

**Children and Young People's  
Field of Practice Advisory Panel  
Response to PDF Consultation**

**Prepared by: Alison Twycross**  
on behalf of the Chairs of the Forums and Groups within the  
Children and Young People's Field of Practice

**Chair of the Children and Young People's Field of Practice Advisory  
Panel**

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## Introduction

Members of the Children and Young People's Field of Practice Advisory Panel have considered the PDF consultation. They have a number of concerns about the proposals and some issues that they would like considered before final decisions are made about the way forward. These are outlined in this document.

Our primary concern is that **the proposed reconfiguration will not meet its aims**. The advisory panel also thinks that **the reconfiguration does not go far enough and that the whole organisation structure should be re-evaluated** – including the composition of Council and the Branches.

One of the drivers for the new structure is to increase the number of members involved in the professional side of the organisation. However, **the advisory panel considers that the proposed structure will not necessarily get people more active**. The advisory panel thinks that marketing is key to the success of involving more members in the professional side of the organisation. Many members are unaware of what is on offer - they join the RCN for their indemnity insurance.

There is evidence that **many members are not aware that the PDF consultation is taking place**. The advisory panel would like a guarantee that the number of responses to PDF and actual (anonymous) responses are made available.

The CYP field of practice thinks that **the current consultation should be seen as the (qualitative) first stage of the consultation process, and that a second (quantitative) stage should be carried out**. This second stage should consist of a questionnaire developed in the light of responses to the current consultation document. The questionnaire should be mailed to all RCN members.

## Summary

### *Main recommendations*

#### 1. **The role of the RCN needs clarifying:**

- The two parts of the RCN are interdependent.
  - The two parts of the RCN should be allowed to operate in separate yet complimentary ways.
2. There needs to be a **supporting infrastructure** for the Divisional structure to work effectively.
  3. **Economic costings** need to be provided before decisions about the number of Divisions can be made
  4. **Branch structure and the composition of Council should be reviewed** alongside current review of membership services

### *Recommendations relating to Divisional Structure*

5. Divisional structure should include:
  - 5 cross-cutting Divisions
  - Clinical Divisions – including children and young people, mental health, learning disabilities, midwifery and women's health
  - Sexual health should be part of the Public Health Division
6. Cross-Cutting Divisions and Clinical Divisions should have different election processes
7. Funding and voting rights should be allocated to Divisions depending on the number of full members in each Division
8. Financial allocation to Divisions should be based on business planning and outcome evaluation
9. The employers of Divisional Chairs should be compensated for a proportion of the time spent on RCN activities.
10. A mechanism needs to be in place for members to belong to more than one Division (at no additional cost to themselves).

### *Recommendations relating to the RCN being the expert voice of nursing*

11. The current forums and groups provide the *expert voice of nursing* consideration needs to be given to ensuring that this expertise is not lost during the reconfiguration.
12. The RCN needs to provide a mechanism for like-minded people to communicate/meet - if this does not happen many forums and groups have indicated that they will move outside the RCN

### *Other Recommendations*

13. There should be parity between the professional and trade union voices within the organisation:
  - Chairs of Divisions should sit on RCN Council
  - There should be parity in relation to funding and voting places for Congress
14. Consideration needs to be given to what happens to the funds currently held by forums and groups. Any decisions should be made in discussion/consultation with current forum/group chairs and steering committees.
15. The RCN needs to find out what services members want at a local level and where they would like these to be delivered.
16. Sub-speciality groups (see Appendix 1) provide a mechanism for local/regional groups
17. Consideration needs to be given to the process of getting members to enrol in Divisions

## Recommendations

### Clarifying the role of the RCN

- The RCN is a trade union as well as a professional membership organisation. The advisory panel thinks that these two parts of the organisation must be acknowledged
- The two parts of the RCN are interdependent and complimentary - both parts are essential to the work of the RCN but need to be able to operate in different ways.
- The interdependence and complimentary nature of the two *components* of the RCN are demonstrated with Agenda for Change: the trade union side is needed to successfully complete job evaluations; the professional membership side is key to professional development in relation to the knowledge and skills framework.
- Any change must acknowledge this interdependence. However, this does not mean that the professional membership services need to mirror the structure of trade union side of the organisation.

### Infrastructure to Support Divisions

- Whatever form the restructuring takes, there needs to be a supporting infrastructure for it to work effectively.
- The infrastructure necessary to make these Divisions work is:
  - *Adviser(s)*
  - *Dedicated Information/Knowledge Manager* – would manage website, act as a central point for dissemination of information, etc
  - *Dedicated PA to adviser* – who also acts as PA to Chair of Division
  - *Dedicated Divisional Administrator* – to make room bookings, take meeting notes, process expenses, etc
- All of these post should be full time
- Many of the Divisions will require a minimum of two (full time) advisers. The number of advisers should not be decided solely on the number of members in each Division; the level of activity undertaken should also be considered.
- As no economic costings are provided in the consultation document it is difficult to ascertain how many Divisions the RCN can afford to fund. This information needs to be provided before a final decision about the composition of Divisions can be made.

### Number of Divisions

- The PDF consultation provides details of five different models. However, there are no economic costings and there is no information about the money available to fund the professional side of the RCN. This means a decision about the number of Division cannot be made.
- The advisory panel requests that this information is provided.

- In relation to the proposed models the advisory panel thinks that the following points need to be considered:
  - that there should be a child and young people's division
  - that there should be a mental health division
  - that there should be a learning disabilities division
  - that there should be a midwifery and women's health division
  - that sexual health should be part of a public health division
  - that there should be a (still to be determined) number of divisions relating to adult nursing
  - that there should be five cross-cutting divisions: research, ethics, education, management and leadership, and quality and informatics
- We are thus suggesting a *modified* Option B as our preferred model.

### **Composition of Divisional Boards**

- To ensure that research, ethics, education, management and leadership, and quality and informatics are integral to the whole of the RCN's membership services, the advisory panel thinks that the clinical divisions should be constituted differently to the cross-cutting divisions<sup>1</sup>
- (A suggestion about how speciality groups and sub-speciality groups might work within clinical Divisions can be seen in Appendix 1 using the children and young people's field of practice as an example.)
- The advisory panel suggests the following make up for Divisional Boards:

#### *Clinical Divisional Boards*

- Remit: influencing political and professional agendas; strategic overview of work of division
- Comprises one representative from each of cross cutting speciality groups, one representative from the well-being sub-division board and one rep from illness related sub-division board
- Should be representation from four countries (members may need to be co-opted)
- Meet at least twice a year
- Chair elected from among membership of division
- Chair sits on Council

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<sup>1</sup> cross-cutting divisions: research, ethics, education, management and leadership, and quality and informatics

### *Cross-Cutting Divisional Boards*

- Remit: influencing political and professional agendas; strategic overview of work of division
- Comprises two experts/leaders in the field – elected by divisional members and one representative from each of the other Divisions
- Should be representation from four countries (members may need to be co-opted)
- Meet at least twice a year
- Chair elected from among membership of division
- Chair sits on Council

The election process described in the PDF consultation document appears overly complicated and assumes that those engaging at a local level want to participate at a national level. It also assumes that all those engaged at a national level want to participate at a local level and that they have the ability and expertise to do so.

The election process proposed within the PDF consultation may mean that the experts in the field are not part of the Divisional Boards (and any Sub-Boards), thus limiting the ability of the RCN to be the expert voice of nursing.

### **Parity between Regions and Divisions**

- If it is acknowledged that the two parts of the RCN are interdependent and complimentary there is a need to ensure that there is parity between the professional and trade union voices within the organisation
- The advisory panel, therefore, recommends that the Chair of each Division should sit on Council (as a full member) – ensuring that professional membership side of organisation has a voice on the decision-making body within the RCN and parity with the Regions
- In relation to funding and voting places for Congress (see below) there should be parity between the Regions and the Divisions

### **Congress voting**

- Funding and voting rights should be allocated to Divisions depending on the number of full members in each Division
- Divisions should have parity with Regions
- The advisory panel thinks that there should be a review of the Branch structure alongside the current review of membership services

## **Financial Issues**

- Financial allocation to Divisions should be based on business planning and outcome evaluation rather than on the number of people in the Division
- Consideration needs to be given to what happens to the funds currently held by forums and groups

## **Role of Divisional Chairs**

- The Divisional Chairs will be key to the success of the PDF.
- In view of the time implications of carrying out the role of Divisional Chair successfully there should be some level of compensation made to employers.
- When this has been trialled in the past there have been tensions mainly due to the RCN then being seen as the Chair's second employer.
- This could be addressed by considering the compensation offered as a fee for consultancy work.
- Compensation should be made for around 24 days a year.

## **Meeting the needs of members**

- The RCN claims to be a member led organisation
- Most members currently involved in forums and groups want:
  - to be able to network – locally and/or nationally
  - to act as expert voice for their speciality
  - to hold study days and conferences facilitated by RCN Events
- It is not clear within the PDF consultation how this will be facilitated
- If the RCN does not provide a mechanism for like minded people to meet together many forums and groups have indicated that they will move outside the RCN.
- Greater use of the new media by the RCN would help facilitate communication between like-minded people – websites, discussion groups, etc
- Each Division should, within a given framework, be able to develop a structure that meets their needs. See Appendix 1 for an example of how this could work within a Children and Young People's Division.
- Many members will feel that they *belong* to more than one Division. This needs to be addressed. One way would be for members to have full membership of one division and associate membership of other divisions. For example, a children's nurse who works in education and is an active researcher may want to have full membership of the children and young people division and associate membership of the education and research divisions.

## **Ensuring the RCN is the expert voice of nursing**

- The advisory panel considers the current forums and groups to be the *expert voice of nursing* within the RCN.
- The new structure needs to ensure that the lines of communication between these experts and the RCN are maintained.
- The structure set out in Appendix 1 allows for this.
- The election process to the Divisional Boards should ensure that those seen as RCN spokespeople (members of the Divisional Boards and Sub-Divisions/Groups) have the appropriate skills and experience to do so. The advisory panel, therefore, thinks that the majority of people sitting on Divisional Boards will be the current leaders of the profession.
- If the current forums and groups move outside the RCN this will diminish the voice of the RCN. This will limit the ability of the RCN to reach all the objectives within its strategic plan.

## **Providing services at a local and national level**

- One aim of the PDF is to ensure members can access services at a local level – have members been consulted about what they want? and about whether they are prepared to travel to RCN regional offices?
- The advisory panel thinks that many members only wish to engage at a local level – if at all. (Sub-speciality groups - see Appendix 1 – provide a mechanism for this)
- The CYP FOP experiences with regional groups suggest that for meetings to attract a reasonable number of members, that they need to be held in members' workplaces.
- The advisory panel considers that it is unlikely that a large number of members will engage in the regional activities unless they take place in each hospital/clinical setting. There is a need, therefore, to rethink this element of the PDF and consider other ways of engaging with members at a local level.
- The advisory panel considers that marketing is key to the success of involving more members in the professional side of the organisation. Many members are unaware of what is on offer - they join the RCN for their indemnity insurance.
- The advisory panel recommends that consideration is given to the process of getting members to join one (or more) Divisions. The percentage of the members currently enrolled in forums and groups suggests that this may be a problem.

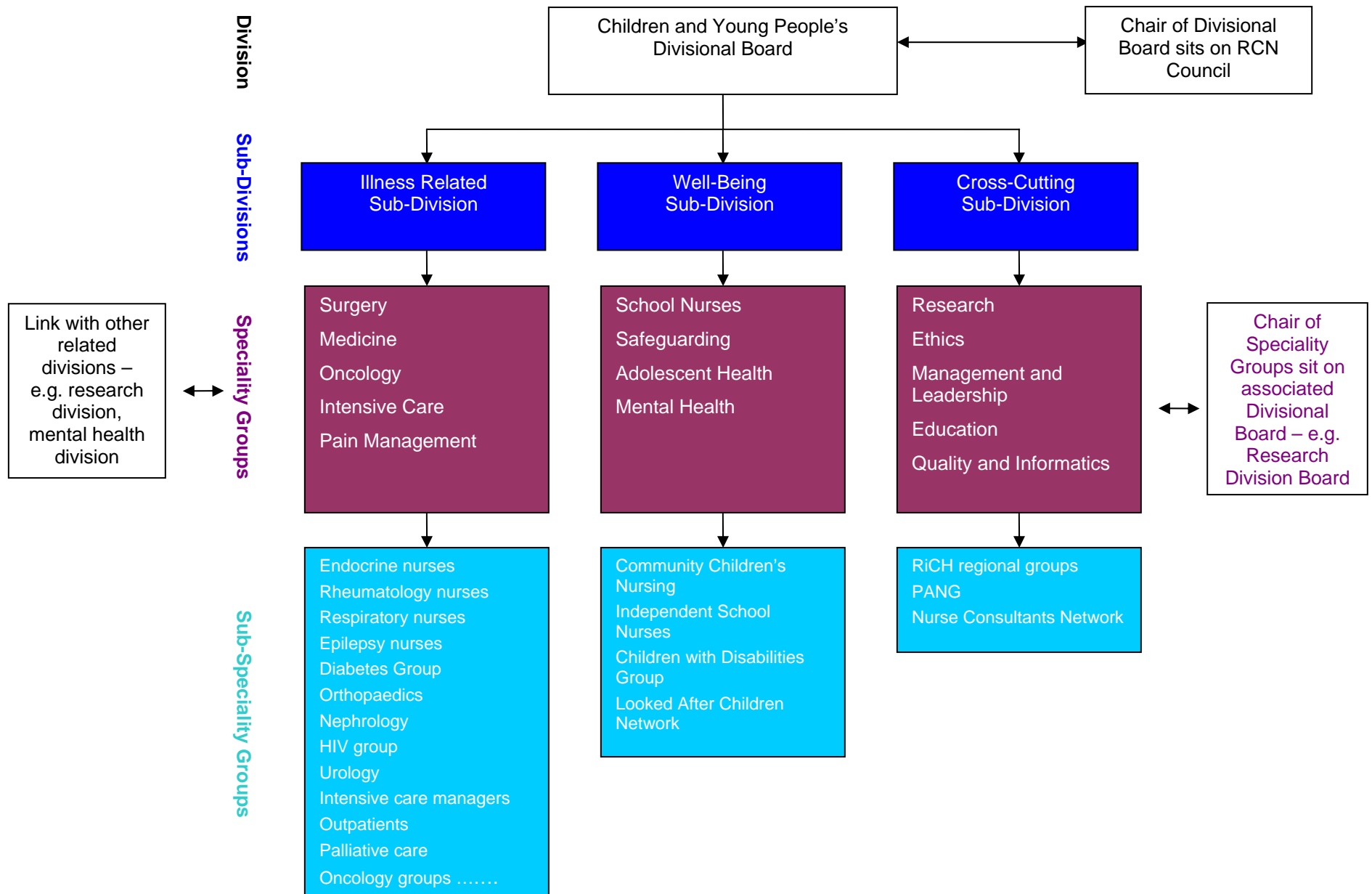
## Concerns about the Consultation Process

- The advisory panel are concerned that the wider membership have not had the opportunity to take part in the consultation process.
- Many “ordinary” members are unaware that the consultation is taking place. Many nurses do not have access to the internet or access the RCN website regularly.
- The advisory panel think that there should have been a mail-shot (not within the Bulletin) to all members containing the consultation document. While some members may have opted not to respond at least they would be aware that the consultation was taking place.
- The advisory panel is also concerned that the responses were sent to an *anonymous* email address rather than a person. This made it difficult to ask for clarification of issues that arose from the consultation document.
- The advisory panel would like to have seen an independent consultant, commissioned to look at the whole structure of the RCN – i.e. memberships services, branches, Council, etc – this restructuring offers the chance to re-engineer the whole organisation

In light of concerns that many members are not aware that the PDF consultation is taking place, the advisory panel would like a guarantee that the number of responses to PDF and actual (anonymous) responses are made available.

The CYP field of practice thinks that the current consultation should be seen as the (qualitative) first stage of the consultation process, and that a second (quantitative) stage should be carried out. This second stage should consist of a questionnaire developed in the light of responses to the current consultation document. The questionnaire should be mailed to all RCN members.

Appendix 1: Proposed Divisional configuration



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### **RCN Council**

- there should be a representative from each division on Council (in addition to regional reps)

### **Divisional Board**

- Remit: influencing political and professional agendas; strategic overview of work of division
- Comprises one representative from each of cross cutting speciality groups, one representative from the well-being sub-division board and one (or two) reps from illness related sub-division board (see Appendix 2)
- Should be representation from four countries (members may need to be co-opted)
- Meet at least twice a year
- Direct link to Council (see above)
- Chair elected from among membership of division

### **Illness and Well-Being Related Sub-Divisions**

#### *Sub-Divisional Boards*

- Remit: Take lead on operationalising Divisional objectives – *distribute* work to specialty groups
- Comprise Chair of each Speciality Group within that Sub-Division and a representative of each cross-cutting speciality group (n=7) (see Appendix 3)
- Chair of Sub-Division elected from within Chairs of Speciality Groups
- Meet at least twice a year
- Travel expenses and catering provided
- (NB a similar structure currently in place in relation to the RCN's General Children's Nursing Forum and the RCN's Paediatric Ambulatory Care Forum.)

#### *Speciality Groups*

- Remit: Provide focus for speciality – work on divisional projects; act as expert voice .....
- Made up of two clinical specialists and one rep from each of the cross-cutting speciality groups
- Different groups will have different meeting arrangements – e.g. some groups will meet at a local level several times a year; other groups will meet nationally; and other groups may choose to meet virtually.
- Travel expenses and catering provided

## Appendix 1: Proposed Divisional configuration

### **Cross-Cutting Sub-Division**

#### *Sub-Divisional Boards*

- Remit: Take lead on operationalising Divisional objectives – *distribute* work to specialty groups
- Comprise Chair of each Speciality Group within Sub-Division and a representative from illness related sub-division and a representative from the well-being sub-division (n=9)
- Chair of Sub-Division elected from within Chairs of Speciality Groups
- Meet at least twice a year
- Travel expenses and catering provided

#### *Speciality Groups*

- Remit: Provide focus for speciality – work on divisional projects; act as expert voice .....
- Made up of experts in the area – each steering committee member also sits as a representatives in one (or two) speciality groups in illness related and well-being sub-divisions (n=7-9) (see Appendix 4)
- Need to ensure steering committee members are an expert/have experience in the area
- Meet at least twice a year
- Travel expenses and catering provided
- Feed into Divisional Boards of relevant Divisions – e.g. research, education, etc.<sup>2</sup>

### **Sub-Speciality Groups**

- Act as an expert group as well as enabling networking at local/national level.
- Should have a named facilitator/key contact person
- Different groups will have different meeting arrangements – e.g. some groups will meet at a local level several times a year; other groups will meet nationally; and other groups may choose to meet virtually.
- Able to use RCN Events to organise conferences and study days – (conference steering committee have travel expenses funded to attend 2-3 meetings)
- Some funding available

### **Congress Representation**

- Should be allocated in relation to each Division and relate to the number of full members.
- Divisions can then allocate places to activists
- Parity between professional activists and trade union activists

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<sup>2</sup> Divisional Boards for Research, Education, etc should be made up of two experts in the area and the Chair of the relevant Speciality Group in all the Clinical Divisions

**What this structure achieves**

- Ensures RCN is able to be the expert voice of nursing
- Sub-speciality groups allow members to access resources at a local level
- Ensures that there is integration between different Divisions
- Ensures that research, ethics, education, management and leadership, and quality and informatics are key within professional membership services
- While on paper there may appear to be some winners and some losers but does allow the opportunity for current forums and groups to continue in some form .....

## **Appendix 2 – Composition of the Divisional Board**

- Chair of Divisional Board elected from within members of Division
- Two clinical experts in surgery
- One research representative
- One ethics representative
- One education representative
- One management and leadership representative
- One quality and informatics representative
- One (or two) representative(s) from illness-related sub-divisional board
- One representative from well-being related sub-divisional board
- Representatives from all four countries (co-opted if necessary)

### **Appendix 3 – example of the composition of a clinical speciality group**

#### Surgical Speciality Group

- Two clinical experts in surgery
- One representative from research speciality group
- One representative from ethics speciality group
- One representative from education speciality group
- One representative from management and leadership speciality group
- One representative from quality and informatics speciality group

## **Appendix 4 – example of the composition of a cross-cutting speciality group**

### Research Speciality Group

Steering committee members:

- have research expertise
- able to link with clinical speciality group(s) and/or sub-divisional board(s)