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Send contributions for the next issue to the editor:

Dee Howkins
Email: Kingdoone@aol.com

Letter from the Editor

Let's get involved!

We have big news inside, including the results from the nurse practitioner survey, which allows us to get to know our members and to serve you better. Thank you to all for responding.

Interestingly, a quarter of you work in hospitals. In light of this, Clare Morran, the committee's Secondary Care Representative, would like to hear from you. Please send her your job descriptions so that she can work with you on *Agenda for Change* issues. She can be contacted at email: clare.morran@nhs.net

And apparently, you all really like the *Fast Forward* newsletter. Great news! I am really pleased, and I urge you to therefore get involved. It is a much better newsletter if it is written by you! I am very keen to receive your opinions, ideas, and letters to the editor. Tell me about your work situation, your political views and any case histories you have to share. Write about unusual presentations, even the strange and funny ones, like the older lady I had who was concerned that the skin on her abdomen was turning blue and that it might be cancer. After a thorough examination, the culprit was a 'new black panty girdle' from the market. It had leaked dye in the hot weather! My dilemma – now what do I put on the notes?

Conference success

The Conference at Harrogate gave many of you a chance to put names to faces from the NPUK website and to catch up with old friendships. We were celebrating not only twenty years of nurse practitioners in this UK, but the fact that this committee is working very hard on all the issues that still affect many, including referral rights,

referring for further investigations and signing medical certificates. On this topic, Jenny Aston has succeeded with x-ray referrals, after plenty of hard work. More on page seven ...

Cherry Cullen gave us a moving account of her own twenty-year journey. She is now an NP times three: a nurse partner, nurse prescriber and nurse practitioner, and her ambition is to be on that register as an advanced nurse practitioner before she retires!

Please have your say on regulation, unless you wish to be regulated by employers or managers who may not understand your roles or be an impartial regulator. I encourage you to become involved and have your say about all the issues that affect you in your workplace.

Again, we need your involvement to make these things happen. Lobby your MP, write to Privy Council and to the Nursing and Midwifery Council.

All replies please to Dee Howkins at email: Kingdoone@aol.com

Dee Howkins



Your committee

Bottom row (l to r): Linda Penny (Wales); Clare Morran (Secondary Care); Jenny Aston; Katrina Maclaine (RCN NP Adviser); Mike Walsh. Top row (l to r): Dee Howkins (Newsletter Editor); Benny Harston (Chair); Ghislaine Young; Liz Davidson (Scotland); Morag White (Northern Ireland).

Letter from the Chair

We have just returned from the RCN NPA Conference in Harrogate. In my four years as Chair, we have never had such positive feedback. We are very pleased that so many of you came and made it such a vibrant conference. So, to those who did not come, start planning for next year – we look forward to seeing you in Daventry. Flyers are already out, calling for papers, so if you have something you would like to teach your colleagues, think about it now and make next year's conference even more interesting and diverse.

We have been extremely busy over the past year and I am very indebted to fellow committee members for their hard work, lobbying for prescribing, referral privileges and continuing in our quest for regulation of the title we are seeking – we are waiting for Privy Council to give the go-ahead and I know many of you feel frustrated by the delay. Believe me, we share this and we continue to encourage a speedy response. Meanwhile, there is a lot of preparation in hand, sorting out the various ways that NPs will be able to apply for the new part of the register. We are grateful to Katrina Maclaine, our RCN adviser, who facilitated much of the work, along with our colleagues in Association of Advanced Nurse Practitioner Education (AANPE).

One of the most important issues that may be linked to the regulation of the title is the consultation looking at regulation of health care professionals, and I would encourage you all to read and respond to this consultation: www.dh.gov.uk/Consultations/LiveConsultations/LiveConsultationsArticle/fs/en?CONTENT_ID=4137231&chk=/Ee/%2Bi

How and by whom we are regulated/revalidated is crucial and it would be a very powerful move for each and every one of us to respond to this consultation.

I would like to say thank you very much to Morag White, who has completed her sentence on the committee! She has been a most hard-working and pro-active member of the Association. I am sure she will continue to be just as enthusiastic in her activities at home in Northern Ireland.

Remember to encourage your NP colleagues to join the Association. Numbers mean power and action!

Thank you all for your support to the RCN NP Committee over the past year and I look forward to reporting on even more positive outcomes with all our issues in the next newsletter.

Best wishes.

Benny Harston

Delivering effective NPs in action

GHISLAINE YOUNG and KATRINA MACLAINE discuss the results of the 2006 NP survey, commissioned by the RCN NPA Committee, and conducted independently by Employment Research Ltd. All 3,196 members of the NPA were sent postal questionnaires. Of these, 1,012 (38 per cent) responded.

The aims of the survey were twofold:

- To gain a better understanding of the roles, functions and experiences of those NPs who are members of the NPA.
- To establish the extent to which the NPA currently meets its members needs.

What did we find out?

The full survey report is available on www.nursepractitioner.org.uk. However, the key points worth emphasising here, are:

- NPs are highly qualified nurses, well respected by both medical and nursing colleagues and they feel positive about their roles, despite some uncertainty about the market for NPs in the future.
- Two-thirds of NPs work in primary care settings whilst a quarter work in hospitals.
- Ninety-five per cent of respondents felt that the NP role had given them the opportunity to advance their career whilst remaining clinically focused. They perceive their nursing background as fundamental to the NP role, and history taking, physical examination, diagnosis and prescribing as core components of the role – thus, the NP incorporates aspects of both nursing and medicine into their professional life. Sixty per cent of patients seen by an NP did not have a medical diagnosis at the initial consultation, highlighting this aspect of the role.
- NPs are highly innovative, with three-quarters of the respondents having been involved in creating their own posts.
- In spite of NPs increasingly having to absorb other people's workload, it seems that the number of NPs being employed is on the wane and that 1 in 5 NPs worry about possible redundancy. Thirty per cent cited the development of the physician assistant role as a possible threat to NPs.
- Other problems highlighted include the lack of consistency of what is meant by the title 'NP', the urgent need for NMC

health care

regulation of the role, and the importance of the NPA in continuing to lobby for this.

- Shockingly, 1 in 4 NP roles do not appear to be being used to full potential. Many NPs said it took them considerable time and effort to achieve the trust and cooperation of their medical colleagues with respect to referral rights. Forty-four per cent of NPs had an x-ray request refused, and this figure rose to 57 per cent of those working in general practice. Forty-four per cent (the figure rising to 54 per cent of GP NPs) had a referral to another clinician refused, simply on the basis of being a nurse and not a doctor! The inability to legally sign Med 3's (sick notes) by NPs in general practice was another obstacle to NPs fulfilling their potential.
- The thorny subject of pay was highlighted. There is a lack of consistency, both across the UK, and across one specific strategic health authority, in terms of pay and conditions. *Agenda for Change* banding ranges from 5 to 8 (with 57 per cent awarded a band 7) and clinical grades ranging from F to I (with 49 per cent being paid an H grade). There is a strong feeling amongst 1 in 5 of the respondents that this is an area that should be addressed by the NPA on their behalf. Twelve per cent were not paid according to AFC/Clinical Grading, which may show the effect of market forces enabling NPs to negotiate higher rates of pay than those possible through AFC.
- One in three members wanted the NPA to be involved in organising local groups, events, training and forums. Of the preferred services offered by the NPA, this newsletter came out tops, with the website as second place.

What's next?

This survey is highly significant – for the first time we have hard facts about refusal of referrals and a clearer profile of NP activities in the UK today. The survey results have been reported across the nursing press. They have also been shared with the CNO's offices and health departments, with the message that commissioning NP education and posts should be a priority area to make full use of the potential of NPs in improving patient care and delivering efficient and effective services. Work on facilitating x-ray referrals is already underway, and Ghislaine is on a working group at the RCN to lobby for signing of sick notes and get this sorted once and for all. The NPA has used the findings to inform its action plan for the immediate and longer term.

Finally, we would like to say thank you to everyone who took part.

Are you in a local NP group?

Cherry Cullen would like to know about your local NP group, with details regarding meetings etc, as this has been highlighted as an issue within the recently completed NP survey. She can be contacted at NPUK Group.

Promoting nurses in general practice – two new surveys

The Developing Patient Partnerships organisation is conducting two surveys to try to promote to patients the fact that nurses are a useful resource in general practices.

It would therefore be good if you could complete the survey of nurses on behalf of your general practice (where applicable) and share the survey on e-groups to maximise the numbers of responses and ensure that the DPP receives plenty of helpful information on the contribution of nurses in general practice.

Similarly, if you could ask your patients to complete the public survey and send the completed forms back to address below, then that would also promote the services you offer. Please send both completed surveys to: Kristin McCarthy, Developing Patient Partnerships, Tavistock House, Tavistock Square, London, WC1 9JP.

Find out more about the DPP at www.dpp.org.uk, or telephone: 020 7383 6824.

Health information from DPP

Developing Patient Partnerships (DPP) is a charity partly funded by the Department of Health. Specialising in health information, DPP produces a growing range of unbiased high quality, user-tested leaflets, booklets and posters designed to meet the needs of patients and nurses.

Covering a wide range of topics – from heart health to minor ailments, missed appointments to COPD – DPP provides health information packages to GP surgeries, primary care organisations, hospital trusts, walk-in-centres, minor injury units and other interested organisations. All the health information resources are road tested by members of the public, go through a rigorous consultation process with an expert medical panel and translations are available in key languages.

To find out more, visit www.dpp.org.uk or call 020 7383 6824

NP Adviser update – Katrina Macla

NMC update

The NMC is still waiting for a response from the Privy Council on whether they can go ahead and work on the legislation to establish a sub-part of the Nursing Register for the regulation of advanced nurse practitioners (ANPs). This response is unlikely to come until after the current consultation on the future for non-medical health care professional regulation closes in November 2006. I strongly advise you to read the proposals in this consultation and respond, as they could have significant implications for the NMC (amongst others) and the future of self-regulation as it currently operates. Susan Aitkenhead is now leading on the ANP work at the NMC and we are in regular communication. They are doing some preparatory work during

this 'down time' and using the NPA's network group, the AANPE (www.aanpe.org) as an expert resource. The NMC website also posts updates on progress, at: www.nmc-uk.org

At London South Bank University, we have been preparing for the future, by mapping our curricula for the previous versions of our NP programme against the NMC ANP competencies, to identify if there are any gaps. Overall, we have a pretty good fit. If you started our NP programme at the RCN Institute/RCN Development Centre, London South Bank University, between 1990 and June 2002, and successfully graduated and are still working as an NP (or equivalent advanced nursing role), please contact Helen Ward on email: wardhm@lsbu.ac.uk to find out what we are planning to offer as continuing professional

development, to prepare for ANP regulation. Other institutions may be doing something similar, so if you did a course elsewhere, please contact them directly.

Sad news

Very sadly, Nurse Practitioner Deborah Aylward-Jones died at the start of the summer, following a battle with cancer. She excelled clinically and had shared her knowledge through teaching health assessment skills and non-medical prescribing. We will be holding a memorial service at London South Bank University on Thursday, 19 October from 4pm. If you would like to attend to celebrate her life with her friends and her husband, Mark, please contact me for further details.

Linking up and sharing professional

NPA Chair Benny Harston reports on an inspiring International NP/APN Network Bi-Annua

Jenny Aston and I were fortunate to travel to South Africa in June to attend this conference. The purpose of our trip was to 'world network' with APNs – it is a very important aspect of our job. I was constantly amazed by the projects our colleagues across the world are undertaking. We have the ability to undertake advanced practice in the UK due to our predecessors constantly challenging the previous boundaries of nursing, yet many of our colleagues in other parts of the world are still struggling to get the tools and recognition to practice. Sharing our experience helps them to move forward. We had the opportunity to visit Soweto

Hospital – the largest hospital in the southern hemisphere – and to visit the various departments. I went to the maternity department and gained insight into the problems of running such a huge hospital, which deals with complex cases from all over South Africa as well as the ever-present battle with AIDS and the many diseases associated with poverty. Despite this, the atmosphere was positive and professional, and we were made to feel very welcome. We also had a visit to the first home of Nelson Mandela, who lived in the same street as Bishop Desmond Tutu – two Nobel Peace Prize winners in one modest street!

The concurrent sessions encompassed APN education, diagnosis and management of disorders, HIV and AIDS, empowerment, ethical aspects of caring, research, APN roles, collaboration and changing workforce issues. The presenters were from our global community, representing clinicians, researchers, educators and innovators, and stimulated the conversation and ideas for how the role was emerging in their nation/state. The network meeting covered a global update of evolving NP/APN roles and featured a panel of representatives sharing their experience from Botswana, Singapore and South Africa.

NPA survey: referral refusals

You will have read the key findings from this survey on page two. However, I want to ask for your help. The CNO's office, England, has asked me to provide detailed examples of situations in which your referrals to colleagues have been refused, and the grounds for this refusal. For example, was it down to an individual perspective of NPs, or was it an organisation's policy on referrals? Please send examples to me by Friday, 27 October 2006, at email: Maclaik@lsbu.ac.uk, or telephone: 020 7815 6751, so that I can collate this evidence and discuss possible strategies with the CNO for overcoming this barrier to your autonomous practice.

friendship

al Conference in South Africa

Speaking to other nurses from all over the world was certainly the high point. Our tour guide on safari was most amused that her efforts to point out various animals to us was greeted with: "Oh yes, how sweet. Now about prescribing ..."! As mentioned earlier, the most valuable aspect that each delegate received during the conference was that of professional friendship.

Gaining knowledge as well as sharing new innovative ideas and experiences was very helpful, but linking and networking during the conference was all-important and rewarding.

Scotland update

Committee member Liz Davidson shares the good news

At last! Scotland once again has an up and running nurse practitioner degree course, with the first cohort of students starting in April this year. The course is being run by The Robert Gordon University, Aberdeen, and has been validated by RCN as meeting their NP competencies. The first NP course was run by The University of Abertay, Dundee, in 1995, but only ran for three years due to a variety of factors. Enough to say that many of those first graduates are still working as NPs and helping to keep the role alive by organising an annual conference – such was the enthusiasm of the students on that first course!

The conference is to be held, as it has been for the last few years, in Dunfermline, on Saturday, 18 November. Further details of the conference can be obtained by contacting me – details below. We are really pleased to be welcoming NPA Chair Benny Harston as a morning speaker, with various workshops lined up for the afternoon. It is always a good day and a great opportunity to meet up with other nurses from across Scotland.

On that note, I would be very interested

in hearing from any nurses who are now partners in their GP practice – it is a very exciting time for nurses working in advanced roles and we need to celebrate and share with each other what can be achieved.

Having just come back from the NPA Conference in Harrogate, I realise that Scotland still has a long way to go before catching up with our English colleagues. However, over the last few months there have been job adverts for NPs within Scotland, and with the RGU course now running, filling these posts with suitably qualified nurses will be that much easier, further supporting and promoting the benefits of what an NP can bring to the practice.

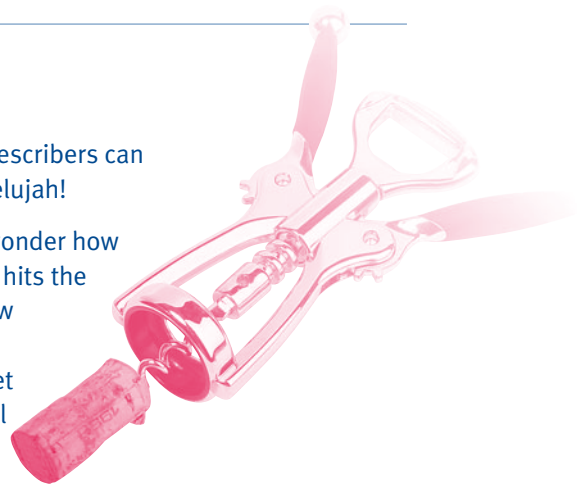
I would also encourage all nurses working in advanced roles to consider getting funding for next year's annual NPA Conference, which is being held in Daventry next September. It's never too early to start thinking about this and it really is a great way to get fired up and motivated for another year!

To contact me, please telephone: 01224 733535, or email: liz.davidson@peterculter.grampian.scot.nhs.uk

Good news?

Since the last newsletter, non-medical prescribers can prescribe from the whole formulary. Hallelujah!

That is enough to 'pop your cork'! But I wonder how long it will be before something negative hits the headlines, as will surely happen. We know nurse practitioner prescribers' are safe, their education is rigorous. But will we get 'lumped in' with all the other non-medical prescribers? Watch this space ...



NHSmail

NHSmail is email designed with the NHS in mind; an email service secure enough to be used for emailing confidential information, thus helping to cut down on the amount of paper we use. Everyone in the NHS can claim their NHSmail account by going to www.nhs.net. For help and information call 0845 300 5845 (8am–6pm, Mon–Fri)

What can we learn from Disneyland?

Committee member MIKE WALSH and NPA Adviser KATRINA MACLAINE report on a much-enjoyed international conference

Now that may seem an odd question to be asking. However, the answer is: “Plenty!”, when that particular bit of Disneyland in question was Lake Buena Vista Hotel, Downtown Disney in Orlando, Florida, and the occasion was the Annual Conference of the US National Organisation of Nurse Practitioner Faculty (NONPF). This is the national body for NP education in the USA (and no Mickey Mouse set up!) and almost every university that offers NP education in the US is a member (approximately 100). Consequently, this was a great opportunity to learn about advanced topics in both education and practice from the Conference’s 470 delegates.

We attended as guests, to represent both the NPA and the AANPE. This was building on our existing links with NONPF, links which have proved extremely helpful in developing the NP role in the UK. As you may know, the NP competencies approved by the RCN and now the NMC, are based on those

originally developed by NONPF for the US. That underpinning was a major help in getting those competencies accepted by the NMC and establishing their validity.

Although the US has a very different health care system to the UK, we were struck by many similarities in the problems NPs face, although we were also relieved at some of the differences, such as how to run a health service in the aftermath of a hurricane. The name Katrina was a little unfortunate in view of the still raw memories...

Similarities include the way our NP colleagues in the US struggle with the attitudes of some physicians and some of the authorities that regulate and control health care in much the same way we do. This seems to be one of the drivers behind their push towards NP programmes at doctoral level; allied health professionals in the US usually hold doctorates so nurses can be the only health care provider at meetings

educated at masters level – the strive for equality therefore continues! Education faces the same problems of funding, and workloads on mature students who are trying to hold together families, personal lives and clinical practice. The benefits, therefore, of the more flexible approach to education that distance learning permits were obvious and need to be exploited more fully in the UK than they are at present.

The meetings we attended concerning overseas development of the NP concept were fascinating and it was clear that the delegates had little idea about what was happening in Europe. We did our part to share what was happening in the UK. Mike had a poster in exhibition charting the development of the NP role over the last 20 years in the UK, which won ‘Best in Show’ award! We also shared what we knew of the largely embryonic NP developments across the rest of Europe. Delegates from The Netherlands have set up an exchange visit with Mike. This

Children and malnutrition

The RCN launched the first national consensus statement on malnutrition in children and young people, at the annual Congress on 26 April in Bournemouth.

The consensus statement, entitled: ‘Malnutrition in children and young people: what nurses need to know and do’, aims to help nurses identify those children at greatest risk of malnutrition, and provides practical help and advice in relation to follow-up and referral. Abbott Nutrition supported a working party, which included members of the RCN Children and Young People Field of Practice, through an unrestricted educational grant, enabling this statement to be developed.

The statement identifies:

- what is adequate nutrition?
- standards of good nursing practice
- what every nurse should do
- how to identify dietary or feeding patterns that could lead to poor nutrition
- what to do next
- this is just the beginning ...

Further information has been published in *Paediatric Nursing*.

Commenting on the launch, Chair of the

Consensus Statement Working Party (and Chair of the RCN Children’s Surgical Nursing Forum) Dr Nettie Dearmun confirmed that: “Nurses in all settings who work with children and young people have an incredibly important role in identifying and monitoring those at risk of poor nutrition. This consensus statement outlines good nursing practice, and offers nurses with a toolkit and a clear direction on what they can do when they come across children, either with, or who they



Mike Walsh and friends

builds on the EU-funded European NP Masters Programme being developed by St Martins College, Lancaster, as the lead institution.

The complexity of their education and credentials process has led to great issues for NP educators, some of whom have had to do their NP licensing exams in multiple states to be authorised to support students from a wide catchment area. Delegates seemed quite envious of the NMC proposals for a generic standard for ANPs in the UK, feeling that their processes had made things overly complicated.

American conferences begin at 8am with a working breakfast and continue late into the evening, so it was a frantic and exhausting five days, but well worth it as it is so good to broaden horizons. We came back buzzing with many ideas and having established some very solid alliances with our NONPF colleagues.

suspect to be at risk of, malnutrition.”

Malnutrition remains undetected and untreated in the UK, and costs the NHS over £7.3 billion a year. Poor nutrition in children can lead to delayed puberty, growth failure, impaired neurological development and altered behaviour.

It is possible to download a free copy of the consensus statement at www.rcn.org.uk/publications or order one from RCN direct on telephone: 0845 772 6100. Publication code 003032.

New guideline for clinical imaging

Good news – the Joint National Guideline for Clinical Imaging (not just x-rays), has now gone to print and should be available before Christmas. It will be well publicised. Radiologists, radiographers, osteopaths, chiropractors and physiotherapists have all agreed to it, so it should make local implementation much easier. Look out for it on the nurse practitioner website (www.nursepractitioner.org), or contact Jenny Aston at email: jennifer.aston@nhs.net

Letter to the Editor

As Government is engaged with reshaping the NHS, there have been managerial moves to end the privilege of self-regulation for the health professions, meaning doctors and nurses. As the Government embraces a mechanistic view of health care, control of the work force is paramount. Envisage if you will the health worker operative – a gloopy mixture of nothing, the assembly line health worker defined by task. The only certainty is separation of knowledge from practice, knowledge being the preserve of one group of workers over the others who practice according to recipe-driven protocols. Thus, the move to dismantle self-regulation on the grounds that professions are motivated by self interest.

Nurses, that is the grass roots of nursing – those of us engaged with caring for patients and how we should stay enshrined in the Code of Conduct must stand firm and say no to dismantling self-regulation. Self-regulation is a privilege given by society to nurses and doctors, (not to politicians or managers) who are accountable in law for the care they give to their patients. Self-regulation is the privilege of deciding the educational needs of the profession to facilitate the highest standard of clinical practice. That is, if self interest means wanting to improve the ratio of qualified nurses to patients needing care. If self interest means decent salary and working conditions, then nurses deserve no less.

NP Anna Hunter

RCN Genetics conference in association with Progress Educational Trust

Implications for your practice

Thursday 16 November 2006, Cowdray Hall, RCN Headquarters, London

This one-day conference is for all nurses, midwives and other health professionals who wish to increase their awareness and understanding of genetics and how it impacts upon all aspects of everyday healthcare practice.

For further information please contact:

Mirka Ferdosian, Conference & Events Organiser, Royal College of Nursing
Tel 020 7647 3583
Fax 020 7647 3411
Email mirka.ferdosian@rcn.org.uk



RCN WING – Providing advice, support and information to RCN members affected by ill health, injury or disability – whether work related or not. Contact 0845 408 4392/ 020 7647 3465 (weekdays 10am–12 noon) or email wing@rcn.org.uk

Professional Membership Structure

“If you look after nurses then they will look after nursing and that, fundamentally, is what this work is all about” RCN President Sylvia Denton OBE FRCN reminded attendees at a second fruitful meeting of the Professional Membership Structures Action Group (PMSAG) on 3 October.

The group acknowledged they were part way on a journey that will, ultimately, deliver better services for members and, in turn, help them to deliver better quality care. A vision which will be realised by creating better access to better services focussed on the needs of the nursing profession and nurses themselves.

The group heard feedback from each of its six subgroups, which had been tasked to work on various aspects of the project. Members of the group were unanimous in agreeing a number of recommendations which were then approved by the PDF Management Board – which oversees the entire PDF project – at its meeting the following day. The Board approved that:

- the term “practice sector” should be used to describe the divisions within the new professional membership structure

- the following practice sectors be set up to represent members’ professional interests on the RCN’s boards:
 - adult (2 seats)
 - children and young people (1 seat)
 - mental health (1 seat)
 - learning disabilities (1 seat)
 - public health (1 seat)
 - midwifery (1 seat)
 - other (name to be decided but representing the interests of research/education/quality/management) (1 seat).

The next step is for these recommendations to be considered by RCN Council at its meeting in November.

The Professional Membership Structure Project is part of the RCN’s overall PDF project which aims to get more members involved with the RCN and to enable more equity and better access to RCN services. RCN Council, at its meeting in February 06, gave the green light to change its existing membership structure to deliver the aims of the PDF. The PMSAG was set up to take the next steps.

For more information and the latest updates go to www.rcn.org.uk/pdf

Eight years on

Morag White reflects fondly on being NPA Committee member.

I was excited and anxious to learn that I had gained a place on the NPA in 1998. How would someone from Northern Ireland fit in with a committee who mostly were from the south of England? My anxiety was short lived, as they made me feel very welcome. Within three months, however, the committee was up for re-election and I found myself as the new Chair and having to find a new committee to fill the seven places. Mark Jones was RCN NP Adviser then, and he came into our meeting for a short time to advise.

The last eight years have seen an unprecedented change in the politics and policy issues surrounding NPs, and with links to ICN advanced practice, the role has become globally accepted. Professional development was not without difficulties

as we battled with a constant barrage of opposition from the medical profession and indeed our own profession. Gradually, as if a giant jigsaw puzzle was being put together, we have come of age. Thanks to the support of RCN Adviser Katrina Maclaine, who is extremely supportive and very involved in the meetings, and to our current excellent Chair, Benny Harston, we are nearing official recognition by the NMC.

To help to put a small piece of the jigsaw together has been very a very worthwhile experience. I commend the current committee for their enthusiasm and hard work. Being a committee member is a full-time commitment and requires plenty of dedication, but it has plenty of rewards in terms of professional and personal growth. I have met and worked with some wonderful

people, both home and abroad, over the last eight years. Many of these people have inspired me to undertake new and adventurous actions in my life and I would like to thank them all.

Stop press!

Essentially, the RCN will now cover nurses who employ other nurses or health care assistants who are RCN members. For more information, please visit the RCN website: www.rcn.org.uk



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