Welcome to this year's CEO Report. My name is David Benton, and I have the honor of serving as NCSBN's chief executive officer. This report reflects on the past, but looks to the future. More than a century ago, nurses in many parts of the world argued that there was a need to regulate the profession of nursing.

This development started in several countries almost simultaneously, and it is now spread to almost all nations of the world. Indeed, for anyone that wants more information on this topic, I recommend you visit our global regulatory atlas or review the content of our global profile published as a supplement to the "Journal of Nursing Regulation."

Furthermore, the founding mothers of this organization recognize the unique and essential contribution that regulators could make, and as a result, bonded together and founded more than 40 years ago NCSBN, an organization that has been at the forefront of regulatory advancement for more than 4 decades.

But the past 18 months has highlighted the need for regulators to take a further quantum step in our evolution, a step where we are braving new pathways and leading the way for regulatory transformation. Now, over the next 10 minutes or so, I will provide you with an insight into the journey, not a blueprint, but more of an example of the kind of thinking we will need to explore as we take the next steps in our journey towards regulatory excellence.

So let's get started. During the pandemic, we have seen several policy documents, particularly pertinent to the advancement of nursing services and their associated regulation. We have seen the publication of both the state of the world nursing and midwifery reports. Earlier this year at the World Health Assembly, nations of the world
came together to endorse the latest iteration of the strategic directions document for strengthening nursing and midwifery.

This document focuses on four major areas, education, jobs, leadership, and service delivery. And encompasses 12 areas of work, many of them with specific relevance to regulatory reform. In countries around the world, we have also seen a plethora of nursing-related publications.

For example, here in the United States, "The Future of Nursing," the Tri-Council summit report, and work currently underway by Johnson & Johnson. Increasingly, we have seen numerous policy contributions across a wide range of nursing-related topics, adding significantly to the evidence base and providing a basis for influencing future health-care delivery and design.

It is not the intention to examine these nursing examples as that analysis is currently the focus of work NCSBN is doing as part of the Tri-Council. And we will be sharing that analysis in due course. But as President Douglas just noted, the board of directors and the CEO have a responsibility to constantly look up and out.

Over the past 18 months, we have done that in partnership with our membership and many other nursing and regulatory stakeholders as well as representatives of state and federal government. It has been an exciting, although at times, exhausting period where legislative change has been frequent and for the most part, liberating.

However, this is only a stimulus for change, not the policy terminus, and a great deal of work is still to be done. Now, as we move forward, we need to move from evidence-based policy to evidence-based action. We need to embrace the opportunities of the post-COVID world, saving those changes that have brought efficiency and effectiveness and rolling back those that have placed the public at risk.

We must play our full part in the orchestra for transformational change that will create a safer tomorrow. So looking up and out at braving new pathways will require us to navigate the landscape, a landscape that is becoming increasingly complex and one that requires considerable agility. But this is not a solo journey.

For us to be successful, we will need to generate synergy with other stakeholders, regulators, educators, policymakers, and other professional groups as well as the public themselves. The old ways of engaging stakeholders will be insufficient, and new and innovative ways of engaging and collaborating with others will be needed if rapid and quantum reform is to take place.

Creating a safer tomorrow will require us to move from a model that responds to failures to one that is preemptive, anticipating the issues, and working far more closely with
employers, educators, and the public. We need to build on our current model that assure
safe entry to practice to one that maintains safety throughout the entire career journey.

As healthcare becomes more complex, the focus will need to move from competence of
individuals to competence of teams. And in part, because of the success of our current
treatment-based model, we will need to determine how we regulate for services that
achieve optimal life rather than just safe practice.

So, what does that mean for us as regulators? In short, it requires us to have foresight,
scanning wider horizons, and influencing to avoid problems rather than reacting to
foreseeable consequences. Let me give you an example of what I mean. We tend to stay
in our lane.

We eagerly consume policy content that relates to regulation, but we often restrict our
analysis to that material emanating from health domain. For this example, I wish to step
outside our comfort zone. I am going to look at school, vocational, and higher education.
I contend that regulators need to be aware of the potential implications of the educational
disruption, both on the caliber and the number of nursing student candidates.

I also wish to suggest that it is important to look at this topic right now as it takes time to
change the direction of the educational oil tanker, and it has been repeatedly recognized
that there is an increasing demand for nursing services into the future. The reports you
see on the screen have been published by the Organization for Economic Collaboration
and Development based in Paris.

In this intergovernmental agency, the United States, along with 37 other high-income
countries work together to identify issues of common concern. They examine a wide
range of topics, such as regulation, education, health, mobility, and many, many more.
I'm not presenting this brief analysis as a comprehensive thesis on the potential regulatory
impacts of these studies on professional self-regulation, but rather as an example of why
if we are to navigate the future, we need to look beyond our normal horizon of interest.

I am, if you will, simply going to present three examples of the multitude of issues that
these reports cover as a means of illustrating the importance of taking a wider perspective
if we are to equip ourselves with a periscope that can see beyond our normal gaze. In
short, this is looking upstream or over the horizon, so we can be mindful of the potential
issues in the workforce supply chain.

For this first example, I will argue that basic math skill is important if you are to be a safe
clinical practitioner. Now, for those of you that are of a certain age, you will recall how
we had to manually calculate drip rates to ensure that patients receive the correct infusion
over a particular time without overloading their cardiac or renal systems.
So let's look at the impact of introducing hybrid learning differentiated on the basis of the income of families. All learners were impacted by the pandemic and lost learning. But as you can see from this graph, it was the lowest income family children that were impacted the most.

At a time when we are aware that we need to diversify the workforce, this potentially makes the challenge of recruiting diverse candidates more challenging. It may place additional demands on faculty to help remediate learning loss. And ultimately, if those gaps are not addressed, the passing rate of the NCLEX exam for those most impacted may decline.

Knowing that this is an issue ahead of time means we can work to remediate the problem. Now, as you are aware, I have raised the issue of educational programs before, and hence working with the education policy community becomes, as a result of COVID, even more of an imperative. Advocating for education programs that focus exclusively on nursing content that articulates across levels from support worker, to licensed practical nurse, to registered nurse, and then onto advanced practice, may be a good starting point.

Such an approach would, as has been shown in other countries, help diversify the workforce and provide a ladder of progress, lifting people out of poverty, and providing the workforce that we need to meet access to service gaps. What about graduation rates? Well, we will need to see what happens, but some countries appeared to let many more students graduate than would have been expected in a normal year.

As they progress into higher levels of education, passing rates may fall and the use of graduation scores will potentially be less reliable as a selection indicator for programs. More importantly, faculty may find that they have a more educationally diverse range of students. As a result, additional remedial support may be needed if passing rates are to remain stable.

These factors may further complicate workforce planning, and expected and needed yield may not be met. To this end, and linked to the first example, working with employers to design progressive levels of performance that delineates step-on and step-off points that assist in minimizing attrition may be needed.

This final example has some important data that needs to be considered. It was not just nursing that struggled to find access to practice during the pandemic. Now, we have seen several excellent examples of how education and practice work together to find solutions. Many of these examples were born out of strong local relationships between leadership in both service and education.
But we should not forget that there may be lessons to be learned from other sectors that are reliant on practice-based learning. This slide also identifies other areas of challenge that if we open dialogue, some benefit may result to all of us, both in designing new regulatory models that are more agile and capable of dealing with disruption.

These examples have only looked at one policy topic area from one intergovernmental agency. We could have looked at material from the World Bank Group, the World Trade Organization, the international organization on migration, or the International Labour Organization to mention but a few of over 200 intergovernmental agencies that can impact on our regulatory landscape.

Managing up and out is a challenge that we must face if we are to design a sustainable regulatory model fit for the future. So, let me conclude with three final thoughts. Public protection in a post-COVID world will be assured by proportionate, reformed, and agile regulation that delivers in the present and anticipates the evolving health and well-being needs of all.

Secondly, if we are proactive, regulators will be viewed as key policy actors in the design and implementation of increased quality and equitable access to the entire continuum of safe, effective, and efficient nursing services. And thirdly, regulatory reform will be recognized as a critical component of optimal workforce deployment and economic recovery.

We are no longer solo performers protecting the public from aberrant practitioners through setting standards for practice, education, and conduct. We are part of an orchestra that creates a future where we are braving new pathways and leading the way for regulatory transformation. Later this year, we will start to define our next strategic planning cycle.

To transform regulation to what it could be is a challenge, but one that if we face it together can deliver the next evolution of regulation. An evolution that will be fit for today's mobile, complex, digital world. A contemporary system that protects the public, advances the profession, and delivers quality access and economic advancement for populations.

Thank you.