



Regulatory frameworks for nurses: Are we there yet?

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We have a long and proud history





European Nurse Directors Association (ENDA)



The European Nurse Directors Association (ENDA) was founded in 1992 in Geneva, Switzerland for the purpose of building a network between nurse directors throughout Europe.

ENDA's main objectives are:

- To strengthen the nursing contribution to policy making in the context of healthcare management in Europe
- To establish formal links between Nurse Directors and Nurse Leaders across Europe to support a communication network of experts to further the development of the art and science of nursing leadership and management in Europe

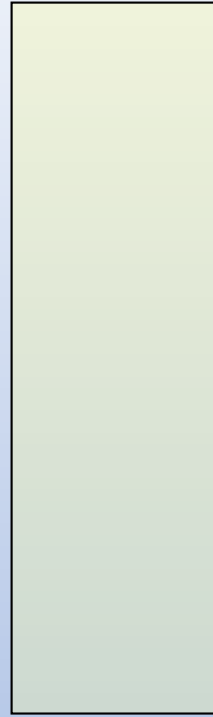


- One of the most important recent milestones in the development of ENDA is the presentation of the “ENDA Proto-Code of Ethics and Conduct” at the 9th ENDA-congress in Helsinki / Finland in 2009. The “ENDA Proto-Code of Ethics and Conduct” is based on fundamental ethical principles and values of modern nursing, and provides a crucial foundation for the elaboration and development of strategies, standards of ethics and professional conduct for nurse directors, managers, competent authorities and researchers in care management, nursing research and nursing education.
- ENDA is organising a bi-annual congress in a main European city. Each participating country has his own national representative in the Standing Committee of ENDA. The Committee elected a board from its membership. ENDA welcomes more participants and new members in order to extend the European network of experts.
- ENDA is a member of ESNO (European Specialist Nurses Organisations). ENDA also participates in the European Nutrition for Health Alliance (ENHA).

ICN's Three Pillars

Nursing Regulation

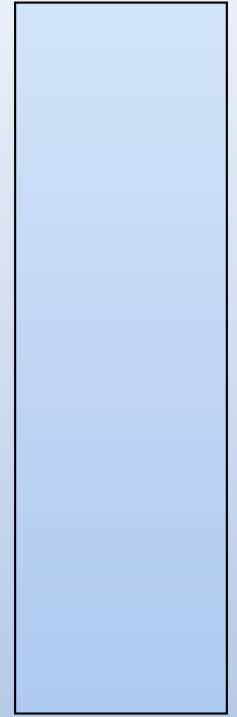
- Regulation and Credentialing
- Ethics and Human Rights



Socio
Economic
Welfare



Professional
development



Regulation

The Definition of Regulation

Nursing regulation is the governmental oversight provided for nursing practice. Nursing is regulated because it is one of the health professions that pose risk of harm to the public if practiced by someone who is unprepared and incompetent. The public may not have sufficient information and experience to identify an unqualified health care provider, and is vulnerable to unsafe and incompetent practitioners.

Through regulatory processes, the government permits only individuals who meet predetermined qualifications to practice nursing. The board of nursing is the authorized state entity with the legal authority to regulate nursing.

History of Regulation

According to the literature on occupational licensing, the *nature of the regulator* can be traced back to trade guilds.

From these guilds emerged self-regulatory bodies that focused on a specific discipline and were granted their authority under statute.

- Recently, these independent bodies have, in some cases, been brought together under umbrella arrangements, in which the degree of autonomy of any one discipline has frequently been delimited.
- Irrespective of the organizational accountabilities, regulatory boards today are increasingly held to account via performance measures that entail systematic and frequent reviews frequently accompanied by some form of independent oversight.

12 Principles of Regulation

At the heart of the work by Styles and Affara was the identification of a set of regulatory principles. These principles, first published in 1986, have since been reviewed and updated through consultation and deliberation by experts on a number of occasions. The most recent review was undertaken by the ICN Observatory on Licensure and Registration which considered the principles against the backdrop of the scenario for 2015, issues and trends. The latest modifications address the concepts of cultural competence and natural justice.

These principles offer an approach to regulation in very diverse legal, cultural and developmental settings. Indeed this principle based approach is now far more common, with a number of governments throughout the world turning to this approach to describe their own framework for wider regulation and its reform.

12 Principles of Regulation

1. Principle of Purposefulness: Regulation should be directed toward an explicit purpose

2 Principle of Relevance: Regulation should be designed to achieve the stated purpose

3 Principle of Definition: Regulatory standards should be based upon clear definitions of professional scope and accountability

4. Principle of Professional Ultimacy: Regulatory definitions and standards should promote the fullest development of the profession commensurate with its potential social contribution

5. Principle of Multiple Interests and Responsibilities

6. Principle of Representational Balance

7. Principle of Professional Optimacy: Regulatory systems should provide and be limited to those controls and restrictions necessary to achieve their objectives

8. Principle of Flexibility: Standards and processes of regulation should be sufficiently broad and flexible to achieve their objective and at the same time permit freedom for innovation, growth and change

9. Principle of Efficiency and Congruence: Regulatory systems should operate in the most efficient manner, ensuring coherence and co-ordination among their parts

10. Principle of Universality: Regulatory systems should promote universal standards of performance and foster professional identity and mobility to the fullest extent compatible with local needs and circumstances

11. Principle of Fairness and Transparency: Regulatory processes should provide honest and just treatment for those parties regulated

12. Principle of Interprofessional Equality and Compatibility: In standards and processes, regulatory systems should recognise the equality and interdependence of professions offering essential services.

Models of regulation

- ***Professionally Established Model*** – Pure self-regulation exists where any direct control on members of an occupation is voluntarily imposed and administered by practitioners themselves.
- ***Professionally Led Model*** – This model is sometimes referred to as a co-regulatory model where an arms length body is established by the state usually through legislation.
- ***State Led Model Arms Length Body Model*** - In this model, it is often the health ministry which acts as the interface with the body and it is the health minister who appoints the members of the governing body.
- ***Part of Health Ministry Model*** – The health ministry may develop a section to exercise its duty to protect the interests of the public.

Regulatory Model			Advantages				Disadvantages			
Profession Based	Professionally Established		<ul style="list-style-type: none">Public protected from unscrupulous, incompetent and unethical practitionersOffer assurance that the regulated individual is competent to provide certain services in a safe and effective mannerProvide a means by which individuals who fail to comply with the profession's standards can be disciplined, including the revocation of their licenseIncrease in public recognition and associated social status of the nurse	<ul style="list-style-type: none">Guidance more likely to be 'owned' and followed by registrantsCan go into greater detail due to readily available expertiseStrong sense of professional identityFocus on prevention and practice improvementNormative influence on practice	<ul style="list-style-type: none">Organisation can be established relatively quicklyCan change policy and issue guidance quicklyCan set aspirational standardsAmenability to innovationIndependence from government		<ul style="list-style-type: none">Can stifle competition due to restrictions on entry into practice and limits set through prescribed actsEnsuring accountability to the various stakeholders can be complexCan be mixed messages between regulator and other nurse leadership bodies	<ul style="list-style-type: none">Cost to the registrant	<ul style="list-style-type: none">Limited range of sanctionsOnly binding on those that are 'members'Can result in multiple and competing organisationsTurf protectionConflict of interest between profession and public interest aimsLack of accountability to the public	
	Professionally Led			<ul style="list-style-type: none">Capable of acting independently of GovernmentCapable of adjudication, policy making and enforcement	<ul style="list-style-type: none">Free to form alliances with stakeholders with mandate of acting in public interest	<ul style="list-style-type: none">Need to wait for legislative time if primary and or secondary legislation is required to effect changeLack of coordination between different state sanctioned bodies (Education, Health, Trade etc.)			<ul style="list-style-type: none">Can be accused of acting in professional self interest	
	State Led			<ul style="list-style-type: none">Policy can be changed through non-legislative meansProtection of titleFocus on performance against standardsExplicit legislative influence on practice	<ul style="list-style-type: none">Early access to information on wider policy changeAccountability to parliamentCan give the impression that central government is small due to 'off-shoring' the work	<ul style="list-style-type: none">Can be difficult to attract competent board members			<ul style="list-style-type: none">Adjudications and action can be seen as being tainted by government priorities of the day	
State Based	Arms Length Body established through statute		<ul style="list-style-type: none">Increase in public recognition and associated social status of the nurse	<ul style="list-style-type: none">Policy can be changed through non-legislative meansProtection of titleFocus on performance against standardsExplicit legislative influence on practice	<ul style="list-style-type: none">Standardization of processes across professional groupsEconomies of scale	<ul style="list-style-type: none">Can stifle competition due to restrictions on entry into practice and limits set through prescribed actsEnsuring accountability to the various stakeholders can be complexCan be mixed messages between regulator and other nurse leadership bodies	<ul style="list-style-type: none">Political interferenceCost to the state.Unlikely to have access to necessary expertise	<ul style="list-style-type: none">Not amenable to direct public involvementMicro-management by government officialsMinister takes flak for system failuresLack of transparencyLack of coherence and consistencyInability to monitor the implementation of the act in any detail		
	Part of Health Ministry									

Figure 4.1 Matrix of Advantages and Disadvantages of different types of regulatory model

Types of practitioners

As health care delivery has become more complex, so too have the roles and *types of practitioner*. Initially, generalists were the norm; however, over time roles were differentiated by level of practitioner, setting, disease type, and treatment modalities. The focus led to the concept of identifying competencies that became more complex as the practitioner moved from support role, to practical nurse, to registered nurse, to advanced practice. In addition to vertical progression and linked to the concepts of team-based care, shared competencies across disciplines are now being identified.

Code of Ethics regulatory strategy



The ICN Code of Ethics is based on universal principles and values that aim to demonstrate coherent professional duties and expectations.

Code of Ethics review - regulatory strategy

The Code has served as the standard for nurses worldwide since it was first adopted in 1953.

It is based on universal principles and values that aim to demonstrate coherent professional duties and expectations.

Code of Ethics review - regulatory strategy

The purpose of the revision of the ICN code of ethics is to serve as a basis for the discussion of policies that harmonize and enhance awareness of standards of ethics, professional practice and regulation for nurses at wider level.



THE EUROPEAN NURSE DIRECTORS' PROTO-CODE OF ETHICS AND CONDUCT

- **Nurse Directors' Ethical Basis**

Values

- **Principles of professional practice**

- Competence

- Care

- Safety

- Staff

- Life-long learning

- Multi-sectorial working

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