The CNMF 23rd Biennial Meeting of members was held at the Royal College of Nursing, London UK on Friday 9 March 2018. The Biennial Meeting is the decision making body of the CNMF. At the Biennial, members voted on constitutional changes, endorsed policy statements, and elected the new CNMF President and Deputy President. Fifty members from sixteen countries attended the meeting. The report below highlights some of the key decision made at the meeting. The CNMF is very grateful to the Royal College of Nursing UK who generously hosted the meeting as well as the CNMF Board Meeting the previous day.

The outgoing CNMF President, Ms Ramziah Binti Ahmad from Malaysia welcomed delegates to the 23rd Biennial Meeting. Ms Janet Davies, Chief Executive Officer and General Secretary of the Royal College of Nursing UK, welcomed delegates to the United Kingdom and to the RCN. Ms Ahmad introduced the CNMF Regional Board Members to delegates and invited delegates to introduce themselves to each other.

**PRESIDENT’S REPORT**

The outgoing CNMF President then gave her report to delegates which was an overview of her four years as President of the CNMF. The highlights were:

- I was President of the Malaysian Nurses Association for seven consecutive years from 2007 until 2014 and during that time, amongst other things:
  - Organised and hosting the CNMF Biennial Meeting in Kuala Lumpur in 2007,
  - Attended the Commonwealth Asia Migration Symposium in 2008,
  - Presented at the CNMF Biennial Meeting in Botswana in 2009,
  - Organised three leadership workshops for nurses in Malaysia in 2009.
I was elected Board member for the CNMF Pacific Region in Botswana in 2009. At that time the CNMF Pacific Region included Singapore and Malaysia. I was the first person from Asia to hold the position.

As CNMF Pacific Region Board Member:

- I attended and presented at the 15th South Pacific Nurses Forum in 2010,

In 2011 when Malaysia and Singapore joined the CNMF Asia Region, I became CNMF Board Member for the Asia Region.

During that time I conducted a patient safety workshop for nurses and midwives in Sri Lanka in 2013 and also attended the opening of the Commonwealth Heads of Government meeting.

In 2014, I was elected President of the CNMF. This was a great privilege and honour. I had the opportunity to:

- Recruit the Brunei Darussalam Nurses Association into membership of the CNMF and conducted a leadership workshop for nurses and midwives in Brunei in 2014. I also attended the Queen of Brunei Darussalam’s birthday celebrations.

- Participated in the Commonwealth Health Professions Alliance debate on the Millennium Development Goals at the Commonwealth Health Ministers’ meeting in Geneva.

- I also had the privilege of attended a reception for Commonwealth civil society organisations held at Buckingham Palace and hosted by the Queen.

- I also represented the CNMF at the ICN meetings in Seoul, South Korea and Barcelona, Spain.

- Last year I had the great honour of conducting a leadership workshop for nurses and midwives in New Delhi India hosted by the Trained Nurses Association of India.

It has been a wonderful journey and I want to acknowledge the executive members of the CNMF, especially our Executive Secretary, Jill Iliffe and all Regional Board Members; the Malaysian Nurses Association for their support and all the national nursing association members of the CNMF. Special thanks to the Royal College of Nursing for the ongoing support which is so important to the CNMF. Congratulations to the new President and Deputy President and Regional Board Members. As I pass the baton to the new President I wish the CNMF all the best into the future.

The President then invited the Executive Secretary, Ms Jill Iliffe to give her report.
Ms Iliffe briefly highlighted with a power point presentation the key activities of the CNMF over the past two years under the headings: governance, administration, finances, communication, liaison, membership and programs.

GOVERNANCE
Ms Iliffe advised that elections had been held for CNMF Board Member for the West Africa; Atlantic; East, Central and Southern Africa; and Asia Regions and elections will be held elections for CNMF President and Deputy President at the Biennial Meeting.

Mr Paul Magesa Mashauri from Tanzania was re-elected as the CNMF Board Member for the East, Central and Southern Africa Region; and Ms Hossinatu Mary Kanu from Sierra Leone was re-elected as CNMF Board Member for the West Africa Region; and Mrs Bettyann Murray-John from Trinidad and Tobago is the new CNMF Board Member for the Atlantic Region. A new election is being held for the CNMF Board Member for the Asia Region.

Ms Iliffe explained that the newly elected or re-elected Board Members term of office is from the close of the Biennial Meeting of Members 2018 to the close of the Biennial Meeting of Members 2022. The term of office for Board Members for the Pacific and Europe Regions finishes at the close of the Biennial Meeting of Members 2020.

ADMINISTRATION
Ms Iliffe said that all administrative processes for the CNMF were running smoothly. An Annual Report is issued at the close of each financial year and also submitted to the Commonwealth Secretariat as part of ongoing Commonwealth accreditation.

Ms Iliffe announced that a digital archive had been established for all CNMF files attached to a protected site on the CNMF website. This will preserve the CNMF records and history for the future in a searchable format. CNMF files have been held in an electronic format since 2012 and all existing paper files will gradually be digitised and added to the archive.

FINANCES
Ms Iliffe reported that the CNMF was in a stable financial position. Revenue was derived from membership fees, project grants, and consultancy work. Revenue from the consultancy work for the African Regulatory Collaborative will cease in August which will have an impact on the CNMF finances and work. All company and taxation statutory responsibilities have been met. The CNMF Board have approved the establishment of a Commonwealth Nurses and Midwives Foundation to be able to accumulate funds specifically for project work however this work has not yet commenced. The CNMF accounts are audited annually.

COMMUNICATION
Ms Iliffe reported that the three main mediums for communication were the monthly e-News, the bi-annual journal, The Commonwealth Nurse, and the CNMF website.

The CNMF journal, The Commonwealth Nurse, has its own website and is produced digitally to reduce printing and postage charges. The CNMF website, is managed in-house to reduce costs and is regularly updated and redesigned to keep it fresh and interesting.
MEMBERSHIP

Membership is stable however there are some Commonwealth countries who are still not members of the CNMF, particularly midwifery associations. Countries are often slow to renew their membership and require continual follow-up. The new membership categories for the CNMF have been slow to grow but an increase in membership is necessary so the organisation is self-sufficient.

LIAISON

The CNMF keeps in regular contact with the Commonwealth Secretariat and the Commonwealth Foundation; the Commonwealth Health Professions Alliance; C3 Collaborating for Health; The Burdett Trust; ICN and ICM; Health Information for All; and various other international organisations. The CNMF also liaises with the South Pacific Nurses Forum, the Caribbean Nurses Organisation, ECSACO (the East, Central and Southern Africa College of Nursing) and the West Africa College of Nursing through Regional Board Members.

PROGRAMS

Ms Iliffe briefly outlined some of the activities and projects the CNMF has been involved in over the past two years.

**Mental health legislation reform project**
This project is funded by the Commonwealth Foundation to work with two Commonwealth countries, Botswana and the Seychelles to reform their mental health legislation. The project received an extension to see the legislation finalised and admitted to Parliament.

**African Regulatory Collaborative**
The three ARC initiatives – ARC ECSA, ARC West, and LARC held their final meetings in July 2017. With the change in administration in the USA, the initiative was not refunded. This was very disappointing considering the significant accomplishments by the countries during the initiative.

**Lesotho CPD Data Base**
A data base was developed for Lesotho to monitor and report on their mandatory CPD training. This data base can easily be modified for use by other countries on request.

**Tanzania Generic CPD Framework**
This was a very interesting project funded by I-TECH to develop a CPD framework for all their health workers both licensed and those not currently licensed. An implementation plan was also developed.

**Maternal Health Education and Training**
The education and training is funded by the Burdett Trust for Nursing and conducted by the CNMF Education Consultant, Ms Minnesha Yasmine. Programs have been conducted in Malawi, Tanzania and Sierra Leone with two further programs for Sierra Leone still to be conducted.

**Botswana Nursing and Midwifery Standards and National Nursing and Midwifery Strategy**
The CNMF was invited by the Botswana Chief Nursing Officer to assist with the development of a national nursing and midwifery strategy and also invited by the Registrar of the Nursing and Midwifery Council of Botswana to assist in the development of their nursing and midwifery education and practice standards.

**Nurses’ Health in the South Pacific**
This project is also funded by the Burdett Trust for Nursing and is looking at nurses’ health and any impacts on their health education messages to their clients. The project is working in Fiji, the Cook Island, Kiribati, Samoa and Tonga.

In concluding her report, Ms Iliffe thanked the RCN for their ongoing support and paid tribute to the support, commitment and contribution of the CNMF President, Vice President, Board Members and Honorary Treasurer.
CNMF ELECTIONS

Elections were held for the positions of CNMF President and Deputy President. Professor Kathleen McCourt from the UK was the only nominee for the position of President so was elected unopposed. Mrs Rosemarie Josey from the Bahamas was the successful candidate for Deputy President. Both terms are for four years.

CONSTITUTIONAL CHANGES

The constitutional changes proposed by the CNMF Board were endorsed. There were four minor changes:

- Changing the term Vice President to Deputy President.
- Inserting a clause that clarified when terms of office began and ended.
- Inserting activity requirements for Regional Board Members.
- Inserting a clause to remove an elected officer who was not performing in the role.

POLICY STATEMENTS

Three policy statements developed from policy discussion at the 22nd CNMF Biennial Meeting in 2016 were submitted for endorsement. The policy statements had been circulated to members for comment prior to finalisation.

- Policy statement on career structures for nurses and midwives.
- Policy statement on nursing and midwifery work.
- Policy statement on professional and industrial representation for nurses and midwives.

Following discussion and minor amendment the policy statements were endorsed by the meeting. Two policy discussions followed to be developed into policy statements for endorsement in 2020.

- The relationship between nursing and midwifery education and practice.
- Continuing professional development and whether it should be mandatory and linked to re-licensure.

POLICY STATEMENT ON NURSING AND MIDWIFERY WORK

The Commonwealth Nurses and Midwives Federation supports the position that all workers providing nursing and midwifery care are part of the nursing and midwifery family: from novice to expert, from lower level cadre to higher level cadre. Position titles should include the words: nurse or nursing; midwife or midwifery so that the worker is clearly identified as being a part of the nursing and midwifery profession (for example registered nurse; enrolled nurse; nurse or nursing assistant; registered midwife; enrolled midwife; midwife or midwifery assistant). As all nurses and midwives work together as a team, delegating care to or between each other, in order to protect worker and client, all workers providing nursing and midwifery care should be educated within a nursing or midwifery faculty, and be regulated by a nursing and midwifery regulatory body.

Endorsed March 2018

POLICY STATEMENT ON INDUSTRIAL AND PROFESSIONAL REPRESENTATION FOR NURSES AND MIDWIVES

The Commonwealth Nurses and Midwives Federation endorses the position that all workers who are part of the nursing and midwifery family (however titled), and who provide nursing and midwifery care, should be eligible to be a part of, and be represented professionally and industrially by, an organisation that is led or governed by nurses and midwives who can provide input into and influence decisions made on their behalf.

Professional and industrial issues for nurses and midwives are interlinked: industrial issues frequently have professional implications in the same way that professional issues frequently have industrial implications. Nursing and midwifery professional bodies may have an industrial mandate and nursing and midwifery industrial bodies may also have a professional mandate. Professional and industrial representation for nurses and midwives may be conducted by the same organisation however if these bodies are separate organisations, they should work constructively together in the best interests of nurses and midwives. Professional and industrial issues may include: legislation and regulation, initial and continuing education, standards, competencies, career structure, scopes of practice, position descriptions, remuneration, and occupational health and safety.

Endorsed March 2018
POLICY STATEMENT ON CAREER STRUCTURES FOR NURSES AND MIDWIVES

The Commonwealth Nurses and Midwives Federation supports career opportunities and career structures for nurses and midwives that allow their progression from beginner to expert in all areas of practice: as managers and administrators; as clinicians; as regulators; as academics and researchers; and as professional and industrial officers. Career progression from beginner to expert should be equivalent in status, title, and remuneration between areas of practice.