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Event

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Presenters

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♪ [music] ♪ Good afternoon, and welcome to this year's Chief Executive Report. Julie has given us a wonderful analysis of the progress that we have made over the past year. And now, I'm going to look forward. To do this, I wish to focus my presentation by examining how nursing and midwifery can be strengthened through a paradigm shift supported and delivered by regulatory transformation.

Regulatory transformation does not exist in a vacuum. Instead it takes place within the context of the environment that we experience and the work that we do. In recent months, three elements that have impacted upon the environment has been the COVID-19 pandemic, the resulting economic climate, and the State of the World Nursing Report.

Each of these bring challenges and opportunities in equal measure. And over the next several slides, I will examine these in greater detail. However, it is not my intention to provide all the answers. Instead, I wish to provide directionality in terms of what we as a regulatory community need to explore together. Although I do not wish to get ahead of myself, I do want to acknowledge the tremendous contributions that nurse regulators have made in identifying issues that need to be addressed.

In short, we have found solutions and through their use, we have been able to identify best practices that collectively we have curated so others can benefit. The weekly executive officer calls on Thursday afternoon has provided a platform for learning and support. The agenda has been crafted through the identification of shared needs. Solutions have been produced by the joint efforts of us all.

This perhaps symbolizes the very essence of the founding mothers when they came together over 40 years ago to lessen the burdens of protecting the public. Our combined work has been a benefit for the public protection across all our members and associate member boards during what has been truly unprecedented times. When thinking about COVID-19, I think it is helpful to consider four phases: the evolution of the pandemic and our initial response, the resurgence that we are now seeing in some countries and in certain states, consideration of what recovery will be, and the realignment of services that will follow as a result of the COVID-19 experience.

While I could spend the entire presentation focusing on these four phases, I have chosen not to do so. Instead, I'm going to highlight the operational and strategic challenges that living through a COVID-19 pandemic has presented to the regulatory community. At the start of the pandemic, even the simplest of tasks, such as paying bills, were a challenge.

Unlike Europe, where electronic payment systems have been the norm for well over a decade, cutting checks remained a common approach to settling our bills. This all changed quickly and electronic payment systems were put in place. A related but different problem was the inadequacy of web platforms. These can be used for the electronic transaction of business, such as in the case of licensure renewal or other service provision.

A fully automated system enabled regulators to maintain their services remotely and in a timely manner. Technology itself presents several problems. While staff had access to desktop equipment in their office, the need to go mobile was something that had to be put in place by a few agencies. Coupled with the shift was the need to have sufficient virtual private network capacity.

Additionally, as time went on, the need for virtual meetings and events required us to think more creatively. This enabled routine communication with staff, the hosting informational webinars, and increasingly the use of technology for core board business, such as holding discipline hearings, and this all became an imperative. While many of our staff made these transitions with relative ease, others found working in isolation, with the responsibilities of greater autonomy and the need for increased self-organizing skills, as a real challenge.

Looking at who we recruit and how we develop our staff is a challenge that we all still face. In the meantime, many of our offices stood empty or were populated by skeleton crews. This now raises fundamental questions about safety, security, and capacity into the future.

In addition to a host of operational challenges, regulatory bodies are also facing issues of strategic importance. These issues will drive a reform agenda that needs to be informed by the views of regulators to ensure that the imperatives of delivering service does not compromise the absolute necessity of protecting the public. Many emergency orders cleared the way for increased mobility of practitioners or the delivery of services remotely.

The telehealth and staffing industries are already lobbying to make these changes permanent. As regulators, we know that without the safeguards that the nurse licensure compact brings, simply saying that if you have a license anywhere, it is good everywhere is not enough. We'd already see in cases, where due to the lack of jurisdictional powers, serious conduct and discipline issues are being, at best, delayed in their investigation or, at worst, uncertain as to how they will be investigated at all.

It was refreshing, however, to see many of the unnecessary and burdensome barriers to scope of practice being removed. We know that advanced practice registered nurses deliver care that is safe, efficient, effective, and desired by the population. Organized medicine has, in many states, sought to block such services.

It is essential that we argue with vigor, that these changes the removal of unnecessary and inefficient barriers to practice are permanently removed. The provision of nurse education faced many challenges. Students were denied access to clinical sites and faculty had to change their course delivery modality overnight.

Practice academic partnerships needed to be strengthened. Employers needed to view the provision of clinical experience as an investment for the future. And faculty often needed to play an increased role as an integral member of the care delivery team. As we move forward, a critical examination of curricular content, education delivery, and clinical experience provision all needs to be examined.

In terms of delivering the exam, several fundamental changes needed to be made. By revisiting metrics, the removal of development items on the suspension of research, we were able to shorten the exam. We did this while providing an equally robust, reliable, valid, and legally defensible exam.

Additionally, the challenges of social distancing were problematic, but by working together, solutions were found. As time went on, new approaches to conducting discipline hearings have had to be found. At first, the low hanging fruit of uncontested events were introduced. However, as weeks turned to months, more radical changes were needed and policies and procedures to support virtual events have been developed, assessed, and implemented.

Throughout the pandemic, nurses themselves have faced unprecedented legal and ethical challenges. The need to ration resources and even their time has raised questions about whether sufficient time is given to these ethical dilemmas within the curriculum. The isolation that many patients experienced during a lockdown, away from their loved ones, at a time when they wondered if they would survive, placed additional stress on those staff caring for the most vulnerable.

Here too, technology played a role, forming a virtual bridge between families separated by the tyranny of the pandemic. All these changes have placed additional economic stress on state government, health systems, and indeed, individuals and families. As state coffers have emptied, questions on how to reduce costs have been raised.

Is this simply a percentage across the board cut that is needed or will there be a more targeted and informed approach? As regulators, we need to get ahead of this debate because undoubtedly, it will increase in volume and potentially have negative impacts on the core business of protection. The consolidation of boards will be raised and we need to be ready to demonstrate how efficient and effective nursing boards really are.

The suspension of elective procedures has disrupted long-term health prospects of some, and adversely impacted the viability of smaller healthcare delivery systems. We will see increased consolidation and, along with this, demands for increased mobility across state and even international borders, or will we see a shift to more preventative-based approach?

This should not be seen as a simple binary choice, but rather as a graduation of what is likely to happen. These changes will undoubtedly require further regulatory reform to support the safe delivery of contemporary 21st century practice. Individuals and families have been significantly impacted by all these changes.

We are seeing in the population an increase in suicide, substance use and abuse, relationship breakdown, and for others, exhaustion due to working excessive hours. All these factors have made both short term and long-term impact on the way that we regulate and set standards for the profession. While many of these points may sound dreadful, as regulators, we should look for the opportunities that these challenges bring.

To this end, the publication of the State of the World Nursing Report in April of this year offers a wide range of possibilities that will unfold over the coming decade. Together, we must be ready to take full advantage of these opportunities, steering a course into the future that deals with pressing issues of today while setting strong foundations for tomorrow.

Talking to regulators around the world, one thing is certain, the challenges that we have faced are not unique to the roles and responsibilities that we, as regulators, diligently pursue. Other policy actors face many of these same challenges and together, we will be able to find stronger solutions. For working together with government chief nursing officers, professional associations, and trade unions, the providers of initial and continuing education, and critically, those providers of services, we can initiate and deliver the paradigm shift needed to address the many weaknesses that the pandemic has surfaced.

Some of these challenges will require all of us to work together. Others will need four out of the five actors to cooperate if we are to get things done. In some cases, only triads or dyads of these nurse policy actors will need to collaborate. And for other issues, we simply need to put our own houses in order.

But remember, although we have issues in common, we also have differences that need to be respected. Each of the five are driven by different perspectives and imperatives. For government chief nurses, these serve the needs of the government of the day. Regulators have a responsibility to address public safety, both individual and population level.

Professional associations must look after the needs of their members and the wider interest of the profession they represent. Educators must address the needs of their students, and service providers must contain a laser focus on the services they provide to the patients and families they serve. Each of these perspectives are important.

A times, there will be tensions and trade-offs, but by working together, more robust, efficient, and effective solutions will be found. Each of these stakeholders need to conduct their own analysis. There are many things that need to be done, priorities set, and resources allocated.

As we all have access to the State of the World Nursing Report, it provides a useful framework for conducting the analysis. As a starter, we all need to review the content and extract the relevant messages for our various perspectives. These messages can then be clustered within the relevant page so that we can cross tabulate and see with ease those issues that we need to work together on, and those that we can pursue independently.

Having conducted the analysis, we need to agree priorities, set dependencies, allocate responsibilities, and hold each other to account for progress. In this short Chief Executive Report, there isn't sufficient time to go into this analysis in any detail. However, having looked at the State of the World Nursing

Report, there is perhaps a common framework that we can and should use as we bring thoughts to the table.

In the case of regulators, we need to focus on our core business. We need to look at the regulatory solutions and challenges that are needed to move forward the health and well-being agenda over the coming decade. The competencies needed by practitioners and regulators themselves must be identified. A series of research questions need to be asked, investigated, and, where appropriate, the findings disseminated and implemented.

And finally, the questions that one of my previous mentors would always ask, Professor Annie Altschul, "So what? How do we know you have made a difference?" Impact evaluation needs to be built in from the very outset. This is simply a taste of the work that needs to be done.

Work that we cannot do in isolation, but work that we must pursue in collaboration of regulatory transformation is to support the new paradigm of health and well-being. Let me finish today's presentation by sharing some personal reflections. Throughout my career, I've been fortunate to spend precious moments with individuals that I consider true visionaries.

Professor Margaret Alexander is a PhD prepared nurse who worked in clinical practice. She taught me the value of evidence and the need to stay connected to the work at hand. We have been friends now for over 40 years. Back in 1990, Virginia Henderson shared two hours of her time and importantly, her precious thoughts as we discussed her experience of advising Sir Roy Griffiths, the architect of health service management reform in the United Kingdom.

From her, I learned the importance and value of policy and the role that we as nurses need to play in directing that agenda. I also learned that you can have an enduring impact on people, even though the duration of that contact is brief. The final reflection comes from monthly meetings I used to have with Dr.

Lisbeth Hockey when I was the chief executive officer of the National Board for Nursing, Midwifery, and Health Visiting in Scotland. By the time Lisbeth and I spent time together, she had retired. Her mind was sharp although her body was physically frail. We would have afternoon tea and she would interrogate me about what was happening in the nursing profession and what, as the regulator, I was doing about it.

She always reminded me that as regulators, we act in the service of the public. She constantly reminded me that without questions, a profession cannot progress. Asking questions is not a solo sport. It is something that, at its best, shines a light in dark corners. It is a team sport that produces better and more enduring impact.

Now, I've always been a challenging student. So, just as Lisbeth left an impression on me, I hope that my response to her gave her some pause for thought. I think about those afternoons often. I like to think that these interactions and the many others that I've had over the years have driven me forward to find answers.

The coming year is a year to find answers. With those answers, we will reform regulation. We will be better prepared for the next pandemic and the public will be better protected because of our efforts. Together, as a community of regulators and as active members of the nursing policy family, we will guide policy reform and not fall foul of the actions of uninformed others.