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## Noticeboard

### A big thank you...

... to all of you who contributed to the Becky Williams collection. Becky is a retired ophthalmic nurse who has gone to work in the Jachie Eye Clinic in Ahinsan, Ghana. Fifty-two pounds were raised towards her travel costs.

### Can you help?

Elaine Roche is currently writing her dissertation and is trying to find out what training/competency framework is done for the taking of intraocular pressures. Elaine is looking for any relevant information regarding this subject. If you can help, please contact her on email: [elaine.roche@uhl-tr.nhs.uk](mailto:elaine.roche@uhl-tr.nhs.uk)

## Further information

Send contributions for the next issue by 16 March 2007 to the Editor:  
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## Letter from the Editor

# A changing of the guards

Dear colleagues,

What a busy year this has been and it is newsletter time again! This will be my last newsletter, as I have completed my time in office on the Ophthalmic Forum Committee. It has been a great experience to be part of the committee and I have enjoyed organising the newsletter. Although it has not always been easy to get you to send me articles, I thankfully had a few core authors who regularly contributed. I think it would be great to have comments from more of you. Not all articles need to be academically written – we also want to hear about the good things that happen in work, the problems, the funny stories and also what you would like to see in the newsletter.

I know that those of us who leave the committee this year are also sad to go – we get on so well together, but we are all agreed that we are leaving the committee in safe hands with a new and enthusiastic team who will continue to promote ophthalmic nursing.

We are still having some problems with

our forum numbers, as some of you told us at the annual conference (including some committee members!) that they were not receiving their newsletter. Please therefore check in your workplace that other RCN members have registered the Ophthalmic Nursing Forum as their first choice – this gives us our voting levels for RCN Congress. The more of you there are, the louder we can shout (and you will receive a newsletter)! The correct number to quote is 1254.

Remember, you can check and register your details at [www.rcn.org.uk](http://www.rcn.org.uk), or write to RCN, Freepost, WD2215, Cardiff, CF23 8XG, or telephone RCN Direct on: 0845 772 6100.

Janet Marsden, our retiring chair, will take over the newsletter, so please keep your articles coming. You can contact her at email: [janet@marsden.iclow.com](mailto:janet@marsden.iclow.com). Thank you all for your support over the years and I hope to meet you at future conferences.

Best wishes,

**Joan Mathison**



## Farewell Janet!

Forum Committee member Mary Shaw (R) presents outgoing Forum Chair Janet Marsden (L) with a farewell gift from the committee. Janet is not completely out of our sight, however. Beginning with the next issue, she will be the new editor of *Eyelines*.

## CONFERENCE REPORT

# RCN Ophthalmic Nursing

Joan Mathison writes about an action-packed and informative conference held in Newcastle, 22–23 September 2006.

## Friday, 22 September

The conference was opened by Professor Steve Campbell, Head of Research and Development, City Hospitals Sunderland NHS Foundation Trust, who welcomed everyone to Newcastle.

The first speaker, RCN Policy Advisor Colin Beacock, informed us of current policies that are shaping the future of the health service. He urged us all to be politically aware, as current trends will impact on us all. He stressed that some trusts in the south of England have already made sweeping changes and some jobs have been lost, and that this pattern is likely to spread.

He also gave us some useful websites to visit, including:

- RCN policy pages: [www.rcn.org.uk/news/display.php?ID==2056](http://www.rcn.org.uk/news/display.php?ID==2056)
- NHS Confederation publications: [www.nhsconfed.org/publications](http://www.nhsconfed.org/publications)
- Institute of Public Policy Research: [www.ippr.org.uk](http://www.ippr.org.uk)

The second speaker was Chris Wood, Consultant Director at Sunderland Eye Infirmary who presented an 'Update on intraocular tumours in adults.' This was an informative talk with the emphasis on malignant melanoma (MM). MM is a rare disease and is the most common primary ocular tumour. It can also be a metastatic tumour and is often never seen in the eye department, as it is found late on in the disease process. The tumour is a slow-growing one and therefore, if the tumour is small, it is often photographed and monitored. Treatments can be observation leading to laser treatment, radiation, local resection, enucleation and exenteration, depending on the extent of the tumour. Detection of these tumours is improving as optometrists are referring patients sooner – another reason for having a regular eye test!

## A changing workplace

The first concurrent session followed, which featured Stuart York, Night Nurse Practitioner, Ophthalmology in Sunderland. He discussed: 'The role of night nurse practitioners in ophthalmology'. He talked of the change in the workplace brought about by the change in doctors' working practice. Sunderland now has five ophthalmic NPs who oversee the care of ophthalmic patients overnight. Stuart told us how they went about this practice change and the benefits it has brought to patients.

This was followed by Mohamad Khleif, Ophthalmic Theatre Nurse Practitioner, St Johns Hospital, Jerusalem, who spoke

‘ some trusts in the south of England have already made sweeping changes and some jobs have been lost ’

about: 'The development of the ophthalmic theatre nurse practitioner'. Mohamad told us about the training involved in this role and how the theatre NP helps the smooth throughput in this very busy eye hospital.

Jennifer Nosek from Wolverhampton Eye Infirmary discussed: 'Nurses make a difference in photo dynamic therapy (PDT) care pathways'. She talked about how the nurse-led clinic provides a smoother journey for the patient and speedier access to treatment if appropriate, better patient support and how the waiting times have been reduced.

## Let's get technical

Denise Hogan and Louise Stewart from Sunderland talked about 'The development and delivery of nurse-managed glaucoma services'. The nurse-led clinic provided better continuity of care and better compliance with treatment for stable patients.

Margaret Gurney, Consultant Ophthalmic Nurse, Maidstone, ended the morning with her talk, 'Back to basics'. She asked if we were sure that all staff were competent in the basic skills and she talked about how this had not been the case in her area and how change has taken place. She also wondered if we were leaving our less-motivated staff behind as the rest of us pushed the boundaries. Margaret has organised a structured process for her area so that all staff have clear goals and this in turn brings about better motivated and skilled staff for better patient care.

After lunch, the concurrent sessions continued. Dorothy Field, Lecturer Practitioner, Royal Bournemouth and Christchurch Hospitals NHS Trust, talked about: 'Linking the in-house eye course to the RCN ophthalmic competencies'. Dorothy spoke of the current climate in ophthalmic nursing and the lack of national courses. With the ever-increasing changes in the skill mix within the NHS, better structured pathways are needed to



# Conference report

maintain well-trained and informed staff to provide top-quality care for patients. With the help of the RCN competencies, she said that a route map can be designed to assist with the upward struggle of keeping focused on the future.

Marlene Katanasho, Ophthalmic Nurse Practitioner at St Johns Eye Hospital, Jerusalem, spoke about: 'The extended role of the ophthalmic nurses leading to the ophthalmic nurse practitioner course'. Marlene gave an overview of St Johns Eye Hospital and the outreach clinics and how the nurses have expanded their role. With the ever-extending role, a more structured training programme was needed and she talked of what their course offers.

## A view from afar

Maureen McCalla, Retinoblastoma Nurse Specialist at Birmingham Children's Hospital, gave a very interesting talk about the care she provides to children who have undergone enucleation. She talked of the difficulties getting parents and children to come to terms with the care of the artificial eye. She showed a short DVD that she had been involved in to help children deal with this problem.

Mary Stott, Senior Sister, Outpatient Department, Wolverhampton and Midland Counties Eye Infirmary, spoke next, about: 'Benchmarking in ophthalmic practice'. Mary spoke about the group of ophthalmic nurses working in surrounding areas that get together to compare notes, exchange ideas and develop practice. She spoke about how helpful these meetings have become and the benefits they have brought.

Heather Waterman, Professor of Nursing Studies and Ophthalmology, University of Manchester, ran an ophthalmic nursing research workshop to discuss the challenges and the way forward with nursing research.

## Prizewinners persevere

Presentations were then given by Norma Ayres and Janet Cloud, who were the winners of last year's Pfizer award that allowed them to attend the American Ophthalmic Conference in Chicago. Norma gave her presentation on: 'Improving care for glaucoma patients in a community hospital', speaking about the ophthalmic clinic run in Buxton Community Hospital, Derbyshire. This is an isolated, rural area with an ageing population and transport problems. There were many problems for patients and the service needed overhauling. The local WRVS was asked for help to purchase some new equipment and drug companies provided posters and dropper equipment. Nurses' knowledge was updated and work experience done at Manchester Eye Hospital. The development of the service is ongoing.

Janice Cloud from Portsmouth talked about: 'A project to improve the pre-operative process for cataract patients in Portsmouth'. There had been waiting list delays and shortages of specialist staff and patient choice agenda, which made the need for a change in thinking. Janice then outlined the plan that took them through to a more efficient service – this was followed by a wonderful selection of slides from Chicago.

Novartis has agreed to fund this annual award for the next three years. This year's winners – Sandy Taylor, from Liverpool, Nick Horton from Barrow-in-Furness, and Jennifer Reed from St Asaph, North Wales – are off to Las Vegas for the American conference.

## Macugen®

A spokesperson from Novartis gave a short talk about the new Macugen® therapy for age-related macular degeneration (AMD), which sounds exciting. It offers the opportunity to treat more than the current PDT treatment does at present, which means we can expect to see an increase in the number of AMD patients obtaining treatment.

Sandy Taylor then followed with a short talk about the new Macugen® treatment she is involved in. They had expected to treat 50 patients in the first year, but by the end of September (about eight weeks in), they will have already seen 50 patients! From this, they envisage an increase in the number of clinics that had been planned and a number of increases in staff, including doctors, nurses, photographers and optometrists.

The day closed with a wine reception, kindly sponsored by Pfizer.

## Saturday, 23 September

Pat Bignall, Chief Matron, City Hospitals Sunderland NHS Foundation Trust, chaired Saturday morning.

The first speaker was Eileen Green, Chair of the charity Sightline Vision (north west). Eileen has AMD and was able to give us first-hand experience of being a patient in an ophthalmic setting. Eileen had us laughing and crying at the same time as she related her journey that morning to Newcastle. She also came to talk to us about Sightline Vision, a

**“ we could all have listened to her for far longer than her half-hour slot. ”**

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phone helpline that operates in the Liverpool area, which offers advice and support for ophthalmic patients who have been diagnosed with AMD and similar sight-threatening diseases. We could all have listened to her for far longer than her half-hour slot.

Tom Brembridge, Chief Executive of the Macular Disease Society, continued the theme, with his talk: 'Patient pathway to treatment and support'. Tom gave us information about what the Macular Disease Society does and the support it offers to patients. He showed us the new leaflets, booklet and DVD that are designed to give information to patients and families. He also spoke of the research being funded by the Society and how they are striving to shorten the patient journey for treatment.

### HCA development

Lyn Swinburne, Practice Development Nurse, Sunderland Eye Infirmary, spoke on: 'A framework to develop the role of the health care assistant (HCA) within ophthalmology'. As health care changes, the role of the HCA needs to expand. In Sunderland, they have two levels. Level one focuses on the essence or fundamentals of care, whilst level two focuses on the operational or technical nursing care. Since 2004, all new HCAs attend this course before commencing work in the clinical area. Level two deals with specialist roles. In ophthalmology, they are taught visual acuity both adult and children, assessment of intra-ocular pressure (IOP) using a tonopen, instillation of adult diagnostic drops, visual field testing, Schirmers testing, focimetry, auto-refraction and receive training on eximer unit theatre floor nurse practice. There is an element of cross-speciality teaching within the Trust. The course has given the HCAs greater job satisfaction and they feel better prepared to carry out their duties.

John Cooper, Oculoplastic Specialist Nurse, Manchester Royal Eye Hospital, presented: 'Audit of post-operative pain associated with enucleation and hydroxyapatite orbital implant surgery – preliminary findings'. John wished to find out how pain was currently assessed and to understand the pain management of these patients, to ascertain the causes of the pain and with the findings improve the management of pain for these patients. This was an extremely interesting audit – he assessed for pre-operative, peri-operative and post-operative pain. The preliminary findings are proving to be interesting and it looks like work will start to better assess and treat the pain associated with this operation. I think all who heard his talk will have gone back to their workplace to check how these patients are managed and if other eye departments can ensure that these patients are given better pain management.

Mei-Lin Law, Researcher/Practitioner, Bristol Eye Hospital, presented her findings on: 'Retinal detachment and the effects of posturing on two groups of patients recovering from retinal

*‘this was a sit-up-and-take-notice talk’*

detachment surgery'. Almost all the patients complied with the positioning, some found it affected social activities and a third had a low level of depression. Most of her patients were positive about their recovery. The retinal detachment information leaflet was thought to need improving and updating.

### Glaucoma compliance

University of Manchester PhD student Trish Gray then spoke about: 'Educational and clinical support for glaucoma and ocular hypertensive patients: a cross-sectional study'. Compliance with glaucoma treatment is a problem most of us face. Patient education is important so that patients understand the need to continue their treatment, despite it seeming to make little difference to their general eyesight or well-being. In fact, some glaucoma treatment can cause some unpleasant side effects and if these are not adequately explained, patients may discontinue their treatment. Trish talked about the second part of her study, which was conducted over six months to gather data about current practice in Manchester. The data was specific to information, advice and training for new and follow-up patients diagnosed with glaucoma or ocular hypertension. From the data so far, the findings suggest that some patients are not fully aware of the consequences of glaucoma and do not see the importance of strictly adhering to treatment. Some were unaware that they would require a repeat prescription from their GP. And some were reluctant to ask questions, as they thought the doctor was too busy! We look forward to hearing about the third part of Trish's study.

### KFS preparation

'How to prepare for your KFS reviews: working smarter' was the next talk, given by Mary Shaw, Senior Lecturer (teaching) at University of Manchester, and Nicola Shute, Specialist Ophthalmic Nurse, Queen Mary, Sidcup NHS Trust. This was a sit-up-and-take-notice talk that had everyone buzzing at lunchtime. With constant health service changes

*‘What do you do because you are nice?’*



and improvements, and with the introduction of *Agenda for Change*, we are increasingly having to prove our worth and our ability to keep our knowledge and skills up to date. Knowledge and Skills Framework (KSF) is designed to help us focus on how we need to apply knowledge and skills to our current role. We need to gather evidence that can include completed care plans you have done but made anonymous by removing patient details. We all have a responsibility to prepare for the review, and you should have had reviewee training before any meeting takes place. You should also be aware of how well you have done prior to the review.

Nicola Shute followed with what has been happening to her over the past year to keep her job. Nicola had to provide information about what she brought to the service. She urged us all to be alert and to be interested in NHS politics, as her department has recently lost five band 5 ophthalmic nurses, two ophthalmic consultants, one ophthalmic unit manager and one ophthalmic photographer. Just because you chose nursing no longer means you have a job for life! She asked us to remember: 'What do you do because you are nice?' and 'Where's your/the added value?' She also brought up the following points to keep in mind:

- make sure that the person writing your KSF outline really understands what you do
- make sure that you really understand the climate in which you are working
- make sure that you really understand where the value is in what you do
- and finally, take every opportunity to articulate and record that value.

After lunch, we returned to the main hall to hear Rob Boyce, Consultant Ophthalmologist, City Hospitals Sunderland NHS Foundation Trust, talk about 'Ageing eyelids: misplaced, baggy, floppy and droopy'. Rob explained what happens to the facial skin and underlying fat in the aging process and what an ophthalmic plastic surgeon can do. Many of the problems with saggy skin cause sight problems – for example, ptosis can obscure the pupil, making it difficult to see. If surgery over-corrects some of these faults, there can be problems with exposure keratitis. He said that 'floppy eyelid syndrome' can often come with other systemic problems such as sleep apnoea, high blood pressure, hyperglycaemia, mental retardation and diabetes. So we need to test for and refer on if these are suspected.

## A rare syndrome

Hazel Aspey, Staff Nurse, HM Stanley Hospital, St. Asaph, Denbighshire, told us about 'Charles Bonnet syndrome (CBS): when seeing isn't always believing'. Hazel told us about Charles Bonnet, an 18th-century Swiss philosopher whose grandfather was the first person he diagnosed with the syndrome. CBS is described as recurrent, complex visual hallucinations that

are sometimes pleasant, without any altered consciousness, cognitive or psychiatric disturbances. It is often associated with ophthalmic pathology.

Within ophthalmology, it is usually patients with bilateral significant reduced vision who are more prone to CBS – they are also aware that the hallucinations are not real, but they are no less distressing. It is thought that perhaps they may occur in people who have little stimulation or social contact, but this is not always the case. Many patients are reluctant to mention these visions for fear of being labelled insane. For some, they may cause severe distress, and we should be aware of this so that we may reassure patients and relatives. Sheffield has the only support group for these patients, as far as we know.

## Stepping up the nurse's role

Next up was Stephen Craig, Lecturer/Practitioner, City Hospitals Sunderland NHS Foundation Trust, who talked about 'Minor surgery for beginners'. The Scope of Professional Practice was launched in 1992, detailing how nurses could expand their role. That is to say, giving us permission, but not telling us how! National institutions interpreted the way forward differently. So there were differing 'advanced roles' that are still not concretely defined by the nursing governing bodies. With local protocols and the help of ophthalmologists, Sunderland trained their staff so they now take direct referrals from GPs and others for a range of minor operations. The impact of this has been a reduction of minor operation waiting times to four weeks, theatre time and lists freed, consultants able to consult and an overall increased capacity.

Mohammad Salameh, St Johns Hospital, Jerusalem, asked: 'Do we need nurses to run the CSSD [Central Sterilising Services Department]?' Mohammad described the setup in Jerusalem from its beginnings in 1970. He also described the various types of sterilization used. He stressed the importance of training for the staff in CSSD and that if training was not done well, there was increased risk of harm for both patients and staff.

Paul Johnson, Nurse Consultant, Ophthalmology, City Hospitals Sunderland NHS Foundation Trust, spoke next, about: 'Non-medical prescribing in ophthalmology – a personal experience'. Paul described the Sunderland area and the population it serves. As nurses have increased their skills and started to treat patients, the need to prescribe has grown. Legislation has begun to change, but there are very strict rules about who can prescribe. Patient group directives have been used recently, but they are cumbersome and are being phased out. Recent legislation has allowed non-medical prescribing, but not until you undergo training. Independent prescribing means that the prescriber takes responsibility for the clinical assessment of the patient, establishing a diagnosis and the clinical management required, as well as the responsibility for prescribing, where necessary, and the appropriateness of any

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prescription. Paul described the process for the training and gave us some pointers as to how to plan for the training. He talked about his personal experience and how it has benefited his area.

### Expanding our services

Yvonne Needham, Director of Pre-Registration, Nursing and Midwifery, University of Hull, asked: 'Does having a dedicated eye unit reduce waiting times?' Yvonne wanted to compare the effect of the dedicated eye unit with what had gone before. Since the new unit opened, the staffing has increased and waiting times are down, so it helps, but she indicated that it is not the only answer.

Neil Horton, Staff Nurse, Furness General Infirmary, Barrow-in-Furness, spoke about: 'Biometry and the nurse'. Good biometry ensures good patient outcomes, and reduces complaints and complications. Neil spoke of the need to review and reassess the various methods of assessment and types of lenses to ensure effective outcomes, as well as the need for training programmes and the sharing of knowledge.

### An eye on herbs

The final talk was on 'Medical herbalism and the eye', which was by Bridget Meagher, Practitioner and Medical Herbalist, Republic of Ireland. Bridget talked specifically about three herbs associated with eyes:

- *Chelidonium majus*, or greater celandine, contains a distinctive bright orange sap that exudes when the plant is cut or bruised. It is a traditional treatment for warts and corns. The juice can be mixed with milk and one drop of the mixture can be instilled to the eye as a remedy for cataracts and inflammation.
- *Vaccinium myrtillus*, or bilberry. Berries and leaves can be used. It is bitter-sweet and astringent, which acts as a diuretic, lowers the blood sugar levels and has a tonic effect on the blood. High in flavonoids and antioxidants, it is good for night vision and high in iron. As it thins the blood, it should not be given with warfarin.
- *Euphrasia officinalis*, or eyebright, grows in grasslands. It is another bitter astringent herb that reduces inflammation. It can be used internally for catarrh and sinusitis and externally for conjunctivitis, eye injuries, herpes and weeping eczema.

## Tropical ophthalmology

A short course from the London School of Hygiene and Tropical Medicine.

This three-day course is suitable for ophthalmic nurses and ophthalmologists, from the UK and overseas, who wish to gain knowledge on eye diseases found in the tropics.

The primary purpose of the workshop will be to familiarise participants with:

- the main causes of blindness in the world
- the clinical presentation and management of the following:
  - i) trachoma
  - ii) onchocerciasis
  - iii) vitamin A deficiency and measles
  - iv) ophthalmia neonatorum
  - v) leprosy
  - vi) HIV and the eye.

The workshop programme will also introduce participants to the Global VISION 2020 Initiative and its implementation through the VISION 2020: the Right to Sight programme.

Eighty percent of blindness in the world is from treatable or preventable causes. The VISION 2020: the Right to Sight Global Initiative aims to create adequate eye-care facilities within communities, particularly in underprivileged areas; to develop human resources so well-trained eye-care workers are available; and to implement specific programmes to control the major causes of blindness.

The course will be taught by staff of the International Centre for Eye Health in the Department of Infectious and Tropical Diseases. A comprehensive manual will be provided to accompany the presentations.

### Accreditation

- Continuing Professional Development (CPD) accreditation from the Royal College of

Ophthalmologists under category B for 18 points. We are in the application process for CPD accreditation from the RCN.

### Course fee

- £370 (which includes all materials and refreshments but excludes accommodation).

### Applications

These can be downloaded from: [www.lshtm.ac.uk/prospectus/howto/short.html](http://www.lshtm.ac.uk/prospectus/howto/short.html). Your completed application form should be returned to: Registry, London School of Hygiene and Tropical Medicine, 50 Bedford Square, London WC1B 3DP, UK, telephone: 020 7299 4648, fax: 020 7323 0638, email: [shortcourses@lshtm.ac.uk](mailto:shortcourses@lshtm.ac.uk), website: [www.lshtm.ac.uk](http://www.lshtm.ac.uk)

# Health care records on trial

RCN Ophthalmic Nursing Forum Adviser BERNIE COTTAM met with JANE LYNCH, a solicitor with Bond Solon and a specialist in clinical negligence, to discuss the legal implications for nurses in poor record keeping. The National Health Service Litigation Authority (NHSLA) annual report 2005 reported that clinical negligence claims against the NHS had increased to an estimated £6.89 billion. Jane's response is captured in the following report she has done for us.

One of the most common causes of a legal claim arises from a breakdown of communication, usually through poor documentation. Bond Solon runs a specialist training course, 'Health care records on trial' to improve these standards and to stress that record keeping is an integral part of care.

Care is shared between a number of health professionals and the records provide an effective means of communication. A health professional has both a legal and professional duty of care. If a health professional failed to maintain adequate records, and thus did not communicate it to a colleague who then acted in a way that was detrimental to the patient, this would give rise to legal claim and would also constitute professional misconduct.

Record keeping is often seen as a chore amidst the demands and pressures of a busy working day, and gets in the way of the hands-on tasks of direct contact with

the patient. This view is clearly wrong and shows a lack of understanding of the nature of the health professionals' responsibility. The NMC guidelines state that record keeping is a tool of professional practice and one that should help the care process. It is not separate from this process and it is not an optional extra to be fitted in if circumstances allow.

Good record keeping is a mark of the skilled and safe practitioner. Good records help to protect the welfare of patients by promoting a high standard of clinical care, continuity of care, better communication, an accurate account of treatment and care, planning and delivery and the ability to detect problems, such as changes in the patient's condition, at an early stage.

Patient records are sometimes called in evidence in order to investigate a complaint, a legal claim, for criminal proceedings, or by the NMC's Fitness to Practice committees. The approach to record keeping that courts of law adopt

tends to be that: **'If it is not recorded, it has not been done, has not been considered or was not said.'**

Good record keeping is an essential tool for managing risks. The records should accurately reflect the care given, otherwise there is a danger the entries will become routine and meaningless, which will result in a breakdown of communication. Entries should be clear, meaningful and unambiguous.

The difficulty often facing health professionals is: 'What do I write, how much do I write and how do I write it'. All health professionals should receive training and guidance on good record keeping. This will promote consistency and will improve and maintain standards that are essential for risk management.

**For further details, please contact a solicitor at Bond Solon, 13 Britton Street London EC1M 5SX, telephone: 020 7253 7053, website: [www.bondsolon.com](http://www.bondsolon.com)**

## Major committee changes in 2006

As you know, four Forum Committee members stand down this year, as new members take over. Below is a photograph taken at our annual conference, showing you who is who: \* = committee member; † = leaving.



**Back row:**  
Joan Mathison (L), Sandy Taylor\*, Mary Shawt, Janet Marsdent, Steven Craig\*, Nicky Shute\*, new Chair Yvonne Needham\* and Jennifer Nosek\*.

**Front row:**  
Julie Tillotson†, Helen Davies\*, RCN Adviser Bernie Cottam and Mary Stott\*.

# Preserve your history now

RCN Assistant Archivist FIONA BOURNE makes a plea for contributions.

**The RCN has been around for almost a century now and, like most large national organisations, it has created its fair share of records. The RCN archives holds over 500 metres of records on the history of the College and its UK members, including the particularly dynamic area of membership groups.**

The forums and societies are a constantly developing part of the RCN and, unusually amongst College activities, they are largely dependent on the membership to run them. The existence of such a thriving Ophthalmic Nurses Forum reflects the importance of your field within the history of the College and as such should be represented in the records.

Boxes of records come to us periodically

from the advisers in the Professional Nursing Department, filled with minutes, newsletters, administrative correspondence and fliers for conferences. This is an excellent start...

However, what we don't often receive are records that show us what happens at conferences, what the big issues are, follow-up publications, the findings of working groups, social events, AGMs, photographs, news cuttings, recordings and professional correspondence with colleagues. These are the records that you hold.

Occasionally, a member acting as forum secretary or treasurer has handed in the records of their term, and what a wealth of information comes with that donation! We have developed specialised collections in, for

example, occupational health, due to the depth of records on that topic. We would like to be able to represent your forum in this way for future researchers, but we need your help.

So, have an autumn clear out and make some space for your new records. Any records of the Ophthalmic Nursing Forum or any other records you've fallen heir to would be most welcome. Just mark them clearly.

Preserve your future history now, and send your out-of-date records to the RCN Archives, 42 South Oswald Road, Edinburgh, EH9 2HH. Any concerns? Contact us at email: archives@rcn.org.uk, or telephone 0131 662 6122/3.

**“have an autumn clear out and make some space for your new records”**

## 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](http://www.rcn.org.uk/pdf)



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