



The Association welcomes the opportunity to provide feedback with regards to our experiences related to nursing and midwifery in practice and the role of the regulator. For the purposes of this submission the questions posed in the survey have been used to guide content along with the Statement of Strategy issued by NMBI. In the interest of brevity, some aspects and not all are addressed in this submission.

The strategy statement outlines key actions based on the overall function of the regulator with regards to registration, education and guidance, Fitness to Practice and the organisation itself. These remain the core functions of NMBI and the strategy will contain several new initiatives to promote nursing and midwifery and to progress these key functions of the regulator. Stated priorities with associated time frames are essential if the strategy is to be fully implemented in a meaningful way. The Statement of Strategy is comprehensive and demonstrates a flexible, evolving, forward thinking and more compassionate regulator which can only benefit the nursing and midwifery professions and whose openness will be welcomed and embraced by the public.

### **Priorities for the next three years:**

#### **Registration:**

1. Work with stakeholders to increase annually the capacity to provide educational places across all disciplines to need projected workforce needs.

**Rationale:** The current over reliance on overseas nurses and midwives to enable the Irish Health Care system function cannot continue indefinitely. Globally ethical concern is rising about such practices as these nurses and midwives are necessary to provide health care in their country of origin many of which are Low Middle-Income Countries struggling to attain the WHO Sustainable Goals for Health. There will always be migration and emigration which benefits health care as a whole as experiences gained are shared widely but that does not negate the responsibility to plan for and educate sufficient nurses and midwives to support health care delivery in Ireland

2. Conducting or commissioning research to better understand and potentially mitigate, if possible what factors are in play causing difficulties with retention as a priority is crucial if properly informed decision and actions are to be taken to address this major problem. There is no point in increasing the numbers of education places if we then cannot retain them in the system
3. Examination of the registration processes currently in place particularly for nurses and midwives overseas wishing to register.

**Rationale:** This process needs to be improved so that the time from application to registration is shortened. Aligned to this is the need to fully implement current legislation such as the process of annotation as quickly as possible during the time frame 2023 to 2025 given the length of time that has already passed since the legislation was enacted

4. Sharing of data from the register in an easily accessible and open manner is seen as a priority for both workforce planning and research.

**Rationale:** It is currently very difficult to obtain this information and indeed requests to NMBI for data have remained unanswered. The Association regularly receives request for data re the Advanced Nurse and Midwife Practitioner division but do not have easy access to such data. Deficits in terms of numbers of registrants in a particular division would be highlighted to enable focused recruitment, creation of educational opportunities at undergraduate and post graduate level to address such gaps in a timely manner.

5. Prioritise looking at the routes of entry to nursing and midwifery education programmes.

**Rationale:** As a practice-based discipline, we need to consider a variety of routes for access to education. The numbers of HCAs being offered access to education is far too small. These candidates have real world experience working in health care provision, have experienced shift working, a seven-day roster and night duty so are fully aware of what the roles involve unlike the majority of undergraduates entrants. Graduate entry is to be welcomed and encouraged while ensuring that advantage will not attach in career progression along the pathway from graduate to advanced nurse/midwife practitioner. While education is crucial, experience in the practice domain is essential and graduate entry candidates should not be given an advantage by virtue of previous education when clinical practice has been limited

### **Education and Guidance**

There is some overlap between registration, education and to a lesser extent guidance provided by the regulator.

1. Review of undergraduate education programmes of all disciplines particularly psychiatry intellectual disability is timely and opportune given the pressure on workforce planning to meet the needs of a growing and diverse population and to meet European Union requirements

**Rationale:** The new graduate needs to have knowledge of recent technological advances, informatics and clinical exposure to practice in the community, non-acute settings and even in the home. Inclusion of leadership and collaborative decision-making skills which will be required for nurses and midwives to inform and influence policy is crucial if our health services are to continue to evolve and grow. This is an opportunity to prepare the next generation of nursing and midwifery professionals

to meet the challenges presented by newer models of care. Education programmes irrespective of discipline should meet European Union standards at a minimum

2. Clearly stated education standards that reflect the practice setting, competencies that are required particularly to enable the movement between acute and non-acute settings.

**Rationale:** Unless such requirements are explicitly stated they are open to individual interpretation within the broadest sense and uniformity of experiences in these newer settings may not occur. For the new graduate transitioning to clinical practice within the well support acute settings is not easy. In the non-acute setting those feelings of lack of preparedness without a similar level of support will result in high rates of attrition which needs to be avoided and mitigated

3. Clear and explicit requirements regarding the clinical practice component of the advanced nursing and midwifery practitioner programmes reflecting the populations to be served and all settings.

**Rationale:** The RAN/MP provides a complete episode of care to patient from diagnosis, investigation, treatment and follow up independent of the medical practitioner within their individual scope of practice. Clinical input into the programmes is currently limited to advanced physical and holistic assessment for the adult patient. This is coupled with a clinical practicum of supervised hours the quality of which is dependant on the commitment and skills of the clinical supervisor. The knowledge base from which to make the required clinical decisions exceeds the requirements required for practice at staff nurse level. It is assumed that the pathway to progress to the RAN/MP role includes the development of such knowledge but that may not be the case. The RCN/RNID/RPN as cANP has currently no targeted education programme available. While commonalities and core competencies are shared across all areas of practice there are specifics that need to be addressed. A potential registrant for admission to any of the other divisions of the register must have education that is pertinent and essential for that division but this does not apply at advanced practice level. Workforce plan for CHI is to have a cadre of 8 RANPs to staff the NICU but no appropriate and suitable education programme is currently funded. A 23-week gestation age infant is not the same as an infant or the adult, while some skills remain the same, physical examination has specific nuances that are not taught in a broad-based adult focused programme. This requires that the intending candidates must have a higher level of specific knowledge and skill before undertaken the existing programmes in comparison to their adult based colleagues. This needs to be addressed.

4. The option of conversion programmes for registered nurses and midwives enabling them to move between disciplines and further intra-professional mobility is a priority in addressing workforce planning issues.

**Rationale:** Such programmes previously existed and enabled much quicker progression and transfer across divisions of the register. Moreover, such nurses and

midwives bring their existing knowledge and skills with them to the benefit of their patient. This is to be welcomed and progressed as a priority.

5. Use every communication platform available to encourage previous registrants to consider return to practice with easily accessible return to nursing/midwifery programmes. This measure could offer considerable advantages in increasing the available workforce quickly
6. Conversion/ period of supervised hours to facilitate and enable RAN/MPs to move from one area of practice to another.

**Rationale:** This is seen to address any concerns regarding patient safety and to mitigate any potential or unforeseen risks associated with such movement.

7. Inclusion of a development plan for staff of NMBI is essential. No large organisation can ignore this HR function. It ensures staff are equipped to respond quickly and innovate when challenges arise. If the registrants are required to engage in continuous professional development, is it not equally essential that the staff of NMBI should be afforded similar opportunities?
8. Establish and implement the 'Managing the maintenance of professional competency' (MMPC) scheme to all registrants.

**Rationale:** This applies from a professional and safety perspective. It was mandated in legislation but there has been considerable delay in implementation. It is difficult to have a clear picture of what continued professional development is happening in practice without such a scheme and the association would welcome its progression.

There are many priorities and new initiatives described in the statement of strategy which the Association is proud to endorse. The picture is one of an organisation that is progressive and forward thinking, taking a broad overview and suggesting solutions. Of particular note is the stated objective to make Fitness to practice inquiries more compassionate and supportive for complainants, registrants and witnesses something which has caused unintended distress in the past. The plans to look at the processes, introduce remedies at an earlier stage that have the potential to avoid progression to a full inquiry can only benefit the profession as a whole and increase the trust placed in the regulator by the public. However, this does not remove the need for sanctions when appropriate and necessary. By 2025 it is envisaged by this organisation that data will be readily and easily acceptable and as many of the key actions outlined will have been initiated if not implemented. Broader, innovative and regular communication with the public and registrants is essential as outlined in the strategy. Without this level of improved communication, the strategy itself will remain hidden and will not garner sufficient support.

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