

The Development of Joint Appointments: a Framework for Irish Nursing and Midwifery



*National Council for the
Professional Development
of Nursing and Midwifery*

*An Chomhairle Náisiúnta d'Fhorbairt
Ghairmiúil an Altranais agus
an Chnáimhseachais*

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Mission Statement of the National Council

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.

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This report details guidelines and a framework for the development of joint appointments and is the end result of a project which occurred in response to emerging health and professional strategies. The need to develop flexible approaches to working has emerged both nationally and internationally. It is therefore timely that nursing and midwifery in Ireland review their current position in relation to joint appointments.

This report provides an overview of national and international literature and experiences. It is evident that the benefits from joint appointments can enhance cross-organisational working. However the need for clear structures and supports are critical success factors. To this end the National Council has created a framework to assist those planning such roles. It is hoped that this framework will progress the development of joint appointments in nursing and midwifery in Ireland.

I would like to thank those who participated in the research phase of developing this framework and who generously provided exemplars for publication. In addition I extend my thanks to my colleagues at the National Council. Sarah Condell, Research Development Office and Kathleen MacLellan, Head of Professional Development. Particular thanks are extended to Mary Doolan who conducted the research for this framework.

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The National Council supports the development of joint appointments to enhance the service provided across a range of settings. The aim of this project was to examine the national and international literature and experiences of joint appointments and to develop a framework to support those creating such roles. The project was completed over a seven-month time period (December 2004-June 2005). The report outlines the extent of joint appointments within nursing and midwifery in Ireland, provides a review of national and international experiences, building on previous work by Leahy-Warren and Tyrell (1998) and uses the information gained to present a framework for the development of such appointments.

The National Council defines a joint appointment as a collaborative approach whereby two organisations engage in the negotiated employment of a nurse or midwife. The sharing of specific knowledge enhances service delivery, educational outcomes, and research development and utilisation. Joint appointments can be between services, voluntary organisations, educational institutions and/or other organisations.

Report Structure

A background to joint appointments is presented in section 2. Section 3 reviews relevant Irish policy. Sections 4, 5, 6, and 7 consider international experiences, value, vulnerabilities and success factors for joint appointments. Survey findings are detailed in section 8 with conclusion in section 9. Finally in section 10 a framework for achieving outcomes from a joint appointment is presented.

Methods

Literature Review

A literature review was conducted. The literature was sourced using computer databases such as the Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Medline between the years 1997 and 2005, linking the following key words: joint appointments, partnership working, lecture-practitioner, collaborative working, and joint appointees. Manual searches of Irish nursing journals, nursing reports, periodicals, and newsletters were also completed.

Contacts

Contact was made with national and international organisations and individuals by email and telephone to elicit any relevant information with regard to joint appointments. Organisations and professional experts contacted are listed in Appendix 1.

Survey

A survey utilising a questionnaire was sent to all Directors of Nursing, Directors of Midwifery, Directors of Nursing and Midwifery Planning and Development Units, Directors of Centres of Nurse Education, Heads of Departments for Nursing and Midwifery Studies in higher education institutions (n=360), to determine the number of nurses and midwives working in joint appointments in Ireland. A total of 137 questionnaires were returned (38% response rate). Survey findings are presented in section 8. From the information supplied from those that indicated they had joint appointments, exemplars were chosen to illustrate specific examples from the Irish context. These are detailed in Appendix 2: Exemplars of Joint Appointments in Ireland.

The current climate of reforms in the health service in Ireland necessitates new and innovative ways of meeting patient/client needs, incorporating different ways of thinking and working in order to deliver a quality service. Healthcare providers are challenged to provide cost-effective and efficient services. Joint appointments are one approach to assisting organisations to develop creative ways of expanding and sharing specific nursing and midwifery knowledge and skills, improving health and delivering quality care to patients/clients. This flexible approach will enhance current processes for meeting patient/client needs and improving service delivery. Joint appointments may also assist with service challenges in or between other sectors.

At strategic level all government agencies and managers are challenged to go beyond traditional approaches in order to tackle current social issues with emphasis on what has been referred to as "joined up solutions for joined up problems" (Boyle 1999). Organisations are encouraged to develop structures and processes in order to translate their commonly held goals into a shared vision, ensuring that organisations work together in pursuit of common goals, whilst at the same time recognising their individual agendas (Boyle 1999). According to Ogilvie et al (2004), joint appointees are uniquely placed to bridge the complexities of intra and inter-organisational responses to socio-political change, actualising change using a partnership approach.

Joint appointments are often suggested as a promising approach for weaving together nursing practice, education and research resulting in the achievement of excellence in all three areas (Ogilvie et al 2004). Joint appointments are not new to nursing, having been established in the United Kingdom and the United States since the early 1970s. Whilst there is an abundance of literature debating the benefits and challenges of joint appointments, there is a dearth of empirical evidence evaluating joint appointment roles. Yet the value of joint appointments is well documented in the literature.

Historically, joint appointments in nursing and midwifery emerged as a response of the move of nurse education from healthcare agencies to higher education institutions, when divisions between nursing practice and nursing education became evident (Ogilvie et al 2004). It is critical that lessons are learned from these international experiences and that strong links are established and maintained between healthcare agencies and higher education institutions in Ireland.

The development of joint appointments in Ireland is in a developmental stage and several documents have alluded to the advancements of such posts.

Quality and Fairness: A Health System for You (DoHC 2001) highlights the importance of improving patient focus and recommends the development of a more 'seamless service' emphasising the need for:

- better linkages and relationships between the key players in the health system across agencies, between community and hospital-based providers and across voluntary /statutory interface.
- better, more integrated information systems.
- improved inter-disciplinary team-working at individual team and inter-professional levels.
- the development of primary and continuing care on a more integrated basis within the community with more structured links to specialised parts of the health system.

The Report of the Commission on Nursing (Government of Ireland 1998 Paragraph 5.60) recommended that there should be a number of joint appointments between higher education institutes and health service providers. A report prepared for the Commission (Leahy-Warren & Tyrrell 1998) commended joint appointments, yet cautioned agencies embarking on such appointments to have the necessary structures in place. The creation of joint clinical/ academic appointments to establish stronger research links between theory and practice and enhance the credibility of nursing and midwifery research is recommended (Government of Ireland 1998 Paragraph 6.70).

More recently ***A Research Strategy for Nursing and Midwifery*** (DoHC 2003a) recommended the development and growth of nursing and midwifery research at national, institutional and professional levels. One of the recommendations of this report advocates that the " supports required for the development of flexible career pathways, which incorporate research activity on a full-time, part-time or joint appointment basis be identified and developed".

The ***Report of the National Task Force on Medical Staffing*** (DoHC 2003b) highlights the potential for nurses and midwives to enhance the development of quality care outcomes for patients. Excellence in the profession of nursing is optimally achieved when those in clinical practice, research and educational settings engage in collaborative partnerships, pooling their talents to achieve desired healthcare and educational outcomes. The need for developing a partnership approach to problem solving is reflected in the Action Plan for People Management in the Health Service (DoHC/HSEA 2002). Action 4.3 of the Action Plan for People Management outlines how a partnership approach could potentially achieve organisational change and new, more flexible forms of work organisation and/or enhance service delivery (DoHC/HSEA 2002). Comhairle na nOspideal recognised the need for joint appointments for the medical profession in Ireland in the early 1980s, and have issued guidelines for Consultants making applications for joint appointment posts.

There is no consensus in the literature regarding a definition for a joint appointment hence any definition is evolving. Leahy-Warren & Tyrell (1998) reviewed international literature, concluding that joint appointments date back to 1929 and emerged from unification philosophy which aimed at linking nursing education, nursing practice and nursing research. The same arguments supporting joint appointments re-emerge in the literature today. Sabiter (2002) asserts that the business of nurse education is nursing and thus has no meaning unless it informs and enhances the skilled practice of nursing. Joint appointments for clinical practice, research, education or management assist nurses to master the conflict of loyalties among the demands of teaching and clinical expertise (Beitz & Heinzer 2000). Similarly the importance of weaving together the educator, researcher and clinical roles is highlighted by LoBiondo Wood (2003).

In the United States and Australia, different models of faculty practice have emerged as mechanisms to integrate research, teaching and clinical practice. The joint appointment model involves faculty members holding an academic appointment at a higher education institution as well as a clinical appointment at a collaborating agency. Saxe et al (2004) describe faculty practice as a formal arrangement between higher education institutions and healthcare providers that simultaneously meet the service needs of patients, and the teaching, practice and research needs of faculty and students.

Downie et al (2001) recommends collaborative partnership agreements as vehicles to bridge the theory-clinical practice gap, resulting in best practice outcomes. Having engaged in a Practice-Research Model with collaborative partnership between a university and hospital in Australia, Downie et al (2001) identify four key concepts, which led to successful collaboration between academics in the university and nurses working in the clinical area:

- Practice drives research whereby nurses identify research problems based on their knowledge and expertise of nursing care.
- Collegial partnership with trust as a critical success factor in the partnership.
- Collaborative ownership.
- Best practice whereby the patient receives evidence based interventions and positive outcomes.

Since the publication of Leahy-Warren & Tyrell's report (1998), there is a dearth of published evidence evaluating the outcomes of joint appointment roles both nationally and internationally. This occurs even in the context of an estimated 995 nursing or midwifery joint appointees between the UK NHS and HEI in 2002 (StLaR, 2004). One action research project was found (Williamson, 2004a) who concludes that co-ordination between the two employers is essential. In May 2001, the Office for Public Management (OPM) in the United Kingdom published *'The Joint Appointments Guide'* to assist organisations to work together. In his introduction Mr. Mike Gill, Regional Director of Public Health, states that 'organisations need to work together if health is to improve, inequalities are to reduce, and services are to be of high quality...' (OPM 2001).

The literature revealed little empirical research exploring the outcomes of joint appointment posts, however many papers highlight the value of such posts. Since Leahy-Warren & Tyrell's report (1998), nursing papers continue to focus on appointments between service and education in the form of lecturer/practitioner posts and faculty practice. This review revealed little literature exploring joint appointments between other organisations such as voluntary bodies or between services.

The value of a joint appointment for the healthcare provider include educational opportunities for staff, new perspectives in relation to clinical decision making and application of research to practice (Saxe et al 2004). Strang et al (1999) describe the value of four joint appointment posts between an urban home care programme and the Faculty of Nursing at the University of Alberta:

- Student nurse learning was enhanced particularly in the area of clinical problem solving;
- Administrators from both organisations indicated that the joint appointments positively influenced the clinical learning environment;
- Communication improved between the two organisations;
- Students spent more time giving direct nursing care as opposed to observing staff nurses;
- The university gained insights into the logistics, constraints and opportunities for learning in the clinical setting;
- Integration of theory and practice was enhanced;
- Linking research with practice and education influenced the research agenda;
- Partnerships were facilitated as joint appointees were in unique positions to act as links between the two organisations.

Enders (2005) concurs that links must be established between organisations stating that 'research is carried out in a context of application, which is shaped from the beginning by an ongoing exchange between different stakeholders involved – including internal and external producers and consumers of knowledge'. Joint appointments have the potential to establish these links in nursing, bringing together nursing practice, education, and research by focusing on their mutual interdependence (McKenna & Roberts 1999).

McGee (1998) on examination of the introduction of the lecturer practitioner role in four Nuffield Hospitals in the UK identified that a number of benefits emerged. These included the linking of theory with practice, role modelling, and introducing change. Williamson (2004b) reviewed literature pertaining to the lecturer practitioner role, whereby a university and a healthcare agency jointly appoint the nurse. He found that there is a consensus that lecturer practitioner roles are valuable and are effective links between organisations. Yet attempts by joint appointees to close the theory practice gap are hampered by conflicting demands of teaching and working in the clinical area, resulting in joint appointees being vulnerable to occupational stress and burnout. Jinks and Green (2004) describe the joint appointment of a professorial chair in nursing as a means of enhancing clinically-based nursing research and advising practitioners on opportunities, grant applications and the conduction of research projects.

Leahy-Warren & Tyrell (1998) highlighted the problems associated with juggling two roles. The anecdotal evidence in this review concurs that role ambiguity, dual accountability for dual roles, time constraints and workload result in physical and mental fatigue for joint appointees (McKenna & Roberts 1999, Salvoni 2001). Dunn & Yates (2000) highlight funding problems, lack of peer support and lack of understanding of the joint appointee's role and responsibilities as challenges faced by the joint appointee. According to the OPM (2001) joint appointments experiencing difficulties in the United Kingdom are those who have become detached from the organisations as a result of poor strategic thinking about the purpose of the joint appointment to the absence of adequate line management. Conversely all of these challenges can be addressed with adequate planning and support from leaders in the organisations. Whilst a joint appointment requires flexibility from both organisations, this should not amount to a suspension of effective management practice (OPM 2001).

Ogilvie (2004) cautions that much of the anecdotal evidence in relation to the challenges of joint appointments focus on the joint appointee, neglecting to highlight the effects on the organisations involved. Therefore critical success factors for joint appointments must address potential stresses at an individual level for the joint appointee, incorporating vulnerabilities for the two organisations investing in the post.

Larrabee (2001), who herself works as a nurse educator, researcher, and a quality improvement professional in the United States, explores four success factors necessary for joint appointments. These factors require 'envisioning', 'executing', 'evaluating', and 'evolving' the joint appointment role by the leaders of both organisations and the joint appointee (Table 1).

Table 1 Success Factors (Larabee 2001)

Envisioning the role	<p>Visionary leaders in both organisations, who have a trusting and collegial relationship with each other, negotiate objectives for the role designed to help both organisations</p> <p>The leaders must decide the proportion of the appointee's full time equivalent for each organisation, with agreement that this proportion is flexible</p> <p>Conceptual overlap: the role responsibilities match the appointee's skills and expertise, thus achieving optimal performance.</p> <p>The leaders and the appointee negotiate the resources necessary</p>
Executing the role	<p>Specific objectives (both short and long-term) are set for each site</p> <p>The appointee, in consultation with the leaders identifies the means for achieving these objectives</p> <p>Orientation and immersion into both organisations is critical to becoming an insider in both organisations;</p> <p>Balance expectations of the role based on clear communication with personnel in both organisations</p>
Evaluating the role	<p>Leaders at both sites consider the extent to which the site-specific and site-shared objectives were achieved</p> <p>Evaluation by the appointee to determine the extent to which functioning in the role has enabled the achievement of professional outcomes.</p>
Evolving the role	<p>The appointee and the leaders must periodically consider the value added to achieving organisational goals by the joint appointment and the joint appointee.</p>

Similarly Beitz & Heinzer (2000) identify four 'enabling' factors for joint appointments:

- Mutual accountability whereby the joint appointee is answerable for the specific objectives as set out in the job description;
- Both roles must be viewed as one entity as the joint appointee cannot perform two roles;
- Compatible role expectations as determined at the outset by the leaders in both organisations in collaboration with the joint appointee;
- Clinical practice must be valued for tenure and promotional purposes.

According to McKenna & Roberts (1999), the selection of the right person for the joint appointment is critical to the success of the post. They maintain that joint appointees must possess the following professional attributes:

- Personal attributes of the appointee must include a range of clinical and academic skills;
- The ability to learn new skills and enhance old skills;
- The ability to effectively communicate and negotiate;
- Personal requirements of energy, commitment and flexibility.

These criteria concur with the critical success factors set out by the OPM (2001). A summary of success factors are presented in Table 2.

Table 2 Summary of success factors

Visionary leaders / managers

History of partnership working between organisations

Managers from both organisations negotiate and plan:

- Role responsibilities
- Integration of roles into one job description
- Resources / funding
- Selection and recruitment
- Administrative support
- Access to post holder
- Induction
- Performance appraisal
- Training and development
- Evaluation of outcomes

The Joint Appointments Guide (OPM 2001) was commissioned by the Department of Health in the United Kingdom to inform organisations on the establishment, management and maintenance of joint appointments, using evidence-based guidelines. Although the guide was specifically developed for health improvement between health organisations and local government, the information may be applied to joint appointments involving other types of public sector organisations. Elements of the Joint Appointments Guide (OPM 2001) have informed the development of the "*Framework to Achieving Outcomes from a Joint Appointment*", in conjunction with current international literature.

The findings of the survey illustrate that many organisations are engaging in partnership working and there are currently a number of posts across two organisations in Irish nursing and midwifery. Twenty-three respondents indicated that they had joint appointments. These appointments varied from short-term contracts to permanent posts. All of these appointments meet some of the criteria set out in the definition of joint appointments by the National Council, further highlighting the need for a framework to achieve outcomes from a joint appointment post. The partnerships exist between educational institutions and healthcare agencies, voluntary organisations and healthcare agencies, healthcare agencies and other organisations and between healthcare agencies themselves as outlined in Table 3.

Table 3 Examples of current joint appointments in nursing and midwifery in Ireland

Educational institutions and healthcare agencies

Clinical skills nurse - Partnership between university and hospital
 Lecturer/practitioner - Partnership between university and hospital
 Clinical facilitator - Partnership between university and NMPDU

Voluntary organisations and healthcare agencies

Clinical nurse specialist - Partnership between voluntary organisation and hospital for example Cystic Fibrosis Association in partnership with HSE; Irish Hospice Foundation and Health Services National Partnership Forum; Irish Cancer Society and hospital.

Healthcare agencies and other organisations

Liaison public health nurse- Partnership between hospital and social work department.

Between healthcare agencies

Clinical nurse specialist- Partnership between two hospitals.

Whilst the international literature reflects that most joint appointments are between educational institutions and health service providers, these results imply that there is potential for joint appointments to occur between health service organisations in Ireland. Those who had joint appointments, or partnership working established, were asked to contribute exemplars of the role. A sample of these exemplars are detailed in Appendix 2.

Joint appointments are developing within Irish nursing and midwifery. Partnership and planning among key stakeholders are paramount for a successful joint appointment. This report presents nurse managers and leaders with a framework to establishing and maintaining joint appointments, titled "*Framework to Achieving Outcomes from a Joint Appointment*".

The framework consists of five phases:

Phase 1: Articulate the vision



Phase 2: Actualise the vision



Phase 3: Ascertain the role



Phase 4: Action the role



Phase 5: Advance the role.

It is anticipated that the "*Framework to Achieving Outcomes from a Joint Appointment*" will assist organisations contemplating the development of joint appointment posts, ensuring that the appointment achieves the desired outcomes. In addition the framework is a valuable resource for organisations, who have already initiated a joint appointment post, to sustain the appointment and continue to achieve positive outcomes for the patient/client, the joint appointee and the organisations involved.

PHASE 1

ARTICULATE THE VISION

Actions:

- Senior managers have a vision and identify the gains for their respective organisations in having a joint appointee functioning simultaneously for their organisations. Such an appointment could pre-empt or be part of organisational strategy.
- Senior managers commit to the establishment and development of the joint appointment in the spirit of a partnership approach.
- A business case is made and justification provided in both service plans.
- Preliminary goals and objectives of the role are established and developed.

PHASE 2

ACTUALISE THE VISION

Actions:

- Senior managers from both organisations create a formal arrangement to progress the post. This may be in the form of a steering committee/ planning forum or other local arrangement. The planning forum should include key stakeholders such as nurse managers, human resources representatives, and general managers from both organisations. Depending on the appointment other service personnel may be invited to plan the appointment or it may be appropriate to have a patient/service user representative on this forum.
- Persons on the planning forum should have clear roles and responsibilities throughout the planning process.
- The planning forum should formulate a schedule to facilitate the process of recruitment and selection of the joint appointee in collaboration with the human resources departments in each organisation.
- The joint appointee's role within each organisation should be integrated into one job and set out in a job description. Overlap between role responsibilities in each organisation optimises the joint appointee's time, maximising utilisation of the joint appointee's specialist skills and knowledge.
- The planning forum contemplate what the post is expected to deliver, in relation to furthering shared objectives. There is shared ownership of the role at senior level in both organisations, ensuring the infrastructure of line management and support for the joint appointment is in place.
- The broad goals and strategic objectives of the joint appointment are established during the planning phase.
- The job description and person specification are agreed by both organisations. The salary, contract and terms and conditions are established.

PHASE 3

ASCERTAIN THE ROLE

Actions:

RESOURCES:

- The decision regarding the joint appointee's whole time equivalents (WTEs) is decided. This proportion should be flexible to accommodate functioning and response to organisational needs.
- The level of funding needs to be established, taking into account responsibility for salary, overheads, computer hardware, travelling expenses, training and development needs, hospitality, small project initiative costs and other costs relevant to the post.
- The joint-appointee should be supplied with the necessary technology to perform the role. Computer software should be compatible and networked between organisations. Telephone voice mail and mobile phone are vital to ensure joint appointee is accessible to both sides of the partnership.
- Cost of administrative support is considered.
- Base (office/desk location) for joint appointee in each organisation.
- Funding may come from an external source or may be jointly provided by the partner organisations based on the joint appointee's WTE for each organisation.

RECRUITMENT AND SELECTION:

- Selection of the right person for the position is paramount.
- The organisations draw on the standard recruitment processes already in place in the human resources departments of the respective organisations.
- Advertising is designed to call attention to the specific skills, capabilities and qualities needed for the post as established by the planning forum and set out in the person specification.
- An information pack is developed containing information about both organisations including:
 - Details of the partnership history between the two organisations
 - Annual reports
 - Key national and local strategies related to the post
 - Terms and conditions of the post
 - Location of the post
 - Strategic objectives of the post
 - Job description
 - Person specification
 - Selection process

PHASE 4

ACTION THE ROLE

Actions:

INDUCTION, PERSONAL SUPPORT SYSTEMS AND PROFESSIONAL DEVELOPMENT FOR NEW JOINT APPOINTEE

- Introduce the post as much as the person in both organisations. Managers can help the joint appointee's peers to have reasonable expectations of the appointee by clearly communicating their own expectations of the role. It is helpful for peers to periodically hear of the joint appointee's activities in both organisations.
- Orientation and immersion into the new site(s) is critical to becoming an organisational insider.
- Induction begins with an initial plan, including introductory meetings in both organisations and further developed by the joint appointee over a period of time.
- The goals and strategic objectives as set out during the planning phase are refined in collaboration with the new joint appointee.
- Consider need for a professional liaison relationship with a designated nurse manager if line manager is not a nurse.
- The joint appointee must be given the opportunity to periodically feedback in relation to his/her job satisfaction, time management and allocated resources. The joint appointee must be given the opportunity to identify training and development needs and this is linked to his/her personal development plan (PDP).

FORMAL EVALUATION

- Evaluation considers the extent to which site specific and site-shared objectives have been achieved by the joint appointee with the specific negotiated objectives as the criteria for performance evaluation.
- Performance outcomes may be illustrated with evidence of continuous quality improvement activities, research utilisation projects, publications or presentations. The joint appointee needs regular time to reflect on how these indicators are being achieved.
- The joint appointee needs a line manager for day to day activities in each organisation. The line manager should be someone who will remain impartial and supportive of the joint appointee when competing demands and conflicts arise. Joint line management meetings are advised whereby the line managers from both organisations meet together with the post holder, adapting person development planning (PDPs) from both organisations, to suit the review needs of the joint appointment.
- The joint appointment post needs strategic steer from both organisations to monitor the effectiveness of the agreed set of shared strategic objectives. This may be from other than the line manager.

PHASE 5

Actions:

- The role is proactively re-examined based on on-going changes and evaluations by both organisations.
- The joint appointee must periodically re-consider the opportunities available for achieving his/her professional goals



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Appendix 1 Organisations and Professional Experts contacted

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Appendix 2 Exemplars of Joint Appointments in Ireland

Exemplar One

Title of the post: Child Protection Public Health Nurse

Partners involved: South Lee Social Work Department and Public Health Nursing Department (HSE Southern Region)

Emergence of the post: Need identified by service;
 • Child welfare concerns identified by Social Work Department and Public Health Nursing
 • Joint initiative between the two departments
 • One-year pilot study
 Resulted in positive outcomes for child welfare and formation of a permanent post.

On-going development: In-house training between both departments.
 Children First Multi-disciplinary training.

Evaluation of the post: Performance appraisal with managers from both departments.
 Regular meetings.
 Provision made to discuss the management of case studies and emerging issues.

Lessons learned:

- Commitment is on-going from both departments.
- Need to go beyond traditional boundaries to achieve positive outcomes.
- Post requires energy, effort and flexibility.
- Important to network between disciplines.

Exemplar Two

Title of the post: Lecturer – Practitioner (Spinal cord injuries)

Partners involved: Mater Misericordiae Hospital (MMUH) and University College Dublin (UCD)

Emergence of the post: Need identified by service
 • Post evolved from a previous partnership between the two organisations
 • Joint initiative planned by the Director of Nursing (MMUH) and the Head of the School of Nursing and Midwifery (UCD).

On-going development: In-house training and regular updates

Evaluation of the post: Formative evaluation.
 End of year professional development evaluation in UCD.

Lessons learned: Appointee must be afforded flexibility to organise his/her time.
 Appointee is not rostered on the duty rota, but engages in clinical practice on a regular basis, affording him/her the opportunity to prioritise based on the daily needs of the post.

Exemplar Three

Title of the post: Stoma Care Nurse Specialist

Partners involved: Portiuncula Hospital and Roscommon Hospital (HSE- Western Area)

Emergence of the post: Service requirement of 0.5 for each hospital

On-going development: Training and development costs are shared by both hospitals.

Evaluation of the post: No formal evaluation process
Feedback from medical and nursing staff
Patient satisfaction surveys.

Lessons learned: Post holder requires flexibility and autonomy to provide a quality service to both hospitals, depending on workload and as need arises.
Co-operation from medical and nursing colleagues contribute to the success of the post.
Access to the post holder is essential and it is necessary to have a mobile phone number available.

Exemplar Four

Title of the post: Clinical Nurse Specialist in Cystic Fibrosis

Partners involved: Kerry General Hospital (KGH) and Kerry Community Services (KCS)

Emergence of the post: Service need with increased incidence of patients with cystic fibrosis in the community and in KGH. Project team comprised of personnel from KGH and KCS and linked with Cork University Hospital.

On-going development: Attendance at regular courses and on-going professional development is planned and supported by Community Service Managers/ Director of Nursing and Director of Public Health Nursing.

Evaluation of the post: Regular meetings with Director of Nursing and the Director of Public Health Nursing.
Audit of activity.
Patient / relative satisfaction surveys.

Lessons learned: Important to have clearly defined reporting relationships.
Need for strong linkages between services.
Support from medical staff and formal multidisciplinary feedback is paramount.
Appropriate accommodation facilitates easy access to the service.

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An Chomhairle Náisiúnta d'Fhorbairt
Ghairmiúil an Altranais agus
an Chnáimhseachais