Submission to the Post Registration Nurse Education Review

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The Psychiatric Nurses Association Welcomes the Opportunity to
Contribute to the Post Registration Nurse Education Review

Table of Contents

<u>Introduction</u>

The Health Service Executive (HSE) established the Post-Registration Nursing and Midwifery Review Group to prepare a comprehensive strategy for the development, delivery and evaluation of future post – registration nursing and midwifery education. The strategic planning of nurse education and quality assurance of mental health nursing services are of paramount importance to the work of the Psychiatric Nurses Association (PNA). As the professional representative body representing primarily psychiatric nurses, nurses working within intellectual disability services and general nurses working in specialist practice areas, we often submit and make representation on strategic developments which will have impact both for service users and our members.

Psychiatric and Intellectual Disability (ID) nursing provides a work environment that is challenging, dynamic and intriguing , as such there is the opportunity to use a wide variety of different skills and talents.

It is recognised that for any academic programme to be successful it must respond to the existing and emerging needs of the care-group. It must also reflect best therapeutic practices and positive therapeutic interventions within clinical nursing practice. The absence of an overarching national framework in post registration nurse education has had important consequences in the quality of workforce planning and the development of appropriate educational programs for the nursing workforce in mental health and ID sectors, to date there has

been little focus in services on identifying specific skills required within a given area of practice. Fragmentation, duplication and inefficiency are the current difficulties in post registration nurse education. Without order or alignment of programmes this unsatisfactory situation will prevail. This review of post registration education in nursing provides a roadmap for future developments.

In order to consult and involve as broad a range of third level institutes / service providers / clinicians as possible and to ensure that such developments take place in an informed and responsive way, we held a consultative forum on Feb 20th Portlaoise, in an effort to outline pertinent and valuable contributions / views for discussion reflective of key stakeholders which have enabled us to inform our contribution to this review. The forum was attended by 33 contributors from a diverse range representing Registered Psychiatric Nurses (RPN's), Registered Nurses in Intellectual Disabilities (RNID's), Community Mental Health Nurses, Nurse Practice Development Co - Coordinators , Directors for Centres of Nurse Education, Nurse Managers, Directors of Nursing, Nurse Lecturer's, and Clinical Placement Coordinators. This was an opportunity for all present to contribute and collate their ideas in identifying the future requirements of Post – Registration education in nursing particularly in relation to mental health and intellectual disability services. The following is a summary of the findings generated and endorsed as a result of the stakeholder consultations. This composite document in contrast to the overall post registration review is more detailed and focused on psychiatric and ID nursing rather than the whole nursing workforce. It

has drawn together the key interlinked themes arising from the forum and submissions sent by interested groups to PNA head office as part of this process. See Appendices 1 and 2 for actual submissions and transcriptions of consultation processes.

Questions considered were:

- **What is the Future Requirement of Post Registration Nurse Education in Mental Health?**

- **How will it expand & underpin practice?**

- **In what way should it be delivered?**

- **Why is there a requirement to conduct this review and how do we measure outcomes of post registration education mental health nursing and its appropriateness for service provision & work force planning for the future?**

This document has sorted and grouped similar terms and themes as they arose within the forum and developed them under the following headings:

1. **What we found!**
2. **Responsive to Service and Nursing Workforce Need & Requirement**

3. **Quality**
4. **Value for Money**
5. **Integration**
6. **Support Structures**

Context

Various policy documents and strategies have influenced the development of nursing and midwifery specialities in Ireland. The Report of the Commission on Nursing: A Blueprint for the Future (1998) has been highly influential in the development of these specialities.

The national health strategy document Quality and Fairness: A Health System for you (DoHC 2001) recommends the development of further clinical specialist posts in nursing and midwifery within the framework of the National Council.

The Report of the National Task Force on Medical Staffing (DoHC 2003) recommended that, in line with the philosophy of the Report on the Commission on Nursing, the scope for enhancing the role of nurses and midwives should be explored in detail with a view to identifying how such enhancement could be implemented nationally. The document states that there is considerable potential for nurses and midwives to enhance further the development of quality patient/client care and positive patient/client outcomes.

It is estimated that, at some point in their adult lives, one person in four will suffer from mental illness and that 25% of families are likely to have at least one member suffering from mental illness. The incidence of depression in Ireland is estimated at 10% and schizophrenia at 1% (DoHC 2001a).

"More than 27% of adult Europeans are estimated to experience at least one form of mental ill health during any one year" Wittchen HU & Jacobi F (2005)

"The most common forms of mental ill health in the EU are anxiety disorders and depression. By the year 2020 depression is expected to be the highest ranking cause of disease in the developed world".WHO (2001).

Mental ill health costs the EU an estimated 3% - 4% of GDP mainly through lost productivity. Mental disorders are a leading cause of early retirement and disability pensions1.

Both the United Nations (UN) and the World Health Organisation (WHO) consider suicide to be a significant threat to public health. From 1950 to 1995 the global rates of suicide have increased by 60%

[1] As confirmed by Mental Health Economics European Network Project co – funded from Community Health Promotion Programme (1997 – 2002), implemented by Mental Health Europe – Scante Mentale Europe (2001 – 2003), http://www.mentalhealth – econorg.

(World Health Organisation 2002). In 2002 suicide claimed an estimated 815,000 lives worldwide with an overall age – adjusted rate of 14.5 per 100,000 population globally and 19.1 per 100,000 in the European Region. While suicide was reported to be the thirteenth leading cause of death globally, it was the seventeenth leading cause of death in the European Region (World Health Organisation 2002). Moreover suicide rates among adolescences and young adults have increased considerably over the last few decades in a number of industrialised countries (Breton et al 2002).

There has been a ground swell of public concern about the problem of suicide in Ireland. The consistently high suicide toll in Ireland over the past 20 years particularly among young men has made the cause of death a major public health concern. Ireland experienced one of the fastest rising suicide rates in the world during the 1980's and 1990's, the overall suicide rate having doubled over that period.

Whilst such statistic's make for stark reading, it is clear that the treatment of mental ill health and the promotion of mental health and wellness are key global and national issues. It follows therefore that professional autonomous nurses working in the field's of acute psychiatry, primary care, community, and intellectual disability services are important assets in the international and national health agenda.

The PNA have consistently offered to embrace an enhanced role for nurses who will: facilitate safe and effective discharge and the recovery and wellbeing of mental health service users and carers by developing clearly defined joint working arrangements within and across local services. A radical review of post graduate education is seen as a positive step in addressing the requirements of nurses to achieve health service reform.

Nurses' and Midwives' Understanding and Experiences of Empowerment in Ireland (DoHC 2003) highlights the fact that empowerment can become a key requirement in encouraging the innovative practice that will underpin healthcare provision. One of the factors adjudged to enhance empowerment is education. However there has been a significant underdevelopment of educational opportunities pertaining to mental health and intellectual disability nursing.

Mental Health and Intellectual Disability Service provision requires a comprehensive and integrated approach. The development and implementation of mental health policy is dependent upon the provision of an adequate supply of appropriately skilled nurses. A Vision for Change (DOHC 2006) found that one of the most frequently cited issues in the public consultation process was the need for greater access to psychological or "talk" therapies. It concludes: "*the demand for psychological and social therapies and the evidence for their effectiveness has been growing in recent years and the consensus among users and service providers was that they should be regarded as a fundamental component of basic mental*

health services, rather than viewed as additional options that are not consistently available".

However, it observes that, "while mental health professionals have generally embraced the bio psychosocial model, they tend to do so with different emphases; depending on their particular discipline and the training they have received".

It notes: "*The lack of emphasis on the psychological and social aspects of mental health treatment and care has arisen partially because of constraints within the service system, such as the lack of a multidisciplinary perspective, and lack of available psychosocial therapies".*

A key theme of current community education and destigmatisation is to see mental health as "health" The more patients are managed well in general health settings and the more primary care teams promote mental health as a central aspect of their work , the more quickly community attitudes towards help- seeking for mental health problems will change . The PNA see the crucial role of nurses both from ID & Mental Health on multidisciplinary primary care teams in responding and adapting to meet population based needs and the needs of particular at – risk groups and champion's in the provision of psychosocial therapies.

The national mental health policy Vision for Change Government of Ireland (2006) identified shortcomings in current education and training and recommended the development of "*a shared perception of education and training (E&T) as a seminal activity in the provision*

of a mental health service, it is critical that the relevance and benefit of E&T to service users and practitioners is clarified".

In the past, the establishment of training courses seemed to proceed in a fragmented and uncoordinated manner with little regard for how graduates can adapt their skills to service structures and to the needs of service users.

"Employers and practitioners have been confused by the proliferation of courses and qualifications and have had difficulty in identifying their relevance to any particular task. Some E& T is over reliant on academic achievement to the detriment of practice skills, communication abilities, interpersonal skills and capacity for multidisciplinary team working and team leadership. Too many E& T institutions operate in isolation from one another, between and within disciplines, duplicating course content".

"There is a requirement to ensure that the training undertaken by staff is appropriate to their individual needs and focused on the needs of the service. Courses need greater coordination and integration across multiple disciplines, as well as within individual disciplines. In addition, there is a need for greater information about the skills of the workforce and those with the ability and training to supervise others. The provision of flexible, modular and distance – learning delivery to encourage part – time students to participate should be considered".
Vision for Change Government of Ireland (2006).

Much of the discussion at the PNA consultative forum was consistent with this view in terms of our approach to educating nurses post registration and in addition reported a number of other issues outlined below.

<u>What we found</u> !

Psychiatric – mental health nursing focuses on the promotion of optimal mental health, the prevention of mental illness, health maintenance , management of, and/or referral of mental and physical health problems , the diagnosis and treatment of mental disorders and their sequelae, and rehabilitation. Psychiatric nurses work with individuals, families, groups, and communities to assess mental health needs, develop diagnoses, and plan, implement, and evaluate nursing care. they provide a "caring environment " through a personal, individual, holistic model of care within a paradigm of recovery. Nursing care is characterised by interventions that promote and foster health, assess dysfunction, assist clients to regain or improve their coping abilities, and prevent further disability. These interventions include health promotion, preventative interventions, and health maintenance; assessment, screening, and evaluation, psychoeducation, crisis intervention, counselling and case management. Psychiatric nursing practice is based on knowledge and competencies in health assessment, differential diagnosis, multiple treatment interventions including individual, group, and family psychotherapy and shortly prescription of psychopharmacological

and related medications. These core competencies, coupled with expertise in the organisation and management of complex delivery systems, qualify the R.P.N to deliver a wrap around service which is real value for money in a quality assured care environment.

It is clear that the main focus of care in mental health services is now in the community, with the focus of in-patient care being only for short term acute episodes or for chronically disturbed patients/clients who cannot function in lower support environments. This means that psychiatric nurses require skills to care for people in a variety of environments. This has implications for role development, postgraduate education and for the planning of Continuous Professional Development (CPD). However given the shortcomings in planning and coordination of training and the lack of clarity regarding how education & training activity benefits mental health services, health managers and service providers have often been reluctant to provide funding and protected time for education &training. Potential students and existing practitioners have also had difficulty in determining the appropriateness and relevance of courses and qualifications to the choosing of career and professional paths.

The PNA are of the view that in line with national policy to increase access to health care, the expanded role of the nurse will in a self-evident and cost effective manner, speed up the response time, of the health system, to the needs of the patient and recognise the inherent value of the nurse as full service providers. However

appropriate post registration education responsive to service and workforce need is the key to this reform and transformation agenda.

Given the shortcomings in planning and coordination of training and the lack of clarity regarding how education & training activity benefits mental health services, health managers and service providers have often been reluctant to provide funding and protected time for education & training leading to staff fatigue. The evolution of a plethora of post graduate courses with varying titles described in many ways (e.g. Post graduate diploma, Higher diploma,) has occurred often in an ad hoc way with no coherent structure to guide the process. Here to fore it seems convenience and convention prevailed. Concerns about the range of post registration programmes and the variation in aspects such as course length, mode of offering, balance between clinical/ theory components, eligibility criteria and qualifications gained , interpersonal relations, professional issues, management and organizational factors and the historical legacy were also discussed at length. Issues such as the lack of recognition by the third levels towards the clinical sites were discussed. "*It must be remembered that in the absence of clinical sites the academic course itself would be impractical and useless*" .There is a lack of financial recognition for the work involved by the *"so called HSE partners"* in the development of academic modules - many of the group cited long hours contributed in this process with only *"the third levels reaping the financial gains"*. Potential students and existing practitioners have also had difficulty in determining the appropriateness and relevance of courses and qualifications to the choosing of career and professional paths.

Lack of accessibility to and consistency of, postgraduate mental health nurse education, travel and accommodation, reduction in working hours and the resulting reduction in earnings were also cited as issues at the PNA consultative forum.

Costs of education when weighed against the lack of incentives to continue specialist education along with lack of parity with other professions was a consistent theme throughout. It is clear that specialty areas in nursing require recognition in order to be attractive to those who make the substantial investment of time and money to upgrade their skills (Clinton & Hazelton, 2000).

Some contributors revealed a lack of support systems or under utilisation of support systems, such as clinical supervision to help nurses manage further education and work commitments.
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Indeed it was alluded to that nurses are sick of the number of reports/ reviews which are held but from which management rarely implements any innovative recommendations and strategies. There is a perception that reviews are conducted, they are shelved for a few years until the problems rise to the surface again, and then a further range of work is conducted – but nothing substantial happens. Consequently, the challenge for this review is to determine an agreed course of action from its consultations processes and potential strategies.

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Responsive to Service Need

Client / Service User group

All people in need of mental health care should have access to timely and effective services, irrespective of where they live. The rights of consumers, and their families and carers must shape reform. Mental health care should be responsive to the continuing and differing needs of consumers, families and carers, and communities. Each HSE region must on an ongoing basis examine population needs and ensure that the required mix of services, along with systems to ensure integrated service planning are delivered. The provision of critical skills and knowledge underpinning practice along with a recovery orientation should drive service delivery. It has been argued that as patient acuity increases, health professional's demand for education and increased specialty knowledge grows (Beitz 2000).

Quality assessment, measurement and improvement, combined with professional development are an integral part of health systems and services.

The Quality Framework for Mental Health Services in Ireland (2007) is the Mental Health Commission's response to the stakeholder consultation on quality in mental health services entitled *Quality in Mental Health – Your Views* .It provides a mechanism for services to continuously improve the quality of mental health services. As part of the process in driving the quality agenda and in order to provide a thorough analysis of the educational requirement for nurses in

psychiatry / mental health, a cohesive system of outcome evaluation and management needs to be addressed.

This process will enhance our understanding of the context within which treatment and services are provided which in turn will demonstrate efficacy of and enhance accountability and legitimacy for psychiatric nursing practice. It will aid in developing and contributing to nursing knowledge and also drive the process of balancing cost and quality in the further development of educational programmes. As part of this process it will be necessary to provide RPN's with education on utilising outcome evaluation measures in the context of an interdisciplinary team within a variety of patient care settings and within that establish guidelines for the selection of outcome evaluation tools, services and techniques for psychiatric-mental health. This will promote the use of valid and reliable data for the measurement and evaluation of nursing-sensitive indicators within the provision of mental health services and provide a useful data set in the requirement for the provision of the post registration nursing.

Study results demonstrate that patients receiving care provided by nurses in advanced practice report improvement in clinical symptoms as well as quality of life issues and satisfaction with the care they receive (Baradell,1995).The potential for Advance Nurse Practitioners (ANP) in mental health care is enormous. Currently there exists only one ANP in the specialist area of Child and Adolescent Psychiatry

and none in Intellectual Disability services. Post registration education is crucial to the progression of these posts. ANP's in psychiatry armed with the requisite education will be able to complete comprehensive assessments, diagnose and treat psychiatric disorders and potential mental health problems , formulate and implement a plan and provide the full range of primary mental health care services to individuals, families, groups and communities, conduct individual, group, and family psychotherapy, provide psychiatric / mental health services in general health settings as well as analyse aggregate data in order to evaluate programs of clinical care for targeted "at risk" populations and shortly will have the authority to prescribe medications . Using a mental health focus, ANP's have the potential to develop, implement, and evaluate programs that include: client, family, and provider education, health risk factor modification, crisis stabilisation, psychiatric rehabilitation, community-based intensive case management, and outreach activities (Haber & Billings, 1995; Talley, 1997).

The PNA promotes the further expansion of the Psychiatric Consultation Liaison Nurse as a rapid response mental health liaison service set in the General Hospital Setting .This service would extend and consult with all stakeholders (GP's, primary care teams, and specialist mental health services) offering a consistent care pathway to those in crisis incorporating crucial aspects of "risk assessment" & "crisis intervention". The value of these posts are clearly an identified need and endorsed by National Mental Health Policy Vision for Change, The National Council Nursing & Midwifery and Reach Out

the National Strategy for Action on Suicide Prevention however as such there is no post graduate education or programme provided in this crucial area, this formed a substantial basis of discussion within the PNA forum alongside with the educational response to the roll out of Primary Care Teams.

According to the HSE, current provision of primary care services in Ireland is out of line with the epidemiology of chronic disease .The traditional health and social care model is primarily *episode – based* and *demand led.* A population health model, takes a more proactive approach by focusing on maximizing the health and social well being of the population and providing opportunities to plan for better health it is a single, interconnected, integrated health and social care system. It is envisaged that the expected growth of primary care activity over the next decade will address a profound need in some areas which prioritises the needs of special groups including traveling families, refugees, the homeless, mentally ill, people and the elderly. There is also a clear indication that the provision of professional education must respond to the competencies needed to develop to the changing demands challenges and needs of the service and set within a strategic context. Such factors in the provision of post registration education as articulated within the PNA consultative group included the examination of demographics addressing the continuum of care, socio economic factors, chronic disease, and health technology and legislation. The inclusion of these factors in post registration education in all programmes will equip nurses for

this health reform process and for what the HSE terms the *full engaged scenario.*

Nurse Workforce Professional Development

The national importance of workforce planning to meet the mental health needs of the Irish community has been articulated in mental health policy Vision for change (2006) as well as the National Study of Turnover in Nursing & Midwifery (2002).Psychiatric and ID nursing education, in particular, needs to focus more on person-centred and narrative-based forms of practice. Importantly the findings of this review must highlight the imperative for services to reflect on the work that needs to be done to effectively plan post graduate education to meet local workforce needs, now and for the future.

Vision for Change (2006) found that workforce planning in mental health has been fragmented and disjointed, with each professional group targeting its own area. It recommends for services, rather than professions in isolation, to be clearly specified, taking into account the needs of local areas. A coordinated response for addressing the problem is needed within the National Mental Health Service Directorate. As part of its remit when established the National Mental Health Service Directorate is tasked with "facilitating adequate manpower planning and training programmes for mental health professionals". As part of this process this directorate should set about identifying skill domains- areas with common skill groups and common attributes but which may have varied knowledge bases. It

must be explicit in its linkages with and inform / report regularly to a Strategic National Nursing Education Department established within the National Nursing Education Department in the Human Resources / Nursing Services Performance & Development Directorate in the HSE. By adopting this approach both directorates will be consistent in their response in both providing mental healthcare delivery but also respond to needs and provision of post registration nurse education in mental health and ID sectors in a unified and shared information basis.

Such an approach could then be linked with the educational providers in post registration nursing who can provide the skilled workforce that will be able to effectively meet the needs of services. The establishment of a strategic National Nursing Education Department in the Human Resources / Nursing Services Performance & Development Directorate within the HSE will facilitate this process and establish a bridge and required linkages with the National Mental Health Service Directorate ensuring cohesion with regard to service development .

Nurse leadership is essential to manage change, enhance collaboration with other health care professionals, the general public and to conduct research in relation to clinical practice in keeping with national health policy and social partnership. Post registration education is crucial to that agenda. The timing has never been more appropriate to conduct this review.

The inclusion of service planning as an element of postgraduate education for nurses was supported. Involvement of nurses in service planning generates more opportunities for creative thinking and joint problem solving leading to improvements in the quality of service to clients. There are opportunities for nurses to be innovative and creative in constructing a health care system that is accessible across a full range of care services, across the lifespan and all levels of care. This must include a balance between the aspirations of nurses and the needs of the community. The provision of appropriate modules of education will link towards the effective implementation of health policy, expert practice, professional leadership and consultancy, clinical and cost effectiveness, the health and well being of our populations, as well as a knowledge base to challenge clinical practice, evaluate alternatives and contribute to quality and measure effectiveness.

Personal Development Planning is firmly anchored in the health strategy *Quality & Fairness: A Health System for You (2001)* and *Action Plan for People Management* (APPM) (2002).Theme 5 of the APPM is entitled "Investing in Training, Development and Education". The PNA is of the view that a strategic overarching framework for post registration education in nursing must be considered in the context of a commitment to the national roll out of personal development planning in all sectors of nursing which will identify and measure the individual's learning needs against the objectives of the service and monitor skills development and augment and enhance this national work.

Quality

Clinical effectiveness, service quality and clinical governance are major strands of the health care reform agenda.

The Nurse Act, 1985, provides An Bord Altranais with the authority to make awards. For the purposes of registration on the nurses register in any one of the six areas the board approves programmes, implements quality assurance mechanisms and develops competencies to verify an individual's fitness to practice the profession of nursing and midwifery. This is crucial from an educational and clinical perspective.

FEPI, the European Federation of Nursing Regulators, represents the competent authorities for nursing including Bord Altranais across Europe and beyond the EU-25. Its main objective is to protect, maintain and promote the health and safety of the public by creating and maintaining the highest standards of competence and conduct by nursing professionals.

Since its creation, in March 2004, FEPI has developed a solid relationship with EU Institutions and provided an important input into consultation processes developed by the European Commission, the European Parliament or the European Economic and Social Committee. The work of the FEPI Working Group on Education Training & Competences focuses on the update and upgrading of nursing education in Europe. The WG members have been liaising with educators and European networks especially with regard to

nursing competencies at European level More specifically, the group deals with the implementation of the EC Directive on Recognition of Professional Qualifications, the Bologna process and the EC ILP (Integrated Lifelong Learning Programme)

The Recommendation of the European Parliament and of the Council, of 18 December 2006, on key competences for lifelong learning [Official Journal L 394 of 30.12.2006]. Summarises key competences for lifelong learning as:

Key competences for lifelong learning are a combination of knowledge, skills and attitudes appropriate to the context. They are particularly necessary for personal fulfilment and development, social inclusion, active citizenship and employment.

Key competences are essential in a knowledge society and guarantee more flexibility in the labour force, allowing it to adapt more quickly to constant changes in an increasingly interconnected world.

They are also a major factor in innovation, productivity and competitiveness, and they contribute to the motivation and satisfaction of workers and the quality of work, they inform the development of a reference framework for policy makers, education and training providers, employers and learners which has particular relevance as a reference tool for this post registration review,

- *that adults can develop and update key competences throughout their lives, particularly priority target groups such as persons who need to update their competences;*

- *that appropriate infrastructure is in place for continuing education and training of adults, that there are measures to ensure access to education and training and the labour market, and that there is support for learners depending on their specific needs and competences;*
- *the coherence of adult education and training provision through close links between the policies concerned*.

National Qualifications Authority has developed policies and criteria for the inclusion in or alignment with , the National Framework Qualifications of the awards of certain awarding bodies – this includes the role and functions of An Bord Altranais .The Authority considers there is an optimum model for how any professional regulatory body established in the future with responsibility in relation to regulation of a profession or of a professional title would relate to education and training providers and awarding bodies, however in relation to polices and criteria for the alignment with the framework of learning outcomes associated with awards of certain Irish bodies which regulate professions it states;

"*The professional body would not be awarding body but would accredit/approve/recognise(there is no agreed single wording for this function) the awards of an awarding body and the learning programmes of a provider as meeting its needs as a professional regulator*".

The Authority considers that it is appropriate for each of the Award Councils to establish its own processes and procedures for alignment in line with these policies and procedures and would allow for appropriate co – operative work between the Councils and the Authority. There are a number of bodies whose awards are already in the Framework- the State Examinations Commission, the FETAC awards council, the HETAC awards council, the universities, the Dublin Institute of Technology. These policies and criteria provide for quality assurance arrangements in line with agreed approaches in both Bologna and Copenhagen processes.

The development and implementation of any new polices and criteria associated with nursing educational programmes leading to registration or advanced practice requires collaboration across the various bodies involved. Whilst the awarding bodies are the universities and HETAC there is a requirement that educational programmes satisfy EU Directives and professional requirements and standards with regard to knowledge, skill and competence, further clarification is necessary as to the collaborative processes required with regard to the roles of Bord Altranais, that of the awarding bodies, the role of the National Council, the National Qualifications Authority the HSE and any new developments proposed as a result of the work of this review .

Whilst the National Framework of Qualifications has brought some order to the educational preparation in areas of practice, this review offers an opportunity for dialogue among stakeholders rather than a

separate, somewhat peripheral process (which will include regulatory bodies, funding bodies, awarding bodies, providers) with regard to the processes, policies and criteria in support of post registration education and to exercise their rightful responsibilities.

Value for Money

As the complexity of the science of health care increases and as health care costs escalate there is mounting pressure to identify sophisticated as well as cost-effective ways of delivering high quality care to patients and their families. This goal can only be accomplished by utilizing all health care providers to their maximum potential and by effective collaboration among health care providers and with patients and their family caregivers.

Change in clinical practice, apart from improving the current quality of patient care, also has the potential to save financial and human resources arising from current practices which are outdated and under-utilise the skills of the nurse/midwife. The expanded role of the nurse would significantly enhance the service to the individual and greatly speed up that individual's journey through the health system and return to good health.

So it is agreed nurses provide value for money, however in relation to the procuring and financing the development of future programmes which will equip nurses to achieve this, key questions arose within the consultative forum.

In relation to evaluation of programmes:

- What results for the service user do we believe are being achieved for the scale of investment being made?
- How do these results stack up relative to our peers internationally; and
- How can we enhance our capacity to derive maximum value, by reference to results achieved, going forward.

The objective of investment in post graduate education is improved health and social gain at a level which puts us on a par with our peers internationally and ideally beyond that to the level of the best performers. Post graduate education achieves increased employee retention, delivers orgnisational performance, enhances general performance and ensures ongoing provision of quality services.

One of the great inefficiencies in the current mental health services is our failure to look at it as a total system. We could for example , get the capacity and functioning of the tertiary services right but fail miserably on value for money criteria by not strengthening , in particular , primary care or child and adolescent teams. Equally provision of post registration programmes for nurses working in mental health needs to be addressed similarly encompassing a total systems approach.

Here to fore disaggregation of the true impact attributable to investment in post graduate education across all disciplines has presented some challenges, given our present state of knowledge and data availability, the PNA is encouraged by the development of this strategy and the development of an overarching framework for future post registration programmes.

It is proposed the establishment of a strategic National Nursing Education Department in the Human Resources /Nursing Services Performance & Development Directorate within the HSE will link with the local networks vis a vie the NMPDU's and the Regional Centre's for Nurse Education and monitor progress and report annually through those existing mechanisms wherever possible providing direction and clarification on matters pertaining to identifying educational need in response to service requirement and evaluation. As part of the modernisation agenda there is a need for a strong emphasis in relation to monitoring and measurement of post registration education expenditure this will require tracking and evaluating expenditure within this department. This will guide future fiscal and professional development.

The PNA recommends utilising indicators of service need and nurse workforce planning vis a vie the regional NMPDU's to determine the need for future programs and funding initiatives. The effectiveness and need for each program should be reviewed annually. Effective evaluation and review can only be undertaken if the purpose of the program is clearly defined and measurable performance indicators are set.

Furthermore as a result of training needs analysis and the spread of programmes in terms of viability there may be a requirement for the HSE to tender for some programmes/ modules as the need arises perhaps every two or three years. This would ensure maximum investment and a more coordinated approach with the third level institutes. Also that employers and education providers develop

strategies to ensure that the targeted uptake of these programmes in those areas is achieved given that a number of specialist programmes with low levels of demand or interest are also areas of need in terms of workforce planning.

Other proposals included that nurses sponsored by their service for educational programmes be "bonded" for a specified period to that service thereafter and that the service require repayment for non-completion of studies.

The PNA welcomes the role out of the first educational programme for nurses prescribing.

Prescription of psychoactive medications and the adjunctive pharmacological agents that ameliorate side effects of these medications is recognized as highly specialized. Prerequisite competencies for prescriptive activities include knowledge of neuroscience related to drug action and disorder pathology; understanding the dynamics and kinetics of psychopharmacological agents and their actions ; and competency in clinical case management, including assessment, diagnosis , treatment and evaluation. It is clear that a RPN/ RNID armed with the requisite knowledge following the educational programme will indeed provide quality service and true value for money in the health reform.

Integration and Shared Learning

In the treatment of serious mental illness, a collaborative approach means that all involved professionals, the patient, and family

caregivers' share decision making and responsibility. Collaboration by definition requires a mutual sharing and working together to achieve a common goal so that each person's contribution is recognised.

In line with Mental Health Policy Vision for Change and as identified by the Mental Health Commission (2006) there is a need to promote decision making, problem solving and teamwork skills within multidisciplinary teams , as well as an understanding of evidence based practice / models of care and inter disciplinary practice among nurses and other mental health professionals.

A consistent theme which emerged within the PNA consultative forum was the further development and opportunity to look at post registration programmes which promote shared learning between a number of professional's within mental health. This would encompass providing a "suite" of modules which would not only be available as part of a complete programme but also in singular strands. The purpose of this approach would be to support practitioners from a range of disciplines in a flexible framework whilst also integrating and emphasizing the specialist knowledge defined by psychiatric nursing and unique to the discipline. This would create opportunities to structure parts of programs or courses to encompass common skill sets with areas for individual disciplines protected in individual components/ modules. For example, professionals interested in an approach to care such as Recovery or Rehabilitation will incorporate this theme into each module. This framework would encourage higher education institutions to adopt a unitised structure in the design of

their programmes and modules which will give them greater flexibility to be innovative and responsive to the needs of learners and employers in terms of the design of curricula and delivery whist also provide the opportunity to critically engage in effective intra and inter professional working (collaborative competence) and cross professional approaches in the health care context.

It is crucial that mechanisms are established to integrate other educational provider's i.e. corporate training and education providers in the health care environments into one agreed integrated forum, e.g Regional Centres of Nurse Education, they are ideally located in the acute hospital environment to facilitate this provision. These programmes must also be validated to ensure acknowledgement of all learning and facilitate access, transfer and progression .The centres should have access to accreditation to validate and approve courses through the HEI's, HETAC facilitating credit transfer and credit accumulation enabling greater flexibility cost effectiveness and access.

Support Structures

The Empowerment of Nurses and Midwives Steering Group (2004) recognized that the empowerment of nurses and midwives involves the commitment of nurses and midwives to maximizing their personal contribution to patient care through education, development and partnership across professions. Self managed learning provides the bedrock to staff empowerment.

At the Lisbon European Council held in March 2000, the Heads of State and Government set the Union a major strategic goal for 2010:

"to become the most competitive and dynamic knowledge-based economy in the world, capable of sustainable economic growth with more and better jobs and greater social cohesion".

In 2002 At the Barcelona European Council meeting, the "Education" Council and the Commission jointly proposed a work programme, together with a detailed timetable for working towards the concrete future objectives of education and training systems , with particular reference to key issues one of which was in relation to: Facilitating the access of all to education and training, strategic and associated objectives included:

1. Creating an environment conducive to learning

2. Making learning more attractive

3. Supporting active citizenship, equal opportunities and social cohesion

The constituents of flexible learning put forward at the PNA consultative forum reflects those of the European Council and Commision which include:

Key issues
- Broadening access to lifelong learning by providing information, advice and guidance on the full range of education and training opportunities available;

- Organising education and training in a way that allows nurses to effectively participate and combine this participation with other activities and responsibilities;

- Ensuring that education and training are accessible to all;

- Promoting flexible learning paths for all;

- Promoting networks of education and training institutions at various levels in the context of lifelong learning.

- Developing methods for the official validation of non-formal learning experiences;

- Finding ways of making learning more attractive, both within the formal education and training systems and outside them;

- Fostering a culture of learning.

- Fully integrating the equal opportunities dimension into the objectives and functioning of education and training;

- Ensuring fair access to the acquisition of skills.

There was general consensus within the forum that whatever shape the approach to post registration education ultimately takes, it should ensure that the problem of reaching out to non traditional learners is adequately addressed. Rigidity must be avoided and sensitive to the modalities required by non traditional learners, therefore approaches must be dynamic and capable of responding to diverse learning approaches.

Work – Based Learning (WBL) was also referred to – an approach currently established in Dublin City University (DCU). Facilitated work- based learning supports practitioners' specialist preparation in

discovering professional and practice knowledge and encourages them to think analytically at an advanced level and therefore evaluate their practice at specialist and advanced level. Participants engage in the programme with part of their learning taking place away from though related to their practice area and part taking place in practice.

The further development investment and networking of Regional Centres of Nurse Education by aiming to transform them into learning centres which are;multi-purpose, accessible to all and adapted / tailored to suit the needs of all nurses. For example, virtual forums and campuses could be set up, linking universities, hospitals, training centres, etc. This will promote the development of distance teaching and training and the exchange of best practice and experience.

Since information and communication technologies (ICT) affect society at all levels, from work to private life, it is vital to analyse and anticipate the implications for education. Introducing ICT in this sphere is essentially a question of teaching methods and equipment. The main focus is on infrastructure providing all healthcare establishments with Internet access. It remains difficult to form a clear picture of the day-to-day use of ICT in nursing. However at a European Level research is currently underway examining the ICT skills of nurses across Europe, Ireland is participating in this research led by DCU as part of the Leonardo da Vinci programme which promotes mobility, innovation, and quality of training through transnational partnership - cooperation between various players in

vocational training, such as training bodies, vocational schools, universities, businesses, and chambers of commerce. This programme provides funding in developing the use of ICTs (Information and Communication Technologies) in vocational training; developing new vocational training tools, services and products using ICT which will promote access to vocational training. To this end, the programme pursues operational objectives which seek to develop and strengthen the development of innovative ICT-based content, services, pedagogies and practices and the following action - thematic networks of experts and organisations working on specific issues related to vocational education and training it is within this regard current research is underway through DCU in relation to ICT developments in nursing entitled e Psych Nurse.Net. The overall goal of this project is to ensure high quality, ethically appropriate and therapeutically effective interventions to enable nurses to manage distressed and disturbed patients in psychiatric hospitals and inpatient unit in six European countries including Ireland. The main outcomes of the project are:

1. Knowledge about the need for continuing education among qualified nurses working in psychiatric hospitals and inpatient units
2. A multinational portal to conduct innovative practices for continuing vocational training in psychiatric hospitals and inpatient units
3. National and international collaborative networks in the field of mental health care in Europe

The PNA consultative forum supports development and adaptation of innovative teaching that incorporates the use of technologies the further development of virtual forums for cooperation and exchange of information; and recommends the following within this regard:

- the effective integration of ICT in education and training systems
- capitalise on the potential of the Internet, multimedia and virtual lifelong learning environments
- speed up the integration of ICT across all areas of nursing and healthcare provision
- ensure more rapid provision of equipment and of a quality infrastructure for education and training
- enhance research in e-Learning
- monitor and analyse the process of integration and the use of ICT in nurse education

There is a need for greater support for psychiatric & intellectual disability nurses working in rural and remote areas and the provision of supportive working environments for all nurses which includes appropriate study leave, clinical supervision, professional networking, de – briefing, and developmental opportunities. Advice on career paths and clinical supervision is a key part of all professional practice to provide support to nurses, and enhance ongoing learning and should be provided as a seamless integral part of the working day.

There is a need for a greater emphasis on the development of internal training which could be provided within the regional centres of

nurse education and the concept of an enabling environment was highlighted; that is one that provides for professional support, recognition, role clarity the necessary resources to create development opportunities, and patient focus.

Conclusion

Mental health nursing is the largest group of professionals within the mental health workforce and the shift of mental health provision from large institutions into the community require multiple skills and a multi-disciplined workforce.

Psychiatric – mental health nurses focus their clinical activities on different populations (Child & adolescent, older adults, families); on specific mental health problems (violence , substance abuse, severe and persistent mental illness); on targeted patient outcomes (clinical, functional , perceptual) in a cost effective manner; or on different aspects of mental health such as health promotion, illness prevention, and rehabilitation they are a critical component of a successful mental health system. Psychiatric nurses provide individualised care, focusing on the whole person, the family, or the community. In addition to their direct care activities, they can function as case managers, serve as consultants, or engage in research. Because of their broad background in biological, pharmacological, sociological, and psychological sciences, psychiatric – mental health nurses are a rich resource as providers of psychiatric mental health services and patient care partners for the consumers of those services. There is

increasing complexity in their role that requires crisis, outreach, liaison and case management skills in community settings with more complicated client groups They are uniquely poised to provide the type of collaborative, integrative and multi - level clinical care service delivery that will be critical to the successful implementation of national policy Vision for Change and a quality mental health service. The strategy for the development of future post- registration programmes will need to consider psychiatric and ID nursing's unique position in varied levels and specialty areas to provide the wide range and mix of services that are crucial in today's complex health care environment. Furthermore, the provision of effective mental health care requires special skills and training and nurses with this training must be available for the mental health workforce (Groom, Hickie, & Davenport, 2003) The optimal use of skilled psychiatric nurses is at the heart of the change we are looking for in the delivery system in the context of implementing both the Health Strategy and Vision for Change.

The PNA is committed to building an enhanced and sustainable mental healthcare system through the promotion of professional visibility and pride, this will encompass post registration education and this review will contribute to consistency and capacity in clinical practice and education and the overall quality agenda in mental healthcare. The development of an overarching robust and nationally consistent framework in post registration education allows for ongoing review and re- assessment of workforce planning, policy development and all areas of nursing practice.

This is an opportunity to bring structure and transparency to post registration nurse education, recognize emerging specialties, accommodate changes in all domains of practice, and achieve greater national consistency through the application of an overarching framework. This review is the first step in a continuous process towards developing an enabling environment at a strategic level, to foster professional supports, recognise the evolving role of nurses within the mental health and ID services, promote clarity and cultivate empowerment in relation to professional preparedness. It should outline a well considered vision for a post registration education pathway from front – line to top level nursing management and provide the interventions strategic goals required to realize that vision.

As the largest component of the health workforce, the structure and functioning of the nursing workforce is critical to the functioning of the overall health system. This review / strategy should outline whether there are enough nurses with the right knowledge, skills, competence and preparation in the best places and optimally distributed to affect the outcomes we want for our services.

<u>Recommendations</u>

We need to re- examine how we conceptualise nursing practice in mental health and ID sectors for the future. Post Registration nurse education in mental health and intellectual disability sectors must be "fit for purpose", and evidence based in response to service need, workforce planning, professional development and consistent with a philosophy of life long learning.

In order to provide a thorough analysis of the educational requirement for nurses in psychiatry / mental health, a cohesive system of outcome evaluation and management needs to be addressed. This process will enhance our understanding of the context within which treatment and services are provided which in turn will demonstrate efficacy of and enhance accountability and legitimacy for psychiatric nursing practice.

There is also a clear indication that the provision of professional education must respond to the competencies needed to develop to the changing demands challenges and needs of the service and set within a strategic context this will include particularly post registration education aimed at enhancing the development of ANP posts, expansion of the Psychiatric Consultation Liaison Nurse, and education for Primary Care.

The establishment of a strategic National Nursing Education Department in the Human Resources /Nursing Services Performance & Development Directorate within the HSE which will be tasked with

- The development and evaluation of an overarching framework for post registration nurse education

- Engaging with relevant parties' i.e. third level institutes, service providers, professional bodies, Bord Altranais, National Council for Nursing & Midwifery, the Health Information and Quality Authority, awarding bodies.

- Work within existing structures and develop processes to strengthen the link between service provision and education.

- Identify future educational needs

- Construct the necessary procurement and financial arrangements to deliver ongoing programmes through the development of the Strategic Nursing Education Department HSE

It will be governed by a board of management made up of key stakeholders from education, health service providers, Health Information and Quality Authority and professional bodies' i. e **nursing unions.** Its purpose would be to provide a strategic overview of the tendering process, monitor progress and address partnership issues as they arise. In addition it will provide direction and clarification on matters pertaining to evalution, capital development and workforce planning in the context of post registration education. It will adopt a coordinated approach whereby a collaborative partnership model among universities, health services and health

planners is the mechanism for setting the number of university places, and integrating work/study options for students.

It will provide a co – ordinating role in terms of identifying educational need in response to service requirement, workforce planning value for money and outcome evalution management. As part of the modernisation agenda there is a need for a strong emphasis in relation to monitoring and measurement of post registration education expenditure this will require tracking and evaluating expenditure within this department. This will guide future fiscal and professional development.

In turn it will establish strategic links with key stakeholders such as Bord Altranais, National Council for Nursing & Midwifery, the Health Information and Quality Authority, Higher Education Institutes and Universities, ensure cohesion and establish local networks in the four HSE area's, working collaboratively with the new structuring proposed for the NMPDU's and the Regional Centre's for Nurse Education. By linking with the local networks vis a vie the NMPDU's and the Regional Centre's for Nurse Education in collaboration with Directors of Nursing there will be an opportunity to conduct internal evaluations and audits of staff and processes to isolate areas for improvement.

For the purposes of the provision of mental health services specifically and in keeping with Mental Health Policy Vision for Change the PNA hold the view that such a "National Nursing

Education Department" must be <u>explicit in it's linkages with The National Mental Health Service</u> <u>Directorate</u> and work collaboratively in addressing the splintering and confusion that currently characterises education and training in post registration education for nurses working in mental health & intellectual disability services. This approach would provide for rational, coherent and dependable funding based on a service needs basis and ensues to eliminate the periodic gaps and consequent uncertainty frequently encountered in Mental Health and ID sectors.

The PNA recommends utilising indicators of service need and nurse workforce planning vis a vie the regional NMPDU's to determine the need for future programs and funding initiatives. The effectiveness and need for each program should be reviewed annually.

A co – coordinated approach, between key stakeholders, where responsibilities are clearly defined, is essential. The establishment of an overarching National Framework put forward by this review needs to be imaginative and challenge existing notions to capture the scope of specialities for all nurses and midwives, include all domains of practice (not just clinical areas) eg ICT, Policy and Legislation, Education , Research , Management etc. It needs to reflect practice as well as accommodating future developments in specialisation and facilitates the portability of the recognition of knowledge and skills.

The PNA is of the view that the findings of this post registration education review must ensure that there is a nationally coordinated

series of pathways for psychiatric and intellectual disability nursing that provides compressed courses, recognition of prior learning for students and a range of innovations for mental health and ID nursing.

The PNA recommends greater involvement of psychiatric nurses and ID nurses in the development and provision of education programs in the third level institutes, development of closer ties and effective partnerships and the continued financial support for professional/ post registration education. Incentives such as providing awards for excellence by nominating supportive third level institutes for a mental health award were also suggested at the forum.

The utilisation of personal development plans will link training needs to service needs; the PNA is of the view that greater use of personal development planning within the service framework is required.
Post Registration education must adopt a systematic means of responding to changing health needs, consumer demand and advancing technologies.

The PNA recommends mapping post registration courses to the National Councils Clinical Nurse Specialist and Advanced Nurse Practitioner database to determine correlation and determine if the specialities correlate with known lack of post registration programmes. Also the PNA recommends mapping programmes to available nursing shortage data and national service shortages e.g. child and adolescent psychiatry and determine the correlation.

Programmes / modules must be outcome focused with clear and measurable objectives, consistent with nursing workforce policy and used to inform future policy development.

The development and implementation of any new polices and criteria associated with nursing educational programmes leading to registration or advanced practice requires collaboration across the various bodies involved. Further clarification is necessary as to the collaborative processes required with regard to the roles of Bord Altranais, that of the awarding bodies, the role of the National Council, the National Qualifications Authority the HSE and any new developments proposed as a result of the work of this review.

The evolution of a plethora of post graduate courses with varying titles described in many ways (e.g. Post graduate diploma, Higher diploma,) has caused great confusion, this needs to be addressed through the National Qualifications Authority in the context of the National Framework of Qualifications regarding the levels required for the development of Clinical Nurse Specialist Posts.

Provision of post registration programmes for nurses working in mental health & ID services needs to be addressed encompassing a total systems approach.

There is a need for greater support for psychiatric & intellectual disability nurses which includes appropriate and reasonable study leave (there is currently inconsistency between services in terms of study leave awarded) clinical supervision, professional networking, de – briefing, and developmental opportunities.

That a preceptorship allowance be applied to include post registration nurse education programmes.

The inclusion of service planning as an element of postgraduate education nurses require fiscal skills to ensure they assess and propose the resources required to provide a quality environment for service users.

The development and implementation of any new polices and criteria associated with nursing educational programmes leading to registration or advanced practice requires collaboration across the various bodies involved.

Clinical effectiveness, service quality and clinical governance are major strands of the health care reform agenda. Post registration education programmes must reflect these components for nurses to have a comprehensive and critical awareness of these issues.

Employers and education providers develop strategies to ensure that the targeted uptake of programmes is achieved given that a number of specialist programmes with low levels of demand or interest are also areas of need in terms of workforce planning.

This is an opportunity to look at post registration programmes which promote shared learning between a number of professional's within mental health in a flexible framework whilst also integrating and emphasizing the specialist knowledge defined by psychiatric nursing and unique to the discipline.

It is crucial that mechanisms are established to integrate other educational provider's i.e. corporate training and education providers in the health care environments into one agreed integrated forum, e.g Regional Centres of Nurse Education, they are ideally located in the acute hospital environment to facilitate this provision. The centres should have access to accreditation to validate and approve courses through the HEI's, HETAC facilitating credit transfer and credit accumulation enabling greater flexibility cost effectiveness and access.

Post registration education must ensure that the problem of reaching out to non traditional learners is adequately addressed. Rigidity must be avoided and sensitive to the modalities required by non traditional learners, therefore approaches must be dynamic and capable of responding to diverse learning approaches.

Facilitate the access of all nurses to education and training

1. Create an environment conducive to learning

2. Make learning more attractive

3. Support active citizenship, equal opportunities and social cohesion

The further development investment and networking of Regional Centres of Nurse Education by aiming to transform them into learning centres which are;multi-purpose, accessible to all and adapted / tailored to suit the needs of all nurses.

The PNA consultative forum supports development and adaptation of innovative teaching that incorporates the use of technologies the further development of virtual forums for cooperation and exchange of information.

Advice on career paths and clinical supervision is a key part of all professional practice to provide support to nurses, and enhance ongoing learning and should be provided as a seamless integral part of the working day.

There is a need for a greater emphasis on the development of internal training which could be provided within the regional centres of nurse education and the concept of an enabling environment was highlighted; that is one that provides for professional support, recognition, role clarity the necessary resources to create development opportunities, and patient focus.

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Appendix 1

Group One

What is the Future Requirement of Post Registration Nurse Education in Mental Health?

Categories

Generic Skills
Specialist Skills

Future Requirements

Stand Alone Modules
Flexibility in courses
Location- regional centres
E- Learning / Web/ on line
Support with study time

How will it expand & underpin practice?

Provide equity for nurses across the country

Provide greater autonomy in practice through
- Personal development plans
- Portfolio development

Address career pathways and provide for future requirements for psychiatric nurses

Mindful of mental health policy requirements
Ethical & Legal Issues
Documentation
Clinical Supervision

Addressing Patient Need – Psychosocial Interventions
Psychoeducation
Severe& enduring Mental illness
Cognitive Behavioural Approaches
Addiction awareness
Stress debriefing (Post traumatic stress disorder)
Child & Adolescent Psychiatry
Risk Management
Crisis Intervention
Anger management
Cultural Diversity / Intercultural needs
Primary Care
Solution Focused Therapy
Pharmacology – phlebotomy, Injection sites
Visual psychotherapy
Mental health promotion
Bereavement Counselling
Psychiatry of later life
Dual Diagnoses – Intellectual Disability

In what way should it be delivered?

Accredited through An Bord Altranais & National Qualification
Framework
- transferability
- flexibility

Geographic Equality / Balanced

Flexible modes of delivery

E- Learning

Maximum use of Centres for Nurse Education

Lecturer/ practitioner posts linked to services

Better use specialist practitioners in mental health in programme delivery

Why is there a requirement to conduct this review and how do we measure outcomes of post registration education mental health nursing and its appropriateness for service provision & work force planning for the future?

Why?

Audit what's already there

Post Registration in Mental Health requires reviewing in light of ongoing changes and policy development

Identify service area needs and required supports

Include Service User for feedback

Identify diversity of skills

Standardise practices in line with mental health policy & legislation

Professional development value of Psychiatric Nurses

Avoid duplication

Staff Morale & self esteem

Expectation of a mental health service

How?

Consultative forums between services & institutions

Include Service Users in development & evaluation of all courses

Encorporate all post graduate education into overall life long learning

Outcome measurement audit - and improve quality of care

Group 2

What is the Future Requirement of Post Registration Nurse Education in Mental Health?

Categories

Staff Nurse
Specialist Practice
Clinical Nurse Managers
Emphasis on Primary Care / Triage /Liaison Nursing

Why?
Changes in Demographic Profile:
- Increasingly Psychiatric Nurses are addressing mental health issues in the context of: -
- Increasing Age Profile
- Multi- Cultural Society
- Social Deprivation
- Forensic Services
- Dual Diagnoses
- Substance Abuse

How will it expand & underpin practice?

Addressing Patient Need in terms of - Health Promotion
- Primary Care Intervention
- Child & Adolescent Psychiatry
- Severe/ Enduring Mental Illness
- Assertive Outreach
- Complimentary / Alternative Therapies e.g. Drama, Art, Reiki, Mindfulness,

Nurse educated to post graduate level provide value for money throughout the health system

Contribute to continuing competence and professional practice

Offers service user quality evidence based service provision

In what way should it be delivered?

Stand alone modules

Accredited through National Qualification Framework

E- Learning / Distance Learning

Preparation/ Investment of resources into clinical sites / placements

Interdisciplinary learning - Recognise the value of generic modules which may be shared with other disciplines

Greater increase of clinical placements and inclusion of skills laboratories

Why is there a requirement to conduct this review and how do we measure outcomes of post registration education mental health nursing and its appropriateness for service provision & work force planning for the future?

Need to examine geographical spread of courses and specialist clinical placements

Audit Programmes & Outcomes

Measure?

Conduct trends / needs analysis

Appropriateness

Provision of multi skilled nurses

Services supplemented by health care assistants and other allied grades (Skills Project)

Examine post graduate education and its impact in terms of recruitment & retention and resource implications for service provider
Priorities

Accessible

Focused

Relevant

Development

Patient Need

Towards the development of all nurses

Core generic courses

Menu of options: buy as you need modules

Interdisciplinary education responding to multidisciplinary teams & primary care teams

Assessment of competencies and survey of nurses within individual services / HSE regions.

Evidence Based

Development linked to service need

Group Three

What is the Future <u>Requirement</u> of Post Registration Nurse Education in Mental Health?

<u>Categories</u>

Staff Nurse
Advanced Nurse Practioners/Clinical Nurse Specialists
Clinical Nurse Managers

<u>Why?</u>

Future of Psychiatric Nursing
Policy – Vision for Change
Expand and underpin delivery of care using clinical expertise
For the purposes of measuring quality and best practice
Location of nursing roles
To examine models of education

<u>Future Requirements</u>

Education - Formal/ May not need to be formal
In-service
Within the clinical environment – resources required!
Educators
Supports - Clinical Supervision
Time – to share experience

<u>Benefits</u>

Confidence Building

How will it expand & underpin practice?

<u>Monitor as a method of growing need</u>

<u>Ground Up Top Down Approach</u>

By:
- <u>Surveying needs of nurses</u>
- <u>Addressing Patient Need</u> – Communication/ Rapport (Advanced Skills in a variety of settings)
Relationship/ Assessment Skills
Risk assessment & management
Clinical Skills for reporting – Documentation
Admission/ Transition/ Discharge Planning
Psycho Education
Medication Management
Nurse Prescribing
Reflective Practice
Cognitive Behavioural Approaches
Specific Focus on specialist and core modules
Screening
All Psycho Therapies

Address Specialist Areas – Advanced Nurse Practioners /Clinical Nurse Specialists:
Community Mental Health Nursing
Psychiatry of Later Life
Rehabilitation
Liaison Psychiatry
Forensic Psychiatry
Primary Care/ Liaison Psychiatry

In what way should it be delivered?

Balance between University education and point of service delivery

E- Learning / Distance Learning

User Friendly

Practice Based

Delivered at Centre for Nurse Education

Accredited through National Qualification Framework

National common agreements for releasing and replacing staff

Commitment from management towards funding with contractual agreements on completion.

Recognise the value of generic modules which may be shared with other disciplines

Incorporating both academic & clinical supervision

There should be enhanced monetary recognition for those who complete post graduate education.

A requirement for preceptorship training for supervisors of post graduate education

Why is there a requirement to conduct this review and how do we measure outcomes of post registration education mental health nursing and its appropriateness for service provision & work force planning for the future?

Audit Programmes & Outcomes

Measure ?

Assessment of clinical practice

Patient satisfaction survey

Multidisciplinary Audit

Impact on Service Provision & Planning

Appropriateness

Positive planning resulting in services providing attractive options for staff.

A motivating force for staff within the service

Priorities

Accessible

Focused

Relevant

Development

Patient Need

Towards the development of all nurses

Core generic courses

Menu of options: buy as you need modules

Interdisciplinary education responding to multidisciplinary teams & primary care teams

Assessment of competencies and survey of nurses within individual services / HSE regions.

Evidence Based

Development linked to service need

Group Four

What is the Future Requirement of Post Registration Nurse Education in Mental Health?

Skills based training

Modularised- suite of modules to pick and choose

How will it expand & underpin practice?

Core Areas: Advanced Communication
Critical thinking
Reflection
Psychodynamic
Solution Focused
Legal & Ethical Issues

Addressing Patient Need in Terms of –
Clinical Assessments
Risk Assessment
Issues relating to social exclusion and the broader community

Nurse Prescribing & Medication Management

Address Specialist Areas– Family Therapy
Challenging Behaviour
Severe & Enduring Mental illness
Psychosocial Skills
Cognitive Behavioural Therapies
Child & Adolescent Psychiatry
Substance Abuse
Forensic
Care of the Elderly
Alternative therapies

In what way should it be delivered?

E- Learning / Distance Learning
Ability to transfer modules between third levels through National Accreditation Framework
Service user involvement in curriculum development & delivery

Requirement for Lecturer/ Practioner posts

Recognise the value of generic modules which may be shared with other disciplines

Why is there a requirement to conduct this review and how do we measure outcomes of post registration education mental health nursing and its appropriateness for service provision & work force planning for the future?

Current Problems identified

Issues releasing staff onto course due to replacement problems

Generalist

Commercial

Weighted towards research rather than practical application in clinical environment

Issues regarding eligibility and previous qualification / experience

Currently two groups of staff –
Apprenticeship model
Qualified through degree

Why?

Need to review and evaluate current post graduate provision

Measure?

Portfolio Development

Patient satisfaction surveys

Re- admission rates

Quality Standards Framework

How Appropriateness?

Clinical supervision

<u>Appendix 2</u>

I have been invited to the consultative forum on post graduate nursing courses on 20th Feb but I regret I cannot attend due to other commitments.

However, I have a number of suggestions of content for nursing courses for the future to ensure our nurses are 'fit for purpose' and also that we will not become a marginalised group with all the changes in health care.

Health Informatics
Nurses need to be involved from the beginning with this rather than have a system imposed on them by IT people otherwise they may find themselves with a system that does not reflect their work as happened in Europe and US.Nurses cannot do this without an indepth knowledge of health informatics.

Budgeting
Nurses need fiscal skills to ensure they get the resources they need and that are available for the bedside. So many times this money is spent elsewhere because nurses do not understand or cannot negotiate the systems for resources.

Governance/Audit/Quality
This is the currency of the modern health service. Nurses must have a comprehensive and critical awareness of these issues to hold their place in any discussions or developments

05.02.07

Re: Consultative Forum – Postgraduate Nurse Education Review

Dear Des and Aisling,

Further to your recent information regarding the re-introduction of postgraduate training, the Dublin North Central Branch would like to make the following observations:

1. We believe that any postgraduate programme should deliver as a minimum a higher diploma on qualification. This will ensure that nurses will benefit from the programme in a real and tangible way. It will also leave nurses who take part in such a programme in a position to secure Clinical Nurse Specialist positions (subject to NCNM provisions etc)

2. There are many staff from abroad whose qualifications are not in line with the Irish degree programme. In order to work as a psychiatric nurse in the Irish service, a conversion course would be necessary. This branch asks you to consider that the provision of such a course could be integrated into a standard H-dip course. e.g. 1 year of a H-dip course leads to conversion for foreign nurses, 18 months / 2 years to a H-dip qualification.

3. That postgraduate training should be available as previously i.e. for psychiatric, general, intellectual disability and midwifery. (we understand that paediatrics is currently available)

4. That employers review the current study leave allowances (where there are some) as they are wholly inadequate. Reasonable study leave would act as and incentive for nurses to take part in any course proposed

5. That should the current claim for a preceptorship allowance be successful, it will include preceptorship of conversion and post graduate students.

6. That major research projects undertaken by postgraduate students would have a focus on improving patient care / outcomes in the area which they work.

Many thanks for your kind consideration of the above

Yours sincerely,

Elizabeth Collins, Branch Secretary
Dublin North Central

28th March 2007

Dear Aisling,
I hope that this submission is not too late for inclusion in your draft document for Siobhan O'Halloran. We had a lively discussion at our meeting, March 3rd but most of the points raised had been covered already during the forum.
I include only the points most important to the group.

**SUBMISSION FOR THE PNA RE POSTGRADUATE NURSE EDUCATION
FROM THE IRISH PSYCHIATRY OF OLD AGE NURSING NETWORK.**

Re Provision of   postgraduate education:
It is the view of the group that accessible ongoing education should be available to all nurses irrespective of their location. At the moment there is a clear Dublin bias for many courses.
E-learning and distance-learning will be an important feature of courses for nurses in the future, particularly as increasing numbers of nurses work in community settings and stand-alone jobs, e.g. Triage CNS, liaison psychiatry etc.
It is important that employers recognise this type of education with a reasonable amount of study leave.
Provision of stand alone modules which could be purchased from providers as appropriate to the clinical demands of the work area and aggregated to a certificate/ diploma/degree level would be more relevant than the present system of purchasing an entire course despite its mix of the relevant with the irrelevant modules.
For Example,
Challenging behaviour in Dementia,
Care Mapping,
Palliative Care in Dementia,
Person-centred therapy,
Communication
Elder Abuse etc.

Re Clinical site/University relationship:

- There is no recognition from the university either financial or otherwise to the clinical sites made available to the postgraduate students while completing their course. It must be remembered that in the absence of clinical sites the academic course itself would be impractical and useless.
- There is a complete lack of co-ordination and communication between the university and the so-call relevant HSE partners.
- It appears to be expected and accepted readily by the university for the relevant HSE partners to develop the academic modules and once completed and submitted to the university and signed off end of story as far and the university are concerned.
- Again there is no financial recognition to the so-called partners / service provider in developing the course and the amount of time and preparation that is done by HSE staff on behalf of the university.

Re Benefits of postgraduate education:

It is the view of the group that further education is not financially rewarded at present.
The Qualification allowance is given if a nurse acquires a postgraduate qualification and cannot be increased beyond the set rate, irrespective of the amount of further qualifications achieved. We feel that an annual increment according to the type of qualification i.e diploma or degree or masters etc and in addition to each approved qualification is an appropriate incentive.

Thank you,
Yours Sincerely,

_____
Mary Mannix, Secretary to the Group, and
P.P. Michael Shasby, Vice Chairman

Appendix 3

List of Contributors

Ms	Angela	Cocoman	Mental Health Lecturer	Dublin City University
Mr	Jim	Maguire	Nurse Lecturer	Athlone Institute of Technology,
Mr	Tony	Reid	Lecturer Mental Health Nursing	Waterford Institute of Technology
Ms	Catherine	McTiernan	Assistant Director of Nursing	Mental Health Services St Ita's Hospital Portrane
Ms	Karen	Murphy	Chair of FINCAMH	Dept of Child & Adolescent Psychiatry MRH Portlaoise
Ms	Mary	Mannix	Secretary Irish Psychiatry of Old Age Nursing Network	Psychiatry of Old Age Service St Camillus Limerick
Mr	Aidan	Lawlor	Assistant Director of Nursing	Dublin West South West Mental Health Services
Mr	Kevin	Behan	Chair Community Mental Health Nurses Association	St Dympna's Hospital Carlow
Ms	Mona	O' Mahony	Assistant Director of Nursing	Lakeview Unit Kildare/ Wicklow Mental Health Services Naas
Mr	Ken	Brennan	Director Centre Nurse Education	Connolly Hospital Blanchardstown
Mr	Peter	Boland	Director Centre Nurse Education	St Ita's Hospital Portrane
Mr	James	Walsh	Director Centre Nurse Education	AMANCH Tallaght Hospital
Ms	Rose	Bennett	NPDC	St Ita's Hospital, Portrane
Mr	James	Lynch	Nurse Tutor	Centre Nurse Education
Ms	Martina	McGuiness	Nurse Practice Development Co-ordinator HSE Dublin Mid - Leinster	Dublin West South West Mental Health Services
Mr	Peter	Donnelly	Nurse Practice Development Co-ordinator	St John of Gods Stillorgan
Mr	Martin	Byrne	CNM2	East Galway Mental Health Services
Mr	Martin	Farrell	Director of Nursing	Connolly Norman House
Mr	Andrew	Callinan	Director of Nursing	University College Hospital Galway
Mr	David	Timmons	Nurse Practice Development Co-Ordinator	Central Mental Hospital
Ms	Louise	Hodnett	R.P.N	Carriglea Cairde
Ms	Mary	Brown	Clinical Facilitator	South Lee Mental Health Services
Ms	Margaret	Daly	NPDC	N.M.P.D.U H.S.E Mid Leinster
Ms	Moira	O'Donovan	Course Co - Ordinator	Catherine McCauley School of Nursing & Midwifery
Ms	Kay	Coburn	CNM3	St Dympna's Hospital
Mr	John	Murry	C.M.H.N	St Otteron's Hospital Waterford
Mr	Gerry	Maguire	Lecturer in Nursing	Dundalk Institute of Technology
Mr	Noel	Giblin	Staff Nurse	Behaviour Unit Aras Attracta

Ms	Ann	Hannon	CNM2	Learning Disability Service St Brigid's Hospital
Ms	Liz	Collins	Branch Secretary PNA	Dublin North Central
Ms	Mary	McHale	Nurse Practice Development Co-ordinator	Mayo Mental Health Services
Ms	Eimear	O' Donnell	Clinical Placement Co-Ordinator Ordinator	St Luke's Hospital Sth Tipperary Mental Health Services
Ms	Mary	Conneely	ID Advisor /Officer Board PNA	St Joseph's ID Services