

Royal College of Nursing response to the World Health Organisation's Strategic Directions for Nursing and Midwifery Development 2016-2020: The Way Forward

Introduction

With a membership of around 425,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

The RCN has long-recognised that health policy is a global priority, and that national and regional decision-making is being increasingly influenced by global discussions and trends. In recognition of this, and as part of our mission to “represent the interests of nurses and nursing and be their voice locally, nationally and internationally”, the RCN has fostered close collaborative relationships with key global health stakeholders – including:

- the World Health Organisation (which has authored this particular document)
- the Global Health Workforce Alliance (GHWA)
- the European Federation of National Nursing & Midwifery Associations (EFFNMA)
- the Commonwealth Nurses & Midwives Federation (CNMF)
- the European Federation of Nurses' Associations (EFN)

These relationships enhance the RCN's global voice, and complement our long-standing alliances within Europe.

The purpose of this consultation

The stated vision of 'Strategic Directions for Nursing and Midwifery Development 2016-2020' is to ensure that the nursing and midwifery workforce contributes to Universal Health Coverage and the Sustainable Development Agenda by ensuring equitable access to skilled and motivated nursing and midwifery workforces within performing and responsive health systems.

This strategy builds on previous Strategic Directions for Nursing and Midwifery (SDNM) initiatives, as well as several resolutions on strengthening nursing and midwifery services passed by the World Health Assembly, most recently in 2011 (resolution WHA64.73). It also builds on the new Sustainable Development Goal (SDG) framework which replaced the Millennium Development Goals (MDGs) in September 2015.¹

We also note and welcome the strong resonance between this SDNM and WHO Europe's 2014 technical briefing, 'A Vital Resource for Health', which highlighted the need to increase the education level of nurses and midwives, strengthen involvement of nurse and midwife leaders at all levels in the health sector, and to include their perspectives in any activities aimed at implementing Health 2020. The RCN was pleased to have been involved in the collaborative effort between WHO Europe and the European Federation of National Nursing & Midwifery Associations (EFFNMA) which produced this document.²

This latest SDNM also takes advantage of recently published strategic documents such as: the Guidelines on Transforming Health Worker Education (WHO, 2013), the Newborn Action Plan, and current evidence presented in the State of the World's Midwifery report, and the Lancet series on Midwifery and other global mandates.

The most significant related document however is the Global Strategy for Human Resources for Health 2030 which the RCN (alongside other global nursing and midwifery stakeholders) responded to in July 2015³. Its focus was on articulating a systematic approach to HRH development to address key issues such as: health worker shortages, recruitment, deployment and retention, poor quality education and inadequacy of HRH data.

¹ United Nations, 'Sustainable Development Goal Framework', available at: <http://www.un.org/sustainabledevelopment/sustainable-development-goals/> (2015)

² WHO Europe, 'Nurses and midwives: a vital resource for health', available at: <http://www.euro.who.int/en/health-topics/Health-systems/nursing-and-midwifery/news/news/2014/09/nurses-and-midwives-a-vital-resource-for-health> (2014)

³ RCN, 'RCN response to the Global Strategy for Human Resources for Health 2030', available at <https://www.rcn.org.uk/support/consultations/responses/global-strategy-on-human-resources-for-health-workforce-2030> (2015)

The RCN's interest in responding to this consultation

The RCN welcomes the publication of this draft consultation and the opportunity to feed into it. In 2014, the RCN responded to the Global Health Workforce Alliance's (GHWA)⁴ consultation entitled 'Strengthening Nursing and Midwifery'. In this response, we urged that GHWA focus more strongly on the critical role which professional associations and trade unions (such as the RCN) play in developing robust clinical guidance, supporting the development of evidence-based health policies and advocating for better terms and conditions for health workers.⁵

We were extremely pleased to see that the Global Strategy for Human Resources for Health 2030 which followed 'Strengthening Nursing & Midwifery' was more holistic and joined-up in its focus on workforce planning, funding and data collection, and that it included a much stronger recognition of the supportive role which professional associations and trade unions play in advocating for the global health workforce.

We were also pleased to see GHWA / WHO integrating measurable objectives and targets in Global Strategy for Human Resources for Health 2030 for key stakeholders – including national governments' and international health agencies going forward. We maintain that this approach can be effective for holding policy-makers to account. We are encouraged that this approach has been continued in this latest SDNM.

To make the content of this response more accessible, our response has been divided according to the four themes which populate this document. Since the content overlaps with previous WHO / GHWA strategies which the RCN has responded to, we have sought to avoid duplication and repetition by providing links to our previous responses below:

World Health Organisation in Europe's technical briefing, 'Strengthening Nursing and Midwifery' available at: [http://www.rcn.org.uk/_data/assets/pdf_file/0009/604692/89.14_Strengthening Nursing and Midwifery. European Strategic Directions Towards 2020 Goals.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0009/604692/89.14_Strengthening_Nursing_and_Midwifery_European_Strategic_Directions_Towards_2020_Goals.pdf)

Global Strategy for Human Resources for Health 2030', available at <https://www.rcn.org.uk/support/consultations/responses/global-strategy-on-human-resources-for-health-workforce-2030>

The four themes are:

⁴ GHWA advises the WHO on human resources for health related issues

⁵ RCN, 'Response of the Royal College of Nursing (RCN) to the World Health Organisation in Europe's technical briefing, 'Strengthening Nursing and Midwifery' available at: [http://www.rcn.org.uk/_data/assets/pdf_file/0009/604692/89.14_Strengthening Nursing and Midwifery. European Strategic Directions Towards 2020 Goals.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0009/604692/89.14_Strengthening_Nursing_and_Midwifery_European_Strategic_Directions_Towards_2020_Goals.pdf) (2014)

- 1. Accessibility, acceptability of safe and cost-effective nursing and midwifery care based on population needs, addressing Universal Health Coverage and the attainment of the SDGs**
- 2. Optimising leadership and governance accountability**
- 3. Maximising capabilities and capacities of nurses and midwives at all levels through collaborative intra and interprofessional partnerships**
- 4. Mobilising political will to invest in building effective governance for nursing and midwifery workforce actions founded on evidence**

Attached to each theme are a series of interventions. These are the intended actions through which each theme will be delivered. These have been assigned to the following health actors:

- **WHO headquarters**
- **WHO regional authorities**
- **Countries / National Governments', and**
- **Partners (including professional associations / trade unions)**

Executive Summary of key points included in this response

- The RCN supports the focus of the four themes, as well as the use of five year timetables (2015-2020) to indicate what the rate of progress should be with these going forward
- We welcome this strategy's commitment for periodic reviews of commitments made by national health ministries in delivering this SDNM. We would urge however that any methods used to do this are measurable, transparent and realistic
- We would urge that the WHO reword its call for countries to “develop and support nursing and midwifery interventions that lead to improved access to health-care services through the creation of links between public, nongovernmental and private sectors to minimize barriers of access to health services in rural and remote or hard to reach areas”. The RCN is concerned that this could potentially be misinterpreted as allowing governments' to forfeit health service provision for rural areas to private providers. We would instead suggest the following amendment:

“Develop and support nursing and midwifery interventions that lead to improved access to health-care services through the creation of links between public, nongovernmental and private sectors to minimize barriers of access to health services in rural and remote or hard to reach areas, while ensuring that UHC for all citizens remain a governmental responsibility”

- The RCN welcomes the stronger focus which this strategy gives to the role which professional associations and/or trade unions play in gathering evidence to inform best practice and regulatory design, in arguing for better terms and work conditions for the health workforce, and strengthening civil society by holding governments' to account for their national and international commitments. However, we do think that this could be further strengthened and have made additional suggestions for this where relevant
- While the RCN fully accepts that this document is concerned with the nursing and midwifery workforce we would urge that some reference be given to the health support workforce in assisting the delivery of this strategy. **To be clear, this should affirm the health support workforce as part of the wider nursing family, recognise that health workers are often managed by Registered Nurses, and argue that they should be supported in complementing good nursing care and not be used as substitutes or replacements for trained Registered Nurses**

- We urge that this SDNM make clearer reference to SDG goal five which addresses gender inequality. One of the key targets for goal 5, “ensure women’s full and effective participation and equal opportunities for leadership at all levels of decision making in political, economic and public life” is especially pertinent to all of the themes in this document and we urge that this be clearly recognised. This is made all the more significant given the prevalent role of women in the nursing and midwifery professions
- The RCN recommends that this document more clearly reference and reinforce the WHO’s guidance that nursing education be set at degree level, with a minimum of 12 years of general education (or equivalent) beforehand

RCN feedback on Theme 1: Accessibility, acceptability of safe and cost-effective nursing and midwifery care based on population needs, addressing Universal Health Coverage and the attainment of the SDGs

- The RCN strongly supports this theme's focus on the importance of investment in attracting and sustaining the right number and skills mix of nurses and midwives. We also endorse the WHO's linking of these two areas with improving access to Universal Health Coverage and meeting local health needs
- The RCN welcomes all of the adjoining objectives for this theme, especially:
 - the call for national governments' to establish costed long term workforce planning strategies (up to 4-5 years ahead)
 - the call for national governments' to develop strengthened accreditation standards for nursing and midwifery education. We would advise however that reference be made to the WHO's long-standing guidance that nurse education be set to degree level, with a minimum of 12 years of general education (or equivalent) beforehand
 - the call for partners, specifically professional nursing/midwifery associations to work in collaboration with educational and practice institutions (including WHO collaboration centres, regulators and other stakeholders) to actively monitor and evaluate the quality of education and training programmes in support of this SDNM

RCN feedback on Theme 2: Optimise and institutionalise leadership and accountability

- The RCN strongly supports this theme's focus on engaging nursing and midwifery leadership at "every level of health policy, programme development, decision-making and evidence generation." We note that this objective strongly echoes Sir Robert Francis's recommendation that nursing leadership be represented "from ward to board" in the UK⁶
- We also strongly endorse this theme's recognition that social care (as well as health care) can benefit from a strong leadership capability which is well-resourced and able to share innovative practice

⁶ National Archives, 'The Mid Staffordshire NHS Foundation Trust Public Enquiry', available at: <http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffspublicinquiry.com/report> (2013)

- The RCN welcomes all of the adjoining objectives for this theme, especially:
 - the call for WHO headquarters to develop models for enhancing governments' chief nursing and midwifery roles. The RCN would welcome the opportunity to collaborate more closely with the WHO on this issue
 - the call for WHO regions to invest in nursing and midwifery capacity, appropriate skills and positive practice environments (PPE). We note that PPE is a key strength for professional associations such as the RCN and we would urge closer collaboration on this area. We would cite the example of WHO Europe and EFNMA as a template for this collaboration going forward
 - the call for countries to establish and implement mechanisms for the involvement of nurses and midwives at all levels of decision-making. We fully support the call for partner organisations to play an active role in monitoring these systems and for disseminating lessons to political leaders.

We would also highlight that many professional associations (such as the RCN) play a key role in facilitating nurse leadership by providing practical training for existing and up-and-coming nurse managers. The RCN's Clinical Leadership Programme is one such example of this.⁷

In addition to this, the RCN has analysed best international practice in nursing leadership and has used this evidence to inform policy discussions. This work not only recognises the critical role of ward leaders in delivering excellent patient care, but also highlights that many ward leaders go on to occupy leading executive leadership positions later on.

Finally, many national nursing associations and trade unions (such as the RCN) have student nurses and midwives in membership. The RCN offers its student members leadership development opportunities which would be otherwise unavailable.

RCN feedback on Theme 3: Maximising capabilities and capacities through intra and interprofessional collaborative partnerships

- The RCN is pleased that this theme recognises the evolution of nurses and midwives as critical leaders in delivering key global health priorities such as health promotion, disease prevention, rehabilitation and reduction of morbidity/mortality

⁷ RCN, 'The RCN Clinical Leadership Programme', available at: <https://www.rcn.org.uk/development/rcn-clinical-leadership-programme> (2015)

- The focus on advancing this success through closer inter-collaborative relationships is also welcome. The RCN would urge however that in tandem to more collaborative/integrated ways of working, this strategy clearly endorse the development of specialist and advanced practice roles for nurses and midwives as key drivers for maximising any collaboration
- The RCN welcomes all of the adjoining objectives for this theme, especially:
 - the call for countries to establish mechanisms to enable nurses and midwives to acquire policy-making skills
 - the call for countries to build capacity to strengthen national nursing and midwifery strategies on interprofessional education and collaborative practice. We would urge however that this objective also prioritise strengthened investment in specialist and advanced educational pathways
 - We would also urge that an additional intervention be included for ‘partners’ calling for closer international collaboration between international nursing and midwifery professional associations

RCN feedback on Theme 4: Mobilising political will to invest in building effective governance for sustainable nursing and midwifery workforce actions

- The RCN fully endorses this theme and its clear recommendation that nurses and midwives must engage with the forces which drive health care, and become more involved in policy-making. We welcome the description of nurses and midwives as “responsible and accountable stakeholders in the delivery of care”. We urge that this theme place a clearer responsibility on national governments’ to recognise this as well
- The RCN welcomes **most** of the adjoining objectives for this theme, especially:
 - the call for WHO regional authorities to engage national health ministries to make commitments to support nursing and midwifery in their countries, and to follow up with any commitments made through periodic reviewing for example. We would urge that any measures used to monitor commitments made be realistic, measurable and transparent
 - the call that national governments’ focus more investment on developing the leadership capabilities of nursing and midwifery students – including around influencing health policy

- We would urge that the WHO reword its call for countries to “develop and support nursing and midwifery interventions that lead to improved access to health-care services through the **creation of links between public, nongovernmental and private sectors to minimize barriers of access to health services in rural and remote or hard to reach areas**”

The RCN is concerned that this could potentially be misinterpreted as allowing governments’ to forfeit health service provision for rural areas to private providers. We would instead suggest the following amendment:

“Develop and support nursing and midwifery interventions that lead to improved access to health-care services through the creation of links between public, nongovernmental and private sectors to minimize barriers of access to health services in rural and remote or hard to reach areas, **while ensuring that UHC for all citizens remain a governmental responsibility**”

- We would also urge that the WHO add an intervention for partners which recognises the role of trade unions in focusing political attention on key workplace concerns, including: remuneration, workplace culture, health and safety etc

**Policy & International Department
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