Scoping Study: Improving the quality of nursing and midwifery education and regulation in Pacific Island countries and areas

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About the authors

The World Health Organization (WHO) Collaborating Centre for Nursing, Midwifery and Health Development (WHO CC) is an interdisciplinary research and consulting organisation based at the University of Technology (UTS), Sydney. The WHO CC forms part of an international collaborative network that leads and supports projects to support the development and quality of nursing and midwifery professions. The WHO CC operates at national, regional and international levels.

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…We want to ensure a Region where countries have strong and resilient health systems that are prepared to detect and respond to public health emergencies and health security threats – so that everyone is safe during outbreaks and natural disasters...[1]

1. Introduction

1.1 Aims and scope of work

The aim of this scoping study is to **provide recommendations, including a roadmap, for improving the quality of nursing and midwifery education and regulation in Pacific Island countries and areas.**

This paper provides the background, rationale and proposed plan to establish a regional quality improvement program to assist nursing councils and educational facilities to standardise and improve nursing and midwifery education and training across the Pacific island countries and areas. This will include establishing a regional scope of practice and standards of professional practice, standards for accreditation of educational programs and ensuring continuing professional development needs are integrated into the nursing and midwifery professions.

Data to support the development of the roadmap for improving quality were drawn firstly from a desk review which examined: relevant WHO papers and reports, a review of grey literature drawn from regional and national reports and reviews, peer reviewed papers, and minutes from regional meetings of both nursing and other healthcare leaders. Secondly, a steering committee consisting of chief nurses or equivalent from 12 Pacific countries was convened (see Appendix). They reviewed and ratified the priorities identified in this report, as well as significant contribution, they endorsed the roadmap that is outlined at the conclusion to the document. Before the report was submitted to WHO the draft report was sent to the members of the steering committee for review, comment and ratification.

This scoping study is timely as the Pacific Health Ministers at the Thirteenth Pacific Health Ministers Meeting in 2019 committed to 'identifying the health workforce indicators needed for decision-making for the issues of development, shortages, retention and regulations of the health workforce across primary health care and specialised services in the Pacific'. Further, during the State of World's Nursing Report data workshop for Pacific Chief nurses and midwives at the WHO Collaborating Centre for Nursing, Midwifery and Health Development, 18-20 September 2019(1), the participants recommended *to* ***progress regional partnerships*** *and continued co-operation across undergraduate and postgraduate education, accreditation, CPD and standards development including involvement of South and North Pacific, Australia and New Zealand.*

The Western Pacific Region (WPR) of the WHO has identified strengthening of regulatory systems for health workers as a priority action domain to achieve Universal Health Coverage (UHC) goals (2). The *Regional Action Agenda on Regulatory Strengthening, Convergence and Cooperation for Medicines and Health Workforce* was adopted at the 68th Regional Committee Meeting (3). It guides Member States on how to strengthen regulatory systems to improve quality and safety in the performance of the health system, thereby protecting public health and advancing UHC.

Taking into account all the work that has been undertaken previously, this report summarises key regional issues and concerns which were re-confirmed by the Steering Committee. It then outlines priority areas on which to focus in line with the broader national and regional heath development goals of Universal Health Coverage (UHC) and other health related aims of the Sustainable Development Goals (SDGs) (4). Finally, we present a roadmap to achieve the identified goals.

This paper provides a 'grounds up' plan[1] to assist in improving the quality of nursing and midwifery education and regulation in Pacific Island countries and areas (5).

> *Sustainable health outcomes are rooted in robust systems. From this perspective, UHC is the foundation of strong health service delivery, rather than simply an "umbrella" for a range of different programmes. Yet, too often, countries – and WHO – take the umbrella approach: health services remain fragmented, the product of short-term projects and funding priorities. Taking UHC as the foundation for strengthening health systems will help to ensure that all disease control, health service, health security, public and preventive health investments are designed as part of, and to contribute to, building a strong health system. It encourages integration from the outset and helps avoid the negative unintended consequences of fragmented projects. It recognizes that in the real world, there often are no boundaries between the various elements of UHC. Overcoming the fragmentation of systems and programmes – within countries and within WHO – will be crucial to achieving real progress towards UHC.* (6) p15

2. Background and context

2.1 Background

The Pacific Islands are an incredibly complex region culturally, linguistically, economically and politically. The region encompasses 25 000 islands scattered over almost one third of the earth's surface. The South Pacific is divided into three sub-regions; Polynesia, Micronesia and Melanesia. Together, the North and South Pacific covers over 22 autonomous, independent states and protectorates including:

- American Samoa
- Cook Islands
- Federated States of Micronesia
- Fiji Islands
- French Polynesia
- Kiribati
- Guam
- Republic of the Marshall Islands
- Nauru
- New Caledonia
- Niue
- North Mariana Islands
- Palau
- Papua New Guinea
- Pitcairn
- Samoa
- Solomon Islands
- Tokelau
- Kingdom of Tonga
- Tuvalu
- Vanuatu, and
- Wallis and Futuna.

These nation states span 13 time zones as well as the international dateline. Each of these countries is heterogeneous, and each island state within them possess their own distinct culture, traditions, beliefs and values.

The geographical constraints and multiple health challenges that dominate the Pacific are further exacerbated by geographical isolation, environmental vulnerability and climate change (7) (8).

Nurses and midwives make up more than two thirds of the regional regulated health workforce. Due not only to their sheer numbers but also to their transformative role at the front lines, nurses and midwives will play a vital role in optimising individual and community health both now and in the future.

While nurses and midwives are critical to attaining the goal of making the Western Pacific Region "the healthiest and safest region", optimising their contribution will require concerted and sustained efforts to maximise their role within multidisciplinary health-care teams(9). This will require policy interventions to augment their scope and leadership, as well as accelerated investment in their education, skills and employment.

2.2 Pacific Health Outcomes

Health outcomes in Pacific Island Countries (PIC) vary widely, with some countries enjoying some of the world's longest life expectancies and thus ageing populations, whilst others have high rates of maternal and child mortality and relatively low life expectancy(10). The largest component of the disease burden is non-communicable disease, although control of communicable diseases remains a major challenge (11). Newer challenges include the health impact of COVID-19, climate change and effective response to disasters, whilst older challenges, such as tuberculosis, remain unresolved (2, 11). The quality of health services varies among the countries and within individual countries. However, this is difficult to assess accurately because there is no agreement on standards or guidelines for best practice.

Recent research in the Pacific has assessed: leadership(9, 12), faculty development, regulation(13), maternal and child health(14), health workforce needs during climate related disasters(15), and reviewed Pacific online learning(16). Findings across this body of research shows that health workforce education and regulatory systems are weak in many Pacific countries with limited numbers of educators, outdated curricula, education programs that do not match health security needs, and limited continuing professional development opportunities for nurses and midwives (17)**.** Other research also shows that health workers' skills, competencies, clinical experience, and expectations are often poorly matched to changing population health needs including health security (18). Further**, Pacific Island health ministers have noted the importance of supporting improvements in Human Resources for Health to address UHC and the SDGs.**

Many health workforce educational institutes in PIC lack up to date educational programs and lack contemporary teaching that develops critical thinking and appropriate problem-solving skills. Across the health systems, there are few continuing professional development opportunities for health staff(17, 19) leading to a lack of up to date knowledge, and contributing to low morale. If this continues, the current and future health workforce will lack the skills and capacity to address the health needs of their populations and emerging health security risks. In general, insufficient collaboration between the health and education sectors has resulted in a mismatch of skills to meet the needs in the Pacific region.(18) WHO regional regulation review has shown that there are wide variation of standards, continuing professional development and competency standards, with accreditation not always linked to registration.(20)

2.4 Regulation

Professional regulation creates a framework that maintains the confidence of patients in those who care for them as the bedrock of safe and effective clinical practice and the foundation for effective relationships between patients and health professionals (21).

Globalisation and increased migration of nurses and midwives has increased the need for internationally compatible standards of accreditation. Regulation of health professionals is fundamental to protecting and maintaining the health and safety of the public. There are four recognised elements of regulation: registration, standard setting, accreditation and management of conduct, performance and impairment matters (22). Nurses and midwives should be educated to a certain standard and the quality of their work maintained throughout their career with continuing professional development as well as having the opportunity to attain further qualifications. Codes of Ethics and Conduct further ensure standards are

maintained in clinical practice.

Within the Pacific most countries have professional regulation that should govern the scope and roles of the registered nurses. However, there is no framework for mutual recognition across the region. Similarly, there is little if any benchmarking between countries in relation to standards, accreditation and expectations of professional performance for Registered Nurses and Midwives. When nursing specialisation is added to the mix there is less clarity and agreement about:

a) what a clinical nurse specialist/nurse practitioner is, and

b) what the educational requirements and scope of practice should be.

There is currently no clear pipeline or pathway laid out to address population health needs nor any agreed pathway from nurse aide to community health worker through to registered nurse or nurse practitioner (and other specialisations).

It should be noted that midwifery is a separate post graduate qualification following a nursing qualification in most PICs, not an undergraduate qualification.

2.4 Education

The global drive for Universal Health Coverage demands a reliable, flexible, resilient and motivated workforce.(23) Countries need well-trained nurses and midwives who are flexible enough to meet the specific needs of their communities on a daily basis but also ready to address health security issues like providing care in emergencies such as pandemics and the inevitable increase in natural disasters due to climate change. Preparing nurses and midwives to practise in international settings poses a huge challenge as education standards vary greatly from one country to another. In some countries nurses need to only finish high-school grade (19) to apply for a diploma of nursing, while in others, a university education is mandatory. (24) In 2009, WHO released a set of Global Standards for Initial Education of Professional Nurses and Midwives (25) intended to: ‘serve as a benchmark for moving education and learning systems forward to produce a common competency-based outcome in an age of increasing globalisation.’ These standards stipulate that nursing and midwifery education take place in an institution of higher learning such as a university. Concrete definitions and standards around nursing and midwifery education equips educators everywhere with a blueprint for curriculums that meet international requirements. (24)

A review (19) of regional training institutes identified 225 health professional pre and post registration programs in 16 Pacific countries (including PNG). Of these programs there were 21 nursing diplomas and only 6 nursing bachelor programs leading to nursing registration across 22 countries and areas. A further 30 programs were post-registration with the majority focusing on mental health, midwifery, child health, a few primary health care, with 3 masters programs (2 Hawaii and 1 Samoa). (19) Midwifery education programs were not reviewed in the same way at this time.

Within the Pacific in many places the education standards do not meet the needs for health security across the region. Education pathways are variable and entry and exit standards are not consistent. Each country either has, or is working towards, developing a higher education accreditation authority, but no countries have yet developed clear professional national accreditation standards for accrediting nursing and midwifery courses. Without the strong regulation and the necessary accreditation infrastructure, this is of course, difficult to do.

2.5 Accreditation

Accreditation is a critical aspect of the quality assurance process in education, usually consisting of a thorough review of the capabilities of an institution and the form and content of a program to consistently deliver reliable quality outcomes. This builds community confidence in the skills, knowledge, judgement and care of graduating nurses and midwives.

There is no international accreditation of health professions training schools in the Pacific Island Countries nor a regional approach to accreditation. In most Pacific Island Countries, the health professions training programs are assessed by the national health professional council and approved by either the ministries of education and/or health. For instance, in Samoa, individual courses need to be approved by the Academic

Standards and Quality Committee (ASQC) of the Samoa Qualifications Authority; whilst in Vanuatu it is the Vanuatu Qualifications Authority (VQA).

Over many years, the Pacific nursing regulation and nursing schools have begun addressing the need for defined and shared competencies based on the agreed Western Pacific and South East Asia Region (WPSEAR) common competencies. These were agreed by WPSEAR, previously the Western Pacific South East Asian Regulatory Authority which held regional meetings from (2004-2016). However, progress has been slow. While application has been variable across the region these will provide a sound baseline for the discussions as they move forward in relation to standards and expectations of registered nurses and midwives.

Considering the existing variability in the design and implementation of health professionals' education programs, the absence of quality assurance mechanism and/or established education standards remains an important concern that needs addressing.(18)

2.6 Governance

At the national level, governance of the nursing and midwifery workforce is generally the responsibility of a country's Department of Health. However, other departments also have a major stake in the governance of an effective health workforce. Good governance ensures that issues affecting health population are taken into consideration by ministerial policy makers. Equally, it ensures policies are relevant, communicated to and owned by the nursing and midwifery workforce. Empowered leaders such as Chief Nursing and Midwifery Officers are essential to good policy dialogue across all the health sectors to ensure effective health governance, including implementing and evaluating strategic health policy, reshaping health services and systems, and overseeing programs addressing specific health problems are important functions of the role.(26, 27)

2.7 Existing Regional Systems

There are several regional mechanisms that set the agenda for health priorities in the Pacific. The Directors of Clinical Services of Pacific Island Countries meet annually to discuss strategies and issues for their countries and the region. This group feeds into the WHO/SPC Pacific Heads of Health meeting, an important strategic meeting for health ministers and health leaders across the Pacific. Outcomes from this meeting inform the Pacific Health Ministers Meeting, a biennial event setting the agenda and priorities for the region.**(28)** Since 2011 regional leaders' groups have repeatedly requested a regional framework for education, regulation and standardisation for the nursing and midwifery health workforce.

At the 9th Pacific Health Ministers Meeting in 2011, [the need for] *"*a regional framework for regional professional competencies, accreditation and standards*"* was raised and the Framework for Pacific Regionalism was endorsed by Pacific Islands Forum Leaders in July 2014.(29)

In 2017 at the Pacific Health Ministers Meeting it was agreed:

> *Governments may consider undertaking further efforts to strengthen the health workforce. At the regional level, this includes functions that are best addressed at that level, such as ensuring compatibility of training curricula offered by various training institutions in the Pacific, setting and maintaining standards for education and practice for health professionals and sharing information.(28)*

More recently in 2018, The Directors of Clinical Services recognised: "the need for a regional mechanism for nursing and midwifery to provide continuing professional development, capacity building for training, protocols and standards development.*"*(30)

The South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA) members are leaders in nursing and midwifery, directly assisting the governments of the South Pacific Island nations. They have prioritised improvements to nursing and midwifery quality with a regional accreditation approach. They want one that links to individual country-based systems and focuses on the development of standards that meet regional needs as well as providing a framework that covers undergraduate and post graduate and clinical specialisation. The SPCNMOA has decided that the establishment of a regional quality improvement program will assist in addressing these regional needs.

3. Why an effective nursing and midwifery workforce is important in the region

3.1 Threshold densities of nurses and midwives in the Region

The WHO estimated threshold density of 4.45 health workers per 1000 population is difficult to assess and apply in some parts of the Western Pacific Region where small island states with small and widely dispersed populations create challenging labour market conditions (31). Globally, it is estimated that the current shortage of nurses and midwives is nine million, with the Western Pacific accounting for nearly 30% of this shortage(32).

Health workers are central to attaining, sustaining and accelerating progress on UHC and the SDGs. While the need to plan and manage a competent health workforce to adequately respond to changing population health needs is well recognised, critical challenges related to attracting and retaining nurses, midwives and other health workers especially at primary care level, reforming education systems, regulatory approaches (13) *and* competencies, and improving nursing and midwifery workforce distribution, performance and productivity (4).

Many of these challenges are seen internationally and are particularly evident in the Western Pacific. However, data from the State of the World's Nursing 2020 Report (33) (see Appendix 1) shows "**no shortage of nurses across many Pacific Island countries"**. Discussion with key regional nursing and midwifery leaders reinforces the need for the application of nurse/midwife: population ratios and benchmark analysis in PIC to be interpreted with caution as there a number of skewed % outcomes based on only small numerical changes. In addition, where there are only small numbers of nurses and midwives available, full consideration must be given to the need to have staffing availability to provide cover for speciality requirements, 24-hour cover, staff sickness and educational and annual leave. Ratios of HCWs to population size are skewed by smaller population sizes of PICs like Tokelau, Niue and Tuvalu.

For example, the Cook Islands is shown in the SOWN report not to have a shortage, however, the Chief Nurse from the Cook Islands in a recent (Dec 2020) personal communication stated:

> *Like many countries, the Cook Islands nursing workforce shows significant nursing shortage at this point in time. Data collected highlight within the next 5 years we are in trouble if we don't address the problem now. We had sent our advertisement a month ago to recruit nurses across the Pacific countries due to nursing shortage of more than 40 nurses to fill in the gaps across designated areas of nursing both in preventive and acute care settings. Our nurses are tired and exhausted with 126 nurses, 70% based on Rarotonga, 30% in the Outer Islands and 92% full time. We are recruiting and taking applicants from the Pacific Countries.*
>
> *The challenges our nurses faced:*
>
> - *Due to being exhausted, mistakes will likely occur*
> - *Cannot guarantee to be vigilant and on top of their practice.*
> - *If we get a Covid case, our nurses will get infected due to being tired.*
> - *Nurses calling in sick, due to being tired and unable to perform to the best of their ability.*
> - *Our people are getting more sick and the workload are more intense and increased.*
> - *The WHO profile for 'our country' does not match what our current workforce are going through at the moment.*
> - *The 'our countrys' nursing workforce is critically short and the country report is incorrect (personal communication, Dec 16th 2020).*

Fiji, which is one of the better resourced PICs has around 2.4 health workers (doctors, nurses and midwives) per 1000 population (compared, for example, to Australia which has about 10 nurses and 2.4 physicians per 1000 people). This is lower than the crucial *minimum* threshold for health workers identified by WHO in 2016 where they now recommended a minimum of 4.45 doctors, nurses and midwives per 1000 population if Sustainable Development Goals are to be met (34). Further, the geographical challenges of meeting the

needs of remote island communities, or those inland, over rugged mountain ranges, further creates challenges for staffing accessible health services.

Kiribati which also shows an adequate workforce in the SOWN report, for example, has only 45 midwives covering their 22 health centres and 95 clinics, half of these midwives also carry out a management role in the health facilities on the 22 outer islands. These outer islands may need two plane trips to reach the capital, with extremely limited communication often only a radio.

In the Marshall Islands, despite again, the data showing no shortage of nurses and midwives, less than 35% of women receive one antenatal care visit; and only 66% of women are attended by a skilled health care provider when giving birth. Further, neonatal mortality rate is 15.5 per 1000 live births (compared to 2.3 per 1000 in Australia) (35).

Table 2: Country Capacity found in Appendix 1(33) examines the various regulatory and educational frameworks and standards that already exist in the region. While there are limitations to the data (similar to the issues identified above), the summary nevertheless indicates that quite a lot of progress has been made in the region by individual countries in setting registration standards, regulation around working conditions, and standards for educational programs and institutions. This existing work provides a sound basis for any regional program.

A meeting of the Steering Group for this scoping study held in December 2020 reinforced the need to ensure that individual country's frameworks and legislation not be supplanted by any regional framework. However, there was general agreement that regional frameworks and standards need to be strengthened across the board and working collaboratively across countries will be a useful strategy.

Of note in the analysis of country capacity is the major deficit in leadership training (33).

The following section describes the interrelationships between each aspect of workforce development, as well as some of the specific concerns that will need to be considered as we move forward.

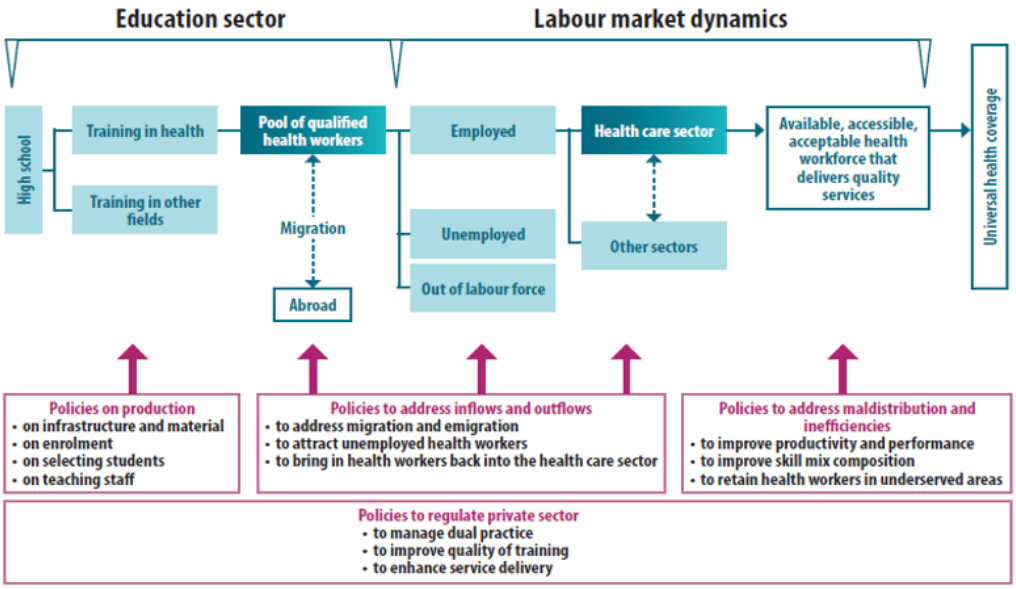
3.2 A strategic and systematic approach to workforce development

The WHO Global strategy on human resources for health: Workforce 2030 (34) outlines the importance of addressing all aspects of health workforce development, including planning, education, management, retention, incentives, linkages with the social service workforce, and adopting a multisectoral approach. It is crucial that the approach to health workforce development be multiprofessional, recognising that different professions and occupations play a critical role in delivering effective services (34). There are a number of specific health labour market characteristics in countries within the Region. These include the relatively small workforce size and geographically scattered nature of some nation states and the high urban concentrations of population combined with low-density populations in remote and rural areas in others.

Developing, implementing and sustaining effective policies to address nursing and midwifery workforce challenges requires policy-makers at national and regional levels to take a labour market frame of analysis in examining what planning and policy interventions will be effective and where they should be applied.

The labour market frame shown in Figure 1 below has been adapted by WHO to help frame labour market dynamics for the future (34). The framework emphasises the importance of the education pipeline of new nurses and midwives and other workers coming into the health labour market, which can be improved by enhancing education institute capacity through curriculum review; coordinating specialisation programmes; acquiring highly qualified educators; emphasising continuing professional development, developing regular institutional accreditation processes, and conducting and using research. The framework also highlights the need to develop a good overview of labour market dynamics, such as the level of attrition, flows between sectors and levels of retirement, to identify where there is scope for various types of policy intervention.

Figure 1. Labour market framework



Source: World Health Organization. Global strategy on human resources for health: Workforce 2030,(34). .

3.3 Policy responses to improving recruitment and retention

Improving health-worker retention – keeping the scarce nurses and midwives already in employment – is a major priority for the Western Pacific Region. Research indicates that nurses and midwives are attracted to work and remain in work because of the opportunities to develop professionally, gain autonomy and participate in decision-making, while being fairly rewarded. Factors related to work environment can be crucial, and there is some evidence that a decentralised style of management, flexible employment opportunities and access to continuing professional development can improve the retention of staff and thus patient care.

Secondly, countries can broaden the recruitment base. The professions of nursing and midwifery in many countries have often been recruited from a narrowly delineated group of young women. Some countries are now trying to expand access routes into nursing and midwifery for a broader range of recruits, including mature entrants; entrants from ethnic minorities; and less qualified entrants who have vocational qualifications or work-based experience.

A third strategy is to attract former health workers back into the professions. Many countries have relatively large pools of former nurses and midwives with the necessary qualifications to re-enter practice. They may be restricted from returning to practice by outmoded legislation; or prevented because the flexibility in working hours they require is not available. Many countries in the region have health workforce policies that stipulate a mandatory retirement age of 50 or 55 years; and as they also often have an ageing workforce, this can significantly affect health-care provision. Attention has to be paid to why the nurses and midwives leave the health system in the first place and what needs to be done to get them back.

The above solutions focus on the supply side. For sustainable solutions, other interventions will also be needed. Some focus must be on the demand side. These should be based on the recognition that health care is labour intensive, and that available nursing and midwifery resources must be used effectively.

Many countries need to enhance and align their workforce planning capacity across occupations and disciplines to identify the skills and roles needed to meet identified service needs. They can also improve day-to-day matching of nursing and midwifery staffing with workload. Flexibility should be about using working patterns that are efficient, and meet any variations in demand, but which also support nurses and midwives in maintaining a balance between their work and personal life.

3.4 Domestic and international labour migration, and the WHO code of practice on international recruitment

One of the major contributing factors to an inequitable distribution of health workers is the so-called 'brain drain' that sees talented and skilled personnel leave their own countries or communities to pursue better paying work opportunities elsewhere. The escalating shortage of health workers in some middle- to high-income nations is increasingly being met by recruiting foreign health workers, often from middle- to low-income countries. This can leave already vulnerable health systems in poorer countries even more vulnerable, particularly in times of medical emergency. To address this concern, the World Health Assembly adopted WHA 63.16: Global Code of Practice on the International Recruitment of Health Personnel in 2010 (36). The code encourages voluntary ethical principles and practices for international recruitment. Some argue that more needs to be done to stem the flow of nurses and midwives away from 'source' countries to 'destination' countries and there have even been calls for an international treaty enforcing legislation to address the issue (37); others note that the right of the individual to move from one country to another should be pre-eminent.

There can be positive aspects for the destination countries as well as the individuals emigrating to improved standards of living, or for professional development. Given the complex dynamics involved, managing migration requires a considered, collective response from both 'source' and 'destination' countries. Data collection and data literacy is crucial. Maintaining and interpreting data on migratory flows allows governments and policy makers to monitor trends and identify gaps. Ideally individual countries should be reporting the WHO Secretariat on the implementation of the Code and on-flows as it is critical to know which countries may need more considered, pre-emptive measures to manage any damage to their health system being caused by loss of health professionals (38). Currently only 40% of all countries signed up to the WHO Code (39) have introduced or are developing national laws and policies consistent with the WHO Health Worker Migration Code.

The development of a regional framework along with mutual recognition of qualifications and standards may go some way to assist in ameliorating the problems associated with migration of nurses and midwives across the region. While there is a risk of increased outflow of nurses from the Pacific, with improved conditions and standards, it is also as likely that the majority of nurses and midwives would be satisfied to stay in their own countries over the longer term. Anecdotally, many nurses move backwards and forwards between PIC and Australia and New Zealand already. Being able to move seamlessly between countries may provide nurses across the region, including Australia and New Zealand, with opportunities to work for short periods elsewhere. It may also enable countries to readily increase their surge capacity in times of crisis.

4. Nursing and Midwifery Policy and Universal Health Coverage in PIC

Nurses and midwives are crucial to the hopes of achieving UHC and the health-related goals of the Sustainable Development Goals (SDGs). While SDG goals are all interrelated and many have direct or indirect relevant to human health and wellbeing, goals 3 and 4 are specific to improving health and education. Along with the goals, countries that ratified the resolution also adopted the declaration on UHC, seen as essential if the SDGs are to be met. The discussion in relation to UHC forms the basis for many advocacy efforts and provides a further framework for the plan which follows in the next section.

The United Nations High-level Meeting on Universal Health Coverage on 23 September 2019 provided an opportunity for UHC champions and advocates to mobilise high-level political attention at both the global and national levels (40). The meeting produced a concise and action-oriented political declaration that strongly committed signatory countries to achieving UHC by 2030 with a view to scaling up the global effort to build a healthier world for all (40).

A multi-stakeholder consultation process saw the development of a set of political 'Key Asks' that were presented at the UN High-Level Meeting on UHC. The answers to these key asks were to be fed into the political declaration to provide the foundation for coordinated advocacy efforts. The asks are (41):

- **ASK 1 - Ensure political leadership beyond health** by committing to achieve UHC for healthy lives and well-being for all at all stages as a social contract;

- **ASK 2 - Leave no one behind** by pursuing equity in access to quality health services, with financial protection;
- **ASK 3** - **Regulate and legislate** to create a strong, enabling regulatory and legal environment that is responsive to people's needs;
- **ASK 4 - Uphold quality of care** by building quality health systems that people and communities trust;
- **ASK 5 - Invest more, invest better** to sustain public financing and harmonize health investments; and
- **ASK 6 - Move together** to establish multi-stakeholder mechanisms for engaging the whole of society for a healthier world.

The following section briefly examines the six asks in relation to nursing and midwifery policy and practice throughout the WHO Western Pacific Region and explores why effective nursing and midwifery is important to the Region, particularly if UHC is to be achieved by 2030.

The UHC six asks

4.1 Ensure political leadership beyond health

All health-care providers and associated health-care workers need support from a range of government ministries and organisations outside government to ensure maximum impacts for patients and communities. For nursing and midwifery in the Western Pacific, having a government chief nursing and midwifery officer (GCNMO) at government level in every country is central to maximising the impacts of the service across the Region. This gives nursing and midwifery a voice and a seat at the top table when it comes to, for instance, deciding national health and public health priorities and disbursing funding.

Changes in the region in relation to the growth of GCNMO positions is illustrated by the following. In 2019, data collected by the WHO CC UTS found that only 27 out of a total of 37 countries in the Region had a chief nurse and midwife, five were making efforts to establish one, and five did not have one or have plans to put one in place (42). However, by 2020 the WHO SOWN stated that, apart from PNG, all countries in the Region now have a (GCNMO) or equivalent(43). This success now needs to be built on to ensure all countries in the Region can benefit from the expertise of a government CNMO.

The functions of government CNMOs have been set out in detail in the *Roles and responsibilities of the government chief nursing and midwifery officer (GCNMO)* consensus statement (44). It defines the responsibility of the GCNMO as being to:

> *… assist the government to achieve the population health goals of the country through nursing and midwifery, by the provision of expert policy and technical advice and recommendations. This advice and subsequent recommendations are based on timely accurate local data and national and international evidence, and through her/his professional collaborations and networks of influence as well as extensive knowledge, experience and understanding of the nursing and midwifery profession.*

"Policy activity", the consensus statement continues, "is the most vital of all roles as it enables nursing and midwifery professionals to be heard at policy level, where the possibilities of health practices are determined."

Outstanding nurse and midwife leaders, it is suggested, simultaneously see the big picture and the consequences at micro level (45). Policy and politics determine health, nursing and midwifery practice, and many nurses and midwives carry out decisions made by others with little say on their creation, weak influence on their development and from a position of relatively low status. Nursing and midwifery leaders are often neither heard nor heeded in settings where policy decisions are made, such as in parliaments, governments and boardrooms (46).

WHO has been at the forefront of coordinating meetings across the Western Pacific Region to push the case for, and advantages of, having a chief nurse and midwife at government level. As an example, UTS hosted a workshop for 14 chief nursing and midwifery officers from the Region in September 2019. The workshop focused on health-system strengthening through improved data literacy, data analysis and understanding of the relationship between data, information and knowledge to inform, and translate into, policy. The meeting

urged governments to recognise the important role and involvement of chief nursing and midwifery officers in the analysis of high-quality data (population health, quality and safety) for governance and decision-making (1).

4.2 Leave no one behind

Leaving no one behind relates to pursuing equity in access to quality health services with financial protection (40), which is achieved when direct payments made to obtain health services do not expose people to financial hardship and do not threaten living standards (39). Health is a fundamental human right, and UHC is a means of enabling people, particularly those who are vulnerable and live in fragile states, to live healthier lives by reducing poverty and promoting equity and social cohesion. This requires resilient, responsive and inclusive health systems that are accessible to all.

Effective nursing and midwifery services are critical to such systems and to expanding effective health coverage in the Region. Investment in building and maintaining a competent nursing and midwifery workforce able to deliver people-centred integrated health services and empowering nurses and midwives in their roles as first responders working with communities to enhance health and reduce harm, is therefore essential.

WHO has emphasised that an adequate, well distributed, motivated and supported health workforce is required to strengthen primary health care, progress towards UHC, detect, prevent and manage health emergencies, promote the health and well-being of the population, and support attainment of the health targets in Sustainable Development Goal (SDG) (4) (health and well-being). Nurses and midwives are central to this effort.

The approach to nursing and midwifery workforce development in the Western Pacific Region must therefore reflect the recognition that health systems' effectiveness at country level will be predicated on a primary health care-led model of delivery, which is often nurse or midwifery enabled. This means working with people in their communities, evaluating the impact of policies and programmes on the ground, regularly monitoring and documenting who is being "left behind" to improve equity in access to quality health services, and contributing to data collection to inform national policy development and evaluate performance against, for instance, the SDG Global Indicator Framework(4).

There is also a clear need to look beyond nursing, midwifery and the broader health and social care workforce when identifying how best to ensure no one is left behind. Whole-of-government action involving various ministries (such as health, education and finance) and other key stakeholders (educators, employers and regulators, for example) is required.

A wider perspective is necessary if health systems are genuinely to ensure no one is excluded and the aspiration of good health becomes a reality for all. Clarity of roles is also needed. Many studies highlight the scope for effective deployment of clinical nurse specialists and nurse practitioners in advanced roles, leading, delivering and evaluating health care interventions for individuals and populations. There is great potential across the Region to enhance the scope of practice for nurses and midwives and utilise more specialist and advanced practice nurses and midwives to work with communities; levelling inequities; providing interventions to manage ill health; and promoting health and well-being. Policy-makers are beginning to recognise the urgent need for wider implementation of specialist and advanced nursing and midwifery roles to support achievement of the fundamental changes necessary to enable UHC and ensure no one is left behind in communities and populations.

4.3 Regulate and legislate

While the nursing and midwifery workforces are well recognised as essential parts of health systems' service delivery function, they are much less recognised in governance and regulatory functions in health systems. The nursing and midwifery workforces are therefore potentially underutilised and could be powerful drivers of improved regulation and governance in health systems, particularly in settings with limited resources.

Current nursing and midwifery workforce participation in health-system governance commonly is limited to representation on committees and boards; line accountability through senior positions in relevant institutions; regulation of the nursing workforce and advocacy. Generally, the nursing and midwifery contributions focus

only on representing nurses' and midwives' perspectives and interests, with very limited influence on overall health-system governance and performance.

The voices and participation of midwives and nurses in the Region and around the world need to be strengthened. More generally, nursing and midwifery should have stronger voices in determining the broader issue of how countries more efficiently can regulate health systems to ensure law and policy are implemented and achieve their intended purpose.

Well designed legislation for the regulation of health professionals (47):

- does not create unnecessary burdens for countries (including financial and administrative)
- is focused on risk to public safety
- is proportionate to the benefit it brings, and
- is sufficiently flexible to respond to different health-care needs, approaches and future changes.

Organisational arrangements differ in scope in countries across the Region, but regulation of health practitioners typically involves legislation mandating the maintenance of a register or list of those who are registered; setting and assuring educational standards for entry to practice; investigating and dealing with concerns in relation to the conduct, health or performance of registered practitioners; and, increasingly, assuring continuing competence to practise (47).

The Western Pacific Region has amassed considerable experience in health workforce regulation however some weaknesses still exist. Developing more consistent approaches to designing and implementing regulatory frameworks and mechanisms for sharing information, knowledge and expertise about good regulatory practice will build capacity and strengthen regulation across the Region (47). Also missing in most jurisdictions is the legislative framework required for the accreditation and monitoring of education providers and programmes, essential for facilitating high quality education for health professionals.

4.4 Uphold quality of care

Throughout the world, basic population health needs in many lesser-resourced countries remain unmet. Nurses and midwives make critical contributions to meeting needs, but increasing the numbers of nurses and midwives on its own is insufficient to address the problem adequately. Improving the quality of nursing and midwifery education is also needed (41).

Special emphasis must be placed on building the capacities of nurses and midwives to work with fellow health professionals and communities to deliver evidence-based, high-quality care across a range of settings and rapidly changing environments(48).

There is a strong link between quality health care and quality education. Nurses and midwives who benefit from relevant ongoing professional development opportunities are often in a strong position to drive high-quality care delivery in their teams and communities. But across the region nursing and midwifery education and ongoing professional development organisation, delivery and evaluation is sometimes poor, and accreditation processes are often lacking.

Evidence-based, culturally appropriate strategies are required to educate a new generation of nurses and midwives, particularly those in low-income countries. Participatory approaches for collection of baseline data to best inform the design of effective faculty and professional development programmes are also necessary.

4.5 Invest more, invest better

Investing more and investing better in the health-care workforce, including nursing and midwifery, can bring obvious benefits. The aim is to gain the maximum health and well-being outcomes for the population from appropriate and managed investment in the recruitment, deployment, ongoing development and retention of the health-care workforce.

The health sector contributes hugely to supporting and sustaining health and well-being among countries' populations, and also plays a significant part in contributing to countries' economies, particularly through its employer functions. Youth unemployment throughout the Asia Pacific Region, including the Western Pacific, is high; with a 2010 unemployment rate of 13.1 per cent; and youth in the Region are at least three times

more likely to be unemployed than adults (49). There is a need for far greater innovation and imaginative approaches to selling the attractiveness of careers in nursing, midwifery and other health professions to young people and creating a range of pathways into nursing, midwifery and health service careers. Making nursing attractive to its current practitioners through effective and high-quality and appropriate preparation, ongoing education, career development opportunities, working conditions and remuneration is the best way of making it attractive to future generations of midwives and nurses.

A major challenge for nursing and midwifery, however, is to demonstrate the cost–effectiveness of their services. How far does the cost of an episode of midwifery or nursing service result in benefits in relation to, for instance, improving population health and well-being; reducing health inequality and other forms of inequity; and supporting countries' economic development and performance? The models and processes for collecting these crucial data have not yet been developed in the Region, pointing to an urgent development need.

4.6 Move together

The UHC key ask of moving together calls on all countries to take active steps to meaningfully engage nongovernmental actors, particularly from unserved, underserved or poorly-served populations, in shaping the UHC agenda (40). It goes on to list a specific action agenda that includes:

- Enabling and introducing processes for structured and meaningful engagement of all government sectors and actors, the private sector and a broad base of civil society, including young people and academia.
- Empowering individuals, families, communities, local providers and civil society organisations to be at the centre of UHC, especially by strengthening and enhancing community capacity to get involved in decision-making and accountability processes.
- Empowering communities through a primary health-care approach to, for example, promoting good health, managing disease and mitigating health crises at community level, while also strengthening community participation among all populations.
- Improving health, legal and systems literacy and capacity for health decision-making by focusing on prevention, appropriate technology and a multisectoral approach at local level, including addressing all determinants of health.
- Providing financial support for civil society and community groups as key contributors to health systems' development and critical advocates for vulnerable and marginalized populations.
- Supporting women as community leaders and change makers, and recognising that their significant unpaid contribution to family care should be recorded, redistributed and rewarded.
- Enhancing international coordination and enabling environments at all levels to strengthen national health systems and share knowledge and experience to strengthen the sustainability of UHC.

Ensuring all people have access to this kind of UHC and quality care requires strong and capable leadership (50). Nurses and midwives can be at the forefront of providing this; they are the health-care professionals who often are closest to communities, and therefore best understand their needs and wishes and recognise the nature and significance of collectivist societies prevalent in the Region. They act to empower individuals and communities through facilitating self-care and self-management approaches; enhancing health literacy; promoting preventive and health-enhancing behaviours; and supporting individual and joint decision-making (50).

As predominantly female professions, nurses and midwives understand the gender inequalities that affect women's and girls' health, education, employment and general life prospects, and can take action to reduce inequities. Additionally, nurses and midwives are not only acquirers of knowledge and information, but also are conduits for knowledge and information flows to individuals, families, communities and entire populations at local, national, regional and global levels(51).

Attention needs to be paid to ensuring that nurses and midwives have the education, mentoring, support and opportunities to enable them to fulfil these much-needed roles for the better health of all (5).

5. Summary

The COVID-19 pandemic has brought the urgent need for high quality health workers to the fore. The contribution of nurses and midwives has never been more crucial, especially in relation to achieving UHC and the SDGs, as well as enabling an effective response to disasters. Populations continue to grow and age while patterns of disease fluctuate with a variety of factors including social changes brought on by economic and technological expansion. Health workforce shortages affect every corner of the globe while urbanisation draws services and providers into the cities, leaving those on the margins and in remote and isolated settings ever more vulnerable.

Nurses and midwives represent between 50% and 80% of the world's health professional workforce (33, 43, 52-54). For the benefit of both their patients and their professional status, nurses and midwives and nursing and midwifery leaders must step up and engage in health policy planning locally, nationally and globally. Nursing and midwifery leaders need to 'think globally and act locally'.

Improved data literacy, analysis and management can strengthen health system performance, quality and sustainability through the provision of knowledge required to inform practice, management and policy decision making.

A renewed focus on UHC, and Triple Billion Targets within the SDGs demands a flexible and resilient, highly educated and motivated workforce. The recognition of the nursing and midwifery workforce by WHO and the UN to achieve UHC brings with it both opportunities and challenges. Achieving UHC will only be possible if the full potential of both nurses and midwives is recognised, and their full scopes of practice are utilised. Dominating the frontline of health service delivery, nurses and midwives have a social responsibility to report their experiences and outline their requirements all the way up to the WHA. To do this, appropriate channels of communication and empowered leaders are required. National governments must instate a CNMO to ensure that the experience of these workforces are appropriately considered in ministerial deliberations on health policy. Well-briefed ministers, armed with the right information, will enable senior leaders in health to voice their concerns and empower CNMOs to communicate with international policymakers at various global forums.

Leadership programs that are contextualised to country and regional needs and provide opportunities for succession planning, data literacy, policy development with a primary health care approach, are urgently required(55, 56).

The role of professional networks in sharing information and stimulating learning is critical. It is important for nurses and midwives to access and support these networks by joining associations/societies; seeking out opportunities for CPD; contributing to debates and social media about regulatory and legislative issues; and supporting their leaders with information and advice. Governance, regulation, association and education are the cornerstones of any health system.

To advance the status of health professions in line with civil society changing needs and ensure best practice, the global nursing and midwifery community must shape itself around these key areas:

- Good **governance** ensuring issues affecting health populations are taken into consideration by ministerial policy makers. Equally, it ensures policies are relevant, communicated to and owned by the nursing and midwifery workforce. Empowered leaders such as CNMOs are essential to promote policy dialogue across all the health sectors to ensure health governance.

- **Accreditation** is a critical aspect of the quality assurance process in education. Assessing the capabilities of education providers; and the form, content and outcomes of education programs to consistently deliver reliable quality results based on constituent accreditation standards enables consistency in the education of graduates seeking to register as nurses and midwives. Accreditation of education providers and management of conduct are the cornerstones of a well-regulated workforce.

- **Regulation,** through contemporary legislation, ensures the protection of the community by requiring the development, monitoring and maintaining standards to uphold the quality of registrants. Legislation to mandate the establishment of the necessary infrastructure such as systems for creating reliable registration processes (including data); standards, competencies and codes; investigation processes to ensure compliance; and accreditation systems.

- Quality **education** requires highly qualified educators, opportunities for CPD, research, regular institutional accreditation, and access to quality curriculums and resources.

- Strong professional **associations** (societies) provide information, information sharing opportunities and advice to all health stakeholders. Associations also advocate for and support their nursing and midwifery members with advice and opportunities for CPD(57).

Finally, nurses and midwives and nursing and midwifery leaders have integral roles to play in the data revolution that will ensure progress on the path to meeting health-related SDGs and UHC by 2030. Recording numbers on population health and workforce requirements is no longer adequate. Policy debates on health matters at the country, regional and global levels must be informed by high-quality, accurate data that is diverse, timely and internationally comparable. The midwifery and nursing professions need new waves of 'data literate' nurses, midwives and nursing and midwifery leaders, educated in cutting-edge monitoring and evaluation methods. This will allow policy makers to make better decisions for people-centred care with a primary health care focus in partnership with civil society, nurses, midwives and other health professionals.

To achieve the above requires a sound regional infrastructure. The section which follows outlines the recommendations arising from this review and provides a roadmap to assist in the goal of **improving the quality of nursing and midwifery education and regulation in Pacific Island countries and areas.**

6. Where to from here?

6.1 Framework and Recommendations for Developing a Regional Quality Program for the Pacific

The *Global Strategy on Human Resources for Health: Workforce 2030* (34) reinforces the key domains identified in this report and described in the roadmap which follows.

- Firstly, there needs to be an adequate governance framework and policy to ensure equitable distribution, retention, motivation and productivity of health workers. This aligns with efforts to achieve UHC and with the Health Islands Vision.

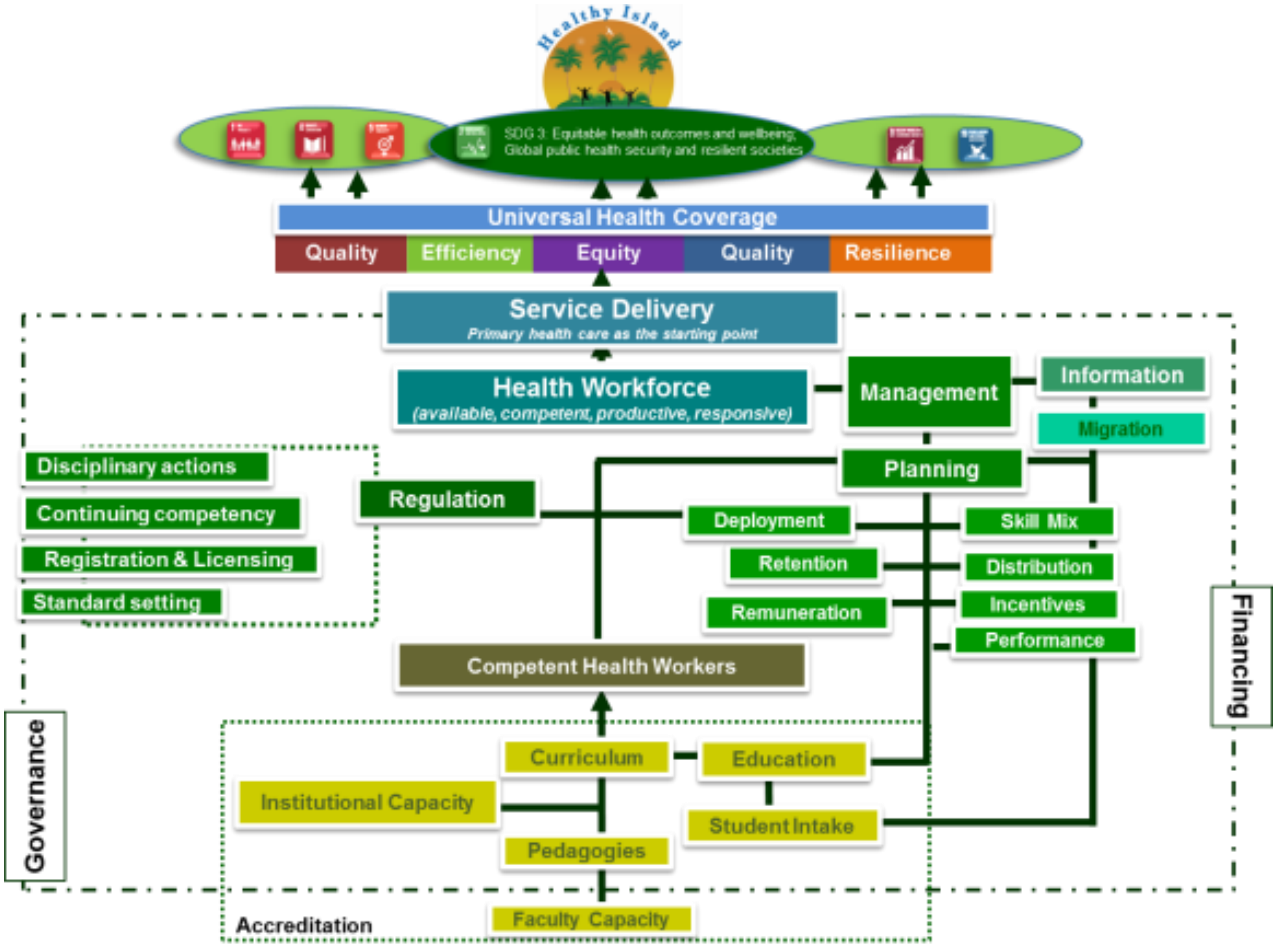
- Secondly, there is a need for reliable information systems to guide evidence-based planning and policy making.

- Thirdly, there is a need for quality educational programs to provide the mix of clinical and public health workers needed by countries.

- Finally, a strong regulatory system is crucial to ensure continued competence of health workers in the interest of public safety.

Figure 2 below illustrates the integration and interrelationships of all these dimensions and emphasises the need to address all key factors to ensure sustainable improvements sufficient to meet population health needs now and into the future. The Roadmap outlined in this Scoping Study provides a framework to move these ideals from rhetoric to action.

Figure 2. Framework for Analysis



Source: WHO Health Workforce Development in the Pacific, 2017: scoping paper, p6 (18)

The next section of the paper outlines the recommendation arise from the findings of this report which then lead directly to the Roadmap outlined in the final part of this paper.

6.2 Recommendations arising from this review

1. There is sustained commitment at ministerial, regional and national level for policy dialogue, investments and implementation of actions.
2. A regional working group is created focusing on Improving the Quality of Nursing and Midwifery and Education and Regulation in Pacific Island Countries and Area.

   The working group will have the following functions:

   - Agreeing on a regional approach to accreditation and regulation with links to country-based systems.
   - Developing nursing and midwifery practice standards meeting regional needs.
   - Developing an accreditation framework that outlines nursing and midwifery undergraduate and post-graduate accreditation standards for the various courses.
   - Developing coherent and transparent pathways enabling healthcare workers to move between the various levels of work and education eg nurses aide, community health worker, registered nurse, registered midwife, clinical nurse specialist, nurse practitioner.

- Developing mutual recognition mechanisms for enabling the healthcare workforce to move across the region; developing standards and policies that will enable workforce mobility taking into account the health needs of each country in the region.
- Planning and regulating specialist training by establishing priority specialties and the number of specialists required by national health systems. Avoiding fragmentation and hyper-specialisation of clinical care.
- Examining how education and regulation can assist in strengthening primary health care services.
- Strengthening linkages between accreditation and registration and licensing functions, including stronger regulatory mechanism to monitor the implementation of CPD for nurses and midwives.
- Exploring alignment between the various country qualifications frameworks and the Pacific Qualifications Framework, including consideration of member states in Northern Pacific.

These recommendations were benchmarked against the draft scoping report developed for Pacific Health Ministers in 2017 (53). In addition, Appendix 2 summarises the key recommendations from the various recent regional and WHO reports, and thus also supports the priorities identified in this section and in the Roadmap which follows.

> *While many of the pressing issues confronting our Region … demand a systems-based approach, systems thinking should be informed by experiences and realities on the ground. In other words, effective solutions emerge from the ground up, based on real world challenges and circumstances. We call this approach* ***grounds up*** *– with a deliberate use of the plural to signify the multiple grounds from which innovation and solutions can emerge WHO WPRO Vision for the Future, p 16* (5).

6.3 A way forward using a 'grounds up' approach

The previous sections have outlined in some detail the issues and priorities **for improving the quality of nursing and midwifery education and regulation in Pacific Island countries and areas** to address the needs of countries in the Pacific region. This section provides detail about a possible way forward.

Report after report has outlined the problems and challenges faced by Pacific Island countries, yet the responses to date have not been able to effectively address the key priorities outlined in this document. The approach has often been piece-meal and fragmented, repeatedly with limited success in developing a truly regional approach or effectively engaging regional partners. However, with increasing globalisation, the international development of regional qualifications and quality assurance frameworks, means that there is an urgent need for a culturally appropriate Pacific model (58).

It is self-evident that all countries of the region (and indeed the world) need competent health practitioners, educated by high quality academic staff to ensure that graduates are safe and effective and can support the Healthy Islands Vision. In the first decade of the 21st century the Secretariat of the Pacific Community (SPC) worked with a group funded by the Australian Government Department of Foreign Affairs and Trade (DFAT) and laid the foundations for the implementation of the Pacific Register of Qualifications and Standards (PRQS). However to date, this has not been widely implemented. A DFAT review conducted in 2016 (59)

found a lack of ownership and engagement of key stakeholders. Further, it found that the top-down approach that was used to develop quality assurance processes potentially alienated member countries and placed the locus of control with the Educational Quality and Assessment Program (EQAP) rather than with the broader Pacific community (59). The authors recommended that "…A future Pacific model needs to focus on building trust across the broader Pacific region, on harmonising recognition processes, and to take a proactive role in developing regional mechanisms to support recognition…" (59) p 8.

Even with the best of intentions, the potential for miscommunication exists. A recent study conducted to evaluate the impact of this project found that while there were no instances of direct misalignment between national policies and stakeholders, there was nevertheless the perception that the approach was 'ahead of its time' and 'too far advanced' for many countries(60). Feedback from regional stakeholders in the above study indicated that they felt that the assumed levels of confidence and competence were too high, the language used was over complex and that there was insufficient in-country advocacy. There was also a perception that an outside agenda or way of working was being pushed. The review concluded that prioritising motivation and buy-in were crucial, as well as ensuring that the language and messaging were contextualised for local audiences. This was outlined in earlier studies, also highlighting the need for informal and formal meetings to enable change and communication to occur(60).

The Roadmap outlined in this document illustrates a means of developing a regional partnership in which discussion and planning in relation to qualifications and quality assurance can occur. It will be 'grounds-up' in that needs will focus on whole programs and cadres of nurses. It will examine local and regional standards and competencies that are generic and relevant. While there will be some focus on specialisation and speciality practice the standards and guidelines will on the whole be generic and applicable across countries and levels of nurse.

Amongst other things, it should foster common understanding and trust as well as develop national capacity in terms of governance, accreditation and mutual recognition of qualifications. Until regional standards are achieved, countries and education providers will continue to act independently, experiencing both professional mobility within the region and migration out, suffering shortages of trained staff (some countries in crisis) through insufficient production and retention, dealing with identifying equivalencies for course credit transfers, struggling to retain regional academics, duplicating teaching materials and employing professionals from other countries (18).

There are a number of principles guiding the development of this Roadmap briefly discussed below and outlined in the table which follows. They illustrate the 'grounds up' approach advocated by WPRO's Vision *For the Future* (5) and build on strong relationships that have developed over a number of years between the CNMO officers from the various countries in the region, the WHOC at UTS and the regulatory authorities in the region.

The principles outlined here were first developed in a research project conducted to evaluate a leadership program for health professionals from the Pacific, commencing with a Participatory Action Research (PAR) framework(61). The goal was to use a framework that was trusted by Pacific communities (18, 61, 62). **This is our goal in the development of this Roadmap.** The key principles of engagement are outlined in the table below alongside existing Pacific methodologies that we hope will ensure a truly collaborative approach which is owned by the Pacific partners who will engage with the program.

Table 1: Principles of Partnership

Key Principles	Safety	Respect	Collaboration	Beneficence and Reciprocity	Relationship -based	Justice
Existing Pacific Methodologies (described by): **Talanoa (63)** **Kakala (64)** **Participatory Action Research, PAR (61)**	**Mateuteu** – be prepared and knowledgeable of subject and cultural particulars **Toli** – collect and gather 'data' using appropriate methods to the Pacific context	**Faka'apa'apa** – be cautious, respectful, humble, deeply listen and observe **Tui** – analyse the data; uncover meaning, be flexible to unexpected findings	**Poto He Anga** – consider participants equal partners and embrace reciprocity. protect participants' interests before, during and after project **Teu** – prepare; consider, plan and design the project in partnership with participants **Collaboration** is central to the PAR method	**Anga Lelei** - be helpful, generous, positive, warm and kind **Luva** – honour that the gift of knowledge has been given, be humble and sincere **Malie/Mafana** Evaluation and transformation, participants will be owners of the work and the knowledge	**'Ofa Fe'unga** – be compassionate, demonstrate empathy, and show appreciation for the context in order to build strong relationships Relationships are foundational	**Malie/Mafana** – evaluate the meaningfulness of the work with participants, find mutual appreciation [respect], apply the learning in a meaningful way **Malie/Mafana** – evaluate the meaningfulness of the project outcomes with the participants

SOURCE: Adapted from Table 1. The relationships between main principles of *Talanoa*, *Kakala* and PAR approaches in Pacific [61]

6.4 Addressing Key Partnership Principles

1. ***Safety -*** The South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA) has been working collaboratively with the WHOCC and key regulatory authorities since 2014. Partnerships are open and all members feel free to speak up if they have any concerns.

2. ***Respect -*** These continuing partnerships have set the groundwork for mutually identifying and addressing the gaps in achieving improved regulation and accreditation.

3. ***Collaboration -*** Previous evaluations of educational quality, accreditation, competencies, practice safety and standards at rural, remote, country, sub-regional and regional levels, and the examination and definition of the scope of health care personnel in the Pacific will be built on and, in partnership between each country, implementation strategies and actions will be developed.

4. ***Beneficence and Reciprocity -*** A key aspect of this Roadmap and the work arising from it, is the ownership of the results by each country. The relationships that have been developed over the years between the senior nurses and midwives of the Region have always been generous and helpful and given as a form of reciprocity. This is only likely to grow through implementation phase of the Roadmap.

5. ***Relationship based -*** It is evident from the work cited in this document and the inputs provided by the SPCNMOA/Steering Committee advisory meetings that strong relationships between key members exist.

6. ***Justice -*** It is crucial that everyone's voice be heard to ensure that decisions and actions are relevant to each country's needs. Processes will be developed that ensure that the outcomes are useful, relevant and able to be implemented. Ensuring the individual country's regulations and standards are not undermined by a regional process, as well as ensuring that existing cultural priorities and mechanisms in each country are recognised and considered and building sustainability into the program from the start

will ensure it is ethical and appropriate.

The expertise available through a regional partnership will assist the region to build sustainable standards that will ensure that the nursing and midwifery workforce is capable of meeting the health care challenges of the 21st century.

The plan outlined here was discussed and endorsed at a regional meeting of the Chief Nursing and Midwifery Officers in Dec 2020. The minutes of the meeting are attached at Appendix 6. The main concern raised related to ensuring the individual country's regulations and standards were not undermined by a regional process, ensuring that existing mechanisms in each country were recognised and considered and ensuring that sustainability was built into the program from the start.

The Roadmap for Improving the Quality of Nursing and Midwifery Education and Regulation in Pacific Island Countries and Areas is outlined below.

7. Quality Improvement Roadmap

For Nursing and Midwifery Education and Regulation in Pacific Island Countries

Given the long-standing requirement and current momentum for a standards framework to guide nursing and midwifery education and accreditation, this section sets out a way forward – a roadmap – for progress.

A regional quality improvement program will assist PICs' nursing and midwifery councils and educational facilities develop and delivery nursing and midwifery curricula to a standard that meeting regional expectations. In doing so, the program aims to build the Pacific nursing and midwifery workforces' capacity to deliver informed and high-quality care, and to enable them to provide the leadership needed to ensure continued improvements into the future. The program, as it matures, provides the basis for benchmarking and minimum regional qualification and standards for nursing and midwifery practice in the Pacific regional quality improvement program will advocate for, and work with, PIC governments and institutes to support this regional framework, therefore existing partnerships will be used to ensure it is culturally relevant and has political and professional buy-in.

It is suggested that the regional quality improvement program should be **overseen and managed by the South Pacific Chief Nursing and Midwifery Officers Alliance**, who have been advocating for a regional quality improvement program for many years and who have ratified this proposal.

Other partners, such as the Fiji National University, the WHO CC, and the Australian Nursing and Midwifery Accreditation Council (ANMAC) will provide technical and teaching support.

7.1 The proposal for a nursing and midwifery regional quality improvement program

This proposal aims to strengthen Pacific Island health systems through establishing a regional program to improve the quality of the nursing and midwifery workforces. The steps to achieving this follows. These is a need for partners to:

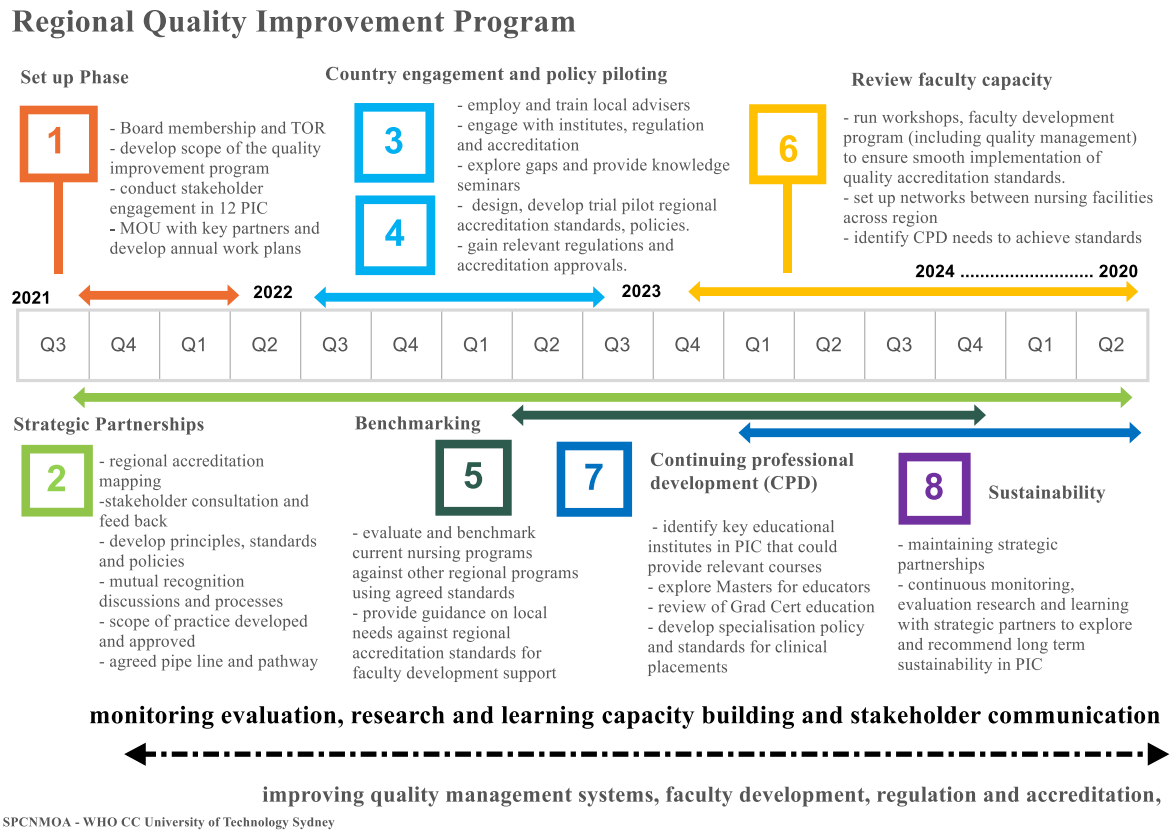
- Agree on a regional approach to accreditation and regulation linked to country-based systems.
- Develop standards for practice and education that meet regional needs.

- Develop a consistent curriculum framework for undergraduate and post-graduate courses integrating the practice standards all of which are accredited.
- Develop a coherent and transparent pathway that enables healthcare workers to advance (ie, for a nurses' aide through all levels of nursing proficiency to a nurse practitioner).
- Develop standards and policies that support workforce mobility within countries and across the region, but that takes into account the health needs of each country in the region.
- Plan for and providing specialised nursing training opportunities that align with the current and future needs of national health systems. Avoiding fragmentation and hyper-specialisation of clinical care.
- Examine how education and regulation can assist in strengthening primary health care services.
- Strengthen linkages between accreditation and registration and licensing functions, including stronger regulatory mechanism to monitor the implementation of CPD for nurses and midwives.
- Build alignment between the PICs' nursing and midwifery qualifications frameworks and the Pacific Qualifications Framework.

7.2 Steps in the Roadmap

The following section outlines the steps needed to achieve the goals outlined above. Figure 3 (below) summarises the steps in the Roadmap which is detailed in the text that follows. Capacity building will take place throughout the program.

Figure 3: Regional Quality Improvement Program Time line (See Appendix 5)



1. *Set up Phase: Establish and staff the regional quality improvement program*

It is proposed the hub will be led by SPCNMOA and housed virtually at UTS in partnership with the WHOCC, this will rationalise resources needed in the set-up phase where intensive communication (within and between countries) is required. A Board of Pacific leaders will be integral and ensure cultural relevance. While a skeleton staff will be required to administer the hub, it is envisaged up to 3 capacity building educators will be engaged to work closely with PIC institutions throughout implementation of the program.

Actions:

a) Identify and define stakeholder engagement.

b) Conduct stakeholder engagement in Pacific Island Countries including with: educational institutes, Heads of Health, Directors of Clinical Services, government, registration boards and associations.

c) Establish a Board to oversee the running of the regional quality improvement program consisting of partners from SPCNMOA, educators and regulators. It is suggested that the SPCNMOA and key stakeholders nominate members for the Board. Initial members of the Board will need to provide feedback to other members of their interest group. It is suggested that between four and six member countries be selected to establish the first Board. This would be decided in conjunction with the Steering Committee established when the project is initiated.

d) Develop constitution for rotating Board to ensure all countries are involved.

e) Develop scope of the quality improvement program, including staff and resource requirements.

f) Establish MOU between key partners and development of annual agreed work plans.

g) Describe roles and responsibilities of staff for hub.

h) Recruit relevant personnel.

2. *Further develop strategic partnerships*

a) Build on existing regional relationships;

b) Negotiate with local partners about outputs; agree and develop scope of practice

c) Agree pipe line and pathway;

d) Mutual recognition of regulatory processes

3. *Country engagement: develop regional governance, policy and standards for accrediting nurses and nursing educational institutes*

While there is already regional buy-in through major regional recommendations from Pacific Health Ministers, Heads of Health and Directors of Clinical Services, further work needs to be carried out to develop the regional accreditation framework, pipeline and pathways, scope of practice and standards and policies.

i) Develop an agreed regional framework for pipeline and pathways for clear career path of nurses and align it to the Pacific Qualifications Framework.

j) Design an explicit scope of practice outlined for each level of nurse and an agreed regulatory framework for assessing all levels of practitioner from nursing assistant, community health workers, to registered nurse, nurse practitioner, other nurse specialists and including nurse teachers.

k) Adapt and develop relevant principles, standards policies and frameworks to legislate agreed standards as necessary;

l) Develop a process and standards for a mutual recognition process that will allow smooth transfer of nurses and midwives between countries in the region

m) Stakeholder consultation and feedback.

4. Country engagement: engage with country educators, regulators and other key stakeholders

Once standards and policies are drafted they will need to be pilot tested with the individual country's' institutes and regulation, and improvements made. This will require intensive work and relationship building in-country.

a. Engage with each Pacific country, and with nursing educational institutes regarding current systems and procedures and needs.

b. WHO CC UTS capacity building educators (CBEs) to work closely with employed local educator advisors and stakeholders in regulation and education; incorporate research students for cost effectiveness and intense engagement.

c. Conduct knowledge seminars to examine and evaluate country regulation and accreditation frameworks and how they link regionally. Exploring similarities, gaps, professional development needs.

d. Development of agreed regional standards for accreditation of pre and post registration courses.

5. Benchmark existing nursing curricula against new standards

CBEs local advisors will use the regional accreditation standards to benchmark against individual country regulation, accreditation and institutional existing processes. This will allow the regional quality improvement program to assess the needs of the country to meet these regional standards.

a) Evaluate and benchmark current nursing programs against others in the region.

b) Design of an agreed educational pathway, professional standards and expectations for each level of health worker

c) Where necessary devise and develop new nursing programs to meet revised standards and practices.

d) Advise on curricula reviews as required.

e) Further develop guidance on research capability by integrating it into nursing educational programs.

f) Develop pathways that will enable students of nursing in Pacific countries to gain clinical experience in Australia when that experience (eg some clinical specialties) is not readily available in PICs.

6. Review faculty capacity across Pacific Island Countries

a) Once the above needs have been agreed, workshops and/or a faculty development program will be conducted for the institutes to ensure smooth implementation of accreditation standards and advise on the improvement of quality management processes.

b) Review capacity of all nursing schools including infrastructure and resources, educators' qualifications, finance and management capacity and leadership.

c) Taking account of identified accreditation gaps, ensure that faculty staff and clinicians are adequately prepared to teach and administer quality nursing education.

d) Identify continuing professional development needs to achieve standards.

e) Conduct faculty development workshops.

f) Set up network between faculties across all engaged countries.

7. Develop continuing professional development pathways and possibilities

a) Once regional continuing professional development needs are identified through objectives 3, 4 and 5, a regional framework will be developed to ensure, that there are enough educators in the institutes to run quality CPD programs.

b) Collate existing continuing professional development opportunities for nursing and midwifery in countries, including online opportunities, identify gaps for development.

c) Identify key educational institutions that will provide the relevant programs and courses across the Pacific.

d) Establish a nursing specialisation framework which takes into consideration specific country needs and includes nurse practitioners and educators.

e) Develop policy and standard for clinical placements.

8. Sustainability

Experience from many regional projects show that sustainable options can only be achieved with strong monitoring and evaluation, relationship building with strategic partners, capacity building of country educators to provide bold solutions that are owned and can work across the region.

a) Build on existing strong relationships between regional institutions and infrastructure such as SPCNMOA, Fiji National University, National University Samoa, University of South Pacific, SPC, PIFS.

b) Once developed, and relationships forged, a plan to transition the regional quality improvement program to a Pacific Island Country institute will be developed and implemented. It is anticipated that this could take up to 10 years to achieve.

c) Continuous review of monitoring, evaluation, research and learning reports to adapt regional political thinking to continually refine the program and find the best sustainable approaches.

8. Conclusion

This paper has outlined the rationale and urgency of developing regional policies and standards in relation to governance and regulation for the nursing and midwifery education and training. The need for a competent, flexible and well-prepared health workforce has been amply illustrated during 2020. The performance of the nursing and midwifery workforces has a direct and significant impact on the delivery of PHC, achievement of UHC and on PICs' efforts to meet the health-related SDGs. Improvement requires involvement of all stakeholders, both in diagnosing and solving the problems. While such approaches must always take account of the national context, regional perspectives need to also be considered, especially in a workforce that is as mobile as nursing and midwifery. Political commitment and action at the country and regional level remains the foundation of any effective response to health workforce challenges[2].

The Roadmap presented here provide a well-justified process that will enable the development of a regional framework consisting of a set of agreed principles, practices, procedures and standardised terminology. This will help to ensure effective comparability of qualifications and credits across borders in the Pacific, facilitate mutual recognition of qualifications among countries, harmonise qualifications wherever possible, and create acceptable regional standards and practices.

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Appendix 1: Table 2: SOWN Report Country Demographics and Profiles for Nursing

COUNTRY	POPULATION	NUMBERS OF NURSING PERSONNEL	% OF NURSES IN HEALTH WORKFORCE	RATIO PER 10,000	ESTIMATED NURSE SHORTAGES FOR 2030
COOK ISLANDS	17547	118	70.70%	67.4	NIL*
FEDERATED STATES OF MICRONESIA (FSM)	113811	230	N/R	20.4	NIL*
FIJI	889955	298	74.30%	33.8	NIL*
KIRIBATI	117608	444	76.80%	38.3	NIL*
MARSHALL ISLANDS	58791	195	N/R	33.4	NIL*
NAURU	10764	84	79.50%	78.7	NIL*
NIUE	1614	20	N/R	124.2	NIL*
PALAU	18001	130	N/R	72.6	NIL*
PAPUA NEW GUINEA	8776119	3996	72.20%	4.6	20000-30000
SAMOA	197093	488	N/R	24.9	NIL*
SOLOMON ISLANDS	669821	1413	74.00%	21.6	100-200
TOKELAU	*14011	*22	*59%	*92.1	N/R*
TONGA	104497	429	80.20%	41.6	NIL*
TUVALU	11655	49	69.50%	42.6	NIL*
VANUATU	299882	417	NR	14.2	200-300

*Data taken from and calculated as per Human Resources for Health Tokelau Country profile

Appendix 2: Table 3: SOWN Report Country Capacity Comparisons

	COOK ISLANDS	FSM	FIJI	KIRIBATI	MARSHALL ISLANDS	NAURU	NIUE	PALAU	PAPUA NEW GUINEA	SAMOA	SOLOMON ISLANDS	TOKELAU	TONGA	TUVALU	VANUATU
MASTER LIST OF ACCREDITED EDUCATION INSTITUTIONS	X	n/r	✓	X	✓	n/r	n/r	X	✓	✓	✓	-	✓	X	partial
ACCREDITATION MECHANISMS FOR EDUCATION INSTITUTIONS	X	✓	✓	✓	✓	n/r	n/r	✓	✓	n/r	✓	-	✓	n/r	✓
STANDARDS FOR DURATION AND CONTENT OF EDUCATION	X	partial	✓	✓	X	n/r	n/r	✓	✓	✓	✓	-	✓	n/r	✓
STANDARDS FOR INTERPROFESIONAL EDUCATION	X	✓	✓	X	✓	n/r	n/r	partial	n/r	n/r	✓	-	X	n/r	✓
STANDARDS FOR FACULTY QUALIFICATIONS	X	✓	✓	✓	✓	X	X	✓	partial	✓	✓	-	partial	X	✓

NURSING COUNCIL/AUTHORITY FOR REGULATION OF NURSING	✓	✓	✓	✓	✓	partial	X	✓	partial	✓	✓	-	✓	X	✓
FITNESS FOR PRACTICE EXAMINATION	X	✓	✓	X	X	X	X	X	X	✓	✓	-	X	X	X
CONTINUING PROFESSIONAL DEVELOPMENT	X	✓	✓	X	X	n/r	partial	✓	X	✓	partial	-	partial	n/r	partial
EXISTENCE OF ADVANCED NURSING ROLES	✓	✓	✓	✓	n/r	X	X	partial	X	✓	✓	-	n/r	n/r	✓
REGULATION ON WORKING HOURS AND CONDITIONS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	n/r	✓
REGULATION ON MINIMUM WAGE	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	-	✓	n/r	✓
REGULATION ON SOCIAL PROTECTION	✓	partial	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	X	✓
MEASURES TO PREVENT ATTACKS ON HWS	X	X	✓	X	X	n/r	n/r	X	X	✓	X	-	✓	partial	n/r

CHIEF NURSING OFFICER POSITION	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	✓	✓
NURSING LEADERSHIP DEVELOPMENT PROGRAM	X	X	X	X	✓	X	X	X	X	X	X	-	partial	X	X
NATIONAL ASSOCIATION FOR PRE-LICENSURE STUDENTS	X	✓	✓	X	X	X	X	X	X	✓	X	-	X	X	X

	Education, accreditation & Regulation
	Practice Regulation
	Working Conditions
	Governance & Leadership

**Lack of nursing leadership programs: no country in the south pacific, bar Marshall Islands and partially Tonga, have ticked that they have s nursing leadership development progr

Appendix 3: Table 4. WHO SPCNMOA Databanks Priority areas

	COOK ISLANDS	FIJI	KIRIBATI	NAURU	PAPUA NEW GUINEA	SAMOA	SOLOMON ISLANDS	TOKELAU	TONGA	TUVALU	VANUATU
EDUCATION & REGULATION	• To review Nurse/Midwives Nursing Standards and Nursing Competencies and Ethics. • To re open and ensure the sustainability of the Nursing School. • Progress towards accreditation of the School of Nursings' Diploma Programme. • Nurses/midwives to be inolved in Research Programmes for evidence based practice • Lack of funds to send midwives abroad for attachment • To develop own midwives orientation competencies/for midwifery to be recognised in legislation • Development and incorporation of competencies for Nurse practice during disaster situations.	• Development and endorsement of indicators for RN competencies in Fiji • Need to review the current structure for midwife practice and develop further practice scope to aid in retention of midwives within the hospital system • To meet global standards in nurse workforce competency, schools need to implement strategies that allow delivery of Bachelor level award. • Incorporation of key midwifery skills into the nursing program curriculum is being reviewed.	• Need ongoing upgrading of nursing workforce through in country trainings (more nurses are trained if we are assisted from abroad), exchange and attachments. • More skilled birth attendants so to contribute to the reduction of Mortality rate (maternal & neonatal) – more midwives. • Development of Midwifery competencies and registration similar to the Pacific Island RN competencies for Kiribati. • Update current practice of midwives through continued professional development initiatives and /or provision of training external to Kiribati • Develop Recognition for Prior Learning (RPL) policy for students entering the Diploma of Nursing.	• Education unit to implement more clinic supervisions. • Need more local staff to take up midwifery courses • Eligibility to get into Postgraduate Midwifery course • Competencies for nurses and midwives to be developed. • A local training program in Nauru for Midwives – Refresher Course	• Lack of CPD programs to up skill clinical nurses. • Teaching and Learning resources • Placements for midwifery students have been difficult. • Clinical attachments due to increase in the enrolments • Lack of midwifery educators in schools.	• Inability of the FONHS to produce the appropriate number of graduates to meet the demand of the service. • Resulting in a shortage in of human resources. It is estimated that an additional 60 doctors and 300 nurses to be trained and educated to provide effective service delivery through the health system. • FONHS is disputing the decision due to the inappropriateness of the merge with engineers and maritime and especially resourcing implications which will compromise the standards for nursing program. • Lower level of clinical practice in the undergraduate program • Improved number and quality of entrants to Nursing Program as noted by MOH being the main sponsor of nursing students • Faculty of Nursing & Health Science, has changed to being a school within the Applied Science Faculty as noted above as a concern but now a reality.	• Ongoing review and redevelopment of Nursing Education Programs, Need for nurses with greater specialist skills suggest a demand for CPD programs. • Implementation of the Midwifery Competencies • Registration of Midwives • Training Plan for Nurses	• There is a need to develop a Monitoring and Evaluation framework to assess the expected outcomes of the Tokelau Standards and Competencies for Nursing and Midwifery Practice. • The opportunity to have short term attachments to hospitals in Australia and New Zealand to exchange knowledge and clinical skills and also build capacity for Tokelau nurses especially in the areas of disaster nursing, obstetric emergencies, NCDs and A&E	• Curriculum review to upgrade standards of all nursing programs, have a competency based nursing program • Work to accredit nursing programs with Tonga National Qualification and Accreditation Board • Need a program for new graduates for continued learning and supervision during practice. • Succession planning for nursing/midwifery • Development of a Need-based In-service training Mechanism • Insufficient experienced teachers particularly trained in midwifery skills.	• Inadequate number of midwives to serve in outer islands. (Currently send a couple of nurses out of country each year to be trained in midwifery)	• Shortened two year hospital based nursing program is run during times of nurse shortages in country, fully registered nurses after two years however the competency standards have not been fully reviewed. These programs are not accredited. • Not enough supervisory personnel for students. Require increased placement sites or external sites. • Shortage of midwives • Training Curriculum to be reviewed • Accreditation of hospital based short courses is required to ensure adequate skills and knowledge is gained through the course for nurses to practice safely. • Upgrade the curriculum to degree level

PRACTICE REGULATION	• To sustain nurse/midwifes continours professional developments (CPD). • Nurses/Midwives career pathways in clinical nursing.	• Sustainability of the midwifery workforce. Retaining midwives after training has been difficult in Fiji • Development of indicators and CPD programmes for annual licensing	• High turnover of nursing staff. • Review of Medical Act (Nursing Regulation).	• Shortage of staff in general. • There are large gaps between Public Health and Curative Nurses. • To review Scope of Practices for Nurses and ensure these are re-enforced. • Online learning resources for CPD to be developed to avoid having to send nurses for off Island training. (e.g. POLHN)	• Nursing and Midwifery competency awareness and training on use for evaluation and review of practioners are required, particularly in rural areas. Currently done through preceptorship program, however, advocacy at all levels of service delivery is required.	• Prescribing rights for R Nurses and R Midwives	• Nurse aides require a clearer scope of practice and adequate training. • Review of the Nursing Council Act and evaluation of Nursing and Midwifery Services is also needed for improvement to the services provided. • Human Resource Management and Development Plan for Nurses • Development of Model of Care Delivery for Nurses • Credentialing Policy • Finalization of the Nursing Regulation	• Ongoing Professional Development programs for nurses needs to be an ongoing priority to maintain and enhance capacity of nurses. • There is a need to develop a Monitoring and Evaluation framework to assess the expected outcomes of the Tokelau Standards and Competencies for Nursing and Midwifery Practice. • Guidelines or protocols for obstetric emergencies. • Diabetic nursing protocols or guidelines. • Nurses Act. Bringing a centralised registration for nurses in Tokelau. • Expected legislations to occur: - Tokelau Public Health Act. - Tokelau Professional Registration Act.	• Developing Competency Standards for RN in Tonga • Capacity building for all nurses in NCD and NCD related problems. • Amendment of Nurses Act 2004 to include Nurse Practitioners • Competency standards for Midwifery and Nurse Practitioners • Review of Nursing Policies and Procedures for Hospitals and Health Centres • Competencies developed for midwifery practice. • Training and Development Plan for Nurses- particularly up skilling to nurse practitioner roles with prescribing authority.	• Review protocols for emergency obstetric care • Nursing/Midwifery Workforce Strategic Plan	• No nursing/midwifery procedure manuals to guide nurses/ midwives & Nurse Practitioners • No nursing standards • No In-service training plans for nurses (Lack of continuity of nursing education) • Midwifery Standard procedure Manuals • Scope of practice • Development of competencies that match the scope of practice for nurses and midwives in Vanuatu. • Nurse practitioners are registered but not in the legislation. Competency standards are to be developed.

WORKING CONDITIONS	• Salary Adjustment according to Staff Performance Appraisals.			• Nurses overworked and overtime is not paid. • No Nursing and Midwifery professional association in Nauru – something to be investigated.							• Welfare of the nurses i.e. working condition, remuneration etc
GOVERNANCE & LEADERSHIP		• The 'Decision making Framework on the scope of Nursing Practice in Fiji, 1999' needs updating.		• Lack of clinical leadership in nursing practice. • Establish a working committee to work on Nursing Resources – Nursing Standards etc. • Establishment of a Nursing and Midwifery professional association in Nauru.		• Difficulty in attracting school leavers to enrolled in nursing programme • Reforms currently undergoing within the university, has cause great concern in the attempt of the university to merge the FONHS as one of the three Schools within the newly established Faculty of Applied Science (FOAS). The other two schools are School of Maritime and School of Engineering	• Evaluation of Nursing and Midwifery Services in SI, • Review of Positions Descriptions and Organizational Structure, • Review of Nurses Scheme of Service, • Review of Nurses Scheme of Service, • Human Resource for Health, • Review of Solomon Islands Nursing Council and • Development of Nurses Procedure Books. • Training programs for nurse leaders need reviewing.	• There is a consensus by the Nurses and Midwives of Tokelau to set up a Tokelau Nurses Association or a Body of Sort to provide stronger representation for Tokelau in the regional forums for Nurses and Midwives Eg. SNPF.	• Disaster Management Strategy for Vaiola Hospital	• Trying to re-establish the position of the Chief Nursing Officer as a key nursing leader in Tuvalu. This role was abolished in 1996.	

RESOURCES	• Not all nurses have access to extract the patients informations/datas on the MEDtech for monitoring tool system. • To increase the number of ante natal class attendance. • Lack of equipment to manage and monitor abnormal newborns.		• Limited research material i.e. textbooks reference books and e-library • Limited resources for teaching – new technology and library need updating	• Still rely on expatriates to fill gaps in midwifery workforce.	• Lack of resources for schools (human, financial and material).						
WHS LEGISLATION	Employment Relations Act 2012	Health & Safety Act 1996	Occupational Health and Safety Act 2015	NIL.	Occupational Health, Safety and Welfare Act 1991	Occupational Safety and Health Act 2002	Safety at Work Act 1996	NIL.	NIL.	NIL.	Health and Safety at Work Act 1986
NURSING ASSOCIATION	Cook Islands Nurses Association	Fiji Nursing Association	Kiribati Nurses Association	Nauru Health Practitioner Board - *however looking to enforce a professional board specific for Nursing and Midwifery*	PNG Nurse's Association Catholic Church Nurse's and Health Workers Association	Samoa Nurses Association Inc.	Solomon Island Nurses Association Solomon Islands Midwifery Society	NIL.	Tonga Nurses Association	Tuvalu Nurses Association (Includes Midwives)	Vanuatu Nurses Association

Appendix 4: Table 5. WHO Strategies compared with global, regional and pacific recommendations

	STATE OF THE WORLD NURSING REPORT	WHO STRATEGIC DIRECTION ON STRENGTHENING NURSING + MIDWIFERY 2021-2025 DRAFT	2020 TRIAD STATEMENT	VITAL ROLES	YONM MEETING
Education & Regulation	• Countries should ensure nursing education and training programmes equip nurses with competencies, to deliver high-quality, integrated, people-centred services. Creating or increasing the number of higher levels of nursing education (*Policy option 6.3.1, pg 73*). • Targeted financial support and incentive mechanisms can also be used to increase opportunities for formal education for minority and vulnerable groups (*Policy option 6.3.1, pg 74).* • Health education institutions and regulators should adopt competency-based curricula and leverage appropriate technology (*Policy option 6.3.1, pg 74*). • Governments and stakeholders should develop and leverage intersectoral partnerships and cooperation to advance the nursing education agenda (*Policy option 6.3.1, pg 74*). • Nursing education institutions should strengthen their capacity by addressing inadequacies in faculty numbers or competencies,	<u>Strategic Direction:</u> National higher education systems graduate midwives and nurses with the requisite knowledge and skills to match and surpass health system demand and meet national health priorities: • Align the levels of education with optimized roles within the health and academic systems. • Ensure education programmes are competency-based, apply effective learning design, meet quality standards, and align with population health needs. • Ensure domestic production is optimized to meet or surpass health system demand. *(pg. 6- 7)*	• Ensure nursing and midwifery education and training programmes match health system objectives *(Action 4, pg. 2)*.	• Developing leadership, accreditation and regulation will strengthen education systems to ensure that the current and future generations of nurses and midwives are prepared to meet diverse patient needs and incorporate advances in scientific knowledge and technology *(Action area 3.1.1., pg 15)*. • Nursing and midwifery education should prepare graduates to work in multidisciplinary teams in a variety of settings, within a complex and evolving health-care system *(Action area 3.1.1., pg 15)*. • Governments need to orient education systems towards innovations in health care, with a focus on updating curricula *(Action area 3.1.1., pg 15)*. • Investments must be made in faculty development and education infrastructure *(Action area 3.1.1., pg 15)*.	• Communication to relevant government and international bodies that there are shortages of nurses and midwives in many parts of the region. The current WHO definition of 4.45 nurses/midwives/doctors per 1000 population are inappropriate to some parts of the Western Pacific due to their large number of remote and isolated communities *(Recommendation 6. pg 7).* • Accreditation and standards development (regional mechanisms): Work to progress regional partnerships and continued co-operation across undergraduate and postgraduate education, accreditation, CPD and standards development including involvement of South and North Pacific, Australia and New Zealand *(Recommendation 8. pg 8).* <u>Emergency disaster preparedness, response and management</u> *(Recommendation 9. pg 8):* • A) Provide programs for nurses to strengthen capability to respond and be resilient to disasters in the region. • B) Embed disaster education within CPD, postgraduate and undergraduate programs and provide professional development for current nurses

	infrastructure limitations, and the availability of appropriate clinical practice sites (*Policy option 6.3.1, pg 75*). • Countries should consider applying relevant financing levers to expand (where needed) or strengthen the quality of nurse education to address health labour market failures (*Policy option 6.3.1, pg 75).* • Countries should develop and enhance nursing regulation to support safe, sustainable, and high-quality education and practice (*Policy option 6.3.3, pg 79*). . • Nursing-specific quantitative and semi-quantitative evidence (*Policy option 6.6, pg 87)*. • Evidence on nursing workforce effectiveness in primary health care and universal health coverage (*Policy option 6.6, pg 87)*. • Leveraging different research settings and methodologies (*Policy option 6.6, pg 88)*.				

	STATE OF THE WORLD NURSING REPORT	WHO STRATEGIC DIRECTION ON STRENGTHENING NURSING + MIDWIFERY 2021-2025 DRAFT	2020 TRIAD STATEMENT	VITAL ROLES	YONM MEETING

Practice Regulation	• Countries should enable nurses to work to the full extent of their education and training (*Policy option 6.3.2, pg 76*). • Countries should optimize their modalities and mechanisms for effective deployment and management of their nursing workforce (*Policy option 6.3.2, pg 77)*. • Countries should explicitly and proactively anticipate challenges in the retention of nurses and put in place relevant policies (*Policy option 6.3.2, pg 78)*. • Countries and regulators should strengthen the implementation of regulations governing international mobility of health personnel, including the nursing workforce (*Policy option 6.2, pg 71*).	Strategic Direction: Health and care systems are modernized to ensure that midwives and nurses contribute to the full extent of their scopes of practice: • Support the modernization of professional regulatory systems. • Adapt workplace policies to enable midwives and nurses to maximally contribute to service delivery in interdisciplinary health care teams. *(pg. 9)*	• Enable midwives and nurses to practise to the full extent of their education and training by updating relevant regulatory frameworks and providing appropriate workplace supports *(Action 5, pg. 2)*. • Deploy and manage midwives and nurses to maximize their roles as bridges to the communities they serve *(Action 7, pg. 2)*.	• Nurses and midwives should have opportunities throughout their careers for continuing professional development linked to regulation and association *(Action area 3.1.1., pg 16)*. • Scope of practice for nurses and midwives needs to be developed and enhanced by each country to ensure access to UHC among populations. Nurses and midwives should be enabled to practise to their full potential in line with their education or training, and not because of political decisions within the jurisdiction in which they work *(Action area 3.1.3., pg 16)*..	• Registration: Support is required to improve legislation and develop a live online national secure registers (unique to each country) with region-wide, cloud-based platform to record nursing licensing/registration (to provide transparent public safety) *(Recommendation 7. pg 7).* • Further develop and review specialist practice and advanced nursing roles within the region *(Recommendation 12. pg 8)*. • F) Provide strategic pool of educated nurses to be located within region that are mobile and linked to National Emergency Disaster Response Teams (*Recommendation 9. pg 8)*..
Reference	World Health Organisation. State of the World's Nursing Report 2020: Investing in education jobs and leadership. Geneva. 2020. 166p.	World Health Organisation. WHO Strategic Direction on Strengthening Nursing and Midwifery 2021-2025: DRAFT for consultation v1.0. 2020 Nov. 17p.	2020 Triad Statement: International Council of Nurses – International Confederation of Midwives – World Health Organisation. In: Organisation mondiale de la Sante. Triad Meeting. 2020 16-18 June. 2p.	World Health Organisation Western Pacific Region. Vital Roles of Nurses and Midwives in the Western Pacific Region. Manila. Philippines. World Health Organisation Regional Office for the Western Pacific. 2020. 34p.	Rumsey M, South Pacific Chief Nursing Officers Alliance (SPCNMOA) & American Pacific Nurse Leaders Council (APNLC). South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA) Meeting Brief. 2018 October 15-18; Rarotonga, Cook Islands. Sydney. University of Technology Sydney: WHO CC UTS. 2018. p. 1-4.

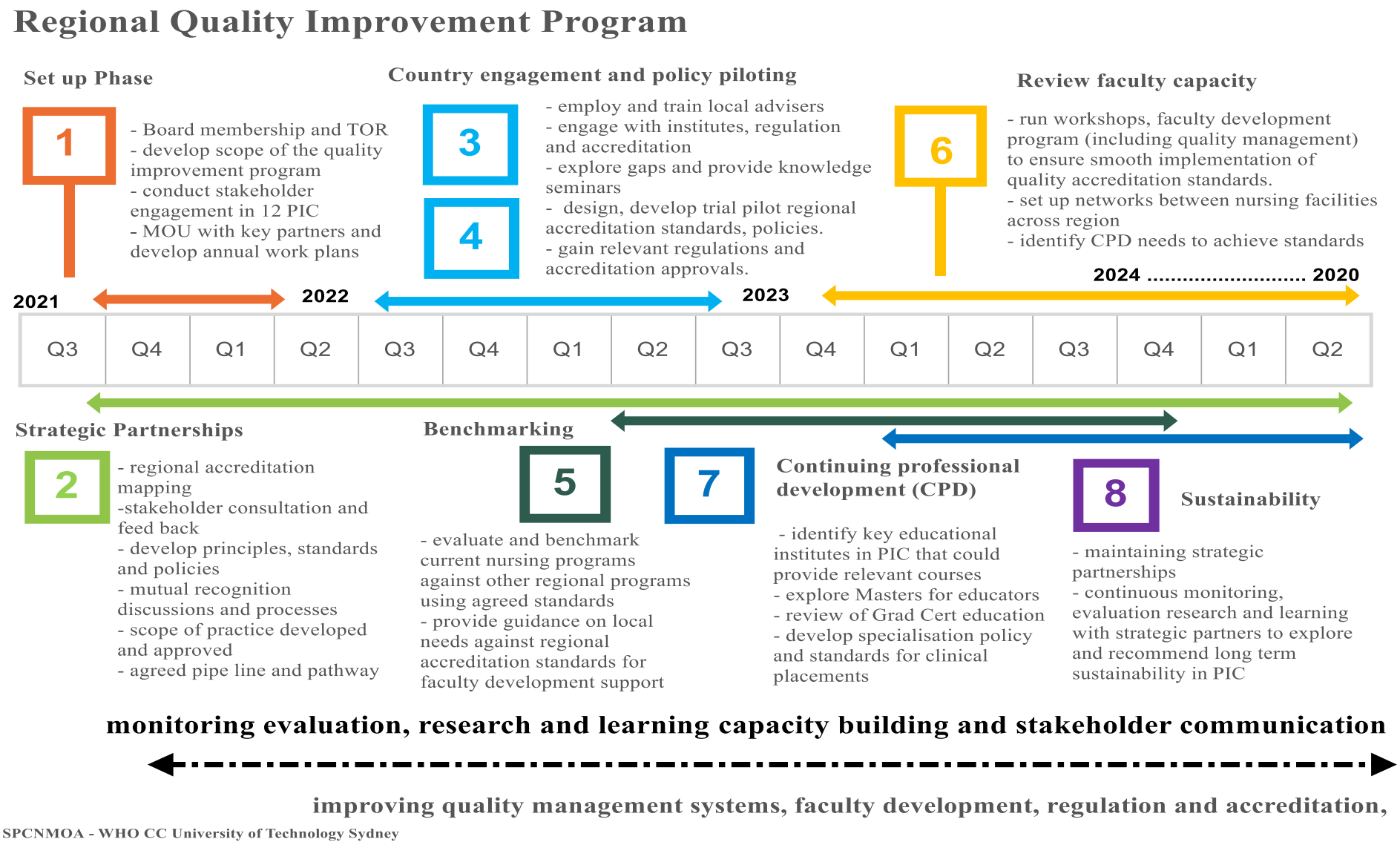
Key commonalities/					
	STATE OF THE WORLD NURSING REPORT	WHO STRATEGIC DIRECTION ON STRENGTHENING NURSING + MIDWIFERY 2021-2025 DRAFT	2020 TRIAD STATEMENT	VITAL ROLES	YONM MEETING
Working Conditions	• Countries should implement the Decent Work Agenda and invest 80 State of the world's nursing 2020 in enabling working conditions for nurses (*Policy option 6.3.4, pg 80*). • Countries must protect and support nurses who are directly affected by humanitarian crises (*Policy option 6.3.4, pg 81*). • Countries should address the gender pay gap affecting female nurses (*Policy option 6.3.5, pg 82)*. • Countries should prioritize and enforce policies addressing sexual harassment and discrimination within nursing and the overall health workforce (*Policy option 6.3.5, pg 80*).	<u>Strategic Direction:</u> Increase the availability of health workers by sustainably creating nursing and midwifery jobs, effectively recruiting and retaining midwives and nurses, and ethically managing international mobility and migration: • Conduct nursing and midwifery workforces planning and forecasting through a health labour market lens. • Ensure adequate demand (jobs) with respect to health service delivery and population health priorities (e.g. primary health care for universal health coverage). • Reinforce implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel (the Code). • Attract, recruit and retain midwives and nurses where they are most needed. (*pg. 4-5)*	• Implement effective human resources management in the context of COVID-19 *(Action 2, pg. 1)*. • Eliminate all forms of discrimination based on gender, race, ethnicity, religion or other factors *(Action 6, pg. 2)*. • Ensure decent working conditions and enabling environments for midwives and nurses *(Action 10, pg. 2)*.	• Investments in nursing and midwifery will create decent health sector jobs, particularly for women; maximize women's economic participation and foster their empowerment; and create a demand for high-quality nursing and midwifery education and lifelong learning (*Action area 3.1.2., pg 16)*. • Supporting nursing and midwifery through high-quality and appropriate preparation, ongoing education, career development opportunities, improved working conditions and better remuneration will be critical in attracting future generations to enter these professions *(Action area 3.1.2., pg 16)*. • Investments in the workforce should be accompanied by more effective approaches to provider payments in order to enhance the quality, efficiency and equity of care *(Action area 3.1.2., pg 16)*.	• E) Provide psychosocial and other forms of support for nurses working in emergency response situations *(Recommendation 9. pg 8)*.
Reference	World Health Organisation. State of the World's Nursing Report 2020: Investing in education jobs and	World Health Organisation. WHO Strategic Direction on Strengthening Nursing and Midwifery 2021-2025:	2020 Triad Statement: International Council of Nurses – International Confederation of Midwives –	World Health Organisation Western Pacific Region. Vital Roles of Nurses and Midwives in the Western Pacific Region. Manila. Philippines. World Health Organisation	Rumsey M, South Pacific Chief Nursing Officers Alliance (SPCNMOA) & American Pacific Nurse Leaders Council (APNLC). South Pacific Chief Nursing and Midwifery Officers

	leadership. Geneva. 2020. 166p.	DRAFT for consultation v1.0. 2020 Nov. 17p.	World Health Organisation. In: Organisation mondiale de la Sante. Triad Meeting. 2020 16-18 June. 2p.	Regional Office for the Western Pacific. 2020. 34p.	Alliance (SPCNMOA) Meeting Brief. 2018 October 15-18; Rarotonga, Cook Islands. Sydney. University of Technology Sydney: WHO CC UTS. 2018. p. 1-4.
Key commonalities/					

	STATE OF THE WORLD NURSING REPORT	WHO STRATEGIC DIRECTION ON STRENGTHENING NURSING + MIDWIFERY 2021-2025 DRAFT	2020 TRIAD STATEMENT	VITAL ROLES	YONM MEETING
Governance & Leadership	• Countries and international stakeholders should reinforce the implementation of the WHO Global Code of Practice (*Policy option 6.2, pg 72)*. • Countries should invest in the capacity of regulatory systems to strengthen and enhance the quality of nursing education and practice (*Policy option 6.3.3, pg 79*). • Nurse leadership must be developed at country, regional and global levels (*Policy option 6.4, pg 83)*. • National policy-making forums should consider the nursing perspective in health system decision-making (*Policy option 6.4, pg 84)*. • Countries should coordinate intersectoral action and sustainable financing to enable	<u>Strategic Direction:</u> Increase the proportion of midwives and nurses in senior health and academic posts and continually develop the next generation of nursing and midwifery leaders: • Establish and strengthen senior leadership positions for nursing and midwifery workforce governance and management. • Invest in leadership skills development for midwives and nurses *(pg. 7-8)*	• Support nursing and midwifery leadership at all levels of the health system to contribute to health policy development and decision-making *(Action 3, pg. 2).* • Address gaps in data elements essential to understanding the stock, demographics, practice settings, and working conditions of midwives and nurses *(Action 8, pg. 2)*. • Increase investments in countries affected by shortages to educate, employ, and retain midwives and nurses through domestic funding as well as appropriately aligned development assistance *(Action 9, pg. 2).*	• Nurses and midwives should have a voice in health policy decision-making and be engaged in health-care reform *(Action area 3.1.4., pg 17)*.. • Strengthening regulation, accreditation and scope of practice will enable nurses and midwives to deliver work collaboratively with leaders from other health professions and stakeholder groups *(Action area 3.1.4., pg 17)*. • To prepare nurses and midwives to assume leadership roles, training in related competencies needs to be embedded throughout their education. Leadership development and mentoring programmes must be made available for them at all levels, and a culture that promotes and values their leadership needs to be fostered *(Action area 3.1.4., pg 17)*.. • Leadership opportunities must be made available at all levels of nursing and midwifery – among graduates, clinicians, policy-makers and academics, as well as among chief nursing and midwifery officers *(Action area 3.1.4., pg 17)*.	• Recognition of the important role and involvement of Chief Nursing / Midwifery Officers (CNMOs) in the analysis of high quality data (population health, quality and safety) for governance and decision-making *(Recommendation 4. pg 7).* • Leadership programs for nurses and midwives need to be funded, supported and resourced, providing opportunities for Continued Professional Development (CPD) and succession planning within senior roles. Further funding to be sought to enable leadership and capability building programs to continue in the region *(Recommendation 5. pg 7).* • Improving Foundational Quality: Ensure that foundational and core primary health care initiatives that have been successful are maintained and that rigorous data should be collated and used as evidence to inform decision-making. Promote the centrality of compassionate and ethical care *(Recommendation 10. pg 8).* • Lobby for each country in the region to have a CNMO: The majority of countries in the Pacific have a Chief Nurse and we expect that this will

	an expansion of economic demand for the creation of nursing jobs (*Policy option 6.5, pg 85)*. • Development partners should align official development assistance for nursing education and employment with national health workforce and health sector strategies (*Policy option 6.5, pg 86)*. • Countries should address the question of how much nurses should be remunerated considering prevalent local, national and international labour market conditions (*Policy option 6.5, pg 86)*. • Evidence on effective policy and system support to optimize the role of nursing (*Policy option 6.6, pg 89)*.				continue to be the norm *(Recommendation 11. pg 8)*. • C) Support the development of disaster systems processes and plans that are written and exercised regularly and include nursing *(Recommendation 9. pg 8).* • Sharing of relevant and appropriate policies, tools and networks: Members agree on the importance of sharing resources, information and examples of resilience and innovation relating to programs and strategies that are currently impactful in their regional context *(Recommendation 13. pg 8).*

Appendix 5: Figure 3: Regional Quality Improvement Program Time line



Appendix 6: Stakeholder Meeting minutes

SPCNMOA MEETING
THURSDAY 5th November 2020

ATTENDEES:	APOLOGIES:
Bertha Tarileo (Vanuatu)	Allison McMillan (Australia)
Harriet Sam (Vanuatu)	Helen Murdoch (Kiribati)
Karen Yates (JCU WHOCC)	Margaret Leong (Fiji)
Mary Kata (Cook Islands)	
Amelia Afuha'amango (Tonga)	
Michael Larui (Solomon Islands)	
Aspasia Kathrine Vaka (Tonga)	
Tilema Cama (Tonga)	
Ma'atasesa Samuelu-Matthes (Samoa)	
Louisa Helgenberger (FSM)	
Antonette Merur, Palau	
Deki (WHO Fiji)	
Debra Begg (New Zealand)	
Ramai Lord (New Zealand)	
Frances Rice for Alison McMillan (Australia)	
Fiona Stoker (ANMAC)	
Elin Sandberg (WPRO)	
Michele Rumsey, WHO CC UTS	
Di Brown, WHO CC UTS	

1. Welcome
2. Review of minutes from meeting held 8 October 2020
3. State of Worlds Nursing Report - recommendations
4. Regional accreditation discussion
5. Country Updates

1

6. Other Business
7. Next meeting date

MEETING MINUTES – 5 November 2020

1. Welcome and Introduction

Michele Rumsey (MR) from the Secretariat WHO CC UTS welcomed participants to the meeting, and handed the meeting over to the Chair Amelia Latu Afuha'amango (ALAT) who welcomed everyone and reiterated the importance of this meeting for helping to improve nursing and midwifery in the Pacific region. ALAT emphasised the importance of solidarity at this difficult time, as well as the importance of moving forward with nursing and midwifery outcomes for the region. She explained that this group are leaders in the Pacific and was delighted that the Chief Nursing and Medical Officers (CNMOS) are continuing to meet together as actions by this groups will continue to assist in enhancing regional health outcomes. She handed the role of Chair of the meeting to MR in case she was required to leave the meeting due to other business.

All participants in attendance briefly introduced themselves as some were joining the forum for the first time.

MR gave a brief overview of the plan for the meeting and drew participants' attention to the questions sent through previously to be discussed later in the meeting's agenda. She then ratified the minutes of the previous meeting and then moved to the next item on the agenda.

2. State of Worlds Nursing (SOWN) Report Recommendations

MR said the main purpose of the meeting was to re-examine the recommendations from the SOWN Report and the recommendations from the Cook Islands 2018 workshop to agree on priority actions going forward.

To provide some context for the discussion, MR presented a brief overview of the main findings and recommendations from SoWN workshop. She also briefly presented the WHO WPRO Basic Psychosocial Skills Guide for COVID-19 responders which has been rolled out successfully to 13 responders in Solomons. MR explained what it is and where it is available.

MR emphasised the importance of each country having their own regulation and standards, and that any regional framework would need to consider this. Nevertheless, she noted there are a number of commonalities amongst Pacific countries that would enable moving forward with the recommendations that have been agreed in the past.

There was general agreement around the number of regional challenges that exist:

- The cohort of nurses and midwives in the region is quite young (49% are under 35), so strengthening through leadership, CPD and workplace support is needed;
- Accreditation and regulation standards and frameworks across the region are variable. A number of countries are reviewing their Nurses' Acts in the near future which will help focus thinking on future needs and roles of nurses and midwives;
- There is a need for a specialisation framework that will be logical and practical and respond to each country's needs;

- There needs to be clear guidance and expectation about the roles of Nurse Practitioners across the region;
- COVID-19 has re-emphasised the need for specific disaster and emergency training for nurses and other health professionals across the region.

3. Discussion arising from the presentation and recommendations agreed previously

Michael Larui (ML) referred to the diagram that MR showed on the presentation where there is a need for integration between governance, regulation, association and education to help strengthen the health workforce, and suggested that this is precisely what is needed regionally. He explained that the support from the various countries is important and forums such as the SPCNMOA and professional groups will help. He emphasised the importance of the continuation of the previous leadership program as there are many middle nursing managers who would benefit from participating.

ALAT agreed that this work is crucial if we are to improve and enhance nursing and midwifery in the region.

The other countries also supported the recommendations as written.

Agreement from the meeting:

I. To conduct the review and develop a plan to move things forward in 2021;
II. To explore options to enable the leadership course (previously funded by DFAT and conducted at UTS) to continue;
III. To plan for another triad meeting early in 2021;
IV. To start/continue discussions with professional groups.

4. Country updates

The main issues for each country were reported as outlined below.

Cook Islands (Mary Kata)
- Cook Islands remains COVID-19 free at this time.
- The country requires nurses to fill vacant positions (28 on Main Island, the rest distributed across the islands).
- IPC nursing standards, policies and guidelines currently being reviewed and updated.
- They are currently reviewing Nurse's Act (last update was in 1986).

New Zealand (Debra Begg)
- Currently the Chief Nursing Officer position is vacant; however, it is expected to be filled in the next couple of months.
- National Nurse Leaders group are in the middle of developing a national nursing strategy, currently DHBs (district health boards) and (???) PHOs have their own strategies.
- The confirmed COVID-19 cases are 'low' in number.

Tonga (ALAT)

- Tonga continues to remain COVID-19 free, with nurses supporting quarantine workers (around 253 people in current quarantine), and flights are continuing.
- They are finishing preparations for a Pacific Team for confirmed COVID-19 cases. During times with no cases they will be used for non-COVID-19 medical purposes.
- Tongan quarantine nurses are undertaking basic Psychosocial Skills training.
- Rebuilding of the old nursing school has been approved by the Government to become an ICU in emergencies for COVID-19 preparation. Long term this will become the training facility for the school of nursing.
- Work continues with the Nurse's Act, which is now in the draft stage. It is hoped that this will be put through to Parliament next year.
- The recently finished midwifery-training program is now in review.
- The Graduate Certificate in Acute Nursing program could be delivered next year, and they are currently working with the practitioner board to complete accreditation.
- They are excitedly preparing of Nurses' Choir singing at the World Health Assembly.

Solomon Islands (ML)

- Their view of the National Health Strategic Plan, which ends this year, will pave the way for a new plan that starts next year.
- They have submitted the National Nursing Strategic Direction document, which will help contribute to development of National Health Strategic Plan.
- The Nursing Council Board's last meeting reviewed the internship program, which enables part one registered nurses to be awarded with full registration.
- Currently they are reviewing the accreditation guidelines for the Solomon Islands.
- They are preparing to review the Nursing Council Act next year for other countries (Cook Islands & Tonga).
- Education discussions have started with UNICEF and Global Health for a Pacific original project-supporting nurse's development. This will be timely and will help the nurses in organising professional development.
- Tonga has started seeing cases of COVID-19 following repatriation of overseas students. The Government is currently working on a makeshift hospital for A-symptomatic cases so that the hospitals have actual space for serious cases.

Australia (FC)

- There has been a large COVID-19 outbreak in Victoria earlier in the year but this is now under control thanks to nursing efforts and lockdowns (116 active cases, with very few being community acquired).
- Since the last meeting, one-way travel has opened up New Zealand via NSW and the Northern Territory.

Palau (AM)

- The country is in the process of repatriating citizens back to close allies.
- Cases of COVID-19 have been found in the military base and precautions are being taken in the airport including quarantine.

Federated States of Micronesia (LH)

- Registered nurses participating in post-graduate courses are facing challenges in attending the course. Four nurses have completed the Bachelors of Nursing program but could not receive their degrees and nurses want more teaching to develop skills sets and better leadership

training.

Vanuatu (BT)

- Vanuatu is working with a faith-based organisation to develop a nurse aid training program, but is required to benchmark with other countries with similar nurse aid programs and have been looking for such. Assistance from SPCNMOA members was requested.

Samoa (MSM)

- The position of Chief Nursing Officer is still not consolidated, with the merge ongoing of Ministry of Health and National Health Services affecting changes that affects the position.
- Work is required from the Nursing Association, Nursing Council and Nursing Proficient to try and convince senior leaders that the Chief Nursing Office position is needed.
- The School of Nursing working with Victorian University (Wellington), continuing a project regarding PhD and Masters from Samoa to lift the profile of the school.
- The was the last year for post graduate diploma for midwifery at School of Nursing, as next year there will be a break to review curriculum, with plans to reoffer the program in 2022.
- The country is still free of COVID-19 cases, flights are continuing overseas alongside quarantine services.

WPRO – Western Pacific Regional Office (ES)

- They are continuing work from the SOWN report, which involves the wider region, and comments were taken about wanting a wider regional group and consideration is being noted.
- There is advice from WHO WPRO that all meetings in 2021 are planned to be virtual, which may have an impact on what work can commence.
- They should like to start work on new code of practice on global migration of healthcare staff after the World Health Assembly has approved it.

Actions from the meeting

	Actions	Responsibility/timeline
1	Work with the Regional Office on the recommendations listed throughout the meeting, collecting data and doing a strong review to build into the next year.	SPCNMOA / Secretariat / WHO
2	Continue to look at leadership training throughout the Pacific.	SPCNMOA / Secretariat / WHO
3	Working towards doing the Triad next year.	SPCNMOA / Secretariat / WHO

SPCNMOA MEETING MINUTES
WEDNESDAY 16th December 2020

ATTENDEES:
Harriet Sam (Vanuatu)
Rosario (Vanuatu)
Mary Kata (Cook Islands)
Baaua Teribia (Kiribati)
Hillia Langrine (Marshall Islands)
Antonette Merur (Palau)
Tilema Cama (Tonga)
Alisi Vudiniabola (Fiji)
Deki (WHO Fiji)
Michele Rumsey, WHO CC UTS
Di Brown, WHO CC UTS
Tasnuva Tisha, WHO CC UTS

1. Welcome
2. Review of minutes from meeting held 5 November 2020
3. Discussion and recommendations on Draft Road Map
4. Other Business

1. Welcome and Introduction

Michele Rumsey (MR) from the Secretariat WHO CC UTS welcomed participants to the meeting. She explained that this group are leaders in the Pacific and was delighted that the Chief Nursing and Medical Officers (CNMOS) are continuing to meet together as actions by this groups will continue to assist in enhancing regional health outcomes.

MR gave a brief overview of the plan for the meeting and drew participants' attention to the draft road map sent through previously to be discussed later in the meeting's agenda.

2. **Draft Road Map: Regional accreditation, education, leadership and regional development and Recommendations**

Actions	Steps	Recommendations
1. Establish and staff quality improvement program	a. Establish a Board to oversee the running of the regional quality improvement program consisting of partners from SPCNMOA, educators and regulators. Four member countries will be selected to establish the first Board. b. Develop constitution for rotating Board to ensure all countries are involved. c. Develop scope of the quality improvement program, including staff and resource requirements. d. Identify and define stakeholder engagement. e. Conduct stakeholder engagement in 12 Pacific Island Countries including with: educational institutes, Heads of Health, Directors of Clinical Services, government, registration boards and associations. f. Establish MOU between key partners and development of annual agreed work plans. g. Describe roles and responsibilities of staff for hub.	**1. Establish and staff quality improvement program** Setting up a group of four member countries for overseeing the whole process: - Board would be working virtually for the time being - 'Alisi': SPC has educational board for the South Pacific countries (potential option) – educational assessment board for accreditation secondary qualification right up to higher institutions - Unsure if SPC could be used as a potential starting point

2

2. Develop governance, policy and standards for accrediting nurses and nursing educational institutions	a. Develop an agreed regional framework for pipeline and pathways for clear career path of nurses and assess its alignment to the Pacific Qualifications Framework. b. Design an explicit scope of practice outlined for each level of nurse and an agreed regulatory framework for assessing all levels of practitioner from nursing assistance, community health workers, to registered nurse, nurse practitioner, other nurse specialists and including nurse teachers. c. Adapt and develop relevant principals, standards policies and frameworks to legislate agreed standards as necessary; d. Advocate for a mutual recognition process that will allow smooth transfer of nurses between countries in the region e. Stakeholder consultation and feedback	**2. Develop governance, policy and standards for accrediting nurses and nursing educational institutions** - Vision of becoming a regional framework (e.g. Caribbean) for automatic registration, global nurses could register and work - Regional standard/ framework so nurses can move between countries with minimal effort - Support for this 'framework' from the Pacific Countries - Enables assistance from neighbouring/ global countries when needed - Sharing skills + expertise with other countries (Australia and New Zealand) – flexibility to move around + implement/ share learnt practices in PIC's - VCNE, Cook Islands, Tonga all in support

3. Engage with country educators, regulators and other key stakeholders	a. Engage with 12 Pacific countries, and their nursing educational institutes regarding current systems, procedures and needs. b. WHO CC UTS capacity building educators (CBEs) to work closely with employed local educator advisors and stakeholders in regulation and education; incorporate research students for cost effectiveness and intense engagement. c. Conduct knowledge seminars to examine and evaluate country regulation and accreditation frameworks and how they link regionally. Exploring similarities, gaps, professional development needs. d. Development of agreed regional standards for accreditation of pre and post registration courses.	**3. Engage with country educators, regulators and other key stakeholders** - Need an agreement in funding for setting it up - Unsure of number of countries that could be involved - Need for mapping in more detail what exists in the region already - Focus needs to be on accreditation and regulatory bodies within the countries. - Not about bringing people in, but utilise the students/ professionals in country

4. Benchmark existing nursing curricula against new standards	a. Evaluate and benchmark current nursing programs against others in the region. b. Design of an agreed educational pathway, professional standards and expectations for each level of health worker c. Where necessary devise and develop new nursing programs to meet revised standards and practices. d. Advice on curricula reviews as required. e. Further develop guidance on research capability by integrating it into nursing educational programs. f. Develop pathways that will enable students of nursing in Pacific countries to gain clinical experience in Australia when that experience (eg some clinical specialties) is not readily available in the Pacific.	**4. Benchmark existing nursing curricula against new standards** - Tonga: 'we should have long links amongst regulatory bodies upscaling to regional frameworks' - every program that is delivered in country need to be accredited to meet these similar standard - Map standards in each country's regulatory boards- to see similarities/ differences in each country for creation of regional framework - Authority for setting a standard to accreditations, however a separate body for registering nurses based off these accreditations and their individual competencies
5. Review faculty capacity across all nursing schools in 12 Pacific Island Countries	a. Review capacity of all nursing schools including infrastructure and resources, educators' qualifications, finance and management capacity and leadership. b. In line with accreditation gaps, ensure that faculty staff and clinicians are adequately prepared to teach and administer quality nursing education. c. Identify continuing professional development needs to achieve standards.	**5. Review faculty capacity across all nursing schools in 12 Pacific Island Countries** - Alisi: Need to look at the high school qualifications of entrants, important that we have standard at high school levels of entry into nursing programs

5

	d. Conduct faculty development workshops. e. Set up network between faculties across all engaged countries	
6. **Develop continuing professional development pathways and possibilities**	a. Collate existing continuing professional development opportunities for nursing and midwifery in 12 countries, including online opportunities, identify gaps for development. b. Identify key educational institutions that will provide the relevant programs and courses across the Pacific. c. Establish a nursing specialisation framework which takes into consideration specific country needs and includes nurse practitioners and educators. d. Develop policy and standard for clinical placements	**6. Develop continuing professional development pathways and possibilities** - Need for promoting Nursing in primary and secondary schools, to reinforce interest at this stage - Encourage science curriculum and education to be directed towards the nursing profession - Kiribati- support CPD for continued professional development t - Marshall Island – no comment
7. **Sustainability**	a. Build on existing strong relationships between regional institutions and infrastructure such as SPCNMOA, Fiji National University, National University Samoa, University of South Pacific, SPC, PIFS b. Once developed, and relationships forged, a plan to transition the regional quality improvement program to a Pacific Island Country institute will be developed. c. Continuous review of monitoring and evaluation reports to adapt to regional political thinking to continually refine the program and find the best and most sustainable approaches.	**7. Sustainability** - If successful in building the framework? – ensure that it is run in country - Substantiality always a difficult issue to manage in the Pacific; traditionally a colonial health service, until the independence - State: No issue with assistance from other countries for the beginning/ roll out process - Establishment of nursing council to ensure sustainability

6

Actions from the meeting

	Actions	Responsibility/timeline
1	Share a draft report and roadmap with WHO on literature review and regional analysis shared at today's meeting;	Secretariat
2	Any other comments on road map	SPCNMOA
3	Ask for the members to fill in and return the information table shared by MR on workforce examples to us.	SPCNMOA / Secretariat

Roadmap will be sent out and welcome any feedback