

Fitness to Practise

what does it mean for nurses and midwives?

Most nurses and midwives will never, during the course of their professional lives, have any involvement with the fitness to practise process. A small but increasing number will have an involvement – as the subject of a complaint, as the subject of an application for an Inquiry, as a complainant or applicant for an Inquiry, or as a witness at an Inquiry.

The aim of this article is to provide information for nurses and midwives about the process and in particular to highlight the nature of some of the issues that may lead to a nurse or midwife being found guilty of professional misconduct and/or unfit to practice nursing or midwifery on health grounds.

Applications for an Inquiry

Most Inquiries start as a letter of complaint received by An Bord Altranais about a nurse or midwife. Sometimes more than one nurse or midwife may be the subject of one letter of complaint. Complainants who telephone An Bord Altranais are asked to put their complaint in writing. This letter should identify the nurse or midwife who is the subject of the complaint and provide details of the nature of the complaint. If the identity of the nurse or midwife or the details of the complaint are unclear, An Bord Altranais will seek further clarification from the complainant. Anyone may make a complaint – an employer, a colleague, a student, a patient/client or their family or a member of the public.

Once a letter of complaint is received, An Bord Altranais writes to the complainant and formally asks if he/she is making an application for an Inquiry into the Fitness to Practise of the named nurse or midwife and if so, on what grounds. An application for an Inquiry may be made on the grounds of

- alleged professional misconduct, or
 - alleged unfitness to engage in such practise by reason of physical or mental disability.
- Many Inquiries are on both grounds, e.g. where an individual's health problem leads them to engage in an activity that may constitute professional misconduct.

The number of applications for an Inquiry received by An Bord Altranais has increased

over the years. During the 1980s the number of applications ranged from 7 – 17 per year with the exception of 1983 when 277 nurses were the subject of an application. The figure varied from 6 – 40 per year during the 1990s. The number of applications in recent years was as follows:

2000 – 16 APPLICATIONS.

2001 – 16 APPLICATIONS.

2002 – 27 APPLICATIONS.

2003 – 21 APPLICATIONS.

2004 – 32 APPLICATIONS.

2005 – 42 APPLICATIONS.

2006 – 61 COMPLAINTS RECEIVED.

By the 31st December 2006, forty five had become formal applications for an Inquiry.

If the complainant does not wish to become the applicant for an Inquiry, then the issue will be considered by the Board who may then become the applicant for an Inquiry. Sometimes a letter of complaint does not lead to an application for an Inquiry – for example, when it is not possible to identify the nurse or midwife cited in the letter. In this instance, An Bord Altranais will make all efforts to identify the individual concerned.

Evidence to warrant holding an Inquiry

Once an application for an Inquiry is received, the application and all documentation received in support of it are sent to the nurse or midwife and he/she is given the

opportunity to respond in writing. The nurse or midwife may, at this stage, seek the assistance of union or legal representation. The nurse or midwife does not have to make a response, but most do so. The Fitness to Practise Committee considers the application and the nurse or midwife's response and makes one of two possible decisions –

- There is sufficient evidence to warrant holding an Inquiry, or
- There is insufficient evidence to warrant holding an Inquiry. This latter decision must be confirmed by the Board. In some cases the Board may direct the Fitness to Practise Committee to hold an Inquiry.

After the Inquiry

Once a decision is made that there is sufficient evidence to warrant holding an Inquiry, then in due course the Inquiry will be scheduled. At the conclusion of an Inquiry, the Fitness to Practise Committee produce a report which details the allegations made against the nurse or midwife; whether or not each allegation was proved; whether or not the nurse or midwife is guilty of professional misconduct or unfit to engage in the practice of nursing or midwifery by reason of physical or mental disability. If the nurse or midwife is found guilty of professional misconduct or unfit to engage in the practice of nursing or midwifery by reason of physical or mental disability, the Committee will also recommend a sanction to be imposed on the nurse or midwife. This report will be considered by the

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Board, with the nurse or midwife being invited to make representations to the Board on the day of the Board meeting. The Board cannot alter the finding of the Committee but may accept or amend the recommended sanction. The range of sanctions that the Board may impose is:

- Erasure from the Register. This must be confirmed by the High Court.
- Suspension from the Register. This must be confirmed by the High Court.
- Attachment of Conditions to Registration. This must be confirmed by the High Court.
- Censure.
- Advise.
- Admonish.

Standards of Professional Conduct

An Bord Altranais has published *The Code of Professional Conduct for each Nurse and Midwife* (April 2000). The purpose of the Code is to provide a framework to assist each nurse and midwife to make professional decisions, to carry out his/her responsibilities and to promote high standards of professional conduct. It makes explicit that each registered nurse and midwife is accountable for his/her own practice. In addition, An Bord Altranais has published guidance documents in relation to a nurse or midwife's scope of practice; recording clinical practice; medication management; midwifery practice; a quality clinical learning environment; the development of policies, guidelines and protocols; and for nurses and midwives with serious contagious/infectious diseases. These documents provide guidance to nurses and midwives as to what constitutes an appropriate standard of professional conduct.

What constitutes 'Professional Misconduct'?

A wide range of actions and behaviours may constitute professional misconduct but typically the types of actions and behaviours fall into a number of broad categories. Some of the most common categories are:

- Medication issues.
- Competence issues.
- Inappropriate behaviour towards patients.
- Other inappropriate behaviour

Medication issues

Issues related to medication fall into two main areas:

- a) A failure to adhere to an acceptable standard of practice in relation to medication management.

Issues of this type usually only become the

subject of an Inquiry if they are of a persistent or very serious nature and have not been corrected by efforts at local level e.g. education and clinical support and supervision. A failure on the part of the nurse or midwife to accept that he/she has a problem may add to the difficulty, as may attempts by the nurse or midwife to cover up a poor standard of medication management.



An Bord Altranais wishes to support the practice of reporting of medication errors within a clinical governance/risk management structure and isolated medication errors should not usually be the subject of a complaint to An Bord Altranais.

Persistent medication management problems may be combined with other allegations of incompetence. Medication management requires adherence to the guidance set out in the An Bord Altranais publication on medication management and to local policies or procedures. Examples of the type of issues that can constitute professional misconduct include failure to follow correct procedures for ensuring that the patient receives the correct drug, at the correct time and by the correct route. A nurse or midwife must ensure that the patient takes the medication. Local policy for checking of medication must be followed in all cases. Administration of

medication must be correctly documented in the patient's notes.

Nurses and midwives may only supply and/or administer medication to a patient if it has been prescribed for that individual patient or through the use of a locally approved medication protocol. Administration of an un-prescribed medication to a patient may constitute professional misconduct. It may also lead to a criminal prosecution and/or employment disciplinary procedures.

Medications are supplied in healthcare facilities for administration to patients. It is not acceptable practice that a nurse or midwife would remove medication from their workplace for personal use or use by their friends or family. Neither is it acceptable that a nurse or midwife would remove medication from a patient in a homecare setting. This is the case no matter what medication is involved e.g. analgesia, antibiotics, night sedation. Nurses or midwives who require medication should obtain it through appropriate means i.e. from a pharmacy if non-prescription or on foot of a prescription obtained from a medical practitioner; a dentist or a registered nurse prescriber who is treating the individual nurse or midwife. A nurse or midwife who is ill should seek medical care from his/her own doctor, through an Accident and Emergency Department or via an Occupational Health Department. It is not appropriate for a nurse or midwife to ask a work colleague who is a medical practitioner or a registered nurse prescriber to write a prescription for them. Nurses or midwives who remove medications from their workplace for personal use may also face criminal charges and/or employment disciplinary procedures.

- b) Nurses or midwives who have developed health problems involving dependence on or addiction to drugs may also be engaging in activities that constitute professional misconduct. Such activities may include theft of medications, theft of syringes and needles, theft of prescription pads, forging of prescriptions, falsification of patient records and stock control records, and being in the clinical area whilst in an unfit state. Of particular seriousness is activity that results in a patient not receiving their medication whilst the patient record indicates that they did receive it. This may lead to an unexplained deterioration in a patient's condition or the patient suffering unnecessary pain or distress. Any activities of the type set out above are also very

likely to lead to criminal prosecution and/or employment disciplinary procedures.

An Bord Altranais notes with concern that the activities of nurses or midwives with a drug dependence or addiction may go undetected for a considerable length of time. This may put patients at risk and the individual nurse or midwife is also not offered the appropriate help that he/she needs. The most commonly abused drugs in this type of situation are drugs such as narcotics; non-narcotic analgesia; night sedation; benzodiazepines; anti-depressants and other mood-altering drugs, and anaesthetic agents such as Propofol and Midazolam (Hypnovel). Abuse of such drugs is highly dangerous and could result in death.

All nurses and midwives, nurse/midwife managers and healthcare institutions need to be aware of the possibility of drug abuse. Proper stock control procedures between the pharmacy and the clinical areas may provide an early alert that a problem exists. Procedures for checking and recording the use of Schedule 2 MDA drugs should also be in place. Such procedures should be randomly audited to ensure that they are operating effectively. Nurses and midwives who, as part of prescribed treatment, are taking a drug that may affect their capacity to practice safely should inform their manager and may need to attend the occupational health department.

Competence issues

Allegations of incompetence on the part of a nurse or midwife usually only become the subject of a complaint to An Bord Altranais if they are of an intractable nature, that is, there have been numerous instances over a period of time of a poor standard of professional practice that have not been addressed by measures put in place at a local level e.g. education and clinical support and supervision. A refusal or inability of the nurse or midwife to acknowledge that a problem exists may compound the situation. A deterioration in the standard of a nurse or midwife's clinical practice, in an individual who did not previously have a problem in this area, may indicate that the individual has personal

or health problems. Whilst needing to ensure that patient safety is not compromised, nurses or midwives with such problems should be offered appropriate help at local level, possibly by referral to occupational health or staff support services.

Areas of concern in relation to competence include difficulties in infection control practices, pressure area care and management, monitoring of a patient's condition, seeking appropriate medical attention for a patient, medication management, communication skills and record keeping. It is not sufficient that a nurse or midwife did not mean to cause any harm or put patients at risk of harm. In one particular case where incompetence was the focus of the allegations and the nurse was found guilty of professional misconduct, the Board applied to the High Court to have its decision to erase the nurse's name from the



Register confirmed. The nurse, as is her right, appealed the decision and a full re-hearing of the case took place before Mr. Justice O'Donovan. Mr. Justice O'Donovan, in confirming the Board's decision, referred favourably to a decision in a previous English case and quoted from that judgment by stating that "there is a duty to protect the public against the genially incompetent as well as the deliberate wrongdoers".

Inappropriate behaviour towards patients

Instances of inappropriate behaviour towards patients include rudeness, disrespect, hostility, use of foul or obscene language and lewd behaviour. Inappropriate use of restraint or being physically rough in handling a patient may also constitute professional misconduct. Physical or sexual assault of a patient may not only result in a nurse or midwife being found

guilty of professional misconduct but may lead to a criminal prosecution and/or employment disciplinary action. Engaging in a sexual relationship with a patient, even if consensual, may also constitute professional misconduct.

Patients have a right to refuse treatment, including medications, and a failure to respect that right may constitute professional misconduct.

Other inappropriate behaviour

Amongst the other behaviours that may constitute professional misconduct are

- sleeping whilst on duty
- inappropriate use of the Internet whilst on duty
- being under the influence of alcohol whilst on duty
- physical or sexual assault of a work colleague. This may also result in a criminal prosecution
- alteration of patient records
- falsification of co-workers signatures on patient records
- falsification of employment references or details therein
- failure to adequately supervise students and/or healthcare assistants.

Unfit to engage in nursing/midwifery practise by reason of physical or mental disability.

Nurses and midwives who are found to be unfit to practice by reason of physical or mental disability frequently have a dependence on or addiction to alcohol and/or drugs. They may have a mental health problem or, less commonly, a physical health problem that leads them to behave in an inappropriate manner or provide a less than acceptable standard of patient care.

The issues highlighted above are based on a review of concluded Inquiries that have taken place over the past five years. It is planned to publish articles about fitness to practise issues in future editions of An Bord Altranais News so that nurses and midwives are better informed about the issues and procedures involved.

Information about the Fitness to Practise procedures is available on <http://www.nursingboard.ie> under 'Reporting Misconduct'.

Registration Statistics 2006

2006 was another busy year in the Registration and Education Departments of An Bord Altranais dealing with the 6,916 individuals who applied to register during the year. The tables below present the 2006 figures with a comparative analysis based on the 2005 figures.

Nurses Registered

	Active	Inactive	Total
2005	62,639	15,913	78,552
2006	65,415	17,161	82,576
2005 - 2006	+2,776	+1,248	+4,024
2005 - 2006	▲ 4%	▲ 8%	▲ 5%

Qualifications Registered

	Active 2005	Active 2006	Inactive 2005	Inactive 2006	Total 2005	Total 2006
General	52,598	55,127	13,555	14,598	66,153	69,725
Psychiatric	9,417	9,471	2,376	2,572	11,793	12,043
Children's	3,859	3,905	885	939	4,744	4,844
Intellectual Disability	3,890	3,981	583	628	4,473	4,609
Midwifery	13,179	13,101	3,882	4,174	17,061	17,275
Public Health	2,173	2,239	502	558	2,675	2,797
Tutor	527	522	134	149	661	671
Other	276	259	334	349	610	608
Total	85,919	88,605	22,251	23,967	108,170	112,572

Summary: As of the 31st December 2006 there were a total of 82,576 individuals registered with 112,572 qualifications.

Active File: 65,415 individuals with 88,605 qualifications

Number of Newly Registered Qualifications.

	Ireland 2005	Ireland 2006	EU 2005	EU 2006	Non-EU 2005	Non-EU 2006	Total 2005	Total 2006
General	103	850	685	703	2,124	2,589	2,912	4,142
Psychiatric	30	246	71	70	10	29	111	345
Children's	113	92	15	19	1	0	129	111
Intellectual Disability	21	135	21	12	0	0	42	147
Midwifery	157	166	51	102	18	13	226	281
Public Health	124	129	9	6	0	0	133	135
Tutor	22	13	0	0	1	0	23	13
Total	570	1,631	852	912	2,154	2,631	3,576	5,174
		+1,061		+60		+477		+1,598
		▲ 186%		▲ 7%		▲ 22%		▲ 45%

Applications for registration are assessed based on 'country of education and training' and not the nationality of the applicant. Individuals may have undertaken their primary qualification in one country (EU or non-EU) and their secondary qualification in another country (EU or non-EU). Examples: an individual from India who completed his/her general nursing programme in India, registered as an RGN in Ireland and then completed a midwifery programme in Ireland is listed in the Table above under 'Ireland'; an individual from Nigeria who completed a general nursing programme in the U.K. is listed in the Table above under 'EU'; an individual from Ireland who completed a general nurse programme in Canada is listed in the Table above under 'Non-EU'.

• Individuals who trained in an EU Member State and who are applying for registration in the General Nurse or Midwives Division of the Register are granted direct registration if they meet fully with the requirements of the relevant EU Sectoral Directive. If the individual

Inactive File

	2005	2006
Retired	5,730	6,358
Unemployed	723	758
Career Break	1,688	1,839
Working Abroad	4,703	4,932
Other	3,069	3,274
Total	15,913	17,161

Number of applicants for registration

Many individuals apply to have their name registered in more than one Division of the Register:

	Number of individual applicants	Number of applications Ireland	Number of applications EU	Number of applications Non-EU	Total number of applications
2005	6,653	557	1,090	5,427	7,074
2006	6,916	1,640	1,238	4,402	7,280
2005 - 2006	+263	+1,083	+148	- 1,025	+206
2005 - 2006	▲ 4%	▲ 194%	▲ 14%	▼ 19%	▲ 3%

It would appear that the number of EU applicants increased and the number of non-EU applicants decreased in the last quarter of 2006. This apparent trend will be monitored during 2007.

does not meet the requirements of the relevant Sectoral Directive, he/she is assessed under the General Systems Directive i.e. on an individual basis based on evaluation of transcript of training, CV and references.

- Individuals who trained in an EU Member State and who are applying for registration in the RPN//RCN/RPHN/RNT Divisions of the Register are assessed under the General Systems Directives i.e. on an individual basis based on evaluation of transcript of training, CV and references. Individuals may be granted direct registration, be refused registration or be required to undertake a period of adaptation and assessment.
- Individuals who trained in a non-EU Member State have their application assessed on an individual basis based on evaluation of transcript of training, CV and references. Individuals may be granted direct registration, be refused registration or be required to undertake a period of adaptation and assessment.

Country of Training of EU registrants

Country – 2005	Country - 2006
1st: U.K. = 708	1st: U.K. = 687
2nd: Poland = 41	2nd: Poland = 97
3rd: Germany = 39	3rd: Germany = 58
4th: Lithuania = 12	4th: Lithuania = 20
5th: Finland = 10	5th: Finland = 14
< 10: 14 other countries.	< 14: 13 other countries.

Profile of the Active Register by Nationality (as of the 30th April 2007)

Nationality	Percentage*
Ireland	79.43%
EU (excluding Ireland)	
U.K.	3.45%
Germany	0.29%
Poland	0.28%
Spain	0.1%
Lithuania	0.07%
Other EU countries	0.4%
Total	4.59%
Non-EU	
India	7.53%
Philippines	6.1%
Nigeria	0.42%
U.S.A.	0.38%
Australia	0.33%
Other non-EU countries	1.19%
Total	15.95%

*Figures are rounded to two decimal points.

Country of Training of non-EU registrants

Country – 2005	Country - 2006
1st: India = 1,634	1st: India = 2,037
2nd: Philippines = 366	2nd: Philippines = 439
3rd: Australia = 44	3rd: Australia = 37
4th: Nigeria = 39	4th: Nigeria = 36
5th: New Zealand = 13	5th: New Zealand = 22
<13: 17 other countries.	<22: 21 other countries.

Verification Requests 2006.

- 877 individuals made a total of 1,612 verification requests.
- 376 individuals submitted more than one request in 2006.
- Verification does not necessarily equate to travel.

Country verification sent to:	Number of requests:
Australia	1,024
U.K.	277
U.S.A.	195
Canada	42
New Zealand	41
Spain	11
Other countries.	22
Total	1,612

Nationality of individual requesting verification.	Number of individuals
Ireland	576
India	116
Philippines	91
U.K.	27
Nigeria	15
Other – 17 countries	52
Total	877

Review of Non EU Applications for Registration

To respond to the mobility of nurses, their regulation, and the maintenance of effective standards in clinical nursing, An Bord Altranais has undertaken a review of the process applied to applicants from outside the European Union for nurse registration. Key findings of this review include communication skills, terminology, cultural awareness, interpersonal skills, clinical competence and the adaptation programme. This review is being presented to the Board who are considering an action plan is being developed to chart the next steps.

Action in response to the findings of the review has initiated a number of significant developments and these are at the planning stage whilst others are being implemented. Changes to the requirements for language competence have been announced and have become effective from 1st April, 2007. These have been described in the previous edition of this Newsletter: Communications with the institutions approved by An Bord Altranais to provide Adaptation Programmes has been developed with regular quarterly meetings. Participants at these meetings have found the content to be of benefit in developing individual adaptation programmes. These developments will require further participation from those engaged in supporting overseas nurses to develop enhanced standards for overseas nurse registration.

Project Implementation: Review of Nurses and Midwives in the Prescribing and Administration of Medicinal Products

Prescriptive authority for nurses and midwives is quickly gathering shape and structure. An Bord Altranais and the National Council continue to progress the joint project implementation plan alongside the national Resource and Implementation Group plan for nurse prescribing. Current achievements for the realisation of nurse and midwife prescribing are summarised here. The regulatory frameworks of medicines legislation and nursing registration are identified. The educational structures to prepare the first cohort of students are presented as well as An Bord Altranais' requirements and guidance for future prescribers and health service providers. The issues for developing and ensuring clinical governance structures to support nurses and midwives in their prescribing practices are taking shape through a variety of approaches at national and local levels. The importance of continued competence for nurse and midwife prescribers is acknowledged by all key stakeholders with the regulatory mechanisms for this evolving.

LEGISLATION AND REGULATION

Legislation

Medicinal Products (Prescription and Control of Supply) Regulations Amendment 2007 gives legal authority to nurses and midwives to prescribe medications. However, this authority is based upon the following conditions being satisfied:

1. The nurse/midwife is employed by a health service provider in a hospital, nursing home, clinic or other health service setting (including any case where the health service is provided in a private home).
2. The medicinal product is one that would be given in the usual course of the service provided in the health service setting in which the nurse/midwife is employed.
3. The prescription is issued in the usual course of the provision of that health service.

In addition, the 2007 Regulations allow a health service provider to determine further conditions in limiting the prescriptive authority of the nurse/midwife. An Bord Altranais registration number (also known as the Personal Identification Number (PIN)) must be stated on the prescription.

Nurse/midwife prescribing of controlled drugs is detailed in the *Misuse of Drugs*

(*Amendment*) *Regulations 2007* which requires the above conditions to be met and details additional restrictions for the prescribing of MDA scheduled medications 4, and 5. A specific schedule - Schedule 8 - was devised, composed of four parts, which names the Schedule 2 and 3 drugs that a nurse/midwife is authorised to prescribe and also dictates administration routes and care settings or conditions.

The Minister for Health and Children, Ms Mary Harney TD, has signed the *Medicinal Products Prescription and Control of Supply Amendment Regulations 2007* and *Misuse of Drugs Amendment Regulations 2007* into effect.

Professional Regulation

Changes have been made to the Nurses Rules of An Bord Altranais that establish a new division of the Register for Nurse Prescribers.¹ The creation of this division entitles a nurse or midwife who completes the education programme and meets the conditions for prescribing (as established by the medicines regulations) to be registered with An Bord Altranais as Registered Nurse Prescriber. The abbreviation of R.N.P. must be used when writing a medication prescription. The Register is accessible to the health care providers and the general public to confirm whether or not a nurse or midwife is registered as a Nurse Prescriber.

The Rules also provide for the approval of Higher Education Institutions and health service providers for the delivery of education programmes for prescriptive authority.

The 2007 Rules can be accessed at www.nursingboard.ie

Education

An Bord Altranais has recently published the *Requirements and Standards for Education Programmes for Nurses and Midwives with Prescriptive Authority*. It provides the minimum entry requirements for admission to the programme:

- The name of the nurse/midwife must already be entered in the General, Psychiatric, Children's, Intellectual Disability, Midwife or Public Health Nurse Divisions of the Register.
- The nurse/midwife must have three years recent post registration clinical experience in nursing/midwifery (this must be within the past 5 years) with the equivalent of one year full time experience in the specific area of practice.

- The nurse/midwife must possess the competencies recognised at Level 8 of the NQAI framework.
- There should be demonstrable evidence of further education.
- The nurse/midwife should possess a competent level of information technology literacy.

The document details the competencies that must be achieved through successful completion of the programme. The learning outcomes and syllabus, theoretical and clinical instruction are also stipulated in the Requirements and Standards. The programme is of 6 months duration with theoretical instruction comprising no less than 168 hours. The clinical component of 96 hours minimum requires the nurse/midwife to be supervised by a designated medical practitioner during this period to have learning opportunities and gain experience for prescriptive authority. Students are expected to attain and maintain the An Bord Altranais competencies.

The education for nurse and midwife prescribing commenced in late April with the Royal College of Surgeons in Ireland and University College Cork providing the first programmes for 50 students. The level of award from the Colleges is a Certificate in Nursing (Nurse/Midwife Prescribing) (Minor Award, Level 8).

Clinical Governance and Professional Guidance

The DoHC/HSE Resource and Implementation Group identified essential criteria for health service providers to meet for participation in the first phase of implementation. Each selected site must:

- Demonstrate an ability to safely manage and quality assure prescribing practices
- Have risk management systems in place and processes for adverse event reporting, incident reporting, reporting of near misses and reporting of medication errors
- Have in place robust and agreed collaborative practice agreements (described if not already existing)
- Have identified a named medical practitioner who has agreed to develop the above arrangements
- Have appropriate mentoring arrangements in place
- Have in place or have access to a drugs and therapeutics committee
- Have in place a mechanism to audit the

introduction of nurse/midwife prescribing practices

These criteria lay the foundation for the clinical governance structures required for nurse and midwife prescribing. In tandem with these criteria An Bord Altranais has devised practice standards and professional guidance that state the requirements of the regulatory body for the registered nurse prescriber. The Nursing Board's publications also reference the responsibilities of the health service provider/employer to support safe professional prescribing practices. The first of these the *Decision-Making Framework for Nurse/Midwife Prescribing* (An Bord Altranais, 2007) is a flow chart diagram illustrating a step by step approach for nurses/midwives and health service providers to consider the context of and appropriateness of prescribing and the clinical governance supports needed.

The second document *Practice Standards for Nurses and Midwives with Prescriptive Authority* (An Bord Altranais 2007) has been developed with the following objectives:

- To provide professional guidance for prescriptive authority and associated areas of medication management
- To enable registered nurse prescribers to demonstrate the key competencies and practice elements associated with this authority and related principles to ensure safe, competent effective and ethical practice
- To ensure appropriate mechanisms of clinical and self-governance are in place relating to the registered nurse prescriber's scope of practice
- To outline a regulatory framework for nurses and midwives for the continuum of their prescribing authority/practices
- To assure the public of the competence and professional accountability of the registered nurse prescriber
- To support the twin track approach to the regulation of registered nurse prescribers.

The *Collaborative Practice Agreement (CPA)* (An Bord Altranais, 2007) referred to in the above site criteria, provides guidelines for developing CPAs for the implementation of nurse/midwife prescribing and provides nurses and midwives, medical practitioners and health service providers/employers with a framework for the development (and approval) of CPAs. The written CPA should be developed prior to the health service provider/employer authorising the registered nurse prescriber to prescribe in the organisation. The Nursing Board's guidelines can be used to support CPAs based upon the administrative processes and clinical governance structures of the health service provider/employer. The CPA must contain specific information as determined by the

Nurses Rules 2007 and the *Practice Standards for Nurses and Midwives with Prescriptive Authority*.

A specific template for an individual CPA has been devised which requests detailed information from the registered nurse prescribers, involved medical practitioners and the health service employer. Elements of the CPA include:

- Professional and employment details
- General description of practice setting to incorporate the population and conditions for which the registered nurse prescriber has responsibility
- A listing of specific medications (generic names only) and/or categories of medications the registered nurse prescriber is competent to prescribe
- Description of the conditions, if any, the health service provider/employer has placed on the registered nurse prescriber's prescriptive authority
- Details of the individual within the health service provider/employer authorised to approve CPAs
- An outline of the audit requirements for the practices of the registered nurse prescriber review/audit of prescriptive practices.

The completed CPA is to be submitted to An Bord Altranais on an annual basis by the registered nurse prescriber. A full description of the Collaborative Practice Agreement can be viewed at www.nursingboard.ie or by contacting An Bord Altranais directly.

Continued Competence

As part of the professional regulatory framework for prescriptive authority by nurses and midwives a registered nurse prescriber will be required to demonstrate evidence of continued competence for his/her prescribing practices. An Bord Altranais has recently commenced a special project to establish a process for assuring an individual prescriber's continued competence. The project extending over a 2 year period will be managed by Mr. Thomas Kearns, Education Officer. Further information will be available in the upcoming months.

MEDICATION MANAGEMENT UPDATES

E-Learning project

An Bord Altranais and National Council are currently working in partnership to develop the Medication Management E-learning programme. The project is headed by Aine McHugh, Lecturer who has been seconded on a short term part time basis from UCD School of Nursing, Midwifery and Health Systems. The programme covers medication management and how it applies to nurses and midwives in their day to day practice. The

medication protocol framework² is introduced as an aid to develop best practice in devising and utilising medication protocols.

The organisations have committed to providing an educational resource on this topic through the creation of an interactive learning and assessment tool using an e-learning approach. The programme will be available through the websites of An Bord Altranais, the National Council, and the Learning Centre of the Health Service Executive (HSE) from early autumn 2007.

Updated guidance on medication management

Guidance to Nurses and Midwives on Medication Management (An Bord Altranais 2007) has been revised to incorporate the recent initiatives for nurse and midwife prescribing, current medicines legislation, updates previous guidance from 2003 for many medication management issues such as adverse drug reaction reporting, medication administration compliance aids/monitored dosage system and Scheduled controlled/MDA drugs. New sections have been added for professional guidance on the supply and administration of over-the-counter medications, medication protocol use, crushing medications and immunisations/vaccinations. The publication will be available to be downloaded from www.nursingboard.ie.

COMMUNICATION STRATEGIES FOR INFORMING NURSES AND MIDWIVES

Newsletters and Websites

Continue to check the websites of An Bord Altranais, the National Council and the HSE to read about the progress of nurse and midwife prescribing. In addition to the quarterly updates provided in the newsletter of the National Council and An Bord Altranais, the HSE has a dedicated newsletter on this subject. A communication booklet for the professions and health service providers is being published jointly by the above organisations in association with the DoHC.



An Bord Altranais



National Council for the
Professional Development
of Nursing and Midwifery

Further information about the project is available from Kathleen Walsh, Project Officer

Telephone 01 6398502

Email: kwalsh@nursingboard.ie or projectoffice@nursingboard.ie

¹ Currently within the Nurses Act 1985 a midwife is registered within a division of the Nurses Register; therefore a midwife with prescriptive authority will be registered as a Nurse Prescriber.

² Refer to Winter 2006 newsletter for general information about the use of medication protocols as part of medication management practices

LEAS CROSS REVIEW

The purpose of this article is to present the response of An Bord Altranais to the findings and recommendations of the Leas Cross Review and consider their implications for An Bord Altranais itself and for all nurses and midwives nationally, wherever they may work.

Background to the review

Following from the exposure of problems at the Leas Cross nursing home, Professor Des O'Neill, Consultant Geriatrician, was commissioned to undertake a review. The terms of reference as outlined in the report were:

To review the deaths of residents of Leas Cross through inspection and analysis of written documentation including

- Medical, nursing and prescribing notes
- Hospital records
- Post-mortem summaries
- Death certificates
- Notification to the coroner and inquests
- Correspondence to the Eastern Regional Health Authority, Northern Area Health Board, Health Services Executive (Northern Area), Health Services Executive and Department of Health and Children regarding concerns over Leas Cross
- Nursing Home inspection reports
- And other relevant documents.

and to

- a) relate these to national and international data and guidelines and morbidity and mortality to institutional care for older people
- b) make recommendations as appropriate to the HSE and the Department of Health and Children arising from these findings (O'Neill, 2006 p.3).

Overview of the Report

The report commences with a review of the literature in respect of the health care needs of older people.

Amongst issues of increasing disability of older people he identifies a correlation between the adequacy of nursing staff and

outcomes of care (O'Neill, 2006 p.10-12). O'Neill however also contends (2006 p.12) that "it is likely that too few nurses have been exposed to specialised knowledge about care of older adults, either in their educational programmes or in the work setting." He refers to the Report of the Commission on Nursing who in 1998 welcomed the development of post-registration courses up to Masters' level in gerontological nursing. He also refers to a recommendation of the Irish Society of Physicians in Geriatric Medicine in 2001 that there should be adequate training for nurses in long term care and this should, where possible, include a Higher Diploma in Specialist Care of Older People (O'Neill, 2006 p.13-14). A further issue identified by Professor O'Neill (p.13-14) citing the Report of the Commission on Nursing (1998) was the number of courses and participants of courses in care of the elderly. Further he suggests that "there should be adequate training for nurses in long term care and where possible this should include a Higher Diploma in Specialist Care of the Older People" (O'Neill, 2006 p.13-14).

NURSING CARE ISSUES

The report (O'Neill, 2006) identifies many deficiencies in the provision of care at Leas Cross Nursing Home when compared to the literature. In examining the patterns of death, one case is cited as being "a telling indictment of the standards of care which are mirrored in the absence of adequate and satisfactory documentation of appropriate nursing care" (p.19). This is further elaborated within the review of case notes and more particularly the nursing notes, where many deficiencies were found related to nursing care issues. In summary these deficiencies include

- Absence of signatures for the initial assessment sheet (p. 19, 20)
- Little evidence of any structured care planning (p. 20-21)

- Only 10% patients weighed on admission (p. 21)
- Only 14% patients skin condition assessed on admission (p. 21)
- None of the residents had a formal pressure sore annotated as part of their routine nursing assessment or nursing notes (p. 21)
- Deficiencies noted in pressure sore prevention and care (p. 21)
- Deficiencies in assessment and management of swallow disorders (p. 22)
- Deficiencies in documentation of the appropriateness and use of restraints (O'Neill, 2006 p. 20-22) with an alarming number of residents being nursed in Buxton chairs (p. 24)
- No policy on continence management and incontinence prevention (p. 29)
- Dementia care policy was noted but there was no plan or format for implementing the document (p. 31)
- No evidence of an infection control policy (p. 39)
- Inappropriate use on incontinent pads (p. 45)
- General personal hygiene of the residents was poor; clothes were grubby in appearance and a few patients had a strong odour of incontinence (p. 45).

MEDICATION MANAGEMENT ISSUES

In respect of medication management issues a large number of issues were identified in the report including

Prescriptions (p. 25)

- Kardex style with medications and signatures in differing handwriting
- Multiple kardexes in some cases
- Different writing compared to doctors' signatures including all rewriting/re-charting of medications
- No written policy offered to support

regular medication review

- Influenza vaccine not indicated on prescription form and episodically mentioned in medical notes
- Defence of transcribing prescriptions by staff other than doctors even when counter-signed raises concern (p. 39)
- The delegation of medication administration (p.39)
- No documentation of those who self-prescribe also raises concern (p. 39).

Inspection reports - (The Nursing Home Inspectorate Team - HSE) of April 2005 (p. 36); and June 2005 (p. 38) – states there were deficits in adequacy of drug administration records; breaches of good nursing practice, professional guidelines and Misuse of Drug Acts and Regulations. This was deduced as

- there is no record of residents who refused medications prescribed
- failure to comply with good practice in relation to the receipt, storage, administration and recording of drugs.

DEATHS AT LEAS CROSS

Review of hospital notes for patients admitted from Leas Cross (p. 29) to Beaumont Hospital highlighted 46 deaths. Twenty patients had renal failure for which dehydration was likely to be a contributing factor. It is reported a few times that there was a lack of routine fluid charts at the nursing home (p. 38). In April 2005 there was also a deficit in notification of deaths to the Health Board (p. 37).

STAFFING ISSUES

Staffing issues were identified as problematic in the report (p.32, 45, 57). No differentiation is made between nursing and care staff and there is no consideration of patient dependency. A large number of external inspections/visits were conducted in Leas Cross by the Northern Area Health Board (p. 34). One report in July 2004 outlines severe deficiencies in staffing, skill mix, senior nursing structure, health and safety, the implementation of An Bord Altranais medication regulations, nursing care standards and access to the doctor (p. 36). Correspondence indicates that a consultant contacted the coroner and the Director of Nursing of the Nursing Home Inspectorate team of Leas Cross (p. 44) and indicated the main problem encountered on review visits was lack of qualified staff and auxiliary staff and basic nursing care to meet patients' needs. A Consultant Psychiatrist also reviewed concerns with the Director of Nursing from St Ita's Hospital and the Director of Public Health Nursing (p. 45) regarding staffing levels, skill mix, policies and procedures, staff training as current issues

needing attention (2004).

Specific Findings of the Leas Cross Report related to An Bord Altranais

Professor O'Neill directs one section of the report toward professional bodies. He specifically identifies a reference to An Bord Altranais (p. 59) in its role of giving professional guidance especially for those in Director of Nursing positions with the following "*An Bord Altranais might well consider guidance to the nursing profession in this area*" as he found that he could "*not find evidence that professional bodies alerting their members to the special and complex needs of older people in long term care.*"

Of the 12 recommendations in the report one, number 11, is specific to regulatory bodies.

Recommendation 11 reads:

Professional bodies with regulatory responsibilities for healthcare workers should clarify the specialised needs of older people in residential care in guidance to their members, with particular emphasis on the scope of practice of those who accept senior positions" (O'Neill, 2006).

Response

Professional bodies with regulatory responsibility would need to respond directly to this recommendation" (O'Neill, 2006).

The Role of An Bord Altranais

EDUCATION AND TRAINING

The chief concern of An Bord Altranais is the protection of the public through ensuring professional standards of education and training and practice of nurses and midwives thus contributing to a competent and quality health service.

The statutory role of An Bord Altranais is "... to promote high standards of professional education and training and professional conduct among nurses ..." (Section 6, Nurses Act, 1985). Implicit in this remit is the protection of the public. As a key component of its role and functions under Section IV of the Nurses Act, 1985 and as required by the Nurses Rules, 2004, An Bord Altranais sets out the requirements and standards that have to be met by third level institutions and healthcare institutions as a prerequisite to the approval of nurse and midwife registration education programmes. The process for approval of such programmes includes site visits to healthcare institutions in order to assess their suitability as clinical placement sites for students. Third level institutions and healthcare institutions cannot provide registration programmes without approval by An Bord Altranais.

Under Section 34(4) of the Nurses Act, 1985, and with the consent of the Minister for Health and Children, approval may be withdrawn if the Board's requirements and standards are not met.

Review of the An Bord Altranais approval and site visit processes show that these have developed over the years, with increasing emphasis on the standards of care provided in healthcare institutions where students undertake clinical placements. An Bord Altranais currently requires that healthcare institutions have in place evidence-based practice guidelines to support care; policies, including audit, to support good practice in recording clinical practice; clinical and educational audit; and mechanisms to involve the public and patients/clients in healthcare. Leas Cross Nursing Home was not utilised as a placement site for the education and training of nurses and thus has no educational link to An Bord Altranais.

GUIDANCE

An Bord Altranais also provides professional guidance to nurses and midwives. The number and range of professional guidance documents published by the Board has greatly increased in recent years. There are key guidelines that facilitate decision making for nurses and midwives in the context of regulation and professional practice. These include

- *Code of Professional Conduct for each Nurse and Midwife* (An Bord Altranais, 2000)
- *Scope of Nursing and Midwifery Practice Framework* (An Bord Altranais, 2000)
- *E-learning package – Scope of Practice – Supporting a Standard through interactive learning* (An Bord Altranais, 2004)
- *Guidance to Nurses and Midwives on the Development of Policies, Guidelines and Protocols* (An Bord Altranais, 2000).

The purpose of the *Scope of Nursing and Midwifery Practice Framework* (An Bord Altranais, 2000) is to provide nurses and midwives with professional guidance and support on matters relating to clinical practice. The term scope of practice refers to "*the range of roles, functions, responsibilities and activities, which a registered nurse and midwife is educated, competent, and has the authority to perform*". This document introduces a decision making framework to assist nurses and midwives in making decisions about their scope of their clinical practice. This framework provides principles which should be used to review, outline and expand the parameters of practice for nurses and midwives. The framework aims to support and promote best practice for all nurses and midwives which will ensure protection of the public and the timely delivery of quality healthcare in Ireland. Additionally the Board has published

guidance for those involved in the education and training of nurses

- *Guidelines on the Key Points that may be considered when developing a Quality Clinical Learning Environment* (1st edition, April 2003) was published to provide guidance to all those involved in maintaining the quality of the clinical learning experience for students.
- *E-learning package – Supporting Competence Assessment* (An Bord Altranais 2002)

An Bord Altranais provides guidance to nurses on medication management and recording of clinical practice, two areas that have been identified in the Report as being seriously compromised by nurses in their provision of care to the elderly population of Leas Cross.

In November 2002 An Bord Altranais identified concerns nationally about the standard of record keeping by nurses and midwives and published

- *Recording Clinical Practice – Guidance to Nurses and Midwives* (1st Edition, November 2002) to respond to this need.
- *Guidance to Nurses and Midwives on Medication Management* (2003).

The Board has provided guidance to nurses on the administration of medication since 1990 and have revised this guidance on a number of occasions (An Bord Altranais, 1992 1993; 1995; 1997; 1998; 2000; 2003). *Guidance to Nurses and Midwives on Medication Management* (2003) outlines the key points associated with medication management, and the related principles, to ensure effective, safe and ethical practice with reference to the *Scope of Nursing and Midwifery Practice Framework* (An Bord Altranais, 2000d). The document states the necessity for the nurse/midwife to be knowledgeable about the relevant statutes and legislation regarding medication management practices. It emphasises the collaborative and interdisciplinary nature of medication management, particularly as it relates to the development of policies and protocols within health care organisations and other areas where nursing and midwifery care is provided. The Guidance calls for continued competence in the professional development of knowledge and skills in all aspects of clinical practice associated with medication management.

Topics addressed in the current guidance document *Guidance to Nurses and Midwives on Medication Management* (An Bord Altranais, 2003) include:

- General Principles and Responsibilities
- Emergency Situations and the Use of Verbal and Telephone Orders
- Use of Facsimile
- Self-administration of medicinal products by patients/clients in health care facilities

- Use of Medication Administration Aids/compliance aids
- Scheduled controlled drugs
- Supply of Medicinal Products
- Use of complementary therapies
- Use of unauthorised or unlicensed medicinal products
- Medication Errors
- Storage of Medicinal Products
- Relevant Statutes and Legislation for Nurses and Midwives – including Nursing Homes (Care and Welfare) Regulations, 1993.

These sections detail the responsibilities of the nurse for medication management regardless of the health care environment and patient condition. They are general principles and key points to facilitate safe professional practice.

In addition to the guidance on medication management the Board addresses scope of practice issues submitted by the profession within its quarterly newsletter. There have been a number of articles that have been specific to medication management and/or care of the elderly including:

1. Verbal or telephone order in emergency – Spring 2003
2. Medication administration by HCA's – Summer 2004
3. Crushing medications – Autumn 2004
4. Competence to work in a nursing home setting – Winter 2004
5. Crushing medications – Spring 2005
6. Checking of controlled drugs in the community – Summer 2005
7. Filling dosette box/compliance aid in the community – Winter 2005
8. General knowledge of medications for administration – Spring 2006
9. Double checking of medications – Summer 2006
10. I.V. therapy in care of elderly/nursing home situation – Autumn 2006
11. MDA drugs and recording in register – Winter 2006
12. Am I covered – Winter 2006

This advice is available on the homepage of An Bord Altranais website: www.nursingboard.ie

ENHANCING NURSE AND MIDWIFERY EDUCATION

An Bord Altranais has embraced and welcomed the concept of third-level education for pre-registration nursing and midwifery students. An Bord welcomes the opportunity to collaborate with these bodies in providing a quality education of professional and academic standing. The Board has set standards for education

programmes in line with European Union requirements since 1979. These requirements outline that necessity for theoretical instruction and clinical placements in care of the elderly settings. The new developments in the provision of education within the higher education sector remain in that requirements and standards for nurse and midwifery education (An Bord Altranais, 1999; 2000; 2003; 2005) requires that E.U. directives are met in a programme. The Bord has also embraced standards for post-registration courses with the approval of *"Requirements and Standards for Post-Registration and Continued Competence Nursing and Midwifery Education Programmes – Incorporating the National Framework of Qualifications (2007)"* which will be used for the approval of further courses in Gerontology Nursing/Care of the Older Person. These Requirements and Standards for post-registration and continuing competence nursing and midwifery programmes will provide comprehensive guidance to support the continued professional development and lifelong learning agenda for nurses and midwives and contribute to quality patient care and public protection.

The frequency and number of the above courses has increased and decreased over the years depending on the availability of courses and staff to run them and currently in 2007 there are 10 such programmes are approved.

An Bord Altranais looks forward to the new Nurses Bill confirming its role in setting and maintaining standards for all courses leading to the professional development of nursing and midwifery. In this respect An Bord Altranais would support the professional development of nurses and midwives to maintain standards for continued competence, life-long learning and career development for nurses and midwives within the established frameworks of the National Qualifications Authority.

The current emphasis in health care for strengthening primary care and organisational reform offer opportunities for nurses and midwives to develop this human resource to provide responsive and appropriate care in an accountable, quality, people-centred manner. The emphasis on health and particularly health and care of the older person whilst addressed heretofore in pre-registration syllabi may need to be considered in the overall context of professional education occurring across all health care settings.

The Protection of the Public

An Bord Altranais in maintaining confidence in its consumer protection role is pursuing its function in relation to Part V of the Nurses Act, 1985 which is concerned with the fitness to practice of nurses and

Courses in Gerontological Nursing /Care of the Older Person with An Bord Altranais Approval as at December 2006 are listed below.

No.	HEI	Course Title	Award	Registration Needed Before Applying	Commencement Month & Duration of Course
01	Dublin City University (DCU)	Gerontological Nursing	Graduate Diploma / Master of Science	RGN	February 2 / 3 years
02	Dublin City University (DCU)	Intellectual Disability Ageing Related Care	Graduate Diploma / Master of Science	RNID	February 2 / 3 years
03	Dundalk Institute of Technology (DKIT)	General Nursing - Older Person	Graduate Diploma	RGN	September 1 year
04	Institute of Technology Tralee ITT	Gerontological Nursing	Higher Diploma	RGN / RPN / RNID	September 1 Year
05	Letterkenny Institute of Technology (LYIT)	General Nursing - Older Person	Higher Diploma	RGN	September 1 year
06	National University of Ireland Galway (NUIG)	Gerontological Nursing	Higher Diploma	RGN / RPN / RNID	September 1 year
07	Royal College of Surgeons In Ireland (RCSI)	Gerontological Nursing	Higher Diploma	Refer to HEI	September 1 year
08	University College Cork (UCC)	Gerontological Nursing	Post-Graduate Diploma	RGN / RPN / RNID	October 1 year
09	University of Dublin Trinity College (TCD)	Gerontological Nursing	Post Graduate Diploma / Master in Science	RGN / RPN/ RNID	October 1 - 2 years
10	University of Limerick (UL)	Nursing: Rehabilitation of the Older Person	Graduate Diploma/Master of Science	RGN/RPN/RNID	September 1-2 years

midwives regarding their professional conduct and ability to engage in the practice of nursing and midwifery.

An Bord Altranais will also support the recommendation (Commission on Nursing, 1998; 4.51) to ensure the continued competence of nurses and midwives thus ensuring protection of the public from a practising professional. Supporting professional development and continuing education within the regulatory function is sought in the current reform of nursing legislation.

The provisions for investigation of competence in the absence of a complaint as recommended in Commission on Nursing (1998) is not provided for in the current Nurses Act 1985. We look forward to continued engagement with officials from the Department of Health and Children on how the Nurses Act can include these provisions and continue to assure the public of the competence of nurses and midwives working in all settings but in particular in care of the elderly settings.

Professional Guidance to Nurses and Midwives

An Bord Altranais' primary concern in the protection of the public acknowledges the issue of quality in education, actual practice of nurses and midwives and the need for practice to be grounded in up-to-date evidence.

An Bord Altranais has undertaken a planned

approach, including professional and public consultation, to identify needs and develop evidence-based guidelines and professional standards of conduct. A professional advice service model that is monitored through a database is operationalised. Monitoring and review of guidelines previously issued occurs within specified timeframes.

There is a dedicated professional service provided for the nursing profession (other health care professionals and others) to contact, with queries on medication management issues, for guidance or resources related to an individual's scope of practice and their involvement with medications and other matters. The Education Department Enquires Database (EDED) of the Board has been in use from 2002. The design of the EDED allows for reports to be generated specific to the origin and types of enquiries (i.e. practice areas, division of register, category of enquiry etc.). There is a category for recording queries of medication management, with more explicit subcategories. Some medication management queries may be linked to other categories, such as scope of practice, and can be entered under that alternate category. Currently there are over 180 queries from nursing homes in the system.

Nursing and Midwifery Professional Development

Current activities of the Board and the

executive in relation to guidance review include:

- Medication management guidelines review – currently with the ethics committee
Additional subjects to the current document include:
 1. Adverse Event Reporting
 2. Compliance Aids
 3. Crushing Medications
 4. Dispensing
 5. Double Checking
 6. Electronic Prescribing
 7. Immunisations
 8. Medication Errors
 9. Medication Protocols
 10. Patient Sedation
 11. Supply and Administration of OTC Medications
 12. Transcribing
 13. Transport of Controlled Drugs in the Community
 14. Unlicensed Medications
- Development of an e-learning package to support the implementation of the medication management guidance documents.

Aim and objectives of the e-learning medication management programme:

Aim

- To guide nurses and midwives to achieve safe standards of medication management

through an interactive e-learning programme.

Objectives of programme

- To provide guidance to nurses and midwives on medication management
- management
- To enable nurses and midwives to reflect on the key
- points associated with medication management and the related principles to ensure effective, safe and ethical practice
- To increase accessibility to information on medication management
- To provide a stimulating, engaging innovative approach to learning about the scope of nursing and midwifery practice for medication management

- To promote collaboration and discussion around the key
- issues and principles which determine a nurse's or midwife's scope of practice for medication management
- To encourage all nurses and midwives in clinical practice, education and management to embrace the principles of medication management to ensure patient safety and best practice
- To provide a useful source of valuable information and resources on medication management.

Conclusion

In this response An Bord Altranais has reviewed the potential role of nurses and

midwives to support the current agenda in the health and care of the older person. The professional guidelines developed by An Bord Altranais, in conjunction with relevant legislative regulations and health care policy, determine the current scope of practice of nurses and midwives. Nurses and midwives must be knowledgeable of their professional accountability within these guidelines. An Bord Altranais would welcome expansion of its role and functions to protect the public as stated above and in this respect will support public policy. The crucial role of nurses and midwives in the delivery of the health services is not underestimated and the profession and the regulatory body welcome all initiatives to improve the quality of service provided to all recipients of nursing care.

LEAS CROSS REVIEW AN BORD ALTRANAIS ACTION PLAN

An Bord Altranais anticipates the provisions of the promised revision of the Nurses Act, 1985. As recommended by the Commission on Nursing (Government of Ireland, 1998), supported by the stated intentions of the Minister for Health and Children and signalled in the Medical Practitioners Bill, 2006, it is expected that the new Nurses and Midwives Act will provide An Bord Altranais with an explicit remit to protect the public. This will be underpinned by the introduction of a mandatory continuing competency framework for nurses and midwives, enhanced fitness to practice procedures and greater public representation.

ACTION PLAN

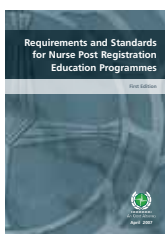
An Bord Altranais will:

- Communicate with the Department of Health and Children in relation to the revision of the Nurses Act, 1985. This will include the introduction of a legal framework for mandating the continued competence of all nurses and midwives on the register.
- Implement the Requirements and Standards for Post-Registration and Continuing Competence Nursing and Midwifery Education Programmes – Incorporating the National Framework of Qualifications.

- Create awareness of the provision of information to the public on the role and function of An Bord Altranais.
- Through the remit of the Ethics Committee, a timely review of current publications will take place.
- Through its newsletter and other means An Bord Altranais will keep nurses, midwives and healthcare institutions informed in relation to the implementation of its action plan.

Whilst some action will take place within a relatively short time, others by necessity will take longer.

Changes to Post-Registration Midwifery Education



From autumn 2007 post-registration midwifery education programmes will be 18 months in duration. The programmes will be delivered by six third level institutions in partnership with specific maternity hospitals / units and offered consecutively.

The partnership arrangements and number of available places will be as follows:

- **University College Dublin in partnership with the National Maternity Hospital – 25 places.**
- **Trinity College Dublin in partnership with the Coombe Women's Hospital – 25 places.**
- **Trinity College Dublin in partnership with the Rotunda Hospital – 25 places.**
- **University of Limerick in partnership with St. Munchin's Regional Maternity Hospital – 20 places.**
- **National University of Ireland, Galway, in partnership with University College Hospital Galway – 17 places.**

- **University College Cork in partnership with the Cork University Maternity Services – 32 places.**
- **Dundalk Institute of Technology in partnership with Our Lady of Lourdes Hospital, Drogheda – 15 places.**

In order to meet the requirements of the EU Directive 2005/36/EC, applicants must be registered in the General Nurse Division of the Register maintained by An Bord Altranais. Successful applicants who commence on a programme will continue to be paid employees of a specific healthcare institution for the duration of the programme and will receive incremental credit.

Requirements and Standards for the Post-RGN Midwife Registration Education Programme have been published as an addendum to the Requirements and Standards for the Midwife Registration Education Programme (An Bord Altranais 2005). This is available on the website at www.nursingboard.ie or from the offices of An Bord Altranais.

Under the terms of the EU Directive 2005/36/EC students who successfully complete the programme and register with An Bord Altranais will not be entitled to register in any other EU Member State until they have undertaken one year of clinical midwifery practice during which they must undertake "all the activities of a midwife".

Forthcoming Events

Adult Venepuncture Training

Date: Thursday, 23rd August 2007
Venue: Grand Hotel, Malahide, County Dublin
Contact: Siobhan Prout, Biological Safety Advisory Practice
Tel: 01-8451468 or 087 2412442
email: bsap@eircom.net

Introduction to Palliative Care for Registered Nurses

Date: 3 - 7 September 2007 9am – 4pm
Venue: Our Lady's Hospice, Harold's Cross, Dublin 6
Contact: Dept of Education & Research, Our Lady's Hospice
Tel: 01-4068 806; Fax: 01-4068 856
email: education@olh.ie website: www.olh.ie

Adult Venepuncture Training

Date: Thursday, 27th September 2007
Venue: Grand Hotel, Malahide, County Dublin
Contact: Siobhan Prout, Biological Safety Advisory Practice
Tel: 01-8451468 or 087-2412442
email: bsap@eircom.net

Irish Association of Nurses in Oncology Annual Conference - '25 Years of Surviving Cancer - The Patient's, Nurses' and Relative's Experiences'

Date: Friday, 19th October 2007
Venue: Clayton Hotel, Ballybrit, Co. Galway
Contact: Irish Association of Nurses in Oncology, P.O. Box 1499, Dublin 4
Tel: 01-2310500; Fax: 01-2310555
e-mail: iano@irishcancer.ie website: www.iano.ie
Cost: Members: €50; Non-Members: €80

PRELIMINARY NOTICE

AN BORD ALTRANAIS NATIONAL
CONFERENCE 2007

Nursing and Midwifery Education: Enhancing Learning in Clinical Practice

Thursday, 13th September 2007
The Clarion Hotel, Liffey Valley, Dublin 22

The conference is free of charge for all nurses and
midwives

Further details will be available at a later date.
Contact: Education Department at 01-6398565 or 01-6398562
or e-mail education@nursingboard.ie

FEPI CONFERENCE ANNOUNCEMENT

FEPI Placing the Patient First: Effective Nursing Regulation across Europe

Cavtat, (near Dubrovnik) Croatia 25th - 28th September 2007

The third FEPI (European Federation Nursing Regulators) conference, entitled *FEPI Placing the Patient First: Effective Nursing Regulation across Europe* will focus on patient safety and how nursing regulation ensures public protection. The conference will be presented through three thematic areas that will reflect the work of FEPI.

Area 1: Provision of quality nursing services in the internal market

Area 1 will consist of presenting and receiving feedback on the 2007 FEPI initiative towards the establishment of a European code of ethics for nursing. This area will focus on how better regulation in the internal market ensures quality patient care. It will reflect the work accomplished by the FEPI working group on ethical codes.

Area 2: Recognition of professional qualifications

Area 2 will provide the opportunity to discuss good practice on the implementation of the Directive on the Recognition of Professional Qualification. This area will also concentrate on the opportunities and challenges for information sharing among competent authorities in Europe. Area 2 will reflect the work accomplished by the FEPI working group on regulation.

Area 3: Nursing education and competences

Area 3 will focus on the effects of the Bologna process on nursing education. This area will provide the definition of nursing competences at European level and will discuss the European profile for nursing education. It will reflect the work accomplished by the FEPI working group ETC (Education Training and Competences).

The work of the three thematic areas will result in the presentation of a resolution on the definition of a European nursing profile.

Details regarding registration for this conference are available on the FEPI web site at www.fepi.org or can be requested through email at fepi@skynet.org

The cost for this conference is €425 if booking before 30th June and €460 if booking after this date.

If you have questions regarding this conference please contact Mr. Thomas Kearns, Education Officer at An Bord Altranais (01 6398555).



An Bord Altranais introduced this column to respond to queries from nurses and midwives with regard to their scope of practice. The queries will be addressed in a manner that protects the identity of the individual nurse, midwife or healthcare facility.

QUESTION:

I am a Registered General Nurse with An Bord Altranais and my employer would like me to be deployed to the Children's Ward in the hospital. I have concerns about this because I am not a Registered Children's Nurse.

RESPONSE:

The Scope of Nursing and Midwifery Practice Framework published by An Bord Altranais aims to support and provide best practice for all nurses and midwives which will ensure protection of the public. A nurse is accountable for his/her practice and must take appropriate measures to gain competence in the particular area.

"Competence is the ability of the registered nurse or midwife to practice safely and effectively fulfilling his/her professional responsibility within his/her scope of practice.

In determining his/her scope of practice, the nurse or midwife must make a judgement as to whether he/she is competent to carry out a particular role or function. He/she must also take measures to develop and maintain the competence necessary for professional practice. The maintenance of competence and ensuring its continuing development is achieved by engaging in continuing professional development".

Scope of Nursing and Midwifery Practice Framework (An Bord Altranais 2000, p.7)

An Bord Altranais refrains from determining how staff are deployed or utilised in health care settings and does not require a nurse to hold a specific registration in a particular division of the register to practice in a particular area.

QUESTION:

Recently when I was working in the outpatient cardiology clinic a patient came in for a follow-up visit for his hypertension. At his last visit 2 weeks ago the cardiology consultant changed the man's medication. At this visit when I saw the patient he was

complaining that he did not think the medication suited him and showed me a generalised rash on his arms. He said he noticed the rash about 2-3 days after beginning the new medication. I took his blood pressure and questioned him about the appearance of the rash in relation to taking the medication. We considered other possible causes of the reaction, including any other medications the patient was taking. When the consultant came in to see the patient she discussed the possibility of an adverse drug reaction to this new antihypertensive medication. It was decided to discontinue the medication. The patient was requested to return in two days for reassessment of the rash and to determine alternative treatment for his chronic hypertension.

When the patient left the doctor asked me to complete a drug adverse reaction form as she said she wanted it submitted to the Irish Medicines Board (IMB). I was not familiar with this form which she also called a "yellow card" and was unsure about filling it out. Am I responsible for submitting an adverse drug reaction report to the IMB? Is it a nursing responsibility and is it within my scope of practice? I would think it would be the doctor's role as they are the prescriber.

I did not find any reference to the nurse's role in completing an adverse drug reaction form within my hospital's medication management policy. The Guidance to Nurses and Midwives on Medication Management (2003) does not give any information about the responsibility of the nurse for this activity.

RESPONSE:

Adverse drug reactions¹ have been identified as a leading cause of morbidity and mortality.

As part of their every day care of patients/service-users, nurses and midwives are in prime positions to observe and report on suspected adverse drug reactions (ADRs). ADR reporting is critical for safe medication management and patient care and is within a nurse or midwife's responsibility of care and scope of practice. Nursing/midwifery staff should liaise with the prescriber about the submission of the report as appropriate.

It is not necessary for you to determine a causal relationship between a medication and subsequent event before reporting a suspected adverse drug reaction.

The Irish Medicines Board is responsible for the national reporting system of monitoring adverse drug reactions and requests that health care professionals (nurses, midwives, doctors, dentists and pharmacists) report the following:

- All suspected reactions to new products
- Serious suspected reactions to established products
- Any suspected increase in the frequency of minor reactions
- All suspected reactions to vaccines
- All suspected teratogenic (affecting development of foetus) effects.

The reporting and monitoring of adverse drug reactions has significant implications for patient/service-user safety. It is not solely the responsibility of the prescriber and should be considered a shared health care team responsibility for monitoring patients and reporting these cases.

The revised edition of *Guidance to Nurses and Midwives on Medication Management* (soon to be published) does provide detailed guidance regarding the role of nursing and midwifery professionals in communicating and reporting adverse drug reactions to other members of the health care team and the IMB.

Additionally, An Bord Altranais states that health service providers should include information and direction for health care professionals in reporting ADRs within its medication management policies. If your policy does not address this critical safety

issue perhaps you can become involved in facilitating the development of one.

Additional information about adverse drug reaction reporting include:

- The Irish Medicines Board has a dedicated section accessible at <http://www.imb.ie/inner.asp?nav=4,46&pos=1&num=1> and its ADR report form can be downloaded for your review and completion.
- The House of the Oireachtas - Joint Committee on Health and Children launched a report *The Adverse Side Effects of Pharmaceuticals (April 2007)* which advocates for increased reporting of ADRs as part of its review of medications and their adverse effects. This document can be accessed at <http://www.oireachtas.ie/documents/committees29thdail/committeereports2007/side-effects.pdf>.
- As part of the World Health Organisation work for World Alliance for Patient Safety it published *Draft Guidelines for Adverse Event Reporting and Learning Systems (2005)*. The guidelines introduce reporting of adverse events and centre on reporting and learning to improve patient care safety. The WHO website to order this publication is <http://www.who.int/publications/en/>

I. A response to a drug that is noxious and unintended and occurs at doses normally used in man for prophylaxis, diagnosis or therapy of disease or for the restoration, correction or modification of physiological function (Source - Council of European Communities, 2001, Council Directive 2001/83/EC on the Community Code Relating to Medicinal Products for Human Use. Brussels: Council of European Communities).

The 'Scope of Nursing and Midwifery Practice Framework' should guide the individual nurse or midwife in determining their own scope of practice.

Decisions following Fitness to Practise Committee Inquiries

Following Inquires held by the Fitness to Practise Committee pursuant to Part V of the Nurses Act, 1985, the following decisions of the Committee and of the Board are published in respect of the following nurses

- 1. Name: Ms. Mary Clare Curran, P.I.N. 45658**
Finding of the Fitness to Practise Committee: Unfit to engage in the practise of nursing by reason of ill health.
Board Sanction: Pursuant to Section 39 (1) of the Nurses Act, 1985, Ms. Curran's name was erased from the Register of Nurses. The decision to erase Ms. Curran's name from the Register was confirmed by the High Court on 5th March, 2007.
- 2. Name: Ms. Mary Frances Dawson, P.I.N. 47955**
Finding of the Fitness to Practise Committee: Professional Misconduct
Board Sanction: Pursuant to Section 39 (1) of the Nurses Act, 1985, Ms. Dawson's name was erased from the Register of Nurses. The decision to erase Ms. Dawson's name from the Register was confirmed by the High Court on 5th March, 2007.
- 3. Name: Ms. Hazel Celestial Balmaceda, P.I.N. 82671**
Finding of the Fitness to Practise Committee: Professional Misconduct
Board Sanction: Pursuant to Section 39 (1) of the Nurses Act, 1985, Ms. Balmaceda's name was erased from the Register of Nurses. The decision to erase Ms. Balmaceda's name from the Register was confirmed by the High Court on 5th February, 2007.
- 4. Name: Ms. Aderonke Olajumoke Adeola, P.I.N. 97105**
Finding of the Fitness to Practise Committee: Professional Misconduct
Board Sanction: Pursuant to Section 41 (1) of the Nurses Act, 1985, Ms. Adeola was censured in relation to her professional misconduct and pursuant to Section 40 (1) of the Act, a condition was attached to the retention of her name in the Register of Nurses. The decision to attach a condition to the retention of Ms. Adeola's name in the Register was confirmed by the High Court on 5th February, 2007.
- 5. Name: Ms. Maria Raquel Santiago Lacap, P.I.N. 80579**
Finding of the Fitness to Practise Committee: Professional Misconduct
Pursuant to Section 41 (1) of the Nurses Act, 1985, Ms. Lacap was censured in relation to her professional misconduct and pursuant to Section 40 (1) of the Act, conditions were attached to the retention of her name in the Register of Nurses. The decision to attach conditions to the retention of Ms. Lacap's name in the Register was confirmed by the High Court on 5th February, 2007.

LIBRARY ARTICLES

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The library is situated at An Bord Altranaís, 31-32 Fitzwilliam Square, Dublin 2.

Library Office Hours: Monday to Friday from 10.00-13.00 and 14.00-17.00.

LIBRARY CONTACT DETAILS:

Catherine Rooney, Librarian.
Telephone: (01) 639 8511 Fax: (01) 661 4419.
E-mail: library@nursingboard.ie

Library articles opposite may be obtained on the article request form which can be downloaded from the website www.nursingboard.ie

The following articles may be obtained from the library by completing the article request form on the website and posting it along with payment to the library. Please note, the article request form is specifically for the request of articles referenced in the newsletter and it must be completed and signed in accordance with copyright law.

492 RESTRAINT/AGGRESSION

Paterson, B., "Developing a perspective on restraint and the least intrusive intervention", *British Journal of Nursing*, v.15 (22) December 2006, pp. 1235 – 1241 (7 pages)

493 REALITY ORIENTATION/OLDER ADULTS/IRELAND

Patton, D., "The value of reality orientation with older adults who are mentally ill: A study from the Republic of Ireland", *Journal of Gerontological Nursing*, v. 32 (12) December 2006, pp. 6-13 (8 pages)

494 RESPITE CARE/INTELLECTUAL DISABILITY/IRELAND

Mac Donald, E., "Use of respite care and coping strategies among Irish families of children with intellectual disabilities", *British Journal of Learning Disabilities*, v. 35 (1) March 2007, pp. 62 - 68 (7 pages)

495 JOB SATISFACTION/NURSING/IRELAND

Curtis, E.A., "Job satisfaction: a survey of nurses in the Republic of Ireland", *International Nursing Review*, v. 54 (1) March 2007, pp. 92 – 99 (8 pages)

496 IRISH MATERNITY CARE/IRELAND

Devane, D. et al., "Childbirth policies and practices in Ireland and the journey towards midwifery-led care", *Midwifery*, v. 23 (1) March 2007, pp. 92 – 101 (10 pages)

497 OLDER PEOPLE/LONG-TERM CARE/IRELAND

Murphy, K., "A qualitative study explaining nurses' perceptions of quality care for older people in long-term care settings in Ireland", *Journal of Clinical Nursing*, v. 16 (3) March 2007, pp. 477 – 485 (9 pages)

498 COMMUNITY PSYCHIATRIC NURSE/IRELAND

McCardle, J. et al., "A national survey of community psychiatric nurses and their client care activities in Ireland", *Journal of Psychiatric and Mental Health Nursing*, v. 14 (2) April 2007, pp. 179 – 188 (10 pages)

An Bord Altranais Elections 2007



Once every five years nurses are given the opportunity to select colleagues by election to represent them on An Bord Altranais. Elected members, drawn from the profession, ensure that the professional regulations are relevant and meaningful to nurses working at the front line of health care delivery.

How are nurses elected to the Board?

Seventeen nurses are elected to the Board to take up office in October 2007. Nurses will be elected from five panels representing divisions of the Register of Nurses as follows:

• GENERAL AND PAEDIATRIC	FIVE NURSES ELECTED
• PSYCHIATRIC	FOUR NURSES ELECTED
• MIDWIFERY	THREE NURSES ELECTED
• INTELLECTUAL DISABILITY	THREE NURSES ELECTED
• PUBLIC HEALTH	TWO NURSES ELECTED

The seats within each panel are representative of nurse education, nursing administration and clinical practice.

The election will be conducted in accordance with Statutory Rules within a time frame to allow the Minister for Health and Children to appoint the seventeen nurses and also to appoint twelve additional persons nominated by him/her. Notice of the Election will be published in daily newspapers on 30th July 2007.

What is the Electoral Roll?

The Electoral Roll comprises of registered nurses who have fully paid their retention fee by 31st December 2006.

How can I find out more?

If you have any queries concerning the Election you are welcome to contact the Board's office by telephone, or you can make an appointment to come into the office and speak with an Officer directly.

The Bord Altranais website contains details of the Election. The website address is www.nursingboard.ie Click on Elections 2007 to access up-to-date information on the Election. Election Rules and Nomination Forms will be available from the website.

IMPORTANT DATES FOR YOUR DIARY

EVENT	DATE
JULY	
Notice of Election Advertised in daily papers	30th July 2007
Deadline for admission to Electoral Roll	10th August 2007
Option Forms sent to Nurses registered in more than one division of the Register	15th August 2007
Close of Nominations	21st August 2007
SEPTEMBER	
Deadline for return of completed Option Forms	5th September 2007
Commencement of Ballot	12th September 2007
Latest date for receipt of completed Ballot papers	26th September 2007
Commencement of Count	27th September 2007



An Bord Altranais News: Circulation 66,000 (four times yearly). Mailed directly to all Nurses and Midwives on the live Register.

The Executive of An Bord Altranais welcomes any comments, views or suggestions which you may wish to make in relation to the content of An Bord Altranais NEWS.

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