

# GUEST EDITORIAL FOR BJARN

Sue Norman, Chief Executive, UKCC

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## ***Are you Licensed to Practise?***

Do you have a licence to practise nursing? If you are registered with the UKCC, then, yes, you do. But, do you think of it as a licence to practise or is it just another fee (small one!) that has to be paid?

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## ***Do you have a licence to practise nursing?***

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When I spoke at the BARNA Conference earlier this year, delegates kindly participated in a small experiment. I asked all those with a driving licence to raise their hands. Virtually every hand in the hall went up. However, when I asked those with a licence to practise nursing and/or midwifery to raise their hands, only three or four did so – tentatively. By the end of the seminar when I repeated the second question every hand was raised.

Registration and maintaining the licence to practise nursing on the public lies at the very heart of regulation of health professionals. The whole purpose for its existence is the protection of the public – not just from incompetent or badly behaved practitioners but, just as importantly, through the promotion and development of threshold standards for education and practice leading to registration and beyond. This is crucial because it is the practice of nursing that patients experience and judge us by. Registration is an explicit statement to the public that those who hold a licence are fit to practise by virtue of the standards they have achieved and the professional code of practice they maintain. The public and employers can, and do, check registration details of practitioners.

Professional regulation, particularly professional self regulation has come under the twin spotlights of Government and the media with one revelation after another about practice and behaviour that has fallen well short of public expectations. It's unlikely that professional regulation features at all in the public's mind until something goes wrong. There is a legitimate expectation that health professionals will practise to acceptable standards and that there is regulation to ensure that those standards are met and maintained. Regulation however, is poorly understood and variously interpreted by the professions, employers and the public. Some

would expect the regulator to take the responsibility for checking up on every practitioners practice and behaviour (635,000 in the case of nurses, midwives and health visitors). Others, would expect professional self regulation to mean just that – each practitioner *practising* professional self regulation by maintaining and developing their standards of practice inclusive of their profession's code of conduct. The latter interpretation is one of the characteristics of a profession – trusted by the public and Government to regulate itself through its practitioners and regulatory body. That's fine providing the system works in harmony with changing health care needs, the public's and employers' expectations. No where is this more necessary than in the rapidly expanding and developing roles in nursing whether it be in anaesthetic and recovery care or NHS Direct. Few other professions have the current and potential diversity of roles and responsibilities as that of nursing. With some foresight, the UKCC's Scope of Professional Practise<sup>1</sup> was developed in 1992 setting out six principles for developing and expanding the scope of an individual's practice in the interests of patients and clients. Those six principles and associated guidance are currently being revised to identify what improvements and modifications are needed. Given that 25% of all registrants work outside the NHS, it is important to have guiding principles that can reach every area of practice where the public are cared for, in some way or other, by nurses. Regulation 'reaches the parts that others do not'.

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## ***Regulation 'reaches the parts that others do not'***

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Having said that, regulation does not have the monopoly on public protection in health care. Employers, individual practitioners, the public, educators and Government all have their part to play. The quality care jigsaw has recently been put together in clinical governance as set out in 'Making a Difference' – the Department of Health, England<sup>2</sup>, document. For the first time, professional self regulation has been explicitly drawn into the quality framework for the NHS. It places responsibilities on professionals and organisations to deliver quality. At the same time,

it shifts the focus of professional self regulation from the regulator to the practitioners in practice. This does not diminish the regulator's responsibilities but rather, places the emphasis of professional self regulation at the patient/practitioner interface which has to be facilitated and supported by the organisation's quality and risk management systems. Ideally, these components of the quality care jigsaw should fit seamlessly together. Clinical governance provides the framework and the opportunity for this to happen but there is quite a long way to go on this journey.

In the meantime, you have probably heard that the UKCC and four National Boards are to be abolished and replaced by a single UK regulatory body probably entitled the Nurses and Midwives Council. This is part of the Government's plan to modernise professional self regulation of which clinical governance is a part. If all goes to plan, the new Council should be up and running by September 2001 with no discernible hitches to registrants or the public. The Government is currently consulting on the proposals for the new arrangements and there will be a second consultation starting in December. It is important that you comment, or contribute to comments being made by your professional organisation, trade union or employer because regulation is paid for entirely by your fees. The new arrangements, proposed by the Government, are unlikely to be cost neutral and you will want to have a say on what you will be paying for.



Dr Archie Brain demonstrating the Intubating LMA at Chicago IFNA Congress

#### Finally, three points to think about:

- i professional self regulation is a privilege not a right,
- ii registration confers the licence to practise nursing on the public; and
- iii the public has a right to expect certain standards of practice and behaviour from licensed practitioners.

BARNA has promoted excellent standards of clinical practice in anaesthetic and recovery nursing throughout the UK during the 14 years of its existence. This is professional self regulation in action and long may it continue.

**Sue Norman**  
Chief Executive/Registrar  
UKCC

#### References

- 1 The Scope of Professional Practice, UKCC, June 1992
- 2 Making a Difference, Department of Health, July 1999

# BARNA

## Conference

### 2001

**Clarendon Suites,  
Hagley Road,  
Edgbaston  
Birmingham  
United Kingdom**

**26–27 June 2001**