

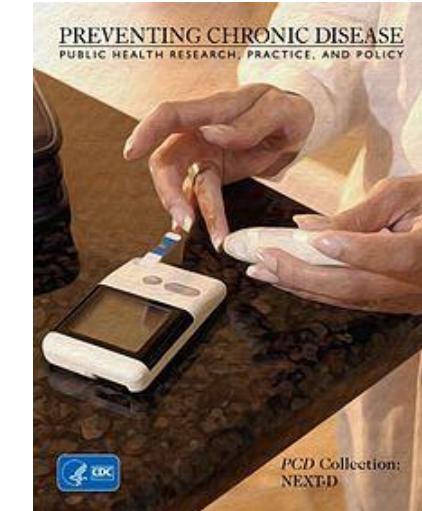
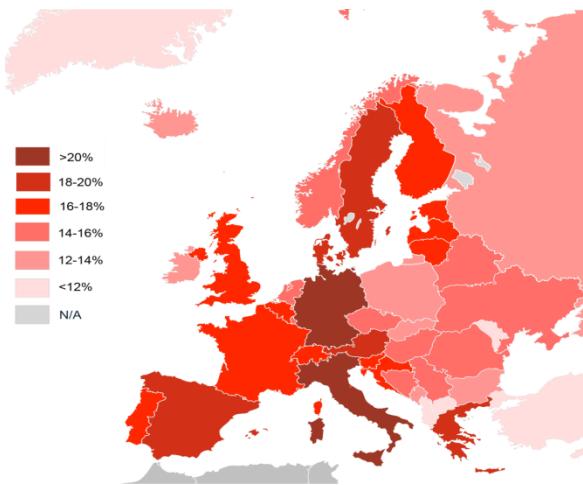
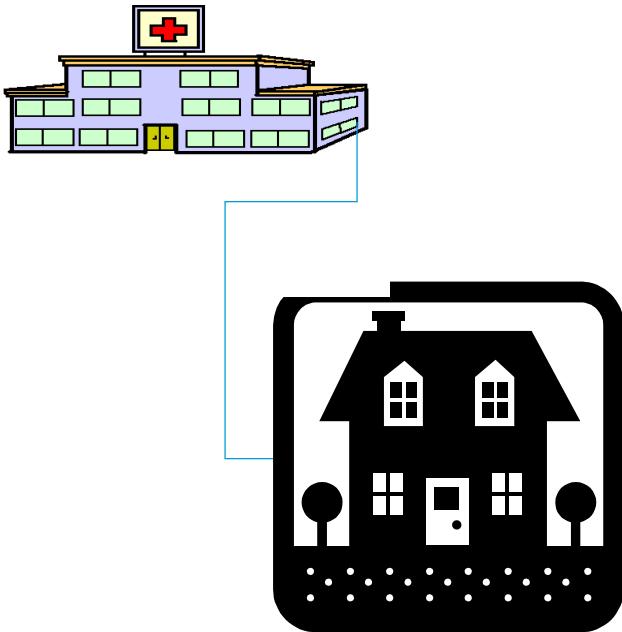


Bord Altránais agus
Cnáimhseachais na hÉireann
Nursing and Midwifery
Board of Ireland

Impact of Scientific and Technical advancements on professional training of nurses in light of study results.

Dr. Anne-Marie Ryan
Director of Operations
Nursing and Midwifery Board of Ireland

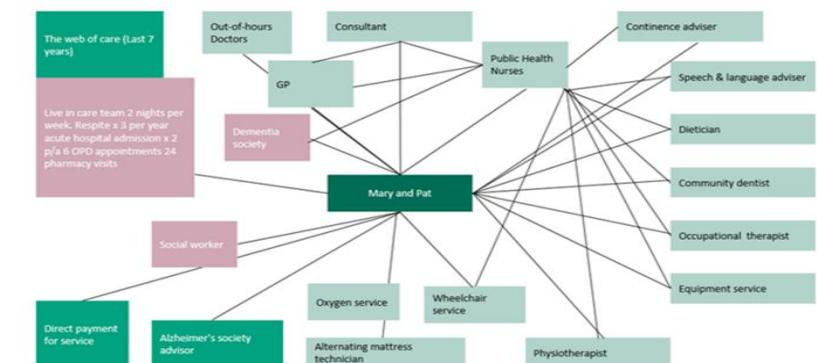
CHALLENGES...



Chronic disease and obesity



Money



Fragmented

Registration as Nurse in Ireland

COMING ONTO THE REGISTER

Nurses and midwives registering for first time (approx. 3,530 per year, inclusive of newly graduated Irish trained nurses and midwives)

Restoring to the Register

NMBI Register of Nurses and Midwives

All persons in Ireland who are registered to work in Ireland as a nurse or a midwife

Approx. 65,000 - 75,000 persons

All persons on the Register have had their nursing and/or midwifery qualification(s) recognised by NMBI and are currently paying an Annual Retention Fee (ARF) of €100

CCPS: Approx 1,090 a year.

Removal for non-payment of the ARF and do not subsequently restore in that year (approx. 1,280 per year)

Voluntary removal

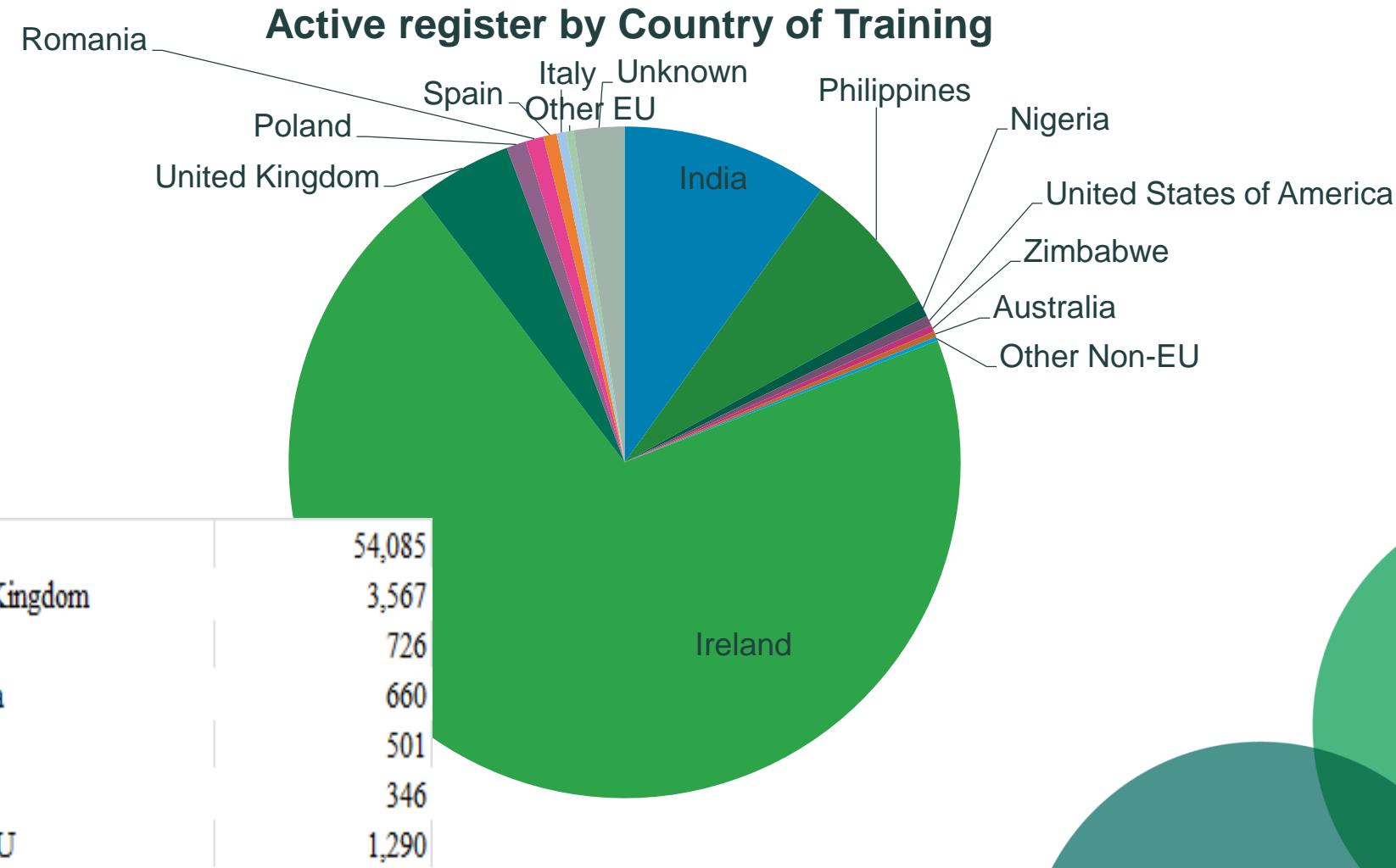
Cancelled due to FTP

COMING OFF THE REGISTER

NMBI Register = 76,592; Ireland = 54,085; EEA = 7,790

Nurses and Midwives Act 2011 protect the integrity of the practice of the professions of nursing and midwifery and **protect the public**.

- We do this by: maintaining a Register of Nurses and Midwives;
- promoting high standards of professional education, training and practice and professional conduct amongst nurses and midwives; and
- investigating and considering complaints against nurses and midwives who practise in Ireland.



Lessons from Fitness to Practice – EU Countries incl. Ireland

Poor Management of Clinical Issues e.g.

- Communication and documentation
- Poor decision-making e.g. assessing care needs of a patient after a fall
- Management of high risk patient
- Failure to follow scope of practice
- Failure to follow code of professional conduct of a nurse
- Inappropriate use of restraint
- Medication Management



context improvement
opportunity physician
experience open report
just principles
clinical victim
fix fall error
nurse leadership pharmacy
leadership system event policy
fix system guide RCA process
hierarchy fishbone
work causal diagnostic
proactive medication communication
procedure quality systems
human accountability safety patient

SPARK Proposals

- **Support more emphasis on:**

Scientific Subjects	Advancements	Knowledge and Skills	Training Subjects
Decision-making process	Nurses are required to assess, diagnose and treat conditions within their scope of practice. Patients, living longer with multi-comorbidities.	Nursing assessment techniques and tools Decision –making skills and techniques Accountability Responsibility Analyse and act on data	Nursing diagnostics and therapeutics Causes of ill-health and disease The deteriorating patient; chronic diseases; frailty; palliative care; single and complex comorbidities; acute surgical and medical nursing
		Collaborative working Delegation Leadership skills	Referral pathways Patient safety

SPARK Proposals

- **Support more emphasis on:**

Scientific Subjects	Advancements	Knowledge and Skills	Training Subjects
Communication and Teamwork	Nurses are team leaders and work collaboratively with other members of the inter-professional team	Empowering people Record management Medico-legal aspects including consent and capacity	Safety of the person Responding to dynamic situations Advocacy skills Self-management support Managing difficult situations
		Leading a team Collaborative working Leadership skills	Referral pathways Liaison with interdisciplinary team Cultural awareness and diversity

SPARK proposals

- Further development related to Nursing care in non-hospital settings (including community care)

Scientific Subjects	Advancements	Knowledge and Skills	Training Subjects
Home Nursing requires update. This could be interpreted differently across all countries	Nursing care in non-hospital settings (including community care) requiring integrated care between the hospital and the home	Primary healthcare Community Nursing Integrated care between the hospital and the home	Community Nursing Family care models Supporting older adults and complex patient groups
		Care Co-ordination Manage care transitions Collaborative working Leadership skills	Population Health initiatives Health and well-being Cultural awareness

SPARK Study – Suggestions

Change the Titles in Annex 5.2.1 Theoretical Instruction to align with Article 31 6

Basis	Title for Knowledge and Skills	Training Subjects
Article 31 6 (a)	the <u>sciences on which general nursing is based</u> , including the structure, physiological functions and behaviour of healthy and sick persons, and of the relationship between the state of health and the physical and social environment of the human being;	causes of ill health and disease:- pathophysiology and (intra) cellular biology determinants of health: social, cultural, biological, environmental, economic, spiritual, mental and psychological emerging sciences and technologies as they apply to health care systems, human functioning and restorative health. Cause, treatment and care of a person experiencing specific diseases
Article 31 6 (b)	<u>Nature and ethics of the profession</u>	definitions of nursing and role of the nurse scope of practice and codes of practice ethical theories and models Rights and responsibilities International and national legal codes Regulated practice Ethical practice; Safe practice Life long learning (Article 22 Directive)

SPARK Proposals – Suggestions for inclusion

Change in Annex 5.2.1 Clinical Instruction to align with Article 31 6 (c)

Suggested additions to Clinical Instruction/Practice

- Primary Health care and Community Nursing instead of Home Nursing
- Acute and emergency care (mapping to Article 31 7 (d))
- Long-term care rehabilitation and habilitation
- Older person care including frailty and dementia
- Palliative care, end of life care
- Disability and care for people with disabilities

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