

WHO-EM/NUR/423/E

Report on the

Ninth meeting of the Regional Advisory Panel on Nursing and consultation on nursing education in the Eastern Mediterranean Region

Amman, Jordan
29 September–1 October 2013



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. INTRODUCTION

The WHO Eastern Mediterranean Region has identified health systems strengthening as one of the five strategic priorities for its work with Member States over the next five years. A paper (EM/RC59/Tech.Disc.1) presented before the Fifty-ninth session of the Regional Committee in 2012, identified health system constraints and challenges, and delineated the way forward in strengthening health systems in the Region, including options for health workforce development.

The WHO Regional Office for the Eastern Mediterranean recognizes the importance of supporting Member States in their efforts to scale up nursing and midwifery capacity, creating positive practice environments, developing strong committed leadership and advocating for new specialized roles. In 2008, a Regional Committee resolution (EM/RC55/R.5) on promoting nursing and midwifery in the Eastern Mediterranean Region, called for rapid scale up of the nursing and midwifery workforce to address disparities in supply and demand, and the development of a strategy for staff retention, including promotion of the role and status of nurses and development of clear career paths.

As a part of ongoing work on nursing and midwifery development, the eighth meeting of the Regional Advisory Panel on Nursing, convened in 2011 in Muscat, Oman, updated the regional strategy for nursing and midwifery development and identified access and quality of education as one of the strategic directions in order to meet national priority health needs in adequate numbers, and to continue to maintain nurses' competence throughout their work life.

The current regional standards and prototype curricula for nursing education have been extensively used during the past decade and have been the basis for establishing basic and post-basic specialty programmes. Given the time frame that has lapsed since they were first developed, it is imperative to review and update programmes and prepare for the accreditation process in the countries of the Region.

The updated standards need to take into account the WHO global standards for nursing education and recent trends in transformative education. The updated prototype curricula also need to integrate recent concepts and approaches in more detail in order to prepare nurses for their future roles in health. These concepts include emergency and disaster preparedness competencies and a greater emphasis on noncommunicable diseases, patient safety, the social determinants of health, primary health care, community mental health, information technology, infection prevention and control (including injection safety), disability, violence and injury prevention, and aging.

Against this backdrop, the Regional Office convened a consultation on nursing education to review and update regional standards for nursing education and the prototype curricula for technical and professional nursing education, which took place from 29 September to 1 October 2013 in Amman, Jordan. The consultation, in accordance with Regional Committee resolutions EM/RC55/R.5 and EM/RC59/R.3 and the updated regional strategy for nursing and midwifery 2012–2020, sought to contribute towards the development

of a balanced, motivated, well-distributed and well-managed health workforce with the appropriate skills mix in the Region.

Participants included selected deans of nursing, experts in nursing and midwifery education, selected members of the Regional Advisory Panel on Nursing, the Chairperson of the Global Advisory Group on Nursing and Midwifery, representatives of the WHO collaborating centres for nursing in the Region, a representative of the Scientific Society of Arab Faculties of Nursing, as well as WHO staff from headquarters and regional (African and Eastern Mediterranean) levels. The programme and list of participants are included as Annex 1 and 2, respectively. The consultation was chaired by Professor Rowaida Al-Maaitah on day one, Dr Rafat Jan on day two and Professor Awatif Osman on day three.

The objectives of the meeting were to:

- review and update the present regional standards for nursing education (pre- and post-service) in line with resolution EM/RC.55/R.5 on promoting nursing and midwifery development in the Eastern Mediterranean Region and resolution EM/RC59/R.3 on health systems strengthening in countries of the Eastern Mediterranean Region;
- review and finalize the draft prototype curricula for technical nursing education (diploma level) and professional education (university level);
- develop a framework for nursing specialization including advanced nursing practice in the Region;
- develop an action plan to adopt the updated curricula and the specialization framework in Member States.

Dr Dhaif Alla Al-Lawzi, Secretary General, Ministry of Health, Jordan, on behalf of H.E. Dr Ali Nahla Hyasat, Minister of Health, Jordan, welcomed the participants to the meeting and noted that nurses have a significant role in all programme areas and their contribution is well-recognized in improving health services in Jordan. He expressed his hope that the Panel's deliberations would result in concrete and practical recommendations to reform nursing education in the Region.

Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, in his opening address noted that since WHO was founded more than 60 years ago, human resources for health had been an important area of work for the Organization. WHO and Member States had worked collaboratively on this, and nursing in the Region was supported by Regional Committee resolutions, specifically resolution EM/RC.55/R.5 on promoting nursing and midwifery development in the Eastern Mediterranean Region. In addition, in May this year, the Sixty-sixth Session of the World Health Assembly passed resolution WHA66.23 on transforming health workforce education in support of universal health coverage. Furthermore, the WHO Regional Committee for the Eastern Mediterranean in 2012 had endorsed five strategic priorities to be implemented over a period of five years.

Dr Alwan observed that there were many challenges to be faced including inadequate investment in nursing education, the low priority given to nursing education, lack of capacity in nursing schools in terms of availability of educators and trainers, inadequate infrastructure,

limited institutional capacity for post-basic nursing including specialization, and an insufficient focus on continued professional development. While the existence of regional standards for nursing education for the last 15 years was commendable, it was time for a review to update the standards and the prototype macro-curriculum for pre-service nursing education, and to develop a framework for nursing specialization, he said.

With regards to mental health, he noted that both the WHO comprehensive mental health action plan 2013–2020, adopted this year by the World Health Assembly, and the regional strategy for mental health and substance abuse in the Eastern Mediterranean Region 2012–2016, adopted by Member States in 2011, identified the paucity of trained human resources as a major challenge. He emphasized that an integrated approach by the health sector and other related sectors was needed to promote mental health and the prevention, treatment and rehabilitation of mental disorders, along with respect for human rights and social protection.

He highlighted the growing importance of noncommunicable diseases in the Region and the contribution nurses can make to strengthening health systems. More and better educated nurses and midwives were needed to respond to new demands and priorities in health care, and the social realities in the places where nurses and midwives live and work, he said.

The Regional Director commended the group's activities on standard development as a major contribution to improving the quality of nursing services in the Region and noted that countries had made strides in nursing and midwifery development, recognizing the importance of nursing and midwifery in the health system.

Her Royal Highness (HRH), Princess Muna Al-Hussein, WHO Patron for Nursing and Midwifery in the Eastern Mediterranean Region, commended the Regional Advisory Panel for its tireless efforts to ensure that the populations in the Region had access to competent nurses and midwives capable of meeting national health priorities. The first set of regional education standards and prototype curricula had been used extensively in improving quality of education, she noted.

HRH Princess Muna highlighted the fact that nurses and midwives provided care under difficult situations, and needed to be better prepared at all levels and supported by institutionalized regulation and standards. She noted that there had been a general expansion of schools without a corresponding increase in the number of teachers.

There were some emerging issues and conditions that were having impact on nursing, including nursing in countries experiencing disasters, the Princess observed. She highlighted that an action plan for mental health nursing would be one outcome of the meeting, and noted that the Jordanian Nursing Council had been in the forefront in advocating for mental health. The Princess offered her personal commitment to advancing nursing, so that nurses would be able to provide an accessible and timely response to the health priorities of the countries of the Region.

Discussion

Most countries indicated that review of curricula needed to be linked to regulatory requirements, as legislation can be a major determinant of the scope of the practice of a specific nursing cadre. Education programmes are influenced by the content and duration required to prepare a cadre to fit the scope of practice. It is therefore crucial that practice legislation and a clear scope of practice for a nurse or midwife should be used as reference points in any activity where curricula are being developed or reviewed. While there are examples of nursing and midwifery competencies being used, harmonization is needed.

2. TECHNICAL PRESENTATIONS**2.1 Development of nursing and midwifery in the Eastern Mediterranean Region**

Dr Fariba Al-Darazi

The Region needs more educated nurses and midwives with expanded skill sets, who are capable of responding to change, to greater demands, to new priorities in health care and to the social realities in the places in which they live and work.

The countries of the Eastern Mediterranean Region can be grouped into three categories: 1) countries with high income and considerable socioeconomic development over the last four decades; 2) middle-income countries with extensive public health service delivery infrastructure, but facing resource constraints; and 3) countries with major constraints in improving population outcomes that lack resources for health and may be confronted with political instability, conflict and other complex challenges.

Health challenges include the burden of noncommunicable and communicable diseases, weak health delivery systems, maternal and child health problems, mental health problems and substance abuse, providing care to significant numbers of internally displaced populations and refugees, coping with the effects of disasters and emergencies, and improving access to health care.

There are wide variations in health status within the Region. Ten countries in the Region have identified Millennium Development Goals (MDGs) 4 and 5 as priorities. The health workforce issue remains a challenge, with most group 3 countries having less than one health care worker per 1000 population. Acknowledging the existence of social determinants of health is critical in policy and strategy development for health systems, as is recognizing that health system building blocks include the health workforce as well as financing, health technology, health service provision, and leadership and governance. Within this context universal health coverage is becoming a greater priority.

In January 2013, at a high-level meeting in Dubai, United Arab Emirates, a regional initiative to save the lives of women and children was launched by Member States, United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF) and WHO. With high level commitment, the initiative will last until 2015 and beyond. It focuses on the 10 priority high burden countries for maternal and child health to accelerate implementation

of the Dubai Declaration, the outcome of the Dubai meeting. The accelerated implementation plan has seven key components: national multisectoral and costed plans; addressing social and environmental determinants of health; health system strengthening; prioritizing maternal, adolescent and child health in the design and implementation of humanitarian action programmes; establishing sustainable financial mechanisms; improving coordination and accountability between all partners; and monitoring progress and reporting back.

Against this background, and building on the WHO Strategic Directions for Strengthening Nursing and Midwifery 2011–2015 and the 2007 Islamabad Declaration on Strengthening Nursing and Midwifery, the Region has developed six strategic directions for the period 2012–2020 to strengthen nursing and midwifery:

- human resources planning and policy for nursing and midwifery
- positive practice environments
- access and quality education
- scaling-up capacity of nursing and midwifery
- strengthening regulation capacity
- research.

Ultimately, work at the regional level aims to strengthen nursing and midwifery leadership, increase nurses' participation in policy and strategic decision-making, improve the quality of education and practice, develop evidence-based education and practice, and strengthen nursing and midwifery services.

2.2 Accreditation of nursing education: experiences from the Region

Professor Muntaha Gharaibeh

An evaluation of the accreditation of nursing education was carried out in Bahrain and Jordan. It found that the model in Bahrain was an *outcome-based* model of accreditation that fosters quality improvement and allows for a significant diversity in goals and objectives with programme leaders being responsible for the process. However, the approach can lead to unattainable programme goals, and to measurement and assessment difficulties.

In Jordan, a *regulation* model of accreditation is followed. There is strict adherence to a core curriculum, which involves direct prescription of curriculum and faculty composition. This approach allows for a more uniform and potentially fairer accreditation process. Criteria are unambiguous and often numerical, it is relatively easy to maintain, and the key to success lies in adherence to clear unambiguous rules. However, there are several disadvantages, including difficulty in establishing and updating the system. It also often leads to vigorous debates over what the core requirements should be and is apt to reduce creativity and innovation in the curriculum.

The comparative evaluation raised some issues that need to be taken into consideration when establishing accreditation systems: having national versus regional and international accreditation; having integrated standards for all; quality assurance through accreditation or

licensing and certification measures; the role of regulatory bodies and independent institutions in the accreditation process; social accountability and the role of society in accreditation; and ensuring and maintaining the quality of education and measurement of competencies.

2.3 Global standards for initial education of professional nurses and midwives and WHO initiatives in transforming health professionals' education

Mrs Annette Mwansa Nkowane

The current health system context in most countries is characterized by a mismatch between expectations and response. There is a loss of confidence in health care systems that do not respond to the social expectations of the people and to values of equity. Countries are therefore being urged to reform their health systems and to refocus on primary health care.

WHO's work on nursing and midwifery is based on various World Health Assembly resolutions and the operational framework being used, the Strategic Directions for Strengthening Nursing and Midwifery 2011–2015, mandated by Member States, has five key result areas: strengthening of health systems and services; nursing and midwifery policy and practice; education, training and career development; nursing and midwifery workforce management; and partnership for nursing and midwifery services. The global standards for the initial education of professional nurses and midwives are part of the implementation of these strategic directions. The standards, which were developed through consultation, apply in the areas of programme graduates, development, curriculum, faculty and admissions.

WHO has embarked on the development of guidelines on health worker education. The process for their development has entailed a rigorous evidence review. The final recommendations will cover almost all aspects of education. However, where there is not much evidence, good practice policy options are offered, specifically for regulation, accreditation and financing.

2.4 Regional standards for nursing and midwifery education

Ms Fadwa Affara

The definition of a standard, according to the International Council of Nurses (ICN) (1997), is the “desirable and achievable level of performance against which actual practice (clinical, educational, management etc.) is compared.” Standards are benchmarks, below which performance is unacceptable. They guide a profession in achieving its objectives by promoting good educational practices, preventing poor practice and allowing for taking measures to address unacceptable practice.

Written standards provide a basis for monitoring the delivery of the programme and communicate expectations. They are also support tools for management for planning purposes and curriculum development. Additionally, standards promote universal levels of performance, thus advancing the broad and uniform development of nursing education. Standards should be accompanied by indicators.

The draft standards propose a set of guiding principles and six domains for standard setting. The development of the standards is underpinned by seven guiding principles:

- purpose: designed to achieve a stated purpose coherence and consistency; use consistent, coherent and logical approaches;
- universality: promote broad and uniform development;
- relevance: are important, pertinent and applicable;
- coherence and consistency: promote consistent, coherent and logical approaches to the design, content and delivery of educational experience;
- flexibility: explicit enough to reach objectives but allow flexibility for adaptation;
- quality: support ongoing educational improvements;
- collaboration: foster collaboration among stakeholders.

In the draft regional standards, six domains for standard setting have been identified. These are: governance structure; administrative structure; teaching, learning and organizational environment; programme graduates; educators; and infrastructure and teaching-learning resources. The standards are set out in the following format: a broad statement of the standard, followed by a set of quality criteria or indicators related to the standard statement, and examples of sources of evidence for evaluation of how far the standard is being achieved. Graduates of the programme should be prepared to practice according to professional practice and ethical standards, and should achieve the competencies required for the entry-level nurse or midwife, or to practice in a speciality role as defined by the national regulatory body or other appropriate national body.

2.5 Situation of nursing and midwifery education in the African Region and steps taken to scale up production of nurses and midwives

Mrs Margaret Phiri

The WHO African Region has 46 countries, and once South Sudan joins the Region this will be 47. While the Region has 11% of the world's population, it has the highest share of the global disease burden (25%), but only 3% of the total global health workforce, with 36 of the 57 human resources for health crisis countries coming from the Region. The Region also has the highest maternal mortality ratio, estimated at 500 per 100 000 live births according to the latest United Nations (UN) estimates (2010), contributing 56% of the global burden of maternal mortality. It has the highest ratio of nurses/midwives to doctors at 8:1, and nurses and midwives comprise more than 50% of total health service providers in the Region.

While there are variations among countries, especially with regards to regulation and educational preparation of nurses and midwives, the rate of production of new professional health workers in the Region is too low to be able to improve the ratio of the health workforce to the population. Investment in the education of doctors, nurses and midwives is very low. The budgets of national governments and international development partners rarely specify funding for health professionals' education.

Thus, there are significant challenges related to quality, quantity and relevance in the production of the nursing and midwifery workforce in the Region. In response to these challenges, WHO has embarked on several activities and has produced tools for quality improvements in education, including:

- a regional professional regulatory framework for nursing and midwifery;
- prototype competency-based pre-service curricula for nursing and midwifery education for three educational pathways: general nursing, nursing/midwifery integrated curriculum, and midwifery education through direct entry and post-registration;
- an adapted National League for Nursing competency framework for nurse educators to strengthen training of nursing/midwifery educators.

Ongoing technical support to countries is also provided on nursing and midwifery development.

2.6 Development of teachers' competencies for health professions education: midwifery teachers' competencies

Mrs Annette Mwansa Nkowane

Nursing and midwifery education should aim to prepare individuals to fulfil their roles within the health care system. To ensure that professionals are safe and competent to practice and that agreed objectives are met, education should be competency-based. Ultimately, educators are the key resource of all educational institutions. Quality preparation as an educator is necessary if teachers are to be effective in imparting knowledge, skills and attitudes to nursing and midwifery students.

Currently, educator capacity in developing countries is inadequate in terms of quantity, quality and relevance, and providing educators with the necessary competencies required for this role is a challenge. The educator–student ratio in developing countries is high at 1:45 in the classroom, compared to 1:12 in developed countries. Only 6.6% of the present educators in developing countries have formal preparation in education, and the qualifications needed to enter, or progress, as faculty in higher educational institutions.

In an effort to improve the educator shortage, WHO has developed midwifery educator competencies. This work has undergone a rigorous process including literature reviews, a global consultation, an online Delphi survey and face-to-face validation in the Eastern Mediterranean (Bahrain) and African (Rwanda) regions. The educator competency domains are: ethical and legal principles of midwifery, midwifery practice, theoretical learning, learning in clinical area, assessment and evaluation of students, organization and management, and communication, leadership and advocacy. These competencies can easily be adapted for nursing educators and their adaption is currently underway. The process has demonstrated that teamwork among all stakeholders at the global, regional, national and grass-roots levels is possible and avoids duplication of effort.

2.7 Scope of practice as a foundation for curriculum development

Ms Fadwa Affara

As defined by the ICN, the scope of practice is not limited to specific tasks, functions or responsibilities but includes direct care giving and evaluation of its impact, advocating for patients and for health, supervising and delegating to others, leading, managing, teaching, undertaking research, and developing health policy for health care systems (ICN-adopted 1998, reviewed and revised 2004, 2013). It defines the range of activities that can be carried out by a nurse or midwife including the full spectrum of roles, functions, responsibilities, activities, level of autonomy and decision-making capacity. The scope of practice defines the authorized limits of practice of a licensed/registered nurse or midwife.

The scope of practice is that for which nurses and midwives are educated, authorized and competent to perform. It includes a continuum of care from beginning to advanced practitioners. It also incorporates generalist and specialist practice. Supportive/assistive nursing workers and practical nurses may carry out limited parts of the nurse's scope of practice but under the supervision of the nurses. Defining the scope of practice is an essential step as practice standards and curricula should be firmly based on the scope of practice. One of the key roles of educational programmes preparing nurses and midwives is to ensure that they are competent to practice within the defined and authorized scope of practice.

2.8 Development of the macro-curriculum prototype for professional nursing education

Mrs Batool Al-Muhandis

The main features of the proposed macro-curriculum were presented. The health context in general, and nursing education in particular, were outlined and key trends in nursing education including globalization, relevance, standardization and flexibility identified. Recent global and regional challenges facing nursing education were also addressed. A comparison was made between the original prototype developed in 1998 and the proposed new prototype. Ideologies and values underpinning education theories and education leadership were highlighted. The broad framework for the macro-curriculum was presented, including the definition and conceptualization of curricula, the vision and mission, philosophy, concepts and conceptual framework, terminal competencies and monitoring and evaluation.

2.9 Development of a micro-curriculum

Professor Cheherezade Ghazi

An example of the development of a micro-curriculum module based on the Egyptian experience in community health nursing was presented. The module provides students with knowledge about the foundations of community health, community assessment and diagnosis, concepts of health and illness, inequalities in health care settings, empowering the community, the nursing role in primary health care and community health, the health and social care profile of a community, a review of communication strategies, sources of information (strategies for accessing information and collecting valid evidence) and working

in groups (setting ground rules, team dynamics and collaboration strategies). The module provides information content, teaching methods, assessments methods, time of clinical placement and duration, clinical placement rules, indicative reading list and recommended web sites.

2.10 Specialization in nursing in the Eastern Mediterranean Region

Dr Fariba Al Darazi

It is critically important to enhance the quality of nursing and midwifery in the Region. WHO seeks to scale up nursing and midwifery capacity, support the creation of supportive environments and the development of strong nursing leadership, and to advocate for new roles in advanced nursing. Priorities for nursing in the Region are: mental health nursing, community public health and family health nursing, midwifery, critical care nursing, oncology nursing and gerontological nursing. The push behind family health nursing in the Region includes changing health care systems, epidemiological and demographic changes, an increased focus on primary health care, rising demand for specialization, the growing need for home care and escalating health costs.

Advanced practice nursing deserves particular attention. For example, family health nurses can perform their roles in collaboration with family physicians and contribute to better health outcomes. Advanced nursing practice, defined as “a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice”, is appropriate for the Region. ICN recommends a master’s degree for entry level.

Political commitment is required to move forward with the agenda on nursing specialization in the Region. Currently, there is clear commitment from policy-makers. However, there is a need to relook at the educational preparation, legal framework and necessary administrative support. WHO is ready to work with Member States to pilot test the family health nursing programme. There are positive lessons that have been drawn so far within and outside the Region and some countries have models to share.

2.11 A framework for the development of nursing specialties and advanced practice

Ms Fadwa Affara

The framework for levels of nursing practice beyond the generalist role is based on the ICN definition that defines a nurse specialist as a “nurse prepared beyond the level of a nurse generalist, and authorised to practise as a specialist with expertise in a specified field of nursing” (ICN, 2005). Three levels of practice are described in it, all building on the foundation of the generalist nurse. These are: 1) an extension of the nursing role with the inclusion of a particular skill or area of practice responsibility (advanced task) that was not previously associated with the nurse’s role such as prescribing, intravenous injection or triage; 2) an expanded role with additional competencies and areas of practice that are encompassed within a specialist role that involves greater responsibility, accountability and

autonomy for the management of care in a speciality field such as critical care nursing, community health/public health nursing and palliative care; and 3) an advanced role that combines role extension and expansion, such as advanced assessment, complex decision-making, and for advanced clinical competencies, with higher levels of clinical autonomy, for example when nurses can initiate treatment, order diagnostic tests, are recognized as a first point of entry, undertake case management and have referral privileges.

Ensuring the orderly and consistent evolution of nursing specialities has been a challenge, with a plethora of specialties and sub-specialties emerging. There is a lack of agreement or clarity about the degree of specialization desirable in order to avoid the fragmentation of health care and maintain the integrity of nursing practice, as well as the nature and definition of specialties, and the qualifications and regulation required for specialty practice. Therefore, it is important to arrive at a consensus as to what is considered as a nursing specialty. One of the first steps is to agree on a set of criteria to be applied when judging whether or not a field of practice can be judged to be a specialty of nursing.

3. WORKING GROUPS

3.1 Regional nursing educational standards

Participants worked in groups of five to review the draft standards based on a set of questions regarding their appropriateness, clarity, completeness and implementation. Overall, the groups accepted the proposed guiding principles and standards. However, several revisions were made to improve clarity and some additions were made for the purpose of completeness. In discussion, it was recognized that an implementation strategy will need to be developed to promote implementation of the standards. However, two issues will be critical to the success achieved in improving the quality of nursing and midwifery education.

Firstly, there is an urgent need to increase teachers' numbers and to ensure that all teachers are prepared for the educator role. This issue was seen to be one of the major constraints in raising the output from nursing programmes and improving the quality of nurses and midwives that graduate from educational programmes. Without significant investment, coupled with political commitment, nursing education will continue to suffer from the problems of poor quality and inadequate output, and the countries of the Region will have difficulty in implementing the regional educational standards, obtaining accreditation and improving the quality of services.

The second issue is the poor quality of clinical education in the Region. Poor clinical learning environments, crowded learning sites and inadequate supervision in the absence of good role models make it very difficult to graduate nurses and midwives as safe practitioners with the necessary clinical competencies. There needs to be a special focus on clinical education, its methods and the education of preceptors and/or clinical educators.

3.2 Curriculum prototype for pre-service and professional nursing education

The working groups were asked to review the various main components of the draft prototype curriculum, including the process of macro-curriculum development, the mission statement, broad competencies and the conceptual framework. The groups were very positive and provided pertinent and valuable input, making both editorial and content-related comments. The outcome of the group activities was accepted and will be integrated in the revised macro-curriculum document.

3.3 Nursing specialization

Some of the working groups were asked to discuss and come to an agreement about the levels of specialization being proposed: extended, expanded (specialist) and advanced. The remaining groups reviewed the ICN definition of a nurse specialist and the draft criteria for a field of nursing to be recognized as a nursing speciality. The following definition of a nurse specialist was agreed:

“A nurse prepared beyond the generalist level, who meets prescribed standard of education, demonstrates the required clinical competencies and is authorized to function within a defined scope of practice in a specified field of nursing.”

The following criteria were recommended to designate a nursing speciality.

- The specialty is national in its geographical scope.
- There is a national need for the expertise delivered by the specialty and it meets community demands.
- The specialty subscribes to the overall purpose, functions and ethical standards of nursing/midwifery and has a distinct and defined area knowledge which requires an application of specially-focused knowledge and competency sets.
- There is both a demand for and a need for the specialty service from the community.
- The specialty practice is based on a core body of nursing and/or midwifery knowledge and practice which are being continually expanded and refined.
- Specialty expertise is gained through various combinations of experience, formal and informal education programmes including, but not limited to, continuing education and professional development, and congruent with the prevailing regulatory system.
- The specialty is officially recognized and supported by the health system.

8. RECOMMENDATIONS

To WHO

1. Update regional standards for nursing education based on the input received during the consultation and include a glossary of key terms.
2. Update the prototype macro-curriculum for professional nursing education based on the input received during the consultation.

3. Develop a detailed four year micro-curriculum including course descriptions, pre-requisites, theoretical and clinical learning outcomes, a content outline, suggested teaching and learning methods, assessment and resources.
4. Convene an expert group to consider strategies, methodologies and tools to strengthen nursing clinical education.
5. Finalize the regional framework for nursing specialization and include a glossary of key terms.
6. Identify countries for field testing of midwifery educator competencies and support the adaptation of midwifery educator competencies for nursing educators.
7. In collaboration with regional WHO collaborating centres, support the implementation of teacher training programmes in selected countries of the Region.
8. Conduct a study to identify what financial resources are being allocated to nursing education at country level.
9. Advocate for increased investment in nursing education.

Annex 1**PROGRAMME****Sunday 29 September 2013**

09:00–09:30	Registration	
10:00–11:30	Inaugural session	
	– Address by H.E. Dr Ali Nahla Hyasat, Minister of Health, Jordan	
	– Address by Dr Ala Alwan, Regional Director, WHO Eastern Mediterranean Region	
	– Address by Her Royal Highness, Princess Muna Al-Hussein, WHO Patron for Nursing and Midwifery in the Eastern Mediterranean Region	
	– Objectives of the meeting, expected outcomes and method of work	Dr F. Al-Darazi
	– Introduction of participants	
011:30–12:30	Plenary session 1	
	– Development of nursing and midwifery in the Eastern Mediterranean Region	Dr F. Al-Darazi
	– Accreditation of nursing education: experiences from the Region	Prof. M. Gharaibeh
	– Global standards for initial education of professional nurses and midwives and WHO initiative in transforming health professions education	Mrs A.M. Nkowane
12:30–14:30	Open discussion with the Regional Director	
	Plenary session 2	
	– Standards for nursing and midwifery education	Ms F. Affara
	– Discussion	
15:15–17:00	Group work 1: Regional nursing education standards	
17:00–19:00	Side session with countries in health workforce crisis: Afghanistan, Iraq, Libya, Somalia, South Sudan, Sudan, Yemen and Pakistan	Dr S. Siddiqi Dr F. Al-Darazi

Monday, 30 September 2013

08:15–10:30	Group feedback and consensus	
10:30–11:30	Plenary session 3	
	– Situation of nursing and midwifery education in the African Region and steps taken to scale up production of nurses and midwives	Mrs M. Phiri
	– Development of teachers' competencies for health professions education: midwifery teachers' competencies	Mrs A.M. Nkowane
	– Discussion	
11:30–14:00	Plenary session 4	
	– Scope of practice as a foundation for curriculum development	Ms F. Affara
	– Development of the macro-curriculum prototype for professional nursing education	Mrs B. Al-Muhandis
	– Development of the micro-curriculum prototype for professional nursing education: a course example	Prof. C. Ghazi
	– Discussion	
14:00–16:00	Group work 2: Curriculum prototype for pre-service nursing education curriculum prototype for professional nursing	
16:00–17:00	Group feedback and consensus	
17:00–17:15	Summary of day 2	

Tuesday 1 October 2013

08:00–08:15	Reflection of day 2	Dr E. Al-Naghshbandi
08:15–09:00	Plenary session 5	
	– Specialization in nursing in the Region	Dr F. Al-Darazi
	– A framework for the development of nursing specialties and advanced practice	Ms F. Affara
	– Discussion	
09:00–11:00	Group work 3: Nursing specialization	
11:00–12:00	Group feedback and consensus	
12:00–12:30	Transforming nursing education in the Region: action points and next steps	Dr F. Al-Darazi
12:30–13:00	Closure of the meeting	

Annex 2

LIST OF PARTICIPANTS

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