SNAPSHOTS
International Council of Nurses (ICN)

The International Council of Nurses is a federation of more than 130 national nurses associations (NNAs), representing more than 13 million nurses worldwide. Founded in 1899, ICN is the world’s first and widest reaching international organization for health professionals. The mission is to represent nursing worldwide, advancing the professional and influencing health policy.

Indian Nursing Council has become a member of ICN in 2011.
MOU WITH BRICS COUNTRIES

MOU has been signed with BRICS Nurse Association (Brazil, Russia, India, China, South Africa)
- Facilitate for working with these countries networking to adopt best practice.
INC has acquired a new office space measuring around 20000 sq. ft. of office space at 8th floor, NBCC Centre, Okhla-I, New Delhi-110020, with a world class infrastructure having ultra-modern Conference Hall, EC Room with Video Conferencing facilities. State of the Art, Local Area Networking, Server Room and Employee friendly office space. The same was inaugurated by Honourable Minister of Health & Family Welfare, Government of India on 27 June, 2016.
Indian Nursing Council
To Establish Uniforms Standards of Training for Nurses, Midwives and Health Visitors.
National Consortium for Ph. D. in Nursing

• National Consortium for Ph.D. in Nursing has been constituted by Indian Nursing Council to promote research activities, in various fields of Nursing in collaboration with Rajiv Gandhi University of Health Sciences.

• Total number of students enrolled under National Consortium of Ph.D. in Nursing - 251

The Total Degree Awarded

Centers of National Consortium

• INC, New Delhi
• St. John College of Nursing, Bangalore, Nodal centre
• CMC College of Nursing, Vellore
• CMC College of Nursing, Ludhiana
• Govt. College of Nursing, Hyderabad
• Govt. College of Nursing, Thiruvananthapuram
• Govt. College of Nursing, S.S.K.M., Kolkata
Nurse Practitioner in Critical Care (NPCC) Programme

• First postgraduate nursing residency program in India.
• Does not require State Government order as this is approved by Government of India.
• Hospital should be a parent tertiary care centre, with a minimum of 200 beds with 20 bed ICU.

• **Eligibility criteria:** Applicants must possess a registered B.Sc. (N) with a minimum of 1 year clinical experience, preferably in any critical care setting.

**AIM:**
The NPCC program prepares registered B.Sc. nurses for advanced practice roles as clinical experts, managers, educators and consultants leading to M.Sc. degree in Nursing (Nurse Practitioner in Critical Care)

**DURATION:**
• 2 years course
NURSE PRACTITIONER IN PRIMARY HEALTH CARE

• One year Programme for B.Sc(N) graduate.

• Incentive – candidate who have undergone this course, if they want to undergo M.Sc(N) Public Health Nursing, one year relaxation will be given.

• MOHFW has approved in principle with a condition that the INC to prepare protocols.

• INC is in the process of preparing the protocols for primary care in common conditions like, Emergencies, Respiratory Condition, Skin, ENT, Eye, Neurological, Endocrine cardio vascular, OBG, STD, paediatric and psychiatric etc. Once the protocols are approved by MOHFW, INC will initiate to start the said programme.
NURSE PRACTICE ACT

• MOHFW has constituted the Committee under the Chairmanship of President, Indian Nursing Council to prepare the draft Nurse Practice Act.
• This is a multi-disciplinary committee represents WHO & JHIPEGO and other stakeholders.
• INC has included the TNAI President and Mrs. Khurana, All India Govt. Nurses Federation.
• One meetings was held, Committee of the view that two Acts i.e. INC Act and Nurse Practice Act, it will be confuse when it goes to Parliament.
• Internationally Nurse Practice Act means Education and practice.
It is therefore Committee has recommended that existing INC Act is having Educational component and need to be added practice which means amending existing INC Act and to include Nurse Practice issues.

We have sought some clarification from the MOHFW as soon as clarification received. The said Committee will have series of meetings all over India before framing the draft Nurse Practice Act.

This process will be completed between 6-9 months.
IMAGE OF NURSING

• Nursing is not a priority in the Administrative system.
• Improvement of working conditions Budget allocation at the state level to Nursing is not a priority. Nursing profession is not getting support from medical fraternity at the policy level and also at the institution level.
• There is a need to create an environment to work appropriate station in the hierarchy
Professional Association & Union has to Lobby with policy makers to create a positive environment towards Nursing.

Professional associations other nursing organisations play a vital role in building up the image.

We have to work differently with different states, one solution may not work.

State specific solutions need to be identified by the Professional Association.
Simulation

• Evidence is available through International Research that high quality simulation experience could be substitute upto 50% of traditional clinical hours in Nursing curriculum.

• Simulation has become common prescription to improve the quality of Nursing education.

• Simulation technology we have basics to high end

• We are talking about State of the Art, Simulation

• Many managements willing to have simulation technology but does not have one ideal state of the art simulation technology to see in India.
• WHO advises countries to have inter-professional education i.e. Doctor’s, Nurses & Pharmacology etc. to study together in one of the Private Medical College Campus at the ideal state of art Simulation Technology lab.

• INC has conceptualised the whole state of art simulation technology in collaboration with Jhpiego-public & private parternership.

• Private Medical College - provide Space and construct with latest architectural facility for simulation.

cont..
cont..

• Laderal company provide latest simulation equipment
• JHPIEGO – provide technical support in the form of getting International Nursing expert in simulation.
• Training about 1000 master trainers
• Blue print about integration of simulation technology in Nursing curriculum.
• Organizing visits to management to showcase ideal State of Art Technology.
BURNING ISSUE IN NURSING EDUCATION
- GAP between Education and Service.
- Medical Model
- Nursing Model
- How to bridge this gap
- CMC Model
- NIMHANS Model
- Recognizing Ramachandra University in Chennai implemented
- INC made an effort with St. John Medical College, Bangalore.
- First response - No - Financially not viable.
- After repeated persuasion.
- St. John implemented the Model.
- Success story was shared with Medical College managements and CNO/ Principals (30) in Karnataka.
- After hearing the success story Management (Organised by TNAI, Karnataka Branch) have expressed their willingness to adopt the model.
- INC is in process of finalising the guidelines and will be shared with Private Medical Colleges for adoption.
Nurse Unique Identification (NUID)

The project was initiated with a notion to develop a Computerized Live Register for various categories of Nurses wherein each nurse/ midwife history will be linked with a unique number. The registered nurse/ midwife will also be provided with a Nurse Unique Identity (NUID) number and a Nurse Register Book which will be used for authentication and verification purposes.

**Outcome:**

- Nurses Registration & Tracking System (NRTS)
- At a glance Dashboard of no. of registered nurses in the country
- Live Register available to all stake holders
- Critical input for Manpower planning
- Category-wise availability of nurses
- Uniformity in the registration system across the country
- Data on health care delivery
Objectives of NUID

• Unique identification of each nurse/midwives resulting in ease of verification process across country.
• Online availability of data of active and registered nurses/midwives across country through a Computerized Live Register.
• Online filling and submission of registration application forms.
• Adhaar enabled biometric verification.
• Non-duplication of nurses/midwives data.
• Quick verification process by the hospitals/private clinics before employing any nurse/midwife through website.
Objectives of NUID

- Latest detail of the candidate will be available with photograph.
- Standard application form and procedures for clearances of application forms across the country.
- Primary and Reciprocal registration will be done in a day.
- Digitally signed certificates.
- No more Fake Registration.
- Uniform Issuance of Nurse Passbook comprising of complete history of nurse/midwife.
Objectives of NUID

• Appropriate MIS reporting framework like:
  • at any given time how many nurses are working in each state/district/tehsil category-wise
  • Students admission data base program-wise
  • How many candidates qualified, program-wise, speciality-wise and year-wise
  • Number of Indian nurses migrating to other countries
  • Number of foreign students studying in India
  • Data available to all the stakeholders
• Uniform system of Renewal of licence once in 5 years linked with 150 hrs continuing nursing education
On-Line Registration System

- INC has reached to an era of digitalization where on-line proposal is implemented for;
  - New proposal
  - Enhancement of seats
  - Renewal/ validity proposal
- Hard copy for any proposal from the year 2017-18 will not be considered by INC.
Implementation Framework of the National Health Policy - MOHFW

• Avoid duplication of work done by nurses by other newer categories of paramedical cadres. Nursing practice Act to be developed to define nurses role legally.

• Merging GNM schools with B.Sc(N) college of nursing and have single entry level qualification as B.Sc nursing by redesigning the B.Sc curriculum as a practical based by phasing away the GNM Course. (It may be noted in Medical education.)
Contd

- Redesign the Post basic diploma and M.Sc nursing courses as residency program where they can work and study. (It is the same followed for medical PG system).
- Establishment of nursing university in each state.
- Developing CNE framework for nurses.
- Ensure Registered / Licensed nurses are appointed in both private and government hospitals.
Contd..

- Establishing Continuing Nursing Education cell (CNE) cell in every hospitals and institution and appointing nurse educators for implementing CNE
- Promote speciality nursing courses such as nurse anaesthetists, infection control nurses, public health nurses and nurse practitioners for specialty care.
- Establishing cadres like nurse practitioners, public health nurses and specialized nursing courses.
Contd..

• Training courses and curriculum to be set-up for nursing & paramedics to support super speciality care such as critical care, cardio-thoracic care, and palliative care and care of terminally ill.

• Creation of specialty cadres to absorb M.Sc. Nursing and post basic diploma (qualified speciality nurses.) as a speciality nurse practitioner in the hospital and public health system.
• Introduce certification program for ASHA for their preferential selection into ANM, nursing and paramedical courses.

• Introduce certification program for providing special care such as geriatric and palliative care.

• Create an institutional arrangement, which assures career progression opportunities for ASHAs and their deployment in appropriate public health facilities.
Contd...

• Streamline the career progression opportunities for nurses in public health and hospital.

• Establishment of national recruitment board for nurses to rectify the regional imbalance.

• Establishment of separate central and state nursing directorate in order to coordinate with the nursing cadres in the national level.

• Creation of websites for nursing council and nursing directorate.

• Development of Registration software.
Contd...

- Amendment of Indian nursing council Act.
- Review of implementation of roadmap for strengthening Pre-service education for Nursing cadre with regard to:
  - Establishments of National Nodal centres & State Nodal centre (Nursing)
  - Career progression pathway for in-service nursing personnel shared with States & UTs
  - Strengthening the Nursing
Contd...

- Directors/ wing in the States & UTS
- Strengthening of ANM and GNM Training Schools for imparting quality teaching and training in terms of faculty, training, IT labs, library and teaching and training material
Rapid assessment of ANM training schools was done in the state of Bihar, Orissa, Madhya Pradesh, Uttar Pradesh and Rajasthan. The knowledge of ANM teachers were also assessed. On the basis of report, INC decided to strengthen the function of ANM training schools in India, by strengthening/enhancing capacity of ANM teachers by additional training in

– Effective teaching skills
– Skilled birth attendance
Capacity Building of ANM Tutors

– Integrated Management of Neonatal and Childhood illness
– Prevention of Reproductive tract infections including prevention of Parent to Child Transmission of HIV
– Family Welfare Services
– Quality improvement in nursing education using (SBMR) approach

Contd…
Five Colleges of Nursing have been identified as the National Nodal Centers (NNCs) of excellence for Pre-Service Education (PSE) for nursing and midwifery cadre in India. The identified 5 NNCs are:

1. Christian Medical College-Vellore,
2. St. Stephen’s hospital-Delhi,
3. Neel Ratan Sarkar Medical College-Kolkata,
4. Christian Medical College, Ludhiana and
5. SSG Hospital, Vadodara.

Capacity Building of ANM Tutors
Capacity Building of ANM Tutors

• The training infrastructure of the NNC at Kolkata has been strengthened by the establishment of skills lab, computer lab and the audiovisual aids needed for training.

• Two training coordinators have been appointed at the NNC Kolkata to run the program without disturbing the regular programs of the College of Nursing.
## Capacity Building of ANM Tutors

<table>
<thead>
<tr>
<th>State</th>
<th>No. of Faculty Trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assam</td>
<td>15</td>
</tr>
<tr>
<td>Bihar</td>
<td>110</td>
</tr>
<tr>
<td>Odisha</td>
<td>34</td>
</tr>
<tr>
<td>Chhattisgarh</td>
<td>9</td>
</tr>
<tr>
<td>Gujarat</td>
<td>5</td>
</tr>
<tr>
<td>Haryana</td>
<td>4</td>
</tr>
<tr>
<td>Jharkhand</td>
<td>33</td>
</tr>
<tr>
<td>Madhya Pradesh</td>
<td>60</td>
</tr>
<tr>
<td>Maharashtra</td>
<td>19</td>
</tr>
<tr>
<td>Rajasthan</td>
<td>104</td>
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<tr>
<td>Uttar Pradesh</td>
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</tr>
<tr>
<td>Uttrakhand</td>
<td>49</td>
</tr>
<tr>
<td>West Bengal</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>469</strong></td>
</tr>
</tbody>
</table>
Post basic Diploma Course

The Post Basic Diploma courses which are prescribed by Indian Nursing Council are as follows:

1. Cardio-Thoracic Nursing
2. Operation Room (OR) Nursing
3. Orthopaedic & Rehabilitation Nursing
4. Oncology Nursing
5. Critical Care Nursing
6. Emergency & Disaster Nursing
7. Neuro Science Nursing
8. Neonatal Nursing
9. Psychiatric/ Mental Health Nursing
10. Gerontological Nursing
11. Forensic Nursing

**Duration of each Course – 1 year**
Post basic Diploma Course

To start the Diploma Course following points to be considered;

- Any organization having Indian Nursing Council recognized Nursing programme.
- Must have parent hospital.
- Essentiaity Certificate/No Objection Certificate is exempted.
E-learning Module

• E-Learning Module is available at INC website www.indiannursingcouncil.org for nurses.

• The module is of six days training programme on HIV/AIDS Care and Treatment for nurses.

• In future it will be considered under CNE for 30 hours credit during renewal of registration license.
On-Line Registration System

• INC has reached to an era of digitization where on-line proposal is implemented for:
  - New proposal
  - Enhancement of seats
  - Renewal/Validity proposal
• Hard copy for any proposal from the year 2017-18 will not be considered by INC
Revised GNM syllabus 2015-16

• The G.N.M Syllabus has been revised and implemented in all states from 2015-2016. The major changes in the syllabus are as follows;
  – Duration :- 3 Years
  – Computer subject shifted to 1\textsuperscript{st} year.
  – Child Health Nursing shifted to 2\textsuperscript{nd} year.
  – Total area requirement for GNM programme: 20000 (Teaching block) + 17500 (Hostel block)
Institutions Recognized by I.N.C.

Number of nursing institutions recognized by INC as on 31st October 2016 for the various nursing programme is as follows:

<table>
<thead>
<tr>
<th>Programme</th>
<th>Institution</th>
<th>Seats</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Government</td>
<td>Private</td>
</tr>
<tr>
<td>ANM</td>
<td>290</td>
<td>1696</td>
</tr>
<tr>
<td></td>
<td>8579</td>
<td>48440</td>
</tr>
<tr>
<td>GNM</td>
<td>297</td>
<td>2826</td>
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<td></td>
<td>13040</td>
<td>112722</td>
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<tr>
<td>B.Sc. (N)</td>
<td>134</td>
<td>1697</td>
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<tr>
<td></td>
<td>7241</td>
<td>84565</td>
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<tr>
<td>P.B.B.Sc. (N)</td>
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<td>737</td>
</tr>
<tr>
<td></td>
<td>1425</td>
<td>23440</td>
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<tr>
<td>M.Sc. (N)</td>
<td>53</td>
<td>584</td>
</tr>
<tr>
<td></td>
<td>1026</td>
<td>11364</td>
</tr>
<tr>
<td>Post Basic Diploma</td>
<td>87</td>
<td>224</td>
</tr>
<tr>
<td>Programme</td>
<td>1375</td>
<td>3355</td>
</tr>
</tbody>
</table>
Number of Registered Nurses & Midwives upto 31st December 2015

<table>
<thead>
<tr>
<th>Category of nurses</th>
<th>Total number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses</td>
<td>18,62,570</td>
</tr>
<tr>
<td>ANM’s</td>
<td>8,15,515</td>
</tr>
<tr>
<td>Health Visitors</td>
<td>56,219</td>
</tr>
</tbody>
</table>
GROWTH OF NURSING INSTITUTIONS FROM 2000-2016

ANM  GNM  B.SC(N)  M.Sc(N)  P B B.Sc(N)

Indian Nursing Council
To Establish Uniforms Standards of Training for Nurses, Midwives and Health Visitors.
“Reaching out: Nursing care in Emergencies"

• Training of trainers was conducted in Chennai and the module given below was well taken and appreciated.

• Council conducted a workshop in Chennai regarding "Disaster management-role of nurse" with Principals and Management of the Institutions from Tsunami affected areas. Consent was taken from them to undertake the project that is to integrate the disaster management module during Community health experience in rotation for one year.

• A module was prepared with the help of core group members with the technical support from WHO.
Training of Trainers programme was organized and participants were given module namely Reaching out: Nursing Care in Emergency & Facilitator’s Guide was prepared for master trainers.

TOT was also conducted for nursing teaching faculty from Pondicherry and Kerala.

Hence, totally 250 nursing teaching faculty has been trained.
Quality Assurance Model (QAM) in Nursing

Quality Assurance Model in Nursing is the set of elements that are related to each other and comprise of planning for quality, development of objectives, setting and actively communicating standards, developing indicators, setting thresholds, collecting data to monitor compliance with set standards for nursing practice and applying solutions to improve care.
Purpose of QAM

To ensure quality nursing care provided by nurses in order to meet the expectations of receiver, management and regulatory body. It also intends to increase the commitment of provider and the management.
Goals of Quality Assurance Model

QAM intends to:

- Develop confidence of the receiver(s) that quality care is being rendered as per assurance.
- Develop commitment of the management towards quality care.
- Increase commitment of providers to adhere to set standards for nursing practice and strive for excellence.
- Strengthen documentation of nursing care.
- Promote optimum utilization of resources and improve patient outcomes.
The Project was Implemented in two Hospitals:

1. Dr. Ram Manohar Lohia Hospital, New Delhi (Central Government Hospital) from 09.02.2004

Practice Standards for Nurses in India

1. Professional responsibility and accountability
2. Nursing Practice
3. Communication and interpersonal relationships
4. Valuing Human beings
5. Management
6. Professional advancement
Integrated Management of Neonatal and Childhood Illness (IMNCI)

- INC in collaboration with WHO organized Training of trainers for nursing teaching faculty in IMNCI conducted at Safdarjung Hospital. 24 nursing teaching faculty are trained as master trainers from various parts of country. The following teaching methodology was adopted:
  - Class room
  - Modular reading
  - Video watch
  - Photograph booklet
  - Exercises, drills and individual feedback
  - Group discussion or Role play
Thank you