15.3: Regulation

Professional Self-Regulation

In Canada, registered nursing is a self-regulated profession. It is through the framework of professional self-regulation that RNs in Canada have long enjoyed the ability to inform and influence the creation and implementation of health policies, thus ensuring the provision of quality patient care. Self-regulation is generally understood to mean that the profession regulates itself through creation of a regulatory body, rather than being managed by government (CNA, 2007) and “is based on the belief that the profession has the specialized knowledge necessary to set standards of practice and to evaluate the conduct of its members through peer review” (Storch, 2010, p. 201).

Legislation governing registered nursing is found in provincial and territorial statutes that may be specific to nursing, such as an RN Act, or encompassed within “umbrella” legislation that applies to several different health care providers (CNA, 2007). It is this legislation that gives RNs the authority to practise, and provides the framework for governance of the profession. In professional self-regulation agreements, governments delegate the responsibility for appropriate and effective enactment of this legislation to the regulatory body, thus transferring the legal authority to regulate members in the public interest based on the legislative requirements. One important aspect of professional self-regulation is to ensure title protection for its members—this caveat is usually contained in profession-specific legislation. The protection of title is important in ensuring the public is able to identify which professions possess which skills.

The main responsibility of any professional self-regulatory body is always to ensure protection of the public. Therefore, the professional regulatory body must carry out activities and govern regulated members in an effective manner to protect and serve the public interest; otherwise, it risks having the privilege of self-regulation revoked. Protection of the public is achieved through the principles of promoting good practice, preventing poor practice, and intervening in unacceptable practice (CNA, 2007). Regulatory bodies achieve this mandate by ensuring that RNs are safe, competent,
and ethical practitioners through a variety of regulatory activities. This requires the regulatory body to “define the practice and boundaries of the nursing profession, including the requirements and qualifications to practise” (CNA, 2007).

The main functions of a regulatory body include: (1) setting requirements for individuals to enter the profession; (2) setting requirements for the practice of the profession; (3) setting up an investigation and disciplinary process; and (4) setting up a process to evaluate the continuing competence of members (Randall, 2000).

Another important aspect of establishing standards for a profession is the recognition of the unique and defined body of knowledge possessed by its members. This is achieved through specified and specialized education and cannot overlap significantly with another occupational group. If a large part of the body of knowledge of the profession is already possessed by other occupational groups, it becomes impractical to set standards of practice for the profession (Randall, 2000).

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From the Field

The Saskatchewan Registered Nurses’ Association (SRNA) has the following accountabilities as a regulator:

- establishes requirements for licensure;
- registers and renews licences;
- establishes, monitors, and enforces practice standards, the code of ethics, and a continuing competence program;
- provides practice advisement and support to members;
- approves nursing programs; and
- establishes and maintains a professional conduct process. (SRNA, 2015)

In 2017, the SRNA celebrated its 100th Anniversary.

Figure 15.2.1 SRNA Celebrates 100 Years
It is important to understand that professional self-regulation is beneficial to both parties. In this relationship, the government still has some control over the practice of the profession through its ministerial accountability and approval of professional bylaws, but does not have to maintain the expense and specialized expertise required to safely govern a profession of which they have little knowledge. For the professions, self-regulation is an exceptional privilege, showing that government trusts the profession to safely provide the services in the best interest of the public (Human Resources Professionals Association, 2016).

Essential Learning Activity 15.2.1

View the links below to learn more about self-regulation and the necessary components of licensure, then answer the questions that follow.

SRNA's Position Statement on Profession-Led Regulation

SRNA's document “Our Role in the Public Interest”

1. Why is self-regulation so important for the profession of nursing?
2. Who do you think would regulate the nursing profession if nurses did not regulate it?

Trends in Nursing Regulation

Traditionally, regulatory bodies encompassed both the college role (regulation of the profession) and the association
role (advocacy for supporting RNs to inform and influence health care), balancing the administrative management of the profession with the need to advocate for environments, policies, and practices that allow members to meet their required accountabilities and responsibilities. Generally speaking, the difference in the purpose and function of each regulatory body lies largely in whether or not legislation combines the self-regulatory arm of nursing (the college function) and the professional advocacy arm of nursing (the association function), or if these functions are maintained separately (Schiller, 2014).

In recent years, governments, stakeholders, and the public have begun to question the benefit of one body holding responsibility for both regulatory administration and advocacy. Some believe separation of these functions is a positive change, removing any perceptions of bias, self-promotion, or impropriety; others see it as a move to weaken the voice of the profession and enable the passing of poor policies without challenge.

While membership in a college is mandatory, involvement in an association is voluntary. In this regard associations rely on RNs to understand the importance of the advocacy role and choose to be involved through paid membership. Thus, the separation of the regulatory process from the advocacy role results in a mandatory college model where the regulatory aspects are administered, while the advocacy role is fulfilled by RNs willing to form an association. If RNs are not willing to form such an association, advocacy, an important aspect of the profession, is unfulfilled.

**Essential Learning Activity 15.2.2**

To learn how SRNA governs, operates, and informs, see their webpage About the SRNA. Ensure that you click on the “Read More” boxes under each section, then answer the following questions:

1. How are council members selected?
2. What does a student nurse have to do in order to observe a council meeting?

Read about the SRNA’s strategic plan, then answer the following questions:

1. What are the key themes in the SRNA draft strategic plan?
2. Do you think one key theme is more important than the others? Why?

As discussed above, the SRNA has two main roles. Read “Our Role in the Public Interest” to learn more about the regulation and association roles, then answer the following questions:

1. What are their regulatory initiatives?
2. What are their association initiatives?
3. What are the deliverables for public and member engagement?

Many believe that a highly effective profession cannot be achieved through regulatory administrative functions alone, while others see the dual responsibility of regulation and advocacy as being at odds with the overarching mandate. The International Council of Nurses (ICN) declares that “Empowering the profession through professional self-regulation is legitimate only if the primary purpose of regulation is concerned with improving the service and protecting the public” (2013). In this regard, improving the service requires the ability for RNs to identify issues, inform policy development, and ensure the fulfillment of professional accountabilities and responsibilities.
Similarly, the Association of Registered Nurses of British Columbia (ARNBC) identifies the significant detrimental effect RNs experienced during the transition from an association to a college. With the dissolution of The Registered Nurses Association of British Columbia, “the profession no longer had mechanisms through which to engage with government on issues of concern to nurses or advocate for health and public policy matters affecting British Columbians during a time of significant health care system restructuring” (Duncan, Thorne, & Rodney, 2012, p. 5). As a result the creation of an association was embarked on, with the purpose to rebuild BC nursing’s public policy voice in order to (1) represent the professional perspective of nursing in current health policy debates; (2) ensure that the talents of nursing are effectively deployed in the solution of major challenges, such as primary care reform and continuing care expansion; and (3) regain a meaningful place for their profession at government and other public policy processes, provincially, nationally, and internationally (Duncan et al., 2012, p. 8).

While the literature is scarce on which model is most beneficial in protecting the public and ensuring the development of effective health policies, it is clear that registered nursing requires a strong, united voice in order to effectively participate in health care debates and contribute to decisions. With the separation of regulatory functions from advocacy roles, there is an overwhelming feeling by RNs that their voice has been lost and silenced. With the loss of that united voice, three questions have emerged:

1. How will RNs utilize their leadership to have the courageous conversations that will inform key decisions on the future of their profession?
2. How will RNs develop and continue to contribute to the organizational structures that best serve the profession’s current and future mandates?
3. How will RNs know if current and future organizational transitions are contributing to the advancement of the profession, in the public interest? (Duncan et al., 2012)

Regardless of which model registered nursing ascribes to, or is mandated to function under, it is clear that a mechanism to ensure the voices of RNs are heard is essential to the delivery of quality patient care. According to the ARNBC, we take as a fundamental premise that nursing will thrive as a profession in the public interest if it is well supported by effective regulatory college, professional association and union functions, and we are convinced that the demise of one will ultimately lead to the weakening of the others. (Duncan et al., 2012, p. 3)

A profession is more than an occupation; it is a career with specialized knowledge and functioning. It is through the knowledge and service of a profession that the public has come to trust that members of a profession will be competent and ethical. It is through this trust that professional self-regulation is granted. RNs must therefore recognize the tremendous benefits that self-regulation brings but also the responsibilities expected of each and every one of us in upholding standards and providing quality care.

**Essential Learning Activity 15.2.3**

Read more about the Canadian Nurses Association’s position on self-regulation in “[Framework for the Practice of Registered Nurses in Canada](https://med.libretexts.org/Bookshelves/Nursing/Book%3A_Leadership_and_Influencing_Change_in_Nursing_(Wagner)/15%3C%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%
1. How do practicing nurses participate in self-regulation?

2. Describe one way in which nurses in Canada are regulated.

Figure 15.2.2 Professional Self-Regulation

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