



International
Labour
Office
Geneva

ILO Nursing Personnel Convention No.149

**Recognize their contribution
Address their needs**

International Labour Office, Geneva

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The Nursing Personnel Convention, 1977 (C 149) and the Nursing Personnel Recommendation, 1977 (R 157)

Introduction

“...Recognizing the vital role played by nursing personnel, together with other workers in the field of health, in the protection and improvement of the health and welfare of the population, and... noting that the present situation of nursing personnel in many countries in which there is a shortage of qualified persons and existing staff are not always utilised to best effect, is an obstacle to the development of effective health services...”

The global shortage of nursing personnel is not a new phenomenon. The words above were written in the 1970's when concern about the insufficient supply and the ineffective deployment of nursing personnel worldwide led the International Labour Organization (ILO) and the World Health Organization (WHO) to jointly develop standards for adequate nursing personnel policies and working conditions. In 1977, these efforts resulted in the adoption of the ILO Nursing Personnel Convention (C. 149), and the accompanying Recommendation (R. 157) as international labour instruments.

Today, the effective management of human resources for health has recently re-entered the policy agenda after a period of neglect. The challenge to implement international development programmes such as the UN Millennium Development Goals, as well as the WHO/UNAIDS “3 by 5 Initiative” have highlighted the crisis in health personnel, especially in developing countries. Worldwide, addressing the human resources for health crisis will constitute one of the prominent health policy issues for the years to come. Within this context, nursing personnel need to be recognized both nationally and internationally for their important contribution to the overall objective of “health for all”.

The ILO and international labour standards

Born in 1919 from the chaos of World War One, the ILO became the first specialized agency of the United Nations in 1946. The tripartite structure of the ILO, whose organs involve employers' and workers' representative along with government representatives, is unique in the UN system. It currently it has 178 member countries.

The major goal of the ILO is to promote opportunities for women and men to obtain decent and productive work in conditions of freedom, equity, security and human dignity¹. The ILO mandate emphasizes setting and adopting international labour standards to serve as guidelines for national authorities in putting policies into action, backed by a system to supervise their application. Examples include such hallmarks such as the 8-hour day, maternity protection, minimum age, and workplace safety conventions. All international labour standards reflect tripartite agreements.

ILO standards take the form of international labour Conventions and Recommendations. The ILO's Conventions are international treaties, subject to ratification by ILO member countries². **Conventions** are legally binding in ratifying countries. **Recommendations** are non-binding instruments complementing the Conventions in providing additional orientation and guidance for national policy and action.

What issues are addressed by the Nursing Personnel Convention (C 149)?

In 2002, the ILO classified the Nursing Personnel Convention (C 149) as **an up-to-date instrument**, reaffirming its relevance in today's socio-economic realities. This Convention is nearly 30 years old, yet sadly not much progress has been made in many countries towards improving working conditions in nursing. The same concerns that prompted international attention on working conditions in health services in the 1970's unfortunately still prevail today. The health care profession is not attracting enough recruits in both developed and developing countries to keep up with demand, and in addition, it is also losing large numbers of trained personnel to areas outside the sector. For example, the number of trained nurses who are not practising is 500,000 in the US, 35,000 in South Africa, and 15,000 in Ireland³.

The relationship between poor conditions of employment and work of nursing personnel and shortages is complex. Consequences may include: increased patient morbidity and mortality; greater levels of violence in the workplace; reduced occupational safety and health for remaining personnel; high levels of job dissatisfaction with intention to quit; and unsustainable patterns of health worker migration from developing countries. The Nursing Personnel Convention articulates the kinds of provisions needed to address many of the identified problems. It must be implemented in the greatest number of countries in order to set decent standards of work, boost the professional and political profile of nursing personnel, and provide incentive for nursing personnel to remain in their jobs. Although drafted decades before, the spirit of the Convention is consistent with the World Health Assembly Resolution on Strengthening Nursing and Midwifery of 2001 (WHA 54.12).

¹ ILO Report of the Director-General, "Decent work", International Labour Conference, 87th session, 1999

² ILO: What are international labour standards? Available from <http://www.ilo.org/public/english/standards/norms/whatare/index.htm>, accessed 29 April 2005

³ "Health and Migration...The Facts", New Internationalist, no. 379, June 2005

The Convention recognizes the vital role of nursing personnel and other health workers for the health and wellbeing of populations. It sets minimum labour standards specifically designed to highlight the special conditions in which nursing is carried out. Aspects supported by the Convention include:

- adequate education and training to exercise nursing functions;
- attractive employment and working conditions, including career prospects, remuneration and social security;
- the adaptation of occupational safety and health regulations to nursing work;
- the participation of nursing personnel in the planning of nursing services;
- the consultation with nursing personnel regarding their employment and working conditions;
- dispute settlement mechanisms.

How are the Nursing Personnel Convention (C 149) and Recommendation (R 157) used?

The Convention and its Recommendation are intended to strengthen the rights of nursing personnel and to guide policy makers, workers' and employers' representatives in planning and implementing nursing policies within the framework of a given country's overall health policy. Some examples of how C 149 provisions have been applied illustrate the ratification potential of the Convention⁴:

- In **Bangladesh**, the Nursing Council was established in 1983; a code of professional conduct has been introduced, and the scope of educational levels was improved by introducing a Bachelor of Science in Nursing.
- In **Denmark**, an educational reform was introduced in 1990, pursued by a decree on nurses training in 2001; the salaries of public service nurses were adjusted and, within the Health Act, the public health nursing and home nursing services provisions were revised.
- In **France**, a decree adopted in 2000 lays down special rules for nursing aides and hospital staff in the public hospital service.
- In **Malta**, a Directorate of Nursing Services was created within the Department of Health in 1998. The Malta Union of Midwives was established in 1990 and became the Malta Union of Midwives and Nurses (MUMN) in 1996 when nurses joined the union. The hours of work were adjusted to conform to C 149. A dispute settlement was achieved in 2001 with assistance from the ILO.
- In **Greece**, between 1994 and 1999, collective agreements on remuneration and working conditions were concluded for persons employed in the private health sector; a Presidential Decree in 1995 enhanced the protection for nursing personnel concerning the risk of exposure to biological agents.

⁴ Information sources: ILO Committee of Experts on the Application of Conventions and Recommendations (CEACR), Article 22 Reports; International Digest of Health Legislation, available from www.who.int/idh

- In **Norway**, the regulations on the technical content of training in nursing and on the system of assessment were amended in 2001.
- In the **Philippines**, all laws regulating the practice of nursing have been revised within the Philippines Nursing Act, 1987. A Board of Nursing was established with the aim of uniting the nursing sector and ensuring that nurses' concerns were heard within the Government; the integration of nursing services and education was addressed and research was initiated on national and international supply and demand patterns.
- In **Tanzania**, the Nurses and Midwives Registration Act, 1997, was adopted providing for education, training, registration, enrolment and practice of nurses and midwives in their expanded role and scope of their practice.

What are the implications of ratification?

C 149 is legally binding for ratifying countries but it is not difficult to ratify due to its intrinsic flexibility. It supplements national labour standards that lay down general employment and working conditions covering all workers. C 149 is accompanied by the non-binding Nursing Personnel Recommendation 157 (R 157), which serves as guidance for the implementation of the Convention with more detailed and practical advice. Thirty-seven countries have ratified C 149. There are many other countries, employers and workers' organizations as well as professional associations that refer to or draw inspiration from R 157.

Table 1: Countries having ratified the Nursing Personnel Convention, 1977 (C 149)

Country	Ratification Year	Country	Ratification Year
Azerbaijan	1992	Kyrgyzstan	1992
Bangladesh	1979	Latvia	1993
Belarus	1979	Malawi	1986
Belgium	1988	Malta	1990
Congo	1986	Norway	1989
Denmark	1981	Philippines	1979
Ecuador	1978	Poland	1980
Egypt	1982	Portugal	1985
Finland	1979	Russian Federation	1979
France	1984	Seychelles	1993
Ghana	1986	Slovenia	2003
Greece	1987	Sweden	1978
Guatemala	1995	Tajikistan	1993
Guinea	1982	Tanzania	1983
Guyana	1983	Ukraine	1979
Iraq	1980	Uruguay	1980
Italy	1985	Venezuela	1983
Jamaica	1984	Zambia	1980
Kenya	1990		

(Source: ILO – ILOLEX database; available from www.ilo.org/ilolex)

When a country ratifies an ILO Convention, it agrees to give it effect by law and to apply its provisions in practice. The country further agrees to the ILO's supervision of the measures it takes to implement the Convention⁵. A formal ILO supervisory mechanism – consisting principally of a Committee of independent experts which examines annual reports on the application of ratified Conventions and formulates observations to the governments concerned – ensures regular reporting by governments, and includes procedures for handling requests or complaints from representatives of workers' and employers' organizations.

It is understood that the implementation of a Convention may be a gradual process requiring a period of adjustment, especially since it involves legal action at national level. At all stages of promotion, of ratification and of implementation of a Convention, the process of social dialogue, i.e. the involvement of government, employers' and workers' organizations in consultations, is critical. Regarding the Nursing Personnel Convention and Recommendation, the Ministries of Health have a key role as well as the relevant workers' and employers' organizations in both public and private health sectors. Together with the competent legislative and labour authorities, they are the ones to monitor and promote the solutions to nursing personnel issues in a given country.

What can be done to promote ratification?

Raise awareness: organize meetings of officials and affiliates to discuss the potential benefits of ratification and to coordinate promotional action.

Lobby: distribute information and organize meetings with government officials, parliamentarians, members of political parties, and officials of the Ministries of Health and of Labour to propose ratification and to describe the likely benefits of ratification.

Involve the media: inform and mobilize the media for action towards ratification. Through articles, interviews and other means, make the potential benefits of ratification more widely known to the public at large.

Propose concrete consultations: tripartite consultations between governments, employers' and workers' organizations and other relevant stakeholders such as professional associations and non-governmental organizations can prepare the ground for the ratification of C 149.⁶

⁵ ILO: Ratification of international labour standards. Available from www.ilo.org/public/english/standards/norm/howused/ratific.htm, accessed 29 April 2005

⁶ adapted from ILO brochure "Tripartite Consultation: Ratify and apply Convention No. 144".

How can the ILO help?

The ILO can help constituents interested in the ratification and application of C 149 in a number of ways:

- provide promotional material and facilitate workshops and discussions to develop a better understanding of the instrument;
- give technical support to government officials in establishing a consultation mechanism; and
- assist governments, employers' and workers' organizations in providing guidance and training on social dialogue processes.

Where to get more information?

More detailed information and promotional materials on ILO activities in health services and on the Convention 149 can be obtained from:

Health Services
Sectoral Activities Programme
International Labour Office
4, route des Morillons
CH-1211 Geneva 22
Switzerland

Telephone: +41 22 799.7883
Fax : +41 22 799.7296

www.ilo.org/sector or sector@ilo.org

C 149 Nursing Personnel Convention, 1977

The General Conference of the International Labour Organisation,

Having been convened at Geneva by the Governing Body of the International Labour Office, and having met in its Sixty-third Session on 1 June 1977, and

Recognising the vital role played by nursing personnel, together with other workers in the field of health, in the protection and improvement of the health and welfare of the population, and

Recognising that the public sector as an employer of nursing personnel should play an active role in the improvement of conditions of employment and work of nursing personnel, and

Noting that the present situation of nursing personnel in many countries, in which there is a shortage of qualified persons and existing staff are not always utilised to best effect, is an obstacle to the development of effective health services, and

Recalling that nursing personnel are covered by many international labour Conventions and Recommendations laying down general standards concerning employment and conditions of work, such as instruments on discrimination, on freedom of association and the right to bargain collectively, on voluntary conciliation and arbitration, on hours of work, holidays with pay and paid educational leave, on social security and welfare facilities, and on maternity protection and the protection of workers' health, and

Considering that the special conditions in which nursing is carried out make it desirable to supplement the above-mentioned general standards by standards specific to nursing personnel, designed to enable them to enjoy a status corresponding to their role in the field of health and acceptable to them, and

Noting that the following standards have been framed in co-operation with the World Health Organisation and that there will be continuing co-operation with that Organisation in promoting and securing the application of these standards, and

Having decided upon the adoption of certain proposals with regard to employment and conditions of work and life of nursing personnel, which is the sixth item on the agenda of the session, and

Having determined that these proposals shall take the form of an international Convention,

adopts this twenty-first day of June of the year one thousand nine hundred and seventy-seven the following Convention, which may be cited as the Nursing Personnel Convention, 1977.

Article 1

1. For the purpose of this Convention, the term nursing personnel includes all categories of persons providing nursing care and nursing services.

2. This Convention applies to all nursing personnel, wherever they work.

3. The competent authority may, after consultation with the employers' and workers' organisations concerned, where such organisations exist, establish special rules concerning nursing personnel who give nursing care and services on a voluntary basis; these rules shall not derogate from the provisions of Article 2, paragraph 2 (a), Article 3, Article 4 and Article 7 of this Convention.

Article 2

1. Each Member which ratifies this Convention shall adopt and apply, in a manner appropriate to national conditions, a policy concerning nursing services and nursing personnel designed, within the framework of a general health programme, where such a programme exists, and within the resources available for health care as a whole, to provide the quantity and quality of nursing care necessary for attaining the highest possible level of health for the population.

2. In particular, it shall take the necessary measures to provide nursing personnel with--

- (a) education and training appropriate to the exercise of their functions; and
- (b) employment and working conditions, including career prospects and remuneration,

which are likely to attract persons to the profession and retain them in it.

3. The policy mentioned in paragraph 1 of this Article shall be formulated in consultation with the employers' and workers' organisations concerned, where such organisations exist.

4. This policy shall be co-ordinated with policies relating to other aspects of health care and to other workers in the field of health, in consultation with the employers' and workers' organisations concerned.

Article 3

1. The basic requirements regarding nursing education and training and the supervision of such education and training shall be laid down by national laws or regulations or by the competent authority or competent professional bodies, empowered by such laws or regulations to do so.

2. Nursing education and training shall be co-ordinated with the education and training of other workers in the field of health.

Article 4

National laws or regulations shall specify the requirements for the practice of nursing and limit that practice to persons who meet these requirements.

Article 5

1. Measures shall be taken to promote the participation of nursing personnel in the planning of nursing services and consultation with such personnel on decisions concerning them, in a manner appropriate to national conditions.

2. The determination of conditions of employment and work shall preferably be made by negotiation between employers' and workers' organisations concerned.

3. The settlement of disputes arising in connection with the determination of terms and conditions of employment shall be sought through negotiations between the parties or, in such a manner as to ensure the confidence of the parties involved, through independent and impartial machinery such as mediation, conciliation and voluntary arbitration.

Article 6

Nursing personnel shall enjoy conditions at least equivalent to those of other workers in the country concerned in the following fields:

- (a) hours of work, including regulation and compensation of overtime, inconvenient hours and shift work;
- (b) weekly rest;
- (c) paid annual holidays;
- (d) educational leave;
- (e) maternity leave;
- (f) sick leave;
- (g) social security.

Article 7

Each Member shall, if necessary, endeavour to improve existing laws and regulations on occupational health and safety by adapting them to the special nature of nursing work and of the environment in which it is carried out.

Article 8

The provisions of this Convention, in so far as they are not otherwise made effective by means of collective agreements, works rules, arbitration awards, court decisions, or in such other manner consistent with national practice as may be appropriate under national conditions, shall be given effect by national laws or regulations.

Article 9

The formal ratifications of this Convention shall be communicated to the Director-General of the International Labour Office for registration.

Article 10

1. This Convention shall be binding only upon those Members of the International Labour Organisation whose ratifications have been registered with the Director-General.

2. It shall come into force twelve months after the date on which the ratifications of two Members have been registered with the Director-General.

3. Thereafter, this Convention shall come into force for any Member twelve months after the date on which its ratification has been registered.

Article 11

1. A Member which has ratified this Convention may denounce it after the expiration of ten years from the date on which the Convention first comes into force, by an act communicated to the Director-General of the International Labour Office for registration. Such denunciation shall not take effect until one year after the date on which it is registered.

2. Each Member which has ratified this Convention and which does not, within the year following the expiration of the period of ten years mentioned in the preceding paragraph, exercise the right of denunciation provided for in this Article, will be bound for another period of ten years and, thereafter, may denounce this Convention at the expiration of each period of ten years under the terms provided for in this Article.

Article 12

1. The Director-General of the International Labour Office shall notify all Members of the International Labour Organisation of the registration of all ratifications and denunciations communicated to him by the Members of the Organisation.

2. When notifying the Members of the Organisation of the registration of the second ratification communicated to him, the Director-General shall draw the attention of the Members of the Organisation to the date upon which the Convention will come into force.

Article 13

The Director-General of the International Labour Office shall communicate to the Secretary-General of the United Nations for registration in accordance with Article 102 of the Charter of the United Nations full particulars of all ratifications and acts of denunciation registered by him in accordance with the provisions of the preceding Articles.

Article 14

At such times as it may consider necessary the Governing Body of the International Labour Office shall present to the General Conference a report on the working of this Convention and shall examine the desirability of placing on the agenda of the Conference the question of its revision in whole or in part.

Article 15

1. Should the Conference adopt a new Convention revising this Convention in whole or in part, then, unless the new Convention otherwise provides:

- a) the ratification by a Member of the new revising Convention shall ipso jure involve the immediate denunciation of this Convention, notwithstanding the provisions of Article 11 above, if and when the new revising Convention shall have come into force;
- b) as from the date when the new revising Convention comes into force this Convention shall cease to be open to ratification by the Members.

2. This Convention shall in any case remain in force in its actual form and content for those Members which have ratified it but have not ratified the revising Convention.

Article 16

The English and French versions of the text of this Convention are equally authoritative.

R157 Nursing Personnel Recommendation, 1977

The General Conference of the International Labour Organisation,

Having been convened at Geneva by the Governing Body of the International Labour Office, and having met in its Sixty-third Session on 1 June 1977, and

Recognising the vital role played by nursing personnel, together with other workers in the field of health, in the protection and improvement of the health and welfare of the population, and

Emphasising the need to expand health services through co-operation between governments and employers' and workers' organisations concerned in order to ensure the provision of nursing services appropriate to the needs of the community, and

Recognising that the public sector as an employer of nursing personnel should play a particularly active role in the improvement of conditions of employment and work of nursing personnel, and

Noting that the present situation of nursing personnel in many countries, in which there is a shortage of qualified persons and existing staff are not always utilised to best effect, is an obstacle to the development of effective health services, and

Recalling that nursing personnel are covered by many international labour Conventions and Recommendations laying down general standards concerning employment and conditions of work, such as instruments on discrimination, on freedom of association and the right to bargain collectively, on voluntary conciliation and arbitration, on hours of work, holidays with pay and paid educational leave, on social security and welfare facilities, and on maternity protection and the protection of workers' health, and

Considering that the special conditions in which nursing is carried out make it desirable to supplement the above-mentioned general standards by standards specific to nursing personnel, designed to enable them to enjoy a status corresponding to their role in the field of health and acceptable to them, and

Noting that the following standards have been framed in co-operation with the World Health Organisation and that there will be continuing co-operation with that Organisation in promoting and securing the application of these standards, and

Having decided upon the adoption of certain proposals with regard to employment and conditions of work and life of nursing personnel, which is the sixth item on the agenda of the session, and

Having determined that these proposals shall take the form of a Recommendation, adopts this twenty-first day of June of the year one thousand nine hundred and seventy-seven, the following Recommendation, which may be cited as the Nursing Personnel Recommendation, 1977:

I. Scope

1. For the purpose of this Recommendation, the term *nursing personnel* includes all categories of persons providing nursing care and nursing services.

2. This Recommendation applies to all nursing personnel, wherever they work.

3. The competent authority may, after consultation with the employers' and workers' organisations concerned, where such organisations exist, establish special rules concerning nursing personnel who give services on a voluntary basis; these rules should not derogate from the provisions of Parts II, III, IV and IX of this Recommendation.

II. Policy concerning Nursing Services and Nursing Personnel

4.

(1) Each Member should adopt and apply, in a manner appropriate to national conditions, a policy concerning nursing services and nursing personnel designed, within the framework of a general health programme and within the resources available for health care as a whole, to provide the quantity and quality of nursing care necessary for attaining the highest possible level of health for the population.

- (2) The said policy should--
- (a) be co-ordinated with policies relating to other aspects of health care and to other workers in the field of health, in consultation with representatives of the latter;
 - (b) include the adoption of laws or regulations concerning education and training for and the practice of the nursing profession and the adaptation of such laws or regulations to developments in the qualifications and responsibilities required of nursing personnel to meet all calls for nursing services;
 - (c) include measures--
 - (i) to facilitate the effective utilisation of nursing personnel in the country as a whole; and
 - (ii) to promote the fullest use of the qualifications of nursing personnel in the various establishments, areas and sectors employing them; and
 - (d) be formulated in consultation with the employers' and workers' organisations concerned.

5.

(1) Measures should be taken, in consultation with the employers' and workers' organisations concerned, to establish a rational nursing personnel structure by classifying nursing personnel in a limited number of categories determined by reference to education and training, level of functions and authorisation to practise.

(2) Such a structure may include the following categories, in accordance with national practice:

- (a) professional nurses, having the education and training recognised as necessary for assuming highly complex and responsible functions, and authorised to perform them;
- (b) auxiliary nurses, having at least the education and training recognised as necessary for assuming less complex functions, under the supervision of a professional nurse as appropriate, and authorised to perform them;
- (c) nursing aides, having prior education and/or on-the-job training enabling them to perform specified tasks under the supervision of a professional or auxiliary nurse.

6.

(1) The functions of nursing personnel should be classified according to the level of judgement required, the authority to take decisions, the complexity of the relationship with other functions, the level of technical skill required, and the level of responsibility for the nursing services provided.

(2) The resulting classification should be used to ensure greater uniformity of employment structure in the various establishments, areas and sectors employing nursing personnel.

(3) Nursing personnel of a given category should not be used as substitutes for nursing personnel of a higher category except in case of special emergency, on a provisional basis, and on condition that they have adequate training or experience and are given appropriate compensation.

III. Education and Training

7.

(1) Measures should be taken to provide the necessary information and guidance on the nursing profession to persons wishing to take up nursing as a career.

(2) Where appropriate, basic nursing education should be conducted in educational institutions within the framework of the general education system of the country at a level similar to that of comparable professional groups.

(3) Laws or regulations should prescribe the basic requirements regarding nursing education and training and provide for the supervision of such education and training, or should empower the competent authority or competent professional bodies to do so.

(4) Nursing education and training should be organised by reference to recognised community needs, taking account of resources available in the country, and should be co-ordinated with the education and training of other workers in the field of health.

8.

(1) Nursing education and training should include both theory and practice in conformity with a programme officially recognised by the competent authorities.

(2) Practical training should be given in approved preventive, curative and rehabilitation services, under the supervision of qualified nurses.

9.

(1) The duration of basic nursing education and training should be related to the minimum educational requirements for entry to training and to the purposes of training.

- (2) There should be two levels of approved basic education and training:
- (a) an advanced level, designed to train professional nurses having sufficiently wide and thorough skills to enable them to provide the most complex nursing care and to organise and evaluate nursing care, in hospitals and other health-related community services; as far as possible, students accepted for education and training at this level should have the background of general education required for entry to university;
 - (b) a less advanced level, designed to train auxiliary nurses able to provide general nursing care which is less complex but which requires technical skills and aptitude for personal relations; students accepted for education and training at this level should have attained as advanced a level as possible of secondary education.

10. There should be programmes of higher nursing education to prepare nursing personnel for the highest responsibilities in direct and supportive nursing care, in the administration of nursing services, in nursing education and in research and development in the field of nursing.

11. Nursing aides should be given theoretical and practical training appropriate to their functions.

12.

(1) Continuing education and training both at the workplace and outside should be an integral part of the programme referred to in Paragraph 8, subparagraph 1, of this Recommendation and be available to all so as to ensure the updating and upgrading of knowledge and skills and to enable nursing personnel to acquire and apply new ideas and techniques in the field of nursing and related sciences.

(2) Continuing nursing education and training should include provision for programmes which would promote and facilitate the advancement of nursing aides and auxiliary nurses.

(3) Such education and training should also include provision for programmes which would facilitate re-entry into nursing after a period of interruption.

IV. Practice of the Nursing Profession

13. The laws or regulations concerning the practice of the nursing profession should--

(a) specify the requirements for the practice of the nursing profession as professional nurse or as auxiliary nurse and, where the possession of certificates attesting the attainment of the required level of education and training does not automatically imply the right to practise the profession, empower a body including representatives of nursing personnel to grant licenses;

(b) limit the practice of the profession to duly authorised persons;

(c) be reviewed and updated, as necessary, in accordance with current advances and practices in the profession.

14. The standards concerning nursing practice should be co-ordinated with those concerning the practice of other health professions.

15.

(1) Nursing personnel should not be assigned to work which goes beyond their qualifications and competence.

(2) Where individuals are not qualified for work on which they are already employed, they should be trained as quickly as possible to obtain the necessary qualifications, and their preparation for these qualifications should be facilitated.

16. Consideration should be given to the measures which may be called for by the problem of civil liability of nursing personnel arising from the exercise of their functions.

17. Any disciplinary rules applicable to nursing personnel should be determined with the participation of representatives of nursing personnel and should guarantee such personnel a fair judgement and adequate appeal procedures, including the right to be represented by persons of their choice at all levels of the proceedings, in a manner appropriate to national conditions.

18. Nursing personnel should be able to claim exemption from performing specific duties, without being penalised, where performance would conflict with their religious, moral or ethical convictions and where they inform their supervisor in good time of their objection so as to allow the necessary alternative arrangements to be made to ensure that essential nursing care of patients is not affected.

V. Participation

19.

(1) Measures should be taken to promote the participation of nursing personnel in the planning and in decisions concerning national health policy in general and concerning their profession in particular at all levels, in a manner appropriate to national conditions.

(2) In particular--

(a) qualified representatives of nursing personnel, or of organisations representing them, should be associated with the elaboration and application of policies and general principles regarding the nursing profession, including those regarding education and training and the practice of the profession;

(b) conditions of employment and work should be determined by negotiation between the employers' and workers' organisations concerned;

(c) the settlement of disputes arising in connection with the determination of terms and conditions of employment should be sought through negotiation between the parties or through independent and impartial machinery, such as mediation, conciliation and voluntary arbitration, with a view to making it unnecessary for the organisations representing nursing personnel to have recourse to such other steps as are normally open to organisations of other workers in defence of their legitimate interests;

(d) in the employing establishment, nursing personnel or their representatives in the meaning of Article 3 of the Workers' Representatives Convention, 1971, should be associated with decisions relating to their professional life, in a manner appropriate to the questions at issue.

20. Representatives of nursing personnel should be assured the protection provided for in the Workers' Representatives Convention and Recommendation, 1971.

VI. Career Development

21.

(1) Measures should be taken to offer nursing personnel reasonable career prospects by providing for a sufficiently varied and open range of possibilities of professional advancement, leadership positions in direct and supportive nursing care, the administration of nursing services, nursing education, and research and development in the field of nursing, and a grading and a remuneration structure recognising the acceptance of functions involving increased responsibility, and requiring greater technical skill and professional judgement.

(2) These measures should also give recognition to the importance of functions involving direct relations with patients and the public.

22. Measures should be taken to give nursing personnel advice and guidance on career prospects and, as appropriate, on re-entry into nursing after a period of interruption.

23. In determining the level at which nursing personnel re-entering the profession after an interruption of its practice should be employed, account should be taken of previous nursing experience and the duration of the interruption.

24.

(1) Nursing personnel wishing to participate in programmes of continuing education and training and capable of doing so should be given the necessary facilities.

(2) These facilities might consist in the grant of paid or unpaid educational leave, adaptation of hours of work, and payment of study or training costs; wherever possible, nursing personnel should be granted paid educational leave in accordance with the Paid Educational Leave Convention, 1974.

(3) Employers should provide staff and facilities for in-service training of nursing personnel, preferably at the workplace.

VII. Remuneration

25.

(1) The remuneration of nursing personnel should be fixed at levels which are commensurate with their socio-economic needs, qualifications, responsibilities, duties and experience, which take account of the constraints and hazards inherent in the profession, and which are likely to attract persons to the profession and retain them in it.

(2) Levels of remuneration should bear comparison with those of other professions requiring similar or equivalent qualifications and carrying similar or equivalent responsibilities.

(3) Levels of remuneration for nursing personnel having similar or equivalent duties and working in similar or equivalent conditions should be comparable, whatever the establishments, areas or sectors in which they work.

(4) Remuneration should be adjusted from time to time to take into account variations in the cost of living and rises in the national standard of living. (5) The remuneration of nursing personnel should preferably be fixed by collective agreement.

26. Scales of remuneration should take account of the classification of functions and responsibilities recommended in Paragraphs 5 and 6 and of the principles of career policy set

out in Paragraph 21 of this Recommendation.

27. Nursing personnel who work in particularly arduous or unpleasant conditions should receive financial compensation for this.

28.

(1) Remuneration should be payable entirely in money.

(2) Deductions from wages should be permitted only under conditions and to the extent prescribed by national laws or regulations or fixed by collective agreement or arbitration award.

(3) Nursing personnel should be free to decide whether or not to use the services provided by the employer.

29. Work clothing, medical kits, transport facilities and other supplies required by the employer or necessary for the performance of the work should be provided by the employer to nursing personnel and maintained free of charge.

VIII. Working Time and Rest Periods

30. For the purpose of this Recommendation--

(a) the term *normal hours of work* means the number of hours fixed in each country by or in pursuance of laws or regulations, collective agreements or arbitration awards;

(b) the term *overtime* means hours worked in excess of normal hours of work;

(c) the term *on-call duty* means periods of time during which nursing personnel are, at the workplace or elsewhere, at the disposal of the employer in order to respond to possible calls;

(d) the term *inconvenient hours* means hours worked on other than the normal working days and at other than the normal working time of the country.

31. The time during which personnel are at the disposal of the employer --such as the time needed to organise their work and the time needed to receive and to transmit instructions-- should be counted as working time for nursing personnel, subject to possible special provisions concerning on-call duty.

32.

(1) The normal weekly hours of nursing personnel should not be higher than those set in the country concerned for workers in general.

(2) Where the normal working week of workers in general exceeds 40 hours, steps should be taken to bring it down, progressively, but as rapidly as possible, to that level for nursing personnel, without any reduction in salary, in accordance with Paragraph 9 of the Reduction of Hours of Work Recommendation, 1962.

33.

(1) Normal daily hours of work should be continuous and not exceed eight hours, except where arrangements are made by laws or regulations, collective agreements, works rules or arbitration awards for flexible hours or a compressed week; in any case, the normal working week should remain within the limits referred to in Paragraph 32, subparagraph (1), of this Recommendation.

(2) The working day, including overtime, should not exceed 12 hours.

(3) Temporary exceptions to the provisions of this Paragraph should be authorised only in case of special emergency.

34.

(1) There should be meal breaks of reasonable duration.

(2) There should be rest breaks of reasonable duration included in the normal hours of work.

35. Nursing personnel should have sufficient notice of working schedules to enable them to organise their personal and family life accordingly. Exceptions to these schedules should be authorised only in case of special emergency.

36.

(1) Where nursing personnel are entitled to less than 48 hours of continuous weekly rest, steps should be taken to bring their weekly rest to that level.

(2) The weekly rest of nursing personnel should in no case be less than 36 uninterrupted hours.

37.

(1) There should be as little recourse to overtime work, work at inconvenient hours and on-call duty as possible.

(2) Overtime and work on public holidays should be compensated in time off and/or remuneration at a higher rate than the normal salary rate.

(3) Work at inconvenient hours other than public holidays should be compensated by an addition to salary.

38.

(1) Shift work should be compensated by an increase in remuneration which should not be less than that applicable to shift work in other employment in the country.

(2) Nursing personnel assigned to shift work should have a period of continuous rest of at least 12 hours between shifts.

(3) A single shift of duty divided by a period of unremunerated time (split shift) should be avoided.

39.

(1) Nursing personnel should be entitled to, and required to take, a paid annual holiday of at least the same length as other workers in the country.

(2) Where the length of the paid annual holiday is less than four weeks for one year of service, steps should be taken to bring it progressively, but as rapidly as possible, to that level for nursing personnel.

40. Nursing personnel who work in particularly arduous or unpleasant conditions should benefit from a reduction of working hours and/or an increase in rest periods, without any decrease in total remuneration.

41.

(1) Nursing personnel absent from work by reason of illness or injury should be entitled, for a period and in a manner determined by laws or regulations or by collective agreements, to--

(a) maintenance of the employment relationship and of rights deriving therefrom;

(b) income security.

(2) The laws or regulations, or collective agreements, establishing sick leave entitlement should distinguish between--

(a) cases in which the illness or injury is service-incurred;

(b) cases in which the person concerned is not incapacitated for work but absence from work is necessary to protect the health of others;

(c) cases of illness or injury unrelated to work.

42.

(1) Nursing personnel, without distinction between married and unmarried persons, should be assured the benefits and protection provided for in the Maternity Protection Convention (Revised), 1952, and the Maternity Protection Recommendation, 1952.

(2) Maternity leave should not be considered to be sick leave.

(3) The measures provided for in the Employment (Women with Family Responsibilities) Recommendation, 1965, should be applied in respect of nursing personnel.

43. In accordance with Paragraph 19 of this Recommendation, decisions concerning the organisation of work, working time and rest periods should be taken in agreement or in consultation with freely chosen representatives of the nursing personnel or with organisations representing them. They should bear, in particular, on--

(a) the hours to be regarded as inconvenient hours;

(b) the conditions in which on-call duty will be counted as working time;

(c) the conditions in which the exceptions provided for in Paragraph 33, subparagraph (3), and in Paragraph 35 of this Recommendation will be authorised;

(d) the length of the breaks provided for in Paragraph 34 of this Recommendation and the manner in which they are to be taken;

(e) the form and amount of the compensation provided for in Paragraphs 37 and 38 of this Recommendation;

(f) working schedules;

(g) the conditions to be considered as particularly arduous or unpleasant for the purpose of Paragraphs 27 and 40 of this Recommendation.

IX. Occupational Health Protection

44. Each Member should endeavour to adapt laws and regulations on occupational health and safety to the special nature of nursing work and of the environment in which it is carried out, and to increase the protection afforded by them.

45.

(1) Nursing personnel should have access to occupational health services operating in accordance with the provisions of the Occupational Health Services Recommendation, 1959.

(2) Where occupational health services have not yet been set up for all undertakings, med-

ical care establishments employing nursing personnel should be among the undertakings for which, in accordance with Paragraph 4 of that Recommendation, such services should be set up in the first instance.

46.

(1) Each Member and the employers' and workers' organisations concerned should pay particular attention to the provisions of the Protection of Workers' Health Recommendation, 1953, and endeavour to ensure its application to nursing personnel.

(2) All appropriate measures should be taken in accordance with Paragraphs 1 to 7 of that Recommendation to prevent, reduce or eliminate risks to the health or safety of nursing personnel.

47.

(1) Nursing personnel should undergo medical examinations on taking up and terminating an appointment, and at regular intervals during their service.

(2) Nursing personnel regularly assigned to work in circumstances such that a definite risk to their health or to that of others around them exists or may be suspected should undergo regular medical examinations at intervals appropriate to the risk involved.

(3) Objectivity and confidentiality should be assured in examinations provided for in this Paragraph; the examinations referred to should not be carried out by doctors with whom the persons examined have a close working relationship.

48.

(1) Studies should be undertaken--and kept up to date--to determine special risks to which nursing personnel may be exposed in the exercise of their profession so that these risks may be prevented and, as appropriate, compensated.

(2) For that purpose, cases of occupational accidents and cases of diseases recognised as occupational under laws or regulations concerning employment injury benefits, or liable to be occupational in origin, should be notified to the competent authority, in a manner to be prescribed by national laws or regulations, in accordance with Paragraphs 14 to 17 of the Protection of Workers' health Recommendation, 1953.

49.

(1) All possible steps should be taken to ensure that nursing personnel are not exposed to special risks. Where exposure to special risks is unavoidable, measures should be taken to minimise it.

(2) Measures such as the provision and use of protective clothing, immunisation, shorter hours, more frequent rest breaks, temporary removal from the risk or longer annual holidays should be provided for in respect to nursing personnel regularly assigned to duties involving special risks so as to reduce their exposure to these risks.

(3) In addition, nursing personnel who are exposed to special risks should receive financial compensation.

50. Pregnant women and parents of young children whose normal assignment could be prejudicial to their health or that of their child should be transferred, without loss of entitlements, to work appropriate to their situation.

51. The collaboration of nursing personnel and of organisations representing them should be sought in ensuring the effective application of provisions concerning the protection of the health and safety of nursing personnel.

52. Appropriate measures should be taken for the supervision of the application of the laws and regulations and other provisions concerning the protection of the health and safety of nursing personnel.

X. Social Security

53.

(1) Nursing personnel should enjoy social security protection at least equivalent, as the case may be, to that of other persons employed in the public service or sector, employed in the private sector, or self-employed, in the country concerned; this protection should cover periods of probation and periods of training of persons regularly employed as nursing personnel.

(2) The social security protection of nursing personnel should take account of the particular nature of their activity.

54. As far as possible, appropriate arrangements should be made to ensure continuity in the acquisition of rights and the provision of benefits in case of change of employment and temporary cessation of employment.

55.

(1) Where the social security scheme gives protected persons the free choice of doctor and

medical institution, nursing personnel should enjoy the same freedom of choice.

(2) The medical records of nursing personnel should be confidential.

56. National laws or regulations should make possible the compensation, as an occupational disease, of any illness contracted by nursing personnel as a result of their work.

XI. Special Employment Arrangements

57. With a view to making the most effective use of available nursing personnel and to preventing the withdrawal of qualified persons from the profession, measures should be taken to make possible temporary and part-time employment.

58. The conditions of employment of temporary and part-time nursing personnel should be equivalent to those of permanent and full-time staff respectively, their entitlements being, as appropriate, calculated on a pro rata basis.

XII. Nursing Students

59. Nursing students should enjoy the rights and freedoms of students in other disciplines, subject only to limitations which are essential for their education and training.

60.

(1) Practical work of nursing students should be organised and carried out by reference to their training needs; it should in no case be used as a means of meeting normal staffing requirements.

(2) During their practical work, nursing students should only be assigned tasks which correspond to their level of preparation.

(3) Throughout their education and training, nursing students should have the same health protection as nursing personnel.

(4) Nursing students should have appropriate legal protection.

61. During their education and training, nursing students should receive precise and detailed information on the employment, working conditions and career prospects of nursing personnel, and on the means available to them to further their economic, social and professional interests.

XIII. International Co-operation

62. In order to promote exchanges of personnel, ideas and knowledge, and thereby improve nursing care, Members should endeavour, in particular by multilateral or bilateral arrangements, to--

(a) harmonise education and training for the nursing profession without lowering standards;

(b) lay down the conditions of mutual recognition of qualifications acquired abroad;

(c) harmonise the requirements for authorisation to practice;

(d) organise nursing personnel exchange programmes.

63.

(1) Nursing personnel should be encouraged to use the possibilities of education and training available in their own country.

(2) Where necessary or desirable, they should have the possibility of education and training abroad, as far as possible by way of organised exchange programmes.

64.

(1) Nursing personnel undergoing education or training abroad should be able to obtain appropriate financial aid, on conditions to be determined by multilateral or bilateral agreements or national laws or regulations.

(2) Such aid may be made dependent on an undertaking to return to their country within a reasonable time and to work there for a specified minimum period in a job corresponding to the newly acquired qualifications, on terms at least equal to those applicable to other nationals.

65. Consideration should be given to the possibility of detaching personnel wishing to work or train abroad for a specified period, without break in the employment relationship.

66.

(1) Foreign nursing personnel should have qualifications recognised by the competent authority as appropriate for the posts to be filled and satisfy all other conditions for the practice of the profession in the country of employment; foreign personnel participating in organised exchange programmes may be exempted from the latter requirement.

(2) The employer should satisfy himself that foreign nursing personnel have adequate language ability for the posts to be filled.

(3) Foreign nursing personnel with equivalent qualifications should have conditions of employment which are as favourable as those of national personnel in posts involving the same duties and responsibilities.

67.

(1) Recruitment of foreign nursing personnel for employment should be authorised only--
(a) if there is a lack of qualified personnel for the posts to be filled in the country of employment;

(b) if there is no shortage of nursing personnel with the qualifications sought in the country of origin.

(2) Recruitment of foreign nursing personnel should be undertaken in conformity with the relevant provisions of the Migration for Employment Convention and Recommendation (Revised), 1949.

68. Nursing personnel employed or in training abroad should be given all necessary facilities when they wish to be repatriated.

69. As regards social security, Members should, in accordance with national practice--

(a) assume to foreign nursing personnel training or working in the country equality of treatment with national personnel;

(b) participate in bilateral or multilateral arrangements designed to ensure the maintenance of the acquired rights or rights in course of acquisition of migrant nursing personnel, as well as the provision of benefits abroad.

XIV. Methods of Application

70. This Recommendation may be applied by national laws or regulations, collective agreements, works rules, arbitration awards or judicial decisions, or in any other manner consistent with national practice which may be appropriate, account being taken of conditions in each country.

71. In applying the provisions of this Recommendation, Members and the employers' and workers' organisations concerned should be guided to the extent possible and desirable by the suggestions concerning its practical application set forth in the Annex.

ANNEX: Suggestions concerning Practical Application

Policy Concerning Nursing Services and Nursing Personnel

1. Sufficient budgetary provision should be made to permit the attainment of the objectives of the national policy concerning nursing services and nursing personnel.

2.

(1) The programming of nursing services should be a continuing process at all levels of general health programming.

(2) Nursing services should be programmed on the basis of :

(a) information obtained from studies and research which are of a continuing nature and permit adequate evaluation of the problems arising and of the needs and available resources;

(b) technical standards appropriate to changing needs and national and local conditions.

(3) In particular, measures should be taken to :

(a) establish adequate nursing standards;

(b) specify the nursing functions called for by the recognised needs;

(c) determine the staffing standards for the adequate composition of nursing teams as regards the number of persons and qualifications required at the various levels and in the various categories;

(d) determine on that basis the categories, number and level of personnel required for the development of nursing services as a whole and for the effective utilisation of personnel;

(e) determine, in consultation with the representatives of those concerned, the relationship between nursing personnel and other categories of health personnel.

3. The policy concerning nursing services and nursing personnel should aim at developing four types of functions of nursing personnel: direct and supportive nursing care; the administration of nursing services; nursing education; and research and development in the field of nursing.

4. Appropriate technical and material resources should be provided for the proper exercise of the tasks of nursing personnel.

5. The classification of functions recommended in Paragraph 5 of the Recommendation should be based on an analysis of jobs and an evaluation of functions made in consultation with the employers' and workers' organisations concerned.

Education and Training

6. Where the educational possibilities of large sections of the population are limited, measures should be taken within the programmes of nursing education and training to supplement the general education of students who have not attained the level required in accordance with Paragraph 9 of the Recommendation.

7. Programmes of nursing education and training should provide a basis for access to education and training for higher responsibilities, create a desire for self-improvement, and prepare students to apply their knowledge and skills as members of the health team.

Practice of the Nursing Profession

8.

(1) In conditions to be determined, the renewal of an authorisation to practice the nursing profession may be required.

(2) Such renewal might be made subject to requirements of continuing education and training, where this is considered necessary to ensure that authorised nursing personnel remain fully qualified.

9. Re-entry into the profession after an interruption of its practice may be made subject, in specified circumstances, to verification of qualifications; in such case, consideration should be given to facilitating re-entry by such methods as employment alongside another person for a specified period before verification takes place.

10.

(1) Any disciplinary rules applicable to nursing personnel should include :

(a) a definition of breach of professional conduct taking account of the nature of the profession and of such standards of professional ethics as may be applicable thereto;

(b) an indication of the sanctions applicable, which should be proportional to the gravity of the fault.

(2) Any disciplinary rules applicable to nursing personnel should be laid down in the framework of rules applicable to health personnel as a whole or, where there are no such rules, should take due account of rules applicable to other categories of health personnel.

Career Development

11. Where the possibilities of professional advancement are limited as a result of the manner in which nursing services in general are conceived, measures might be taken to facilitate access to studies leading to qualifications for other health professions.

12.

(1) Measures should be taken to establish systems of classification and of scales of remuneration which provide possibilities of professional advancement on the basis of the classification of the level of functions envisaged in Paragraph 6 of the Recommendation.

(2) These systems should be sufficiently open to provide an incentive for nursing personnel to pass from one level to another.

(3) The promotion of nursing personnel should be based on equitable criteria and take account of experience and demonstrated ability.

14.

(1) Measures should be taken to encourage nursing personnel to make the greatest possible use of their knowledge and their qualifications in their work.

(2) The responsibilities effectively assumed by nursing personnel and the competence shown by them should be continuously reviewed so as to ensure remuneration and possibilities of advancement or promotion corresponding thereto.

15.

(1) Periods of paid educational leave should be considered to be periods of work for the purpose of entitlement to social benefits and other rights deriving from the employment relationship.

(2) As far as possible, periods of unpaid educational leave for the purpose of additional education and training should be taken into consideration in the calculation of seniority, particularly as regards remuneration and pension rights.

Remuneration

16. Pending the attainment of levels of remuneration comparable with those of other professions requiring similar or equivalent qualifications and carrying similar or equivalent responsibilities, measures should be taken, where necessary, to bring remuneration as rapidly as possible to a level which is likely to attract nursing personnel to the profession and retain them in it.

17.

(1) Additions to salary and compensatory payments which are granted on a regular basis should, to an extent commensurate with general practice in the professions referred to in Paragraph 16 of this Annex, be regarded as an integral part of remuneration for the calculation of holiday pay, pensions and other social benefits.

(2) Their amount should be periodically reviewed in the light of changes in the cost of living.

Working Time and Rest Periods

18.

(1) In the organisation of hours of work, every effort should be made, subject to the requirements of the service, to allocate shift work, overtime work and work at inconvenient hours equitably between nursing personnel, and in particular between permanent and temporary and between full-time and part-time personnel, and to take account as far as possible of individual preferences and of special considerations regarding such matters as climate, transportation and family responsibilities.

(2) The organisation of hours of work for nursing personnel should be based on the need for nursing services rather than subordinated to the work pattern of other health service personnel.

19.

(1) Appropriate measures to limit the need for overtime, for work at inconvenient hours and for on-call duty should be taken in the organisation of work, in determining the number and use of staff and in scheduling hours of work; in particular, account should be taken of the need for replacing nursing personnel during absences or leave authorised by laws or regulations or collective agreements, so that the personnel who are present will not be overburdened.

(2) Overtime should be worked on a voluntary basis, except where it is essential for patient care and sufficient volunteers are not available.

20. The notice of working schedules provided for in Paragraph 35 of the Recommendation should be given at least two weeks in advance.

21. Any period of on-call duty during which nursing personnel are required to remain at the workplace or the services of nursing personnel are actually used should be fully regarded as working time and remunerated as such.

22.

(1) Nursing personnel should be free to take their meals in places of their choice.

(2) They should be able to take their rest breaks at a place other than their workplace.

23. The time at which the annual holiday is to be taken should be determined on an equitable basis, due account being taken of family obligations, individual preferences and the requirements of the service.

Occupational Health Protection

24. Nursing personnel in respect of whom special measures such as those envisaged in Paragraphs 47, subparagraph (2), 49 and 50 of the Recommendation should be taken should include, in particular, personnel regularly exposed to ionising radiations or to anaesthetic substances and personnel in contact with infectious diseases or mental illness.

25. Nursing personnel regularly exposed to ionising radiations should, in addition, enjoy the protection of the measures provided for in the Radiation Protection Convention and Recommendation, 1960.

26. Work to which pregnant women or mothers of young children should not be assigned should include :

(a) as regards women covered by Paragraph 5 of the Maternity Protection Recommendation, 1952, the types of work enumerated therein;

(b) generally, work involving exposure to ionising radiations or anaesthetic substances or involving contact with infectious diseases.

Social Security

27. In order to ensure continuity in the acquisition of rights and the provision of benefits, as provided in Paragraph 54 of the Recommendation, steps should be taken to co-ordinate such private supplementary schemes as exist with each other and with statutory schemes.

28. In order to ensure that nursing personnel receive the compensation for illnesses contracted as a result of their work, as provided for in Paragraph 56 of the Recommendation, Members should, by laws or regulations :

(a) prescribe a list establishing a presumption of occupational origin in respect of certain diseases when they are contracted by nursing personnel, and revise the list periodically in the light of scientific and technical developments affecting nursing personnel;

(b) complement that list by a general definition of occupational diseases or by other provision enabling nursing personnel to establish the occupational origin of diseases not presumed to be occupational by virtue of the list.

International Co-operation

29. The financial aid given to nursing personnel undergoing education or training abroad might include, as appropriate :

(a) payment of travel expenses;

(b) payment of study costs;

(c) scholarships;

(d) continuation of full or partial remuneration, in the case of nursing personnel already employed.

30. As far as possible, periods of leave or detachment for training or work abroad should be taken into consideration in the calculation of seniority, particularly as regards remuneration and pension rights.