



Medcafe Collaboration to deliver GPN webinars

GR advised all reps that IPNA and Medcafe are going to collaborate together to deliver GPN webinars

MedCafe will organise and provide all technical requirements for each IPNA webinar and will source appropriate sponsorship for these webinars.

They will organise all aspects of speakers and content (if requested by the IPNA) and will host one IPNA webinar per month.

All 750 general practice nurse members will be able to access each live event and recording.

Topics of each webinar to include but not limited to: Immunisation, Cervical Screening, Women's Health, Osteoporosis and Chronic Disease Management.

MedCafe will not charge a service fee to the IPNA for hosting webinars but instead seek to share all revenue generated from sponsorship evenly between both organisations (50:50) once external costs are deducted (i.e. the application fee for CPD and the speaker fees).

CC Lim Nth Tipp voiced her agreement with this development as feels that local branch meetings can be heavily influenced by the sponsorship element at times. CD* Admin advised reps that she is currently creating a database of speakers for Medcafe to contact so if any of the branches have any recommendations for good speakers to please send her on those details.

MAIN POINTS OF LAST NEC MEETING HAD BEEN CIRCULATED TO ALL NEC REPS IN ADVANCE UPDATES FROM THAT MEETING AS FOLLOWS

Educational Meetings sponsored by Servier was held on 30th September and hosted by IPNA

Noeleen Fallon CNS Cardiac Rehab presented a talk on CVD prevention in General Practice Slides are available to IPNA members

Ruth Agar CNS Lipid Nurse also presented her talk on Lipid Management.

The IPNA has requested her slides but Ruth is awaiting GP Lipid guidelines to be published and will then share.

Educational Meeting sponsored by MPS

Diane Baylis; Introduction to Risk Management was held 22nd Oct; Over 100 GPNs attended and the IPNA have requested her slides to be sent. The IPNA can confirm the next Risk Management talk will be available Thursday 3 December "Managing conflict and difficult interactions" CD* Admin will share the details of this meeting with all IPNA members

Website upgrade with new Educational Hub is in development; this will give access to IPNA members to eLearning platform, educational webinars and educational resources which is relevant to the generalist specialised roles that GPNs carry out

IPNA were invited by Dept of Health to make a submission to Expert Review Body on Nursing and Midwifery;

SC Louth Meath requested more clarify on who this group is and what the review outlined. CD* Admin to attach relevant correspondence in relation to same to these minutes

Please see Appendix 1

Meeting held with Rachel Kenna Deputy Chief Nursing Officer Department of Health and NEC on 15.09.20





GR advised all reps that this meeting was positive and looked forward to engaging more with DOH to ensure GPNs role is visible, valued and supported. GR also passed on RK compliments to GPNs in their role in supporting primary care and general practice during COVID-19

Update re Educational Group and NEC re Post Grad Diploma

GR provided an overview to the background of this project, which started in 2018 when Roisin Doogue and Karen Canning representing IPNA collaborated with the ICGP and our PDCs to develop a standardised educational course for nurses new to general practice nursing. UCD were approached and expressed an interest in providing a course for primary care, IPNA and ICGP requested more of a general practice focus be applied to the course. The most recent meeting between IPNA, ICGP and UCD was held a week ago; IPNA had requested that one of the modules on the course be specific to general practice nursing and that also the name of the course would encompass GPN. Unfortunately, there was no agreement on this. Tanya King Chief Nursing Officer Dept of Health also attended the meeting and confirmed that the Department of Health will provide funding to 15 general practice nurses on the course which is starting in January 2021. GR Chairperson advised reps that the IPNA and ICGP will now be involved in reviewing the curriculum for the course. JS Wicklow advised the meeting that she completed a BSC Community Health and Health Promotion and similar to this proposed UCD programme would have had different HCPs completing it whose roles would have overlapped. KC Sth Dublin advised the meeting that on this proposed UCD course there is no designated strands for GPNs on the course and all 30 applicants (15 Community RGNs and 15 GPNs would be doing the same modules) OLM PRO acknowledged that while that was disappointing it was still subject to negotiation and the positive aspects of this collaboration is that funding has been secured for GPNs and the IPNA is involved in the development of the programme. PMQ PDC advised the meeting that the PDCs have been in contact with Walter Cullen UCD to recommend the programme does need to have more specifics in relation to General Practice Nursing, particularly in relation to the practical module on the course as Community RGNs won't be involved in venepuncture/cervical screening. PMQ PDC advised that the course will be open to those working in general practice so they will have experience and they suggested to Walter Cullen that in view of this the curriculum can be reviewed and expanded to encompass that. It was shared at the meeting that ultimately this is a positive collaboration for the IPNA to remain engaged in the process and acknowledged the support they have received from ICGP. KC Sth Dublin wanted it noted that this course will not lead to annotation. GR Chairperson outlined that until we achieve a Framework for the role of GPN this will not be achieved. The course is due to commence Jan 2021.

ASSOCIATION FINANCES

CD National Treasurer provided a summary of the accounts to reps. CD* admin apologised that a copy of the accounts had not be included in advance of the meeting and provided a summary of same at the meeting. She asked for reps to direct any queries regarding the summary to her directly. GR Chairperson thanked Christine for all her support during the year as National Treasurer as she is stepping down from the NEC

MEMBERSHIP UPDATE

Membership Update 765 MEMBERS





Provided by CD* admin and shared with reps, detailing the individual branch numbers. GR reminded reps that WQ has resigned her position as Membership Secretary and has kindly stayed on until a replacement is recruited to the post. The job description has been amended slightly to also encompass responsibility for maintaining and updating the website and looking after the association's social media. The hours have been increased to 15 hrs per week to support this. Interviews have taken place and negotiations are ongoing with the applicant. JC Vice chair advised reps that this offer is being made based on an initial contract of service x 3 months which can then be reviewed.

BRANCH ISSUES

Zoom meetings are being held by some branches ; CD* admin advised that if a zoom account was going to be used by branches for both the educational and business sections of the meeting we would need to look at upgrading each branch with an account due to time limits which needed consideration as the costs for this would be in excess of €3,000. However, if branches are happy to utilise the Medcafe webinars for their educational meetings the basic account on zoom will be sufficient for local branch meeting. Discussion ensued by reps with regards to how they are operating at the moment. It was agreed that each branch would use the free zoom accounts for their networking and business part of the meeting and use the monthly Medcafe webinars for their educational updates. CD* admin also advised that the monthly Medcafe webinars are recorded on their platform so branches can access this educational update at a time convenient for them all and then have their business meeting after via zoom. MH Wexford recommended a speaker that spoke at a recent diabetes conference and she will send CD* admin his contact details as a potential speaker for Medcafe. CD* admin asked branch reps to let her or Winnie know if they need assistance to set up a branch "Irish practice email" account. WQ Membership Secretary has been in contact with reps in relation to this and having standardised emails will support continuity for communication between branch officers. CD* admin reminded reps that there is an upcoming talk in Dec by MPS "Managing Conflict and Interactions" and she will share the details with all IPNA members in advance of same.

BRANCH ISSUES

CC Limerick/Nth Tipp asked if there was a IPNA national policy regarding appropriate content to be shared on local branch what's app groups? CD* admin advised that this was circulated previously to all members, and if requested can circulate it again. All NEC reps asked for this to be carried out. CC Lim Nth Tipp asked if it is appropriate for BLS training to be in progress during the current COVID-19 restrictions; PMQ PDC advised that mandatory training can still be performed; and the providers of any essential training should be adhering to COVID-19 Infection Prevention and Control guidelines as per HSE. JC Vice Chair advised that a lot of training is done on a blended learning basis and that practical training sessions have been adapted during the current climate.

MOTION FOR AGM

The NEC AGM Proposal had been circulated to all reps in advance of NEC meeting and has been shared with all IPNA members

JC Vice Chair provided an overview of the motion and presented a summary of the names that may be considered suitable if the motion for a name change is accepted





She emphasised the need for General Practice Nurse to be included in the title and that there needed to be some reference to Education in the new name. Suggestions as below were shared with all NEC reps

College

- College of General Practice Nurses in Ireland (CGPNI)
- Irish College of General Practice Nurses (ICGPN)
- General Practice Nurses College, Ireland (GPNCI)
- College of General Practice Nurse Professionals in Ireland (CGPNPI)

Network

- Irish Education Network of General Practice Nurses (IENGPN)

Academic

- Academic Association of General Practice Nurses in Ireland (AAGPNI)
- General Practice Nurses Academic Association of Ireland (GPNAAI)

Academy

- Academy of General Practice Nurses Ireland (AGPNI)
- Irish General Practice Nurses Academy (IGPNA)

Institute

- Irish Institute of General Practice Nurse Education (IIGPNE)
- Institute of General Practice Nurses of Ireland
- Irish Institute of General Practice Nurses

Fellowship

- Fellowship of General Practice Nurses in Ireland (FGPNI)

Faculty

- Faculty of General Practice Nurses in Ireland (FGPNI)

JC Vice Chair requested reps' opinions and feedback on the above names and asked if anyone at the meeting had any further suggestions. GR also confirmed that the logo will not be affected by the name change if the motion is passed.

KC Sth Dublin voiced her objection that there would be any name change agreed on during this meeting as she feels that members need to be consulted on this, GR suggested that the purpose tonight at the meeting is to get the top 3 preferred names from the NEC reps which could then be taken to a vote at the AGM

PMQ PDC suggested including Forum in the choices as it implies education.

SC Louth Meath asked if it was possible for all these names to be sent to all IPNA members via a survey and choose the top 4. CD* admin advised that the original plan had been to survey the NEC reps tonight for their top 4 choices which would then be shared at the AGM with all members.

Discussion ensued that the rationale for the motion was popular. It was felt that the title





Irish College of General Practice Nurses (ICGPN) might cause some confusion with ICGP and should not be an option

KC Sth Dublin suggested that General Practice Nurse should be at the beginning of the new name to ensure that the association is more easily found when doing an internet search. It was agreed to carry out a poll of the suggested names above with the NEC reps present and that CD*admin would then circulate the most popular name choices to all IPNA members in advance of the AGM. GR also asked all NEC reps to discuss this at their next branch meeting if its before AGM.

Election of Officers for AGM.

Nominations have been received as follows;

GR National Chairperson is stepping down.

NEC nominated Jane Campion National Vice Chair as National Chairperson

CD National Treasurer is stepping down

NEC nominated Mary Jordan as National Treasurer

Position of National Vice Chair will be available

Wicklow Branch nominated Una Butler as National Vice Chairperson

OLM PRO is stepping down

Carlow Branch nominated Theresa Lowry Lehnen as National PRO

Karen Canning Sth Dublin has put herself forward for National PRO

OLM advised the reps that she had approached Theresa Lowry Lehnen in relation to exploring her interest in her nomination for the position PRO so there are now two nominations for PRO.

GR Chair asked KC Sth Dublin if there may be a conflict of interest in her role as moderator of the "I am a GN PN FB page" and IPNA PRO role.

KC Sth Dublin does not feel this is relevant.

(Subsequent to the meeting the NEC received correspondence from KC Sth Dublin who also requested that all NEC reps present at the meeting received a copy of this email. (Please see same is attached **Appendix 2** with NEC officers reply **Appendix 3**)

CONFERENCE 2021

GG Clare Branch was unable to stay on at the meeting and to be further discussed at next NEC meeting

PDC Update was provided by PMQ PDC

The Primary Childhood Immunisation Programme is now live; details regarding same was sent to CD*admin and she will circulate same to all IPNA members.

In conclusion

GR thanked everyone for attending the NEC meeting

JC Vice Chairperson thanked GR National Chair for all her hard work and commitment to the IPNA over the last 3 years during her time at NEC level

Meeting closed at 845pm.

Main points of NEC meeting drafted by Caroline Daughton, IPNA Administrator.

Approved by Gillian Redmond, National Chairperson





APPENDIX 1

Date: August 2020

Dear Ms Redmond,

The Expert Review Body on Nursing and Midwifery was formed following Labour Court Recommendations No. LCR21900/21901. This Review Body is undertaking important work on the future of nursing and midwifery in the context of significant planned reform of our health services. The Review group is chaired by Dr Moling Ryan and is comprised of members representing professional expertise in nursing and midwifery, technology in healthcare, and staff and employer representatives. This review group's work will be further informed by submissions from a wide range of stakeholders. These submissions will be an important source of information from various perspectives to help inform the Review Body and assist it in developing recommendations as we implement reform of the healthcare service. The Expert Review Body is considering, in the context of the Labour Court agreement, the Public Service Pay Commission (2018) and the enhanced nurse/midwife role, how nurses and midwives will lead, practise and deliver a reformed healthcare service. The reform is built on a digitally enabled future aligned to the Sláintecare priorities.

For reference the three associated Sláintecare priorities are:

Priority 1 - Keep people well at home or near home, out of hospital, living independent lives.

Priority 2 - Devise a Citizen Care Masterplan for universal eligibility and multi-annual funding.

Priority 3 - Help achieve waiting list targets, through implementing the Capacity/Access Plan.

These priorities outline a significant change in the way healthcare is devised, funded, and delivered in Ireland. Nurses and Midwives, including senior grades, have a significant role to play in reforming the healthcare system and are essential for leading, achieving and sustaining systemwide change.

In thinking about nursing and midwifery practice for a digital future with service reform, the Expert Review Body invite your submission, at a limit of 200 words, and asks you consider the follow questions:

1. Nursing and midwifery leadership takes place at every level of the healthcare service. In the context of Sláintecare, the enhanced nurse/midwife contract (attached) and service reform generally, consider the key leadership capabilities required for the professions. Taking these capabilities into account, what consideration needs to be given to the scope and role, professional responsibilities and operational flexibilities of the nursing and midwifery professions to improve the quality and efficiency of service delivery in an integrated way?
2. What impact will the implementation of the enhanced nurse/midwife contract and service reform outlined in Sláintecare have on the current nursing and midwifery management grades; that is Clinical Nurse/Midwife Manager (1, 2 and 3), Assistant



Directors of Nursing/Midwifery, Directors of Nursing and Midwifery and Group Directors of Nursing/Midwifery? What supports and structures should be considered and put in place to allow nursing and midwifery management grades to further improve the quality and efficiency of service delivery in an integrated way?

3. In the context of service development and advances in technology to improve the delivery of healthcare, and in light of the considerations provided in response to questions 1 and 2, what are the education and development gaps that need to be addressed to continue to support nursing and midwifery leadership throughout the health services and enable management grades to meet reform expectations?
4. If there are any additional comments which you feel are useful for the Expert Review Body to consider, please include them at this point. Comments are requested to be brief and to keep within the total limit of 2000 words

The Expert Review Body requests that submissions are returned to the Secretariat by the 25th of September 2020. Either by email to expertreviewbody@health.gov.ie or by post to:

Ray Healy
Secretariat to Expert Review Body
Block 1, Miesian Plaza,
50 – 58 Baggot Street Lower,
Dublin 2, D02 XW14.

Please note that submissions may be included and published as part of the final report. Submission received that are above the word limit may not be considered.

For your reference, this invitation also includes the Expert Review Body's Terms of Reference, a sample of relevant job descriptions and a link to the HSE pay scale.

Kind regards,

Ray Healy
Secretariat to Expert Review Body



IPNA SUBMISSION TO DOH EXPERT REVIEW BODY ON NURSING AND MIDWIFERY

In thinking about nursing and midwifery practice for a digital future with service reform, the Expert Review Body invite your submission, at a limit of 2000 words, and asks you consider the follow questions:

Nursing and midwifery leadership takes place at every level of the healthcare service. In the context of Sláintecare, the enhanced nurse/midwife contract (attached) and service reform generally, consider the key leadership capabilities required for the professions. Taking these capabilities into account, what consideration needs to be given to the scope and role, professional responsibilities and operational flexibilities of the nursing and midwifery professions to improve the quality and efficiency of service delivery in an integrated way?

This year, 2020 has been designated the year of the Nurse and Midwife by the World Health Organization (WHO) and the International Council of Nurses (World Health Organisation, 2020a). The purpose of this designation is to recognise the significant contribution nurses and midwives make to population health internationally. The WHO acknowledges strengthening nursing in primary care settings will be a key driver in achieving health priorities including, equitable, universal health care for all. In a recent 2020 WHO document “Competencies for Nurses working in Primary Health Care 2020”; the key competencies are Patient Advocacy and Education, Effective Communication, Teamwork and Leadership; People Centred Care and Clinical Practice; Continuous Learning and Research.

The IPNA is actively engaging with other stakeholders to ensure a Leadership transformation program consisting of 3 phases is developed to support these competencies:

Phase 1 is in progress.

- Developing a leadership model for GPNs to be linked to desired outcomes of Sláintecare
- Building a pipeline of emerging leaders
- Be a catalyst for change by encouraging conversations about professional development and personal growth

Phase 2: will aim to nurture emerging and existing leaders and develop excellence in leadership capabilities.

- establishing leadership capability building program including workshops, coaching and mentorship
- develop entrepreneurial leaders
- building sustainable model

Phase 3: advocates for a leadership culture to exist

- professional development for leaders
- build in contingency for future leader recruitment

To determine an appropriate response to defining the scope and role, professional responsibilities and operational flexibilities of General practice Nurses a nationwide survey was developed and circulated by the IPNA in May 2020.



Please see Headline findings attached here and a full report is in progress.

<https://documentcloud.adobe.com/link/track?uri=urn:aaid:scds:US:c7584467-8f87-436b-9610-f9bc65d1b89d>

We must promote careers in general practice and ensure equal opportunities for GPNs to engage in and play leadership roles in implementation of national development programmes such as Sláintecare, the Primary Care Structured Chronic Disease Management Programme, Cervical Check, National Immunisation programme and relevant National clinical care programmes.

What impact will the implementation of the enhanced nurse/midwife contract and service reform outlined in Sláintecare have on the current nursing and midwifery management grades; that is Clinical Nurse/Midwife Manager (1, 2 and 3), Assistant Directors of Nursing/Midwifery, Directors of Nursing and Midwifery and Group Directors of Nursing/Midwifery? What supports and structures should be considered and put in place to allow nursing and midwifery management grades to further improve the quality and efficiency of service delivery in an integrated way?

Supports and structures include.

- Filling vacant professional development coordinator roles with the role supported, valued, and acknowledged
- Recognition of the role of general practice nurse within the Community Healthcare Network and Primary Care team as described in the 2019 GP Agreement document, and inclusion as a unique clinical nursing professional within these structures <https://www.hse.ie/eng/about/who/gmscontracts/2019agreement/agreement-2019.pdf>
- Enhancing links through supporting nursing consultation and direct referral pathways / lines of communication between all nursing professionals.

In the context of service development and advances in technology to improve the delivery of healthcare, and in light of the considerations provided in response to questions 1 and 2, what are the education and development gaps that need to be addressed to continue to support nursing and midwifery leadership throughout the health services and enable management grades to meet reform expectations?

We require

- Fully funded, standardised, formalized general practice nurse post graduate education
- Ensure access to clinical academic careers and advanced clinical practice programmes for general practice nurses
- Support pre-registration clinical placements to ensure engagement of future nurses with this unique clinical setting.

An ongoing challenge for GPNs is to ensure their education and professional development is maintained in the existing vacancies in Professional Development Co Ordinator Roles nationally. These roles were established following a recommendation by both the Primary Care Strategy and the Report of the Commission on Nursing in 1999/2000 and it is



important that the PDC evolving role and function be considered by the Expert Review Group.

General Practice Nurses (GPNs) and the PDCs have a unique identity working within Primary Care. The PDCs have a strong and proven record in supporting GPNs through Cervical Screening, Chronic Disease Management and Immunisation (among others). Since the inception of the role the PDCs have responded to the many policy and healthcare strategy changes and continue to support General Practice Nurses to successfully meet the coming healthcare challenges. Within the current HSE structures there are nine CHOs and three of these areas (3, 6, 8) do not have a PDC to support GPNs in the ever-changing health care environment. The GPNs in these areas are at a disadvantage with no access to the expertise of the PDCs and beyond to the greater HSE structure and clinical experts.

There is a wealth of data supporting the positive impact of GPNs on the population's health and wellbeing in Primary Care; Sláintecare should take advantage of this.

- Norful et. al., in 2017; found effective use of nurses in primary care settings had the potential to increase patient access and alleviate physician and organizational workload (Norful A., 2017).
- Laurant, M., van der Biezen, M., Wijers, N., Watananirun, K., Kontopantelis, E., & van Vaught, A. J. (2018). *Nurses as substitutes for doctors in primary care*. Cochrane Database Systematic Reviews. doi:<https://doi.org/10.1002/14651858.CD001271.pub3>
- Maier, C., & Aiken, L. (2016b). Task shifting from physicians to nurses in primary care in 39 countries: a cross country comparative study. *European Journal of Public Health*, 26(6), 927 -934. doi:10.1093/eurpub/ckw098
- Martinez-Gonzalez et al (2014) looked at nurse led clinics in primary care & found improved patient satisfaction, reduced hospital admissions & mortality rates. (Meta-analysis international based in Switzerland)
- Lukewich J et al (2020) when examining national competencies framework for RGNs in Canadian primary care found GPNs underutilised & the diverse roles they identified as being higher level competency statements.
- Bury G et al (2020) Ireland Found GPNs role goes far beyond what might be familiar to nurses working in hospital environments & responsibilities are considerable. The study demonstrates an 'extraordinarily diverse' set of professional activities & a real appetite to develop enhanced roles., but professional supports are rarely available to GPNs.

“Practice nursing is a central element of Irish general practice and has the potential to lead and deliver major improvements in how patients, families and communities are cared for. Recognition of that potential requires urgent investment in planning, posts, training, support and delivery of care”

Bury et al., (2020) p79



If there are any additional comments which you feel are useful for the Expert Review Body to consider, please include them at this point. Comments are request be brief and to keep within the total limit of 2000 words

The IPNA welcomes this review as nursing and midwifery as an opportunity to demonstrate how general practice nursing has developed and responded and had a positive impact regarding population needs and evolving healthcare system. It is apparent that the HSE is considered the only employer of nurses and midwives in Ireland. There are numerous other employers and employment settings for nurses and midwives which are not recognised within this review as evidenced in the Expert Review Body's Terms of Reference, the attached job descriptions, and a link to the HSE pay scale, general practice is one such setting. If we have lessons to learn from the COVID-19 19 pandemic a salient point is that to work effectively we are one health service and recognise the contribution of nursing in all settings. This is in keeping with the ethos of Sláintecare which aspires to an equitable, and ultimately single tier health system, accessible to all based on the healthcare need and close to home. General practice is an environment with significant potential for the further development of nursing services which will play a critical part in ensuring successful integrated services and the success of the Sláintecare programme.

There is a growing body of evidence regarding the positive impact of general practice nursing, Bury et al 2020 estimate that general practice nurses make up 37% of the general practice workforce. The most recent service capacity review carried out by the Department of Health approximates 3,570 whole time equivalent (WTE) registered GPs working in Ireland during 2016, with an estimated 1,400 WTE GPNs employed in this setting, this is a significant workforce (Department of Health and Children, 2018).

Furthermore, the review estimates that to safely respond to demands for reform in healthcare an extra 29% GPs and 89% GPNs will need to be in place by 2031. This capacity review was significant in that it was the first-time GPN data was included. The report calculates circa 7 million patient visits to GPNs in 2016, with projected demand for visits increasing to 9.5 million in 2031. Lack of support and recognition of the valuable general practice nurses' resource will result in underutilization and a missed opportunity to positively impact patient care, outcomes and health policy implementation.

"The future belongs to people who see possibilities before they become obvious." -Ted Levitt

Please also see attached Reference

2020 Vision; Future Focus for General Practice Nursing

Orla Loftus Moran IPNA PRO and RANP (General Practice)

<https://documentcloud.adobe.com/link/track?uri=urn:aaid:scds:US:6a1a8bff-5741-492e-8f8f-71dad7b921f7>