

SELECTED ORAL COMMUNICATIONS**SESSION 50: RESEARCH FROM AND FOR NURSES AND MIDWIVES**

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Stream 1

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O-165 Expert panel and evidence-based development of the Logbook for the Nurses and Midwives Certification programme of the European Society of Human Reproduction and Embryology**S. Somers¹, H. Cotton², H. Kendrew³, J. Schoonenberg-Pomper⁴, A. Pinborg⁵, H. Bendtsen⁶, I. Jorgensen⁵, C. Plas⁷, E. Hanenberg⁸, V. Peddie⁹, E. Dancet¹⁰**¹Ghent University Hospital, Department of Reproductive Medicine, Gent, Belgium ;²Livio, IVF Klinikken, Oslo, Norway ;³CARE, Fertility, Bath, United Kingdom ;⁴ETZ Tilburg, Department of Cardiology, Tilburg, The Netherlands ;⁵Rigshospitalet University of Copenhagen, Fertility clinic, Copenhagen, Denmark ;⁶Aleris-Hamlet Hospitaler, Aleris-Hamlet Fertility, Copenhagen, Denmark ;⁷ESHRE, Central Office, Brussel, Belgium ;⁸Van Doren engineers, Human Resources, Breda, The Netherlands ;⁹University of Aberdeen, Aberdeen Centre for Reproductive Medicine, Aberdeen-Scotland, United Kingdom ;¹⁰Dancet- Eline, Fertility Centre, Leuven, Belgium**Study question:** How was the Logbook for the Nurses and Midwives Certification programme of the European Society of Human Reproduction and Embryology (ESHRE) developed?**Summary answer:** The Logbook for the ESHRE Nurses and Midwives Certification programme, which questions 56 roles, was developed based on an extensive literature review and expert opinion.**What is known already:** The ESHRE Executive Committee established the Nurses and Midwives Certification Committee (NMCC) in 2012. Since inception (2015), the certification programme has been delivered annually, with the exception of 2020 because of SARS-CoV-2. One-hundred-fourteen nurses/midwives have obtained ESHRE certification (passing rate=72%) and the programme is now accessible to nurses/midwives globally. The Certification program aims (i) to recognise the extended role of nurses/midwives delivering fertility care and (ii) to expand their theoretical background. The pre-requisites for certification are (i) being educated to a bachelor level of education and (ii) completing a practice based Logbook to demonstrate supervision of professional experience.**Study design, size, duration:** Between 2012 and 2014, the NMCC completed a systematic literature search for papers relating to clinical, non-clinical and extended roles of nurses and midwives in fertility settings. In addition, the NMCC invited a larger expert panel of European senior nurses and midwives to a meeting to discuss their needs and preferences regarding the certification programme and to survey the diverse roles performed by nurses and midwives in their country.

Participants/materials, setting, methods: The NMCC comprised four nurses/midwives, one clinical embryologist, and one medical doctor (both in advisory capacity). The Medline database was searched by entering a search string in PubMed combining (MeSH) terms related to reproductive medicine and nursing or midwifery. Opinion and empirical papers relating to roles of nurses/midwives in fertility settings were included. The surveyed expert panel included twelve nurses/midwives, representing Belgium, Denmark, Finland, France, Norway, Slovenia, Sweden, Turkey, Ukraine, and the United Kingdom.

Main results and the role of chance: A total of 49 papers, of which 24 empirical papers, were identified with the search string ($n=47$) and snowball strategy ($n=2$). The papers originated from 13 countries spread across Asia, Oceania, Europe, and North America. All twelve European senior nurses and midwives responded to the survey. Finally, 56 different roles were included in the Logbook. Forty-four roles were performed by nurses/midwives working in fertility settings according to the surveyed expert panel ($n=18$), the literature ($n=8$), or both the surveyed expert panel and literature ($n=18$). An additional twelve observations of laboratory procedures were added by the NMCC. Substantial variation in roles and responsibilities existed across the countries from which the evidence originated. Whereas a considerable proportion of roles were performed in at least five countries ($n=16/56$), a minority of roles were only performed by nurses/midwives in some countries ($n=7/56$). Eight specialist roles (e.g. embryo transfer) were performed independently by nurses/midwives in some countries, whilst in other countries, nurses/midwives merely had an assisting role. In addition to completing the Logbook, participants were expected to write two ethical cases according to a guideline, testifying to their ability to reflect as a senior nurse/midwife. From 2015, the content of the Logbook was further developed.

Limitations, reasons for caution: This abstract relates to the development and content of the Logbook and not the curriculum/educational material required for the theoretical exam of the Nurses and Midwives Certification programme. The NMCC continuously improves the Logbook and elements have been added and removed since its creation.

Wider implications of the findings: The review and survey illustrated the variation in roles and responsibilities of nurses/midwives across the studied countries, further highlighting the opportunity for professional development within fertility care. Further research is required to elicit the experience of certified nurses/midwives with the programme and its impact on their professional and personal development.

Trial registration number: Not applicable