

Questions for International Council of Nurses

Why is ICN's conflict of interests only accessible to members who request it and not widely out there?

ICN holds a governance policy on Conflict of Interest (COI) which applies to the ICN Board, President, CEO, staff, contractors and volunteers, as well as the Board committees. It requires the disclosure of any situation where the individual believes there is, might be, or appears to be a potential or actual conflict of interest. The policy is referred to at each Committee and Board meeting when members must declare any potential COI. Upon appointment, each Board member, the President and CEO makes a full, written disclosure of interests, which is updated annually or as appropriate. Because ICN operates internationally and legal requirements vary between countries in relation to data protection and disclosures, ICN's legal advisers recommend that information on declared interests is available to Member Associations on request.

For ICN staff and external consultants, ICN Staff Regulations, which were comprehensively updated early 2019, specify that ICN staff is not authorised to take work (paid or otherwise, declared or otherwise) with other employers without the prior consent of ICN. By agreeing to the Staff Regulations, ICN employees agree to safeguard the interests of ICN impartially and avoid any conflicts with their personal interests. These policies and staff regulations are fully compliant with Swiss law and are subject to independent audit.

For further information go to the ICN's Governance and Membership Engagement Processes.

Does ICN support safe staffing ratios? If not, can I ask why?

ICN has long been active on the issue of safe staffing levels. Our 2012 position statement on Patient Safety called for adequate staffing levels, appropriate skill mixes and sufficient material resources to provide safe care.

Our 2018 position statement on Evidence-based Safe Nurse Staffing reviewed the evidence for safe staffing levels and encouraged National Nursing Associations to engage with their governments to lobby for the establishment of effective human resources planning systems to ensure an adequate supply of healthcare professionals to meet patient and population needs.

ICN's work with the Saudi Patient Safety Centre in 2019 culminated in the White Paper, Nurse Staffing Levels for Patient Safety and Workforce Safety, which was published to coincide with the 4th Global Ministerial Patient Safety Summit. The white paper provides a high-level advisory framework on the regulatory landscape and recommendations that must be in place for optimal nurse staffing ratios and skill mix that will serve as the foundation for a culture of safety.

ICN has supported the work of Professor Linda Aiken at the Center for Health Outcomes and Policy Research and her colleagues around the world. Professor Aiken ran a plenary session on safe staffing at the 2019 ICN Congress, and she has written an article in the International Nursing Review endorsing ICN's position statement.

The WHO Patient Safety Charter published this year, which ICN worked on developing, also contains a specific reference to safe staffing and other measures to protect staff working in clinical practice.

If RCN re-joins ICN how many years would the subscriptions run for?

Membership Fees are paid annually, and members can withdraw at any time in accordance with the rules set out in ICN's constitution.

What opportunities would re-joining offer for academic and research collaborations?

ICN Member Associations can work together on research and other academic collaborations and share their work through the auspices of ICN. ICN works with many researchers, academics and nurse education providers to advise and inform its own publications. ICN is also a member of the WHO Collaborating Centre Executive Committee for Nursing and Midwifery Education, Research and Practice.

Has ICN won nurses a pay rise?

ICN Member Associations are key organisations nationally in achieving pay increases, and we have worked with them to support campaigns, provide advice, policy, etc. ICN holds annual Workforce Forums (see here) where Member Associations that have a trade union function meet to discuss pay and terms and conditions. These forums are important for our National Associations to share data and learn from colleagues around the world, and ICN has produced an analysis on pay data, based on the data we collect through these forums.

What has the year and the nurse and the midwife achieved? What is the tangible difference that has been made for nurses on the frontline?

ICN lobbied hard for the contribution of nursing and midwifery to be recognised at the World Health Assembly, and we know from discussions with WHO Director General Dr Tedros that WHO's decision to designate 2020 as the International Year of the Nurse and Midwife was influenced by our work (see quote from Tedros thanking ICN). The Year of the Nurse has seen the publication of the first State of the World's Nursing report, which was co-chaired by ICN Chief Executive Howard Catton. The report provides the first ever accurate snapshot of the global nursing workforce, confirming the magnitude of the shortages and where they occur. It has been used to bring to the attention of government around the world the six million shortfall in nurse numbers. The Year of the Nurse has also brought global attention to the report from the WHO's Non-Communicable Diseases commission, of which ICN's President Annette Kennedy was a member. ICN's close working relationship with WHO this year has influenced its latest Health Worker Safety Charter, which was launched on World Patient Safety Day. ICN is working closely with WHO on the next Global Nursing Strategy. ICN's International Nurses Day resources this year have been viewed more than 83,000 times.

Would the WHO have identified a chief nurse without ICN lobbying?

ICN wrote to all of the candidates for the post of WHO Director General when they were campaigning and asked them if they would appoint a WHO CNO. Dr Tedros replied in writing and said yes, and we publicised his response. Soon after his appointment, Dr Tedros called in to the ICN Congress in 2017 and committed to appointing a Chief Nurse and having a regular dialogue with ICN leadership (see his speech here). We then met him to discuss the appointment and advised him and his colleagues on the recruitment and selection process. ICN is in frequent regular contact with the WHO CNO and with other nurses who work at WHO HQ in Geneva and their counterparts in other WHO regions. We followed the same process earlier this year in writing to the candidates for

the post of WHO European Region Director and received a positive response from the successful candidate, Dr Hans Kluge. Since his appointment, ICN has met with Dr Kluge and been in contact with his team to discuss this appointment.

Can ICN tell us a little more about the "ICN members only" part of the website

The ICN Member Space provides our members with access to internal documents such as summaries of Board meetings, applications for participation in ICN's delegation to the World Health Assembly, papers for meetings of the CNR, including financial statements, applications for ICN Awards, various Governance policies, and other such information for members as agreed by the CNR.

The membership area is also a space to organise consultations and to facilitate interactions between NNAs. The space is also used during the Board membership election process to provide information about candidates.

What is the ICN's relationship with Sigma Theta Tau?

Sigma Theta Tau International is an ICN Specialist Affiliate. Specialist affiliate status gives organisations official recognition by ICN and enables them to be involved in some project development and communications work but they do not, for example, have a role in determining policy, voting on strategic issues, electing the ICN Board or the wide range of National Association benefits.

Questions for Royal College of Nursing

How has the RCN engaged with, informed and influenced worldwide global nursing politics, practice and policy since 2013? and what have the outcomes been?

At European level, we have used our membership of strategic alliances to influence European public health policy. As a member of the European Federation of Nurses (EFN) we influence EU institutions and policy developments, including on professional qualifications and the visibility of nursing in Brussels. Our seat on the Executive Committee furthers our ability to influence, including when we have chaired the Professional Committee whose primary function is to support EFN to influence draft EU legislation, and in giving us access to meetings with European Commissioners.

RCN President Professor Dame Anne Marie Rafferty is the current Founding Director of the European Nursing Research Foundation (ENRF), the part of the EFN which works to advocate on behalf of the nursing profession in Europe and to use evidence based research to influence the policy-making process across EU institutions and member states.

The RCN also influences European public policy through our work with the European Public Service Union (ESPU), European Forum of National Nursing and Midwifery Association (EFNNMA), European Public Health Alliance (EPHA) and the European Nursing Students Association (ENSA). This has included working on the EU Joint Action on Workforce Planning and the wider EU Health Workforce Action Plan.

At global level, we have utilised partnerships to influence the WHO European Region and WHO health policy, particularly through work with the European Forum of National Nursing and Midwifery Association. As a member of the International Confederation of Midwives (ICM) we have contributed to helping shape global standards for midwifery practice and education.

We have contributed to the development of a new global sustainable development framework. Initially as part of discussions around replacements for the Millennium Development Goals, a broader Post-2015 framework, and in the development of Agenda 2030 and the Sustainable Development Goals (SDGs). With King's College London we co-hosted a conference on the UK's contribution to global nursing to highlight the integral role of nursing within the field of global health. We also hosted a roundtable with policymakers to discuss what the SDGs mean for nursing and how they can be used as a tool to leverage change. We will soon be publishing a report showcasing our members' work on the SDGs.

As a member of the Commonwealth Nurses and Midwives Federation (CNMF) we work to influence health policy, enhance nursing education and improve nursing standards, along with the Commonwealth Secretariat. This has included strengthening mental health and nursing legislation in a number of Commonwealth countries. We have also engaged with the Commonwealth Civil Society Policy Forum on universal health coverage. CNMF conferences are hosted at the Royal College of Nursing headquarters in London.

Other areas of global work include our vital partnerships with National Nursing Associations – including shared learning visits with colleagues from Norway, China and Japan. Since 2013 RCN has also developed projects on international volunteering, international student's access to nursing diplomas with the IMPACT foundation, developed positions on Transatlantic Trade and Investment Partnerships, and developed

a pilot project to support the development and promote the profile of the Zambia Union of Nurses Organisation.

When RCN left ICN in 2013 I believe that the RCN agreed to spend the same amount of money as spent on the ICN fee on international work, has this happened and if not where has this money been used?

The below information indicates the level of actual spend on international engagement. This does not include time for staff across nursing, policy, employment relations, communication and governance, who carry out activities on an ongoing basis, including: contributing professional expertise into events and work programmes, contributing to alliance strategy and objective setting, scrutiny and support of alliances' governance and finance, briefing and supporting senior representatives prior to attendance and voting in alliance meetings, coordination and support of the International Committee, delivering events and outputs, planning and hosting visits from international NNAs.

	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>For the year to 30th October 2020</u>
<u>International Alliances</u>					
European Forum of National Nursing and Midwifery Associations (EFNNMA)	£1,056.33	£1,138.23	£1,123.92	£1,123.92	£0.00
European Public Service Union (EPSU)	£92,613.80	£105,488.77	£108,002.63	£109,010.04	£116,681.52
European Federation of Nurses Associations (EFN)	£61,563.32	£75,836.92	£80,127.98	£80,024.80	£78,533.16
International Confederation of Midwives (ICM)	£2,203.25	£3,778.92	£2,559.07	£2,597.77	£1,919.87
European Public Health Alliance (EPHA)	£4,100.93	£4,485.57	£4,510.95	£4,661.28	£4,762.29
Commonwealth Nurses and Midwives Federation (CNMF)	£3,000.00	£3,000.00	£3,000.00	£3,000.00	£3,000.00
European Nursing Research Foundation (ENRF)	£16,054.06	£0.00	£19,451.92	£0.00	£0.00
European Health Management Association (EHMA)	£1,992.63	£0.00	£0.00	£0.00	£0.00
Subscriptions to International Alliances	£182,584.32	£193,728.41	£218,776.47	£200,417.81	£204,896.84
Czech-In Society of Nephrology	£0.00	£0.00	£0.00	£556.54	£0.00
Smarts and Stamina USA (speaker fees)	£0.00	£0.00	£11,356.88	£0.00	£0.00
European Specialist Nurses Organisation (ESNO)	£0.00	£0.00	£0.00	£148.09	£0.00
Other International Alliances	£0.00	£0.00	£11,356.88	£704.63	£0.00
Total International Alliances	£182,584.32	£193,728.41	£230,133.35	£201,122.44	£204,896.84
<u>International representation by RCN staff and members</u>					
Total International Representation	£53,394.83	£26,883.42	£19,694.54	£31,953.87	£4,476.92
<u>Zambia Union of Nurses Organisation pilot</u>					
RCN-ZUNO Phase 1	£31,203.27	£576.93	£0.00	£0.00	£0.00
RCN-ZUNO Phase 2	£0.00	£16,190.32	£14,114.13	£0.00	£0.00
Total ZUNO	£31,203.27	£16,767.25	£14,114.13	£0.00	£0.00
GRAND TOTAL:	£267,182.42	£237,379.08	£263,942.02	£233,076.31	£209,373.76

What are the other international alliances and how much do they cost and what do they achieve? Are you comparing like with like? Why can the RCN not join Global Nurses United? They actually organise. They work to create universal healthcare systems. They work for ratios (the ICN does not).

There are a number of international alliances and networks, which could be considered separately in their own right regarding RCN membership. This engagement pertains to ICN specifically and does not include any comparisons to other organisations.

Why can we not create a National Nursing Association for the entire UK that then joins?

The RCN is a UK wide organisation.

The information on the ICN website provided by ICN for RCN members is very full - why was this information not sent to members?

The information shared with members was agreed by ICN and RCN Council in preparation for member engagement.

Have the RCN asked any other nursing associations who belong to ICN what they think have been the benefits of joining?

A number of ICN member organisations have written to the President of the RCN to wish our members well in their engagement and decision on ICN membership. Some have described benefits from their perspective, and this information will be shared with elected members as they consider their recommendation to members ahead of the 2021 AGM.

Does the RCN believe that its ability to inform and influence global nursing policy will be stronger as an ICN member? if not could examples be given how the RCN has influenced international nursing policy through other platforms or partnerships?

The RCN membership has not reached a view on whether informing and influencing global nursing will be stronger as an ICN member. The purpose of the member engagement is to ensure that the final decision taken by members in 2021, is informed by the views of the wider membership.