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## **2018 NCSBN Annual Meeting - Panel Discussion with International Regulators Video Transcript**

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### **Event**

2018 NCSBN Annual Meeting

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### **Presenters**

- Moderator: David C. Benton, RGN, PhD, FFNF, FRCN, FAAN, CEO, NCSBN
- Dr. Majid al Maqbali, Director General of Nursing Affairs, Oman Ministry of Health
- Tasana Boontong, President, Thailand Nursing and Midwifery Council
- Dr. Leila McWhinney-Dehaney, Council Chair, Nursing Council of Jamaica
- Ainur Aiypkhanova, General Director, Republican Center for Health Development of Kazakhstan
- Hannah Kau-Kigo, Registrar, Nursing and Midwifery Council of Botswana
- Dr. Carmen T. López, President, Puerto Rico Board of Nursing
- David Murphy, President, Nursing Council of Trinidad and Tobago
- Sizeni Mchunu, Registrar and CEO, South African Nursing Council

- [David B.] It's my great honor to introduce our panel of distinguished colleagues from various parts of the world. Some are very near to us, and some are quite far from us. And just as we were preparing, before we started, just for a bit of fun, we added up the number of years of experience that we have between us in relation to regulation, and it came to just over 150 years.

I should add that none of us have had 150 years, okay? But nevertheless, there's a wealth of experience here. So what I'm going to do is I'm going to go along the line, I'm just going to very briefly introduce the panel, and then I'm going to start on my immediate left and ask each of the panelists a single question which they will respond to.

And the idea is really to provide you with some insights on some of the issues that our colleagues in different parts of the world are addressing. So, immediately on my left is Dr. Majid AL Maqbali. He's from the Oman Ministry of Health, and he's the Director General of Nursing Affairs. Next to him is Dr. Tasana Boontong. She is the President of the Thailand Nursing and Midwifery Council.

And immediately on her left is Dr. Leila Mcwhinney-Dehaney, who is the Chair of the Nursing Council

of Jamaica. Next is Ainur... I'm going to have to take my glasses off because I need to get them adjusted. Ainur Aiyphkhanova, who is the Director General of the Republican Center for Health Development of Kazakhstan.

And next to her is Hannah Kau-Kigo, the Registrar from the Nursing and Midwifery Council of Botswana. Immediately on her left is Dr. Carmen Lopez, President of the Puerto Rico Board of Nursing. And on her left is David Murphy, who is the President of the Nursing Council of Trinidad and Tobago.

And then at the end of the rope, by no means least, is Sizeni Mchunu, who is the Registrar and Chief Executive of the South African Nursing Council. So, Majid, let's start with you. So tell me, how is nursing regulated in Oman? What's the model? -

[Dr. Maqbali] Well, first of all, I'm very happy to be here, and thanks for the invitation. Oman, as you know, is in Middle East, and the Ministry of Health in Oman is the main or the primary provider of healthcare services. Now, all the health professionals are under one umbrella. The Ministry of Health, although it's the primary provider of health care, but also the Ministry of Health regulates health professions.

And we are working together now under one committee to establish a regulatory framework that, again, would regulate all health professionals and all health professions under one umbrella.

- Thank you. So let's turn to Thailand. Now, Thailand has made enormous strides in providing universal access to its citizens. What impact has this had on the regulation of the professions? Tasana. - [Dr.

Boontong] Thank you. Thailand has started the policy on universal health care coverage to our citizen since the enforce of the National Health Insurance Act in the year 2002. According to this Act, 75% of the Thai people who had never been covered by any healthcare insurance scheme can get access to healthcare service without financial barrier.

Thai government also reform healthcare system by strengthening primary healthcare services to reduce medical expense on advanced treatment in tertiary care hospital. Focus have shifted to health promotion, disease prevention, early detection, and primary medical care.

According to workforce database of Thailand, there was a small number of physicians working in the rural area. Majority of the physician work in tertiary care for specialist hospital located in the urban area so that Thai nurses who have been working in community health facility, such as community hospital or health station, become the main healthcare provider for these functions.

The need for nurse practitioner to work at primary care unit was evidenced. The TNMC, the Thai Nursing and Midwifery Council has to strengthen its responsibility as indicated in the Act to protect people, to ensure that they receive quality of nursing care by qualified nurses and they are safe.

During the period I served as a member of the National Committee on Health System Reform and also the president of Thailand Nursing and Midwifery Council, we...I mean, the member of the TNMC realized that the country needs a large number of community health nurse practitioner who are able to perform primary medical care and make appropriate clinical decision to refer the patient for advanced

treatment.

Thailand Nursing and Midwifery Council has supported more production of community health nurse practitioner. Credentialing program for NP has been started. As the regulatory authority for nursing and midwifery in this country, TNMC moved to the further step to legalize the practice of NP under the mutual understanding for supporting the practice of NP as initiated by the TNMC and was signed and announced by four major health professional council, namely, Medical Council, Council of Pharmacists, and Dental Council.

Under Nursing and Midwifery Council, we successfully proposed that the Ministry of Public Health establish regulation allowing qualified nurse practitioners whom certified by Thailand Nursing and Midwifery Council to legally perform primary medical treatment and prescribe medication accordingly.

And this is, you know, they can work throughout Thailand legally.

- Thank you. Let me move to Jamaica. Leila, the Nursing Council of Jamaica has been updating its regulatory framework. What advice can you give regarding bringing together the stakeholders in order to generate the momentum for the legislative change that you wanted? -

[Dr. Mcwhinney-Dehaney] Thank you for having me here today. I want to just step back a minute and say that a long time ago, 2011, we engaged David down in Jamaica to help us with this piece of work. I think what is important to updating your regulatory framework and to generate momentum is that the organization, the Council, must itself create what I'd call a drumbeat.

It has to be on top of what it is doing, first, by deciding what the consultative process is going to be like. There is a need for stakeholder identification and early notification. Under the Act in Jamaica, the Nurses and Midwives Act, there are three groups that are covered under this Act.

And while you would want to focus on these groups, it's important that you not only focus on the groups or the categories alone, but also the levels within these categories. Very essential because each group has a different need or sees the legislation from a different perspective. One also have to engage other professional groups that are external to the legislation, for example, the Pharmacy Council.

The Pharmacy Council will have to change its Act in order to include advanced practice nurses as prescribing professionals, so they were important in the process. The Medical Council, civil society, because the consumers are the ones who are getting the benefit or the safety of the care that's given, and so, you have to create a drumbeat within these groups.

The engagement of the stakeholders. I would recommend strong leadership because if the leadership doesn't understand the process or whomever is engaging the stakeholders in this process, the discussion could become very circular and you really don't achieve much at the end.

Organizing the groups and organizing the findings of these groups, it's very important. How we communicate these findings. After we had the initial discussion, we also had follow-up meetings where we sought to gain consensus. We reviewed the report and sought to gain consensus across the country.

Of course, it is very important that whomever is leading this process be on spot for clarification of issues. There are times when the role of the Council is highly misunderstood and so, whomever is leading the process have to be in a position for clarifications.

The individuals and the group opinions can be very strong, and so, it has to be guided consultation. There is a wide variety of persons who always make very good contribution, but how do you really garner what they're saying and put it in perspective so that at the end, you can do what you intended to do?

And that is to change and amend your regulation to reflect the time that you're speaking to or giving service and trying to protect the population. Thank you.

- Thank you, Leila. Kazakhstan is the ninth largest country in the world, and it's going through a period of rapid regulatory reform. Tell us about the establishment of a new National Center for Independent Examination. - [Ainur] Thank you, Chair, and thank you to everyone for having us all here.

I think this is a wonderful platform to learn from each other. The best practices and the superior feature of healthcare is when we share knowledge honestly, freely, and that's what improves the lives of patients in our community. So I think this is all a wonderful assembly. I wanted to share how Kazakhstan that was part of the Soviet Union for a century almost.

We had been a part of the larger country. We gained our independence only in 1991, which is 28 years of independence. And out of all the 15 countries that were a part of the bigger country, and now are all independent, we are probably the most active in learning the best experiences of the Western world and quickly implementing them in our country.

And I think that open-mindedness, I don't know, maybe it's part of national feature, or maybe partly it's thanks to the national governmental scholarship that sent 10,000 students, like myself, abroad to the best world universities annually. For example, I received my both graduate and undergraduate education here in the States. So we all came back with fresh eyes, with the new ideas, and best practices.

So in 2012, the agency that I lead right now has created a new division, a new department that was called the Center for Clinicians Knowledge Examination. And that's a completely new feature, a new function, where we had to now examine all doctors, all nurses, all allied health professionals for them to gain access to patient care and practice.

And until then, the government would issue the individual clinicians' license based on papers and review that there is a diploma in all the credentials, but it was never a fully independent examination of current knowledge and skills. And so that new function, of course, was met with much resistance and criticisms, and clinicians were asking questions like, "Why do we have to prove again that we know our job or know our work properly?"

But evidence suggests that independent assessment of knowledge of clinicians is the primary way to protect the public from people who do not qualify to provide patient care. And so that new function was brought to us, thanks to a World Bank project that we had in our country for five years, where we created many other new functions that are really the only ones in that part of the world.

So Kazakhstan is the only country that does this kind of independent clinician examination. And our neighbor countries don't yet do that, but they eagerly learn from us, and we're happy to share our experience. So the agency that I lead has 11 different divisions that do 11 different functions like this, including other functions such as health technology assessment, or national accreditation of hospitals and healthcare providers. But it was good to be all under one roof in one agency when these functions were just new.

It's like making baby steps together. But then when the babies have grown up, when the agency was functioning well and independently without any foreign consultants anymore, just this year, in January of 2008, we have separated out that division called the Clinicians' Knowledge Examination Division and it's now become a fully independent non-governmental, not for profit agency, just like NCSBN.

And I congratulate NCSBN with its 40 years of exemplary work that inspired many other colleagues, such as us, so far away with 12 hours time difference. And I was in the air for 17 hours at least to come here. So it's literally the other the part of the globe. And the time difference is really 12 hours exactly. So it's interesting how we all share the same aspirations and goals, and how NCSBN experience has inspired us not to be afraid to let it go, to let that function be provided in a fully independent environment without any government influence.

And so, we're proud that this new agency, which is like a baby stepping out of their parents' home and working fully independent, has worked out in a way where, first, I had to participate at a high-level regulatory work. So two years before now, I have personally drafted part of the regulation that said the independent examination of clinicians is done, not just by a governmental agency, but by an independent non-governmental agency accredited by the Ministry of Health.

So first comes regulation, then comes practice. So after writing the regulation, who can do this? And based on what the government can recognize such an agency where we have a detailed requirement list that sets certain number of staff, skilled and trained in certain things, those people who administer the examination, including things like having a proper IT system and computers and all of that.

Our division that we closed in January and reregistered as a separate agency has applied to the ministry, has been successfully accredited. And we have been successfully managing this new transition by establishing what we have learned from NCSBN, such as clear communication, PR strategy, you know, stakeholder identification, like you just have mentioned.

All of these processes were done based on what we have seen and learned and read from all of you. So I want to thank the global community, the American community for giving us some very best good lessons. Thank you.

- Thank you. So let's move to another continent. Let's move to Botswana this time. Botswana has been part of something that's known as the African Health Professions Regional Collaborative for Nurses and Midwives, or ARC. Tell us about the collaborative, and how working with your peers in the region has helped you to improve regulatory processes, Hannah.

- [Hannah] Thank you, Chair. Thank you, Chair. My take is that before the ARC, which was launched in

2011, before then, Botswana had no funds to engage in project, and this was a challenge.

So this changed after the ARC collaboration when Botswana had an opportunity to participate in the proposal writing competition and managed to win a total of three grants from 2012. So Botswana, through this breakthrough, managed to undertake projects, like they developed the CPD program and implementation plan.

They were engaged in reviewing the scope of practice for nurses and midwives which were developed in 1969. And we were also able to develop the Task-Shifting and Sharing Policy. So through the collaborations, Botswana was able to learn from the country counterparts in the project that was of national priority to them.

There were regional meetings that were held whereby the teams were presenting the projects and were able to collaborate and learn from the presentation, especially the summative presentation where now the country would present the final project. We're also able to now collaborate better with regional countries whereby, you know, we benchmark, we collaborate in issues that affect regulation, and we learn best practices from those countries.

So we're able to work with countries, around 18 countries in the region, and we're even continuing with that legacy. Thank you.

- Thank you. Moving to a little bit closer. Puerto Rico is obviously a U.S territory, and has recently experienced catastrophic disasters. How did these disasters impact the functioning of the regulator and education in Puerto Rico? Carmen. -

[Dr. Lopez] Yes, good afternoon, and thank you very much for the invitation for this meeting. Before I answer this question, it's important to clarify that Puerto Rico is a territory from the United State, and we received federal funds like FEMA and other agencies to manage emergency in Puerto Rico. But because our political issue that we are only a territory, we don't receive the same funds, and for that reason, it has taken more time to recuperated with these kind of disaster.

With this disaster, Puerto Rico have problem with everything, every essential services, all electrical lights, supplies of water, everything. We have a lot of problem with roads, and it was very, very heavy for us to recuperate.

But anyway, our people, I need to say, that our people respond very well to this disaster. Beside, we suffer with this situation. All our agencies start to working very hard to recuperate from this disaster. And our agencies, regulation agencies and academic nursing program personnel was the same.

Our board, for example, reopened the office one months later after the hurricane, and it was hard. We need to reschedule some exams, examination exams, appointments. We need to reschedule all of the appointments to renovate registration of the license obviously.

But in approximate three months, we have returning to the usually normal working track in the office. Also, we have the same situation with the academic programs. We may reschedule everything for student, make new contract of the hours of the classes, was given classes in different places availables to

doing classes, and everybody working together to assure comply with the requirements.

And we have already our first classes graduate in May from the universities with...everybody said, "Okay, I survive Maria, and we graduate from this program." And we have a lot of people immigrate to United States but was temporary with many people returning to Puerto Rico again.

And we're working hard, and I learned a lot of experience with this. One area that's significantly affected in terms of the regulation was that Puerto Rico just approved a new law to regulate nursing, and we need to develop a new regulation manual to establish the law.

But in the next question, I'm going to explain all included in this law and how we are going to do it to establish this new law, including advanced nurses practice, including many things. Okay, thank you very much.

- Thank you. So moving to Trinidad and Tobago, chronic diseases are on the increase in Trinidad and Tobago, and advanced practitioners have demonstrated to be highly effective in dealing with these problems. Where is Trinidad and Tobago in developing a regulatory framework to support this effort?

David. - [David M.] A very pleasant good afternoon, everybody. And I'm happy to be here representing the Nursing Council of Trinidad and Tobago and, by extension, the citizens of the Republic of Trinidad and Tobago. Yes, you're correct that chronic, non-communicable diseases, they are on the increase in our country, largely due, as well as we know, to lifestyle and lifestyle habits.

As far as the Nursing Council is concerned, and the regulations are concerned, we're very happy. And we want to thank Dr. Benton because we had him as a consultant in 2013, and many of his recommendations, we've been able to since effect them into law. And so, as far as the advanced practice nurse is concerned, we've also done our research, and the data has informed us because the data says that where there were non-communicable diseases, the chronic diseases, the input of the advanced practice nurse or the nurse practitioner is critical.

So we've done that research. The evidence is there, and it has informed our decision and what we have done. At the level of the Nursing Council, we've had our Act going back to the parliament. It was previously known as the Nurses and Midwives Registration Act. It has since been amended to now be called the Nursing Personnel Act.

And in that Act, we've been able to get both houses of parliament, both the House of Representative and the Upper House, the Senate, to agree on the legislative framework. And in fact, we have since had it enacted into law and endorsed by His Excellency, former President Anthony Carmona. So it is now law in our country that we can now register, at the level of the Nursing Council, the advanced practice nurse or the nurse practitioner.

As we speak, the regulations that would guide the Act are just about to be taken back to the parliament for what we call in our country for affirmative resolution. And as soon as that is done, we begin to license individuals. While we're doing all of that, the Nursing Council, we're working with the tertiary level institution, the University of the West Indies and the University of the Southern Caribbean.

And at least I can share this much that the University of the Southern Caribbean has now engaged in a memorandum of understanding with Johns Hopkins University with a view to having, first of all, a training of trainers so that we can roll out numbers of advanced practitioners, first, at the level of the trainers and then the trainees so that we can now begin an aggressive process and program to registering and licensing advanced practice nurses.

I thank you.

- Thank you. So, South Africa has been a leader in advancing nursing education. What role has the regulator played in program approvals to advance nursing practice in the country? Sizeni. -

[Sizeni] Good afternoon, colleagues. Greetings from South Africa, and thank you very much for including us in this discussion. Colleagues, I would just like to start by saying one of the objects of the South African Nursing Council is public protection, which I think is actually a known phenomenon in this room. And for the Nursing Council to ensure that we have got a competent and safe practitioners in the interest of the public, it anchors its belief on strong regulatory framework.

And that begins with enabling provisions of our Nursing Act, regulations that are related to all the programs that we run towards the qualifications that lead to professional registration, and, of course, a lot of policy guidelines regarding accreditation or approval of nursing programs.

But the second thing that's also important to ensure quality controls is that the South African Nursing Council actually defines, you know, levels of accountability in the process of approval or accreditation of nursing programs. And the accountability level, first of all, resides with the Council as an accounting body, because obviously, there are times when the accreditation process might lead to de-accreditation if a criteria and requirements are not complied with.

It actually sometimes also leads to litigations that we'd have to defend. It's therefore important to ensure that the highest level body is the one that takes full accountability for the approval process. But the approval process by the Council is based on the recommendations of one of important committees of the Council, and that is the Education Committee, which actually looks at the submitted documentation, drills down into the analysis that has been done by the office through the reports that are presented so that when it actually recommends that a program is approved by the Council, it has literally looked at all legislation, and not only the nursing legislation, but also legislation from other fields, such as the Department of Higher Education and Training because that is also our partner.

I think one of the other things that we also look at is that when the programs are approved by Council, the anchor is that we have to make sure that the program is approved for prescribed categories of nurses. Obviously, that is part and parcel of protecting the public so that we do not have anybody and everybody in the country waking up and beginning to offer programs for qualifications that are not known in the country.

And of course, that is also based in on a good competency framework for each of the specializations, for each of the undergraduate programs towards the qualification, as well as the scope of practice. Now, I'm mentioning these because during the accreditation process, as we look through the content of what is being presented to the students towards registration, we also have to look at whether all of these have

been complied with and have been factored into the program to be approved.

But like I've said, we also work with structures from the Department of Higher Education and Training. They also have a council on higher education that also accredits programs that resides within the higher education sphere. So as we look at accrediting a program, we also do look into whether the educational requirements, as well as the academic exit level outcomes have also been factored into the program so that we have got a good balance because our programs are offered at various institutions that includes universities, public colleges, as well as private educational institutions, and these have got different standings in our educational system.

Probably one thing that I need to mention, because we're looking for competence, one of the critical issues that we underscore is a good clinical teaching platforms. That, to us, underpins the whole process of accreditation because if that is not in place, then it means we don't have nurses, because nurses are nurses because they understand, because they do, because they feed.

And what is also important is some of the quality control measures sometimes call for the Council to actually dictate the numbers of students that can be taken into any educational institution, and even the number of intakes that an educational institution can actually accommodate per year, because that is based on the assessment of the available, you know, resources, whether they are human or infrastructural and so on.

So what is also important is if we have got a request for accreditation of a new program, it's always important that before the Council makes any announcements and gives any accreditation letter or any accreditation certificate or status, a site visit that includes the school itself, that is the educational institution, as well as the sites where clinical teaching is going to take place has actually been visited in order to make sure that all is well.

Thank you.

- Thank you. Coming... Yeah, please. Coming back to Oman, Majid, I know that you've been trying to increase the number of Omanis entering the nursing profession. Can you tell us about some of your challenges and your successes?

- Well, Oman is very lucky when it is compared to another Gulf Cooperation countries, or Middle East because those health leaders who are before us, they have done certain strategies that ensure that we have enough number of Omani nurses working in the country. So one of the things they have done is they built a college of nursing in every region in Oman.

So the Omani girls, young girls, when they finish the high school, they don't have to travel for long distance to study. And this is one of the things that we have in Oman. Today we have...around 65% of our nurses are Omanis. The other 35% come from all over the world.

And we have very, I would say, very effective retention strategies for them. We have a very clear career path, and we offer scholarships for Omanis to do their masters and PhDs. We just started the nurse practitioner, and we're sending Omani nurses to do nursing practitioner in American universities, and that ensured their continuity and sustainability within the workforce.

But the challenges we face, specific challenges we face in Oman, considering the Omani nurses, is some other laws, some other regulations. And one of them is the Labor Law in Oman, which allows the worker, either he is a doctor or a nurse or an engineer or anybody, to retire after completing 20 years of service.

So they can retire at the age of 42, okay? And unfortunately, because most of our nurses are females, young females, and they are married with kids, so once they reach the borderline, the 42 years, they decide to retire and then we are drained from expertise.

So this is one of the most common or most significant challenges we face in Oman, yet we are working on that, and hopefully, we will succeed.

- Thank you. Thank you. Tasana, you played a central role in the development of the ASEAN Mutual Recognition Agreement for Nursing. What were the challenges that you faced, and how did you resolve them? After all, the countries you were dealing with, none of them spoke the same language.

- Thank you. At the onset, I would like to thank those 10 country who have signed MRA in 2006 to support facilitating the mobilization of the workforce within the 10 countries.

They are working very hard. Anyway, there are several challenges that I faced during the course of MRA development. Firstly, within that 10 country, they are so different in the nursing education program. Not every country that offer nursing education program at the higher education.

Some of the country only admitting high school. Some admitted high school graduate into the program, but many admit only junior high into the program. But anyway, we agree to start at the professional level which is I expected that four years program.

However, it is very, very difficult. We are now encouraged those country who are starting the bicarerial program to review the complexity. The second challenges is the language. Even though we are very close, 10 country very close, but still, we're not talking the same language that we understand fluently.

Only Thai and Lao or Malaysia and Brunei and Indonesia that they understand, but not every, you know, country understand each other. It is very difficult. And we found that for the licensing, some country not license nurse to work within their country either, and then we have to really negotiate, that we have to agree upon that the nurse who are eligible to move to other country have to graduate at the professional level and then they have to be licensed or registered before, you know, moving.

However, it is the most difficult that I faced were to deal with the representative of most country that send to work in negotiating of the MRA, they are mostly the medical doctor, they're not sending nurses.

And then, to overcome with this problem, I requested to organize an informal meeting in Bangkok separately from those and invited all of the medical authority who are in the, you know, committee in negotiating of the MRA, but with one condition that they bring along the Head Nurse, the Director of Nursing from their country into that meeting, a three-day meeting in Bangkok.

And I try to facilitate, you know, their staying in Bangkok for three days and providing all of those transportation and whatever. And finally, it is much better when nurse director whom come along, and they can explaining to the medical doctor, and finally, after that, after the meeting in Bangkok, in the negotiating meeting, you know, of the formerly, they bring along nurses to the meeting and does his much help and finally, we agree upon and we can sign our MRA in 2006.

Now, we still facing with some challenging also because those people who still come across the country but they cannot be able to taking the licensing exam in Thailand or in the country that they are moving to, they have to work in some other position for some time unless they understand the language and they can sit in the licensing exam.

But anyway, we hope that in the future is going to be much better.

- Thank you, Tasana. Mobility across the Caribbean and beyond is a major challenge for nurse regulators. Leila, can you tell us about some of the CARICOM processes that are enabling you to face and deal with these challenges?

- Okay, thank you, David. For those of us who are not familiar with the Caribbean, CARICOM really stands for the Caribbean Community and Common Market, and it's a collection of 15-member states in the Caribbean, and there are 5 associate states. The idea is that, or the ultimate goal for CARICOM is to provide the foundation for growth and development within the CARICOM through the creation of a single economic space for the production of competitive goods and services.

So, in a nutshell, we are wanting to see the Caribbean area as one area when it comes to goods and services. For nursing, this is facilitated through the Regional Examination for Nurse Registration. Licensing, if you have a license to practice because you have been successful in the regional examination, then this license can be used across CARICOM without you going to sit an examination in the country that you're applying for a job.

Now, there is no omnibus Act in the Caribbean that governs the nursing councils. So each council signs a contract with the Caribbean Examination Council that now administers this exam on behalf of the councils. And the good thing about that is that the nurses in the Caribbean really would not have a problem moving from, say, Trinidad over to Jamaica to work.

They would just have to produce their license and they could be employed in Jamaica. The bad thing is that most times the nurses in the Caribbean don't go to other countries like Jamaica. They migrate to the United States or Canada or Great Britain. But those processes in terms of employment of our professionals.

And in fact, they have a system of work permit. They can be in the country for at least six months. They have indefinite leave, if they want, and their social benefits can be transferred from country to country based on the agreement in CARICOM. Thank you.

- Thank you, Leila. Ainur, you mentioned that Kazakhstan was formerly part of the Soviet Union, but your country is really at the cutting edge of regulatory reform in the region. What role can you play in supporting some of your colleagues in adjoining countries?

- Thank you for the question. I think there's three factors to be mentioned here. One is similar challenges and opportunities that we have in the country of Kazakhstan, similar to our neighboring countries. For example, nursing education was never a higher education for your bachelor degree in this region for years up until now. And Kazakhstan, 4 years ago, successfully launched a national bachelor's of nursing program across more than 10 nursing colleges with support of some international experts.

We partner with Finland as a country of expertise for this particular project. And now, we have the first batch of nursing higher education graduates with a full bachelor's degree of nursing. And we also have launched, just recently, a master's in nursing degree, and we're thinking to launch, in the near future, a PhD in nursing program.

So such challenges are common in that part of the region of the world, and I think it suits us well to share our experience with our neighbor countries. Another example is, for example, this year, under our initiative, our agency hosted the first International Conference on Nursing in Kazakhstan. And I was struck that for 20 years of independence, no one ever brought together nurses to talk about their profession, to talk about their success and challenges, and promote this profession at a higher role, so having the resources and power and passion to support nurses because I've seen in my seven years of practical experience in Kazakhstan, doing quality improvement, patient safety, that nurses are the key driving force of hospitals, of healthcare providers, of the whole patient care.

And it was striking to me that no one politically at a higher leadership position supported nurses. We never even had a nurse working in the Ministry of Health, so the government that makes decision for the whole healthcare's fully run by MDs. And I am so thankful for NCSBN leadership for coming to our conference and sharing your experience.

And I think it will be a tradition that in the future we'll have more of such events where we will benefit greatly from having colleagues from abroad and advancing this miraculous profession. Another example, I think, is how, in our region of the world, Kazakhstan has gained a good political respect of other countries. For example, our country's president has been successfully hosting The World Summit of Religious Leaders, casting meetings of the Organization for Islamic Countries.

We have established a five-country union called Eurasian Economic Union. And so there are many such successful initiatives where Kazakhstan plays a vital role in suggesting how we can integrate better and serve better our populations, our people. And I think in that part of the world, it's going well, and I think in healthcare, we should do similar initiatives, such as beautifully described in the CARICOM, in the Caribbean region.

I thought that was a great example. And the third last factor that I wanted to mention here is the willingness of our country to share its knowledge. So on October 25th and 26th, the World Health Organization and the United Nations Children's Fund will host a conference in Kazakhstan in Astana. It's called the Global Conference on Primary Health Care to which all the 200 countries in the world are invited to adopt a New Global Primary Health Care Declaration.

It's a document that will be approved by member states of World Health Organization to redefine the role of the future of the primary health care, and, of course, nurses play a key role in shaping healthcare

systems. So I think it will be a great honor for our country to be hosting this event in October this year. And I just wanted to thank everyone for this opportunity to be here.

Thanks.

- Thank you, Ainur. We're rapidly running out of time, so I do want our remaining panelists to at least say a couple of words. And I'm going to kind of change up the questions a little bit, and I'm going to ask, what is the most important thing that you want to achieve in regulation over the next three years?

And just very short responses. So Hannah, what is the most important thing?

- The most important thing is to see our regulatory instruments saving the community. I mean, ensuring that there is public protection. We should be functioning with regulatory instruments that are up to date.

- Thank you. Carmen, the most important thing that you want to achieve in the next three to five years.

- The [inaudible] is that the Board of Nursing is having in the next three, five years is complete the regulation manual for the establishment of the new law, approve it on December 31, 2015, especially after this catastrophic event in which we have a lot of physician immigrate to United State and to other countries.

I led the commission who develop this law since 2001. Four projects were submitted, and it's take a lot of time, but finally, was approved in 2015. This December 31 was a new year gift for our nurses in Puerto Rico. The approval of this law will have the effect of changes in different areas.

Let me explain. First, advanced practice nurses in Puerto Rico. This is the first law that include and defines the scope of practice for advanced practice nurses in Puerto Rico. We have academic program, everything in the past. And after we finished that programs, the board recognize our studies with a specialty license as a specialty nurse in each areas.

For example, as a midwife or as a nurse practitioner. But we don't have the final word scope in the past until we approve this law. For this reason, we have only this kind of professional working in the federal agencies. Our board actually is in the process to develop all infrastructure for the establishment of each of this law in Puerto Rico.

This is a challenge because we need to coordinate with many agencies the logistic of this practice to include in this manual. For example, the acceptance of prescription of the diagnosis stories. This require a lot of work. Then, the other area included in this law is the nursing staff empowering.

Our board, by this law, is required to make a research to include in the law, in the regulational manual, the patient ratio for our nurses. We are already doing this study, and we uses the base of national patient ratio promoted by the National Nurse Organization Committee for our study.

We are going to receive the final recommendation this months. Other area included in this law is these law required our board the evaluation and recognition of all nursing curriculum established in Puerto Rico and new curriculum.

- Carmen, I'm going to have to stop you there because we are over time now, but I do want just an opportunity just to ask...

- Okay, let me say only one thing in one.

- Ten seconds.

- Okay. And finally, we are part of the...we accepted the NCLEX and we want to return to the NCLEX as an organization, to be part of the NCLEX because we need to work with this. I have a mini-meetings for that. Thank you very much for the invitation.

- Thank you.

- I'm sorry.

- David, what do you want to achieve in the next 3 to 5 years in 10 seconds?

- I'm good.

- One is that we really wish to achieve the regulations being assented to through the parliament and been approved by the parliament for the advanced practice nurse or nurse practitioner. Two is that we are now looking as well at the assistive nurses so that we can regulate them. And thirdly, to expand our scope of practice.

- Super. And Sizeni, 10 seconds.

- Thank you, Chair. I think one thing that I would want to see in the improvement of regulation of the nursing profession is we note that nurses are a demand throughout the world. There is a lot of cross-movement throughout the countries, and for me, it would be good if we would see the systems with regulators that are synergized in order to make the life of a nurse better so that the nurse can actually move and work wherever they want to work, but the conditions are conducive.

Thank you.

- Thank you. Please join me in thanking an absolutely astounding panel of colleagues from around the world for sharing their experience.