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**Sub-regional
Workshop on Chief
Nursing Officer
Competencies:
in support of
Universal Health
Coverage**

7-9 March 2016

Barbados

Workshop Report

Acknowledgements

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Permanent Secretaries and Deputy Permanent Secretaries

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Chief Nursing and Midwifery Officers

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Table of contents

Executive Summary	1
Sub-regional Workshop on Chief Nursing Officer Competencies:.....	3
Background.....	3
Workshop Objectives and Expected Outcomes	4
Workshop proceedings.....	4
Day 1: 7 March 2016	4
The Opening Session	4
Technical sessions	7
Introduction to the workshop and the Barbados Nursing Strategy.....	7
Overview on the roles and responsibilities of Government Chief Nursing and Midwifery Officers	9
Roles and responsibilities of Government Chief Nursing and Midwifery Officers: the Caribbean experience	10
Summary of plenary discussions	12
Panel reflections	13
Self-assessment and Group Work.....	13
Summary of plenary discussions	16
Day 2: 8 March 2016.....	18
CNOs Perspective.....	20
Challenges	20
Good practices	21
Permanent secretaries' perspective	22
Challenges	22
Good practices	22
Summary discussions	23
Day 3: 9 March 2016	23
Priorities.....	27

Concluding Remarks.....	30
Annex 1: List of Participants	31
Annex 2: Workshop agenda	32
PAHO/WHO Secretariat	32
Annex 3 Forum Statement	36

Executive Summary

Sub-regional Workshop on Chief Nursing Officer Competencies:

in support of Universal Health Coverage

Chief Nursing Officers from 17 Member States, along with permanent secretaries, medical officers of health, senior academic staff of University of the West Indies and national schools of nursing, senior planning staff of ministries of health attended the subregional meeting. It brought together for the first time, the management team from a select number of countries in order for them to have a better understanding of the challenges faced by CNOs as members of the senior management team in their respective countries

The main objectives of the meeting were to review and discuss gaps and challenges on competencies for chief nursing/midwifery officers; review and identify areas for strengthening the roles and responsibilities of chief nursing officers, including in support of universal health coverage, universal access and the SDGs; and to develop a plan of action for the process of strengthening competencies, with a time line.. In order for CNOs to lead and address the challenges of the 21st century with new and re-emerging diseases, they need to be aware of the competencies that are required, and apply them to the policy environment in which they operate.

After the introductory session, the Minister of Health of Barbados addressed the participants along with the sub-regional program coordinator and the Head of the Office of Barbados and the Eastern Caribbean (PWR). The workshop was designed to provide ample opportunities for discussion and interaction and was therefore a mix of presentations, group discussions and plenaries. There was a report back from the evaluation of the draft 'Nurses' Human Resources Strategy for Barbados 2013-2018,' by McMaster University, a WHO/PAHO Collaborating Centre. Everyone was given the opportunity to do a self-assessment of their competencies in leadership, policy and management. They were furthermore encouraged to repeat this exercise once back in their respective countries with their peers and those whom they supervise and repeat it in 12 months' time, in order to chart their progress.

There was also a special session that focused on the role of the senior management team, in an effort to allow opportunities for full and frank discussions about role challenges and to identify solutions. This served to facilitate a better understanding of how the senior management team can best tackle decisions on human resources for health issues, as it pertains to nursing and midwifery services.

On the last day of the workshop, participants reflected on challenges and solutions of working together as a team and set priorities as follows:

1. Gap analysis of various nursing staff for various health programs to determine staffing needs for service delivery (NCDs, mental health, public health, adolescent health, HIV/TB)(Suriname and Guyana).
2. Introduction of the BSN (Suriname and Guyana).
3. Development of an HRH policy and plan, in addition to training in accident, emergency and critical care nursing (Anguilla)
4. Development of an HRH plan and implementation of mental health gap analysis (Montserrat).
5. Development of an information system to support HRH planning.
6. Capacity building in health leadership and planning.
7. Human Resources for Health/Manpower plan for nursing and midwifery (Bahamas, Grenada, Barbados and Antigua).

The workshop concluded with the development of a country-based action plan as a follow-up on return to their respective countries.

Sub-regional Workshop on Chief Nursing Officer Competencies:

in support of Universal Health Coverage

The Pan American Health Organization/World Health Organization sponsored the Sub-regional workshop on ‘Chief Nursing Officer Competencies’, 7 to 9 March 2016 at the Crane Resort, St. Phillip, Barbados. Twenty-seven participants attended the workshop, including representatives from 17 Caribbean countries, as well as the Programme Manager, Health Sector Development, of the CARICOM Secretariat, Dr. Rudolph Cummings, and the focal point for nursing and midwifery at the WHO Headquarters in Geneva, Switzerland, Mwansa Nkowane. In order to encourage dialogue and effective working of the senior management team of ministries of health, permanent secretaries, chief medical officers and health managers from a selected number of countries were also in attendance. Dr. Erica Wheeler, Advisor Human Resources for Health, Office of Subregional Program Coordination, was responsible for the overall meeting and the facilitator for the meeting, was Dr. Stephanie L. Ferguson, International Health Care Consultant.

Background

Nursing and midwifery interventions are key to enhancing universal health coverage and access. Government chief nursing and midwifery officers are recognized worldwide as catalysts in improving the manner in which education and services are executed to improve population and global health. Identifying mechanisms to foster bold, participatory leadership around a clear and coherent agenda for action is critical to making progress in this era of sustainable development. The full involvement of government chief nursing and midwifery officers in policy and technical issues at national level is essential to achieve the Sustainable Development Goals (SDGs).

As of last year renewed commitment engraved in the SDGs and Universal Health Coverage provide further frameworks in which nursing and midwifery services are at the core of the response. More collaboration is needed to develop supportive structures, incentives and accountability mechanisms for improving nursing and midwifery education and services. In order to enhance the leadership capacity of government Chief Nursing and Midwifery Officers, the World Health Organization has developed a manual that highlights key roles and responsibilities of these leaders. http://www.who.int/hrh/nursing_midwifery/cnow/en/. This manual was used to guide the deliberations and activities of the sub-regional Workshop.

Workshop Objectives and Expected Outcomes

The main objectives of the workshop were to:

1. Review and discuss gaps and challenges on competencies for chief nursing/midwifery officers.
2. Review and identify areas for strengthening roles and responsibilities of chief nursing officers, including support of Universal Health Coverage, access and the SDGs.
3. Develop a plan of action with a time line and processes for strengthening competencies.

At the conclusion of the meeting, the participants: a) gained familiarity with WHO competencies for chief nursing and midwifery officers for adaptation at the sub-regional level and in alignment with the Universal Health Coverage initiative, b) demonstrated familiarity with the global WHO standards on roles and responsibilities of chief nursing officers, c) developed a plan of action for countries to adapt competencies, which includes milestones for monitoring and evaluation of progress; and, e) defined the type of support to the strategic plan and the role and functions of the CARICOM Regional Nursing Body.

Workshop proceedings

Day 1: 7 March 2016

The Opening Session

The Hon. John Boyce, Minister of Health, Barbados, Dr Godfrey Xuereb, PAHO/WHO representative, Barbados and Mrs Jessie Schutt-Aine, Sub-regional Programme Coordinator, PAHO/WHO, Barbados brought greetings and key comments during the opening ceremony.

Minister Boyce acknowledged that factors such as ageing and non-communicable diseases are overtaking infectious diseases, as a burden to the health system. He further emphasized that non-communicable diseases are among the leading causes of premature mortality, but that countries are ill equipped to address non-communicable diseases. He noted that WHO has urged Member States to implement universal health coverage to improve access to health services. Therefore the meeting was timely as the region is discussing best options for Universal Health Coverage. Working towards the Sustainable Development Goals and Universal Health

Coverage, entails addressing socio- cultural barriers that prevent access to quality health services. The Hon. Minister noted that although the region has adopted and believes in primary health care, there is need to conduct an evaluation to determine success and failures. Barbados has integrated health promotion into all of its health strategies and nurses will be critical to the delivery of these interventions, as well as quality improvement in nursing care. In 2009 the Quality Policy for the Queen Elizabeth Hospital was approved. The focus is on an accelerated quality improvement agenda and sensitizations to staff. The quality improvement team believes that this is key to improving the quality care.

He concluded that nurses need to respond to regional and global challenges. The impact of nurse migration is being felt. The globalization of the market has facilitated free movement and the global demand for nurses is huge. Countries must put in place recruitment and management processes that help to retain nurses. The Hon. Minister also acknowledged the financial benefits of migration, but emphasized the need to improve health services in the region. There is a need to increase enrolment, improve the image of nursing, working conditions, knowledge and skills. This requires commitment from all stakeholders and strong alliances to achieve common goals. The RNB should maintain standards as nurses' role in care is critical and their role should be expanded to include home-based care, which can empower patients.

Dr Godfrey Xuereb, PAHO/WHO representative to Barbados shared his perspectives and noted that the nursing profession is close to his heart and as he had also trained as a nurse prior to branching off to his specialization. He further pointed out that the meeting was important as it brought in other important staff in the ministry not only nurses. The roles and responsibilities of nurses have evolved and become more professional and that continuous education and specialization is vital to the nursing profession. Dr Xuereb emphasized the need for a holistic approach to care and that the roles and responsibilities should be reflected better in the training and in managerial responsibilities. A new look at the functions of nurses at different levels of the health system is needed. For example nurse led clinics, e.g. for nutrition and eye clinics, implies that all professions are equally important for quality service delivery.

It was suggested that much more should be done to attract men and young people into the profession and having more nurses in management has enabled major contributions to the profession as well the whole health system. He concluded that nursing should be seen in the context of other professions and not in isolation.

Mrs Jessie Schutt-Aine, Sub-regional Programme Coordinator, welcomed the participants and acknowledged the fact that 17 countries were represented, which was a testimony of the importance of nursing and midwifery in the sub-region.

Mrs Schutt-Aine pointed out that one of the five principal challenges for the Americas Region that was identified via consensus on the Toronto Call to Action on the 20 Regional Goals on Human Resources for Health, was that we have the right people in the right places, achieving an equitable distribution of services according to the health needs of their populations. The nursing/midwifery workforce as part of human resources for health is a priority for PAHO. Nurses and midwives form the backbone of health care delivery in the Caribbean. This includes: professional nurses, professional midwives, auxiliary nurses, auxiliary midwives, enrolled nurses, enrolled midwives and other categories such as nursing assistants.

The meeting was the first of its kind in the sub-region, based on global competencies for chief nursing and midwifery officers produced by WHO and based on global input, including that of the sub-region (Jamaica and the Bahamas, represented by the CNOs from both countries in the workshop). It was stated that the region continues to face struggles with putting in place policies to retain highly qualified health professionals, which includes nurses and midwives. There has been a renewed call by WHO for implementation of the WHO 2010 Global Code of Practice on the International Recruitment of Health Personnel.

One of the achievements of nursing in the sub-region has been the development and implementation of the Regional Examination for Nursing Registration (RENr). Success in this examination is a legal requirement for using the title Registered Nurse (RN). The examination was developed and administered by the General Nursing Councils of CARICOM countries, in collaboration with the Caribbean Examinations Council® (CXC®) and became effective from October 2014. PAHO supports the efforts to raise the standards of nursing and midwifery by our collaboration with the Regional Nursing Body and our partnership with CARICOM. CARICOM was represented in the meeting, along with the Chair and Deputy Chair of the RENr from Grenada and Barbados, respectively.

PAHO continues to be acutely aware that without adequate numbers of well-trained nurses it will not be possible to attain universal health coverage and universal access to health services, which are an important part of Goal 3 of the Sustainable Development Goals (SDGs), which addresses health specifically. Among the 9 targets for this health Goal “To ensure healthy lives and promote well-being at all ages” is, by 2030, to reduce the global maternal mortality ratio to less than 70 per 100,000 live births; to end preventable deaths of newborns and children under 5 years of age; to end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases; and *inter alia*, to ensure universal access to sexual and reproductive health care and more. It is clear that none of these can be achieved without the availability of nurses and midwives and this applies equally to the Caribbean region, as it does to the rest of the world.

Mrs Schutt-Aine voiced her wish that the deliberations lead to agreement on the way forward. The role of the CNO is vital to this and now this role is supported as part of the senior management team in ministries of health. This is with the aim of obtaining the best possible outcome for our populations. The roles of the Chief Nursing and Midwifery Officers as leaders in the Caribbean, is a vital one. While it is acknowledged that there will be need for adaptation of global strategies, to our own realities, such as the high rate of NCDs in the sub-region, the sub-region must seek to be in line with the best practices globally. Providing leadership means being supported to give policy advice, to be in a position to contribute to planning and delivery of health services and to always keep the focus on what is best for patients and their families.

Technical sessions

The technical sessions included a variety of action methodologies including: plenary sessions, presentations, and panel discussions. The majority of the group work sessions included a mixture of chief nursing officers, permanent secretaries, health managers and academics. There was ample time for discussion, feedback and recommendations. There was a special session that focused on the role of the senior management team in an effort to allow opportunities for full and frank discussions about role challenges and solutions. This served to facilitate a better understanding of how the senior management team can best tackle decisions on human resources for health issues, as it pertains to nursing and midwifery services.

Introduction to the workshop and the Barbados Nursing Strategy

Following the opening session Dr Erica Wheeler, Advisor, Human Resources for Health, PAHO Office of Sub-regional Program Coordination, reiterated the objectives and outcomes of the workshop as described earlier in this report. It was pointed out that in order to encourage dialogue and effective working of the senior management team of ministries of health, permanent secretaries and chief medical officers from a selected number of countries were included and that the active participation of the Chief Medical Officer and Permanent Secretary of Barbados in this workshop was essential. She also informed the participants that the focus of the workshop was the WHO manual on roles and responsibilities of government chief nursing officers and that the document is a key capacity document for nursing and midwifery leadership. In addition, Dr Wheeler also highlighted some discussions emanating from the stakeholder meetings in Barbados on the evaluation of the draft nursing strategy 2012-2017. The stakeholder meetings aimed to address these objectives:

- To make recommendations with respect to the draft Human Resources Strategy for Nurses in Barbados 2013–2018;
- To identify gaps and strengthen the development plans presented;
- To review and discuss current status of evidence on benchmarks for nursing services.

The resulting conclusions from the evaluation are outlined in recommendations presented in the table below.

Table 1: Recommendations from the Evaluation of the Draft Nursing Strategy of Barbados

- ✓ Uptake of the strategy requires some key elements such as inclusion of HR nursing plans and related budgets;
- ✓ The Barbados Nursing Council to provide timely data on the number of functional nurses that exists and where they are working;
- ✓ The use of mentorship programs to advance knowledge, skills and competence of nurses so they are properly integrated into the workplace;
- ✓ Partnerships to foster closer relationships among service providers (private and public) and with education;
- ✓ Creation of a broad communication plan of the draft Nursing Human Resources Strategy by the MOH, that includes workshops, targeted meetings with key stakeholders and an enhanced/updated website to help move it towards a formalized and final stage;
- ✓ Ensuring the Chief Nursing Officer role is the key liaison between the MOH and all nursing education and nursing workforce stakeholders (enhance links with the Barbados Community College).

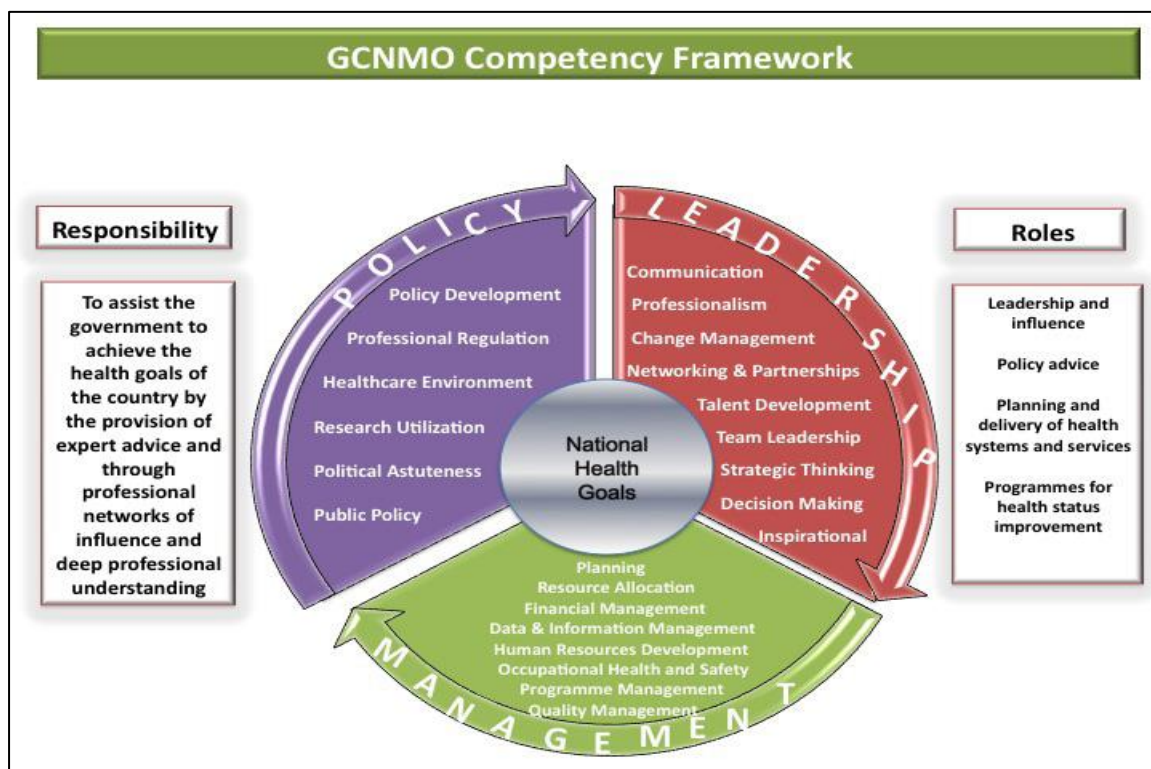
These recommendations were pertinent to the workshop proceedings as they captured the following four areas that are an integral part of the roles and responsibilities of government Chief Nursing and Midwifery Officers:

1. Supporting adequate provision of human resources in nursing and enhancing the workplace.
2. Improving communication between the MOH and other stakeholders.
3. Investing in improving and expanding the infrastructure for teaching, labs and IT.
4. Enhancing ethical/legal principles and professionalism.

Overview on the roles and responsibilities of Government Chief Nursing and Midwifery Officers

In this presentation, Ms Annette Mwansa Nkowane, Technical Officer for Nursing and Midwifery, WHO, outlined the process for the development of the WHO manual of the roles and responsibilities of government chief nursing and midwifery officers. Historically since 2004, the government chief nursing and midwifery officers (GCNMOs) at the ministries of health have influenced policy and supported governments in strengthening the nursing and midwifery workforce. GCNMOs have a forum every two years in Geneva, Switzerland, to discuss global issues and key priorities featured at the World Health Assembly. These forums have been critical in building the capacity of GCNMOs to address global policy issues. One key recommendation from the 2008 Forum was to develop a manual outlining the key GCNMO roles, responsibilities and competencies. The development of this manual was subsequently undertaken through a scientific process that involved a comprehensive literature review. GCNMOs from various parts of the world determined the content. Key roles and responsibilities are outlined in the Figure below.

Figure 1 Government Chief Nursing and Midwifery Officer Competency Framework



The GCNMOs Competency Framework serves different functions: as a guideline for the recruitment and promotion of nurses and midwives to the position of

government chief nursing/chief midwifery officers; a tool for performance evaluation of GCNMOs; a guideline for professional development program content for GCNMOs; and, as a self-assessment communication and awareness tool for nurses and midwives working in positions within and outside of ministries of health.

Roles and responsibilities of Government Chief Nursing and Midwifery Officers: the Caribbean experience

- Dr Rudolph Cummings spoke on behalf of the CARICOM Secretariat based in Guyana. Dr Cummings noted that the region has centrally oriented health services with little flexibility. The roles of permanent secretaries and chief nursing officers can influence human resources for health policies in collaboration with other partners. Therefore, there is a great need to recognize other influential partners, as the views of beneficiaries may not be the same as those in high level positions. It requires a multidisciplinary team approach, as the knowledge and skills of other stakeholders are also important.
- In sharing his experiences, Dr Oscar Ocho, Director of Nursing/Senior Lecturer of UWI School of Nursing, Trinidad and Tobago, indicated that the Caribbean functions with a medical model. Doctors are seen as the ultimate decision makers. The Chief Nurse is located at different levels in ministries of health. In some countries, the chief nursing officer is a national nursing adviser in a nursing division, whereas in other countries the functions are not specifically laid out in law. It therefore means that sometimes the functions are not clear. From the Caribbean experience the government chief nursing and midwifery officer provides evidence for policy and strategic leadership. What is required is to articulate roles of nursing in relation to education, practice and regulation and recognise that monitoring and evaluation are central functions. Currently, not much time is spent strengthening leadership at the service provision level. Much more discussions are needed, due to changing health needs. Dr Ocho further noted that chief nursing officers represent the ministry at national, regional and international levels and *must* bring critical information to the ministry of health and vice versa. It is therefore essential that chief nursing officers ensure important information is shared. Four key competences were outlined as necessary for the role:

1. Emotional intelligence to be able to deal with the minister and chief medical officers (especially since they supervise the CNO in some countries). It is important to know how to operate without being emotionally charged and therefore able to address competing interests.
 2. Political competence to think politically but act strategically. The GCNO needs to understand what politicians want to hear and at the same time position nurses to make good policy decisions to ensure that nursing needs are addressed.
 3. Networking and collaboration to build strategic alliances.
 4. Communication, i.e. how to craft arguments to ensure credibility in nursing positions.
- The Chairperson of the RNB, Ms Nester Edwards of Grenada, added to this discussion on experiences in the region, noting that their role includes capacity building, strategic planning to improve service delivery to ensure quality of services from both nurses and midwives. Chief nursing officers play an important role in supporting the implementation of some components of the health system building blocks (i.e. leadership/governance, health care financing, health workforce, medical products/technology, information and research and service delivery). There are however challenges to their role, such as having no deputy and prolonged working hours. Despite being Chief Nursing Officer other colleagues mentioned that they did not attract salaries commensurate with their role and they suffered from inadequate resources. In practice, the role of the chief nurse is important as she/he spans political and technical issues. The Chair of the RNB also noted the following as key attributes government chief nursing and midwifery officers: emotional intelligence; being able to read and understand the political and industrial relations climate; leadership; knowledge of global issues; negotiation and advocacy skills.
 - The Deputy Chair of the RNB and CNO, Barbados, Dr Wendy Sealy emphasized that the chief nurse has to be knowledgeable about how t global health issues impact nursing and midwifery and have formal and informal collaborative partnerships. He/she must be aware of current issues and understand the political environment. In addition, she/he should understand health care needs and care models. At the moment, it was noted there is no nursing research agenda which is an area which needs to be strengthened. In moving forward, an assessment of research priorities is needed, a strategic nursing plan for CARICOM (which is underway) is critical and building alliances with PAHO.

- The Chief Nurse of the Bahamas, Marcel Johnson, informed colleagues that the CNO position has been downgraded and currently has no line management responsibilities. In her capacity, she is responsible for the coordination of the ‘Disaster management and Nursing committee’, which includes the Director of Nursing, nurse leaders at the tertiary hospital, private hospitals, the nursing council, the Bahamas Nursing Association and nursing schools. She also has a regulatory role as liaison between the Ministry of Health and the Nursing Council of The Bahamas. The Bahamas has a new Nurses Act, which now includes advanced practice nursing and establishment of a new cadre of ‘patient assistants’, who provide support with supervision from nurses, in an effort to move towards universal health coverage.

Summary of plenary discussions

The deliberations from the workshop can influence the political will of politicians, but unless there is an understanding of the roles and responsibilities of the chief nurse, moving forward will be a challenge.

Following the panel discussions and experiences from the Caribbean region, participants made contributions, which are summarised below:

- The position of chief nurse should not be seen as a threat, rather as a contribution to the improvement of health. The governance structure at the ministry of health should allow for collaborative work and for legislation to be put in place, which should clarify the CNOs role.
- The chief nursing officer should be an integral part of the ministry of health’s senior management secretariat. It is important to understand and balance both bureaucratic and political agendas vis-a-vis the roles of the government chief nursing officers.
- The current structures do not have room for more staff to support the chief nurse and this situation needs to be reviewed.
- The functions of the chief nurse should go beyond the strict confines of nursing and midwifery and take into consideration all components of health.
- There has seldom been an examination of the roles and functions of the chief nursing officer in the ministries of health in the sub-region.
- Public health nurses who provide health services in a broader sense are slowly disappearing.
- Leaders in health are needed who can work across disciplines. Chief Nurses ought to therefore reach out to other state actors.

- In developing nurse leaders, there are implications on the structure of the senior management team. Most of the nursing functions are in the context of human resources but it is important to learn about other aspects such as the range of health policies and strategies that influence nursing and how to negotiate with other members of the senior management team.
- There has been a move away from primary health care in general, to curative care. Primary health care is an important approach to the delivery of health services and the role of the government is to ensure access to quality health care.
- There is need to also recognize the role of the private sector in the delivery of health services. The key question to address is: What are those things that the government and not the private sector can do? All attempts must be made to provide quality care and recognize that there could be alternative care providers e.g. physician assistants, and not just the traditional nurses and doctors.

Panel reflections

There was general agreement that WHO competencies for government chief nurses are applicable to *all leaders in the ministry of health*. Overall, the panel acknowledged that a lot of strategic work is occurring in the sub-region, but the challenge is how to recognize the strategic planning and work of nursing and midwifery at the governance/policy level within each country.

There is no doubt that nurses contribute to better health outcomes and must therefore be influencing health policy. Advanced practice nursing and community health nurses as practitioners should have legislation that governs their practice.

Self-assessment and Group Work

Participants were provided with a self-assessment sheet from the global document on chief nursing and midwifery officers, to enable them to reflect on their roles and responsibilities, noting the challenges they face in their own country context and how they would go about addressing them. Participants were then urged to complete their assessment independently and give them to PAHO for analysis. The only identification needed was their substantive post and no names were required. The information was then fed back to participants on Day 2 of the workshop and each participant received an electronic copy of the analysis for information and reflection.

Participants were urged to use this self-assessment as a tool for monitoring the development of their leadership skills, and to further consider using the tool to conduct a 360 degree assessment with their supervisor, a subordinate, and peer. It was also suggested that in 12 months from the date of the meeting, that they repeat the self-assessment to see what progress was made.

As part of a group exercise, and based on the meeting document, participants reviewed their roles and competencies in relation to policy advice, leadership and influence. Outlined below are the summaries of the discussions presented in the Tables 1 and 2.

Table 1 Policy advice

Competence area	Challenges	Solutions
Policy advice	<ul style="list-style-type: none"> • Inability to articulate HRH needs • Decentralization of human resources for health with no involvement of chief nursing officers • Lack of collaboration with other members of the senior management team • Conflict between bureaucracy and the political agenda • Lack of involvement of chief nursing officers in policy and regulation • Limited advocacy by the government chief nursing officer on policy issues • Approaches to primary health care differs between countries • Lack of research skills by CNOs • Policy can focus on different areas of health such as management, education and service delivery • Nursing not seen as a priority • Lack of knowledge and capacity among chief nurses as senior managers • Frequent changes of permanent secretaries leading to lack of consistency in planning and policy • Lack of knowledge on government manifestos on the part of the chief nurse • Lack of stakeholder involvement in planning nursing services • Insufficient administrative support 	<ul style="list-style-type: none"> • Establishment of a programme for enhancement of competencies • Establish a structures in the ministry of health to support the government chief nursing officer, streamline reporting mechanisms • Revise job descriptions of the chief nursing officer • Include in the training for the chief nurse the use of information technology and knowledge of how to support health system strengthening • Development of a human resources for health policy as part of the overall health policy in ministries of health. • Building alliances with other senior staff in MOH and related health institutions • Investing in building leadership at all levels (national, institutional and service delivery levels). • Position papers on nursing should be

Competence area	Challenges	Solutions
		<p>developed</p> <ul style="list-style-type: none"> • Developing research skills • Need for a budget in ministry of health to support chief nursing officers activities • Training and capacity building in strategic planning • Sensitize policy makers on the roles of chief nursing and midwifery officer to secure political will for necessary policy decisions • Ensure competent workforce planning • Undertake a human resources for health audit and needs assessments and fill gaps • Engage with community leaders/organizations

Table 2 Leadership and influence

Competence area	Challenges	Solutions
Leadership and influence	<ul style="list-style-type: none"> • Shortage of staff and lack of resources and advocacy • Professionals operating in silos • Inadequate preparation of the CNO • Lack of capacity on strategic planning • Disparities in salaries and incentive packages • Role of professional associations in relation to the CNO is not clear 	<ul style="list-style-type: none"> • Refocus to primary health care • Capacity building in health financing and other missing competencies, including advocacy, emotional intelligence, political astuteness and strategic planning • Inter-professional education and collaborative practice • Exposure to global issues via participation in international conferences • Orientation of CNO

Competence area	Challenges	Solutions
		<p>for their leadership position is needed</p> <ul style="list-style-type: none"> • Establish career pathways to the level of CNO • PAHO should support mentorship programs and HRH planning e.g. PAHO should take over leadership training at the sub-regional level. • At the service delivery level, promote patient – centred care, provide supportive supervision, mentoring and conduct research on patient health outcomes • Collaborate with professional associations.

Summary of plenary discussions

During plenary discussions participants provided their general perspectives on the above group discussions and these are summarized below.

- Government Chief Nursing Officers should be mentored through the broader health system management structure and not just by other nurses.
- As civil servants operate on instructions, it is important to understand the political context and be sensitive to political issues and their implications at this higher level.
- Consider doing a desk review of each country to assess roles and responsibilities of government Chief Nursing Officers.
- Where necessary, the role of the chief nursing officer should include ensuring the quality of care.
- Preparation is needed for entry in to the job of CNO. Currently it is regarded as just like any another job, without preparation for leadership.

- It was noted that in some instances there has been a shift from regarding the role of nursing from being a profession, to just making money.
- In crafting policy, CNOs must take into account the political arena and use diplomacy, emotional intelligence and manage the energy they invest in particular issues and not just their time.

At the conclusion of Day 1, participants reviewed the planning section of the self-assessment tool.

Day 2: 8 March 2016

Day 2 began with reflections from Day 1. Dr Ferguson highlighted some key discussions and conclusions as follows:

- Government Chief Nursing and Midwifery officers should be the key person to advise the minister of health on nursing and midwifery policy issues as she/he brings to the table issues of national and global importance.
- Having and becoming a mentor is an important part of leadership development. The mentoring relationship must be relevant for the mentor and the mentee. It is worth bearing in mind that a mentor does not necessarily have to come from the same professional cadre, but it depends on the purpose and outcomes of the mentorship relationship. You might need a coach to work with you on specific responsibilities such as budgeting and finance or strategic planning and outcome measures.
- Pay equity is also important element for respect and to ensure gender equality.
- Much more thought should be given to what could be done in countries where there are no GCNMOs.
- Communication between the ministers of health and finance, permanent secretaries and directors of medical services/chief medical officers and the chief nurse is critical to ensure clarity on policy and planning issues, bearing in mind that health is one of the largest items of expenditure. This calls for political astuteness on the part of the CNO.

“The times are changing so we need to move to create the future we want to see”

Planning and delivery of health systems and services and WHO programme on health improvements

Dr Erica Wheeler focused her presentation on three areas: the expected responsibilities of CNOs in the planning and delivery of health services, how these relate to global and regional resolutions of WHO and PAHO as well as the SDGs; and a practical example of how planning and delivery of health systems relates to the realities of the sub-region.

When CNOs think of the planning and delivery of health systems and services they need to keep in focus the key areas of primary health care but also ensure that they seek to address the sustainable development goal no. 3, which covers universal

health coverage as well as universal access. It is important to be able to both be aware of and relate resolutions to the work of the CNO at the country level. CNOs need to reflect on UHC, SDGs, social accountability and relate the to their own country context in their policy decisions.

Some of the resolutions both in WHO and PAHO that can be cited are as follows: WHA 64.7 *'Strengthening Nursing and Midwifery'* (2011); CD 52.R13 *'Human Resources for Health: increasing access to qualified health workers in primary health care-based health systems'* (2013); CD53/5, Rev 2 *'Strategy for Universal Access to Health and Universal Health Coverage'* (2014); Sustainable Development Goals, UN, 2015, with particular emphasis on goal 3.

In the context of implementation there are seven areas that planning and delivery of health systems and services need to keep in focus from a WHO perspective. They are:

- establishing national nursing and midwifery standards for quality and patient safety;
- promoting implementation of appropriate laws regulating nursing and midwifery education, practice settings and practicing professionals;
- promoting safe, effective and economically sustainable models of care;
- overseeing nursing and midwifery delivery processes;
- enhancing nursing and midwifery productivity, capacity, and capability through learning and development opportunities;
- utilizing information systems and technologies to improve efficiency and quality of services;
- and, coordinating emergency preparedness and response.

All policy and interventions should be guided by ethical actions, relevance, ownership and partnership.

With particular regard to the Caribbean context, one example of how the importance of planning health systems and services can be applied is in the area of non-communicable diseases. In that 80% of premature deaths in the age group 30–69 years of age in 2011 was caused by non-communicable diseases (PAHO figures). Of that total 66% was caused by the top 4 diseases; namely malignant neoplasms, cardiovascular diseases diabetes mellitus and respiratory diseases in that respective order (source www.paho.org/ncds/caribbeanmeeting). One of the disturbing indicators on risk factors is obesity. The data showed that 65.5% of females 18 years and over were overweight and 54.1% of males with obesity at 35.9% of females 18 years and over and 20.7% males of the same age group.

The data for diabetes for person 18 years and over was 14.2% for females and 12.3% for males, but the data on insufficient physical activity and obesity does not augur well for the future and hypertension was already at 26.5% for men and 20.4% for women. Current figures show that incidence of diabetes has increased and 14 in every 100 Barbadians now suffer from diabetes, the third highest in the Americas¹.

WHO has set a total of 9 voluntary global targets for NCDs which includes a 25% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases; reduction of a 10% relative reduction in prevalence of current tobacco use; and to halt the rise in diabetes and obesity among others. This means that there should be efforts made at the policy and planning level to target education, training and practice to equip nurses to be able to manage and successfully treat NCDs together with partners at the country level.

Panel on the role of CNO in the senior management team in the planning and delivery of health systems and services: Dr Sealy, Ms Marva Lawson-Byfield, Luis de Shong, Jennifer Andall, Cointha Thomas

A panel representing selected countries addressed the role of Government Chief Nursing and Midwifery officers in planning and delivery of health systems and services. There are different arrangements in the countries regarding supervision of CNOs. In some countries, like Jamaica it is the CMO who supervises the CNO, whereas in St Vincent and the Grenadines the CNO is supervised by the Permanent Secretary. A summary of this discussion is presented below.

CNOs Perspective

Challenges

- Health planning involving Chief Nursing Officers is always an afterthought.
- There is a misconception regarding the role responsibilities of the CNO. Strategically, there is a need to adopt and adapt the WHO roles and responsibilities of the GCNMOs reflected in the manual.
- The salary grade determines how one will be respected and revision of the organizational chart is required with clear reporting relationships, both technical and administrative.
- Strategies for strengthening collaboration need to be established and supported by policy guidelines.

¹ See http://www.who.int/diabetes/country-profiles/brb_en.pdf?ua=1 for country profile of Barbados, 2016

- Sensitization and updates with senior management personnel and also at the lower levels are essential.
- In one country there has been a job description since 1968. Some of it remains relevant, but some of it is not.
- It is becoming clear that the focus cannot only be from a nursing perspective or a nurse. To be part of the executive team, where nursing is only one element, it is important to find one's niche in the ministry.
- Gaining respect is not automatic. It is important to understand the local and international agenda, observe the senior management team and strategize. This helps in deciding which relationships need to be built, taking into account the political and health sector agenda.
- Providing optional decisions and policies is essential and getting into office politics should be avoided.

Good practices

- In Jamaica for example, there are regular monthly meetings where the Chief Nursing Officer reports to Chief Medical Officer, who is the supervisor. There is ongoing dialogue and meaningful engagement. If there are challenging issues, the CNO informs the Chief Medical Officer (CMO) and resolves issues before meeting with the press for instance.
- Participation in MOH quarterly and weekly meetings, human resources for health planning and provides support to other colleagues.
- There is a recognized need for emotional intelligence to engender a relationship of respect and sincerity.
- Provision of professional guidance on national plans for nursing and midwifery and conducts/participates in monitoring and evaluation.
- The CNO conducts at least four visits a year to clinical sites where the nurse leads the team during ward rounds.
- Advocating for nursing and collaborating with the Nursing Council and Associations.
- Networking internally and externally with other ministries and NGOs helps to build a good reputation for the role.
- It is important to understand who the gatekeepers are at the Permanent Secretary's office and the need to respect others and work with other key areas in the Ministry of Health or other ministries.
- Recognize that your supervisor is your biggest advocate.
- The CNO needs to possess presentation and communication skills, monitor and evaluate plans, manage budgets and engage in self and staff development as well as manage his/her time and efforts. It is important to focus on what is really important, being open to ideas and bring on board other members of the team to achieve sustainable results.
- Recognize that leadership is a journey, and there is therefore a need to run the race and run it well.

Permanent secretaries' perspective

Challenges

- Health is a public good. The Minister is responsible for policy and making laws. Under the direction and control of minister, the role of the Permanent Secretary is enshrined in the constitution and he/she works with an executive budget, which may not be what the ministry wants but what the executive wants.
- The CNO has no legislative authority and nobody reports to her in most countries. Currently, the job descriptions are under review in some countries.
- There are capacity deficiencies outside nursing. Currently, St Lucia is developing a health financing policy.
- Nursing is central to the continuum of care but challenges are not unique to the CNO.
- The question is of trust, which affects perceptions of different roles that exist, but there is a need to build strong relations in multidisciplinary teams.

Good practices

- There is a clear job description for the CNO in St Vincent for instance.
- There is a high level of commitment that CNOs take to every task.
- The CNO and the entire senior management team should have policy and planning skills. This is because the team has to lead the development and implementation of the delivery of health care.
- Nurses lead many committees and policies are formed in multi-partnerships. The Health Policy Committee representation is at the discretion of the minister and the CNO is on the committee and is therefore part of its function of monitoring and evaluation.
- The CNO must have a broad focus not limited to nursing although he/she needs to be a voice of nursing and make recommendations to shape policy.
- Since the CNO has an executive and management role, she/he should have appropriate training, apprenticeship and mentoring.
- In St Vincent, nursing is part of the team involved in policy, and planning function and emphasis is on strengthening data analysis and capability. It was acknowledged that in a job analysis and legislative amendments regarding the role and responsibilities of the CNO, should be conducted in St Vincent and the Grenadines.

Key attributes of the CNO were reflected in the following points:

- ✓ Understand the bureaucratic system, demonstrate political sensitivity and manage personal feelings.
- ✓ Understand the political agenda; demonstrate strong team working skills, information management skills, oral and written communication skills, and interpersonal skills.
- ✓ Have the ability to manage information and have the capacity for strong leadership for nursing and nurses.
- ✓ Understand the strategic directions for nursing and midwifery and stress the impact of nurses and midwives on the health services, particularly since they consist of more than 61% of the health workforce.
- ✓ Make recommendations for amendments to existing legislation and for new legislation.
- ✓ Make recommendations on quality improvements.
- ✓ Have oversight of delivery of services and continuous professional development.
- ✓ Move forward and reorient nursing as an integral part of the national agenda.
- ✓ Motivate nurses.

Summary discussions

Attributes of GCNOMs should include cultural awareness, especially on how her/his culture interacts with the professional cultures of other team members. Health cannot be separated from nursing. For example, conditions of service do have an impact on health care. Other participants felt that the notion and perception that nursing only focuses on nursing is misguided and misleading. It was important to hear the perspectives of other key stakeholders regarding their opinions and views of CNOs in the region. It was essential therefore to properly recognize the nurse who sits at the highest policy levels and how to position the CNO for the present and the future in the Caribbean. Any changes made to the position will have implications on other civil service positions.

The panellists concluded that it was important to understand the roles of the ministry team, the functions and competencies of team members at different levels the necessity to collaborate with all other senior/chief team members.

Day 3: 9 March 2016

On the last day of the workshop, participants reflected on challenges and solutions of working together as a team. These are captured in the tables below.

Table 3 Policy Advice on Team Work

Challenges	Solutions
1. Providing advice and credible professional opinions on nursing and midwifery's contribution to meeting population health goals and the development of national plans	
<ul style="list-style-type: none"> • Different GNMOs priorities compared to other policy makers • GNMO not seen as an authority for national health plan development • Lack of knowledge on the country's health goals • Frequent changes of permanent secretaries 	<ul style="list-style-type: none"> • Training and capacity building for GCNMOs • Review of job descriptions of the GCNMOs to reflect more responsibility for policy making • Sensitization of policy makers on the role of GCNMOs in policy development and implementation • GCNMOs need to exercise emotional intelligence and political astuteness to influence the political will of ministers to bring about changes at policy level
2. Policy advice on nursing and midwifery workforce capacity, capability and skill mix	
<ul style="list-style-type: none"> • Lack of HRH units in ministries of health • Lack of HRH planning, including succession planning • Weak personnel management systems to address recruitment, selection and development of health workers • Weak programme management systems 	<ul style="list-style-type: none"> • Human resource audit on various categories, their qualifications, skill mix etc. and other gaps that need to be filled • Nursing and midwifery needs assessments of gaps in competencies • Use of evidence to justify needs
3. Providing strategic advice to the Minister of Health and government on nursing and midwifery	
<ul style="list-style-type: none"> • Lack of knowledge of government manifestos, goals and what needs to be achieved 	<ul style="list-style-type: none"> • To be knowledgeable of government policy direction as outlined in their manifesto and advise on how government can benefit from investing in nursing and midwifery • Create an enabling and supportive work environment for GCNMOs • GCNMOs should be knowledgeable on global health issues and their implications for nursing and midwifery
4. Engaging communities, organizations and other sectors to identify key components of effective policy and to promote health in the context of nursing and midwifery and the wider health arena	
<ul style="list-style-type: none"> • Lack of stakeholder engagement 	<ul style="list-style-type: none"> • Community engagement in identifying key components of policy <ul style="list-style-type: none"> - assess community to identify community leaders -work with existing community groups e.g. NGOs, faith based organizations etc. • Build trust among community members • Develop public-private agreements
5. Identifying and collaborating with partners in addressing public health issues	
Lack of public-private partnerships	<ul style="list-style-type: none"> • Identify key stakeholders

Challenges	Solutions
	<ul style="list-style-type: none"> • Develop mechanisms for stakeholder engagement • Encourage stakeholders involvement in addressing public health issues
6. Lack of clearly defined roles and responsibilities	
<ul style="list-style-type: none"> • Overlapping roles and responsibilities • Outdated organogram/structure 	<ul style="list-style-type: none"> • Prepare/strengthen roles and responsibilities • Define/clarify reporting guidelines • Update job descriptions
<ul style="list-style-type: none"> • Separation of technical and administrative functions 	<ul style="list-style-type: none"> • Senior management team to clarify the technical and managerial roles and responsibilities • Adopt a collaborative approach (foster team work, influence management, select best outcomes) • Establish clear lines of communication
<ul style="list-style-type: none"> • Inadequate preparation of GCNMOs 	<ul style="list-style-type: none"> • Ensure clearly defined qualifications, competencies and experiences • Provide training, coaching and mentoring • Ensure the existence of a ministry of health succession plan • Provide regular leadership training • Establish private sector exposure for mentoring public leaders
<ul style="list-style-type: none"> • Getting the whole team on board 	<ul style="list-style-type: none"> • Conduct structured meetings with the appropriate staff members
<ul style="list-style-type: none"> • Lack of open door policy 	<ul style="list-style-type: none"> • Listening and creating opportunities to hear from others from both higher and lower levels on issues that affect the ministry of health
<ul style="list-style-type: none"> • Communication among senior management 	<ul style="list-style-type: none"> • Transmit policy messages appropriately and timely fashion
<ul style="list-style-type: none"> • Conflict resolution 	<ul style="list-style-type: none"> • Recognize and address problems, culture awareness, culture diversity and who does what in the organogram
<ul style="list-style-type: none"> • Lack of familiarity with role and function of staffing 	<ul style="list-style-type: none"> • Information sharing • Understanding staffing standards
<ul style="list-style-type: none"> • Lack of familiarity with the crucial needs of the ministry of health 	<ul style="list-style-type: none"> • Establish an HRH policy to meet needs
<ul style="list-style-type: none"> • Lack of political awareness 	<ul style="list-style-type: none"> • Understand the mission, vision and values of the ministry and other sensitive issues
<ul style="list-style-type: none"> • Capacity building 	<ul style="list-style-type: none"> • Establish mechanisms for knowledge sharing, training and succession planning and skills improvement

Table 4 Leadership and influence: teamwork

Challenges	Solutions
1. Setting and evaluating shared and appropriate nursing and midwifery strategic directions, objectives and plans and ensuring appreciation of the resources required to facilitate implementation, with outcomes clearly focused on patient benefit	
<ul style="list-style-type: none"> Lack of capacity in developing strategic plans 	<ul style="list-style-type: none"> GCNMOs at Masters and PhD levels Training for GCNMOs on development of strategic plans
<ul style="list-style-type: none"> Identifying and developing national nursing and midwifery capability to deliver positive patient outcomes 	<ul style="list-style-type: none"> Promote patient-centred care BSN as entry point for nursing Supervision Mentoring Improve working conditions CPD for nurses and midwives Specialist training Address disparities in salaries, allowances, education and incentive packages Identify and mentor potential leaders
2. Responding and advocating nursing and midwifery interests and contribution nationally and internationally	
<ul style="list-style-type: none"> Lack exposure to regional and international forums Lack of visibility of GCNMOs in the country 	<ul style="list-style-type: none"> Exposure of GCNMOs at regional and international forums Visibility of GCNMOs within and outside ministries of health GCNMO leading from the ground Strengthen professional associations and provide leadership
<ul style="list-style-type: none"> Overlap of responsibilities and duplication of work 	<ul style="list-style-type: none"> Sensitization of staff Establish improved opportunities for monitoring and evaluation of plans Use technology and enhance information sharing and communication Reinforce capacity of health teams to focus on health as well as social determinants of health Reorientation of ministry to align to essential public health needs Focus on leadership and governance role of the ministry of health Establish mechanisms to liaise with Permanent Secretaries and Chief Medical Officers in the Ministries of Health.
<ul style="list-style-type: none"> Structures creates barriers to communication and divisions to optimizing work 	
<ul style="list-style-type: none"> Chief Medical Officer as technical lead 	

Priorities

Participants identified several priorities, which are listed below:

1. Gap analysis of various nursing staff for various health programs to determine staffing needs for service delivery (NCDs, mental health, public health, adolescent health, HIV/TB)(Suriname and Guyana).
2. Introduction of the BSN (Suriname and Guyana).
3. Development of an HRH policy and plan, in addition to training in accident, emergency and critical care nursing (Anguilla)
4. Development of an HRH plan and implementation of mental health gap analysis (Montserrat).
5. Development of an information system to support Human Resources for Health (HRH) planning.
6. Capacity building in health leadership and planning.
7. HRH/Manpower plan for nursing and midwifery (Bahamas, Grenada, Barbados and Antigua).

Participants also outlined some of the immediate actions they would take as a follow-up to the sub-regional workshop. These actions are as follows:

Group work by country actions

Country	Activity	Time frame	By whom
Trinidad and Tobago	Developing a concept pare on capacity building on political astuteness	By July 2017	University of west Indies PAHO
	Models of best practice	2018	RNB
	CPD frame work	2018	RNB, Councils
	Lobby for CNO to be part of technical team	Ongoing	
	Develop nursing policy document: - undertake consultations -conduct an audit on existing national and regional nursing policy -develop terms of reference for technical assistance from PAHO -conduct a situation analysis	April 2 nd 2016-March 2017	
	Develop a policy -disseminate		

Country	Activity	Time frame	By whom
	HRH development	Operational plan by July 2017	CNO, Association, PS and MD
	Team leadership		
	Professional regulation especially with ANP		
	Professional regulation	March 2017	
	Project management training	March 2017	
	HRH development to increase nursing quantity	May 2016	
	BSN programme		
	Reinstatement of CNO		
	Capacity building in: quality assurance	2016	
	Change management training CNOs and senior management	Feb 2017	
	Nursing strategic plan Review of nursing regulation		
St Lucia	Policy development	End of March	PS and health policy Committee
	Research utilization capacity	End of March	CNO, Research group
	Change management	By 2018	Project team, communities and management team of hospital
	Training for UHC		
	Review competencies of CNO		
	Retention strategy		
	HRH data management		
Guyana	Review and finalize nursing and midwifery draft strategy	6-12months	Policy committee, RNB, PAHO
	Develop a strategy for nursing and midwifery education and standardized framework for nursing and midwifery practice	6 months-3 years	Ministry of public health, council, Regional Hospitals and PAHO
	Enact the new nursing and midwifery legislation	3-6 months	General Nursing Council, Ministry of

Country	Activity	Time frame	By whom
			Public Health
	Continuation of nursing and midwifery education for registration (work in progress)	3-12 months	General Nursing Council, Ministry of Public Health
	Nursing education tutor preparation		
	Develop mechanism for addressing policy and advocacy for CNO		CNO
	Strengthen leadership, management roles and functions of CNOs		Ministry of Public Health
	CPD for relicensing		General Nursing Council, CNO
	Policy and advocacy for CNO		
Montserrat, BVI, Anguilla	Professional regulation amendment to Advance Practice Nurse	March 2017	CNO and Nursing Council
	Programme management training at regional level	March 2017	PAHO
	Human resources management: marketing nursing as a profession	May 2016	CNO
	Franchising with UWISON for generic BSN	Sept 2018	CNO
	Develop best practices and SOPs for Nursing practice	Immediately	DNS (Anguilla)
	Political astuteness: Dialogue with Minister of Health and Permanent Secretary regarding reinstatement of CNO as part of their Senior management Team	April 2016	DNS Anguilla
	Revision of the Nursing strategy 2012-2015 and development of New Nursing Strategy 2016=2020	November 2016	CNO

Concluding Remarks

There were comments of appreciation both from the Permanent Secretaries/Deputy Permanent Secretary/ Chief Medical Officers, who voiced their appreciation of discussing and planning together with the CNOs from around the sub-region. They felt that they came away with a better appreciation of the roles and functions of the CNO as a part of the senior management team. Rather than nursing being seen as a lobbying body there was also a deeper understanding about CNO functions and no longer saw it as just nursing constantly asking for more resources.

The perspective of the CNOs is captured in the closing remarks of Dr Oscar Ocho, as follows:

“This was an extremely timely workshop, bearing in mind that it is the first of its kind that allowed Permanent Secretaries, Chief Medical Officers and Chief Nursing Officers within the Caribbean region to sit at a workshop of this kind. The level of openness and frank deliberations in contextualizing the professional work environment, while at the same time challenging the Chief Nursing Officers present to evaluate the core competencies necessary to function at the corporate level of governance, was extremely useful. It was evident from the discussions that Chief Nursing Officers must review their current performance. This must be done by making a commitment, not just to changing the opinions of colleagues at the corporate level, but developing their core competence to function optimally, as a part of the corporate environment. It is my view that the Chief Nursing Officers left with a greater understanding that their issues are not unique and that we have more in common than what makes us different. In so doing, there is greater potential to develop support systems for each other in becoming change agents”.

Annex 1: List of Participants

Sub-regional Workshop on Chief Nursing Officer Competencies

The Crane Resort, Barbados, 7-9 March 2016 List of Attendees

	Name	Designation	Country
1.	Adams, Collette	Deputy, Permanent Secretary	Guyana
2.	Andall, Jennifer	Health Sector Human Resources	Trinidad & Tobago
3.	Barker, Tarramattie	Chief Nursing Officer	Guyana
4.	Belmar-George, Sharon	Medical Officer of Health	Saint Lucia
5.	Coley, Colvette	Director of Nursing Services	Anguilla
6.	Cummings, Rudolph	CARICOM Secretariat	Guyana
7.	DaSilva, Peggy	Chief Nursing Officer	St. Vincent & the Grenadines
8.	de Baas, Carolina	Chief Nursing Officer	Suriname
9.	de Medina, Helen	Retired Nursing Director	Suriname
10.	de Shong, Luis	Permanent Secretary	St. Vincent & the Grenadines
11.	Edwards, Nester	Chief Nursing Officer	Grenada
12.	Elijio, Augustina	Chief Nursing Officer	Belize
13.	Ferrol, Caesarina	Chief Nursing Officer	Dominica
14.	Hannibal, Jascinth	Chief Nursing Officer	British Virgin Islands
15.	Johnson, Marcel	Director of Nursing	Bahamas
16.	Keizer- Beache, Simone	Chief Medical Officer	St. Vincent & the Grenadines
17.	Kelly, Shirley	Dean, Health Sciences Division	St. Kitts and Nevis
18.	Lawson-Byfield, Marva	Chief Nursing Officer	Jamaica
19.	Ocho, Oscar	Director of Nursing University of the West Indies School of Nursing/Senior	Trinidad and Tobago
20.	Paul, Marylene	Chief Nursing Officer	St. Lucia
21.	Potter, Irad	Chief Medical Officer	British Virgin Islands
22.	Sealy, Wendy	Chief Nursing Officer	Barbados
23.	Shako, Kay	Director, Regional health Services	Guyana
24.	Silcott, Desreen	Chief Nursing Officer	Montserrat
25.	Smith, Margaret	Snr. Tutor, School of Nursing	Antigua and Barbuda
26.	Sutton, Jackurlyn	Chief Nursing Officer	Turks and Caicos
27.	Thomas, Cointha	Permanent Secretary	St. Lucia

Annex 2: Workshop agenda

Sub-regional Workshop

Chief Nursing Officer Competencies: In Support of Universal Health Coverage

The Crane Hotel, Barbados, 7–9 March 2016

Agenda

PAHO/WHO Secretariat

Erica Wheeler, PAHO/WHO Advisor, Human Resources for Health, Sub Regional Programme Coordination, Barbados

Mwansa Nkowane, WHO, Technical Officer, Nursing and Midwifery, Geneva

Stephanie Fergusson, Consultant/Facilitator, PAHO/WHO, Office of Sub-regional Program Coordination

DAY 1 MONDAY 7TH MARCH 2016

Day and Time	Activity	Facilitator(s)/Presenters
8:00 – 8:30	Registration	All participants
8:30 – 9:00	Welcome Opening Remarks	Jessie Schutt-Aine, Sub-regional Program Coordinator Minister of Health of Barbados, The Hon. John Boyce
9:00 – 9:20	Presentation of Objectives/ and preliminary findings from Evaluation of Nursing Strategy in Barbados	Erica Wheeler
9:20 – 10:00	An overview of CNO Nursing Competencies: global discussions and perspectives	Mwansa Nkowane Stephanie Fergusson
10:00 – 10:45	CNO Roles and Responsibilities: A	CNO panel discussion

	Caribbean Perspective	
10:45– 11:15	BREAK	
Outcome: Familiarity with the global WHO standards on roles and responsibilities of chief nursing officers and relate to UHC: <ul style="list-style-type: none"> • Policy advice; • Leadership and influence 		
11:15– 12:30	Review the list of responsibilities on policy advice and discuss challenges and recommended solutions.	Group facilitators
12:30– 13:00	Plenary discussions	Meeting Facilitator
13:00– 14:00	LUNCH	
14:00 14:30	Overview of Competencies for Leadership and Influence from a country perspective and challenges faced for UHC	CNO
14:30 15:30	Review the list of responsibilities on leadership and influence and discuss challenges and recommended solutions in general and specifically with regard to UHC.	Group facilitators
15:30–16:00	BREAK	
16:00 16:45	Plenary discussions	Meeting Facilitator
16:45 17:15	Wrap up of days main issues	Meeting Facilitator

DAY 2 TUESDAY 8TH MARCH 2016

Day and Time	Activity	Facilitator(s)/Presenters
8:30 – 9:00	Recap of Day 1 and review of activities for Day 2	Meeting Facilitator
Outcome: Familiarity with the global WHO standards on roles and responsibilities of chief nursing officers and relate to UHC: <ul style="list-style-type: none"> • Planning and delivery of health systems and services; and • WHO programmes for health status improvement. 		
9:00 – 9:30	Planning and delivery of health systems and services	PAHO and WHO
9:30 – 10: 30	Role of CNO in the senior management team in planning and delivery of health systems and services Panel discussion (mixed group of senior management	Meeting facilitator

Day and Time	Activity	Facilitator(s)/Presenters
	team)	
10:30–11:00	BREAK	
11:00 – 12:00	Group discussions on working together as a senior management team	Group facilitator
12:00–13:00	Plenary discussion on challenges and opportunities for working together as a senior management team	Meeting facilitator
13:00–14:00	LUNCH	
14:00–14:30	Programmes for health status improvement for HRH (list by country) and role of CNO	WHO
14:30– 15:30	Group discussions on PAHO and Ministry of health key/priority areas of work to be implemented in the Biennial Work Plan in which the CNO should be involved.	Group facilitator
15:30 16:15	Plenary	Meeting facilitator
16:15 16:30	Wrap up	PAHO-WHO with meeting facilitator
END OF DAY 2		

DAY 3 WEDNESDAY 9TH MARCH 2016

Day and Time	Activity	Facilitator(s)/Presenters
8:30 – 8:50	Recap of Day 2 and describe activities for Day 3	Meeting Facilitator
Outcome: 1. Familiarity with WHO competencies for chief nursing officers for adaptation at the subregional level aligned to universal health coverage. 2. Support to the policies of the Regional Nursing Body. Possible uses of the competency framework <ul style="list-style-type: none"> • Selection, recruitment and promotion to the position of GCNMO. • Development and performance evaluation of GCNMOs and potential GCNMOs. • Self-assessment by GCNMOs or potential GCNMOs. • Development of educational and professional development programmes. • Communication and awareness of the position, its importance and implications. 		
08:50– 9: 15	Complete self-assessment tool	Participants
9:15 — 10:15	Group discussions on the intended use of the competency framework and supporting activities for CNOs	Group facilitator

Day and Time	Activity	Facilitator(s)/Presenters
10:15 – 10:45	Group discussions on the supporting role of the senior management team (CNO, PS, CMO)	Group facilitator
10:45 – 11:15	BREAK	
11:15 – 12:30	Plenary	Meeting facilitator
12:30 – 13:30	LUNCH	
13:30 – 14:15	Prioritized list of activities for action in the short and medium term (6 months to 2 years) with dates and responsibilities	PAHO-WHO
14:15 – 14:45	Next steps and wrap-up	PAHO-WHO
CLOSE OF MEETING		

Annex 3 Forum Statement

WHO Global Forum for Government Chief Nursing and Midwifery Officers

14–15 May 2014, Geneva, Switzerland

Nursing and Midwifery Workforce and Universal Health Coverage Forum Statement

Universal Health Coverage (UHC) encompasses principles of equity and social justice, arising from the ‘Health for All’ movement of the 1970s, and enshrined in the Alma Ata Declaration on Primary Health Care in 1978. The Government Chief Nursing and Midwifery Officers (GCNMOs) participating in the 2014 Global Forum recognize that to achieve UHC, several factors must be in place. In particular, a functioning and efficient health system that meets population health needs through people-centred integrated care is essential. Such a system should ensure that people seeking health services do not suffer financial hardship when using and accessing health care services. Above all, there should be appropriately educated, regulated, and motivated health workers to provide the services.

The nursing and midwifery professions continue to evolve and their roles are influenced by local and global challenges. Nurses and midwives are prepared to respond and manage health care needs across the life span. Within the context of primary health care and UHC, nursing and midwifery services contribute to reduction of morbidity and mortality, resulting from emerging and re-emerging health problems. Nurses and midwives are frontline professionals who use an integrated and comprehensive approach including health promotion, disease prevention, treatment, rehabilitation and palliative care.

The GCNMOs support global commitments that call for governments to work towards universal access to affordable and quality health care services. We are committed to lead in the development of a competent nursing and midwifery workforce at all levels of the health care delivery system. Universal health coverage takes into account the critical role played by all sectors, therefore as GCNMOs, we further commit ourselves to take a holistic approach in the implementation of strategies towards UHC in our own countries as follows:

Leadership and management

- Build political support at the highest level of the health system to ensure continuity in the pursuit of UHC.
- Formulate nursing and midwifery policies that encapsulate the vision for UHC to ensure integrated people-centred services.
- Develop and or strengthen policies for improving the quality of education and training, recruitment, retention and deployment.
- Develop evidence-based policies for effective and efficient nursing and midwifery workforce management.

Education and training

- Support educational institutions to develop and implement curricula that take into account the quantity, quality and relevance of the nursing and midwifery workforce to meet the local and national changing health needs.
- Build and sustain the technical capacity to ensure quality education and practice through continuing professional development programmes.
- Work and support partners' effort to assess the gap between the need for a health workforce, actual supply, geographical distribution (stock, skills mix and competencies) and the population's demand for health services.

Collaborative partnerships

- Identify key partners including service users to support and build the capacity of the nursing and midwifery workforce to contribute to UHC.
- Develop and support nursing and midwifery interventions that lead to improved access to health care services.
- Develop strategies that support the creation of links between public, non-governmental and private sector to minimize barriers of access to health services in rural and remote or hard to reach areas.

