



WORLD HEALTH ORGANIZATION COLLABORATING CENTRE FOR NURSING MIDWIFERY & HEALTH DEVELOPMENT

A GCNMO CONSENSUS STATEMENT

# **ROLES AND RESPONSIBILITIES OF THE GOVERNMENT CHIEF NURSING AND MIDWIFERY OFFICER (GCNMO)**

## THE RESPONSIBILITY

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

The purpose of this document:

- 1) To assist governments in understanding the contribution of the GCNMO and
- 2) To assist GCNMOs to reflect on their role and expertise and to contribute to their professional development.

## THE ROLE

The role of the GCNMO is to provide leadership in:

- Advice on nursing and midwifery's contribution to meeting population health goals and development of national health plans
- Timely and accurate data-informed advice in relation to nursing and midwifery workforce, workforce capacity and skill-mix (including the maintenance of a minimum data set which is internationally comparable)
- Crisis response and emergency preparedness, planning and implementation
- Professional regulation and policy in relation to nursing and midwifery and their inter-professional intersections
- Service/care delivery quality, standards and patient safety
- Inter-sectoral liaison, collaboration and networking
- Educational programme standards, accreditation and funding

Therefore in addition to the competencies required of all health leaders, GCNMOs will bring well developed competencies in:

- Deep contextual understanding of health, healthcare and nursing and midwifery nationally and internationally
- Understanding of political processes and government engagement in health systems and services nationally and internationally.
- Policy analysis, development and implementation and evaluation
- Workforce planning and development
- Strategic planning and operational planning
- Research, epidemiology and evidence based healthcare
- Strategic financial management including resource allocation and budgeting
- Networking and relationship building nationally and internationally.
- Being a respected and articulate disciplinary spokesperson

The roles of the GCNMO may be conceptualised as relating to influence and action in three main areas:

**Policy** - advice, input, influence and implementation at all levels from local to international

**Processes and Planning** - of health systems and services delivery and improvement and

**Programmes** - for health status improvement within a framework of Primary Health Care

### **Policy advice, input, influence, implementation and evaluation**

Policy activity is the most vital of all roles as it enables nursing and midwifery professionals to be heard at a policy level and it is here that possibilities of health practices are determined.

In order to provide such advice and influence, the GCNMO must be able to make a confident, compelling evidence based argument, with a strong understanding of the possible counter-positions and have a sophisticated understanding of the complexities and nuances of the political environment into which the policy decision is being made.

Again, this influence extends beyond national borders and influence is possible internationally through Ministers and Ministries for Health through to the World Health Assembly, thereby to international policy making.

Policy implementation and evaluation with its essential accurate, ongoing collection of data are equally important to the policy advice and formulation. It is here particularly that the GCNMO and the Nursing and Midwifery networks become essential to governments and their officers. Nurses and midwives understand the implications of the policy for the practice of health care delivery and the interactions of policy with the lives of people. They know the practice focused issues that will influence the success or failure of the initiative and therefore have a critical role at every level of formulation, implementation and evaluation of health and health related policy.

### **Processes and Planning of health systems and services delivery and improvement**

The GCNMO roles here will vary again from country to country and may lie close to service delivery at ground level or may be more abstract and relate to the policy and planning oversight. Whatever the level of direct or indirect engagement in service delivery there will be issues that the GCNMO needs to understand and influence ranging from finance, to HRH, governance, safety, access, equity, appropriate use of pharmaceuticals and technologies, and community engagement. Here a primary health care philosophy assists in underpinning these contentious and contested arenas (see World Health Report, 2008). The planning, management and monitoring roles are critical and they are carried out effectively when networks enable strong liaison through the following professional connections:

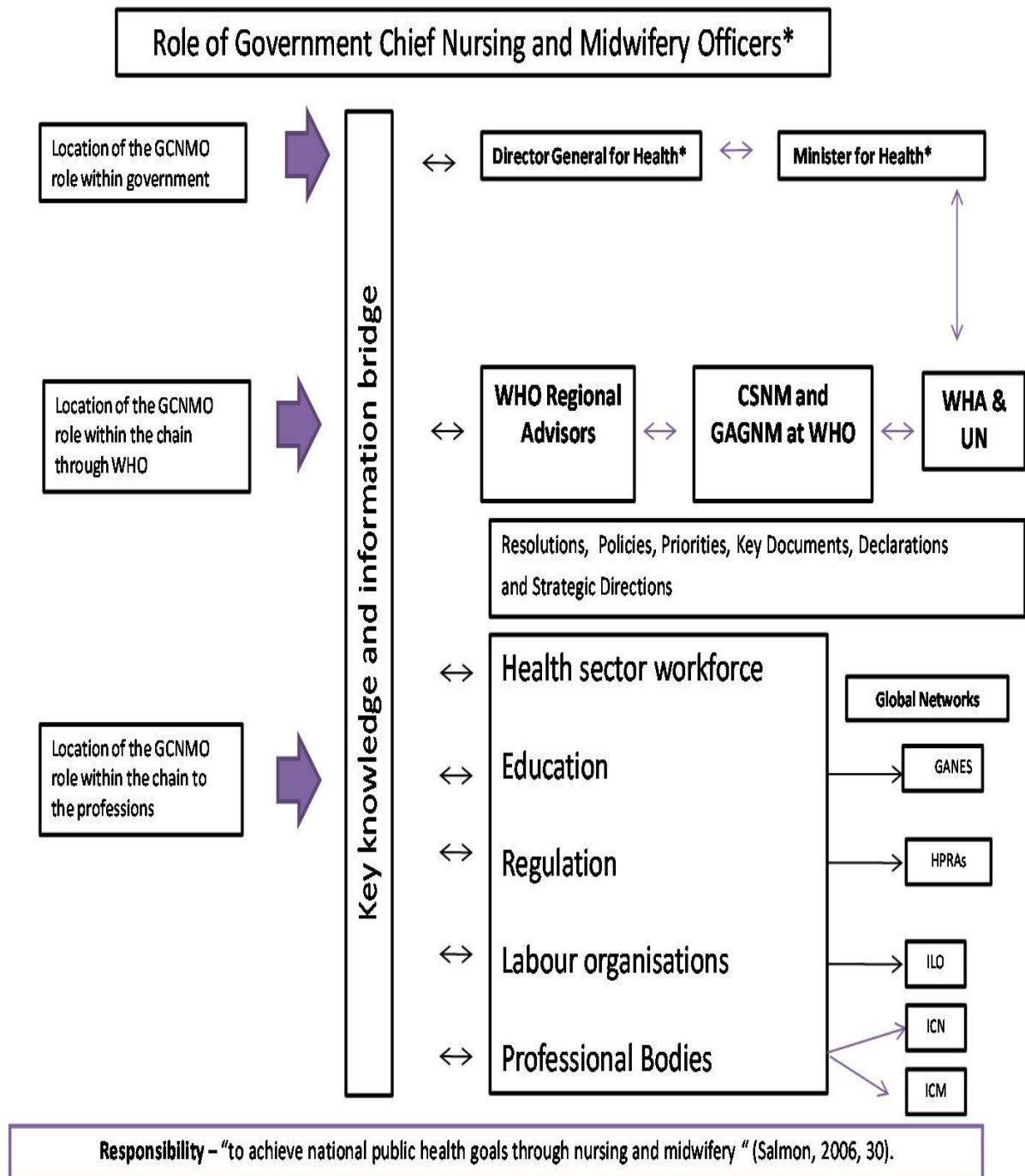
- Directors of Nursing and Midwifery Practice (who control staffing, skillmix, safety and quality, workplace environment, retention, career structure, models of care) and other Chief Nursing and Midwifery Officers within federated countries.
- Professional organisations (which undertake professional advocacy, continuing professional education, credentialing, and professional development)
- Regulatory Authorities (which control the four aspects of regulation, these being: registration, accreditation, professional standards; and professional competence)
- Educational institutions (which control numbers, recruitment and standard of new graduate, specialty education, and undertake research)
- Industrial Bodies (which influence work practices)
- All other health professional groups such as the Chief Medical Officers (in coalition, in partnership and in teams depending on the issue and country context).
- Consumer councils

This intra and inter-professional liaison extends beyond national borders as each of these professional connections has in turn their own international networks. The GCNMO network internationally includes WHOCCs (Collaborating Centres), Regional Advisors, The Chief Scientist Nursing and Midwifery at WHO, the Global Advisory Group (GAGNM) through to the Director General of WHO and the Executive Board, to WHA and the UN.

### **Programmes for health status improvement**

Until recently these health improvement programmes have been quite separate and in silos, however, recent evidence has shown the need for service integration and a multi disciplinary, inter professional approach. This immediately places nursing and midwifery leadership in a central position in programme planning and operation as nurses and midwives constitute the largest segment of the health workforce providing integrated, quality care to the population and contributing to improved health outcomes. The major programme areas evident in WHO organisationally include: Family and Community (such as ageing, gender, reproductive health, and making pregnancy safer); Health Action in Crisis; Health Security and Environment; HIV/AIDS; Non-communicable Diseases, and Mental Health. The programme emphasis will vary from country to country, however, whatever the programme emphasis, nursing and midwifery leadership is essential in programme management, staffing, and monitoring such that advice and influence can be exercised to ensure the right number of the nurses and midwives with the right education, will be available in the right place at the right time (WHO WHR 2006).

The GCNMO is a position of enormous importance. The GCNMO's critical knowledge, communication and influence bridges the gap between government and the professions of nursing and midwifery and serves the public interest through influencing the actions of the government. This requires research, financial and human resource literacy, excellent interpersonal skills and a robust and extensive professional network. It also requires strong personal resources and support for the GCNMO to implement the national programme of work for health care.



## ACKNOWLEDGEMENTS:

We would like to thank those who have had input into the development of the *Roles and Responsibilities of the Government Chief Nursing and Midwifery Officer Consensus Statement*. With over a decade of literature behind this document, the final outcome is due to the valuable expertise from a few key people, most importantly **Professor Jill White**, Dean, Sydney Nursing School at University of Sydney, whose work on developing the document, and her leadership and collaborative style have ensured this consensus statement is relevant and valuable to all Chief Nursing and Midwifery Officers.

At the first members' meeting of the Global Leadership Collaborative in September, 2009, the need to further develop a roles and responsibilities consensus statement was ratified by the Chief Nurses/Midwives themselves. Subsequent meetings on this work were attended by, Dr Fatima Al-Rifai (EMRO), Dr Kanjana Chunthai (SEARO), Professor John Daly (UTS), Professor Christine Duffield (UTS), Mr Raul Fernandes (EURO), Ms Kathleen Fritsch (WPRO), Ms Ana Giménez (EURO), Mr Sergio Gomes (EURO), Dr Mark Jones (WPRO), Ms Susie Kong (CNF), Mr Michael Larui (WPRO), Mrs Margaret Loma (AFRO), Dr Leila McWhinney-Dehaney (AMRO/PAHO), RADM Kerry Nessler (AMRO/PAHO), Dr Carol Romano (AMRO/PAHO), Ms Michele Rumsey (UTS), Dr Bente Sivertsen (EURO), Ms Silina Waqa (WPRO), and Dr Jean Yan (WHO HQ).

The draft consensus statement was presented and discussed at the Government Chief Nursing/Midwifery Officers Forum, represented by 65 countries, at WHO Geneva prior to the World Health Assembly, 2010. It was amended and further discussions took place at the South Pacific Chief Nurse and Midwifery Officers Alliance meeting, 2010, represented by 16 countries. This amended document was ratified in 2010 by the Global Advisory Group, Nursing and Midwifery to WHO Director General.

As noted, the work was collaborative so a final thank you is due to the many Chief Nursing/Midwifery Officers who have provided valuable input and suggestions and have ultimately helped create the direction for this document.

## FURTHER ACKNOWLEDGEMENTS:

While it is impossible to acknowledge all who have lead to this consensus statement being developed and ratified, the attempt to articulate the attributes that are necessary for the position of the GCNMO has a literature spanning over a decade. This rich history has been developed largely by people who have been either GCNMOs themselves or who have worked very closely with them. Professor Jill White gives special acknowledgement to them in her background documents:

- **Verna Huffman Splane** and **Richard Splane** (1994) Chief Nursing Officer Positions in National Ministries of Health: Focal point for Nursing Leadership. San Francisco, UCSF.
- Colin Ralph, **Jane Salvage** & Ruth Ashton (1997), Chapter Five: The role of nurses and midwives in government. In Salvage, J & Heijnen, S. (eds) *Nursing in Europe, A resource for better health*. WHI Regional Office for Europe.
- **Marla Salmon** & Kirsten Rambo (2002) Government Chief Nursing officers: a study of the key issues they face and the knowledge and skills required by their roles. *International Nursing Review*. 49, 136-143.
- **Frances Hughes** (2002) Role for the Government Chief Nurse in Policy and the Profession. *Nursing and Health Policy Review* 1(2), 11-14
- **Deborah Hennessy** & Carol Hicks (2003) The ideal attributes of Chief Nurses in Europe: a Delphi study. *Journal of Advanced Nursing*, 43(5), 441-448.
- **Marla Salmon** (2006) Competencies for GCNMs. In Report of the Forum for Government Chief Nurses and Midwives. Dept HRH, WHO.