

Responses to RCN questions

- ***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 [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 Centres 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.