



NATIONAL EXECUTIVE COMMITTEE MEETING

Wednesday 2nd September
 Virtual NEC Meeting facilitated by Zoom
 230 pm – 5 pm

ATTENDANCE:

Gillian Redmond	National Chairperson	GR	Reneagh Bennett	Midlands Branch	RB
Jane Campion	Vice Chairperson	JC	Karen Canning	South Dublin Branch	KC
Christine Doherty	National Hon Treasurer	CD	Mairead O Dwyer	South Tipperary	MOD
Orla Loftus Moran	PRO	OLM	Marie Harrington	Wexford Branch	MH
Caroline Daughton	Administrator	CD*	Jennie Scott	Wicklow Branch	JS
PRESENT			APOLOGIES		
Margaret Geoghegan	Cavan/Monaghan Branch	MG1	Pauline Whistler	Kildare Branch	
Maria Galbally	Carlow Branch	MG	Catriona Conlon	Limerick/Nth Tipp	
Geraldine Griffin	Clare Branch	GG	Una Brennan	North Dublin	
Breda Looney Herlihy	Cork Branch	BL	Deirdre Farrell	Roscommon	
Christine Doherty	Donegal Branch	CD	Mary Jordan	Waterford Branch	
Patricia Mc Quillan	Kilkenny Branch	PMQ			
Suzanne Cassidy	Louth/Meath Branch	SC			
Orla Loftus Moran	Mayo Branch	OLM			

MEETING OPENED

Gillian Redmond (National Chairperson) opened the meeting at approx 240 pm to allow for all reps to be logged in via Zoom facility and thanked everyone for attending.

APOLOGIES AND CORRESPONDENCE

Apologies received as above.

Correspondence received.

An overview of the attached correspondence that has been received by the IPNA since the last meeting is attached and the most recent updates in relation to these.

CD* read these and further updates since this as follows.

UPDATES AS BELOW AT NEC MEETING 02.09.20

3. Invite from HSE via ICGP and UCD to review e learning module on Improving the Use of Oral Nutritional Supplements in the Elderly in Post Covid Environment

Since the update as attached the IPNA have been contacted by UCD to explore 10 GPNs to review the model to look at making it more focused for GPNs. This is following the feedback that was given by OLM and GR. OLM also wanted to acknowledge and thank Dr Brendan O Shea ICGP who initially advised contact to be made with IPNA to ensure GPN expertise on the model. Both GR and OLM felt it would ultimately be a great resource for GPNs. GR asked reps to explore if some of their branch colleagues will review the information and to contact CD* if they will assist.





7. IPNA was asked to share a survey with its members developed by UCD/PDCPN.

The purpose of the survey is to capture a baseline of the specifics of what General Practice Nurses (GPN) do in general practice and to explore perceptions on what the current nursing role brings to this setting. Since the update as attached the closing date for completing the survey has been extended to 11TH SEPT

8. IPNA have been invited by DOH to make a submission to Expert Review Body on Nursing and Midwifery; Closing Date for submission 25th Sept. The planned reform from this review is aligned to the Slaintecare priorities.

KC advised the meeting that she had commented on the "I am a GPN FB Page" that GPNs had not originally been invited to make a submission to this expert group, she was subsequently contacted by Ray Healy DOH and gave him the contact details for the IPNA. PMQ also advised the meeting that the PDCs had not been invited to this review either. GR requested reps to consider assisting the NEC with completing this submission and asked reps to consider same and feedback to CD by 18th Sept. The IPNA has also asked to meet with Rachel Kenna CNO DOH to discuss General Practice Roles in Primary Care.

NEC MEETING MAY MINUTES

GR requested clarification from NEC reps for comments/feedback on May NEC minutes. No comments or changes noted and same adopted

UPDATES FROM MAY MEETING ;

IPNA/MPS Meeting 23rd June

Present at the meeting

Gillian Redmond National Chairperson, Jane Campion National Vice Chairperson and Michelle Herbert MPS.

Summary of the Meeting with MPS as follows;

- IPNA would like a product that covers the general practice nurse as a standalone professional that is nurse centred/a standalone product rather than a product that is tied into a practice
- A standalone product needs to reflect the hours and type of work a general practice nurse undertakes and ideally this should be reflected in the cost i.e. pro-rata
- The IPNA would appreciate some educational assistance in general practice areas such as immunisations, medication protocols, standard operating procedures and phone triage. This could be delivered in bite size podcasts and webinars where appropriate
- The IPNA are open to working with MPS and sharing information in the interests of best practice and improving the overall supports for general practice nurses here in Ireland.
- The IPNA is working to regulate the education pathway for GPNs and get to GPNs being recognised as a distinct discipline in Ireland
- The other areas MPS would be delighted to support is the educational bursaries and sponsorship of any events including webinars.





Following the meeting MPS have contacted IPNA to advise that they are engaging 2 clinical risk prevention clinicians to discuss possible content for general practice nurses.

Some topics have been agreed and they are going to discuss new content with their manager. Michelle has since confirmed with IPNA that MPS can facilitate education sessions by Diane Baylis Clinical Risk Educator RGN who would be delighted to do 1-hour webinars on all the following topics

1. Introduction to risk management
2. Medical Records
3. Confidentiality
4. Consent
5. Managing aggression / communication skills.

KC asked if the issue with midwives' indemnity was discussed with Michelle, GR advised it was and that we are awaiting further feedback from Michelle regarding same. CD* and GR will follow up with Michelle MPS to finalise educational content and scheduling of meetings. OLM raised the point that it would also be very desirable if the IPNA could represent GPNs on the issue of insurance and indemnity in addition to education.

IPNA / NMBI Meeting 26TH JULY 2020

Present at meeting

Ann Marie Ryan NMBI , Gillian Redmond IPNA, Jane Campion IPNA , Orla Loftus Moran IPNA
GR explained that the reason for meeting with Ann Marie Ryan was to introduce the association, outline the role of GPNs and ask for her assistance and guidance to develop voluntary standards which will help to inform standardising education and career pathways for GPNs. Ultimately this would lead then to being recognised as an annotation.

Once this work was done, it would be necessary to have Care Metrics/QPIs to measure what GPNs do and most importantly the impact of the work being done.

JC advised that ultimately having the standardised approach to the education and role of GPNs will be advantageous and influential for our role to be recognised within the Slaintecare Framework. GR also wanted to acknowledge and thank KC IPNA South Dublin who has worked with Ann Marie Ryan NMBI on other projects and is always representing the cause for GPNs.

UPDATE re IPNA/ICGP/IHEED/UCD Post Graduate Course;

KC provided an update summary as follows ;

“Following on from the 2018 document ‘Addressing the Educational Needs of Practice Nurses in General Practice’, Roisin Doogue & I have been working with ICGP & iheed in devising a PGDip in General Practice Nursing course. For many years our vision has been that General Practice Nursing would be a division on the NMBI register. During my first year in NMBI I discussed the possibility of a GPN Division on the Register with the then NMBI Director of Education and the educational pathway necessary to make this happen.

In more recent times I've had a few discussions with Ms Anne Marie Ryan, Director of Professional Standards & Education re Annotation. Even though it is our long-term aspiration, currently it is not possible but the value of annotation would be in recognising GPNs who have a specialist qualification which could be a first step if there are changes to the Nurses & Midwives Act 2011.





With that in mind the course would be for any nurse wishing to transition from secondary care into general practice to ensure a standard of education and would also be an educational option for any General Practice Nurse (GPN) who wished to complete it but prior learning & experience taken in to consideration during application process.

Since 2018 Roisin & I have met with ICGP & iheed regularly and produced a course document 'Postgraduate Diploma in General Practice Nursing' which also discusses the option of progressing to a Masters degree if desired.

Representation was made by ICGP on our joint behalves to several universities & since the end of May we have been working with UCD, via Zoom meetings, which they chair and lead on. The UCD members include staff from their Dept of Nursing & Midwifery, School of Medicine (incorporating Dept of General Practice).

Following on from the first meeting (Steering Group) a Curriculum Development Committee was set up & Roisin Doogue, Orla Loftus Moran & I are IPNA representatives.

During the first CDC meeting Roisin & I presented on the joint IPNA/ ICGP document & UCD presented on theirs. UCD had been working on a course for over a year entitled 'Graduate Diploma in Primary Care Nursing Practice' which is geared strongly towards nurses working in primary care as opposed to specifically in general practice. They have spoken re having a 'strand for GPNs' in it & wishes to address nursing needs & to also advance the career pathway for GPNs. As it has gone through a few different stages within UCD, they are not willing to change the title as this would mean beginning at the start of the Curriculum Design process again.

Following on from that Zoom both sides have to work on amalgamating the two course documents in order to produce a working document acceptable to all involved.

Funding is the biggest issue. UCD staff were surprised to learn that GPNs do not qualify for funding from NMPDU or elsewhere unlike our HSE colleagues.

ICGP hoped to meet with DoH using SlainteCare as a funding idea as mainly GPNs will be responsible for delivering on the SlainteCare programme.

Fintan Foy, CEO ICGP suggested that Gillian (IPNA), Prof Walter Cullen, (UCD) & himself meet with DoH to discuss funding options. DoH has agreed to meet with the group & we are currently waiting to hear of a date for this meeting. This will be an important meeting for the IPNA as it gives us a further opportunity to let the DoH/HSE know we are here and play an important role in delivering so many HSE programmes in the community

Further Zoom meetings had been scheduled but it was decided to defer all until after the meeting with DoH has taken place. Covid has also slowed the whole process down."

GR advised that she has had recent contact from Walter Cullen UCD and that a meeting is planned in the next few weeks.

Challenges exists in the terminology of General Practice Nurses being called Primary Care Nurses. The next step is to try and secure the funding that will be needed.

UPDATE RE WEBSITE

GR acknowledged the volume of work that is required for this project and wanted to thank JC for assisting CD and WQ with the project. It is hoped to have the website completed and ready to be launched at the AGM





ASSOCIATION FINANCES

2020 summary of accounts were circulated to all reps in advance of the meeting and CD asked for reps to direct any queries regarding the summary to her directly.

MEMEBRSHIP UPDATE Provided by CD* on Behalf of WQ

Membership Stats Sept 2020

Total membership at AGM on 28th Sept 2019 was **728**.

Current membership 01/09/2019 stands at **746**

	NEC Meeting Sept 2020	NEC meeting May 2020
2020 Memberships to Date	746	692
New memberships to date for 2020 (begin Sept 2019)	121	88
New Memberships to date since Jan 1 st , 2020	76	43
Members renewed after lapse	33	30
2019 members who haven't renewed to date	105	128

Memberships Per Branch

Branch	2020	2019	Branch	2020	2019
Carlow	20	20	Mayo	31	33
Cavan/Monaghan	29	26	Midlands	50	58
Clare	29	33	North Dublin	64	62
Cork	122	127	Roscommon	17	19
Donegal	50	52	South Dublin	55	61
Kildare	19	22	South Tipperary	26	27
Kilkenny	20	20	Waterford	26	29
Limerick/North Tipperary	66	65	Wexford	21	20
Louth/Meath	65	73	Wicklow	36	41

Well done & a big thanks to all branches for encouraging timely annual renewal & chasing up on 2019 non renewed members. WQ would like it acknowledged the value of branch committees monitoring their renewed/non renewed members.

GR recognises the difficulties that exist for branch officers trying to organise branch meetings through Zoom etc and will discuss this further under AOB and offer assistance and support.





BRANCH MEETINGS

MG1 requested clarification with regards to how branches can plan virtual meetings moving forward as many branch officers will need assistance with the technical aspects of this. GR advised that there are 2 elements ; CD* could assist branches with sharing the link for the meetings with members and assigning the host for the meeting and its better if members can join the meetings from their Laptop rather than a phone. The second element is trying to secure educational speakers and GR will follow up with the speakers to ensure relevance of talks for GPNs. The ultimate aim is to have a series of workshops on Chronic Disease Management available. JC also suggests that the IPNA spread the learning across different platforms and have different options available for members to access; e.g zoom meetings/m- learning/podcasts etc. CD acknowledged that having the IT support assisted through the IPNA would be particularly important and supports the members. However, the worry is how to facilitate the second part of the meeting where members can have that supportive meetings chats and needs to be considered in the longer term. OLM recommends that the education is relevant, and not too long, and needs to be user friendly. CD* also requested members opinions in relation not whether or not the educational meetings need to be standardised nationally monthly and needs to be further discussed/reviewed and planned as a long-term strategy. MQ1 also urged caution for anyone who is receiving emails regarding Zoom meetings to ensure the accuracy of the information being received, as scam emails are in circulation. BLH advised that they had a virtual meeting in May delivered by Prof Col Conway (Osteoporosis) which was excellent and have meetings organised 6 months in advance. Their next meeting is in CDM. Clare, Wexford and Louth Meath also have meetings scheduled for Sept. CD* advised reps that the IPNA has been contacted by Deidre O Donnell Servier who can sponsor and organise a virtual meeting in September for branches delivered by Ruth Agar Lipid Nurse Tallaght Hospital/Noleen Fallon Cardiac Rehab Nurse on either Tuesday 29th or Wednesday 30th September if branches would like to avail of same, it will also be recorded to enable access after these dates. CD* is anxious that before any change is made to the organising of branch meetings, that this is discussed at branch level and followed up with a meeting with the branch chairpersons and secretaries. In the short term the IPNA has access to speakers for branch talks in Sept and Oct; however the longer term may be having a national database of education that is managed centrally by the association and this is what the NEC would like members opinions on. MOD South Tipp asked if the m learning model is going to be established on an ongoing basis. GR advised that this model of learning along with other bite sized models of learning would be desirable for the IPNA and will need adequate resources assigned to it as a suite of education.

AGM; Motion received and Election of Officers

The NEC have proposed a motion for the AGM as attached and an overview for this was provided by JC. Lots of discussion ensued amongst NEC reps present in relation to opinions on the proposed new names on the motion; however JC advised reps that a decision on the actual new name change is not to be decided on at the NEC meeting; and asked the NEC reps to share the motion with their branch colleagues as being on the AGM agenda. GR confirmed there will be no change to the logo of the association.

Election of Officers as follows AGM 2020;

National Vice Chairperson; National PRO; National Honorary Treasurer

GR requested all NEC reps to consider these positions and reassured all NEC reps of the support of the existing NEC officers in the handover and ongoing support.





GPN SURVEY

CD shared with reps an overview of the GPN survey undertaken by the IPNA in May 2020.

A copy of same is attached for NEC reps to share with their branch members.

KC referred to noting that a large % of GPNs reported that they do not have an entitlement to paid study leave. KC advised that this refers to a section in the Nursing and Midwifery Act that is awaiting to be enacted and as a member of NMBI Board and on behalf of GPNs she will continue to highlight this to our governing body.

OLM kindly has agreed to write up a discussion paper to present the findings of this survey to other stakeholders. GR wanted to thank all NEC reps and all branch members for taking the time to complete the survey.

EDUCATION COMMITTEE

PMQ Education Committee Chairperson advised that meetings had not taken place due to personnel redeployment/Covid pandemic. There is a meeting scheduled for next week and GR asked PMQ if there was a proposed agenda. PMQ invited same from the NEC reps at the meeting. CD* requested the education committee assistance with getting CEU accreditation for any national education updates being organised through the IPNA which PMQ kindly agreed to, PMQ advised that this process can take 6-8 weeks. KC advised that it is best if we can secure talks that have already been accredited with CEUs. GR is looking forward to working closely with the education committee in relation to rolling out national education updates. GR asked PMQ if she was aware of any updates in relation the roll out of the Flu Vaccination Programme; PMQ advised there is a Flu programmes on HSELand.ie; Flu Campaign Programme; Live Attenuated Influenza Vaccine; She also advised that there is going to be a new Primary Childhood Immunisation Programme that has been re developed; and will be available on HSE Land in approx. 2 weeks. SC Louth Meath asked if these updates can be shared with IPNA members; CD* advised that any information she receives is shared with members via mailshot and GR recommended same is also put on the website in a pop up box. PMQ advised that NIAC has also issued recent guidance with regards to the observation waiting times post vaccination which PMQ will share. PMQ has also produced a sample medication protocol for the LAIV, which has been reviewed by the National Immunisation Office, and is available with a Quadrivalent medication protocol. PMQ advised that she will send the medication protocols only on request from GPNs via email, this provides her with an opportunity to go through the details of the document with the recipient. Discussion ensued with regards to how to deliver flu vaccine "clinics" considering the current Covid pandemic. PMQ advised that having received information with regards to non HCPs being "trained" to administer the vaccines they have identified this as a potential risk and patient safety.

PROFESSIONAL DEVELOPMENT CO ORDINATORS

PMQ advised the meeting that the PDCs are also making a submission to the DOH Expert Review Body on Nursing and Midwifery. She also advised that Rita Lawlor PDC was involved with Mary Casey in developing the UCD survey if the IPNA has any further queries on same. PMQ also recommended Mary Godfrey Clinical Indemnity Scheme as a speaker on clinical risk in the event of MPS speaker not being familiar with Irish healthcare system. PDC post for Dublin North was advertised and interviews have been held, the successful applicant has been offered the position.





BRANCH ITEMS

GR advised that to follow up with supporting the branches re virtual branch meetings as previously discussed, a meeting will be arranged with the branch secretaries.

AOB

**KC advised that the NMBI elections are scheduled and she is running again for the general seat, she has represented the voice of GPNs over the last 4 years in her position in NMBI and she requested the IPNA support in this upcoming election. GR thanked KC for all her work to date representing GPNs and urged all NEC reps to support her re-election. The election is open 15th Sept 9am and closes on 12 midday 23rd Sept and a link for the election will be sent to all members.

**OLM PRO advised the meeting that she has been accepted to do a PhD in UCD on the "The Future Role of GPN in Ireland". Her research will focus on identifying established standards of care, evidence based clinical caseloads which define the role of GPN in Ireland and to develop Quality Care Metrics and relevant Quality Performance Indicators that will demonstrate the workload and impact of GPNursing on patient care, She feels this will support GPNs getting the visibility and recognition that the role deserves and she is requesting IPNA support in terms of collaborating and information. All NEC reps congratulated Orla on this news and assured her of the IPNA ongoing support. GR suggested that the NEC may be able to consider at a later stage awarding Orla an educational bursary in relation to this.

**Membership Secretary Role ; GR advised the meeting that Winnie Quigley Membership Secretary has handed in her resignation. She acknowledged that Winnie had done great work and established great communication with the branches during her tenure and thanked her for that. As part of the recruitment the NEC are reviewing the job description and would like to expand it to reflect IT/Website/Social Media responsibilities. A general discussion ensued with regards to whether the role needed to be a General Practice nurse, and whilst this was not a pre requisite it was agreed that it was beneficial for the applicant to have a knowledge of the role of GPN. The revised job description will be circulated to all members.

GR Chairperson thanked all reps for attending the NEC meeting and wished everyone well
Meeting concluded 545 pm.

2020 meetings:

NEC meeting 4th November Evening meeting: time to be confirmed.

AGM 14TH November DAY TIME AGM time to be confirmed.

It is hoped to have an educational component with this year's AGM.

The format will be changed in response to last year's conference evaluations, Officers reports will be emailed to all members and more time will be allocated to open discussion for members.

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

Approved by Gillian Redmond, National Chairperson.



1. Invite from IHF to have rep of CAG Death and Dying during Covid 19

Jane Campion Vice Chair kindly agreed to represent IPNA on the above committee and Joined CAG Mid July 2020. As it is the Summer months there have been no meetings and no date set for next meeting. One phone call was held with Orla Keegan to do an introductory talk through of the process Jane reviewed the Bereavement Care Pathway (V2) paper and submitted comments.

2. IPNA was invited to contribute to Value of Vaccines Campaign Ireland due to be launched in September 2020.

It will be an 8-12-page publication through the Irish Independent, and online at healthnews.ie
Orla Loftus Moran kindly agreed to represent IPNA on this campaign and submitted an editorial on General Practice Nursing on the Frontline of Disease Prevention; see attached

3. Invite from HSE via ICGP and UCD to review e learning module on Improving the Use of Oral Nutritional Supplements in the Elderly in Post Covid Environment

Gillian Redmond Chairperson and Orla Loftus Moran PRO kindly agreed to review and feedback on these modules. The module is currently in the pilot phase, and was found to be informative, easy to follow and will be a useful resource for GPNs in their roles. UCD will be in contact with IPNA to share the finalised version which will also be available on the IPNA website

4. IPNA was contacted by Máirtín Breathnach Lead of Emergency Services to do an interview on Managing through Covid 19 Crisis.

Orla Loftus Moran kindly agreed to this and the podcast was shared with all IPNA members via mailshot on 7th August. Please also see attached
https://emergencyservices.ie/orla-loftus-podcast/?utm_source=hootsuite&utm_medium=&utm_term=&utm_content=&utm_campaign=

5. Invite from Irish Cancer Society to have a representative on HPV Steering Committee group

Gillian Redmond National Chairperson kindly agreed to same. Group includes National Immunisation Office/HSE/National Screening service.
Most recent meeting was Thursday 23rd July and IPNA is awaiting minutes of same which will be circulated once received

6. IPNA was invited by RCSI to have representation on Slaintecare project on childhood obesity, under the direction of Grace O Malley RCSI; other group members ICGP/Tempe St and UCD

The involvement for a practice nurse rep would be potentially 1 hour per month including: Attendance at 1-2 meetings over the next 6 months.
To review teaching course materials (2-3 hours) to ensure content is appropriate for practice nurses. The group would also like to ascertain what training needs are required amongst HCPs and a survey will be shared with IPNA members regarding same. EOI to participate in this group have been sent to members with an interest in same

7. IPNA was asked to share a survey with its members developed by UCD/PDCPN.

The purpose of the survey is to capture a baseline of the specifics of what General Practice Nurses (GPN) do in general practice and to explore perceptions on what the current nursing role brings to this setting. It is also exploring how expanding that professional nursing role can benefit patients and the provision of services in general practice. This survey will be shared with IPNA members in the next mailshot.

8. IPNA have been invited by DOH to make a submission to Expert Review Body on Nursing and Midwifery; Closing Date for submission 25th Sept. The planned reform from this review is aligned to the Slaintecare priorities.

- Keep people well at home or near home, out of hospital and independent living
- Devise a citizen Care Masterplan for universal eligibility and multiannual funding
- Help achieve waiting list targets, through implementing the capacity/ access plan.

The NEC would request some members of the NEC to assist them in this submission.

9. Update from National Screening Services; resumption of services, details sent to members in mailshot 7th August

Newly appointed Clinical Director is Noirin Russell

She a medical graduate of University College Cork, a fellow of the Royal College of Physicians of Ireland and member of the Royal College of Obstetrics and Gynaecologists.

WEBSITE UPGRADE.

Meetings are ongoing with David Mc Lean; the website was originally developed by CPD sessions in 2015 and whilst it has served the association well, it has become problematic in the past 18 months. The site has been hosted and support provided by CPD Sessions since 2015 in the absence of a service level agreement, this has been provided at no cost. What is now required is to update the site and to have a more sustainable partnership going forward and approval for same was secured at NEC level.

The website has been reviewed with the developer and talked through the administration and needs/ wants of the Organisation with Caroline and Winne and a summary of same provided to Jane Campion Vice Chairperson. Based on these discussions a new home page is being developed and in addition, separately (but simultaneously) CPD sessions will upgrade the website IPNA-Education, to deliver a state of the art integrated eLearning platform that is synchronised with the Irish Practice Nurses Website. New features will include a search facility for ease of access; more detail of the role of GPNs, including advanced roles and nurse prescribing/dedicated branch access with discussion forum facility which will require moderator /all content updated/new gallery /updated videos. A Mock-up of new home page will be circulated once finalised. It is estimated that to maintain a member site well and accurately a minimum of 4 hours each week should be dedicated to updating, adding, reviewing, and deleting content. This requires discussion at NEC level later.

MOTION FOR AGM 2020

29th April 2020

The National Executive Committee would like to propose the motion that: The title “Irish Practice Nurses Association” (IPNA) be reviewed and replaced with a title which reflects the term General Practice Nurse and the educational objectives of the organisation.

Rationale for Motion

Reflecting on recent queries relating to Industrial Relations (IR) to the IPNA there seems to be some misunderstanding about the role* of the IPNA (education & professional development), many of these queries seem to be coming from members and if members are unclear about who the IPNA is and the remit of the IPNA (education versus IR issues), then the IPNA cannot expect outside bodies to know who we are and what our objectives are.

The word "Association" has diverse meanings and can be perceived in many ways. For example, if a pizza business named itself "food to go" they are not being clear and concise in their offering, it could be a delivery service, any cuisine etc. This demonstrates the need to incorporate a word into the title of our organisation that reflects our mission which is education.

The term “Practice Nurses” has become outdated and the term “General Practice Nurse (GPN)” is now used more commonly in other countries such as the UK (NHS) and Australia (APNA).

Alternative options to the IPNA title will be considered before a final decision is made, the following are examples of these options (list not exhaustive)

- College of General Practice Nurses in Ireland (CGPNI)
- Irish College of General Practice Nurses (ICGPN)
- Irish Education Network of General Practice Nurses (IENGPN)

The IPNA cannot afford to have a confusing name anymore. IPNA can mean anything, the focus needs to be shifted to what the organisation is really about and that is education.

Our name is a powerful tool which will help us to articulate what makes us uniquely valuable, a change in name is significant but will reveal how we want to be perceived.

Blue sky thinking - in the long term our organisation could become a catalyst and founding educational organisation for GPN members worldwide.

**The main objective of the association is the advancement of education in general practice in Ireland by promoting and assisting nurses in further education programmes and to provide a forum for the dissemination of information on developments in the general Practice Nursing field which will promote the highest standards of care to benefit the community.*

Submission by National Executive Committee

- Gillian Redmond, National Chair IPNA
- Jane Champion, National Vice Chair, IPNA
- Orla Loftus Moran, Public Relations Officer, IPNA
- Christine Doherty, National Hon Treasurer, IPNA

Summary GENERAL PRACTICE NURSE SURVEY (IRISH PRACTICE NURSE ASSOCIATION supporting GPNs)

The survey was launched Monday 25th May.
IPNA members 2020, 2019 and 2018 were invited to participate.

Non IPNA members were invited to participate and we would like to thank our PDC colleagues, Karen Canning Moderator of I am a General Practice Nurse FB page, Niamh Cahill NIGP editor and Freda Hughes World Irish Nursing and Midwifery editor for their assistance to highlight and share the survey.

The survey was closed Friday 19th June.
748 responses were collected during the time frame as above.
76 responses received via social media link
672 responses received via web link
16 mins 12 secs was the average time taken to complete survey.

Years working in General Practice.

230 respondents 0-5 years
118 respondents 6- 10 years
264 respondents 11- 20 years
132 respondents greater than 20 years

Years in your current employment?

184 respondents 0-2 years
189 respondents 3- 5 years
99 respondents 6- 10 years
274 respondents greater than 10 years

Hours per week do you work?

28 respondents worked less than 10 hrs
175 respondents worked 10 -19 hrs
330 respondents worked 20 -29 hrs
210 respondents worked 30 -39 hrs

249 (34 %) GPNs do not work with any other GPN, 119 GPNs work with one GP whilst the highest number of GPNs 192 work with 2 GPs

AGES OF RESPONDENTS

- 38 % respondents were aged 45-54
- 26 % respondents aged 35-44
- 25 % respondents aged 55 – 64
- 2.2 % aged 65 years +

With 35% planning on retiring in the next 10 years and 57 % after the next 10 years

Would you choose to be employed within the Public Sector?

68.71 % answered YES

16.87 % answered NO

13.61 % No comment

Pension, Security, Pay and Conditions was cited as the most frequent reason for being employed in Public Sector

Have an Annual appraisal or review with your employer?

23.32 % YES

70.11 % NO

NMBI REGISTER ;

Registered General nurse RGN	98.66%
Registered Midwife RM	27.71%
Registered Childrens Nurse RCN	8.57%
Registered Psychiatric Nurse RPN	1.34%
Registered Nurse Intellectual Disability RNID	1.34%
Registered Public Health Nurse RPHN	0.67%
Registered Nurse Tutor RNT	0.27%
Registered Nurse Prescriber RNP	5.22%
Registered Advanced Nurse Practitioner RANP	0.54%
Registered Advanced Midwife Practitioner RAMP	0%

48.76% REGISTERED MIDWIVES PROVIDE SERVICES IN THEIR ROLE AS GPN

41.70 % DO NOT.

Reasons cited as being issues with insurance, GP prefers to do it and own GPN choice

BREAKDOWN OF POST GRADUATE QUALIFICATION

- 238 RESPONDENTS HAVE HIGHER DIPLOMA
- 199 RESPONDENTS HAVE PG DIPLOMA
- 190 RESPONDENTS HAVE POST GRADUATE CERTIFICATE
- 30 RESPONDENTS HAVE MASTERS
- 140 RESPONDENTS HAVE BACHELOR OF SCIENCE NURSING
- 91 RESPONDENTS HAVE HONOURS BACHELOR DEGREE

1	76.9%	Cervical Screening
2	53%	Diabetes
3	45 %	Family Planning
4	32.3%	Asthma
5	26.9%	Womens Health
6	23.5%	Cardiovascular Disease
7	21.4%	Travel Health
8	14%	Chronic Obstructive Pulmonary Disease
9	13 %	Hypertension
10	9.8 %	Anticoagulation
11	4.9 %	Breast Screening
12	4%	Allergies

Registered Nurse Prescriber

42 Registered Nurse Prescriber

13 Candidate Nurse Prescriber

Study Leave

30 % respondents given paid study leave

22 % given toil

20.2 % only can attend in own time

Lack of Cover from workplace to attend courses due to workload and not financially supported was cited as the most reason for not attending study leave.

However, it was also noted that 32.5% respondents were fully financially supported by their employer

CLINICAL WORK OF GPNS

Greater than 90 % of GPNS involved in

IMMUNISATIONS

VENEPUNCTURE

CERVICAL SCREENING

HEALTH PROMOTION

ADMINISTRATION OF INJECTIONS

ECGS

WOUND CARE

50 – 89 % of GPNS involved in

HYPERTENSION SCREENING AND MANAGEMENT

DIABETES CYCLE OF CARE

SEXUAL HEALTH

EAR CARE

TRAVEL HEALTH

FOLLOWING UP PATIENT RESULTS

ANTICOAGULATION MONITORING

Biggest challenges to supporting and implementing National initiatives CDM in your role as the GPN

Current working hours would not allow for additional workload 74.31%

Appropriate financial recognition for additional role not offered 50.69%

Inadequate knowledge in the specific specialty/disease 40.11%

Role of GPN developing in the next 5-10 years

- 244 REFERRED TO HAVING ROLE RECOGNISED AND ACKNOWLEDGED AS SPECIALTY OF NURSING

- 172 REFERRED TO HAVING STANDARDISED EDUCATION PATHWAYS FROM ENTRY LEVEL TO ADVANCED PRACTICE AND TO HAVE ACCESS TO NATIONAL SOPs PPGs

- 173 REFERRED TO HAVING STANDARDISED TERMS AND CONDITIONS OF EMPLOYMENT IN LINE WITH HSE EMPLOYEES

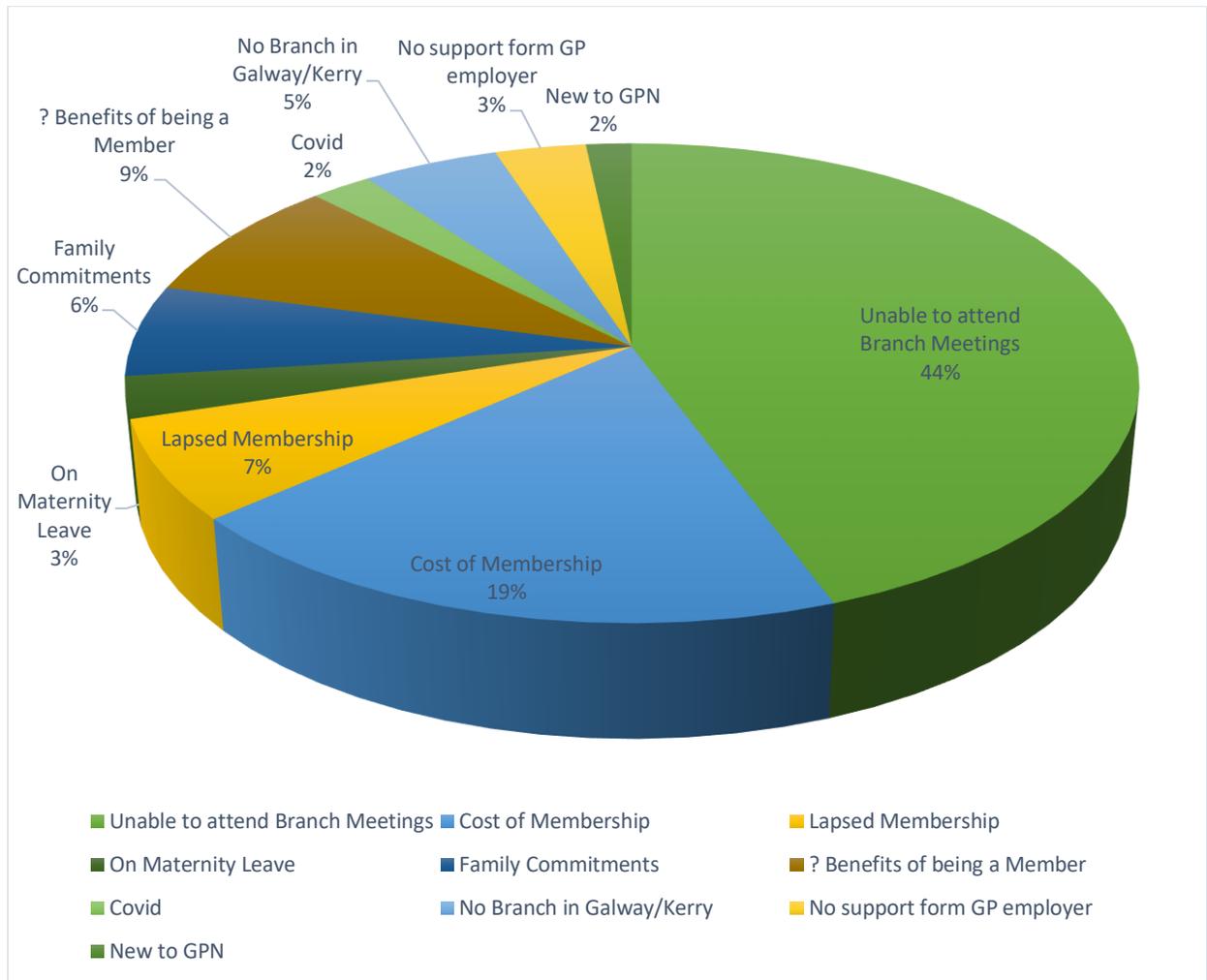
- 7 REFERRED TO HAVING DUTIES EXTENDED TO TASKS SUCH AS MINOR SURGERY/CRYOTHERAPY/HAVING OWN GMS LIST TO ALLEVIATE PRESSURES ON GPs.

Irish Practice Nurses Association Membership?

66 % YES

30 % NO

REASONS FOR NOT BEING A MEMEBR INCLUDED



BENEFITS OF IPNA MEMEBRSHIP;

- 85 % cited Provides educational support at local branch level through branch meetings
- 77- 79 % cited Provides opportunity to network with other GPNs, forum for sharing knowledge and provides members with information regarding upcoming study days/educational events
- 59-69% cited having access to eLearning and receiving NIGP publication

101 respondents had their IPNA Annual Membership paid for by their employer. 563 had not.

