

# Regulatory bodies

[Health & Medicine](#), [Nursing](#)



**ROLE OF REGULATORY BODIES INTRODUCTION** Health Professionals such as nurses doctors, Pharmacist and many others are regulated and licensed by regulatory bodies as required by provincial legislation. All nurses are required to be licensed to practice with their designated provincial nursing regulatory body. Legal responsibility in nursing practice is becoming of greater importance as each year passes. In order to provide safe and competent nursing care an understanding of legal boundaries is very essential. It is important to know the law in one state and the authorities enforcing these laws.

**VITAL ROLE OF REGULATORY BODIES** \* To ensure the public's right to quality health care service. \* To support and assist professional members. \* Set and enforce standards of nursing practice. \* Monitor and enforce standards for nursing education. \* Monitor and enforce standards of nursing practice. \* Set the requirements for registration of nursing professionals. Nursing regulatory bodies also known as colleges or associations, are responsible for the licensing of nurses within their respective provinces territory. The Nursing Regulatory bodies receive their authority from legislation.

**MAJOR TYPES OF REGULATORY BODIES** \* The central government. \* The state government \* Institutional Rules \* Trained Nurses Association of India \* International Council for Nurses \* American Nurses Association \* Canadian Nurses Association \* National League for Nursing

**ROLE OF CENTRAL GOVERNMENT** The central government is a source of regulatory body in three ways, through. 1) Government service conduct rules 2) The Indian Nursing Council Act 3) The English law **THE GOVERNMENT SERVICE CONDUCT RULES** These are detailed rules of conduct for government employees.

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Examples of these are the requirement to maintain absolute integrity, devotion to duty and high standards of moral behaviour. Only a few are applicable to the nursing practice, but all would be applicable to the practice of a nurse employed by the government. INDIAN NURSING COUNCIL ACT The Indian Nursing Council, which was authorised by the Indian Nursing Council Act of 1947, was established In 1949 for the purpose providing uniform standards in nursing education and reciprocity in nursing registration throughout the country.

The only national legislation directly related to nursing practice, also provides a basis from which rules for nursing practice can be developed. Among other responsibilities, this Act gives authority to the Indian Nursing Council for prescribing curricula for nursing education and recognising qualifications of institutions with teaching programmes for nursing. This means that the INC has authority to control nursing education and what the nurse is prepared to do. It is important because legal responsibility does finally depend upon what you should be able to do and how you should do it as well as what you are not prepared to do.

The INC uses this authority in nursing education but it delegates authority for control of nursing practice to the State Nurses' Registration Councils. INDIAN NURSING COUNCIL The Indian Nursing Council was authorized by the Indian Nursing Act of 1947. It was established in 1949 to providing uniform standards in nursing education and reciprocity in nursing registration through out the country. Nurses registered in one stat were not necessarily recognized for registration in another state before this time.

The Condition of mutual recognition by the state Nurses Registration Councils, which is called reciprocity, was possible only if uniform standards of nursing education were maintained. FUNCTIONS OF INC 1) It provide uniform standards of in nursing education and reciprocity in nursing registration. 2) It has authority to prescribe curriculum for nursing education in all states. 3) It has authority to recognize programme for nursing education or to refuse recognition of a programme if it did not meet the standards required by the council. ) To provide the Registration of foreign nurses and for the maintance of the Indian Nurses Register. 5) The INC authorizes State Nurses Registration Council and Examining Board to issue qualifying certificates. The INC has been given heavy responsibilities for nursing practice and nursing education but it has not been able to exert enough power to support high standards in nursing. ENGLISH LAW The law based upon the English Pattern is the third way in which the Central Government is a source of legal authority. These laws are very specific and make you “ liable for negligence” or answerable to the laws for acts of carelessness.

The laws summarised below are given for medical practitioners including nurses. 1) The right to refuse to the treat a patient expect in an emergency situation. 2) The right to sue for fees. (Applicable only to private duty nurse or private practitioners: other nurses are salaried. ) 3) The right to add a titile descriptions to one’s name. Any title, description, abbreviation or letter which implies nolding a degree, diploma, license or certificate showing particular qualifications may be added. (Improper use of these is often prohibited by State Nurses Registration Acts. The right to wear the Red Cross Emblem is given only to members of the Army medical service. 4)

Unregistered practitioners are not allowed to hold positions or appointments in public and local hospitals

5) Fundamental duties.

a) To exercise a reasonable degree of skill and knowledge in treating patients. The standard held is that exercised by other reputable members of the same profession in similar circumstances.

b) Once a relationship to a patient has been established, there is an obligation to attend the patient as long as necessary unless the patient requests withdrawal or notice is given of intention to withdraw.

c) A practitioner must give personal attention to his cases and answer calls with reasonable promptness.

d) Children must be protected from harming themselves.

e) Special precautions must be taken in the case of adults who are incapable of taking care of themselves.

6) The Indian Penal Code demands that poisonous drugs be kept in separate containers properly labeled and marked. Care must be taken not to mix with nonpoisonous drugs.

7) There is a duty of secrecy to the patients.

Records must be treated as confidential unless the practitioner is called upon to give evidence in court.

8) Dangerous diseases must be reported. (These will vary in different parts of the country.)

9) Nurses are considered solely responsible for their own professional acts irrespective of the employing authority. A fine is the usual penalty imposed for disobeying the law stated above, although imprisonment is also possible. The central responsibility consists mainly of Policy making, planning, guiding, assisting evaluating and Co-ordinating the work.