

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.

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 s

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 pound0092 0 6121iroa t

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
- [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. -

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.