



NCSBN
Leading Regulatory Excellence

2018 NCSBN Annual Meeting - Keynote: Nursing Now: Regulation Opportunities in the Future Video Transcript

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Event

2018 NCSBN Annual Meeting

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Presenter

Baroness Mary Watkins of Tavistock

- [Baroness Watkins] Well, thank you very much, David. And it's really wonderful to be with you here today to celebrate your anniversary and I particularly also want to thank your president, Catherine, for inviting me. Nursing Now is a social movement, and it has been developed out of the UK but already involves 40 countries.

The idea of Nursing Now is to work as a campaign to improve health globally by raising the profile and status of nurses worldwide. You're probably aware that the WHO has a sustainable development goal for 2030, which is that every country involved in WHO should be able to provide basic health care for its population by 2030.

And the work we've done estimates that we will need at least 20 million more people working in the nursing workforce to achieve that goal particularly if you think of the mental health challenges as well as the physical health challenges.

So our aim is to influence policy makers and support nurses across the globe to lead, learn, and build a global movement so that nursing is on everybody's lips, now. I was struck by the phrase that you used to describe your founders, audacious.

I have been called amongst other things audacious but also bonkers at attempting to get this charity off the ground with others. So I much prefer the word audacious for our campaign. It is a three-year global campaign with the idea that whatever we leave behind will be left behind in individual countries or you are such huge countries here it might be in individual states and some will go on with the work and some will feel that they've done what they can.

We're working in collaboration with the International Council of Nurses and the World Health

Organization and have real support from the very top. The program is part of a charity in Britain called the Burdett Trust who have bravely funded our infancy, I suppose.

And the idea is based on a report that came out of our government, a joint committee between the Houses of Commons and Lords, and I was on that committee. The global campaign was launched on the 27th of February in 2018. And the Duchess of Cambridge is patron of our campaign, which of course, has given it significant global interest and has encouraged our government to give £5 million through its overseas development budget for nursing projects over the next 10 years, so we're challenging other governments to think similarly.

We've got all sorts of champions from the World Bank to the Commonwealth and also the Prime Minister of India has himself tweeted about the need for more nurses there and is a supporter of Nursing Now. The idea, as I've already said, is to improve health globally through nursing and on our board we have representatives from all the WHO regions.

We particularly want to focus on how nurses can work with non-communicable diseases and promote fundamental health care in primary and community settings. Because we know in many parts of the world such as Africa, Pakistan, Mongolia, that enabling health professions nearest their communities can have a much greater impact.

And we have to remember that some people are still 200 miles from a local health clinic let alone a hospital. We want to develop leadership and influence in policymaking, and we hope that by 2020 we will be able to announce 2,000 scholarships for nurses to study leadership programs with other people.

So it might be one nurse goes to Harvard and does an MBA, and it might be another nurse goes to Oxford and does a health economics program. I am, you know, a beneficiary of having been sent on the British top civil service management program, and I was the only nurse in a group of 20.

And I learnt so much from people that didn't just think about nursing, and I also made sure they understood the value of nursing. So we really want to look at how can we get those scholarships funded, and we're challenging universities actually to offer free places. And we've already got a competition. Florida University has already offered us some, so I ask you to think about that.

And we obviously want to create and disseminate evidence about the power of nursing. We believe that this can only be done by investing in more nurses and enabling them to learn, lead and thrive. And I'm standing in a country where nursing is really, really valued. But there are countries in the world where nursing is not seen as a proper profession and where many families, as they become more successful, do not want their sons or daughters to go into nursing.

And, you know, we've got David and I here. We went into nursing about the same time, but there are still very many less Davids than me. And I would like to see more men in nursing because I don't think that we will be able to get to this extra 20 million people by only using half the population of the world.

We also want to empower nurses to use their knowledge, skills, and expertise to their level of qualification. We know that in some countries for example, in parts of Africa, there's a charity called Sightsavers that has taught nurses to undertake cataract operations, and it's very successful, very cheap.

But there are some countries that will not allow that in my opinion, because of the private practice values to doctors of such operations. I'm always happy to make this statement in front of a group of surgeons as I've been married to one for 40 years and that has been a very good relationship. But it doesn't mean that we shouldn't be taking over roles that have been traditionally done by others if we are capable of doing them and reaching a greater population at a lower cost.

Because there is no way that we can go on as we are at the moment. We also want to support nurses in their drive to encourage health promotion, as well as treatment and disease prevention.

We know that in parts of Africa if we can get to young people who have been scarred by violence and war early, that we can prevent, not in all, but in some real long-term mental health problems. We also know if we can stop the kind of absolute best thing you can do with the small amount of money you earn is to buy fast food or a proprietary drink, but that it might actually be better to feed the whole family with more basic food.

So there are things that we know nurses working in rural communities can be really powerful in some of these countries. And we, indeed, in Britain have seen that power through nurses working with young people that are involved in gangs and criminality both in Glasgow and in London.

And I've spent a day with a fantastic nurse who comes from Zimbabwe actually, who's working with the gang community in South London. And she doesn't turn every life around. But if she turns one of three lives around, that is the value of mental health nursing.

We also want to work really, really strongly to involve nurses in health decision-making at policy level. I mean, I never thought that I would be standing here saying that I know, that I'm actually able, in my new role, to do that. It doesn't necessarily have to be at government level. It can be at local county level, it can be in our country at council level.

But if you can influence how the tax is spent so that nursing can give the best possible outcome to its population, be that for people who are supported at home in end-stage dementia, Alzheimer's disease, or young mothers who really are so frightened of their new babies that they need intervention to understand that even fit and happy babies can be quite difficult to manage.

And there are many of you in this room both men and women who will know what I talk about. But most of us had people to turn to for help. We know that some people are completely alone in that situation and the value of community support that might be done through clinics led by nurses and that in time people develop confidence, is really important.

So I, for example, am very involved in trying to ensure and protect the health visiting budget out of the health promotion budget in the UK at the moment which has been a kind of easy win to catch. So you have to think about how we can do those kind of things collectively as a force. So I've already said something about our aims by 2020.

But we want to do these things but particularly create, identify, and disseminate the evidence of impact of nursing. And Singapore University is funding to the tune of 2 million a project that will report in 2020

on those issues.

David is coming as well, but a group of senior nurses are now going to the WISH Conference in Doha to talk with international leaders about the value of nursing on day two, and that's being taken very seriously in the Middle East. And we have at least one private healthcare sponsor that has recently given us quarter of a million pounds with no strings attached recognizing that if they haven't got nurses to deliver what they're insuring for, there's going to be a problem across the world.

So, you know, there are real opportunities here. But what I also want to say right now is I met some of your delegates last night and right today we are getting our 41st country to lead Nursing Now. And Botswana is entering today 41 on your 40th birthday. So they'll be delighted to know they'd been mentioned here.

So what are we doing? Well, we're working with partners to advocate for more nurses in leadership roles. We have a new nurse at the WHO, Elizabeth Iro, so we are back to having a nurse at the top table at WHO that is as a direct result of Nursing Now's relationship with WHO. We are mapping how many countries have a nurse at government level who can influence, and if they haven't, we are challenging those countries to start to think about how to do that.

We're encouraging nurses to organize at country, regional, and global level. And I can't say yet, but one particular state here has their governor's backing and they've asked me to come over in the New Year and launch Nursing Now for that particular state. May I say that I hope that all of you are saying this time next year that you've managed to think about whether you want to do that.

We have, for the United States, Maureen Bisognano who works for the Institute of Health Improvement on our board. So I can leave her email for anybody that might want to contact her. We want to help nurses get better education, training, and develop good regulators.

And I think that's partly why I've been asked here because of course, my challenge to your leadership team is that you should become a partner with Nursing Now, but you have to decide that for yourself. And we want to support nurses to share research and evidence, and we hope that we'll leave a better database behind when we finish in three years.

I just want to talk a bit about what you do. When I was asked to give this lecture, I obviously looked at some of your publications and the *Journal of Nursing Regulation* volume 8 shows me so clearly how many nurses you've got in which state and what their levels of qualification are.

And I think you're used to that and that you don't realize that most countries can't do that. And, therefore, I think you would have so much to give emerging countries that are looking towards more detailed regulation to help work with them as perhaps a gift to the globe.

The regulation 2030, there are countries who are taking their first steps of a journey that you took 40 years ago. And they haven't yet got a comprehensive list of those who've completed training other countries have. And they're also asking these kind of questions, "In future, who should be the regulators?"

One country has such variations in job title that you can't really tell who is a nurse and who isn't. They have very complex teams. We all know that we have differing roles, and the nature of the workforce is changing as so rightly pointed out by the two previous speakers.

So, who should we be regulating? And in the UK we've had this huge debate about whether we should be regulating nursing assistants as more and more things are delegated to them. We've kind of fudged that, and we're having a new role called the nursing associate which is not quite the same as your VPN. But we have been trying to sort out what's our responsibility if we are leaders of a team and then people are doing some work unsupervised because we've delegated.

And, of course, we've all said that public protection should be the guiding principle. I'm going to just quote David here. He says, "Nursing regulation is increasingly influenced by globalization and the growing complexity of the health care system."

I completely agree with that and so does the whole of the Nursing Board. He argues that, "Development of a contemporary approach to regulation, including a systematic examination of the literature and analysis of the potential implications of identified trends is required." I completely agree with that. And I suppose I kind of threw you out a challenge that if you really want to join and work with Nursing Now, is that a gift in kind that you could give to Nursing Now by funding together through some kind of social movement, that piece of work and producing it for the world to report it in 2020 at what will be a huge conference in London about the output of Nursing Now but also recognizing that it will be 200 years since Florence Nightingale was born?

And therefore, we're having this huge international conference to look a little bit at the past but really to say, "What is the future for the next 200 years?" Your State Boards of Nursing values you know better than I do, but I really enjoyed reading them. And I thought again how much you would have to offer Nursing Now.

So I ask, I know you're going to talk about your global future over the next two days, but could you have at the back of your mind, what can I do, or what can my state, or what can you as a collective do, to have greater influence in helping other parts of the world in looking at safe regulation to protect the public and to ensure that nursing is at the heart of the future of achieving the WHO goals?

I urge you to share your ideas. Individually, you can join Nursing Now by just going to the Twitter site @NursingNow and just raise awareness of the campaign. Sign our pledge to support Nursing Now. And think, is there something you would like to do to think about the world's health by 2030 and how many of us there will need to be to help deliver that aim?

Now I was given exactly 20 minutes, and I've got 46 seconds left. But I have asked for special dispensation from David to end on the note of showing you a short video from Uganda, which has been one of the early adopters.

And what I'm really excited about Uganda is the president had only ever visited the colleges of medicine before but as a result of Nursing Now, he has been to a nursing college and is beginning to think about what nursing might do for Uganda.

I'm sure he always knew that nursing existed, but it's turned him around. And I hope you enjoy this video. Thank you very much for inviting me today. ♪ [music] ♪- [Woman]

Nurses and midwives have formed the backbone of Uganda's health workforce constituting 75%. With the population, Uganda has 62,000 registered nurses serving 40 million people. - [Catherine] And really, this gives us the force. It gives us that joy knowing that we are the ones who are really providing the highest health care in the country.

- To appreciate this, we focus on four major areas: education, regulation, policy, and practice. The education system of nurses in Uganda has steadily evolved, and this has presented many opportunities. - [Dr. Nanyonga] We have moved education into tertiary-level education, which opens up opportunities for nurses to study at a bachelor's degree level, for nurses to study at a master's degree level.

Nurses have a lot more opportunities in managing from the bedside all the way to the executive boardroom.

- The training of nurses in Uganda is done by the Ministry of Education through public and private institutions. After graduating, candidates are certified and licensed to practice.

- On top of the registration bit, the council also participates with Ministry of Education and sports in approving courses of study for nurses and midwives right from certificate to degree level including masters and PhD.

- Nurses are the first contacts at all levels of health care in the country. They provide service with passion to the community, and this is trained right from their institutions of learning. - [Mary] So when we teach students in our demonstration room in the university, we give them skills that they can use in the community.

- Here at the national referral hospital, nurses provide specialized and nursing care in cardiology, critical care, oncology, among others. - [Beatrice] They have now taken the specialized courses. They are now giving specialized services. The nurses, because of their specialized training now, you find nurses interacting and discussing with the doctors in the care of the patients.

- The Nursing Now Campaign presents an opportunity for renewed global commitments, efforts and collaborations to advance nursing and midwifery in order to attain a global platform. - [Dr. Oketcho] As an organization passionate about the health workforce, IntraHealth will take advantage of the Nursing Now Campaign to consolidate its efforts in supporting nurses.

- Uganda is proud to be representing Africa in this campaign. It is optimistic that Nursing Now Campaign will help in shaping its priorities in redefining roles and capabilities of nursing care in the country to clearly demonstrate that nursing is the backbone of health care. - [Prof. Francis] We are hoping that the Nursing Now Campaign will put Ugandan nurses on fire and get them to be the leaders, the change agents.

- [Dr. Atwiine] We want to bring out that nitty-gritty of the activities that the nurses do to actually demonstrate that nursing is the backbone of health care. Without a nurse, even if you have the best-

skilled doctors, you will never achieve what you want to do.

- [All] Nursing Now Uganda. We are ready. - [David] Baroness Mary Watkins, all I can say is thank you very much for being with us, for citing us on the issue that we are seeing a massive increase in the number of nurses that need to be trained, and that affects all of us.

It's not just in developing countries, it's around the world. The need to think about how we get that balance between prevention and treatment and how we as individuals work to change the future in a way that is healthier for all of us.

Mary, thank you very much.