Biennial meeting of Government Chief Nursing and Midwifery Focal Points, European Forum of National Nursing & Midwifery Associations and WHO Collaborating Centres in the WHO European Region
Meeting Report, 24–25 March 2021, digital platform

World Health Organization
REGIONAL OFFICE FOR **Europe**

Background

In the last five years, the direction of nursing and midwifery (N&M) in the WHO European Region has been set by the *European strategic directions for strengthening nursing and midwifery towards Health 2020 goals (ESDNM)*. Now, the global health agenda is focused on the Sustainable Development Goals (SDGs), universal health coverage – including primary health care – and COVID-19 recovery. As nurses and midwives (N&M) play a central role in achieving the SDG targets, delivering safe, high-quality care and promoting effective and efficient health services, it is key that we are able to support the WHO European Region Member States to fully enable the contributions of N&M.

The *Global strategic directions on strengthening nursing and midwifery 2021–2025* (GSDNM) provides policy suggestions in four priority areas – education, jobs, service delivery and leadership – that reflect the most effective health-workforce strengthening approaches to date, using a health labour-market lens. To support this, the WHO Regional Office for Europe wants to develop a roadmap that will guide the implementation of the GSDNM in the context of the new WHO European Programme of Work 2020–2025 (EPW).

The biennial meeting provided a platform for key N&M representatives in the European Region to discuss the regional challenges, opportunities and specificities in relation to the GSDNM priority areas that should be considered when developing the roadmap.

Workshop objectives
The objectives were to:
- review progress in strengthening N&M in the WHO European Region;
- discuss current priorities, new challenges and opportunities to strengthen N&M in the WHO European Region;
- discuss priority areas for a regional roadmap to guide implementation of the GSDNM and maximize progress towards achieving the EPW objectives; and
- establish a roadmap steering committee.

Overview of Programme

Day 1. Current status on the N&M workforce in the Region

1.1 Taking stock of COVID-19: the central roles N&M played, the short- and long-term impact of the workforces and how we better can support them now and in the future,

1.2 Emerging priorities: achieving a sustainable N&M workforce

1.3 Process and priorities for the roadmap: the global and regional context for developing a roadmap, and regional status on key priority areas

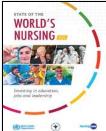### Day 2. Group work – discussing key priority areas for the roadmap

2.1 Education: align education and practice and ensure faculty preparation

2.2 Leadership: develop leadership and strengthen senior leadership

2.3 Jobs: ensure adequate jobs, and how to attract, recruit and retain

2.4 Service delivery: improve regulation and adapt workforce policies

1.1 Taking stock of COVID-19: key issues raised

- N&M have been central to preventing and managing COVID-19. Their leadership and resilience have been at the forefront of the pandemic and in the rollout of vaccines.
- Improvements are needed in patient-centred digital health.
- Data on the impact of COVID-19 on the workforce need to be improved to support accountability and investment.
- COVID-19 showed the importance of good governance and challenged current models of service delivery.
- Exhaustion, anxiety, isolation, depression, burnout, post-traumatic stress syndrome/disorder and suicides among the workforce should be monitored.
- Recruitment and retention issues need to be addressed; shortages are expected to rise as the rates of people leaving and intending to leave in the next few years increase.
- It is essential to ensure implementation of policies on mental health and psychosocial support.

1.2 Achieving sustainable N&M workforces

- Workforce shortages due to ageing workforces, lack of adequate recruitment and retention policies and patterns of international migration of N&M will increase due to COVID.
- Many of the issues N&M face are systems issues anchored in broader workforce policies. N&M leadership in national policy dialogues needs to be able to advocate with evidence and data and have political capacity to influence decision-makers in ministries and support health labour-market analysis.
- We need to invest in today's workforce and improve retention policies, safe staffing and the attractiveness of N&M as careers.
- Planning for tomorrow's workforce and expanding the capacity of education systems to sustain long-term N&M supply should start now, with harmonization of education and practice.
- Policies to ensure advanced roles and expanded scope of practice should be implemented to optimize workforce contributions to population health and increase productivity.

1.3 Process and priorities for the roadmap
- The *roadmap* will guide the implementation of the GSDNM and its four policy priority areas and will take into consideration lessons learned from the COVID-19 pandemic, status on key areas from a survey on the ESDNM and regional best practice examples.
- The first draft will be developed with the WHO collaborating centres for nursing education and practice and nursing and public health education and research, and other interested stakeholders.

March 2021
Biennial meeting

End Q3 2021
Open consultations

End Q4 2021 Webinar
presentation of Roadmap

2.1 EDUCATION – Steps should be taken to:
- align regulation and education policies with scope of practice;
- document the health economic impact of scaling-up education, continuing professional development and scope of practice (return of investment in education);
- make evidence-based practice (clinical research, skills, implementing, outcomes) a core component of undergraduate education to ensure quality in care and future N&M research;
- improve digitalization and simulation tools in education, which could contribute to rural pipelines of students – examples from the region and more Member State collaboration are needed;
- collect best practice examples to inspire mentors and ensure students have good placement experiences, with a focus on quality instead of quantity in clinical placements; and
- review funding mechanisms of education institutions to ensure educators can connect to clinical practice.

2.2 LEADERSHIP – Steps should be taken to:
- develop non-clinical leadership programmes focusing on management, economy and political engagement;
- ensure N&M leaders can engage beyond their clinical scope when entering high-level leadership and can engage and influence topics like economy and education;
- address the paradox between the responsibility of N&M leaders and their lack of authority and ability to influence decision-making;
- ensure that students are encouraged to engage in leadership as a possible career path during undergraduate education;
- develop new networks for nursing and midwifery leaders;
- collect best-practice examples on the roles and skills of government chief N&M officers (GCNMOs); and
- develop international leadership courses for N&M.

2.3 JOBS – Steps should be taken to:
- ensure that N&M are part of the *response* decision-making process and that they bring key evidence to inform policies to address the pre-existing shortages that COVID-19 exposed;
- incorporate key COVID-19 responses: better monitoring of absence rates; effective use of staff reserve pools; effective and supportive legislation/regulation; effective local management;
- advocate that pay is a key measure of "value", as low pay gives a negative message to possible recruits and limits the impact of other longer-term retention and recruitment strategies;
- secure safe staffing, as recruitment and retention is more difficult if staffing levels are not safe – case studies are needed;
- develop clear career paths, such as advancement criteria and linkages to advanced roles, as this is a key retention factor; and
- support retention in rural/remote areas through uptake and adaptation of the updated WHO rural retention guidelines.

2.4 SERVICE DELIVERY – Steps should be taken to:
- support the implementation of multiprofessional clinical guidelines, and ensure N&M are part of developing them;
- integrate digital evaluation tools in patient records to monitor guideline impact, including N&M interventions;
- develop a dynamic scope and practice framework for regulators to support the development and standardization of N&M roles, as there are mismatches between regulation and practice (case studies could support country work);
- ensure N&M registries (including specialized roles) are in place as part of human resources information systems; and
- support a culture change in relation to acceptance of implementation of advanced N&M roles and a more multidisciplinary approach in hospitals and in primary care teams – the culture should value the role of all health-care workers and put population health needs at the centre.

Recommended actions and production of public goods
- Health labour-market analyses in countries should be supported to guide human resources strategies that include N&M perspectives.
- N&M remuneration frameworks across the Region should be reviewed.
- The status of regional GCNMOs, scope of their leadership roles and their policy impact should be reviewed.
- Status on advanced practice roles and their development and implementation process in the Region should be reviewed.
- Case studies on: regulation/practice frameworks; digitalization/simulation tools; safe staffing frameworks; *return of investment*.