

NATIONAL COUNCIL for the  
PROFESSIONAL DEVELOPMENT of  
NURSING & MIDWIFERY

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2



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"THE COUNCIL EXISTS TO PROMOTE AND DEVELOP THE PROFESSIONAL ROLE OF NURSES AND MIDWIVES IN ORDER TO ENSURE THE DELIVERY OF QUALITY NURSING AND MIDWIFERY CARE TO PATIENTS/CLIENTS IN A CHANGING HEALTHCARE ENVIRONMENT."



National Council for the  
Professional Development  
of Nursing and Midwifery

Cannas Náisiunta na Fíoiseoirí  
Gairmeil le Banaíochtaí  
agus Bean ghlaine

# editorial

During the past few months a lot of progress has been made in furthering the aims of the National Council.

Continuing education is a central element in the professional development of all nurses and midwives. There are now new opportunities available to every nurse and midwife in the country to take part in educational programmes that will further their own careers and contribute to the development of the profession and of the health services. The National Council has available to it some funding for additional continuing educational initiatives. The criteria to be applied to funding these initiatives and the process to be followed in securing this funding are outlined in this newsletter.

From 1 May 2001, the Intermediate Pathway for the approval and appointment of Clinical Nurse Specialists (CNS) and Clinical Midwife Specialists (CMS) came into effect. This replaces the Immediate Pathway that was in place until the end of April. The newsletter contains a detailed description of the Intermediate Pathway. Applications should be made through the Nursing and Midwifery Planning and Development Units, or, where these are not yet in place, directly to the National Council.

Significant progress has been made in defining the criteria for accreditation of Advanced Nurse Practitioners (ANP) and Advanced Midwife Practitioners (AMP). The next issue of the newsletter (Autumn 2001) will contain the full document on the Framework for the establishment of ANP and AMP posts. In this issue, a shortened version of this document is provided by way of information.

To date five Nursing and Midwifery Planning and Development Units have been established. A series of regional meetings has been organised jointly between the National Council and the Units, involving all Directors of Nursing in the regions concerned. Details of these meetings and of future plans in this area are contained in this issue of the newsletter.

The National Council, in partnership with An Bord Altranais, is about to embark on a detailed review of the involvement of nurses and midwives in the prescribing of medical preparations. Details of this project are also outlined in this issue of the newsletter.

Details of all of these initiatives and the full text of the newsletter and any other documents are available on our website - [www.ncnm.ie](http://www.ncnm.ie) or directly from the National Council.

Finally, the month of May marked the retirement of Ms. Peta Taaffe, Chief Nursing Officer in the Department of Health and Children and a member of the National Council. She has, during her long career, made a major contribution to the development of Nursing and Midwifery. On behalf of the National Council I would like to take this opportunity to thank her for all her work and inspiration and to wish her a long and happy retirement.

Yvonne O'Shea, Chief Executive Officer.

# CONTINUING education for NURSES and MIDWIVES

Continuing education has a central role to play in the professional development of every nurse and midwife. Therefore it is important to develop the availability of continuing education for all nurses and midwives. Each nurse and midwife must engage in continuing professional development in order to acquire the new knowledge and competence, which will enable him/her to practice effectively in an ever-changing healthcare environment.

The prime responsibility for the provision and funding of continuing education lies with the health boards and the Nursing and Midwifery Planning and Development Units (NMPDUs). The National Council will provide additional funding in accordance with agreed criteria (see below). Individual or groups of nurses and midwives can work with their Directors of Nursing/Midwifery and/or service managers, and in partnership with the NMPDUs, to develop plans for continuing education programmes they would like to see provided in their region.

## Criteria and Processes for the Allocation of Additional Funding for Continuing Education

### 1. Definition of Continuing Education

“Continuing education is a lifelong professional development process that takes place after the completion of the pre-registration nurse education programme. It consists of planned learning experiences which are designed to augment the knowledge, skills and attitudes of registered nurses [and midwives] for the enhancement of nursing [and midwifery] practice, patient / client care, education, administration and research.” (An Bord Altranais 1994; Commission on Nursing 1998 6.11).

“The Commission on Nursing sees the need to develop and strengthen the availability of professional development for all nurses and midwives.” (Commission on Nursing 1998 6.11)

The Commission distinguishes between continuing education on the one hand and in-service training and specialist training on the other. In this light it comments that “continuing education ... might consist of education on developments in nursing and the treatment of patient groups.” (Commission on Nursing 1998 6.11)

## 2. Responsibility for Planning and Provision of Continuing Education

The prime responsibility for the provision and funding of continuing education lies with the health boards and in particular, with the Nursing and Midwifery Planning and Development Units. The role of the National Council is to provide additional funding in accordance with agreed criteria.

“In relation to continuing education, the Commission recommends that the Nursing and Midwifery Planning and Development Units would have responsibility for overseeing the detailed provision of continuing nursing and midwifery education within a health board area. Such provision would range from running day seminars within individual institutions, to supporting nurses and midwives to undertake specialist education and courses accredited by the National Council. These Units would also have a role in fostering nursing and midwifery research at Health Board level.” (Commission on Nursing 1998 6.21)

Additional funds will be allocated by the National Council to the Nursing and Midwifery Planning and Development Units, in response to submissions received from them in the form

of a plan for the provision of continuing education, in which the additional funding required from the National Council is clearly identified and justified.

“The Nursing and Midwifery Planning and Development Units would submit development plans to the National Council when applying for additional Development funding to support continuing nursing and midwifery education. These plans would be approved and funded by the National Council for up to three-year periods. Fees in respect of post-registration courses or bursaries to support students on post-registration courses would be paid by the Nursing and Midwifery Planning and Development Units according to the guidelines laid down by the National Council.” ( Commission on Nursing 1998 6.22 )

The role of the National Council in relation to continuing education is to “support additional developments in continuing education by health boards and voluntary organisations.” ( Commission on Nursing 1998 6.14 ).

“The National Council will be funded through the Department of Health and Children to assist health service providers financially in the development of specialist training and continuing nurse education programmes. The National Council would support additional developments in continuing nurse education by health boards and voluntary organisations. The National Council could also retain some discretionary funding to contribute to the organisation of seminars on professional issues by other organisations.” ( Commission on Nursing 1998 6.17 )

### 3. Criteria for the Allocation of Additional Support for Continuing Education from the National Council

The criteria for the funding of proposed programmes include the following:

- The programme will constitute a valuable learning experience and make a meaningful contribution to the professional development of the nurse or midwife involved
- The programme will contribute to the development of the knowledge, skills and attitudes of the nurses or midwife involved
- The programme will be part of the strategic development of the nursing and midwifery services provided in the area and as such relate to the needs of the service addressed within the service plan for the area and to health policy priorities
- The programme will enhance nursing and midwifery practice, patient/client care, patient/client education and/or the administration of nursing and midwifery practice
- The programme may be part of a programme designed to enhance nursing, midwifery and relevant health research
- Activities eligible for funding will include formal educational programmes, seminars, conferences, workshops and courses accredited by the National Council
- Priority will be given to programmes designed to enhance equity of access to educational opportunities and to provide development opportunities in areas that would not otherwise be viable or that would not be funded by other agencies

## 4. Process for Approval of Additional Funding for Continuing Education by the National Council

All additional funding for continuing education provided by the National Council will be channelled through the Nursing and Midwifery Planning and Development Units. The process for approval will consist of the following steps -

- 1 Submission of plans by each of the Nursing and Midwifery Planning and Development Units. The submission will include -
  - A description of the programmes for which funding is required
  - A description of the outcomes to be achieved
  - An outline of the method to be used to evaluate the effectiveness of the programme
  - A description of the method of reporting back to the National Council on the results of the programme
  - A detailed description of the costs involved and the funding required
- 2 Review and assessment by the Executive of the National Council of the plans submitted in line with the criteria outlined for the allocation of additional funding
- 3 Report on proposals for funding prepared by the Executive and submitted for approval to the National Council
- 4 Funding allocated to approved programmes

## References

Government of Ireland (1998) *Report of the Commission on Nursing A Blueprint for theFuture*. Dublin: Stationery Office.

An Bord Altranais (1994) *The Future of Nurse Education and Training in Ireland*. Dublin: An Bord Altranais.

# CLINICAL NURSE/midwife specialists intermediate pathway

Applications for approval of Clinical Nurse Specialist/Clinical Midwife Specialist (CNS/CMS) posts are now being processed under the intermediate pathway. These should be sent by the Director of Nursing/Midwifery (or other appropriate manager) to the Director of the Nursing and Midwifery Planning and Development Unit (NMPDU) in the relevant health board. Where no Director of a NMPDU has been appointed, applications may be sent directly to the National Council.

## Introduction

There has been a growth in specialisation in nursing and midwifery worldwide. Specialisation in nursing and midwifery in Ireland has developed in the absence of a national framework. The Commission on Nursing recognised the need for a coherent approach to the progression of specialisation and the development of a clinical career pathway in nursing and midwifery. This function is vested in the National Council for the Professional Development of Nursing and Midwifery.

In recognition of nurses and midwives already functioning as clinical nurse/midwife specialists, an Immediate Career Pathway for confirming such nurses and midwives into Clinical Nurse Specialist/Clinical Midwife Specialist (CNS/CMS) posts was developed. The closing date for applications under this pathway was 30th April, 2001. In future all CNSs/CMSs will be required to have a minimum of five years post-registration experience, two years experience in the specialist area of clinical practice, basic competence level and a post-graduate diploma in clinical practice (Future Career Pathway). This will require further development of educational programmes to meet developing health service needs. In the interim an Intermediate Career Pathway has been developed. The Intermediate Career Pathway came into effect on 1st May 2001 and is the process through which CNS/CMS posts are developed and approved, and suitably qualified nurses and midwives appointed into these posts (Appendix I). This process involves partnership between service providers, the Nursing and Midwifery Planning and Development Units (NMPDU), the Department of Health and Children, the health boards and the National Council.

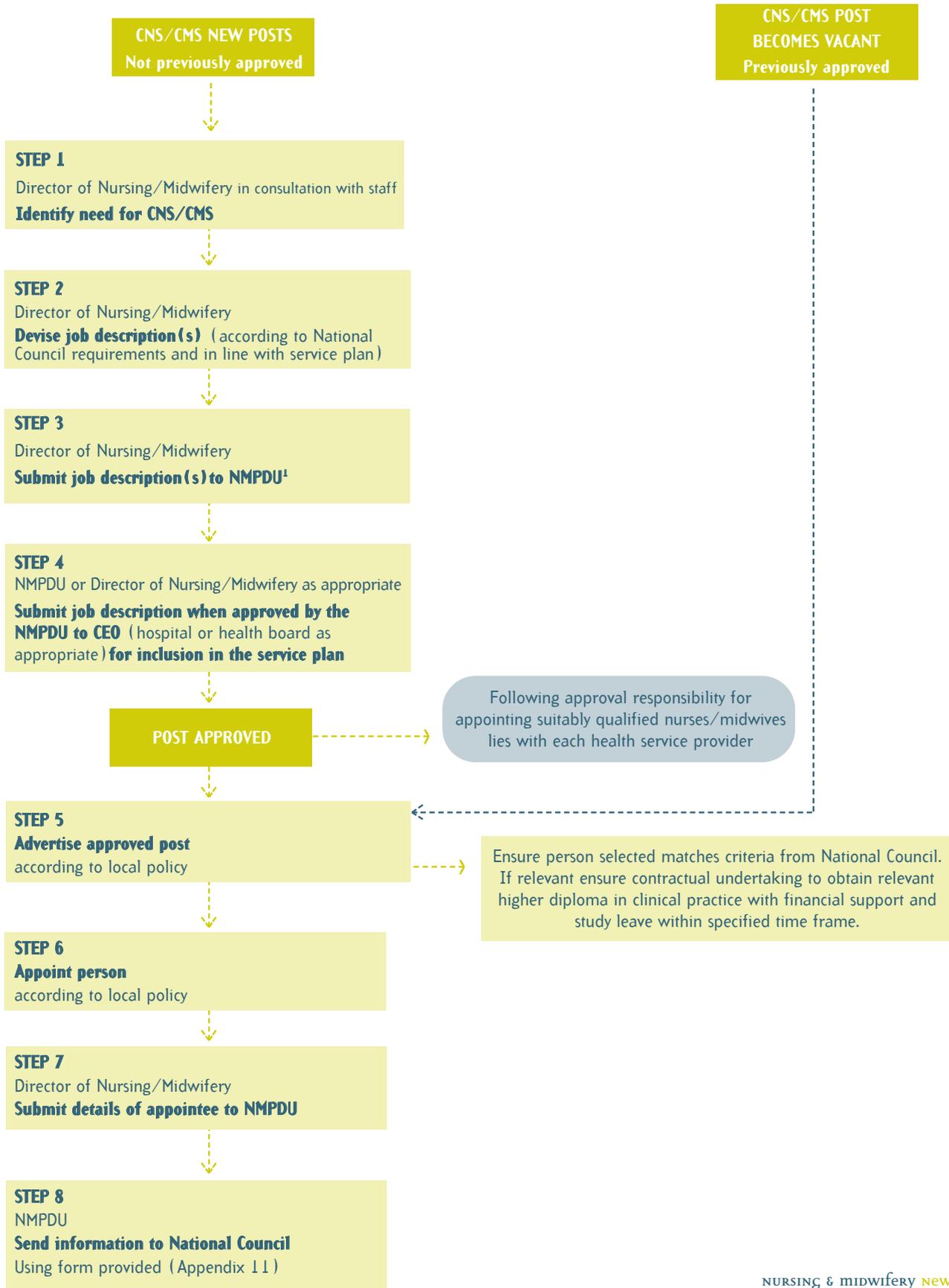
## Intermediate Process for Approval of CNS/CMS Posts

The Report of the Commission on Nursing recommended the following process for the creation of CNS/CMS posts (1998 6.59, p111):

- the Director of Nursing/Midwifery in consultation with nurse [/midwife] managers (first line and middle), would identify the need for developing a number of CNS [/CMS] posts for specified areas within their own organisation
- a detailed job description would be devised outlining the requirements (experience and education) specified by the National Council and the appropriate reporting relationship for the post holder
- a plan for the development of such posts would be prepared (based on service needs and the criteria set down by the National Council and guidance from the Nursing and Midwifery Planning and Development Unit) for each health board area
- the senior nurses and midwives for each organisation would submit their plans to the Nursing and Midwifery Planning and Development Unit<sup>1</sup>
- the plans and job specification submitted would be reviewed by the Nursing and Midwifery Planning and Development Unit in consultation with senior nursing [and midwifery] and general management. This would ensure that a cohesive plan for the regional development of posts was put forward
- the agreed plans would be submitted for approval to the Chief Executive of the hospital or health board, as appropriate and
- the hospital or health board would submit the plan to the Department of Health and Children for approval.

The diagram overleaf is a schematic representation of this process.

# Process for Appointment of Clinical Nurse Specialists/Clinical Midwife Specialists



## CRITERIA FOR POSTS

(See Appendix III)

1. The post must arise from an identified health service need.
2. The area of specialty is a defined area of nursing or midwifery practice requiring the application of specially focused knowledge and skills, which are necessary to improve the quality of patient/client care.
3. The post must have a major clinical focus, incorporating assessment, planning, delivery and evaluation of care given to patients/clients and their families in hospital, community and outpatient settings.
4. The post will allow for its holder to make alterations in prescribed clinical options.
5. The post will involve working closely with medical and para-medical colleagues.
6. The post requires participation in nursing/midwifery research and audit.
7. The post involves being an advocate for the patient/client.
8. The post involves being a consultant in education and clinical practice both to nursing/midwifery colleagues and the wider multidisciplinary team.
9. The reporting relationship on professional nursing and midwifery matters must be to a nursing/midwifery manager.<sup>2</sup>

## CRITERIA FOR CLINICAL NURSE/ MIDWIFE SPECIALISTS

(See Appendix III)

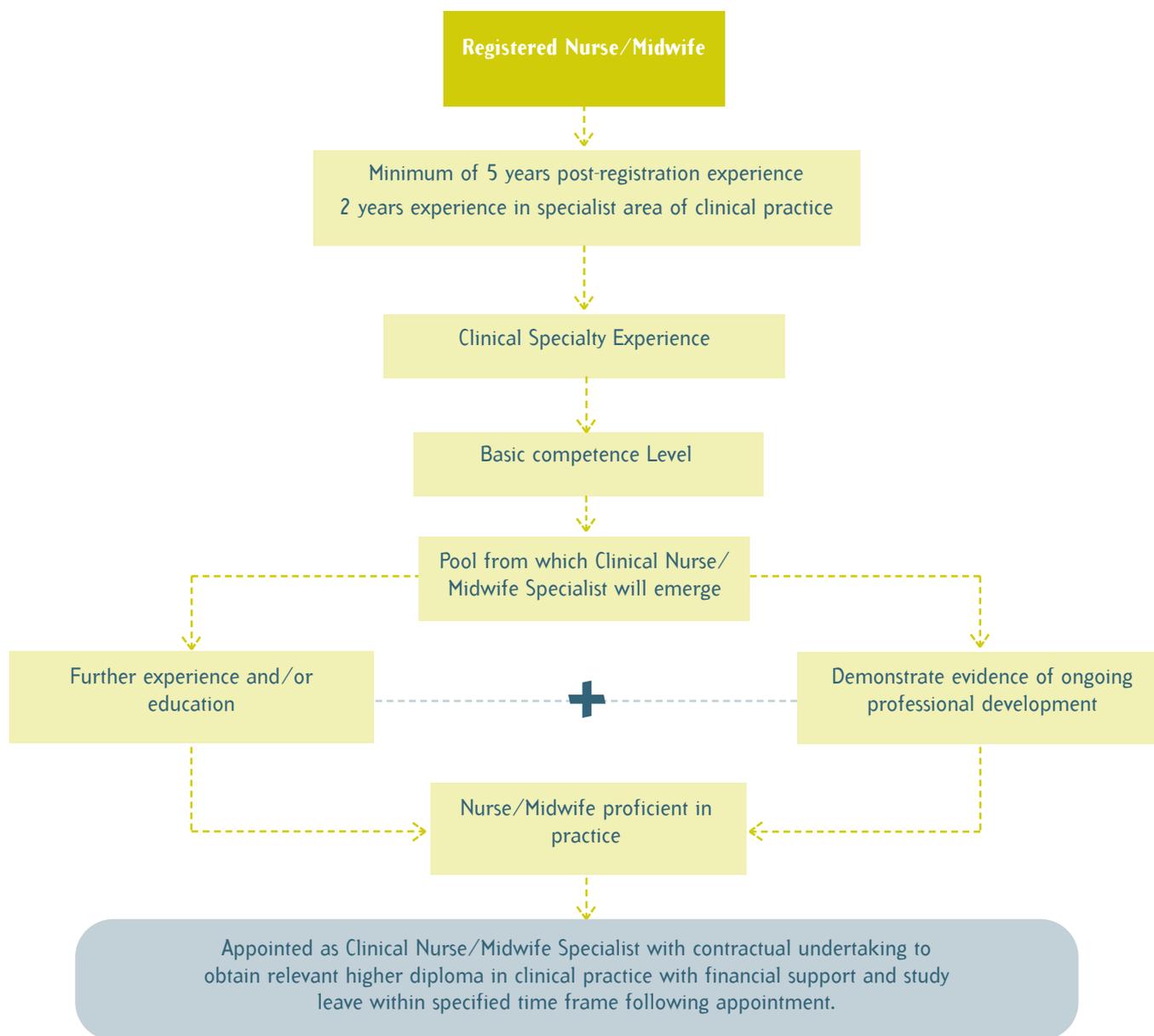
1. The person must be a registered nurse/midwife.
2. The person must be registered in the division in which the application is being made. *In exceptional circumstances, which must be individually appraised, this criterion may not apply.*
3. The person must have extensive experience and clinical expertise, i.e. a minimum of five years post-registration experience (following registration either in midwifery or in the division of nursing in which the application is being made) including a minimum of two years experience in the specialist area.
4. The person must be competent, i.e. the person must have the ability to practice safely and effectively fulfilling his/her professional responsibility within his/her scope of practice (An Bord Altranais 2000).
5. The person must demonstrate evidence of continuing professional development.
6. The person must be educated to higher diploma level or above. If the appointed candidate is not educated to higher diploma level, he/she must undertake a contractual agreement to obtain a relevant higher diploma. Credit must be given for prior education, learning and experience.

# APPENDIX I

## INTERMEDIATE pathway

### Intermediate Career Pathway for Clinical Nurse/Midwife Specialist

Criteria for nurses/midwives suitably qualified to go forward for consideration as CNS/CMS. Specialist posts **must match** the definition of CNS/CMS as described by The National Council for the Professional Development of Nursing and Midwifery



# APPENDIX II

## CNS/CMS INTERMEDIATE PATHWAY POST AND POST HOLDER INFORMATION

To be completed by *Director of Nursing/Midwifery* and submitted to the *Nursing and Midwifery Planning and Development Unit* to sign and send to the National Council

### Post Details

Title of Post

(i.e. *Clinical Nurse/Midwife Specialist + title of specialty*)

Please indicate if this is

(a) A new post

(b) A previously approved post

If (b) state name of previous post-holder

Whole-time equivalent hours

Job description enclosed

Job profile enclosed

(If job profile is included in job description no need to enclose separately)

Name of organisation

Address of organisation

Health board

### Post Holder Details

First Name (s)

Last Name (s)

Maiden Name (if applicable)

Date of Birth

Gender

Female

Male

Registrable qualifications (Please insert year of initial registration in each division of the register as applicable)

Division

RGN

RPN

RM

RSCN

RMHN

PHN

RNT

Year

Number of years experience post-registration

(i.e. in the division in which the person is currently practising)

Number of years experience in specialist area

(i.e. in the specialty in which the person is currently practising)

# Courses undertaken

*(Managers must have verified original certificates of all education awards)*

Title of Award	Level of Award	Duration of Course	Awarding Body
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Title of Award	Level of Award	Duration of Course	Awarding Body

Evidence of continuing professional development *(please use separate sheet, if required, for any additional information)*

--

The person named has undertaken contractually to obtain a relevant higher diploma in clinical practice YES  NO

If yes, please supply details

--

Signature of Director of Nursing/Midwifery

--

Date

--

Address

--

Signature of Director of Nursing and Midwifery Planning and Development Unit

--

Date

--

# APPENDIX III

## DEFINITION AND CORE CONCEPTS OF CLINICAL NURSE OR MIDWIFE SPECIALIST

### Definition of the Role of Clinical Nurse or Midwife Specialist

A nurse or midwife specialist in clinical practice has undertaken formal recognised post-registration education relevant to his/her area of specialist practice at higher diploma level. Such formal education is underpinned by extensive experience and clinical expertise in the relevant specialist area.

The area of specialty is a defined area of nursing or midwifery practice that requires application of specially focused knowledge and skills, which are both in demand and required to improve the quality of client/patient care.

This specialist practice will encompass a major clinical focus, which comprises assessment, planning, delivery and evaluation of care given to patients/clients and their families in hospital, community and outpatient settings. The specialist nurse or midwife will work closely with medical and paramedical colleagues and may make alterations in prescribed clinical options along agreed protocol driven guidelines.

The specialist nurse or midwife will participate in nursing research and audit and act as a consultant in education and clinical practice to nursing/midwifery colleagues and the wider multidisciplinary team.

### Core Concepts of the Role of Clinical Nurse or Midwife Specialist

- **Clinical Focus:** The role of CNS/CMS must have a strong patient focus whereby the specialty defines itself as nursing<sup>2</sup> and subscribes to the overall purpose, functions and ethical standards of nursing (ICN 1992). The clinical practice role may be divided into two categories, direct and indirect care (Markham 1988, Kersley 1992). Direct care comprises the assessment, planning, delivery and evaluation of care to patients and their families, indirect care relates to activities that influence others in their provision of direct care.
- **Patient Advocate:** The CNS/CMS role involves communication, negotiation and representation of the client/patient values and decisions in collaboration with other professionals and community resource providers.
- **Education and Training:** The CNS/CMS remit for education and training consists of structured and impromptu educational opportunities to facilitate staff development and patient education (McCaffrey Boyle 1996). Each CNS is responsible for his/her continuing education through formal and informal educational opportunities thus ensuring continued clinical credibility amongst nursing, medical and paramedical colleagues.
- **Audit & Research:** Audit of current nursing practice and evaluation of improvements in the quality of patient care are essential. The CNS/CMS must keep up date with current relevant research to ensure evidence-based practice and research utilisation. The CNS/CMS must contribute to nursing research, which is relevant to his/her particular area of practice.
- **Consultant:** Inter and intra-disciplinary consultations both internal and external are recognised as part of the contribution of the clinical nurse specialist to the promotion of improved patient management.

## Addendum

Clinical specialisation in nursing is not a new phenomenon, early in its development professional nurses recognised that certain patients' or clients' needs required practitioners with more specific and specialised knowledge and skills than could be efficiently or effectively delivered through educational preparation at generalist level (ICN 1992). The domain of Clinical Nurse Specialist covers a variety of specialist areas of practice which span the seven broad band nomenclatures as described in the Report of the Commission on Nursing (1998), which reads as follows:

- **High dependency nursing, (this broad band might include areas such as coronary care, intensive therapy, [psychiatry] and neonatal intensive care nursing);**
- **Rehabilitation and habilitation nursing, (this broad band might include areas such as care of the elderly, spinal injuries and palliative care nursing);**
- **Medical/surgical nursing, (this broad band might include areas such as oncology, infection control, stoma care, neurosciences and anaesthesia nursing);**
- **Maternal and child health nursing, (this broad band might include areas such as parent craft, ultrasonography, paediatric cardiology and paediatric oncology nursing);**
- **Community health nursing, (this broad band might include areas such as health education and health promotion, family development and community psychiatry);**
- **Mental Health nursing, (this broad band might include areas such as addiction counselling and behaviour therapy); and**
- **Disability nursing, (this broad band might include areas such as sensory stimulation and challenging behaviour).**

The examples of sub-specialist areas given for each broad band area are for illustrative purposes. (Section 6.39 p107 Report of the Commission on Nursing 1998)

Specific core concepts define the common components of the practice of Clinical Nurse Specialist, while individual specialties encompass unique knowledge, skills and abilities of their own (Jasper 1994, Mc Sharry 1995, Bousfield 1997, Bamford & Gibson 1997, Armstrong 1999).

Paramount to the current and continuing development of the Clinical Nurse Specialist role is the demonstration of accountability, professional responsibility and service to the client/patient group.

The CNS/CMS definition should be sufficiently capacious to facilitate individual specialist activities from within and across all disciplines of the nursing profession in Ireland.

The definition and underlying concepts outline the desired level of knowledge, experience and abilities of this specific group of professionals. Orderly development of specialist nursing roles will play a significant part in expanding the depth, breadth and rigor of nursing knowledge and expertise (ICN 1992) thus contributing to the international body of professional nursing knowledge.

## References

- An Bord Altranais (2000) *Scope of Nursing and Midwifery Practice Framework*. Dublin: An Bord Altranais.
- Armstrong P. (1999) The role of the clinical nurse specialist. *Nursing Standard* 13(16), 40-42.
- Bamford O. and Gibson F. (1997) *Advanced Nurse Practitioner Project: The Role and Development of the Clinical Nurse Specialist*. London: Great Ormond Street for Children NHS Trust and University College London Hospitals Trust.
- Bousfield C. (1997) A phenomenological investigation into the role of the clinical nurse specialist. *Journal of Advanced Nursing* 25, 245-256.
- Government of Ireland (1998) *Report of the Commission on Nursing A Blueprint for the Future*. Dublin: Stationery Office.
- International Council of Nurses (1992) *Guidelines on Specialisation in Nursing*. Geneva: ICN.
- Jasper M.A. (1994) Expert: a discussion of the implications of the concept as used in nursing. *Journal of Advanced Nursing* 20, 769-776.
- Kersley K. (1992) The CNS: a personal perspective *Intensive and Critical Care Nursing* 2, 71-75.
- Mc Caffery Boyle D. (1996) Clinical Nurse Specialist in Hamric A., Sprogg J. and Hannon C. eds. *Advanced Nursing Practice. Integrated Approach*. Philadelphia: Saunders pp.299 - 336.
- Markham G. (1988) Special Cases. A broad look at the developing role of clinical nurse specialist. *Nursing Times* 4(3), 137-140.
- Mc Sharry M. (1995) The evolving role of the clinical nurse specialist. *British Journal of Nursing* 4(11), 641-646.

# ADVANCED NURSE PRACTITIONERS / ADVANCED MIDWIFE PRACTITIONERS

Advanced practice in nursing and midwifery has developed internationally and nationally. The Commission on Nursing recognised that promotional opportunities should be open to nurses and midwives wishing to remain in clinical practice and accordingly recommended a clinical career pathway leading from registration to clinical specialisation and to advanced practice (Commission on Nursing 1998 6.26). The establishment of this clinical career pathway is a function vested in the National Council for the Professional Development of Nursing and Midwifery.

The National Council has developed a definition and core concepts of the role of the Advanced Nurse Practitioner/Advanced Midwife Practitioner (ANP/AMP).

While nurses or midwives may conform to the definition or meet the accreditation criteria of ANP/AMP they will only be eligible to practise as an ANP/AMP where they are employed in an approved position. Each nurse/midwife must undergo the accreditation process of the National Council before he/she can use the title ANP/AMP.

Full details of the process for the establishment of ANP/AMP posts will be published in a separate document and will be circulated widely. This document will be available in the near future.

## Definition of the Advanced Nurse Practitioner/Advanced Midwife Practitioner

Advanced nursing and midwifery practice is carried out by autonomous, experienced practitioners who are competent, accountable and responsible for their own practice.

They are highly experienced in clinical practice and are educated to masters degree level (or higher). The post-graduate programme must be in nursing/midwifery or an area which is highly relevant to the specialist field of practice (educational preparation must include substantial clinical modular component(s) pertaining to the relevant area of specialist practice).

ANPs/AMPs promote wellness, offer healthcare interventions and advocate healthy lifestyle choices for patients/clients, their families and carers in a wide variety of settings in collaboration with other healthcare professionals, according to agreed scope of practice guidelines. They utilise sophisticated clinical nursing/midwifery knowledge and critical thinking skills to independently provide optimum patient/client care through caseload management of acute and/or chronic illness. Advanced nursing/midwifery practice is grounded in the theory and practice of nursing/midwifery and incorporates nursing/midwifery and other related research, management and leadership theories and skills in order to encourage a collegiate, multidisciplinary approach to quality patient/client care. ANP/AMP roles are developed in response to patient/client need and healthcare service requirements at local, national and international level.

ANPs/AMPs must have a vision of areas of nursing/midwifery practice that can be developed beyond the current scope of nursing/midwifery practice and a commitment to the development of these areas.

## Core Concepts of the Advanced Nurse Practitioner/Advanced Midwife Practitioner

- **Autonomy in Clinical Practice:** An autonomous ANP/AMP is accountable and responsible for advanced levels of decision making which occur through management of specific patient/client caseload. ANPs/AMPs may conduct comprehensive health assessment and demonstrate expert skill in the diagnosis and treatment of acute and/or chronic illness from within a collaboratively agreed scope of practice framework alongside other healthcare professionals. The crucial factor in determining advanced nursing/midwifery practice however is the level of decision making and responsibility rather than the nature or difficulty of the task undertaken by the practitioner. Read and Graves state (1994 p57):

*“When nursing [or midwifery] knowledge and experience continuously inform a practitioner’s decision making, even though some parts of the role may overlap the medical [or other healthcare professional] role, then that may be said to be advanced nursing [or midwifery] practice.”<sup>1</sup>*

- **Expert Practitioners:** Expert practitioners demonstrate practical and theoretical knowledge and critical thinking skills that are acknowledged by their peers as exemplary. They also demonstrate the ability to articulate and rationalise the concept of advanced practice. Education must be at master’s degree level (or higher) in a programme relevant to the area of specialist practice and which encompasses a major clinical component. This post-graduate education will maximise pre- and post-registration nursing/midwifery curricula to enable the ANP/AMP to assimilate a wide range of knowledge and understanding which is applied to clinical practice.

- **Pioneering Professional and Clinical Leadership:** ANPs/AMPs are pioneers and clinical leaders in that they may initiate and implement changes in healthcare service in response to patient/client need and service demand. They must have a vision of areas of nursing/midwifery practice that can be developed beyond the current scope of nursing/midwifery practice boundaries and a commitment to the development of these areas. They provide new and additional health services to many communities in collaboration with other healthcare professionals to meet a growing need that is identified both locally and nationally by healthcare management and governmental organisations. ANPs/AMPs participate in educating nursing/midwifery staff, and other healthcare professionals through role modelling, mentoring, sharing and facilitating the exchange of knowledge both in the classroom, the clinical area and the wider community.
- **Researcher:** ANPs/AMPs are required to initiate and coordinate nursing/midwifery audit and research. They identify and integrate nursing/midwifery research in areas of the healthcare environment that can incorporate best evidence based practice to meet patient/client and service need. They are required to carry out nursing/midwifery research which contributes to quality patient/client care and which advances nursing/midwifery and health policy development, implementation and evaluation. They demonstrate accountability by initiating and participating in audit of their practice. The application of evidence based practice, audit and research will inform and evaluate practice and thus contribute to the professional body of nursing/midwifery knowledge both nationally and internationally.

## References

Read S. Graves K. (1994) Reduction of Junior Doctors in the Trent Region: the Nursing Contribution. University of Sheffield: Sheffield Centre for Health and Related Research.

<sup>1</sup> Furthermore, Read and Graves (1994) state that “conversely, when a nurse is expected to perform routine technical tasks with no opportunity to exercise nursing knowledge or take autonomous decisions, then that is when a nurse becomes a doctor’s assistant.”

# NURSING AND midwifery PLANNING AND DEVELOPMENT UNITS

In considering the management of the health services, the Commission on Nursing (1998) recommended the establishment of Nursing and Midwifery Planning and Development Units (NMPDU) at health board level. Part of the role of the units would include overseeing the provision of continuing nursing and midwifery education for each health board area.

The general functions of the units are:

- Strategic planning and quality assurance of nursing and midwifery services;
- Co-ordinating the delivery of nursing and midwifery services and improving co-operation between health board and voluntary bodies in the delivery of nursing and midwifery services;
- Liaising with centres of nursing education in the provision of continuing education for nurses [and midwives] within the health board area;
- Working in partnership with the Chief Nursing Officer in the Department of Health and Children in planning/policy development of nursing and midwifery issues; and
- Assisting in improving internal communications with nurses and midwives in a health board area. (6.20)

## Directors of the Nursing and Midwifery Planning and Development Units

Five Directors of the Nursing and Midwifery Planning and Development Units have been appointed. Their locations are shown below:

Director	Health Board
Colum Bracken	North Eastern Health Board
Jim Brown	North Western Health Board
Mary Courtney	Western Health Board
Sheila O'Malley	Eastern Regional Health Authority
Joan Phelan	South Eastern Health Board

## Regional Meetings

The National Council places great importance on travelling to each health board area to meet nurses and midwives and to discuss issues relating to the professional development of nursing and midwifery. The National Council Executive meets the Directors of the NMPDUs on a monthly basis and has organised regional meetings with them and the local directors of nursing/midwifery. These regional meetings will take place biannually (spring and autumn) and are organised through the NMPDUs. The first series of meetings took place as follows:

Date of meeting	Health Board
5 April 2001	Western Health Board
12 April 2001	Eastern Regional Health Authority
17 May 2001	South Eastern Health Board
24 May 2001	North Western Health Board
6 June 2001	North Eastern Health Board

Topics presented included the role of the National Council, updates on CNS/CMS applications, the intermediate pathway, ANPs/AMPs, the role of the National Council in relation to the NMPDUs, and continuing education.

## Nurse and Midwife Prescribing Project

The National Council, in partnership with An Bord Altranais, is currently reviewing the involvement of nurses and midwives in the prescribing of medical preparations. This results from the Scope of Practice for Nursing and Midwifery Project.

The terms of reference for this review are as follows:

- Review of current practice, identifying relevant issues
- Review of appropriate international literature and experience
- Review of national and international legislation related to nurse and midwife prescribing
- Review of *Guidance to Nurses and Midwives on the Administration of Medical Preparations* (An Bord Altranais, 2000)
- Review of intra- and inter-professional boundaries and their implications for nurse and midwife prescribing
- Consideration of circumstances in which nurses and midwives might prescribe
- Identification of pilot sites suitable for the initiation of nurse and midwife prescribing
- Consideration of documentation necessary to support nurse and midwife prescribing
- Initiation and evaluation of nurse and midwife prescribing in pilot sites
- Produce detailed guidelines including a framework for nurse and midwife prescribing where appropriate.

## Nursing and Midwifery Research Strategy: Invitation To Comment

A national strategy for nursing and midwifery research is currently being developed under the chairmanship of the Chief Nurse, Department of Health and Children, in response to the Report of the Commission on Nursing (6.77). A representative group of key stakeholders has been meeting since June 2000.

A draft version of the Nursing and Midwifery Research Strategy is now available. Comments are invited on the draft strategy.

A copy of the draft version of the strategy is available from [www.ncnm.ie](http://www.ncnm.ie) or phone Ms Jennifer Hogan, Department of Health and Children, Tel: 01 6354046.

Please forward comments by 13 July 2001 to Ms Jennifer Hogan, Nursing Policy Division, Department of Health and Children, Hawkin's House, Dublin 2.

## Advertising Events

If you wish to advertise professional events on our website **free of charge**, please contact Mary Farrelly at the National Council giving the following details:

<b>Title of event</b>	
<b>Key speaker(s)</b>	
<b>Date of event</b>	
<b>Time of event</b>	
<b>Venue</b>	
<b>Organised by (hospital, health board, etc.)</b>	
<b>Contact person</b>	
<b>Contact phone number</b>	
<b>Contact fax number</b>	
<b>Contact email address</b>	
<b>Contact address</b>	
<b>Website</b>	

## Specialist Groups

Are you part of a specialist group of nurses or midwives? The National Council would like to hear about your group and its activities. We are willing to **host a web page** for your group so that others can hear about your groups' activities. For further details please contact Mary Farrelly at the National Council.

## National Council Website

The National Council website is now live at [www.ncnm.ie](http://www.ncnm.ie). Our website provides up-to-date information on National Council activities. National Council documents can be downloaded free of charge on the site.

*NATIONAL COUNCIL for the*  
PROFESSIONAL DEVELOPMENT of  
NURSING & MIDWIFERY  
NATIONAL CONFERENCE

**VENUE:** Jury's Hotel

21st November and repeated 22nd November 2001

**THEME:** Nursing and Midwifery - A Strategic Focus: What is the Strategic Contribution of Nurses and Midwives to the Health Services of the Future?

To apply for a place, please complete and return the booking form below.

*(Please note that places are limited)*

!

**National Council for the Professional Development of Nursing & Midwifery**  
**National Conference**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Tel. No. \_\_\_\_\_

Place of Work \_\_\_\_\_

Job Title \_\_\_\_\_

Please tick date you wish to attend 21st November  **OR** 22nd November

There is no charge for the conference.

**Return to:**

Conference Organiser

National Council for the Professional Development of Nursing and Midwifery

St Stephen's Green House

Earlsfort Terrace, Dublin 2

Tel 01 6767520/523 Fax 01 6767525

# members of the national council

Liam Dunbar	<b>Executive Chairperson</b>
Valerie Small	<b>General Nursing</b>
Maura Nash	<b>Mental Handicap Nursing</b>
Pearse Finegan	<b>Psychiatric Nursing</b>
Antoinette Doocey	<b>Public Health Nursing</b>
Aveen Murray	<b>Sick Children's Nursing</b>
Patrick Hume	<b>Care of the Elderly</b>
Anne Marie Moran	<b>Nurse Tutor</b>
Kathryn Mc Quillan	<b>Midwifery</b>
Jim Hough	<b>An Bord Altranais</b>
Eileen Kelly	<b>An Bord Altranais</b>
Mary Mc Carthy	<b>Senior Nurse Manager</b>
Marie Keane	<b>Health Services Employers Agency</b>
Hazel Daniels	<b>Health Services Employers Agency</b>
Peta Taaffe	<b>Dept of Health and Children</b>
Teresa Cody*	<b>Dept of Health and Children</b>
Michael Boland	<b>Medical Practitioner</b>
Pearl Treacy	<b>Third Level Institutions</b>
Cecily Begley	<b>Third Level Institutions</b>
Gerry McTaggart	<b>Third Level Institutions</b>

\* Bernard Carey, Department of Health and Children, has resigned from the National Council and in his place the Minister has appointed Ms Teresa Cody, Department of Health and Children.

**The National Council can be contacted at the following address -**  
The National Council for the Professional Development of Nursing and Midwifery  
St. Stephen's Green House,  
Earlsfort Terrace,  
Dublin 2.  
[www.ncnm.ie](http://www.ncnm.ie)