



CUTS TO LEARNING DISABILITY NURSING	P6
PROVIDING PERSONAL CARE	P10
NURSING IN GHANA	P12
SPEAKING UP AS A STUDENT NURSE	P14

FOR NURSING STUDENTS ACROSS THE UK

AUTUMN/WINTER 18/19



CARE IN CALAIS

ROSIE'S WORK WITH REFUGEES

The student money guide

Providing comprehensive advice on:

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- funding
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Hello and a very warm welcome to everyone. Wherever you're at on your nursing journey, I hope you will find something in here to inspire you. My term as your student member of RCN Council comes to an end in December. It's been my privilege to proudly represent students and I look forward to seeing the student voice continue to be brought to the fore.

Voting to elect your new student member of Council is now open and closes on 3 December. Your ballot paper is enclosed with this issue of *RCN Students* so make sure you take a minute to have your say on who you think will best represent you. Electronic voting will also open for seats on the RCN UK Students Committee from 14 November until 12 December and voting by post is open for RCN President and Deputy President elections.

As an RCN member there is so much support available, from the RCN Library and Archive Service, which provides easy access to e-books and e-journals 24-hours-a-day (rcn.org.uk/library), to member support services, offering everything from careers advice to counselling (rcn.org.uk/mss). Finally, it's never too early to plan for RCN Congress – the biggest event in the nursing calendar. In 2019 it's on 19-23 May in Liverpool.

Charlotte Hall

Chair, RCN Students Committee
Student Member of RCN Council

Contents

Student update.....	4-5
Learning disability nursing.....	6-7
Care in Calais.....	8-9
Too posh to wash?.....	10-11
Nursing in Ghana.....	12-13
Speaking up.....	14-15
When the unthinkable happens.....	16-17
Your RCN.....	18-19

Story to tell?

If you've got a story to share, or there's a topic you'd like to see covered in a future issue, why not get in touch?
Email studentsmagazine@rcn.org.uk

Did you know *RCN Students* is online? Read unmissable student stories, advice and guidance on the go, anywhere, at any time. And it's not just *RCN Students*, all our member magazines are there too – including *RCN Bulletin*. Visit rcn.org.uk/magazines

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4 STUDENT UPDATE

Worrying drop in student numbers

The fall comes after official NHS figures reveal record levels of vacant posts

The stats from UCAS show the number of students starting nursing courses in England this September has fallen by more than 500 in a year. Across the UK, student nursing numbers for the same period are down by 350. In 2015, ministers sold their reform of nurse student funding in England – the removal of the bursary – as a way to boost student places and increase the number of trainee nurses in England.

Lara Carmona, RCN Associate Director of Policy and Public Affairs, says: “When there are tens of thousands of vacant nursing jobs, the Government’s own policy is driving down the number of trainees year after year. These figures

are a harsh reminder for ministers of the need to properly address the staffing crisis that is putting safe and effective patient care at risk.

“We urgently need comprehensive workforce plans that safeguard recruitment and retention and respond to patient needs in each country. This should include incentives to attract more nursing students. The Government must bring forward legislation in England, and build on law in Wales and the current draft bill in Scotland, that ensures accountability for safe staffing levels across health and care services.”



rcn.org.uk/safestaffing

Scotland bursary will rise to £10,000

First Minister Nicola Sturgeon announces bursary increase for nursing students

The RCN has welcomed news that nursing and midwifery students in Scotland will receive greater financial support starting this year.

Care experienced nursing and midwifery students will see their bursary increase to £8,100 this year. All students will receive an £8,100 bursary in the academic year 2019/20,

which will increase to £10,000 the following academic year. Scotland’s nursing and midwifery student bursary is currently £6,578.

RCN Scotland Director Theresa Fyffe says: “The RCN has been fighting for fairer funding for student nurses and midwives. The Scottish Government has listened to those calls and has responded with a bursary which will truly support students.”

The nursing bursary in England was scrapped in

August 2017 but nursing students in Northern Ireland, Scotland and Wales continue to receive bursaries.

In England, the RCN has devised costed options to increase the number of nursing students. They include grants for students in recognition of time given during placements, a fee paid by local employers to cover students’ living costs in return for a post-qualification contract, and means-tested grants, which would provide additional support to students from poorer backgrounds.

Looking for guidance?

Are you a third-year student with questions around those all-important next steps? Help is at hand with the RCN's approaching graduation guides, which provide essential information for your transition from student to registered nurse.

These include: *Just About to Graduate* (code 006565), *Students: Thinking about*

Your Career (code 006566), and *What is a Trade Union?* (code 006567). Download them from rcn.org.uk/publications

Whatever stage of your nursing journey, don't forget to make use of the quick and easy access to thousands of e-books and e-journals from the RCN Library and Archive Service. Go to rcn.org.uk/library

Develop further



Stock image

Do you want to develop influencing skills while doing your nursing degree and make a real difference to your peers? Why not consider becoming an RCN student information officer (SIO)? SIOs are nursing students who work closely

with the RCN to support and share information with fellow nursing students. It's a role you can do without having to take vast amounts of time away from your studies, but has wide-ranging benefits. Go to rcn.org.uk/sio

What I'm thinking...



David Gwinell
Third-year student nurse

Everybody needs a nurse but there is still some stigma around men in nursing. Some men think: can I do it? At a time when there are at least 40,000 nursing vacancies and only 10% of nurses are men, we need to showcase nursing as a career for all, regardless of gender.

I am chair of an initiative at Sheffield Hallam University called MINT which stands for Men In Nursing Together. We aspire to be a national network that promotes and supports men who are already registered nurses and those who are student nurses, while encouraging those who wish to join the profession but don't know how to or feel that nursing is just for women.

We want to see more men retrain to be a nurse or go into nursing straight from school. My aim as chair is to roll the initiative out to other universities. Nursing is a very demanding career but it's very satisfying to know you've helped another human have a good death or go home, or bring a baby into the world. Nursing can open so many doors and there are so many possibilities from this one degree.

f MINT – Men in Nursing Together

Care in crisis?

The RCN wants action to attract more people to learning disability nursing as the number of students seeking to specialise falls

In May, the NHS Learning Disabilities Mortality Review published a report into 103 deaths. It found that in 13 cases the person's health had been adversely affected by treatment delays, poor care, neglect or abuse. Overall, it showed that the life expectancy of someone with a learning disability lags way behind a person in the general population – almost 23 years for men and more than 29 years for women.

The findings are even more shocking in light of recent news that almost half of universities in England have discussed axing learning disability nursing courses, while the latest workforce data shows a 40% drop in specialist learning disability nurses since 2010.

Dame Donna Kinnair, Acting RCN Chief Executive, says: "Without the specialist support provided by registered nurses, more patients may end up in institutions, away from their families and friends and shut off from society – this bleak Victorian image is not what care should look like in the 21st century."

Since the removal of funding for nursing education in

England, the number of applicants to learning disability nursing degree courses has also fallen, making the programmes less financially viable to run.

A backwards move

Anete Ievina, a third-year learning disability nursing student, has concerns for what this means for society in the future. She is part of one of the last cohorts to come through one of three study centres at the University of Hertfordshire. "It feels like we could well end up going backwards to institutions," says Anete, who hopes to work with children who have learning disabilities once registered.

"It's all quite scary. I've had doctors come and find me while on placement in hospitals as they want someone who has

the skills to support a person with a learning disability. And yet learning disability courses are being cut and we are hearing of more specialist nurses losing their jobs. It doesn't make sense."

Zoe Robinson, a student on the same course, says: "The mortality review shows we can change the lives of people with learning disabilities. The loss of just one learning disability nurse has a ripple effect that will leave many vulnerable people without the care they need," she adds. "Unless we preserve this field of nursing, there will be a terrible impact on all services across health and social care. Not only that, but where will learning disability nurses end up if the role becomes extinct?"

"Learning disability nursing has always been extremely

Did you know?

The RCN is supporting *Treat Me Well* – a campaign launched by the charity Mencap – that recognises that small changes can make a big difference to health care outcomes, and aims to transform how the NHS treats people with a learning disability. Find out more, and read about diagnostic overshadowing at [rcn.org.uk/overshadowing](https://www.rcn.org.uk/overshadowing)



person-centred and focused on the individual. To offer the best support to a person with a learning disability, you need a learning disability nurse.”

A key priority

At RCN Congress in May, members voiced their deep concerns about the dwindling state of learning disability nursing and voted overwhelmingly in favour of an emergency resolution calling for urgent action to protect this vital field. Work is now being taken forward by the RCN Learning Disability Nursing Forum.

The RCN has developed costed policy options for the Government to consider to incentivise more students into nursing. It has also outlined serious concerns to Health Education England (HEE), and proposed a number of solutions, including:

- a high-profile national recruitment campaign
- additional financial support to attract prospective nursing students
- better investment in CPD
- learning disability nursing to feature prominently in HEE’s forthcoming workforce plan.

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To offer the best support to a person with a learning disability, you need a learning disability nurse

Join the UK-wide learning disability nursing forum at [rcn.org.uk/forums](https://www.rcn.org.uk/forums)

8 HELPING REFUGEES

Caring in Calais

Rosie Schofield shares her experience of looking after refugees across the Channel



Stock image

I first heard about the chance to work with refugees in Calais through someone on my course who was going over with a group of health care professionals. They asked if anyone else wanted to go too. We're all aware of the refugee crisis in Europe, so I didn't want to pass up the chance to do something practical to help.

They were happy to have students go along as the premise was to offer basic first aid, although some were more

qualified, so able to provide more advanced care.

Initially I found the scale of the place overwhelming – the size of the camp, the conditions that people were having to live in, the rubbish everywhere – it was heartbreaking.

We had three caravans that we used as our bases, splitting teams according to their skill mix, with people who lived in the camp acting as interpreters. Wound care was common and

as a student nurse I was able to help with that.

We also saw a lot of people with injuries caused by trying to get across to the UK. There were possible sprains and fractures, which we referred to the local medical centre, as we had limited resources. Living in a close community without proper sanitation meant there were lots of communicable infections too – including colds, coughs, chickenpox and scabies.

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What I did wasn't special. I just did something that needed to be done

It was also the first time that I'd seen anything like the brutality shown by some of the police there. They were there every day in full riot gear, and the attitude and approach was so aggressive, unpleasant and intimidating. I saw lots of people injured by rubber bullets, including children. The police often used tear gas at night too. It felt very unnecessary. However, I didn't feel unsafe and I didn't witness any altercations.

As I was working alongside different health care professionals, there were lots of learning opportunities. One GP showed me how to do a basic chest examination and I worked with a nurse from Ireland who has worked in the Calais refugee camp regularly and still continues to provide care now. Her background is in A&E and spending time with her was invaluable. Her approach was to try to provide the same standards as you would at home, so her caravan was pristine and her infection control practices as good as they could be. She treated people with such dignity and respect, giving them time and space. I found it

inspirational. Meeting refugees first hand reminds you that they all have lives, hopes and dreams. It's not just a theoretical crisis, but people who have witnessed things that most of us can't even imagine. In one instance I tried to advise someone how to take paracetamol and he told me he was a pharmacist. Moments like that make you aware that those living there have come from all walks of life and it is desperation that has brought them. It could be any of us.

Since I came back, I've tried to help people understand more about what's going on. What I did wasn't special. I just did something that needed to be done – and we all have a responsibility to do something to help.

Rosie went to Calais with FAST (First Aid Support Team). She is an RCN student information officer. Go to rcn.org.uk/sio

RCN members debate care for child refugees

At RCN Congress earlier this year, members debated a resolution calling for the UK government to enable unaccompanied refugee children to settle here. Speaking in favour of the proposal – which was eventually passed – Rosie shared her experiences of the Calais camp. “It's abhorrent that our government has not upheld their commitment to these children,” she told the audience. “We should open our arms and our borders to these incredibly vulnerable young people.”

🔗 Find out about Congress at rcn.org.uk/congress



Photograph: Duncan Soar

Too posh to wash?

Never, says student nurse Toni Wade, as she reflects on the value of delivering hands-on, personal care

I've often heard the expression "too posh to wash" used about registered nurses but I've also heard it mentioned when referring to nursing students. I've been in the presence of many students who see the benefits of providing personal care to patients but unfortunately I've also heard the same comment that "they are not there to provide personal care as it is not a nurse's job." These have been very rare occasions and the belief was challenged immediately.

Vital skills

Providing personal care to patients is one of the first skills we are taught as students. Whether it's assisting with washing someone or performing simple mouth care, we can find out so much about a patient.

We can use it as an opportunity to check their skin integrity and document any changes to pressure areas. It can also be used as a chance to have a chat with a patient to determine what kind of clothes they like to wear or how they like to have their hair styled. A patient may even use this

time to express any worries or concerns they may have.

Fundamental values

I believe that assisting with the needs of patients, such as providing personal care, is one of the fundamental values of nursing. Maybe this belief comes from my experience as a care assistant and knowing how much performing these tasks mean to an individual, but it's a skill that should be honed as a student.

This is why students on their first placement will often be placed with health care assistants (HCAs) for a few weeks – so they can really develop these essential care skills before they begin learning the other skills integral to being a nurse.

HCAs are the backbone of any ward and we can learn so much from them. They tend to know patients inside out and can provide important information to the nurses about a patient's mental and physical state. A nurse should never feel it is "beneath them" to be doing tasks that the HCAs would usually be completing.

On a positive note, I really do hear the term "too posh to wash" a lot less than I have done in the past and really hope our new generation of students can help to abolish this term and train of thought for good.

Eight principles

The RCN, in partnership with the Department of Health and the NMC, has developed eight principles of nursing practice that apply to all nursing staff and nursing students in any care setting. The principles describe what constitutes safe and effective nursing care, and cover the aspects of behaviour, attitude and approach that underpin good care.

Principle A says: Nurses and nursing staff treat everyone in their care with dignity and humanity – they understand their individual needs, show compassion and sensitivity, and provide care in a way that respects all people equally.

🔗 [rcn.org.uk/principles-of-nursing](https://www.rcn.org.uk/principles-of-nursing)

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I hope our new generation of students can help to abolish this term for good



What do you think?
Email studentsmagazine@rcn.org.uk

New perspectives

Iola Mair had a life-changing placement in Ghana during the course of her learning disability nursing degree

At the end of the second year I had the opportunity to work with children in an orphanage in Ghana, organised through Projects Abroad, an international volunteering organisation.

The orphanage was called New Life, and I was to stay with a local family used to hosting volunteers and eager to share their way of life.

I was welcomed at the family home with kindness and big smiles but it was a shock to see how different their house was from mine. There were barrels to save water in and we showered using a bucket.

There were no bins and all the rubbish had to be burned, so there was always a lot of smoke. There was sand everywhere and my room was very basic.

Inside the orphanage

The orphanage was small. On the girls' side there were only two bedrooms, and there were mattresses and beds in the corridor. I felt sad that the children were living like this but they were excited to see

someone white with blonde hair, and they played a lot with my hair and hands. There were 62 children and young people living there from age six months to 22 years.

Talking to the Project Abroad team about learning disability nursing, it was suggested that with my skills I should support a young girl, Princess, who had Down's syndrome. Princess was about eight years old but there was no record of her birth. My role was to consider how to improve her quality of life.

I soon realised the staff knew very little about Down's syndrome so I drew on my knowledge to produce an information pack for them, even though time and access to a computer with the internet were limited.

I included some facts about Down's syndrome and the health problems associated with it such as diabetes.

I kept the information very simple and when I showed it to a member of the Project Abroad staff they said it would be helpful elsewhere in Ghana

and other countries where Project Abroad is involved.

My time in Ghana was short so I was not able to see whether the information pack helped staff to understand more about Down's syndrome.

But generally the children seemed happy and cared for, even though no close family visited. I developed a good therapeutic relationship with Princess so it was emotional when I left.

Different outlook

Volunteering in Ghana changed the way I think about things. The experience has made me ready for anything.

I know there will be challenges ahead but in my mind I can see the children at the orphanage all smiling and that will always be with me. I'll remember to smile even when things are hard.

I would encourage anyone interested to experience nursing in Ghana, or any other developing country, to see how people live and to help them in any way you can.



Considering an overseas elective?

Undertaking an elective placement overseas can offer you a fantastic opportunity to connect with nursing professionals from all over the world, broaden your academic knowledge, and enable you to immerse yourself in another culture.

It's important to start planning your elective placement several months in advance. Ask your university what opportunities for overseas elective placements they might offer and what criteria you would need to meet. There are also several companies which can tailor elective placements to meet individual needs; it might be worth exploring their websites.

“

The experience has made me ready for anything

🕒 Read the RCN's guide on planning an elective placement overseas at rcn.org.uk/student-electives-overseas



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A vulnerable position

One student reflects on finding the courage to raise concerns about unacceptable behaviour



During my first placement of year two, I was offered the opportunity to go out on a two-day hub placement to learn some new skills. A scenario we all know, isn't it? I didn't think twice in accepting.

My nurse for the two days was experienced and I felt I could learn a lot from him. However, the experience was not positive and during our interactions on

the first day, his behaviour and the information he disclosed made me feel uneasy. On the second day he continued to make me feel uncomfortable and unsafe in the conversations he had with me, making explicit comments of a sexual nature.

As I was a passenger in his car, I felt there was nowhere for me to go. I desperately wanted to get away and felt really scared.

We arrived back, I got my skills book signed off and left. And then I cried. I was so shocked that a qualified health professional would talk to me like that. I was angry at myself for not speaking up and telling him that what he said was not OK.

I sat with my feelings for a few days and completed a long reflection. But the nag

inside of me remained that this was a nurse who regularly took students out. What if his talk didn't stop there and something happened? And importantly, what about his role with patients?

I didn't observe any wrongdoing with patients but I didn't want anyone to be in a vulnerable position. The responsibility started to weigh heavily and I knew I had to tell someone.

On my next visit to university a tutor asked me how I was getting on. The floodgates opened. She allowed me to talk through the experience and finally said that I was right, it was not OK. It was such a relief to be heard and validated.

With this support I made a statement which was shared to the trust. After a very long and difficult wait, I finally got the telephone call I needed – he had admitted speaking inappropriately to me and a letter of apology was on its way.

Moving forward

Nine months on, I still feel speaking up was the best thing to do and my advice to anyone going through a similar experience would be the same. But be prepared for the whole range of emotions.

No health care worker should ever be involved in conversations where they feel frightened or where boundaries have been crossed.

Whatever your role, your employers have a duty of care towards you and you are entitled to work and learn in a safe environment. It's the law.

What if it happens to me?

Nicola Clarkson, RCN Facilitator of Professional Learning and Development, says: "Everyone should be treated with dignity and respect, free from undue stress, anxiety and fear.

"If you find yourself in a similar situation, it is important to seek advice, write down details and raise your concerns as soon as possible."

The RCN has a useful online advice guide on bullying and harassment. Go to rcn.org.uk/bullying. Should student members need support and advice they're advised to call RCN Direct at the earliest opportunity on 0345 772 6100. In addition to helping with this issue RCN Direct can also refer eligible members for free telephone counselling.



You're entitled to work and learn in a safe environment

The role of registrants



The NMC is very clear on the role of registrants in terms of promoting professionalism and trust. In particular they must:

- act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment
- act as a role model of professional behaviour for students and newly qualified nurses and midwives to aspire to.

To find out more visit nmc.org.uk/standards/code/

When the unthinkable happens

Alisha Carter considers ways to cope after experiencing the death of a child while on placement

1 Debrief and talk to your mentor

Your mentor and other members of the multi-disciplinary team can provide you with in-depth information about what happened and why things were done. With this being my first patient death, I didn't realise the bodily changes that would occur or the documentation that needed to be done. It is important to talk through this with your mentor as it can provide reassurance and a form of comfort.

2 Remember that you will learn many things

I learned how to talk to a family about possibly the hardest thing in their life, that silence is OK at times, that it's OK to leave the family alone for a while to grieve for their loss, and that it's OK to cry yourself. At first, I found the silence awkward, like I was useless

in the situation, but it's important to know that this gives the family the chance to talk when they feel comfortable. Do a reflection on this experience as not only will it help you realise what you learned, it also helps to acknowledge what you are feeling.

3 Take some time for yourself

I tried my hardest not to cry in front of the family as I was supposed to be the one comforting them, not them comforting me. I took this experience home with me and cried on my journey back from the hospital. I felt guilty for crying and being upset but it's normal to feel emotional about the death of your patient and it is OK too. Just try not to let it affect the care you provide to other patients. Taking five minutes to comprehend what's happened and come to terms with things will help – trust me.

4 Know you made a difference

The death I experienced wasn't a sudden death and it was peaceful and calm, however this may not always be the case. Your emotions may feel overwhelming but remember that the family are feeling much more. They will always remember what you said during this time. It reassures me that the child's family were immensely grateful for the care myself and the staff provided, and I will never forget this.

5 Talk to someone at university

If you need more support, talk to your personal tutor at university or other academic. Death isn't covered much in our learning, and it can be hard to come to terms with. But universities can provide support to you in these circumstances. It is so much better to talk about things than to bottle it up inside.



Expressing emotions

Amanda Cheesley, RCN Professional Lead for End of Life Care, says: “Learning how to talk about death and dying with an individual patient and those that are important to them is really crucial for every nurse. Allowing people to express their

emotions and recognising them is equally important.

“The RCN has some really useful resources on its clinical and professional webpages and also being a member of a forum can provide expertise and support.”
Go to rcn.org.uk/eolc

🕒 Join an RCN forum at rcn.org.uk/forums



It is normal to feel emotional

The RCN offers a counselling service for members. Visit rcn.org.uk/mss

A conversation with...



Katharine Youngs
RCN Trade Union Committee Member

Where are you based?

I'm about to go into my third year. I'm currently on placement at cardiology admissions at Leeds General Infirmary. I love it – it's allowed me to hone my management skills and it's really interesting seeing the whole patient journey from admission through to the end of care.

Why did you choose nursing?

I worked for 12-13 years in the commercial fields of employment, ending up freelancing. I was fed up with the ethos of this kind of work – it was all about profit and money. In nursing you can make a positive difference to a person's life and it's amazing to be in that privileged position.

Why did you get involved with the committee?

I'm passionate about student nursing issues from a trade union perspective – my grandfather was a regional director with a health care union and he inspired me. I was asked to stand for election by my regional office (Yorkshire & the Humber) after being involved in student activism. I was worried I wouldn't have enough experience but I've had great support from reps and it's passion that really counts.

What are the committee's aims?

It's uncertain times for nursing and in particular for nursing students. We have many projects happening this year, focusing on student welfare and promoting the profession. It is crucial students' views are heard. I love to hear from fellow nursing students and am contactable via students@rcn.org.uk

Stay professional

Alongside the RCN Trade Union Committee (see left) there is also the RCN Professional Nursing Committee. This committee is accountable to RCN Council and makes decisions on its behalf on all the RCN's professional functions and activities. Your student rep is Lucy Mason (see right). Visit rcn.org.uk/governance

Use your voice



Voting is open for the student member of RCN Council and closes on 3 December. Your ballot paper is enclosed with this issue of *RCN Students*. Outgoing student member of Council Charlotte Hall's term of office ends in December and this is your chance to vote on who will best represent students across the UK. Visit rcn.org.uk/elections and read about Charlotte at rcn.org.uk/charlotte-hall

Electronic voting will also be open for seats on the RCN UK Students Committee from 14 November until 12 December and voting by post is open for RCN President and Deputy President until 14 November.

Your RCN Students Committee

Visit [ren.org.uk/governance](https://www.rcn.org.uk/governance) for latest elections information

Representing you



Charlotte Hall
(Chair)

Student Member of Council



Lucy Mason

Professional Nursing Committee Member



Katharine Youngs

Trade Union Committee Member

Country and regional representatives



Laura Bird

Eastern



Kelly Hitchcock

East Midlands



Georgina Ledwith
(Vice Chair)

London



Lyndsey Firth

Northern



Mark Lavery

Northern Ireland



Simon Mackey

Northern Ireland



Lee Holden-Levett

North West



Craig Davidson

Scotland



Ellie Jolley

Scotland



Beth Salmon

South East



Jodie Ashford

South West



Alice Duncan

Wales



Matthew Thomas

Wales



Sophie Lynn

West Midlands



Vacant

Yorkshire & the Humber

What does the committee do?



The RCN Students Committee is run by students for students, and makes the student voice heard on the issues that matter to you. The committee reports directly to RCN Council – the RCN's governing body, which provides leadership and direction for the organisation, helping to shape the future.

Get in touch



Contact your student committee representative via students@rcn.org.uk



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