

# Report of the Expert Group on Midwifery and Children's Nursing Education

**December 2004**

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# Executive Summary

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This report sets out the conclusions of the Expert Group on Midwifery and Children's Nursing Education. The Group, which was convened in September 2004, included relevant stakeholders in health service provision, education and representative bodies. Its primary objective was to develop a comprehensive strategy for the future of midwifery and children's nursing education.

The Expert Group was concerned about the capacity of the current system of education to provide an adequate supply of midwives and children's nurses to respond to existing and future needs within a changing health service. Having studied in detail all relevant reports and best available evidence, the Group concurred that a new model of midwifery and children's nursing education was required.

The main thrust of the report, therefore, is to recommend the development of a pre-registration midwifery degree programme and a pre-registration integrated children's/general nursing degree programme in partnership with a number of third level institutions throughout the country. It is also recommended that the preparation of children's nurses should be extended beyond the eastern region to address a specific national deficit of appropriately trained staff by widening the geographical spread of educational provision.

The Group was mindful that a robust framework of clinical support was developed for the existing pre-registration nursing programmes and recommend that this be replicated, as appropriate, for the proposed new programmes.

The Group was also conscious that the introduction of a four-year pre-registration degree programme in general, psychiatric and intellectual disability nursing in 2002 had an impact on the capacity of post-registration programmes in midwifery and children's nursing to attract new recruits. In this regard the Group recommend that the duration of both post-registration programmes be changed to eighteen months for midwifery and twelve months for children's nursing.

A sustained focus on partnership is required to bring about change of the magnitude proposed. With this in mind the Group was keen that a national committee be convened to oversee the implementation of the recommendations proposed.

The strategy developed by the Group contains over fifty recommendations which, when taken together, should go a long way towards ensuring the preparation of world-class midwives and children's nurses here in Ireland.





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# Summary of Recommendations

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## Chapter 2 — The Case for Change

1. The Expert Group recommends that a four-year pre-registration midwifery honours degree programme be introduced in time for the academic year commencing Autumn 2005.
2. The Expert Group recommends that the pre-registration midwifery degree programme be provided by University College Dublin, University of Dublin, Trinity College, University of Limerick, National University of Ireland Galway and University College Cork in partnership with the relevant health service providers.
3. The Expert Group recommends that the number of places allocated to the pre-registration midwifery degree programmes be additional to the existing complement of pre-registration nursing places.
4. The Expert Group recommends that a four and a half year pre-registration integrated children's/general nursing honours degree programme be introduced in time for the academic year commencing Autumn 2005.
5. The Expert Group recommends that the pre-registration integrated children's/general nursing degree programme be provided by University College Dublin, University of Dublin, Trinity College and University College Cork in partnership with the relevant health service providers.
6. The Expert Group recommends that the relevant third level institution, in partnership with the associated children's hospital, have overall responsibility for students undertaking the pre-registration integrated children's/general nursing degree programme.
7. The Expert Group recommends that the number of places allocated to the pre-registration integrated children's/general nursing degree programmes be additional to the existing complement of pre-registration nursing places.

## Chapter 3 — Supporting Change

8. The Expert Group recommends that:
  - the curriculum design for pre-registration midwifery and integrated children's/general nursing degree programmes be dynamic and flexible to permit responsiveness to local needs;

- the curriculum design for the pre-registration midwifery and integrated children's/general nursing degree programmes be eclectic insofar as it draws on knowledge from diverse sources and utilises a variety of teaching/learning strategies;
  - clinical placements in the pre-registration midwifery and the integrated children's/general nursing degree programmes should be undertaken early in the programme;
  - there should be reflective time built into the internship period to enhance the consolidation of theory and practice;
  - the curriculum design for the pre-registration midwifery and the integrated children's/general nursing degree programmes should have a sound theoretical base;
  - students undertaking the pre-registration midwifery and integrated children's/general nursing degree programmes be actively encouraged to learn with and from other healthcare professionals;
  - to ensure a quality education for midwifery and children's nursing students, all stakeholders, including the students themselves, should be actively involved in the evaluation of the pre-registration midwifery and integrated children's/general nursing degree programmes; and
  - the pre-registration midwifery and integrated children's/general nursing degree programmes be developed in a manner which facilitates transfer and progression to and within other nursing programmes.
9. The Expert Group recommends that financial resources for curriculum development be made available immediately to the relevant third level institutions for an eight-month period to prepare both new programmes.
  10. The Expert Group recommends that approval be sought from An Bord Altranais for all new midwifery and children's nursing education programmes and associated clinical sites.
  11. The Expert Group recommends that the potential for community midwifery/ children's/general nursing placements, in addition to existing placements with public health nurses, be explored by each university in partnership with the health service providers.
  12. The Expert Group recommends that an allocations liaison officer be appointed in each of the hospitals on the same basis as the current pre-registration nursing degree programmes (0.5WTE for up to 50 students).
  13. The Expert Group recommends that clinical placement co-ordinators be allocated to the pre-registration integrated children's/general nursing degree programme on the same basis as currently operates for the existing pre-registration nursing programme.
  14. The Expert Group recommends that clinical placement co-ordinators (midwifery) be allocated on a 1:15 ratio for the pre-registration midwifery degree programme.
  15. The Expert Group recommends that the role and function of the clinical placement co-ordinator (midwifery) be developed by the Health Service Executive to support the practice component of the pre-registration midwifery degree programme.

16. The Expert Group recommends that Midwife/Nurse Practice Development Co-ordinators and Clinical Placement Co-ordinators support students and the development of the clinical learning environment in agencies where students are undertaking midwifery and children's nursing placements.
17. The Expert Group recommends that a Nurse Practice Development Co-ordinator be approved for each of the following hospitals (providing the children's nursing component of the pre-registration integrated children's/general nursing degree programme) where one does not already exist:
  - Our Lady's Hospital for Sick Children, Crumlin;
  - Children's University Hospital, Temple Street;
  - The National Children's Hospital, Tallaght; and
  - Cork University Hospital, Cork.
18. The Expert Group recommends that the existing role of the Midwife Practice Development Co-ordinator in the three Dublin maternity hospitals be adapted, where appropriate, to support the development of the clinical learning environment and the appointment of Clinical Placement Co-ordinators.
19. The Expert Group recommends that a Midwife Practice Development Co-ordinator be approved for each of the following hospitals where one does not already exist:
  - United Maternity Services, Cork;
  - St Munchins Hospital, Limerick;
  - University College Hospital, Galway; and
  - Our Lady of Lourdes Hospital, Drogheda.
20. The Expert Group recommends that each pre-registration degree student be assigned a named preceptor who is a registered nurse or midwife as appropriate whilst on clinical placement.
21. The Expert Group recommends that nurses and midwives who support students attend a preceptorship/teaching and assessing programme within four years of the commencement of the pre-registration midwifery and integrated children's/general nursing degree programmes.
22. The Expert Group recommends that the preceptorship/teaching and assessing module be developed in line with agreed core learning outcomes (included in Appendix Two).
23. The Expert Group recommends that both the pre-registration midwifery and the integrated children's/general nursing degree programmes include a 34-week internship period of supported learning (exclusive of annual leave entitlements) during which the student will receive 80% of the first-year staff nurse salary as employees of the health service. The period of internship will be at the end of the programme and students will have completed all supernumerary placements in advance. Decisions on the allocation of rostered placements should involve particularly close consultation between third level institutions and health service providers and will support the integration of theory and practice.

24. The Expert Group recommends that a replacement ratio of two undergraduate pre-registration students to one registered staff nurse or equivalent be applied during the internship period. This recommendation may need to be reviewed in 2008 in light of the emerging manpower issues.
25. The Expert Group recommends that a specific period of protected time of four hours per week be provided for reflection during the internship period.
26. The Expert Group recommends that discussions take place with the Central Applications Office (CAO) as a matter of urgency regarding the process of application to both new programmes.
27. The Expert Group recommends that An Bord Altranais consider changing the name of the Nursing Careers Centre in An Bord Altranais to the Nursing and Midwifery Careers Centre and that its function be expanded to co-ordinate and provide strategic direction to the promotion and marketing of midwifery and children's nursing in addition to the existing programmes.
28. The Expert Group recommends that the existing sponsorship scheme for the pre-registration nursing degree programmes be expanded by four places initially to accommodate students entering the two new programmes. It is recommended that these four places be allocated according to the structure of the new health regions.
29. The Expert Group recommends that the existing arrangements for the external clinical placement allowance be provided for students undertaking the pre-registration midwifery and integrated children's/general nursing degree programmes.

## **Chapter 4 — Future of Post-registration Programmes**

30. The Expert Group recommends that the post-registration children's nursing education programmes continue.
31. The Expert Group recommends that the post-registration children's nursing education programme be changed to twelve-months' duration from Autumn 2005 and that recruitment to this programme be changed to one intake a year to coincide with the proposed change.
32. The Expert Group recommends that nurses undertaking the post-registration children's nursing education programme should be allowed to retain their existing salary and be entitled to incremental credit in the normal way in return for a commitment to work as a children's nurse in the agency providing the education programme for a minimum of twelve months if possible, or alternatively, in a children's health care setting, including primary and continuing care in the public health service, following completion of the programme.
33. The Expert Group recommends that the post-registration midwifery programmes continue.

34. The Expert Group recommends that the post-registration midwifery programme be changed to one of eighteen-months duration from Autumn 2005 and that recruitment to this programme be altered to one intake a year to coincide with the proposed change.
35. The Expert Group recommends that nurses undertaking the post-registration midwifery education programme should be allowed to retain their existing salary and be entitled to incremental credit in the normal way in return for a commitment to work as a midwife in the agency providing the education programme for a minimum of eighteen months if possible, or alternatively, in the maternity services elsewhere in the public health service, following completion of the programme.
36. The Expert Group recommends that the new post-registration midwifery and children's nursing education programmes be fully integrated, including physical integration, into the third level institutions in Autumn 2005 to coincide with the proposed introduction of the pre-registration midwifery and integrated children's/general nursing degree programmes.
37. The Expert Group recommends that An Bord Altranais be requested to develop new Requirements and Standards appropriate for the changes proposed in the post-registration midwifery and children's nursing programmes.
38. The Expert Group recommends that discussions with health service providers be initiated as a matter of urgency regarding the service implications of reducing the number and duration of the post-registration programmes. These discussions need to take account of the skill mix and staff replacement required to ensure continuity of service provision.
39. The Expert Group recommends that, in the light of the internship period of the pre-registration midwifery and integrated children's/general nursing degree programmes commencing early 2009, the number of students to be recruited into the post-registration midwifery and children's nursing education programmes commencing Autumn 2008 should be reviewed no later than 2007.
40. The Expert Group recommends that the current post-registration midwifery and children's nursing education programmes be maintained and appropriately resourced.
41. The Expert Group recommends that the Department of Health and Children initiate discussions between the relevant parties with regard to the level at which the post-registration midwifery and children's nursing education programmes will be accredited within the National Qualification Authority of Ireland (NQAI) Framework.

## **Chapter 5 — Managing Change**

42. The Expert Group recommends that the existing local joint working group structure be extended to include managing the transition to the pre-registration midwifery and integrated children's/general nursing degree programmes.
43. The Expert Group recommends that the existing project managers' contracts be extended for a period of one year to facilitate the transition of the pre-registration midwifery and integrated children's/general nursing degree programmes.

44. The Expert Group recommends that, before the start of the new programmes, a Memorandum of Understanding be drawn up and signed by each university and its related health service provider(s).
45. The Expert Group recommends that all midwifery teachers and children's nurse teachers, holding the appropriate qualifications or engaged in a programme leading to an appropriate qualification within an agreed timeframe, be afforded the opportunity to transfer or assimilate into the relevant third level institutions in time for the commencement of the pre-registration midwifery and integrated children's/general nursing degree programmes.
46. The Expert Group recommends that the third level institutions examine opportunities for lecturers in midwifery and children's nursing to maintain links with clinical areas in consultation with the relevant health service providers.
47. The Expert Group recommends that the third level institutions and the associated health service providers pro-actively examine opportunities for joint appointments.
48. The Expert Group recommends that all midwifery teachers and children's nurse teachers who transfer or assimilate to the third level institutions be provided with a formal induction programme to facilitate their integration into this sector.
49. The Expert Group recommends that the head of the faculty, school or department of nursing and midwifery should be either a nurse or a midwife.
50. The Expert Group recommends that discussions take place regarding the integration of continuing education for midwifery and children's nursing into Centres of Education where appropriate.
51. The Expert Group recommends that a national committee, chaired by the Department of Health and Children, be established to oversee the implementation of the recommendations set out in this report.

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## CHAPTER 1

# Introduction

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### 1.1 Introduction

In September 2004, the Minister for Health and Children established an Expert Group to develop a comprehensive strategy for the future of midwifery and children's nursing education. This report outlines the conclusions reached by this Expert Group and provides a framework for the future educational development of these distinct professions.

The main thrust of the report is to recommend the development of a pre-registration midwifery honours degree programme and a pre-registration integrated children's/general nursing honours degree programme in partnership with a number of third level institutions throughout the country. Taken together, the recommendations when implemented, should go a long way towards ensuring the preparation of world-class midwives and children's nurses here in Ireland.

### 1.2 Undergraduate Pre-registration Nurse Education

The Minister for Health and Children announced the arrangements for the introduction of a new undergraduate pre-registration nursing honours degree programme in 2001. The four-year pre-registration honours degree programmes in general, intellectual disability and psychiatric nursing are now fully integrated into the third level sector and are provided in partnership with the health sector. The programmes are built around a model of education consisting of theoretical instruction, supernumerary placements, and an internship period of supported learning. However, this much-welcomed initiative created an anomaly in relation to the educational preparation of midwives and children's nurses. There is now a substantial discrepancy between the arrangements for the delivery of the existing pre-registration nursing programmes and those in place for midwifery and children's nursing education programmes, which remain at post-registration level. Broadly speaking, this anomaly has led to difficulties with recruitment and retention in midwifery and children's nursing with subsequent implications for both maternity and children's healthcare services. This has precipitated the need to review existing programmes.

### 1.3 Midwifery Education

*The Report of the Commission on Nursing* (1998) (The Commission), following extensive consultation and requests for submissions from interested parties, recognised the profession of midwifery as separate and distinct from the nursing profession. The Commission accordingly recommended that:

- legislative amendments should reflect the distinctiveness of the midwifery profession (para 4.44);
- a review of the duration and theoretical content of the current midwifery education programme be undertaken (para 10.12);

- piloting of a direct entry midwifery education programme should be conducted (para 10.12); and
- the establishment of a statutory midwives' committee within An Bord Altranais (para 4.45) with responsibility for issues relating to the scope of midwifery practice (para 10.15).

The current midwifery course leading to the qualification of Registered Midwife is a two year full-time diploma. An applicant for midwifery education must first be registered as a general nurse (RGN) with An Bord Altranais. Successful completion of the course entitles the student to apply for registration as a midwife with An Bord Altranais and to be awarded either a Higher Diploma or a Post Graduate Diploma in midwifery from an associated Higher Education Institute.

A pilot three-year direct entry programme with 20 students commenced as a tripartite arrangement between The Rotunda Hospital, Dublin, Our Lady of Lourdes Hospital, Drogheda in association with the University of Dublin, Trinity College in June 2000. The pilot programme was completed in 2003 and the evaluation of the programme was extremely favourable.

A working group on midwifery education was established by the Minister for Health and Children in December 2001 to develop a strategy for the further integration of midwifery education into the third level sector, and to consult with midwife tutors. This working group produced a final report in May 2002 (Department of Health and Children 2002a). The points of agreement arising from the group's deliberations included:

- the continuation of the present post-registration midwifery programme be subjected to continuing review and evaluation;
- the reiteration of The Commission (1998) recommendation that direct entry to midwifery programmes should be offered at degree level; and
- links with third level institutions should be built upon and expanded.

The Department of Health and Children invited the Directors of Midwifery and Nursing and the Principal Midwife Tutors from the seven Schools/Colleges of Midwifery to a meeting on October 13<sup>th</sup> 2003 to discuss the future of midwifery education. A report was compiled by the group and produced in December 2003. The group further reiterated the need to develop 'direct entry' midwifery education at degree level in Ireland and highlighted the need to review the postgraduate/higher diploma in midwifery and the employment status of students. The group also suggested the development of a template for a national curriculum taking cognisance of the review and evaluation of the pilot (direct entry) diploma in midwifery programme.

## 1.4 Children's Nursing Education

The Commission (1998) recommended that paediatric nursing education should remain a post-registration qualification and that the programme should be shortened to twelve months. Following the nurse's strike in 1999, the basis of the settlement set out agreed priority areas for the implementation of the recommendations of The Commission (Appendix 4 of Labour Court Recommendation 16330 dated 27<sup>th</sup> October 1999). Children's nursing education was one of the prioritised areas with an agreed need for a review of the content, duration and academic award of the sick children's nursing course. The Department of Health and Children duly established a working group early in 2000 to consider the future of paediatric nurse education.



The work of this group culminated in the *Report of the Paediatric Nurse Education Review Group* (December 2000a) with a number of recommendations. The recommendations stated that there should be a number of options for those wishing to pursue a nursing education programme leading to registration as a Registered Sick Children's Nurse (RSCN) including:

- paediatric nurse education programmes at both pre and post-registration level;
- an integrated sick children's/general nurse education degree programme leading to dual registration as both a RSCN and RGN within the context of a direct entry programme;
- an accelerated one-year post-registration programme as a preferred option leading to registration as a RSCN; and
- the provision of paediatric nursing education outside Dublin and that University College Cork (UCC) together with local health service providers be considered as potential providers.

A Sick Children's Nurse Teachers Working Group was established in October 2001 on foot of the above and in May 2002 (Department of Health and Children 2002b) recommended that:

- all programmes leading to registration as a RSCN should be fully integrated into the third level sector;
- priority should be given to the development of an undergraduate pre-registration integrated sick children's/general nursing degree programme in 2003; and
- the post-registration programme should be of twelve months' duration.

A project funded by the Department of Health and Children commenced in Cork in November 2001 to:

- examine the feasibility of developing and implementing paediatric nursing education at University College Cork leading to professional registration; and
- make recommendations for paediatric nursing education within the context of current developments in nursing, nurse education and service delivery.

The feasibility study (O'Dwyer and Savage October 2002) endorsed the recommendations of the previous reports and confirmed that there was a deficit of RSCNs working in paediatric settings. This study recommended that:

- the existing eighteen-month post-registration programme be phased out and replaced by a twelve-month post-registration higher diploma programme in paediatric nursing; and
- a direct entry paediatric nursing degree programme be developed and integrated with the undergraduate general, psychiatric and intellectual disability nursing programmes.

In November 2001, University College Dublin, with funding from the Department of Health and Children, prepared a curriculum for a pilot undergraduate pre-registration integrated children's/general nursing honours degree programme. This project concluded that this type of programme was feasible within a four and a half year period.

In summary it would seem that all available reports, projects and evidence point to the development of a pre-registration undergraduate midwifery programme and an integrated children's/general nursing programme as the preferred way forward. It is also apparent that there is a serious need to consider

extending the delivery of programmes leading to children's nurse registration beyond the eastern region. It was against this background that the Expert Group commenced deliberations.

## 1.5 Terms of Reference

The Expert Group was asked to develop a comprehensive strategy for the future of midwifery and children's nursing education having regard to the following:

- the capacity of the health system to provide clinical placements;
- lecturing and teaching resources;
- relationships between the third level sector and the maternity and children's hospitals;
- workforce planning, recruitment and retention and skill mix;
- the working environment and scope of practice; and
- service implications and value for money.

## 1.6 Membership of the Expert Group

All members of the Expert Group were appointed by the Minister for Health and Children (The full list of membership is included in Appendix One).

## 1.7 Method of Work

The Expert Group held seven meetings. It was agreed that, in the main, the meetings would be conducted as full plenary sessions. Two sub-committees were convened to deliberate issues specific to midwifery and children's nursing respectively. In particular the two sub-committees considered the following:

- the numbers of student places feasible for direct entry and post-registration programmes;
- the future of post-registration programmes;
- the timeframe for the proposed changes;
- the supports required in clinical areas; and
- the teaching and learning resources.

Additional expertise was sought as appropriate. Presentations were invited on the following topics;

- *Report of the Nursing Education Forum (2000);*
- Midwife Registration Education Programme (Direct Entry) — Pilot Programme;
- Integrated Children's/General Nursing Degree Programme;
- Revisions to An Bord Altranais *Requirements and Standards for Nurse Registration Education Programmes (Children's Nurse/General Nurse);* and
- Revisions to An Bord Altranais *Requirements and Standards for Midwife Registration Education Programme.*

As the work of the Expert Group progressed, advice was sought from clinical allocations personnel in relation to the capacity of the service to accommodate clinical placements. In addition, consultation took place with general and children's hospital's service providers and maternity service providers to consider the number of places required for each programme and whether or not the proposed places should be accounted for within the existing complement of pre-registration nursing places (1,640).

## **1.8 Communication and Consultation**

The Expert Group prepared three newsletters with a view to keeping the main stakeholders apprised of developments. The Directors of the Nursing and Midwifery Planning and Development Units circulated these on behalf of the Group. A synopsis of the main emerging recommendations was presented to the National Paediatric Nursing Advisory Forum and the National Midwifery Advisory Forum with a view to validating their appropriateness and feasibility. Feedback received was factored into the work of the Group.

## **1.9 Parallel Processes**

There are two further strands working in parallel with the Expert Group to agree arrangements for the introduction of new pre-registration programmes in respect of midwifery and children's nursing education. One group is currently engaged in discussions with the Conference of Heads of Irish Universities (CHIU) in relation to resource requirements. The second group is focussing on industrial relations matters and includes representatives from the Department of Health and Children, CHIU and the nursing unions.

## **1.10 Terminology**

During the deliberations of the Expert Group, the Nurses Rules 2004 which replaced all previously issued Rules and Amendments enacted under the Nurses Act 1985, came into effect making changes to the Register of Nurses. The title of Registered Sick Children's Nurse was changed to Registered Children's Nurse. Therefore for the purpose of this report the terms children's nurse is used, as this is the title now provided for in the Register of Nurses maintained by An Bord Altranais. Alternative terms, for example 'paediatrics', are included to reflect the terminology used in the original source.

## **1.11 Summary**

This chapter explains the genesis and intention of the report. In providing a brief description of the approach taken by the Expert Group, it aims to demonstrate the inclusive nature of the deliberations and also the extent to which the best possible expertise and evidence was brought to bear on the development of the recommendations.



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## CHAPTER 2

# The Case for Change

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### 2.1 Introduction

This chapter of the report aims to set out the case for revising the model of education currently in existence for midwives and children's nurses. The Health Strategy *Quality and Fairness: a health system for you* (Department of Health and Children 2001a) emphasised that providing a people-centered, responsive, high quality health service to meet the needs of the population required a qualified, competent workforce of health care professionals. Similarly the *National Task Force on Medical Staffing* (2003) recommended that the scope for enhancing the role of nurses and midwives to help the whole health care team concentrate on what matters — ensuring that patients receive quality care — be explored (p. 92). Hence planning to recruit, retain and further develop the capacity of this workforce, with the competencies required to meet service requirements in novel and dynamic ways, is critical to the needs of a changing health service.

### 2.2 The Case for Midwifery

The concept of person-centered care echoes the philosophy of midwifery, which emphasises the normality of childbirth and the concept of women-centered care. The definition of a midwife, as adopted by the International Confederation of Midwives (1990), the International Federation of Gynaecologists and Obstetricians (1991), the World Health Organisation (1992) and endorsed by An Bord Altranais states that a midwife is:

*“ . . . a person who, having been regularly admitted to a midwifery education programme duly recognised in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualification to be registered and/or legally licensed to practice midwifery. She must be able to give the necessary supervision, care and advice to women during pregnancy, labour and the postnatal period, to conduct deliveries on her own responsibility and to care for the newborn and the infant. The care includes preventative measures, the detection of abnormal conditions in the mother and child, the procurement of medical assistance and the execution of emergency measures in the absence of medical help. She has an important task in health counselling and education not only for the women but also with the family and the community. This work should involve antenatal education and preparation for parenthood and extends to certain areas of gynaecology, family planning and child care. She may practice in hospitals, clinics, health units, domiciliary conditions or any other service”.*

This definition highlights the nature, comprehensiveness and complexity of the role of the midwife.

There were 61,517 live births in Ireland in 2003 (Central Statistics Office 2004). It is predicted that the annual number of births will continue to increase up to 2011. Using the assumptions on fertility the number of births is projected to continue an upward path with an average of 71,000 births projected

between 2011–2016 (Central Statistics Office 2004) resulting in increased demand within the maternity services. Almost fifty per cent of women avail of private obstetric care (Central Statistics Office 2003). Maternity care is often based on a medical model of care with an emphasis on interventions (Murphy Lawless 1998). This approach to the provision of maternity care is increasingly being called into question internationally. Midwives practising in Ireland face the same challenges as those in other parts of Europe and the rest of the developed world which include:

- rehumanising maternity care;
- reducing high intervention rates; and
- restoring pride in the profession of midwifery (Page 1997 p. 5).

The consultation process guiding the development of the health strategy document *Your Views About Health* (Department of Health and Children 2000b) recommends an increased involvement of midwives in the management and delivery of maternity services. This is in keeping with the international recognition of the role of the midwife in the provision of maternity care. The World Health Organisation (WHO) recognises the midwife as

“... the most appropriate and cost effective type of health care provider to be assigned to the care of normal pregnancy and normal birth, including risk assessment and the recognition of complications” (WHO 1996 p. 6).

The Health Strategy and the Primary Care Strategy *Primary Care A New Direction* (2001c) identified the need for the expansion of community maternity services, including postnatal care in the community, antenatal care and choice with respect to the place of birth. It is evident from the consultation document for the Health Strategy that consumers want expanded midwifery care. There is a need for an ongoing supply of midwifery practitioners, educated and able to provide safe, high quality maternity care in a variety of settings in the future to meet these demands. Continuity of care by midwives has been shown to increase satisfaction with childbirth, reduce the length of labour and reduce the use of pharmacological methods of pain relief (Hodnett *et al.* 2004). The recent establishment of a midwifery-led unit in the North Eastern Health Board area recognises the unique competencies of the midwife in providing continuity of care for women throughout pregnancy, labour and the puerperium in the community.

Hence the basis for any reform in maternity care must include the provision of appropriate education that prepares midwives for modern day midwifery practice.

## 2.3 Education of Midwives

The word ‘midwife’ is derived from the Anglo Saxon word meaning ‘with woman’ and incorporates the supportive role that midwives play in the care of women. The Republic of Ireland has one of the lowest maternal mortality rates in the world and a significant element of this success relates to the standard of midwifery practice (O’Dwyer and Mulhall 2000). Midwifery is one of the oldest professions, and was in the past practised by lay-women, often experienced mothers themselves, who looked after women in their own homes. Women began to train as midwives in the Rotunda Hospital in 1773, in the Coombe Lying-in Hospital in 1836 and in the Royal College of Physicians in Ireland and Sir Patrick Dun’s Hospital in 1868. The first regulatory recognition of midwifery training in Ireland was granted to the three former institutions under the Midwives Act 1902. The Midwives (Ireland) Act 1918 concentrated on regulating the profession by establishing a Central Midwives Board for Ireland. These developments were responsible for regulating the duration and content of midwifery training. The 1918 Act had three objectives:

- the establishment of a Central Midwives Board which could make rules in relation to the education, registration, practice and suspension from practice of midwives;
- the confining of midwifery practice to qualified registered midwives; and
- the designation of the powers and responsibilities of the local supervising authorities concerning the practice of midwifery in their respective areas.

The Central Midwives Board for Ireland was dissolved in 1950 with the passing of the Nurses Act 1950 that legislated for the setting up of An Bord Altranais as the regulatory body for both nurses and midwives. A Statutory Midwives Committee existed under the Nurses Act 1950, however this was abolished with the passing of the Nurses Act 1985. The Commission (1998 para 4.44) recommended that the Nurses Act 1985 be amended to become the Nurses and Midwives Act and that a Statutory Midwives Committee be re-established thereby restoring legal recognition of the separate professional status of midwives.

In 1950, two programmes of midwifery education were approved:

- a direct entry programme of two-years' duration with a part 1 examination at the end of eighteen months and a part 2 examination six months later; and
- a twelve-month midwifery training programme for Registered General Nurses and Registered Sick Children Nurses (since 1944) with a part 1 examination at six months and a part 2 examination at the end of twelve months (O'Dwyer and Mulhall 2000).

Direct entry into the profession continued until 1959 when midwifery was practised mostly in a community setting and most births took place at home. The movement of childbirth from home into the hospital impacted on the continuation of direct entry midwifery programmes as midwives with an additional nursing qualification were viewed as a more flexible resource within the health service (Carroll and Begley 2003). In 1978 Comhairle na nOspideal recommended that all women should give birth in hospital. The movement of birth into hospital inevitably resulted in the transfer of midwifery practice from the community into hospitals. This in turn impacted on the autonomy of the midwife and brought the profession under the direction and guidance of obstetricians. In today's world a recommendation that all women give birth in hospital may not necessarily reflect best available evidence and could be interpreted in a manner that restricts individual choice.

*The Report of the Working Party on General Nursing* (1980) had a significant impact on midwifery education as it recommended that the syllabus be revised to prepare midwives to function in a more comprehensive manner. It recommended that the syllabus include an in-depth study of counselling, principles of health education, parent craft, psychological and emotional problems of parents, interpersonal relationships, mental handicap together with genetic and medical ethics (O'Dwyer and Mulhall 2000 p. 106).

The entry of Ireland to the EEC also had a noteworthy influence on the preparation of midwives. In January 1980 the EEC Directives on Midwifery were introduced (80/154/EEC and 80/155/EEC). Both these directives were subject to minor amendment in 1989 (89/594/EEC). The European Union (EU) recognises the separate and distinct nature of the profession of midwifery in that there are separate Directives for midwifery and for nursing and also separate Advisory Committees for both professions. Directive 80/154/EEC concerns the mutual recognition of formal qualifications in midwifery and the effective exercise of the right of establishment and freedom to provide services. Directive 80/155/EEC concerns the education and activities of midwives within the EU. These Directives have been, for the

most part, transposed into separate Irish legislation. In addition An Bord Altranais is mandated under Sections 37 and 52 of the Nurses Act 1985 to fully implement all relevant EU Directives.

Under the terms of these Directives, midwifery education programmes must take one of three forms:

- full-time training in midwifery lasting at least three years (or equivalent duration part-time);
- full-time training in midwifery lasting at least two years or 3,600 hours for those individuals who are already registered general nurses;
- full-time training in midwifery lasting at least eighteen months or 3,000 hours for those individuals who are already registered general nurses. Registered midwives who complete this programme are not eligible for registration in another EU Member State until they have completed one year of clinical practice encompassing all the activities of the midwife.

The Directives also stipulate the theoretical and clinical content of the midwifery programmes leading to registration. Quite clearly the EU Directives deal with midwifery and nursing education as two distinct and separate entities. There is no provision within the EU Directives on midwifery to allow for Member States to provide any form of integrated midwifery/nursing education programme leading to simultaneous dual registration and indeed in many respects are constructed in a manner which makes such an initiative difficult.

Article 4 of EU Directive 80/155/EEC stipulates that Member States shall ensure that midwives are at least entitled to take up and pursue the following activities:

- provide sound family planning information and advice;
- diagnose pregnancies and monitor normal pregnancies, to carry out examinations necessary for the monitoring of the development of normal pregnancies;
- prescribe or advise on the examinations necessary for earliest possible diagnosis of pregnancies at risk;
- provide a programme of parenthood preparation and a complete preparation for childbirth including advice on hygiene and nutrition;
- care for and assist the mother during labour and monitor the condition of the fetus in utero by the appropriate clinical and technical means;
- conduct spontaneous deliveries including where required, an episiotomy and in urgent cases a breech delivery;
- recognise the warning signs of abnormality in the mother or infant which necessitate referral to a doctor and to assist the latter where appropriate;
- take the necessary emergency measures in the doctor's absence in particular the manual removal of placenta, possibly followed by manual examination of the uterus;
- examine and care for the newborn infant; take all initiatives which are necessary in case of need and to carry out where necessary immediate resuscitation;
- carry out the treatment prescribed by a doctor; and
- maintain all necessary records.



It should, however, be noted that Article 4 of this Directive has never been transposed into Irish legislation.

In compliance with the requirements of the EU Directives on Midwifery, a new two-year post-registration programme for the education of midwives commenced in 1983. The programme was of 104-weeks duration incorporating thirteen weeks theoretical instruction. Student midwives retained their status as employees of the hospital and were remunerated at a specific two point post-registration student midwives salary scale.

Until 1995 midwives were awarded a certificate with registration from An Bord Altranais on successful completion of the education programme. Between 1995 and 1999 links were established between midwifery schools, maternity hospitals and third level institutions in order to provide academic recognition for these programmes. The Commission (1998 para 10.12) stated that there were concerns around midwives becoming 'obstetric nurses' due to the increasing medicalisation of pregnancy and birth and that the present system of education did not necessarily prepare students to work as autonomous practitioners upon qualification. In light of these comments and a visit to a midwife led birth centre in Australia, The Commission recommended that An Bord Altranais review the current education programme with particular reference to the length of the programme and the level of theoretical instruction. The Commission commented that, if midwives are to be prepared to offer intervention-free maternity services in Ireland, then the existing provision for thirteen weeks theoretical instruction is inadequate. The midwifery programme was subsequently amended to increase the theoretical content from 13 to 26 weeks. This brought the duration of theoretical instruction in midwifery programmes in line with other EU Member States. In February 2000 An Bord Altranais issued a second edition of the *Requirements and Standards for Midwife Registration Education Programmes* to guide this change.

The competency levels for all midwifery students are now congruent with the European Directives 80/154/EEC, 80/155/EEC, 89/594/EEC and the *Requirements and Standards for Midwife Registration Education Programmes* (An Bord Altranais 2000). Upon successful completion of the programme, student midwives are awarded a Higher Diploma/Postgraduate Diploma in midwifery, are eligible to apply for registration in the midwives division of the Nurses' Register and, following registration, can practise in any country of the European Union.

Today midwifery students continue to constitute part of the workforce in each of the hospitals during the programme, apart from their 26-weeks theoretical instruction. They are now paid at the first point on the staff nurse salary scale. This was introduced in time for the academic year 2000/2001 having regard to the shortage of midwives, the fall in applications for midwifery training and the commitment to the introduction of uniform criteria in relation to the provision of financial support to nurses and midwives undertaking post-registration courses.

## **2.4 Pre-registration Midwifery Education**

The Commission (1998 para 10.12) recommended that An Bord Altranais pilot a pre-registration direct entry midwifery programme. Such a programme should, initially, be provided at diploma level but should subsequently move to degree level. This is in keeping with international trends. The direct entry to midwifery programme is now the main route of entry to midwifery in the United Kingdom. Midwifery education consists of a three or four year diploma/degree programme in most European countries, Canada, Australia, and New Zealand (Leap *et al.* 2002). Extensive evaluation of these direct entry programmes were carried out in the 1990's in the United Kingdom. The studies demonstrated that midwifery students pursuing the direct entry to midwifery programmes were well prepared for

midwifery practice on completion and that any concerns about students managing busy clinical areas were overcome within the first year of practice (Fraser *et al.* 1997). The attrition rate from these programmes was relatively high at 30%. However this occurred in the first year of the programme and was mainly attributed to family reasons.

The Expert Group considered the alternatives available for ensuring an adequate supply of qualified midwives into the future. One option would have been to continue with postgraduate education only with, possibly, a shortened programme. However, the Group was of the view that this solution would be unlikely to yield satisfactory results because of the problems already identified in attracting students who from 2006 onwards will have completed a four-year undergraduate degree programme. As previously indicated the potential for developing a combined midwifery/general programme is seriously hindered by the prescriptive nature of the relevant EU Directives and would not be in keeping with the development of midwifery as a distinct profession within the health service. The Expert Group believes therefore that there is significant merit in introducing an undergraduate pre-registration degree programme in midwifery and that five third level institutions that are currently involved in the delivery of midwifery education should provide these programmes to ensure an adequate and equitable supply of midwives into the future.

**1 The Expert Group recommends that a four-year pre-registration midwifery honours degree programme be introduced in time for the academic year commencing Autumn 2005.**

**2 The Expert Group recommends that the pre-registration midwifery degree programme be provided by University College Dublin, University of Dublin, Trinity College, University of Limerick, National University of Ireland Galway and University College Cork in partnership with the relevant health service providers.**

## 2.5 Numbers of Midwifery Students

There are 198 places for midwifery students annually. Post-registration midwifery programmes commence twice a year in spring and autumn or once per year in autumn. The number of approved places for these programmes are presented in Table 1.

**Table 1: Number of approved places for the post-registration midwifery programmes**

Hospital	Intakes	Approved Places	University
Coombe Women's Hospital	2	36	UCD
National Maternity Hospital	2	36	UCD
Rotunda Hospital	2	36	TCD
Our Lady of Lourdes Hospital	1	18	TCD
St. Munchins Hospital	1	23	UL
University College Hospital Galway	1	17	NUIG
St. Finbarr's and Erinville	1	32	UCC

Applications to the midwifery programmes have been falling since 1997 (*The Nursing and Midwifery Resources Final Report of the Steering Group: towards workforce planning* 2002c p. 112). Consequently, the number of students commencing and completing the post-registration midwifery programmes annually has reduced as is set out in Table 2.

**Table 2: Number of student midwives commencing and completing post-registration midwifery programmes per year**

Year	Numbers commencing midwifery programme	Number completing midwifery programme
1998	192	185
1999	154	175
2000	153	187
2001	201	143
2002	184	161
2003	174	172
2004	164	156

Due to the shortage of midwives, the Department of Health and Children revised the arrangements for midwifery students undertaking this programme in 2000. As previously indicated, midwifery students are now entitled to have their course fees paid in full and are remunerated at the minimum point of the staff nurses' salary whilst undertaking the programme. This is in return for a commitment to work for at least two years following qualification as midwives in the public health service (Department of Health and Children 2000b, Circular 95/2000).

The case has been made that the level of remuneration has been a disincentive to the recruitment of students to the midwifery education programmes. *The Nursing and Midwifery Resource Final Report of the Steering Group: towards workforce planning* (Department of Health and Children 2002c) highlighted the problems relating to the recruitment and retention of existing staff. Turnover was most acute in the Eastern Regional Health Authority, at 22%, with the remaining health boards having a turnover rate of between 8-14%. This turnover rate applied equally to midwives in the three Dublin maternity hospitals. The Rotunda Hospital reported having the highest turnover rate at 31%, followed by the Coombe Women's Hospital at 27%, and the National Maternity Hospital at 19%. Issues around staff recruitment emerged in tandem with an increase in hospital activity. This was compounded by a reduction in the number of applicants to midwifery programmes. Student midwives as employees are a major part of the workforce in maternity hospitals and represent up to 62% of a whole time equivalent midwife (IBM Business Consulting Services 2004). Details pertaining to the existing capacity for midwifery students nationally, the actual number of midwifery students currently undertaking the post-registration midwife education programmes in November 2004 and the percentage of unfilled places are presented in Table 3.

**Table 3: Existing capacity, number of midwifery students and percentage of unfilled places**

Existing capacity	Number of midwifery students	Percentage of unfilled places
396	324	18%

Recruitment of midwifery students into the post-registration programmes is 18% less than the quota of approved places. This situation is likely to be compounded in the coming years given the introduction of the four-year undergraduate pre-registration nursing honours degree programmes in 2002. Graduates from the nursing degree programme will be qualified and in a position to register in 2006. They may not be willing to undertake an extra two-year programme to become a midwife. Traditionally general nurses would have pursued a midwifery programme with a view to accessing public health nursing. Therefore the proposed removal of the mandatory midwifery qualification as part requirement for entry to public health nursing programmes will also impact on recruitment into midwifery programmes. Conscious of the need to increase the number of recruits coming directly into midwifery, the Expert Group is of the view that the current allocation of pre-registration nursing places (1,640) should be expanded to accommodate a separate midwifery cohort if any new programme is to be introduced. The Group concluded that it would not be prudent at this time to reduce the number of general nursing places at a time when demand is continually outstripping supply.

**3 The Expert Group recommends that the number of places allocated to the pre-registration midwifery degree programmes be additional to the existing complement of pre-registration nursing places.**

## **2.6 Impact on Maternity Services**

There are 16,697 Registered Midwives of whom 13,206 are on the active register maintained by An Bord Altranais (An Bord Altranais 2004). Anecdotal evidence, however, suggests that there are 2,500 midwives engaged in midwifery practice. A comprehensive study to address issues of recruitment and retention was undertaken by the Eastern Regional Health Authority in 2004. The overarching purpose of this study was to examine the factors influencing the recruitment and retention of midwives and nurses in the Dublin maternity hospitals. Various strategies have been employed by the Dublin maternity hospitals including focussing on skill mix and overseas recruitment. These measures have succeeded in reducing the overtime and agency staffing levels in the Dublin maternity hospitals but recruitment of staff from overseas is costly and time consuming. The Expert Group is concerned about the capacity of the current programme to attract and provide an adequate number of midwifery students to respond to existing and future maternity service needs.

## **2.7 The Benefits of Change: Midwifery**

The rationale for any proposed changes in the provision of midwifery education is to ensure an adequate and sustainable supply of midwifery students. If the recommendations of this report are implemented in time for the start of the academic year 2005, the first graduates from the pre-registration degree will register in 2009 and the programme should prove more attractive than the existing post-registration programmes. The problems identified with student midwife recruitment in previous reports led the Expert Group to agree that a new model of midwifery education should be initiated.

The introduction of a pre-registration midwifery programme means that recruits into the profession will no longer have to possess a nursing qualification. It also means that individuals who wish to become midwives can access the profession directly and qualify in a shorter period of time. Midwives who are educated within a pre-registration programme are less likely to be socialised into a 'sickness model' and will be accustomed to a health model as enshrined in the philosophy of midwifery. It has been demonstrated internationally that these programmes are attractive and usually over subscribed. The provision of a specific midwifery programme will ensure that midwifery students who complete the programme will increase the midwifery workforce.

There has been an expansion of midwifery services throughout the country with pilot programmes offering team midwifery and continuity of care for women in addition to choices for women in relation to the place of birth. The Expert Group is confident that provision of an undergraduate pre-registration midwifery programme will lead to an increased cohort of registered midwives. This is essential in light of the developments in primary care and hospital maternity services. An enhanced model of midwifery education would equip Irish midwives to continue to meet the demands of an increasingly challenging service that requires the highest standards of care whilst facilitating choice and control for women.

## 2.8 The Case for Children's Nursing

Children have a special status and this is the belief underpinning the National Children's Strategy *Our Children — Their Lives* (2000), which states “. . . children matter and deserve to be highly valued” (p. 6). With regard to health and well being, this strategy continues “. . . children will be supported to enjoy the optimum physical, mental and emotional well being” (p. 55). In order to achieve this objective, children must have quality supports and services to meet their health and illness needs. The health and well being of children are critical to the nation's future. Commitment and investment are required to provide holistic, integrated and seamless children's health services where the child is clearly and firmly at the centre. This fundamental right is recognised in the United Nation's Convention on the Rights of the Child (1989). Article 24 states that the child has the right to enjoy “the highest attainable standard of health” and to “facilities for the treatment of illness” (Department of Health and Children 2000a p. 10). The term child is used to denote all infants, children and adolescents/young people under the age of eighteen years of age (United Nation's Convention on the Rights of the Child 1989; Child Care Act 1991).

Meeting the healthcare needs of children in health and illness requires adequate resources of competent and dedicated healthcare professionals who hold a recognised qualification in caring for children. Children's nurses are one such group. A Registered Children's Nurse (RCN) is a generalist children's nurse educated to care for children from birth to eighteen years of age. The Commission (1998) recognised that Registered Sick Children's Nurses are at the core of children's healthcare services. As children's healthcare needs change, RCN's have increasingly expanded their practice and embrace aspects of health promotion and education that ultimately contribute to illness and disease prevention. Whilst this is now an integral component in the provision of care to children and their families, it is an area that requires greater emphasis and development.

There have been numerous reports identifying how the unique and specific needs of children and their families can best be provided by a distinctive and competent nursing workforce. One of the more recent, the *Bristol Inquiry* (2001) re-iterated that children should be cared for “. . . by health care professionals who hold a recognised qualification in caring for children” (p. 459). Likewise, the *European Association for Children in Hospital (EACH) Charter for Children in Hospital* (2002) specifies that “. . . children shall be cared for by staff whose training and skills enable them to respond to the physical, emotional and developmental needs of children and families” (p. 22). Clearly, children must be cared for by nurses who are specifically educated and competent to do so in any health care setting.

The health of children in Ireland has shown considerable and sustained improvement, mirroring the improvements in many other European and Western countries. However according to many indicators the health of Irish children lags behind that of children in other jurisdictions (Department of Health and Children 2001d p. 8). It is incumbent, therefore, on healthcare services to serve the health needs of children and in so doing to invest in their future and that of the nations. Developments in the delivery of child health services are influenced by social, environmental and demographic trends and the key

drivers are changing patterns of disease and illness, advances in medical technology, specialisation, parental expectations and increasing emphasis on primary health care. Furthermore, it is recognised that children should only be admitted to hospital when they cannot be treated at home by parent(s)/guardians and supported by the primary care team and network. This has led to a decline in the length of hospital stay for children with a concomitant growth in day care and an increase in the utilisation of outpatient and community healthcare services.

The growth in demand for specialist services is being driven by increasing numbers of children who have:

- chronic illnesses, for example asthma, cystic fibrosis;
- survived but with multiple disabilities and associated complex needs requiring long-term technological intervention and support for example, ventilation and nutrition;
- lifestyle related disorders, for example obesity, diabetes mellitus; and
- mental health problems, for example eating disorders, increasing rates of adolescent suicide and para-suicide.

Recent strategies and reports highlight the need to develop a myriad of child healthcare services as a matter of urgency. These include health education/promotion for all children with particular emphasis on promoting healthy lifestyles, school health services and community/primary care childrens' services. The development and establishment of such services will all require an ongoing and adequate resource of RCN's.

## 2.9 Education of Children's Nurses

In the early 1950's a three-year certificate programme leading to registration with An Bord Altranais as a sick children's nurse was introduced. In 1970 a further four-year integrated sick children's/general nursing certificate course was introduced. This programme was delivered in partnership with a number of general hospitals in Dublin, Cork and Galway. The introduction of an integrated programme was designed to enable students gain a general nursing qualification and thereby enhance employment opportunities for sick children's nurses outside of the children's hospitals in Dublin (Kelleher and Musgrave 2000 p. 189).

By the 1980's, there were three routes of entry to registration as a sick children's nurse:

- a three-year certificate course;
- a four-year integrated certificate course leading to registration as both a sick children's and a general nurse (RSCN/RGN); and
- a post-registration course. This post-registration course catered for small numbers over the years and the duration of this course varied from thirteen months to two years (Kelleher and Musgrave 2000 p. 191).

Certain difficulties arose which challenged the viability of the three-year certificate programme. For example, upon registration, sick children's nurses were predominantly employed in the three children's hospitals in Dublin, in some children's hospitals in the United Kingdom and occasionally in the Middle



East. Generally speaking the single children’s qualification was considered unattractive by employers in general hospitals with paediatric units as it presented a degree of inflexibility in relation to where the nurse could practise.

Another factor impacting on the attractiveness of the certificate programme was the absence of specific European Union Directives for Children’s Nursing and hence mutual recognition of training programmes. This situation continues and nurses with a single children’s qualification do not have access to free movement within the European Union (Smallman 1999).

Traditionally children’s nurses had an option to pursue an eighteen-month post-registration certificate programme leading to registration as a general nurse and thereby increase employment and career progression opportunities. However, in the 1990’s there were a number of changes to the general nursing programme. The EU Directive (89/595/EEC) in 1989 resulted in a requirement for an increase in theoretical instruction from 26 weeks to 40 weeks and this was brought into effect in Ireland in 1992. Between 1994 and 1998 a new diploma model of pre-registration nursing education was introduced. As a result of these changes, post-registration certificate courses in general nursing started to decrease and were ultimately phased out. Subsequently children’s nurses with a single registration were no longer able to access general nurse training in Ireland at post-registration level. This further impacted on the attractiveness of the three-year children’s nursing certificate course and consequently led to its discontinuation in October 1995.

Since 1996, the only route to registration as a RSCN is through an eighteen-month post-registration education programme available to all registered nurses. The Commission (1998 p. 174) noted that the increased difficulty in recruiting students to the three-year programme was a key factor in moving the preparation of children’s nurses to post-registration level only.

2.10 Numbers of Student Children’s Nurses

There are 133 approved student places on the post-registration children’s nursing education programmes annually and these are presented in Table 4. The programmes commence twice a year in spring and in autumn.

Table 4: Number of approved places for the post-registration children’s nursing education programme annually

Hospital	Our Lady’s Hospital for Sick Children	Children’s University Hospital	The National Children’s Hospital	Total
No. of approved places	60	52	21	133

Source: Report of the Paediatric Nurse Education Review Group (2000a p. 19)

Applications to these children’s nursing education programmes have been falling steadily since 1997 (Department of Health and Children 2000a p. 19; Department of Health and Children 2002c p. 105) with a subsequent decrease in the numbers of students commencing the programmes. Furthermore, there is a significant attrition rate leading to a discrepancy between the number of students who commence and then complete the post-registration children’s nurse education programmes. These numbers are illustrated in Table 5.

**Table 5: Number of students commencing and completing the post-registration children's nursing education programme**

Year	Number commencing	Number completing
1998	119	109
1999	134	119
2000	125	117
2001	107	94
2002	117	102
2003	109	106
2004	100	95

In the light of the shortage of children's nurses and the fall in applications for the post-registration children's nursing programmes, the Department of Health and Children in 2000 revised the arrangements for students undertaking this programme. These students are now entitled to have their course fees paid in full for the duration of the programme, and are remunerated at the minimum point of the staff nurse salary scale whilst undertaking the programme. This is in return for a commitment to work as a children's nurse in the public health service for at least two years (24 months) following qualification in the public health service (Department of Health and Children 2000c, Circular 149/2000). However, as with midwifery, the case has been made that the level of remuneration has been a disincentive to the recruitment of students to the children's nursing education programmes.

Whilst this initiative was welcomed, it did not necessarily succeed in attracting a significant number of applicants into the programmes as reflected in Table 6 which highlights the existing capacity, the actual number of students on the children's nursing programme and the current percentage of unfilled student places. Table 6 demonstrates an overall deficit of 18.5% in the uptake of student places as of November 2004.

**Table 6: Existing capacity, actual number of students on the children's nursing programme and current percentage of unfilled places**

Hospital	Our Lady's Hospital for Sick Children	Children's University Hospital	The National Children's Hospital	Total
Existing capacity	90	78	31	200
Numbers undertaking post-registration children's nursing education programmes (November 2004)	66	70	27	163
Current percentage of unfilled student places	26.7%	10.3%	12.9%	18.5%

These figures demonstrate that the recruitment of students to this programme is substantially under quota. The decreasing numbers have been influenced by the advent of the undergraduate pre-registration nursing degree programmes in 2002. Hence, the capacity of post registration programmes (in their current format) to attract sufficient numbers of students is likely to continue diminishing and may be further compounded by the absence of a cohort of nurses eligible for registration in 2005.



The problems identified in relation to recruitment into the programmes led the Expert Group to concur with the recommendations presented in previous reports and agree that a new model of children's nursing education was required. The Expert Group is of the opinion that increasing the attractiveness of the programme is critical to ensuring an adequate supply of children's nurses. One way of doing this is to provide an integrated children's/general nursing degree programme at pre-registration level and thereby offer a single undergraduate programme with the possibility of two registerable qualifications upon completion. Again in an attempt to increase the potential of the programme to attract the maximum number of students, the Expert Group believes that the programme should be extended beyond the eastern region. The Department of Health and Children has already indicated a commitment to extend this programme to Cork.

**4 The Expert Group recommends that a four and a half year pre-registration integrated children's/general nursing honours degree programme be introduced in time for the academic year commencing Autumn 2005.**

**5 The Expert Group recommends that the pre-registration integrated children's/general nursing degree programme be provided by University College Dublin, University of Dublin, Trinity College and University College Cork in partnership with the relevant health service providers.**

**6 The Expert Group recommends that the relevant third level institution, in partnership with the associated children's hospital, have overall responsibility for students undertaking the pre-registration integrated children's/general nursing degree programme.**

## 2.11 Impact on Children's Healthcare Services

There are 3,765 Registered Children's Nurses on the active register (An Bord Altranais, November 2004) with the vast majority of these holding at least one other registerable qualification (predominantly in general nursing). However, it is not possible to ascertain how many of these are actually engaged in the practice of children's nursing within the health service. The turnover rate of registered nurses employed in the children's hospitals is significant and is set out in Table 7.

**Table 7: Turnover rate for children's hospitals in 1999 and 2000**

Hospital	Turnover rate (%)	
	1999	2000
Our Lady's Hospital for Sick Children, Crumlin	20%	
Children's University Hospital, Temple Street	16%	16%
<b>Mean Total Turnover rate for both hospitals</b>	<b>18%</b>	<b>—</b>
The National Children's Hospital (incorporated in the Adelaide and Meath Hospitals)*	48%	25%

\*Separate data for The National Children's Hospital is not available.

Source: *National Study of Turnover in Nursing and Midwifery* (2002 p. 61).

In an attempt to continue meeting service requirements, nurses are employed from agencies (if available) and from overseas. In addition there has been a focus on improved skill mix as illustrated in Table 8.

**Table 8: Meeting current service requirements**

Hospital	Nursing Vacancies (WTE)	Agency Nurses	Overtime	Healthcare Assistants	Overseas Nurses
Our Lady's Hospital for Sick Children	54.22 on 30/06/04 (HSEA August 2004)	16 (average no. nurses engaged per day) (HSEA August 2004)	67 hours (average per day) (HSEA August 2004)	45 42 (WTE)	113
Children's University Hospital	24 WTE (1 <sup>st</sup> November 2004)	0.28 (average number of nurses engaged per day) (HSEA August 2004)	0.18 hrs (on average) used per day (HSEA August 2004)	19 4 due to commence employment in Jan 05	15 *In process of employing additional for PICU and OT
The National Children's Hospital	19 (30 <sup>th</sup> November 2004)	Only used for 'specializing' children	56 hrs per week approx.	4	23

The Expert Group was concerned about the capacity of current programmes to provide an adequate supply of children's nurses to respond to existing and future needs. The service providers from the children's hospitals made a convincing case for increasing the number of pre-registration nursing places on the new programmes. This case was based on the following considerations:

- planned future service developments including an increase in bed capacity;
- projected service needs of children's units within general hospitals nationally; and
- current student attrition rates from existing post-registration programmes.

The providers were firmly of the opinion that the health system had the capacity to deal with the extra clinical placements required to support the additional places and the introduction of the pre-registration integrated children's/general nursing degree programme. The indicative figures agreed for each university with its associated health service providers are set out in Table 9.

**Table 9: Indicative numbers for pre-registration integrated children's/general nursing degree programme**

University	Health Service Provider	Indicative Numbers
University College Dublin	Children's University Hospital Our Lady's Hospital for Sick Children	30 40
University College Cork	Cork University Hospital	20
University of Dublin, Trinity College	The National Children's Hospital	20
<b>Total in Year One</b>		<b>110</b>
<b>Total in Steady State</b>		<b>495<sup>1</sup></b>

**7 The Expert Group recommends that the number of places allocated to the pre-registration integrated children's/general nursing degree programmes be additional to the existing complement of pre-registration nursing places.**

<sup>1</sup> This number takes account of a four and a half year programme.

## 2.12 The Benefits of Change: Children's Nursing

The fundamental aim of any proposed change in the provision of children's nursing education is to address the existing deficit and ensure that an adequate and sustainable resource of Registered Children's Nurses are available for existing and future child health service developments.

The first graduates of the pre-registration integrated children's/general nursing degree programme will register in early 2010. This programme, although four and a half years duration, should prove more attractive as it provides for a shorter pathway to registration as a children's nurse than currently exists. These nurses will be fit for purpose six months earlier than currently. This also provides an opportunity to recruit school leavers directly into the profession, an option unavailable for almost 10 years.

A pre-registration integrated children's/general nursing degree programme leading to dual registration has the capacity to provide a resource of nurses with a much broader range of competencies than a single nursing registration programme. Graduates from a programme of this nature could be a beneficial resource to general hospitals. Anecdotal evidence suggests that care for children is sometimes provided in adult settings, for example accident and emergency departments, operating theatres, intensive care units, outpatient departments, adult orthopaedic units, surgical and ENT units. It is unclear how these healthcare institutions provide the care to meet the unique needs of children and their families. Children are major users of accident and emergency departments everywhere and competent children's nurses are essential in recognising serious problems in children and working sensitively with them and their families. This situation reinforces the case for providing a pre-registration integrated children's/general nursing degree programme to create a flexible and responsive nursing resource nationally. The graduates will be able to work in a variety of healthcare settings where children require care, for example, children's hospitals/units, general hospitals, community and primary care settings and in primary care teams and networks (Department of Health and Children 2001c).

The Health Strategy also endorses the co-ordinated approach to protecting and promoting children's health in partnership with parents and health care professionals as proposed by *Best Health for Children* (1999). Children's nurses are required to attain significant competencies in information giving, teaching and counselling (Condell 1998) and contemporary curricula facilitate the acquisition of these necessary competencies. Health education and promotion is now an integral component in the provision of care to children and their families and reflect the need demonstrated in the *National Health and Lifestyle Surveys*. *SLAN (Survey of Lifestyle, Attitudes and Nutrition and HBSC (Health, Behaviour in School-Age Children April 2003)*.

The health system could benefit considerably by providing both pre-registration and post-registration children's nursing programmes simultaneously as this would lead to an increased cohort of Registered Children's Nurses. This is essential in the light of developments in primary, community and continuing care services. There is a need to develop community children's nursing services nationwide so that care can be provided for children in their own homes. At the moment, children and their families receive limited home support. This support is currently being provided in three ways:

- by Public Health Nurses;
- by Clinical Nurse Specialists appointed to liaise with the community;
- by Clinical Nurse Specialists providing an outreach service who are mostly based in the eastern region (*National Council for the Professional Development of Nursing and Midwifery 2003 p. 43*).

The complexity of children's nursing also requires a number of specialist nurses to work in clinical specialities, for example children's intensive care, oncology, accident and emergency and mental health. The lack of children's intensive care nurses with the subsequent deferral of therapeutic interventions has been highlighted in recent months. The availability of specialist nurses to work in this area is intrinsically dependent on an adequate supply of Registered Children's Nurses in the first instance and also on the availability of further education in the specific clinical speciality. Any increase in the supply of Registered Children's Nurses has the capacity to increase the numbers available to work in specialist areas.

The Commission (1998) recommended a clinical career pathway in nursing and this applies equally to children's nursing with potential progression to Clinical Nurse Specialist (CNS) and Advanced Nurse Practitioner (ANP). Currently there are 60 Clinical Nurse Specialists in children's nursing. However, the geographic distribution of these is clearly disproportionate with 56 in the eastern region and only four in the rest of the country. There is a need to increase the numbers of CNS's in response to identified health service needs outside the major population centres (*National Council for the Professional Development of Nursing and Midwifery* 2004 p. 46) which is again contingent on developing some mechanism for attracting more recruits into children's nursing.

The recently established Paediatric Nursing Associations of Europe (2003) seeks to ensure that (i) professional registration for this division of nursing is provided in every country in Europe; (ii) all nurses caring for children in any healthcare setting must undertake a specific children's nursing education programme; and (iii) the registration must be recognised by individual member states to facilitate children's nurses to work across Europe. The underpinning rationale is to promote and protect the rights of children to healthcare provision by those specifically educated to do so and is fundamental when the best interests of children are the primary consideration (United Nations Convention on the Rights of the Child 1989, Article 3:1). The provision of post-registration children's nursing education programmes leading to registration in Ireland is considered to be a model that could be replicated throughout Europe to achieve this vision.

The proposed changes represent significant value for money. The undergraduate pre-registration integrated children's/general nursing degree programme leading to a dual qualification as a RCN/RGN is a more economical option than simply relying on post-registration programme where the nurse has to be financed in terms of both course fees and a salary. This route of entry to children's nursing is an initiative with the potential to increase the supply of 'home grown' RCN's, thereby reducing the reliance on overseas and agency nurses, which is critical from a cost perspective.

## 2.13 Summary

This chapter of the report has set out the case for introducing a new model of education for both midwifery and children's nursing, which the Expert Group considers is necessitated by the continuing decrease in student numbers entering both post-registration programmes together with an increased specialisation and expansion in services.

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## CHAPTER 3

# Supporting Change

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### 3.1 Introduction

Nursing and midwifery education has evolved considerably over the last few years and the proposed introduction of the pre-registration midwifery and integrated children's/general nursing degree programmes in Autumn 2005 is a further step in this process. Change of this nature and extent requires significant support due to the wide-ranging implications for the relevant stakeholders. These include programme/curricula development, changes to An Bord Altranais *Requirements and Standards for Nurse and Midwife Registration Education Programmes* and preparation of the health sector to facilitate student learning in the clinical practice environment.

### 3.2 Curriculum Design and Development

The Expert Group recognises the importance of the recommendations made by the *Nursing Education Forum* (2000) in relation to curriculum design. The Group noted the need to ensure that these recommendations are expanded to underpin the development of pre-registration midwifery and the integrated children's/general nursing degree programmes in the manner detailed below:

#### 8 The Expert Group recommends that

- the curriculum design for pre-registration midwifery and integrated children's/general nursing degree programmes be dynamic and flexible to permit responsiveness to local needs;
- the curriculum design for the pre-registration midwifery and integrated children's/general nursing degree programmes be eclectic insofar as it draws on knowledge from diverse sources and utilises a variety of teaching/learning strategies;
- clinical placements in the pre-registration midwifery and the integrated children's/general nursing degree programmes should be undertaken early in the programme;
- there should be reflective time built into the internship period to enhance the consolidation of theory and practice;
- the curriculum design for pre-registration midwifery and integrated children's/general nursing degree programmes should have a sound theoretical base;

- student's undertaking the pre-registration midwifery and integrated children's/general nursing degree programmes be actively encouraged to learn with and from other healthcare professionals;
- to ensure a quality education for midwifery and children's nursing students, all stakeholders, including the students themselves, should be actively involved in the evaluation of the pre-registration midwifery and integrated children's/general nursing degree programmes; and
- the pre-registration midwifery and integrated children's/general nursing degree programmes be developed in a manner which facilitates transfer and progression to and within other nursing programmes.

In the context of these recommendations, the Expert Group recognises that resources are required for curriculum development in the relevant third level institutions for an eight-month period to prepare both new programmes in time for Autumn 2005. The Group is aware that the resource required is specialised and probably already exists within some of the third level institutions. In view of this, and given the short time-frame, it is considered that financial resources would be more advantageous and timely than creating and advertising new posts.

- 9 The Expert Group recommends that financial resources for curriculum development be made available immediately to the relevant third level institutions for an eight-month period to prepare both new programmes.**

### **3.3 The Requirements and Standards for Nurse Registration Education Programmes**

Requirements and Standards provide guidance for the development of flexible, innovative, practice-orientated registration programmes to third level institutions and health service providers in the education and training of nurses and midwives. The aim of the Requirements and Standards is to ensure professional standards are established and maintained in all courses preparing students for registration, while meeting the statutory requirements of An Bord Altranais and, where appropriate, the EU Directives. The Education and Training Committee of An Bord Altranais have approved the development of Requirements and Standards for a pre-registration integrated children's/general nursing degree programme leading to registration in both the children's and general nursing divisions of the register. All integrated children's/general nursing degree programmes commencing on or after the 1st September 2005 must adhere to the *Amendment to the Requirements and Standards for Nurse Registration Programmes*, (An Bord Altranais 2004) the development of the Requirements and Standards set out below were informed by international developments in nursing and midwifery education, changes in Irish society and the Irish healthcare system. They were also informed by the review of the current nurse and midwife registration education programmes, review of the pilot direct entry midwifery programme and consultation with key stakeholders.

### **3.4 Requirements and Standards for the Integrated Children's Nurse/ General Nurse Registration Education Programme**

An Bord Altranais, in November 2004, approved the Requirements and Standards for an integrated programme leading to Registration in both children's and general nursing divisions of the Register. The

requirements and standards for this programme have incorporated the theoretical and clinical practice requirements of European Union Directive 77/453/EEC for general nurse registration education programmes.

The programme is 170 weeks in duration, divided into theoretical and clinical content. The theoretical content includes directed study, self-directed study and examination(s) and must be no less than 70 weeks. The clinical component of the programme must be no less than 90 weeks and consists of 54 weeks supernumerary clinical placement and 34 weeks internship clinical placement (exclusive of annual leave). The clinical component must include general and specialist medicine and surgery, specialist placements and additional regulated placements. The specialist placements include Accident and Emergency, Mental Health and Psychiatry, Care of the Older Person, Home Nursing/Community, Operating Theatre, Maternity Care and Intellectual Disability. The allocation of the additional regulated placements of 14 weeks should be planned, in partnership with the higher education institutions and the healthcare institutions, to facilitate the student nurse in achieving the learning outcomes of the programme.

An additional 10 weeks makes up the discretionary component of the programme. This must be accounted for within the curriculum document and at least half should comprise supernumerary clinical placement. The theoretical component and all specialist placements must be completed prior to students undertaking the final placement of 34 weeks internship (exclusive of annual leave). This will allow consolidation of the completed theoretical learning and support the achievement of competence within the clinical learning environment.

### **3.5 Requirements and Standards for the Midwife Registration Education Programmes (Direct Entry and Post-RGN)**

An Bord Altranais, also in November 2004, approved revised Requirements and Standards for both pre and post-registration midwife registration education programmes. The requirements and standards for these programmes have incorporated the theoretical and clinical practice requirements of European Union Directives 80/155/EEC and 89/594/EEC for midwifery registration education programmes.

The pre-registration midwifery programme is 144 weeks in duration, divided into theoretical and clinical content. The theoretical content includes directed study, self-directed study and examination and must be no less than 58 weeks of the programme. The clinical component of the programme is made up of core areas of midwifery practice, specialist placements, additional regulated placements and is comprised of a minimum of 76 weeks. The 76 weeks is made up of 40 weeks supernumerary clinical placement and 34 weeks internship clinical placement (exclusive of annual leave). The core areas of midwifery practice are comprised of antenatal, intra-natal and postnatal areas. The specialist placements include neonatal, community midwifery, gynaecology, mental health, medical and surgical placement. The allocation of the additional regulated placements of 10 weeks should be planned, in partnership with the higher education institutions and the healthcare institutions, to facilitate the student midwife in achieving the learning outcomes of the programme and in meeting the clinical practice requirements of EU Directive 89/594/EEC.

An additional 10 weeks makes up the discretionary component of the programme. This must be accounted for within the curriculum document and at least half of this should comprise of a supernumerary clinical placement. The theoretical component and all specialist placements must be completed prior to students undertaking the final placement of 34 weeks internship (exclusive of annual



leave). This will allow consolidation of the completed theoretical learning and support the achievement of competence within the clinical learning environment.

The post-registration midwifery programme is 104 weeks in duration, divided into theoretical and clinical content. The theoretical content comprises 26 weeks and includes directed study, self-directed study and assessments. The clinical component of the programme makes up the remainder of the programme and comprises 55 weeks of placements in both core and specialist areas of midwifery practice. The remainder of the clinical placements should be planned, in partnership by the higher education institutions and the healthcare institutions, to facilitate the student midwife in achieving the learning outcomes of the programme and clinical competence and in meeting the clinical practice requirements of EU Directive 89/594/EEC.

New programmes leading to registration as a nurse or as a midwife may not commence without prior approval by An Bord Altranais.

**10 The Expert Group recommends that approval be sought from An Bord Altranais for all new midwifery and children's nursing education programmes and associated clinical sites.**

### 3.6 Support for Clinical Learning

The Expert Group recognises that the clinical learning environment is at the core of undergraduate nursing and midwifery education. The aim of learning in the clinical practice environment is to enable the student to develop the required competencies and become safe, caring, competent practitioners and decision-makers willing to accept personal and professional accountability for evidence-based nursing/midwifery practice. In order to maximise high quality student learning, a number of support structures must be provided.

### 3.7 Allocation to Clinical Practice Placements

In accordance with requirements and standards, student nurses and midwives must complete a specific number and type of clinical practice placements in the course of the pre-registration degree programme. These placements will be in general and specialist areas, of which some will be in a supernumerary capacity and 34 weeks (exclusive of annual leave), will comprise the internship period. With the proposed introduction of both new programmes, extensive planning, organisation and co-ordination are required for a multiplicity of practice placements in the health sector. Creativity and innovation will be needed to identify and establish new practice placements. The Expert Group believes that the potential for additional community placements, over and above those provided by the public health nurse, should be pursued. However, in extending the scope of placements in the community, priority should be given to the need for a Clinical Placement Co-ordinator presence to ensure appropriate clinical support in these areas.

**11 The Expert Group recommends that the potential for community midwifery/ children's/general nursing placements, in addition to existing placements with public health nurses, be explored by each university in partnership with the health service providers.**



The Expert Group recognises that an allocations liaison officer will need to be appointed in each of the hospitals to plan, organise and co-ordinate the clinical practice placements within that hospital for students undertaking the pre-registration degree programmes. In addition, the allocations liaison officers will liaise with the appropriate person in the relevant university. This post is additional to allocations personnel currently involved in determining the clinical allocations for the post-registration programmes.

**12 The Expert Group recommends that an allocations' liaison officer be appointed in each of the hospitals on the same basis as the current pre-registration nursing degree programmes (0.5WTE for up to 50 students).**

### 3.8 Clinical Placement Co-ordinators

The post of clinical practice co-ordinator was created in 1997 following the introduction of the Registration/Diploma programme to support students and co-ordinate and assist clinical and teaching staff in relation to clinical placements. The role of the clinical placement co-ordinator is to guide and support students to achieve the learning outcomes of the clinical placement and meet the requirements of the programme. The *National Evaluation of the Role of the Clinical Placement Co-ordinator* (Department of Health and Children 2001e) described the multidimensional role of the Clinical Placement Co-ordinator which incorporates:

- student support;
- teaching/student assessment and feedback;
- support in external placements;
- practice development; and
- pastoral care and counselling.

The Expert Group endorses the recommendation of The Commission (1998) that clinical placement co-ordinators be retained for pre-registration nursing degree programmes, and recommends that this support should be provided for both new pre-registration degree programmes.

However, the Expert Group acknowledge that the role and function of the clinical placement co-ordinator in midwifery needs to be developed in a manner which is capable of responding to the specific clinical learning needs in this environment.

**13 The Expert Group recommends that clinical placement co-ordinators be allocated to the pre-registration integrated children's/general nursing degree programme on the same basis as currently operates for the existing pre-registration nursing programme.**

**14 The Expert Group recommends that clinical placement co-ordinators (midwifery) be allocated on a 1:15 ratio for the undergraduate pre-registration midwifery degree programme.**

- 15 The Expert Group recommends that the role and function of the clinical placement co-ordinator (midwifery) be developed by the Health Service Executive to support the practice component of the pre-registration midwifery degree programme.**

### **3.9 Nurse and Midwife Practice Development Co-ordinators**

The role of Practice Development Co-ordinators has developed significantly in recent years. These positions were originally designed to:

- develop, implement, monitor and evaluate nursing practice in the health care institution;
- ensure the delivery of high quality patient care throughout the healthcare institution; and
- supervise clinical placement co-ordinators to ensure students are placed in quality clinical learning environments that can facilitate meeting the set learning outcomes.

The Expert Group recognises the need for a Nurse/Midwife Practice Development Co-ordinator in each of the hospitals providing the clinical nursing/midwifery component of the pre-registration degree programmes. The group also notes that the continuous development of nursing and midwifery practice should contribute substantially to providing high quality patient care.

- 16 The Expert Group recommends that Midwife/Nurse Practice Development Co-ordinators and Clinical Placement Co-ordinators support students and the development of the clinical learning environment in agencies where students are undertaking midwifery and children's nursing placements.**

- 17 The Expert Group recommends that a Nurse Practice Development Co-ordinator be approved for each of the following hospitals (providing the children's nursing component of the pre-registration integrated children's/general nursing degree programme) where one does not already exist: Our Lady's Hospital for Sick Children, Crumlin; Children's University Hospital, Temple Street; The National Children's Hospital, Tallaght; and Cork University Hospital, Cork.**

- 18 The Expert Group recommends that the existing role of the Midwife Practice Development Co-ordinator in the three Dublin maternity hospitals be adapted where appropriate, to support the development of the clinical learning environment and the appointment of Clinical Placement Co-ordinators.**

- 19 The Expert Group recommends that a Midwife Practice Development Co-ordinator be approved for each of the following hospitals where one does not already exist: United Maternity Services, Cork; St. Munchins Hospital, Limerick; University College Hospital, Galway; and Our Lady of Lourdes Hospital, Drogheda'.**

### **3.10 Preceptorship**

The clinical learning environment provides the opportunity for students to learn the practice of nursing and midwifery by participating in the delivery of patient care. This is critical to maximising learning, integrating theory into practice and developing the competencies of clinical practice, decision-making

and critical analysis under the guidance of a registered nurse/midwife. Each clinical nurse/midwife has a professional responsibility to facilitate student learning. The Expert Group believes that the changes required to support students in the clinical area will be significant and therefore preceptors should receive specific preparation in guiding and supporting student learning during clinical placements.

**20 The Expert Group recommends that each pre-registration degree student be assigned a named preceptor who is a registered nurse or midwife as appropriate whilst on clinical placement.**

**21 The Expert Group recommends that nurses and midwives who support students attend a preceptorship/teaching and assessing programme within four years of the commencement of the pre-registration midwifery and integrated children's/general nursing degree programmes.**

The Expert Group reviewed the learning outcomes developed by the *Nursing Education Forum* (2000) to support a module on preceptorship/teaching and assessing and made amendments to reflect changes in education and the inclusion of midwifery and children's nursing. The Group was in agreement that these outcomes should be agreed at a national level to ensure portability of a module of this nature within the health system.

**22 The Expert Group recommends that the preceptorship/teaching and assessing module be developed in line with agreed core learning outcomes (included in Appendix Two).**

### 3.11 Review of the Current Rostered Year

The Commission (1998) recommended that students undertaking the pre-registration nursing degree programme should incorporate a continuous 12-month clinical placement as health service employees. This was based on the premise that nursing education needs to continue to have a strong clinical foundation which is essential in ensuring the clinical competence of nurses and midwives on registration. During the rostered year students are paid 80% of a staff nurses salary. The replacement ratio used for the diploma programme was 2:1. However, it was accepted by stakeholders at the conclusion of the Nursing Education Forum and the National Implementation Committee that further work was required to determine the replacement ratio for the rostered year in the nursing degree programme.

External consultants, Deloitte and Touche (2004) in consultation with key stakeholders undertook a systematic review and analysis of the issues relating to the rostered year. The primary concerns identified related to:

- the length and position of the rostered year within the programme;
- specialist placement requirements resulting in an encroachment of these on the the rostered placement;
- the limited number of specialist practice placement areas;
- the limited supernumerary clinical experience in generic placements prior to the rostered placement; and
- the structure of the academic year limiting time for clinical placements prior to rostered year.

Allied to the above, there were serious implications for service provision in that the limited amount of time allocated to clinical placements in advance of the rostered year impacts significantly on the capacity of the student to contribute to service provision and therefore capacity for replacement. Both service providers and unions expressed serious concern to the Department of Health and Children about the preparedness of students for this placement and the workload implications for existing staff. The Department of Health and Children subsequently outlined revised arrangements for the rostered year. The rostered placement will be reduced to 34 weeks exclusive of annual leave for the 2005 intake onwards with a replacement ratio of 2:1. In order to maximise the overall amount of clinical experience available in advance of the rostered placement, the rostered placement (or internship) for the 2005 intake and subsequent intakes will move to the end of the programme finishing in week 52 of the fourth year. In tandem with the above An Bord Altranais revised the existing *Requirements and Standards for Nurse Registration Education Programmes* (2000) to take account of these changes. These amendments introduce greater flexibility into the allocation of clinical placements to ensure that all students experience specialist clinical placements in a supernumerary capacity.

Positioning the internship at the end of the programme provides for an uninterrupted transition from student to employee thereby enhancing retention prospects. Incremental credit will be retained, with students commencing on the second point of the staff nurse's salary scale, on registration with An Bord Altranais and securing subsequent employment.

**23 The Expert Group recommends that both the pre-registration midwifery and the integrated children's/general nursing degree programmes include a 34-week internship period of supported learning (exclusive of annual leave entitlements) during which the student will receive 80% of the first-year staff nurse salary scale as employees of the health service. The period of internship will be at the end of the programme and students will have completed all supernumerary placements in advance. Decisions on the allocation of rostered placements should involve particularly close consultation between third level institutions and health service providers and will support the integration of theory and practice.**

**24 The Expert Group recommends that a replacement ratio of two undergraduate pre-registration students to one registered staff nurse or equivalent be applied during the internship period. This recommendation may need to be reviewed in 2008 in light of the emerging manpower issues.**

In order to take full advantage of the clinical learning experience during the internship period, opportunities for reflection on practice need to be provided. Reflection requires the investment of protected time and support from both clinical and educational staff. The Expert Group endorses the *Nursing Education Forum's* (2000) recommendation that specific periods of protected time for reflection be identified during both supernumerary and rostered placements. This is essential for both the pre-registration midwifery and integrated children's/general nursing degree programmes and is currently provided on the existing pre-registration nursing degree programmes.

**25 The Expert Group recommends that a specific period of protected time of four hours per week be provided for reflection during the internship period.**

### 3.12 Promoting the Profession — Recruitment

The administration of the application system for pre-registration nursing education has been the responsibility of the Central Applications Office (CAO) since 2001. Applicants (other than mature applicants) compete on the basis of Leaving Certificate points only. All applications for places on the pre-registration nursing degree programmes (general, psychiatry and intellectual disability nursing), which commenced in 2002, have been processed through the CAO. As the courses for the academic year 2005/2006 are already published, and do not include the proposed new programmes, there is a degree of urgency in relation to initiating discussions with the CAO about proposed changes.

**26 The Expert Group recommends that discussions take place with the Central Applications Office (CAO) as a matter of urgency regarding the process of application to both new programmes.**

The Expert Group endorses the *Nursing Education Forum's* recommendation that An Bord Altranais continue to co-ordinate and provide strategic direction to the promotion and marketing of nursing as a career. Since the involvement of the Nursing Careers Centre (NCC) in 1999, the number of applicants for nursing has significantly increased on an ongoing basis. A number of factors have contributed to this including:

- increased academic status of nursing;
- amalgamation into the CAO; and
- a significant promotional and marketing campaign administered by the NCC and financially supported by the Department of Health and Children.

The year 2003 heralded a historic time in Irish nursing, when nursing became part of the CAO degree list for the first time in direct competition with all other CAO degree courses. The interest in nursing as a career option remained very high, both among school leavers and mature applicants alike. Despite the prediction that there would be a considerable fall in applicants that year, the number was excellent.

Since 2002, and including 2005, the agreed number of 1,640 places on the pre-registration nursing degree programmes are divided into:

General nursing	1,057 places
Psychiatric nursing	343 places
Intellectual Disability nursing	240 places

The Expert Group recognises that these processes will now have to take account of the proposed new pre-registration midwifery and integrated children's/general nursing degree programmes. These programmes will each require a specific promotional campaign, with both school leavers and mature students actively targeted to seize the opportunities to pursue careers in either of the two specialities. This is imperative as direct entry to midwifery has not previously been an option as an initial registerable qualification in Ireland (with the exception of the pilot diploma programme in 2000) and the population of school leavers have not had access to direct entry children's nursing for the past decade. The proposed new pre-registration programmes need to be actively promoted and marketed in a manner which ensures the recognition of midwifery as a separate profession.

- 27 The Expert Group recommends that An Bord Altranais consider changing the name of the Nursing Careers Centre in An Bord Altranais to the Nursing and Midwifery Careers Centre, and that its function be expanded to co-ordinate and provide strategic direction in the promotion and marketing of midwifery and children's nursing in addition to the existing programmes.**

### **3.13 Mature Students and Sponsorship Scheme**

Mature students represent an important cohort of student nurses that bring maturity and life experience to the profession. The Commission (1998) recommended that a certain number of places on the pre-registration nursing degree programmes should be awarded to mature students. There are increasing numbers of mature applicants to nursing education programmes and this has particular significance in the light of the changing demographic trends, which indicate there are reducing numbers of school leavers. Since 2001, there has been an agreed guideline with regard to the quota of mature code offers for nursing, with 15% for general; 35% for psychiatric; and 35% for intellectual disability nursing. In 2004, mature applicants accounted for 1,662 of the applicants (or 19.23%) out of a total of 8,642 (An Bord Altranais 2004).

The Commission (1998) recommended that the Department of Health and Children should provide a bursary/sponsorship scheme to encourage and support the undertaking of all these programmes. The initiative introduced by the Department in 2002 in response to that recommendation is one of a series to recruit and retain nurses with the objective of encouraging and facilitating eligible, suitable and experienced public health service employees wishing to train as nurses. It was recommended that a sponsorship scheme has considerable merit in that it retains staff in the health service. The personnel concerned have practical experience of working in the health service and in turn this reinforces their own personal commitment to upgrading their skills. Furthermore, the sponsorship scheme provides a new career pathway whilst allowing them to retain their existing substantive salaries for the duration of the pre-registration nursing degree programmes. In addition, they continue to be entitled to the normal incremental progression up to the maximum of that scale. In return, the employees give a commitment to work as nurses for their health service employer for a period of five years immediately following registration. The scheme is open to health care assistants and ward attendants who are directly involved in the delivery of care to patients/clients under the supervision of nurses. There are 40 sponsorships available annually and the number available in each region is based on the number of pre-registration nursing degree places in that said region.

- 28 The Expert Group recommends that the existing sponsorship scheme for the pre-registration nursing degree programmes be expanded by four places initially to accommodate student's entering the two new programmes. It is recommended that these four places be allocated according to the structure of the new health regions.**

### **3.14 External Clinical Placement Support**

The students currently undertaking the pre-registration nursing degree programmes receive financial support while undertaking distant/external clinical placements. These costs are incurred by students in a supernumerary capacity whilst undertaking clinical placements. However, these expenses would not be incurred during the 34-week internship period (exclusive of annual leave) for which the student is salaried and as such will not require funding for that period. The Expert Group firmly believes that

financial supports for students undertaking external clinical placements are required to ensure that they do not incur hardship and result in attrition from the programmes.

**29 The Expert Group recommends that the existing arrangements for the external clinical placement allowance be provided for students undertaking the pre-registration midwifery and the integrated children's/general nursing degree programmes.**

### 3.15 Summary

This chapter has emphasised the need for a variety of supports to facilitate the development of the new programmes. A number of structures have worked successfully for the existing pre-registration nursing degree programmes and it is generally recommended that these should be replicated. The Expert Group was particularly mindful of the need to prepare the clinical environments to receive new students.





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## CHAPTER 4

# Future of Post-registration Programmes

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### 4.1 Introduction

This chapter of the report deals with the post-registration programmes available for entry to midwifery and children's nursing. It commences by drawing attention to the current programmes and points to some of the problems that have arisen in relation to recruitment and retention within these programmes. The Group spent considerable time debating whether or not these programmes should be retained and, if so, how could they be remodelled to attract and retain new recruits. The chapter outlines the considered view of the Expert Group in relation to the future of these programmes.

### 4.2 Post-registration Children's Nursing Education

At present children's nurses qualify for registration with An Bord Altranais following successful completion of an eighteen-month programme leading to a Higher Diploma or Post Graduate Diploma in children's nursing. There are two courses available, which are run in partnership, as indicated below:—

- University College Dublin with (i) Our Lady's Hospital for Sick Children, Crumlin, and (ii) Children's University Hospital, Temple Street; and
- University of Dublin, Trinity College with The National Children's Hospital incorporated at the Adelaide and Meath Hospitals, Tallaght.

These programmes carry a Higher Diploma/Post Graduate Diploma award and render students eligible to register with An Bord Altranais as a children's nurse upon successful completion. The students constitute part of the nursing workforce in each of the hospitals during the programme, work full-time and are remunerated at the first point of the staff nurse's salary scale.

The implementation of the pre-registration integrated children's/general nursing degree programme in 2005 will not provide graduate nurses until 2010. The numbers proposed to undertake this pre-registration integrated children's/general nursing degree programme are insufficient to meet existing service need let alone any future developments in children's health services. Therefore, provision must be made to ensure that there is an adequate and continuous resource of qualified, competent children's nurses to minimise the existing deficit of RCN's and meet the future emerging demands of children's health services. The Expert Group believes that continuing to provide the post-registration programme is pivotal to making substantial progress in addressing this situation and as a means of ongoing recruitment to children's nursing.

**30 The Expert Group recommends that the post-registration children's nursing education programmes continue.**

The attractiveness of the current eighteen-month programmes has waned considerably and this is evident by decreasing numbers commencing the programmes. In 1996, when the route to registration as a RCN was only available as a post-registration qualification, most of the students obtained their initial registration through successfully completing a certificate, diploma or occasionally a degree programme. However, that situation has changed significantly with a substantial number of students now undertaking the programme already having degrees prior to commencing. With the advent of a graduate profession from 2006 onwards, it is essential to change the post-registration programme to ensure it is more attractive for this population who will have already spent four years in nursing education.

Among the recommendations of the *Report of the Paediatric Nurse Education Review Group* (2000a) was that paediatric nurse education programmes should be offered at both 'pre registration and post registration levels' (p. 29). Furthermore, the need to shorten the existing eighteen-month children's nurse education programmes to one of twelve-months' duration was similarly identified. This view is well supported (Commission on Nursing 1998; Paediatric Nurse Education Review Group 2000a; Sick Children's Nurse Teachers Working Group Final Report 2002; The Feasibility of Developing and Implementing Paediatric Nurse Education at University College Cork October 2002).

**31 The Expert Group recommends that the post-registration children's nursing education programme be changed to twelve-months' duration from Autumn 2005 and that recruitment to this programme be changed to one intake a year to coincide with the proposed change.**

As pointed out in Chapter 2, the current salary arrangements act as a disincentive for attracting new recruits into the existing post-registration programme. The Expert Group believes that revising these arrangements in a manner favourable to the student has the potential to make the course more attractive.

**32 The Expert Group recommends that nurses undertaking the post-registration children's nursing education programme should be allowed to retain their existing salary and be entitled to incremental credit in the normal way in return for a commitment to work as a children's nurse in the agency providing the education programme for a minimum of twelve months if possible, or, alternatively, in a children's health care setting, including primary and continuing care in the public health service, following completion of the programme.**

### 4.3 Post-registration Midwifery Education

Currently, the only route available to becoming a Registered Midwife is to undertake a two-year midwife registration programme with an award of either a Postgraduate or Higher Diploma in Midwifery. There is a need to retain the post-registration programme as a route into midwifery for registered general nurses, even though it is not the ultimate answer to the development of the profession (Interim Final Report of the Working Group on Midwifery Education May 2002). However, it was recognised that there is a need to review the current programme as a matter of urgency with regard to a number of issues. These include the (i) employee status of the student in year one and year two; (ii) length of the programme and (iii) level of theoretical instruction provided to student midwives compared with the theoretical instruction in other third level post graduate higher education programmes. The rationale for this is based on the challenges identified in the report *The Future of Midwifery Education* (December 2003). These include:

- the transition to the four-year degree in nursing and, in particular, the impact of 2005 with regard to the availability of potential midwifery students;
- the proposed removal of a midwifery qualification as a requirement for public health nursing (The Commission 1998 para 8.30);
- recruitment and retention issues;
- current policy on WTE ceilings;
- employee status of student midwives;
- the need for increased clinical support; and
- possible reduction in demand for midwifery training and education.

The Expert Group is of the opinion that the post-registration programme in midwifery also needs remodelling to ensure it is both sustainable and attractive. The conversion of the two-year post-registration midwifery programme to an eighteen-month programme will also increase the attractiveness of the course to potential recruits. This change has to be seen in the context of nursing education and the changes in children's nursing education. Students who qualify with an eighteen-month midwifery programme will have to undertake a further year of midwifery practice if they are considering practising outside Ireland. However, the number of midwives who apply for registration outside Ireland following qualification is minimal (An Bord Altranais 2004).

**33 The Expert Group recommends that the post-registration midwifery programmes continue.**

**34 The Expert Group recommends that the post-registration midwifery programme be changed to one of eighteen-months' duration from Autumn 2005 and that recruitment to this programme be altered to one intake a year to coincide with the proposed change.**

**35 The Expert Group recommends that nurses undertaking the post-registration midwifery education programme should be allowed to retain their existing salary and be entitled to incremental credit in the normal way in return for a commitment to work as a midwife in the agency providing the education programme for a minimum of eighteen months if possible, or, alternatively, in the maternity services elsewhere in the public health service, following completion of the programme.**

**36 The Expert Group recommends that the new post-registration midwifery and children's nursing education programmes be fully integrated, including physical integration, into the third level sector in Autumn 2005 to coincide with the proposed introduction of the pre-registration midwifery and integrated children's/general nursing degree programmes.**

## **4.4 Implications of Changing Post-registration Education**

Changes of this nature and magnitude in the post-registration midwifery and children's nursing education have implications for key stakeholders. An Bord Altranais will need to review the existing arrangements

for post-registration education and work towards developing a framework that can accommodate the shortened courses while not compromising the quality of the learning experience.

**37 The Expert Group recommends that An Bord Altranais be requested to develop new Requirements and Standards appropriate for the changes proposed in the post-registration midwifery and children's nursing programmes.**

The Expert Group was mindful that any change to post-registration programmes can have an impact on service delivery, given the employment status of students. In this regard, and following consultation with service providers, the following indicative numbers are being proposed:

**Table 10: Proposed student numbers for direct entry and post-registration programmes**

<b>Midwifery Schools</b>	<b>Numbers (Direct entry)</b>	<b>Existing Capacity<sup>2</sup> (Post- registration)</b>	<b>Proposed Numbers/ Single Intake Annually/Autumn 05, 06, 07 (Post-registration)</b>	<b>Proposed Numbers Autumn 08 (Post- registration)</b>
National Maternity Hospital	20	36	25	TCD-20 UCD-20 UL-20 UCC-20 UCG-20
Coombe Women's Hospital	20	36	25	
St. Munchins	20	23	20	
University College Hospital Galway	20	17	17	
Unified Maternity Services Cork	20	32	32	
Our Lady of Lourdes Hospital	20	17	15	
Rotunda Hospital	20	36	25	
Total	140 (560 in system @ steady state)	198	154 (-35 capacity in spring 07, 08, 09 internship Jan-Sept 09)	↓ 100 in total <sup>3</sup>
<b>Children's Nursing Schools</b>	<b>Numbers (Direct entry)</b>	<b>Existing Capacity (Post- registration)</b>	<b>Proposed numbers (Post-registration)</b>	
Temple Street	30	52	35	
Crumlin	40	60	35	
Cork	20	—	—	
Tallaght	20	21	15	
Total	110 (495 Steady State <sup>4</sup> )	133	85 <sup>5</sup> (-48 capacity 07, 08, 09 internship April- Dec 09)	No reduction

<sup>2</sup> These numbers include a spring 2005 intake for both programmes.

<sup>3</sup> Takes account of a 20% attrition rate in direct entry programme.

<sup>4</sup> This takes account of the extra six months.

<sup>5</sup> The projected output capacity in Autumn 2006 is 151 from both the 18-month programme (proposed to commence Spring 2005) and one-year programme (to commence Autumn 2005).

The Expert Group is, however, conscious that forecasting numbers so far into the future is an exercise fraught with unpredictability. The objective behind agreeing these figures is to try to ensure in so far as is possible that gaps in service provision do not arise as a direct result of insufficient student throughput. The Group is acutely conscious that this matter needs to remain under review.

**38 The Expert Group recommends that discussions with health service providers be initiated as a matter of urgency regarding the service implications of reducing the number and duration of the post-registration programmes. These discussions need to take account of the skill mix and staff replacement required to ensure continuity of service provision.**

**39 The Expert Group also recommends that, in the light of the internship period of the pre-registration midwifery and integrated children's/general nursing degree programmes commencing early 2009, the number of students to be recruited into the post-registration midwifery and children's nursing programmes commencing Autumn 2008 should be reviewed no later than 2007.**

Given the scale of change proposed there is a real danger the students on the existing programmes could be disadvantaged. The Group was particularly concerned that arrangements would be planned for and put in place at the earliest possible opportunity to ensure the integrity of the learning experience for these students is maintained.

**40 The Expert Group recommends that the current post-registration midwifery and children's nursing education programmes be maintained and appropriately resourced.**

## **4.5 The National Qualifications Framework**

The post-registration programmes in midwifery and children's nursing are currently awarded either a Higher Diploma, Diploma or a Post Graduate Diploma by the providing university. The National Qualifications Authority of Ireland (NQAI) introduced a National Framework of Qualifications in 2003. The establishment of the framework is a very exciting development as it addresses the long standing problem of lack of coherence in further and higher education awards in Ireland. The need for an integrated system of qualifications arises in the main from the national objective of moving towards a life long learning society. The NQAI Framework is intended to encompass all education and training awards in Ireland including awards made by the seven Universities.

An Bord Altranais is currently conducting, in consultation with the NQAI, a pilot study to explore and advise on the development of a framework of qualifications for nursing and midwifery. The Expert Group, conscious of these new developments, believes that some discussion should take place regarding the position of the new programmes within the NQAI framework.

**41 The Expert Group recommends that the Department of Health and Children initiate discussions between the relevant parties with regard to the level at which the post-registration midwifery and children's nursing education programme will be accredited within the National Qualification Authority of Ireland (NQAI) Framework.**

## 4.6 Summary

This chapter has presented the case for continuing with both post-registration children's nursing and midwifery programmes. In both instances there appears to be a requirement to remodel the programmes in order to attract new recruits. Attention has been focussed on the need to ensure students currently in the system are not adversely effected by the proposed changes.

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## CHAPTER 5

# Managing Change

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### 5.1 Introduction

This part of the report sets out to describe the structures and processes required to manage the changes recommended and deals with the broad financial implications related to these proposals. The Expert Group believes that partnership is the key to successful transition and, as such, has identified structures at local and national level, which need to be put in place as soon as possible.

### 5.2 Financial Implications

The costs outlined in this chapter refer to the estimated annual recurrent revenue costs of the programmes. Issues such as capitation fees, staff development funding, third level interim rental costs and potential capital costs associated with implementing the new programmes are the subject of separate discussions between the Department of Health and Children and the Conference of Heads of Irish Universities (CHIUI).

The Expert Group decided to adopt, in principle, the funding mechanism which was agreed for the General, Psychiatric and Intellectual Disability Nursing Degree Programmes which transferred into the third level sector in 2002. The Group recommends the approval of the following posts (all salaries calculated at 2005 prices):

- Midwife/Nurse Practice Development Co-ordinator posts for the participating maternity and children's hospitals, where one does not already exist, i.e. eight posts. It is recommended that the co-ordinators be approved with effect from 1 January, 2005 resulting in a full year cost in 2005 of €0.464m.
- Clinical Placement Co-ordinator posts, on a 1:15 ratio for the midwifery degree programme and a 1:30 ratio for the children's/general nursing degree programme. It is recommended that the first co-ordinators (two per site) be approved with effect from 1 July 2005. The number of posts approved will increase from 22 in 2005 at a cost of €0.566m to 55 posts in 2010 at a cost of €2.830m.
- 0.5 Allocation Liaison Officer post in each of the seven maternity hospitals and in the four children's hospitals with effect from 1 April, 2005. The cost of these posts in 2005 will be some €0.214m. The full year cost from 2006 onwards will be €0.292m.

### 5.3 Student Supports

The Expert Group recommends that students on the new pre-registration midwifery and integrated children's/general nursing degree programmes be entitled to the same supports as nursing students on the other pre-registration nursing degree programmes as follows:

- once-off uniform allowance of €203, which will result in an annual cost of €0.051m; and
- payment of the external clinical placement allowance. The costs associated with the payment of the travel and accommodation allowances under this initiative are estimated to be in the region of €0.152m in 2005 rising to some €0.455m when the programme has a full student complement.

## 5.4 Internship

Students will be required to undertake a 34-week internship (exclusive of annual leave) at the end of the programme. Students will receive 80% of the first year staff nurse salary. The cost associated with the internship (based on January 2005 salaries) is estimated at €2.5m in 2009 rising to €2.84m in 2010 onwards.

## 5.5 Sponsorship Programme

The cost of the proposed four additional sponsored places is estimated at €0.030m in 2005 and €0.115m in 2006 onwards.

## 5.6 Preceptorship, Teaching and Assessing

The cost of providing preceptorship programmes for all nurses who support nursing students is estimated at €0.550m per annum over four years.

**Table 11: Estimated additional revenue cost of clinical and student supports**

Item	2005 €	2006 €	2007 €	2008 €	2009 €	2010 €
Midwife/Nurse Practice Development Co-ordinator posts	0.464	0.464	0.464	0.464	0.464	0.464
Clinical Placement Co-ordinator posts	0.566	1.268	1.697	2.237	2.742	2.828
Allocations Liaison Officer posts	0.214	0.292	0.292	0.292	0.292	0.292
Uniform Allowance	0.051	0.051	0.051	0.051	0.051	0.051
External Clinical Placement Allowance	0.152	0.303	0.455	0.455	0.455	0.455
36 Week Internship (inclusive of annual leave)	0	0	0	0	2.493	2.840
Sponsorship	0.029	0.115	0.115	0.115	0.115	0.115
Preceptor/Teaching and Assessing	0.550	0.550	0.550	0.550	—	0
<b>Total</b>	<b>2.026</b>	<b>3.043</b>	<b>3.624</b>	<b>4.164</b>	<b>6.612</b>	<b>7.045</b>

## 5.7 Local Joint Working Groups

The *Nursing Education Forum* (2000) initially conceived the idea of local joint working groups on nursing education. The purpose of these groups is to plan for the transition by providing a strategic overview of the change process, monitoring progress and addressing partnership issues as they arise (p. 48). The groups are organised around higher education institutions in association with the affiliated health service providers. Each local joint working group has a project manager who is designated with responsibility



for managing change at local level. The project manager reports progress at regular intervals to the local joint working group. Members of the Expert Group agreed that this particular structure has worked well for the existing pre-registration nursing programmes, and that it should now be expanded to manage the proposed changes to pre-registration midwifery and children's/general nursing degree programmes.

**42 The Expert Group recommends that the existing local joint working group structure be extended to include managing the transition to the pre-registration midwifery and integrated children's/general nursing degree programmes.**

**43 The Expert Group recommends that the existing project managers' contracts be extended for a period of one year to facilitate the transition of the pre-registration midwifery and integrated children's/general nursing degree programmes.**

## 5.8 Memorandum of Understanding

The purpose of a memorandum of understanding in this instance is to establish a collaborative framework for the provision of the undergraduate pre-registration midwifery and integrated children's/general nursing programmes. This provides a mechanism for ensuring that roles and responsibilities are clarified in advance of the programmes commencing. It can also provide a process for redress by any of the parties in the event of difficulties occurring. The Expert Group agrees that in line with the *Nursing Education Forum* (2000 p. 44), the Memorandum of Understanding should address the following issues:

- partnership arrangements;
- co-operative structures;
- joint working groups;
- student health and security screening;
- registration;
- programme content;
- clinical placements;
- assessment methodologies and clinical placements;
- academic approval/accreditation;
- student welfare and code of conduct;
- joint appointments;
- review; and
- notice to terminate the agreement.

The Expert Group is aware that there were certain delays in relation to signing the Memorandum of Understanding for the existing pre-registration degree programmes and emphasises that every effort should be made to ensure that the memoranda for the new programmes are finalised in time for the start of the programmes.

- 44 The Expert Group recommends that, before the start of the new programmes, a Memorandum of Understanding be drawn up and signed by each university and its related health service provider(s).**

## **5.9 Assimilation of Midwifery Teachers/Children's Nurse Teachers**

The Commission (1998) recognised that the transfer of pre-registration nursing education had implications for the future career paths of existing nurse teachers. The *Nursing Education Forum* (2000) emphasised that nurse teachers should continue to have a pivotal role in the provision of pre-registration nursing education. Hence, the commencement of the undergraduate pre-registration nursing degree programme in 2002 was conditional in part on the transfer of an adequate number of nurse teachers from the health sector to the education sector. The Department of Health and Children brokered agreements between the higher education institutions and the nursing unions to enable this transfer take place. Under these agreements, nurse teachers (including Principal Tutors) with Master's degrees were assimilated into the lecturer salary scale of their higher education institution. The assimilation applied on a once-off basis to nurse teachers employed in the pre-registration schools of nursing immediately prior to the commencement of the degree programme.

There are seven schools of midwifery and three schools of children's nursing delivering the post-registration programmes in their respective speciality. The schools are currently staffed with approximately 40 midwifery tutors and 20 children's nurse teachers and most are educated to Master's degree level. Each school of midwifery has a principal midwifery tutor. Two of the three schools of children's nursing have a principal tutor and the third is incorporated into the College of Nursing/Centre for Nurse Education at the Adelaide and Meath Hospitals incorporating The National Children's Hospital at Tallaght. The teaching staff in both areas are actively involved in the clinical sites. In some cases midwifery tutors are associate lecturers with the university. The Expert Group is anxious that midwifery and children's nurse teachers involved in teaching midwifery or children's nursing care should remain up-to-date and competent in their chosen area of practice. This competence may be maintained and further developed through clinical practice, clinical teaching or assessment, or through clinical research. This would require the third level institutions to examine opportunities for lecturers in midwifery and children's nursing to maintain links with clinical areas in consultation with the relevant health service providers.

- 45 The Expert Group recommends that all midwifery teachers and children's nurse teachers, holding the appropriate qualifications or engaged in a programme leading to an appropriate qualification within an agreed timeframe, be afforded the opportunity to transfer or assimilate into the relevant third level institutions in time for the commencement of the pre-registration midwifery and integrated children's/general nursing degree programmes.**

- 46 The Expert Group recommends that third level institutions examine opportunities for lecturers in midwifery and children's nursing to maintain links with clinical areas in consultation with the relevant health service providers.**

- 47 The Expert Group recommends that third level institutions and the associated health service providers pro-actively examine opportunities for joint appointments.**

The Expert Group is acutely aware that the role and function of a midwife and children's nurse teacher is substantially different from that of a lecturer in University. In this regard the Expert Group is anxious that teachers who transfer to Universities would be afforded a formal opportunity to become familiar with the new environment and working practices.

**48 The Expert Group recommends that all midwifery teachers and children's nurse teachers who transfer or assimilate to the third level institutions be provided with a formal induction programme to facilitate their integration into this sector.**

The Expert Group notes that the *Nursing Education Forum* (2000) emphasised the need for third level institutions to ensure that appropriate structures were in place for the effective management and delivery of the programmes. In this regard the *Nursing Education Forum* (2000) echoed the recommendation of The Commission (1998) that a faculty, school or department of nursing, led by a nurse be established in each of the institutions delivering undergraduate nursing programmes. The Expert Group endorses these recommendations and also notes that such structures are now in existence and appropriate appointments have been made. Given the distinct nature of midwifery as a profession, the Expert Group is of the view, that for the future, the position as head of faculty, school or department of nursing and midwifery should be open to both nurses and midwives.

**49 The Expert Group recommends that the head of the faculty, school or department of nursing and midwifery should be either a nurse or a midwife.**

## 5.10 Centres of Education

The Expert Group fully accepts that making recommendations in relation to continuing education is beyond its terms of reference. However, the recommendations made by the Group, if implemented, will leave a void in the provision of continuing education for both professions. The Group is particularly concerned that measures be taken to ensure that the existing Higher Diploma in Nursing (Neonatal and Intensive Care) continues. In this regard the need to drive the further development of Centres of Education in tandem with the implementation of this report is emphasised.

**50 The Expert Group recommends that discussions take place regarding the integration of continuing education for midwifery and children's nursing into Centres of Education where appropriate.**

## 5.11 Implementation of the Recommendations

There can be no action without a plan. The ultimate success of the proposals outlined in this report is dependent on their implementation in a coherent and strategic manner. The collaborative process has been at the core of work to date. A sustained focus on partnership between stakeholders can lead to a greater appreciation of each other's role and function. It is now imperative that this partnership continues in a collegial and respectful manner. With this in mind the Expert Group is keen that a national committee representative of key stakeholders be convened to oversee the implementation of the changes proposed in the report. This will also provide a process for sharing of experiences and developing a national position in relation to the interpretation and implementation of recommendations, as appropriate.

**51 The Expert Group recommends that a national committee, chaired by the Department of Health and Children, be established to oversee the implementation of the recommendations set out in this report.**

## **5.12 Conclusion**

This report details the deliberations and conclusions of the Expert Group on Midwifery and Children's Nursing. The report represents a further and significant step in the implementation of the *Report of the Commission on Nursing* (1998) and, indeed, the continued commitment of the Department of Health and Children to the development of nursing and midwifery.

A new and dynamic model of pre-registration education is proposed for both professions. These changes are needed to create a workforce capable of meeting the needs of an increasingly diverse population in an ever-changing healthcare environment. The challenges ahead are exciting; however, no challenge is more exciting than translating strategy into action and driving improvements in patient care.

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## APPENDIX ONE

# Membership of Expert Group

<b>Chair</b> <b>Dr. Siobhan O'Halloran</b> Head of School of Nursing	Health Studies and Applied Science Dundalk Institute of Technology
<b>Secretariat</b> <b>Ms Adrienne Brunty</b> Executive Officer	Nursing Policy Division Department of Health and Children

## Members of Expert Group

<b>Professor Cecily Begley</b> Chair of Nursing and Midwifery/Director	School of Nursing and Midwifery Studies University of Dublin, Trinity College
<b>Ms Mary Boyd</b> Director of Nursing and Midwifery	National Maternity Hospital Holles Street
<b>Ms Carmel Bradshaw</b> Chair of the National Midwifery Tutors Group	School of Midwifery St Munchins Regional Maternity Unit Limerick
<b>Ms Helen Byrne</b> Chief Officer	Council for Children's Hospital Care
<b>*Ms Ruth Carmody</b> Principal Officer	Third-level Division Department of Education and Science
<b>Ms Una M. Carr</b> Divisional Midwife/Nurse Manager	University College Hospital Galway
<b>Ms Margaret Carroll</b> Lecturer in Midwifery	School of Nursing and Midwifery Studies University of Dublin, Trinity College
<b>Ms Maura Connolly</b> Matron/Operations Manager	The National Children's Hospital A.M.N.C.H.
<b>Ms Deirdre Daly</b> Principal Midwife Teacher	The Rotunda Hospital

<b>*Ms Ann Donovan</b> Acting Director of Nursing	Adelaide and Meath Hospital incorporating The National Children's Hospital
<b>Mr Liam Doran</b> General Secretary	Irish Nurses Organisation
<b>Ms Mary Duff</b> Director of Nursing and Midwifery Services	Our Lady of Lourdes Hospital Drogheda
<b>Ms Mary Godfrey</b> Paediatric Nurse Adviser	Nursing Policy Division Department of Health and Children
<b>Ms Margaret Graham</b> Lecturer, Course Leader Midwifery	Department of Nursing and Midwifery School of Health Sciences University of Limerick
<b>Sr. Antoinette Kelleher</b> Principal Tutor	Our Lady's Hospital for Sick Children Crumlin
<b>Ms Mary Kerr</b> Deputy Chief Executive	Higher Education Authority
<b>Ms Pauline Lambert</b> Acting Principal Tutor	Children's University Hospital Temple Street
<b>Ms Patricia Larkin</b> Midwifery Adviser	Nursing Policy Division Department of Health and Children
<b>Ms Denise Lawler</b> Midwifery Tutor	School of Midwifery Coombe Women's Hospital
<b>Ms Ann Martin</b> Midwife	University College Hospital Galway
<b>Ms Colette McCann</b> Nurse Manager for Women's and Children's Services	Our Lady of Lourdes Hospital Drogheda
<b>Prof. Geraldine McCarthy</b> Head of School of Nursing and Midwifery	School of Nursing and Midwifery University College Cork
<b>*Mr Kevin McCarthy</b> Principal Officer	Third-level Division Department of Education and Science
<b>Ms Mary McCarthy</b> Chief Nursing Officer	Nursing Policy Division Department of Health and Children
<b>Ms Audrey Moran</b> Acting Director of Midwifery	Erinville Hospital Cork
<b>Ms Kathy Murphy</b> Head of Centre for Nursing Studies	Centre for Nursing Studies National University of Ireland, Galway

<b>Mr Gerry Dwyer</b> Chief Executive Officer	Our Lady's Hospital for Sick Children Crumlin
<b>Ms Ita O'Dwyer</b> Director of Midwifery and Nursing	Coombe Women's Hospital
<b>Ms Rita O'Shea</b> Director of Nursing	Children's University Hospital Temple Street
<b>Ms Kay O'Sullivan</b> Director of Nursing	Cork University Hospital
<b>Ms Margaret Quigley</b> Assistant Director of Nursing and Midwifery	Limerick Regional Maternity Hospital
<b>Ms Nora Mansell Quirke</b> Principal Midwife Teacher	College of Midwifery, St. Finbarr's Hospital Cork
<b>Ms Geraldine Regan</b> Director of Nursing	Our Lady's Hospital for Sick Children Crumlin
<b>Ms Anne-Marie Ryan</b> Chief Education Officer	An Bord Altranais
<b>Ms Simonetta Ryan</b> Principal Officer	Nursing Policy Division Department of Health and Children
<b>Prof. Pearl Treacy</b> Professor of Nursing	School of Nursing Studies and Midwifery University College Dublin
<b>Ms Pauline Treanor</b> Director of Midwifery/Nursing	The Rotunda Hospital
<b>Ms Sandra Walsh</b> Assistant Principal	Nursing Policy Division Department of Health and Children
<b>*Ms Mary Wynne</b> Acting Director of Nursing	Adelaide and Meath Hospital incorporating The National Children's Hospital

\*Ms Mary Wynne transferred to the ERHA on 8<sup>th</sup> November 2004 and was replaced by Ms Ann Donovan as a member of the Expert Group.

\*Mr Kevin McCarthy changed post in late November and Ms Ruth Carmody replaced him as a member of the Expert Group.



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## APPENDIX TWO

# Preceptorship/Teaching and Assessment in Clinical Practice

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### Core Learning Outcomes

Following completion of the programme the course participant will be able to:

1. Demonstrate an understanding of the changing nature of midwifery/nursing practice and related education.
2. Demonstrate knowledge of the structure and key elements of the four year/four and a half year degree programme.
3. Demonstrate an understanding of theories of teaching and learning and the principles of facilitating, teaching and assessment of learning as applied to the clinical learning environment.
4. Identify the characteristics of an effective learning environment and demonstrate awareness of the factors which facilitate or inhibit learning (*Guidelines on the Key Points that may be Considered when Developing a Quality Clinical Learning Environment*, An Bord Altranais 2003).
5. Discuss the concept of preceptorship and define the role and responsibilities of the preceptor in relation to supporting students through their clinical learning experience. Define the role and responsibilities of the preceptee.
6. Demonstrate an understanding of:—
  - (i) assessing competency in clinical practice and the knowledge required;
  - (ii) judging the achievement of competence;
  - (iii) completing documentation to reflect the level of competence achieved by individual students.
7. Demonstrate a working knowledge of the domains of competence documented in the Requirements and Standards for Midwife/Nurse Registration Education Programmes as published by An Bord Altranais.

