergency Medicine Programme.
44. Ms Caroline Dalton O'Connor, Lecturer, Ballincollig, Co. Cork.
45. Ms Margaret Daly, Nurse Practice Development Co-ordinator, HSE Laois Offaly & Longford Westmeath Mental Health Services.
46. Ms Therese Danaher, Chairperson, Nursing Network in Intellectual Disability Ireland.

47. Ms Dolores Dempsey-Ryan, Nurse Practice Development Co-ordinator, Connolly Hospital.
48. Ms Caitriona Dennehy, Nurse Practice Development Co-ordinator, The Adelaide and Meath National Children's Hospital.
49. Ms Karen Denver, Registered General Nurse/RSCN, HSE.
50. Ms Karen Denver, Registered General Nurse, Ashford, Co. Wicklow.
51. Mr Peter Donnelly, Nurse Practice Development Manager, St. John of God Hospital.
52. Ms Josie Doolan Ruane, Clinical Placement Co-ordinator, Mayo General Hospital.
53. Ms Louise Doyle, Lecturer/Head of Psychiatric Nursing Discipline, Psychiatric Nursing Forum, Trinity College Dublin.
54. Ms Mary Doyle, Midwifery Practice Development Co-ordinator, Mid-Western Regional Maternity Hospital.
55. Ms Mary Duff, Director of Nursing, St. Vincent's University Hospital.
56. Ms Aine Enright, Clinical Nurse Manager II & Registered Nurse Intellectual Disability, Dublin 15.
57. Dr Malachy Feely, Nurse Practice Development Co-ordinator, Mental Health Services HSE – Dublin North East, St. Brigid's Complex, Ardee, Co. Louth.
58. Dr Malachy Feely, Secretary to Louth Meath Mental Health Nurse Education Policy Development Committee, Louth Meath Mental Health Services.
59. Dr Malachy Feely, Nurse Practice Development Co-ordinator, on behalf of Nursing Staff in Cavan Monaghan Mental Health Services.
60. Dr Malachy Feely, Nurse Practice Development Co-ordinator, on behalf of Nursing Staff in Louth Meath Mental Health Services.
61. Dr Malachy Feely, Nurse Practice Development Co-ordinator, on behalf of the 2008 Psychiatric Student Nursing Group.
62. Dr Malachy Feely, Secretary to Louth Meath Mental Health Nurse Education Policy Development Committee, on behalf of group of service users from Louth Meath Mental Health Services.
63. Ms Patricia Fehin, Management Committee, All Ireland Gerontological Nurses Association.
64. Ms Aoife Field, Clinical Nurse Manager II, Daughters of Charity, Services for People with an Intellectual Disability, St. Joseph's Centre, Clonsilla, Dublin 15.
65. Ms Patricia Finlay, Nurse Clinical Placement Co-ordinator, Mental Health Services HSE – Dublin North East, St. Brigid's Complex, Ardee, Co. Louth.
66. Ms Chris Finn, 3rd Year General Student Nurse, Kilmacthomas, Co. Waterford.
67. Mr Anthony Fitzpatrick, Nurse Practice Development Co-ordinator, on behalf of staff involved in Undergraduate Training in HSE West and National University of Ireland, Galway.
68. Mr Anthony Fitzpatrick, Nurse Practice Development Co-ordinator, on behalf of service users in West Galway Mental Health Services Acute Unit.

69. Dr Anne Flood, Director of Nursing & Midwifery, Letterkenny General Hospital.
70. Ms Caroline Flynn, Psychiatric Liaison Nurse, Sligo General Hospital.
71. Ms Kathleen Gaffey, St. Bridget's Hospital, Ballinasloe.
72. Mr Paul Gallagher, Director of Nursing on behalf of nursing St. James's Hospital.
73. Ms Geraldine Galvin, Nurse Practice Development Co-ordinator, Daughters of Charity Residential and Day Services.
74. Ms Geraldine Galvin, Nurse Practice Development Co-ordinator, on behalf of Nurse Practice Team, Daughters of Charity Residential and Day Services.
75. Ms Sile Gill, Clinical Placement Co-ordinator Midwifery, Mayo General Hospital.
76. Ms Marie Gilligan, Chairperson of Nurse Managers Association for Intellectual Disability, Wisdom House Services, Sligo.
77. Ms Michele Glacken, Head of Department of Nursing and Health Studies, St. Angela's College, Sligo.
78. Ms Kathleen Griffin, Practice Development Co-ordinator, Public Health Nursing Services, on behalf of HSE Laois/Offaly & Longford/Westmeath Public Health Nursing Services.
79. Mr Myles Hackett, Head of Department, Midwifery and Health Studies, Dundalk Institute of Technology (General Nursing).
80. Mr Myles Hackett, Head of Department, Midwifery and Health Studies, on behalf of Dundalk Institute of Technology and HSE Dublin North East (General Nursing).
81. Mr Myles Hackett, Head of Department, Midwifery and Health Studies, on behalf of Dundalk Institute of Technology and HSE Dublin North East (Psychiatric Nursing).
82. Mr Myles Hackett, Head of Department, Midwifery and Health Studies, Dundalk Institute of Technology (Psychiatric Nursing).
83. Mr Myles Hackett, Head of Department, Midwifery and Health Studies, on behalf of Dundalk Institute of Technology in partnership with St. John of God North East Services (Intellectual Disability Nursing).
84. Mr Myles Hackett, Head of Department, Midwifery and Health Studies, Dundalk Institute of Technology (Intellectual Disability Nursing).
85. Mr Myles Hackett, Head of Department, Midwifery and Health Studies, on behalf of Dundalk Institute of Technology and HSE Dublin North East (Midwifery Programme).
86. Ms Patricia Hallahan, Director of Education, Research & Training, Our Lady's Hospice and Care Services.
87. Ms Elaine Hanley, Mater Misericordiae University Hospital.
88. Ms Dorothy Hanly, Nurse Practice Development Co-ordinator, on behalf of a group of nurses in the South Kildare Region of Muiriosa Foundation.
89. Ms Catherine Harris, Kill St. Anne, Castletyons, Co. Cork.
90. Mr Brian Hartnett, Hearing Voices Ireland.

91. Ms Susan Hawkshaw, Nurse Practice Development Co-ordinator, Beaumont Hospital.
92. Ms Marianne Healy, Director of Public Health Nursing/Chairperson of National Director of Public Health Nursing Forum.
93. Ms Caroline Hickey, Student Nurse Intern, on behalf of 4th Year Student Nurse Interns from St. Vincent's University Hospital.
94. Professor Agnes Higgins, Chairperson Irish Institute of Mental Health Nursing, Trinity College Dublin.
95. Professor Agnes Higgins, Head of School of Nursing and Midwifery, Trinity College Dublin.
96. Ms Philip Hogan, Student Nurse, on behalf of Student Nurses in Dublin City University.
97. Ms Siobhan Hourigan, National Breastfeeding Co-ordinator, HSE Health Promotion Services.
98. Ms Carmel Howley, Clinical Nurse Manager II, Galway University Hospital.
99. Ms Patricia Hughes, Director of Nursing & Midwifery, Coombe Women and Infant University Hospital.
100. Mr Richard Jackson, Pathway Co-ordinator of Intellectual Disability, on behalf of Clinical Placement Co-Ordinator and Lecturer Intellectual Disability Nursing Teams, Dublin City University.
101. Ms Patricia Kavanagh Brown, Clinical Nurse Specialist & Registered Psychiatric Nurse, "Kylemaglusk", 79 Lovers Lane, Kilkenny, Co. Kilkenny.
102. Ms Louise Kavanagh McBride, Nurse Lecturer, Educational Facilitator & Doctoral Student, Letterkenny Institute of Technology.
103. Ms Jolene Keating, General Secretary, Friends of Breastfeeding.
104. Ms Marie Kearney, Royal College of Surgeons in Ireland.
105. Ms Orla Keegan, Head of Education, Research and Bereavement Services, Irish Hospice Foundation.
106. Ms Grainne Keena, Student Allocations Liaison Officer, Nursing Midwifery Planning Development Unit, Tullamore, Co. Offaly.
107. Ms Mairead Keenan, Clinical Nurse Manager II, Ceim Eile Day Centre.
108. Mr Paul Keenan, Assistant Professor & Head of Discipline of Intellectual Disability Nursing, Trinity College Dublin.
109. Ms Jene Kelly, Bettystown, Co. Meath.
110. Ms Annette Kennedy, Director of Professional Development, Irish Nurses and Midwives Organisation.
111. Ms Gerardine Kennedy, Nurse Practice Development Co-ordinator, Mid-Western Regional Hospital Limerick.
112. Dr Aidan Kenny, Assistant General Secretary, Teachers' Union of Ireland.
113. Ms Hannah Kent, Nurse Practice Development Co-ordinator, Galway University Hospital.

114. Ms Geraldine Keohane, Director of Midwifery, Cork University Maternity Hospital.
115. Ms Bernadette Kerry, Regional Nurse Practice Development Co-ordinator, on behalf of Nurse Practice Development Co-ordinators in General and Children's Nursing, Irish Nursing Midwifery Practice Development Association.
116. Ms Bernadette Kerry, Regional Nurse Practice Development Co-ordinator, on behalf of Nurse Practice Development Co-ordinators in Psychiatric/Mental Health and Intellectual Disability Nursing, Irish Nursing Midwifery Practice Development Association.
117. Ms Bernadette Kerry, Regional Nurse Practice Development Co-ordinator, on behalf of Nursing & Midwifery Staff in Dublin Mid Leinster.
118. Mr Etain Kett, Public Affairs and Communications Manager, Dental Health Foundation.
119. Sr Zoe Killeen, Director of Nursing/Administrator, Daughters of Charity, St. Joseph's Clonsilla.
120. Ms Aoife Kitt, Clinical Placement Co-ordinator, Nurse Practice Development Unit, Dublin Mid-Leinster Mental Health Services, 2nd Floor Block E, Westland Park, Nangor Road, Dublin 12.
121. Ms Geraldine Kyle, Nurse Tutor, Centre of Nurse Education, The Adelaide & Meath National Children's Hospital.
122. Ms Sinead Landy, National Midwifery Clinical Placement Co-ordinator Representative, on behalf of Clinical Placement Co-ordinator's Association.
123. Ms Christina Larkin, Assistant Director of Nursing/Practice Development Co-ordinator, St. Joseph's Hospital.
124. Ms Anne Lavelle, Allocations Liaison Officer, Mayo Mental Health Service & Mayo General Hospital, Castlebar, Co. Mayo.
125. Ms Ruth Lernihan, Nurse Practice Development Co-ordinator, South Infirmary-Victoria University Hospital.
126. Ms Ruth Lernihan, Nurse Practice Development Co-ordinator, on behalf of Nursing Students in South Infirmary-Victoria University Hospital.
127. Ms Olive Long, Midwifery Practice Development Co-ordinator, Cork University Maternity Hospital.
128. Ms Cora Lunn, Interim Director of National Leadership and Innovation Centre for Nursing and Midwifery, on behalf of Area and Regional Directors of Nursing Midwifery Practice Development, HSE.
129. Ms Jennifer Lynch, Health Literacy Co-ordinator, National Adult Literacy Agency.
130. Ms Kryisia Lynch, Chief Executive Officer, Association for the Improvements in Maternity Services in Ireland.
131. Ms Anne Lynott, Acting Director of Public Health Nursing, HSE, Cherry Orchard Hospital.
132. Dr. Sheila MacEvelly.
133. Ms Lasarina Maguire, Nurse Practice Development Co-ordinator, Stewarts Care Ltd.
134. Ms Lynne Marsh, College Lecturer, on behalf of college lecturers on the BSc Intellectual Disability Nursing Programme.

135. Ms Lynne Marsh, College Lecturer, on behalf of 3rd Year Intellectual Disability Student Nurses and College Lecturers on Intellectual Disability Nursing Programme.
136. Ms Lynne Marsh, College Lecturer, Carrigaline, Co. Cork.
137. Ms Melissa Marsh, Staff Midwife, Mount Carmel Hospital.
138. Ms Ingrid Masterson, Psychoanalytic Psychotherapist, 'Alberta', Ardtona Avenue, Lower Churchtown, Dublin 14.
139. Ms Eileen McCarthy, Student Nurse, 1st Year Mental Health Nursing Class Representative.
140. Dr Geraldine McCarthy, Emeritus Professor, School of Nursing & Midwifery, University College Cork, Cork.
141. Ms Helen McCarthy, Clinical Placement Co-ordinator & Allocations Officer, Mercy University Hospital.
142. Mr Sean McCloskey, Allocations Officer, on behalf of Allocations Committee (for Student Placement), University College Cork.
143. Ms Colette McDonagh, Clinical Placement Co-ordinator, Sligo Leitrim Mental Health Service, HSE West.
144. Ms Anne McDonald, PHIT Project Officer & Public Health Nurse, Summerhill Health Centre, Dublin 1.
145. Dr Mary McDonnell Naughton, Lecturer, Intellectual Disability Services, Department of Nursing and Health Sciences, Athlone Institute of Technology, Athlone, Co. Westmeath.
146. Ms Martina McGuinness, Nursing Practice Development Co-ordinator, Dublin West/South West Mental Health Service, St. Loman's Hospital.
147. Ms Martina McGuinness, Nurse Practice Development Co-ordinator, on behalf of Interns in HSE/Trinity College Mental Health Programme.
148. Ms Mary McHale, Nurse Practice Development Co-ordinator, on behalf of Student Nurse Allocations Group & Galway Mayo Institute of Technology and Mayo Mental Health Service.
149. Ms Mary McHugh, Director of Nursing and Midwifery, on behalf of Galway University Hospital, Portiuncula Hospital and National University of Ireland, Galway (General Nursing).
150. Ms Mary McHugh, Director of Nursing and Midwifery, on behalf of Galway University Hospital, Portiuncula Hospital and National University of Ireland, Galway (Midwifery).
151. Ms Margaret McKiernan, Assistant Director of Nursing, Mercy University Hospital.
152. Ms Carrie McLean, Clinical Placement Co-ordinator, on behalf of Nurse Practice Development Co-ordinators and Clinical Placement Co-ordinators in the Adelaide and Meath National Children's Hospital.
153. Ms Kathleen McMahon, Assistant Director of Nursing & Nurse Practice Development Co-ordinator, on behalf of Cavan Monaghan Hospital Group.
154. Mr Martin McMenamin, Regional Nurse Practice Development Co-ordinator, Donegal Mental Health Services, St. Conal's Hospital.
155. Dr Martin McNamara, Dean of Nursing & Head of School, University College Dublin.

156. Ms Mary McNasser, Registered Nurse Intellectual Disability/Clinical Nurse Manager II, Holy Family Preschool, Family and Friends Association, Sligo.
157. Ms Miriam McNicholas, Allocations Officer, on behalf of Allocations Officers Group, National University of Ireland, Galway.
158. Ms Kathy McSharry, Professional Development Co-ordinator for Practice Nurses, on behalf of HSE National Professional Development Co-ordinator Practice Nurses Group.
159. Ms Mary McTague, Clinical Placement Co-ordinator, on behalf of Clinical Placement Co-ordinator Association.
160. Ms Emer McTiernan, Clinical Placement Co-ordinator, St. Joseph's Care Centre.
161. Mr Kevin Mills, Director of Nursing, Donegal Mental Health Services, Tir Connaill House, St. Conal's Hospital, Letterkenny, Co. Donegal.
162. Mr Gerard Moore, Chair of Irish Universities Association Nursing Group, Dublin City University.
163. Ms Laura Jane Moore, Post Registered Childrens Student Nurse, Temple Street Children's Hospital/Dublin City University.
164. Ms Sinead Morrissey, Practice Development Facilitator, Nursing Homes Ireland.
165. Ms Ann Louise Mulhall, Acting Director of Centre for Midwifery Education, Coombe Women and Infant University Hospital.
166. Ms Breda Mulvihill, National Disability Unit, HSE.
167. Ms Barbara Murphy, Director of Nursing, St. Patrick's Hospital.
168. Ms Helen Murphy, Staff Nurse & Acting Clinical Nurse Manager I, Co. Wexford.
169. Ms Janet Murphy, Advanced Midwife Practitioner, Waterford Regional Hospital.
170. Ms Kathy Murphy, Professor of Nursing, National University of Ireland, Galway.
171. Ms Margaret Murphy, Midwifery Lecturer Practitioner, University College Cork.
172. Dr Pearse Murphy, Head of Department of Nursing and Health Science, Athlone Institute of Technology in partnership with HSE Dublin Mid-Leinster.
173. Dr Pearse Murphy, Head of Department of Nursing and Health Science, Athlone Institute of Technology.
174. Ms Liz Nolan, Clinical Placement Co-ordinator, Department of Nurse Education.
175. Ms Maureen Nolan, Director of Nursing, Midland Regional Hospital.
176. Ms Imelda Noone, Nurse Practice Development Co-ordinator, on behalf of North West Dublin Mental Health Services, St. Brendan's Hospital.
177. Ms Imelda Noone, Nurse Practice Development Co-ordinator, on behalf of Student Interns North West Dublin Mental Health Services, St. Brendan's Hospital.
178. Ms Una O'Brien, Nurse Practice Development Co-ordinator, Waterford Regional Hospital.

179. Ms Irene O'Byrne-Maguire, Clinical Risk Advisor, State Claims Agency.
180. Mr Larry O'Connor, Head of Department, University of Limerick.
181. Ms Mary O'Connor, Chief Executive Officer, Children in Hospital Ireland.
182. Ms Rosaline O'Donovan, Allocations Liaison Officer Midwifery, Cork University Maternity Hospital.
183. Ms Mary O'Dowd, Professional Development Officer, Institute of Community Health Nursing.
184. Ms Natalie O'Driscoll, 3rd Year BSc Student Representative, on behalf of 3rd Year Students in all Nursing Programmes, Co. Cork.
185. Ms Anna O'Leary, Nurse & College Lecturer.
186. Ms Mona O'Mahony, Director of Nursing, Kildare/West Wicklow Mental Health Services.
187. Ms Teresa O'Malley, Regional Nurse Practice Development Co-ordinator, HSE Intellectual Disability Services Sligo/Leitrim/Donegal.
188. Ms Niamh O'Regan, Paediatric Respiratory Nurse, National Asthma Clinical Care Programme.
189. Ms Maria O'Shea, College Lecturer & Branch Leader of the Integrated Children's and General Nursing Programme, University College Cork.
190. Ms Deirdre O'Sullivan, Allocations Officer, on behalf of University of Limerick and Health Service Providers.
191. Ms Karina O'Sullivan, Clinical Placement Co-ordinator, on behalf of Clinical Placement Co-ordinators in Daughters of Charity Services Dublin.
192. Ms Mary Owens, Director of Nursing, Mallow General Hospital.
193. Ms Lorna Peelo-Kilroe, National Management Development Co-ordinator, End of Life Care, on behalf of the National Facilitators Group for the National Practice Development Programme.
194. Ms Lorna Peelo-Kilroe, National Management Development Co-ordinator, End of Life Care, Office of the Nursing and Midwifery Services Director, HSE.
195. Ms Lorna Peelo-Kilroe, National Practice Development Co-ordinator, End of Life Care, HSE and Irish Hospice Foundation, Office of the Nursing and Midwifery Services Director, HSE.
196. Ms Sharon Phelan, Clinical Placement Co-ordinator, on behalf of Clinical Placement Co-ordinators Association, Intellectual Disability Nursing.
197. Ms Margaret Philbin, Director of Nursing and Midwifery, Rotunda Hospital.
198. Ms Kevin Plunkett, Director of Nursing, on behalf of Mental Health Nurse Managers Ireland.
199. Ms Samantha Poynter, Counsellor, Addiction Service HSE, c/o Cuan Dara, Cherry Orchard Hospital, Dublin 10.
200. Ms Julie Pryce, Nurse Practice Development Co-ordinator, St. John of God North East Services.
201. Ms Ailish Purcell Condon, Clinical Nurse Manager III, on behalf of Midwives at South Tipperary Hospital.
202. Ms Geraldine Regan, Director of Nursing, Our Lady's Children's Hospital, Crumlin.

203. Ms Bernadette Reid, Nurse Teacher, Waterford College of Further Education.
204. Ms Anne Marie Ryan, Senior Manager, Office of Dr Cate Hartigan, Assistant National Director for Disability Services, Integrated Services Directorate, HSE.
205. Ms Geraldine Ryan, Clinical Placement Co-ordinator, HSE South, St. Otteran's Hospital.
206. Professor Eileen Savage, Acting Head of School, University College Cork.
207. Professor Eileen Savage, Acting Head of School, on behalf of HSE Southern and School of Nursing & Midwifery University College Cork.
208. Ms Evelyn Smith, Assistant Director & Service Manager, Letterkenny General Hospital.
209. Ms Jessica Stewart, Clinical Placement Co-Ordinator, on behalf of Clinical Placement Co-ordinators and Student Allocations Liaison Officer, Mental Health Services.
210. Ms Sheila Sugrue, National Lead Midwife, on behalf of Midwifery in the Office of the Nursing and Midwifery Services Director HSE.
211. Ms Patricia Suresh, Clinical Nurse Specialist, Louth County Hospital, Rockmarshall, Jenkinstown, Co. Dundalk.
212. Ms Sandra Swanton, Clinical Facilitator, COPE Foundation.
213. Dr John F. Sweeney, Senior Lecturer, on behalf of academic and Clinical Placement Co-ordinators, University College Cork.
214. Ms Aimee Tebay, 3rd Year Student Midwife Class Representative, on behalf of all 3rd Year Students, School of Nursing & Midwifery, Brookfield Health Sciences Complex, University College Cork.
215. Mr David Timmons, Practice Development Co-ordinator, National Forensic Mental Health Service, Central Mental Hospital.
216. Ms Catherine Timoney, Nurse Practice Development Co-ordinator, Wisdom Services.
217. Mr Barry Walsh, Nurse Practice Development Co-ordinator, on behalf of Clinical Placement Co-ordinator Group, HSE South East and Mental Health Services.
218. Ms Irene Waters, Clinical Nurse Manager, HSE Disability Service.
219. Professor John Wells, Head of Department of Nursing, Waterford Institute of Technology, on behalf of Heads of Departments in Institutes of Technology.
220. Professor John Wells, Head of Department of Nursing, Waterford Institute of Technology.
221. Mr Mark White, Interim Director, Nursing Midwifery Planning Development Unit, Dublin South East-South East.
222. Ms Roisin Whiting, Chief Executive Officer, The Adelaide Hospital Society.
223. Ms Helen Whyley, Chief Nursing Officer, Department for Health, Social Services and Children, Wales.
224. Ms Helen Whyley, Chief Nursing Officer, Department for Health, Social Services and Children, Wales.

225. Ms Fiona Willis, Registered General Nurse, Umeraboy, Knocknagree, Mallow, Co. Cork.

226. Ms Maggie Wood, Lecturer, Galway-Mayo Institute of Health Sciences.

227. Ms Mary Wynne, Chairperson – Strategic Cancer Nursing Reference Group & Interim Director Nursing and Midwifery Planning Development Dublin North East.

Appendix 2 Focus Groups

Appendix 2a Focus Group Attendance

Table 1 Focus Groups

17th January 2012, Dublin	Nurse Focus Groups x 3
	Midwife Focus Group x1
25th January 2012, Galway	Nurse Focus Group x 2
	Midwife Focus Group x1
27th January 2012, Athlone	Nurse and Midwife Focus Group x 2
31st January 2012, Letterkenny	Nurse and Midwife Focus Group x 2
1st February 2012, Sligo	Nurse, Midwife and Student Focus Group x1
3rd February 2012, Cork	Nurse Focus Group x 2
	Midwife Focus Group x1
6th February 2012, Dublin	Public Interest Focus Group x1
9th February 2012, Waterford	Student Focus Group x1
15th March 2012, Dublin	Student Focus Group x1
Total 390 attendees	

Table 2 Area of Practice

	No
Clinical Practice	39
Clinical Risk	2
Clinical Placement Co-ordinator	63
Education (includes student allocations)	126
INMO/PNA Representatives	4
Lecturer Practitioner	2
Management	78
Practice Development	34
Public Interest Representative	13
Research	1
Student Nurse and Student Midwife	28
Total	390

Table 3 Role

	No
AMP	1
ANP	1
ANP Candidate	1
Assistant Director of Midwifery	3
Assistant Director of Nursing	16
Assistant Director of Public Health Nursing	5
Chair of Midwifery	1
Clinical Placement Co-ordinator	63
Clinical Risk Advisor	2
CNM II	16
CNM III	2
CNS	9
Course Director/Programme Co-ordinator	10
Director CNME	5
Director of Development	1
Director of Midwifery	1
Director of Nursing	12
Director of Public Health Nursing	1
Director Research	1
Doctoral Student	1
Head of School, Third Level	7
Infection Control	1
INMO/PNA Representatives	4
Lecturer	75
Lecturer Practitioner	2
Management	2
National Lead Midwife	1
NMPDU/ ONMSD	13
Practice Development	34
Public Health Nurse	4
Public Interest Representatives	13
Staff Midwife	4
Staff Nurse	21
Student Allocations	27
Student Nurse and Student Midwife	28
Other	2
Total	390

Table 4 Location of Practice

	No
Children's Hospital	8
CNME	11
Community Services (public health nursing, older person services)	23
General Hospital	68
HSE	2
INMO/PNA Representatives	4
HETAC	1
Hospice	2
Intellectual Disability Services	26
Mental Health Services	51
Midwifery Services	21
National Cancer Control Programme	2
NMPDU	13
Nursing Homes Ireland	1
State Claims Agency	2
Student Nurses and Midwives	28
Third Levels	110
Other	17
Total	390

Appendix 2b Focus Group Format and Questions

Review of Undergraduate Nursing and Midwifery Degree Programmes Focus Group - Nursing and Midwifery Focus Group Format and Questions

Introduction

The Department of Health has commenced a review of the undergraduate nursing and midwifery degree programmes in order to establish their efficiency and effectiveness in preparing nurses and midwives to practice in the Irish healthcare system now and into the future. The undergraduate degree programmes have been in place since 2002 for nursing (general, psychiatric and intellectual disability nursing) and 2006 for midwifery and integrated children and general programmes. Undergraduate nursing and midwifery programmes should be of high quality resulting in nurses and midwives who are educated to provide optimum care to patients and clients in a modern health service contributing to effective service delivery. A Review Group has been established to oversee a review of the nursing and midwifery programmes. The Review Group is conducting wide consultation to inform the review of the undergraduate nursing and midwifery degree programmes. The information from the Regional Focus Groups will inform the Review Group.

Focus Group Format

Each Focus Group will last 2 ½ hours. At the start of the Focus Group a briefing will be provided outlining the background and context of the Review (30 minutes). Focus Group attendees will be asked to consider six questions taking into account expected changes in service delivery, implications of the clinical care programmes, increased care delivery in the community and health policy. Focus Group attendees should give consideration to each of the nursing programmes (general nursing, psychiatric nursing, intellectual disability nursing, combined children's and general nursing).

Review Information

A Briefing Paper and further information on the Review:

- (1) is available on the Department of Health website www.dohc.ie/issues/nmr
- (2) can be requested by email nursemidwifereview@health.gov.ie or
- (3) can be requested by telephoning 01 6354111

Nursing Focus Group Questions

Question 1: What do you consider are the strengths of the nursing undergraduate pre-registration degree programmes?

Prompt Consider the strengths in terms of preparing graduates with the requisite clinical expertise, knowledge and skills to provide the appropriate high standards of care needed for modern health services and the health services reform agenda.

Prompt Consider the outcomes that should be attained at the end of each year of the programme i.e. what a student should be able to do at the end of each year of their programme.

Question 2: What do you consider are the weaknesses of the nursing undergraduate pre-registration degree programmes?

Prompt Consider the weaknesses in terms of preparing graduates with the requisite clinical expertise, knowledge and skills to provide the appropriate high standards of care needed for modern health services and the health services reform agenda.

Prompt Consider the outcomes that should be attained at the end of each year of the programme i.e. what do you think a student should be able to do at the end of each year of their programme.

Question 3: What are your views in relation to the quality of the student experience of the programmes?

Prompt Clinical Experience.

Prompt Academic/Theoretical Preparation (for clinical staff the emphasis could be on the nursing knowledge of the students as portrayed/manifested by the student in the clinical workplace).

Question 4: Do you think the content of the nursing degree programmes should be updated or expanded?

Prompt: The content of the programme refers to the clinical and theoretical instruction. The syllabus is the range of topics to be taught as listed by An Bord Altranais.

Prompt Describe any changes you would like to see? Consider the content of each of the nursing programmes and where relevant identify which one is being referred to i.e. general nursing, psychiatric nursing, intellectual disability nursing, combined children's and general nursing.

Question 5: Do you think that the structure of the nursing degree programmes should be updated or changed?

Prompt: Consider expected changes in service delivery, implications of the clinical care programmes, increased care delivery in the community and health policy.

Prompt The structure of the programmes refers to the:

- (a) separate points of entry to prepare nurses for entry to separate divisions of the register (i.e. general nursing, psychiatric nursing, intellectual disability nursing, combined children's and general nursing)
- (b) clinical placements for each of the programmes (clinical experience, supervision, preceptorship and mentorship etc)
- (c) governance arrangements (these include arrangements to support clinical placements and the work of the local joint working groups set up between 3rd level institutions and healthcare providers).

Question 6: Comment on the roles of nurses in future health service delivery in Ireland.

Prompt Particular knowledge and skills and numbers of nurses (consider general nursing, psychiatric nursing, intellectual disability nursing, combined children's and general nursing) required in the future and are nurses prepared where these needs will arise.

For example:

- Expected changes in service delivery
- Implications of the clinical care programmes
- More care delivered in the community
- Expanded nursing roles.

Midwifery Focus Group Questions

Question 1: What do you consider are the strengths of the midwifery undergraduate pre-registration degree programme?

Prompt Consider the strengths in terms of preparing graduates with the requisite clinical expertise, knowledge and skills to provide the appropriate high standards of care needed for modern health services and the health services reform agenda.

Prompt Consider the outcomes that should be attained at the end of each year of the programme i.e. what a student should be able to do at the end of each year of their programme.

Question 2: What do you consider are the weaknesses of the midwifery undergraduate pre-registration degree programme?

Prompt Consider the weaknesses in terms of preparing graduates with the requisite clinical expertise, knowledge and skills to provide the appropriate high standards of care needed for modern health services and the health services reform agenda.

Prompt Consider the outcomes that should be attained at the end of each year of the programme i.e. what do you think a student should be able to do at the end of each year of their programme.

Question 3: What are your views in relation to the quality of the student experience of the programme?

Prompt Clinical Experience.

Prompt Academic/Theoretical Preparation (for clinical staff the emphasis could be on the midwifery knowledge of the students as portrayed/manifested by the student in the clinical workplace).

Question 4: Do you think the content of the midwifery degree programmes should be updated or expanded?

Prompt: The content of the programme refers to the clinical and theoretical instruction. The syllabus is the range of topics to be taught as listed by An Bord Altranais.

Prompt Describe any changes you would like to see?

Question 5: Do you think that the structure of the midwifery degree programmes should be updated or changed?

Prompt: Consider expected changes in service delivery, implications of the clinical care programmes, increased care delivery in the community and health policy.

Prompt The structure of the programmes refers to the:

- (a) clinical placements for each of the programmes (clinical experience, supervision, preceptorship and mentorship etc)
- (b) governance arrangements (these include arrangements to support clinical placements and the work of the local joint working groups set up between 3rd level institutions and healthcare providers).

Question 6: Comment on the roles of midwives in future health service delivery in Ireland.

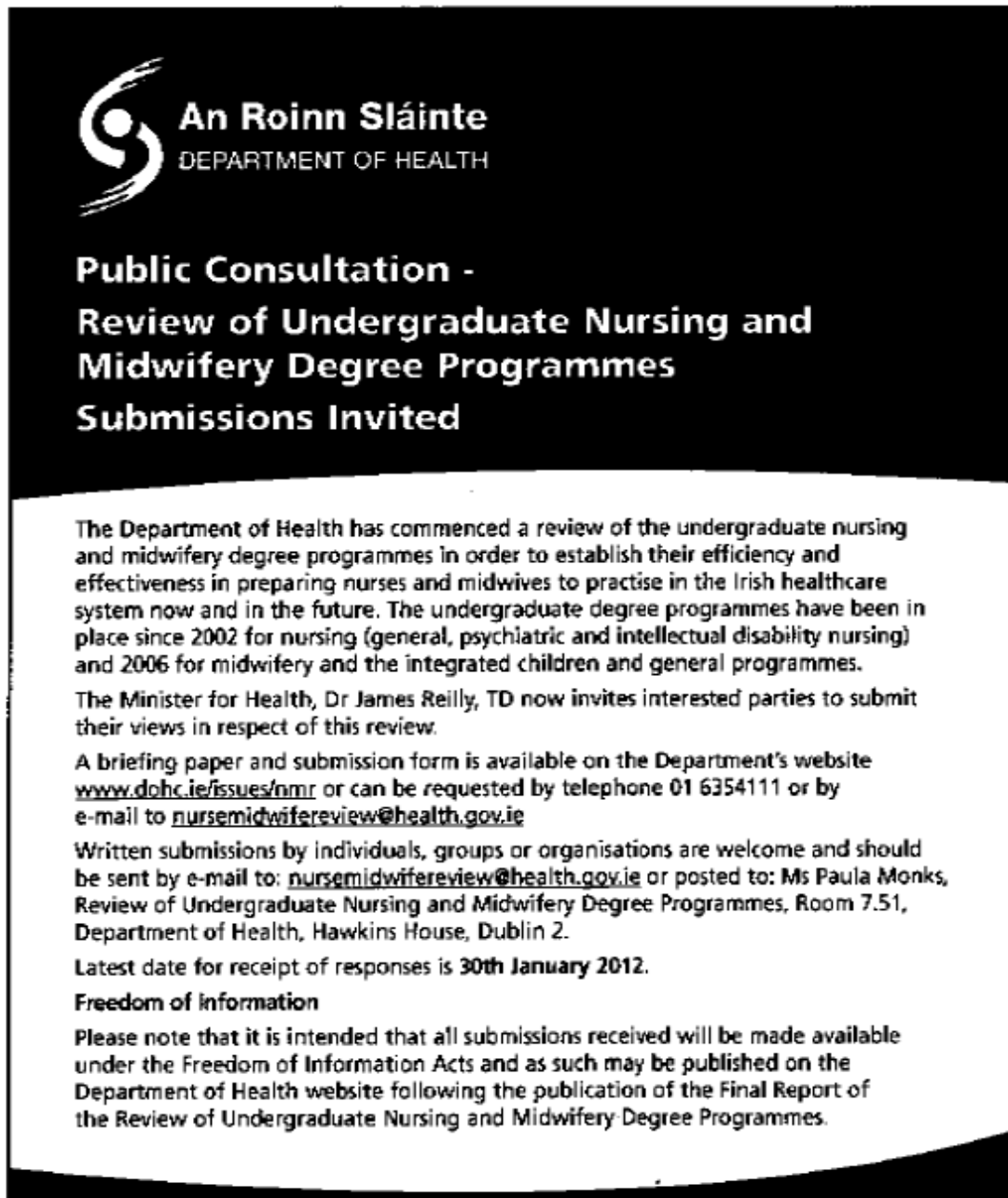
Prompt Particular knowledge and skills and numbers of midwives required in the future and are midwives prepared where these needs will arise.


For example:

- Expected changes in service delivery
- Implications of the clinical care programmes
- More care delivered in the community
- Expanded midwifery roles.

Appendix 3 Submissions

Appendix 3a National Newspaper Advertisement



 **An Roinn Sláinte**
DEPARTMENT OF HEALTH

**Public Consultation -
Review of Undergraduate Nursing and
Midwifery Degree Programmes
Submissions Invited**

The Department of Health has commenced a review of the undergraduate nursing and midwifery degree programmes in order to establish their efficiency and effectiveness in preparing nurses and midwives to practise in the Irish healthcare system now and in the future. The undergraduate degree programmes have been in place since 2002 for nursing (general, psychiatric and intellectual disability nursing) and 2006 for midwifery and the integrated children and general programmes.

The Minister for Health, Dr James Reilly, TD now invites interested parties to submit their views in respect of this review.

A briefing paper and submission form is available on the Department's website www.dohc.ie/issues/nmr or can be requested by telephone 01 6354111 or by e-mail to nursemidwifereview@health.gov.ie

Written submissions by individuals, groups or organisations are welcome and should be sent by e-mail to: nursemidwifereview@health.gov.ie or posted to: Ms Paula Monks, Review of Undergraduate Nursing and Midwifery Degree Programmes, Room 7.51, Department of Health, Hawkins House, Dublin 2.

Latest date for receipt of responses is **30th January 2012**.

Freedom of Information

Please note that it is intended that all submissions received will be made available under the Freedom of Information Acts and as such may be published on the Department of Health website following the publication of the Final Report of the Review of Undergraduate Nursing and Midwifery Degree Programmes.

Appendix 3b Submission Forms

**Review of Undergraduate Nursing and Midwifery Degree
(Pre-Registration) Programmes
Invitation for Submissions
Submission Form**
*(Targeted at: Nurses, Midwives, Student Nurses & Student Midwives, Health Professionals,
Healthcare Managers, Regulators, Professional Bodies, Professional & Special
Interest Groups, Educators etc.)*

Name	
Job Title	
Organisation* <i>Please include if making this submission on behalf of your organisation</i>	
Address	
Telephone	
Email	
Date	

Please confirm whether you are responding to this consultation:

As an Individual or on behalf of an Organisation

Signature: _____

Latest date for receipt of submissions is **30th January 2012**. Written submissions by individuals, groups or organisations are welcome and should be sent via e-mail to: nursemidwifereview@health.gov.ie or posted to: Ms Paula Monks, Review of Undergraduate Nursing and Midwifery Degree Programmes, Room 7.51, Department of Health, Hawkins House, Dublin 2.

Freedom of Information

Please note that it is intended that all submissions received will be made available under the Freedom of Information Acts and as such may be published on the Department of Health website following the publication of the Final Report of the Review of Undergraduate Nursing and Midwifery Degree Programmes.

Context

The Department of Health has commenced a review of the undergraduate nursing and midwifery degree programmes in order to establish their efficiency and effectiveness in preparing nurses and midwives to practice in the Irish healthcare system now and into the future. The undergraduate nursing and midwifery degree programmes have been in place since 2002 for nursing (general, psychiatric and intellectual disability nursing) and 2006 for midwifery and integrated children and general programmes. These are the education programmes that prepare student nurses and student midwives to register with An Bord Altranais in order to practice as staff nurses and staff midwives in the health services.

The Irish healthcare system is undergoing significant reform with a focus on patient safety and quality patient care. More care will be delivered in the community with an emphasis on improving the health of the population and reducing health inequalities by addressing the causes of preventable illnesses. This Review aims to build on the excellence of the current pre-registration nursing and midwifery education programmes in order to prepare nurses and midwives to deliver healthcare services now and into the future.

A Review Group has been established to oversee the review of the nursing and midwifery programmes having regard to the objectives of the current health reform programme, the future workforce needs of the public health system and the need to achieve value for money. This Review will be conducted on a modular basis consisting of the following elements:

- 1) An examination of:
 - the content of the undergraduate programmes
 - the structure of the current degree programmes including the separate points of entry¹⁵, clinical placement requirements and governance arrangements.
- 2) An analysis of the number of student places required to ensure sufficient numbers of nurse and midwife graduates for new patterns of service delivery within the public health system.

The Review Group will consider the findings of both exercises and report to the Minister for Health by September 2012. Following the completion of these exercises the Department of Education and Skills and the Higher Education Authority (HEA) in consultation with the higher education institutions will lead on the development of any changes required in relation to the organisation and delivery of nursing and midwifery degree programmes within the higher education system. This will take into account the broader education policy considerations in relation to demand for such programmes nationally and internationally and the overall funding implications involved and take full consideration of the findings of the report to the Minister for Health on workforce planning and curricula changes.

¹⁵ There are direct entry education programmes at degree level in general nursing, psychiatric nursing, intellectual disability nursing, combined children's and general nursing; and midwifery. Further detail is provided in attached Explanatory Note

Question 1. What do you consider motivates people to choose a career in nursing or midwifery?

(There are direct entry education programmes at degree level in general nursing, psychiatric nursing, intellectual disability nursing, combined children's and general nursing; and midwifery leading to registration in the appropriate division of the nursing or midwifery register. Further detail is provided in attached Explanatory Note)

If answering this question in relation to a particular nursing (general, psychiatric, intellectual disability, children's) or midwifery perspective please specify.

Question 2. What do you consider are the strengths of the nursing and midwifery undergraduate pre-registration degree programmes?

Nursing Programmes:

(Please give consideration to each of the nursing programmes and where relevant identify which one you are referring to i.e general nursing, psychiatric nursing, intellectual disability nursing, combined children's and general nursing. Further detail is provided in attached Explanatory Note)

Midwifery Programme:

Question 3. What do you consider are the weaknesses of the nursing and midwifery undergraduate pre-registration degree programmes?

Nursing Programmes:

(Please give consideration to each of the nursing programmes and where relevant identify which one you are referring to i.e general nursing, psychiatric nursing, intellectual disability nursing, combined children's and general nursing. Further detail is provided in attached Explanatory Note)

Midwifery Programme:

Question 4. What roles would you like to see nurses and midwives doing in the future to meet the needs of consumers of health services bearing in mind the changing nature of healthcare delivery in Ireland?

Nursing Programmes:

(Please give consideration to each of the nursing programmes and where relevant identify which one you are referring to i.e general nursing, psychiatric nursing, intellectual disability nursing, combined children's and general nursing. Further detail is provided in attached Explanatory Note)

Midwifery Programme:

Question 5. Does the content of the degree programmes need to be updated or expanded?

Question 5a. If yes, please describe the changes you would like to see?

(The content of the programme refers to the syllabus (i.e. an indication of the range of topics to be taught as listed by An Bord Altranais for each of the degree programmes.)

Nursing Programmes:

(Please give consideration to the content of each of the nursing programmes and where relevant identify which one you are referring to i.e general nursing, psychiatric nursing, intellectual disability nursing, combined children's and general nursing)

Midwifery Programme:

Question 6. Does the structure of the degree programmes need to be updated or expanded?

Question 6a. If yes, please describe the changes you would like to see?

The structure of the programmes refers to the:

(a) separate points of entry to prepare nurses and midwives for entry to separate divisions of the register (i.e. general nursing, psychiatric nursing, intellectual disability nursing, combined children's and general nursing; and midwifery)

(b) clinical placements for each of the programme (clinical experience, supervision, preceptorship and mentorship etc)

(c) governance arrangements (these include arrangements to support clinical placements and the work of the local joint working groups set up between 3rd level institutions and healthcare providers).

Nursing Programmes:

(Please give consideration to the structure (see a-c) of each of the nursing programmes and where relevant identify which one you are referring to i.e general nursing, psychiatric nursing, intellectual disability nursing, combined children's and general nursing)

Midwifery Programme:

(Please give consideration to the structure (see a-c) of the midwifery programme)

Question 7. Any further comments

-Please limit responses to 10 pages-

**Review of Undergraduate Nursing and Midwifery Degree
(Pre-Registration) Programmes
Invitation for Submissions
Submission Form – Public Interest Groups
(Targeted at: Consumers, service users, clients, families etc.)**

Name	
Title	
Organisation* <i>Please include if making this submission on behalf of your organisation</i>	
Address	
Telephone	
Email	
Date	

Please confirm whether you are responding to this consultation:

As an Individual or on behalf of an Organisation

Signature: _____

Latest date for receipt of submissions is **30th January 2012**.

Written submissions by individuals, groups or organisations are welcome and should be sent via e-mail to: nursemidwifereview@health.gov.ie or posted to: Ms Paula Monks, Review of Undergraduate Nursing and Midwifery Degree Programmes, Room 7.51, Department of Health, Hawkins House, Dublin 2.

Freedom of Information

Please note that it is intended that all submissions received will be made available under the Freedom of Information Acts and as such may be published on the Department of Health website following the publication of the Final Report of the Review of Undergraduate Nursing and Midwifery Degree Programmes.

Context

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The Irish healthcare system is undergoing significant reform with a focus on patient safety and quality patient care. More care will be delivered in the community with an emphasis on improving the health of the population and reducing health inequalities by addressing the causes of preventable illnesses. This Review aims to build on the excellence of the current pre-registration nursing and midwifery education programmes in order to prepare nurses and midwives to deliver healthcare services now and into the future.

A Review Group has been established to oversee the review of the nursing and midwifery programmes having regard to the objectives of the current health reform programme, the future workforce needs of the public health system and the need to achieve value for money. This Review will be conducted on a modular basis consisting of the following elements:

- 1) An examination of:
 - the content of the undergraduate programmes
 - the structure of the current degree programmes including the separate points of entry¹⁶, clinical placement requirements and governance arrangements.

- 2) An analysis of the number of student places required to ensure sufficient numbers of nurse and midwife graduates for new patterns of service delivery within the public health system.

The Review Group will consider the findings of both exercises and report to the Minister for Health by September 2012. Following the completion of these exercises the Department of Education and Skills and the Higher Education Authority (HEA) in consultation with the higher education institutions will lead on the development of any changes required in relation to the organisation and delivery of nursing and midwifery degree programmes within the higher education system. This will take into account the broader education policy considerations in relation to demand for such programmes nationally and internationally and the overall funding implications involved and take full consideration of the findings of the report to the Minister for Health on workforce planning and curricula changes.

¹⁶ There are direct entry education programmes at degree level in general nursing, psychiatric nursing, intellectual disability nursing, combined children's and general nursing; and midwifery. Further detail is provided in attached Explanatory Note

Question 1. What do you consider motivates people to choose a career in nursing and midwifery?

There are direct entry education programmes at degree level in general nursing, psychiatric nursing, intellectual disability nursing, combined children's and general nursing; and midwifery leading to registration in the appropriate division of the nursing or midwifery register. Further detail is provided in attached Explanatory Note.

If answering this question in relation to a particular nursing (general, psychiatric, intellectual disability, children's) or midwifery perspective please specify.

Question 2. In interacting with the health services what experiences have you or your family had with nurses and midwives?

In answering this question could you indicate which type of services you have had interactions with e.g. acute hospital, community services, mental health services, intellectual disability services, children's services, maternity services etc.

Question 2a Based on your experiences were your expectations met in terms of the nurses' or midwives' roles, knowledge, skill, communications etc.?

Nurses:

Midwives:

Question 3. Based on your experiences what roles do you think nurses and midwives do best?

If answering this question in relation to a particular nursing (general, psychiatric, intellectual disability, children's) or midwifery perspective please specify.

Question 4. What roles would you like to see nurses and midwives doing in the future to meet your needs as a consumer of the health services bearing in mind the changing nature of healthcare delivery in Ireland?

If answering this question in relation to a particular nursing (general, psychiatric, intellectual disability, children's) or midwifery perspective please specify.

Question 5. Any further comments?

Please limit responses to 10 pages

Appendix 3 Stakeholder Meetings

27th February 2012

Institute of Community Health Nursing
Institutes of Technology
Irish Association of Directors of Nursing and Midwifery
Irish Institute of Mental Health Nursing
Irish Medical Council
Irish Medicines Board
Irish Pharmaceutical Society
Irish University Association
Mental Health Nurse Managers Ireland
Nurse Managers Intellectual Disability National Group
Pre-Hospital Emergency Care Council

5th March 2012

An Bord Altranais
Royal College of Surgeons
Clinical Indemnity Scheme
Department of Health
Department of Education and Skills
Health Service Executive
Irish Nurses and Midwives Organisation
Irish Federation of University Teachers
Psychiatric Nurses Association
SIPTU
Teachers Union Ireland

Structure - discussion points for stakeholder meetings

1. The quality and content of the programmes (both clinical and academic preparation) in terms of preparing graduates with the requisite clinical expertise, knowledge and skills to provide the appropriate high standards of care needed for modern health services and the health services reform agenda.
 2. The structure of the nursing degree programmes in terms of:
 - (a) separate points of entry to prepare nurses for entry to separate divisions of the register (i.e. general nursing, psychiatric nursing, intellectual disability nursing, combined children's and general nursing, midwifery)
 - (b) clinical placements for each of the programmes (clinical experience, supervision, preceptorship and mentorship etc)
 - (c) governance arrangements (these include arrangements to support clinical placements and the work of the local joint working groups set up between 3rd level institutions and healthcare providers).
 3. The number of student places required to ensure sufficient numbers of nurse and midwife graduates for new patterns of service delivery.
 4. The roles of nurses and midwives in future health service delivery in Ireland taking into account the major reform programme underway.
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Appendix 4 Additional Sources of Information Public Interest Groups

ISQUE Irish Society Quality and Safety in Healthcare (2012) *Acute Inpatient Survey: Measuring the Patients Experience of Hospital Services 2012*. ISQSH, Dublin.

Respondents: Public hospitals sample size 11,643 (response rate 43.7%)

- Respondents reported that they were most likely to discuss their grievance with a nurse or ward sister / manager.
- 96.5% (4,727/4,899) of patients trusted the hospital staff in charge of their care
- Most patients (92.9%) were satisfied with the level of privacy received while being examined
- Nine out of ten (90.4%) patients rated their understanding of the information they received as *Good* or *Very Good*,
- Over half (57.9%) of the respondents stated that they had received a new type of medication during their hospital stay; of which 83% agreed that appropriate information regarding the reasons for taking this new medication has been provided to them
- In terms of patient confidentiality, 48.8% of respondents *Strongly Agreed* and 46.5% *Agreed* that members of their healthcare team protected their confidentiality.
- Respondents were asked specifically about the dignity and respect afforded to them during their hospital stay. Over half (57.8%) *Strongly Agreed* and 37.6% *Agreed* that they were satisfied with this aspect of their care.
- *'The Nurses were truly amazing. They were always there when I needed them'*.
- *'The nurse on the night shift had no interest in the care of any of its patients'*.

Mental Health Commission (2012) *Mental Health Inpatient Survey: Your Views of Mental Health Inpatient Services*. MHC, Dublin.

Respondents: Acute inpatient services - sample size 2,033 (response rate 35%)

- Just over three quarters (75.2%) of respondents agreed that there was a focus on recovery in the care and treatment offered to them
- Approximately half (53.4%) of all respondents were appointed a key worker upon admission
- Four out of five respondents (80.8%) reported that there was always a staff member available when needed
- The majority (86.8%) of respondents agreed that they were treated with dignity and

respect.

- More than nine out of ten (93.6%) respondents were satisfied with the level of privacy while being examined.
- Almost nine out of ten (87.2%) respondents stated that they trusted their healthcare team.
- Over nine out of ten respondents (92.4%) agreed that staff protected their confidentiality.
- Just over three quarters (75.9%) of participants agreed that the purpose of tests/procedures/new medications was always explained to them

Patient satisfaction with nursing and hospital care in Irish general hospitals: RN4CAST findings (Research Update 2 of 3. March 2012). Prepared by Ms Marcia Kirwan on behalf of the DCU RN4CAST Research Team: Professor A. Scott; Dr. A. Matthews; Ms Marcia Kirwan; Ms Daniela Lehwaldt; Dr. Roisin Morris and Professor Anthony Staines.

Respondents: 285 patients in 10 hospitals. Overall response rate 93%.

Question	Percentage response			
	Never %	Sometimes %	Usually %	Always %
During this hospital stay..				
How often did nurses treat you with courtesy and respect?	0.4	3.2	10.6	85.9
How often did nurses listen carefully to you?	1.4	5.3	23.1	70.1
How often did nurses explain things in a way you could understand?	2.8	8.1	22.9	66.2
After you called for assistance, how often did you get help as soon as you wanted it?	2.2	11.0	27.6	59.2
How often was your pain well controlled?	3.1%	8.7%	23%	65.3%
How often did the hospital staff do everything they could to help you with your pain?	2%	10.7%	18.3%	69%