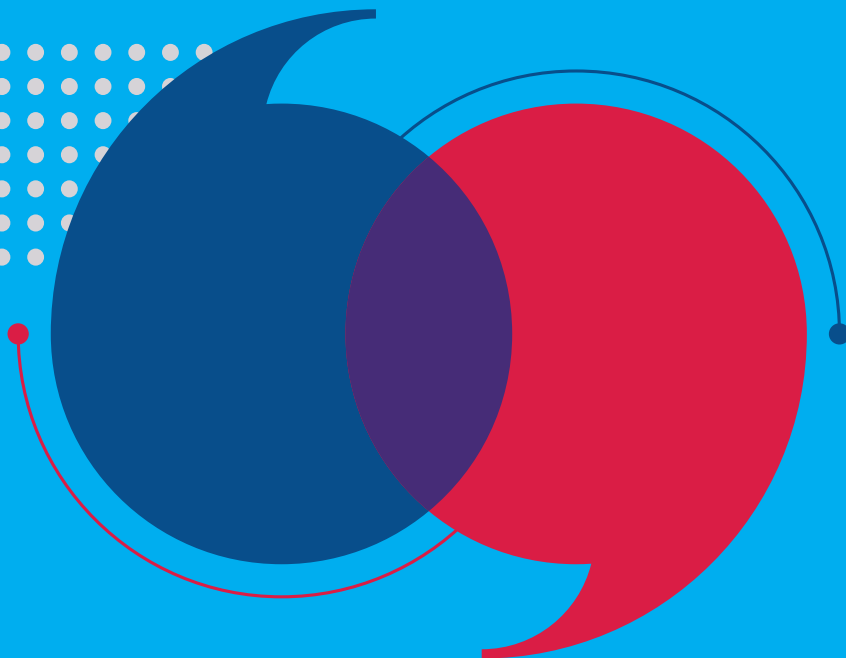




Royal College
of Nursing

Annual General Meeting 2025

Questions and responses



Introduction

This document includes questions asked at the Royal College of Nursing’s Annual General Meeting (AGM) on Thursday 17 July 2025.

As well as responses provided at the meeting, together with supplementary information where helpful, it also includes responses to questions which were received before, during, and after the AGM and which were not answered at the meeting itself. We have grouped together questions on similar topics.

If you feel we have missed anything, please let us know by emailing:
governance.support@rcn.org.uk

Contents

AGM	3
AGM resolutions.....	5
Congress.....	12
Finance	13
Government.....	17
Human rights	17
ICN (International Council of Nurses).....	20
Institute of Nursing Excellence	21
IT	21
Member Support - NMC investigations.....	22
Membership.....	22
Nurse career progression.....	23
RCNi.....	25
Retired members	26
Student members.....	26

AGM



The resolution outcomes ‘For’ and ‘Against’ were in percentage and the ‘abstentions’ in numbers. They should all be in percentages or numbers, or both to see how many people are actually voting.

When someone abstains from voting either ‘yes’ or ‘no’, it is not counted as a vote. Therefore, it is misleading to say ‘X% voted abstain’. To calculate whether a majority vote has been returned, only the ‘yes’ and ‘no’ figures are counted.

For example, 184 people voted ‘yes’ or ‘no’ for a resolution. Of the 184 votes, there were 150 ‘yes’ votes, 34 ‘no’ votes and 16 people abstained. Those who abstained are removed before the calculation and then the ‘yes’ and ‘no’ percentages are calculated from the 184 votes.

If those who abstained (16) were to be shown as a percentage, the information would appear as below:

For:81.52%

Against:18.48%

Abstain:8%

This would total more than 100%, which would be confusing for members.



Why were the resolutions not put before Congress? It would have given an opportunity to discuss and time to achieve an understanding on this issue to confidently vote at the AGM.

Congress, as defined in the Royal Charter, is the annual representative meeting of members which focuses on influencing the policy and future direction of the College.

Meanwhile, the AGM is the annual general meeting of members open for all members to attend either in-person or online. This is the forum at which matters relating to the operational management of the RCN and matters of a professional character are discussed.

Notice of the resolutions was sent out 21 clear days before the AGM - as stipulated in the Standing Orders - allowing time for discussion.



Can the amount of time given over to Council members to speak, be aggregated and published in line with the amount of time given over to members to speak

The AGM is recorded and made available to members and the minutes are published, therefore, if members wish to aggregate the amount of time spent by particular speakers they are able to do so.



Please can you confirm why a current council member shared on a social media platform (LinkedIn) that current Council collectively doesn't have expertise in running a multi-million pound organisation? How can we as members gain assurance that due diligence has been made on these resolutions?

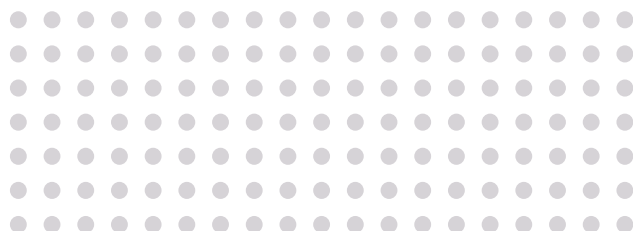
The resolutions have arisen from recommendations in the Governance and Culture Reviews carried out four years ago. Those reviews were undertaken by independent reviewers and were bespoke for the RCN.

The Governance Committee and Council have discussed the recommendations at length and have sought legal advice where appropriate. Formalising the current practice whereby the Executive Team (ET) members are at meetings will enable elected Council members to benefit from the ET's operational insights and expert advice, which will support good decision making thereby protecting the long-term success of the College for the benefit of its members.



Please can you clarify the communication and consultation processes undertaken with country and regional boards on the recommendation to enable ET members to become non-voting members of Council? What mechanisms were there for board members to ask for clarity on certain elements of the proposals?

Each regional and country board has an ex-officio member of Council, elected by the members in that region/country to act as the conduit between Council and the board. Council members have talked to their boards and have been on hand to answer questions and provide clarity. In addition, two sessions were held for all members elected to governance positions including board members at which those members were given the opportunity to ask questions.



AGM resolutions



Given the historical challenges with RCN governance and the essential need for robust member oversight, how can any proposed resolution that centralises or streamlines Executive operational functions be genuinely justified, when it risks diluting the Council's capacity for independent strategic scrutiny and could, inadvertently, lead to a less accountable leadership structure, directly undermining the principles of democratic member representation at the heart of the RCN?

The proposal has arisen from the Governance and Culture Reviews which sought to address the historical challenges within the RCN.

The proposal is to formalise Executive Team (ET) attendance at Council meetings in a non-voting capacity. ET members already attend Council meetings.

Formalising this will mean that ET are there at meetings to share operational insight, provide expert advice and support good decision making to protect the long-term success of the College for the benefit of its members.

Only elected Council members will retain voting rights and only elected members will take decisions.



Considering the RCN's commitment to transparency and member empowerment, how can a proposed resolution that redefines the strategic role of Council, potentially by limiting its involvement in certain areas or reassigning responsibilities to the Executive, be reconciled with the need to ensure members' voices are not only heard but directly influence the strategic direction of the organisation, without creating a perceived power imbalance that prioritises executive efficiency over grassroots accountability?

The proposals do not seek to limit the role of the Council in any areas and there is no proposal to reassign any responsibilities to ET. The roles of elected Council members and salaried staff members are made clear in a number of documents including the 'roles and responsibilities of the Executive and Council' guidance document, the Ways of Working document and in individual role descriptors.

The voice of the members is heard across the governance operating framework at all levels. The AGM is an opportunity also for those voices to be heard.

The proposal is to formalise ET attendance at Council meetings in a non-voting capacity. This means they can share operational insight, provide expert advice and support good decision making to protect the long-term success of the College for the benefit of its members. Only elected Council members will retain voting rights.



If the proposed resolutions genuinely aim to enhance the RCN's operational efficiency and strategic agility, what specific, independently verifiable evidence demonstrates that these changes are necessary to address existing inefficiencies, rather than simply centralising power or reducing the Council's ability to challenge Executive decisions; and furthermore, how will the long-term impact on member engagement and the RCN's core values be rigorously assessed to prevent unintended negative consequences for the organisation's democratic health?

The proposal is to formalise ET attendance at Council meetings in a non-voting capacity. This means they can share operational insight, provide expert advice and support good decision making to protect the long-term success of the College for the benefit of its members. Only elected Council members will retain voting rights. Therefore there is no reduction in Council's ability to challenge.

If anything, the proposal holds ET to higher levels of scrutiny or account by ensuring that they are at meetings to answer questions. The configuration resembles that found in unitary boards, commonly found in membership organisations, companies and trusts.

ET members have been attending Council meetings for a number of years now with no impact on member engagement. The General Secretary and Chief Executive, appointed by Council, is a member as are others on the Executive Team.



These proposals blurs the lines of corporate responsibility and schemes of delegation across the organisation. How will this be changed and what are the risks and benefits?

There are no changes to the scheme of delegation or lines of responsibility. The proposal seeks to formalise the current status quo. The benefits are that during its deliberations and discussions, Council is able to draw on expert advice and operational insights of ET members so it can make well informed decisions which protect the long-term success of the College for the benefit of its members.



Given that the resolutions potentially change the accountabilities and roles of staff and members within the College where is the evidence of a timely communication plan being widely shared so that informed decisions and or question and answer processes have been addressed.

There is no change to the accountabilities or roles of staff. The proposals simply seek to formalise a long-standing arrangement.



How will the philosophy and said culture of the RCN being member-led change if all the resolutions one to six are implemented.

The RCN is member-led. Every element of the organisation and every piece of work has a governance framework around it, overseeing and holding it to account. Working alongside expert external advisers, RCN governance roles, at every level, are held almost exclusively by our members.

The resolution to include ET members on Council will not change this as ET members will not have voting rights. Only the elected Council members will retain voting rights and only the elected members will take decisions.



Please clarify where the resolution to enable members of ET to be members of Council has come from, and the evidence base for this recommendation? As stipulated in RCN Documents ‘the Council of the College has general control and management of administration of the College and exercises all powers invested by law’.



Furthermore please clarify how employees can be in governance control? The fact that they are not to hold voting rights does not adhere to the following criteria in the RCN documents: ‘All acts done at any meeting of Council or Committee of Council or by any person acting as a Council Member shall be valid and effectual as if that person was qualified to be a Council Member or otherwise... even if after it is discovered there is some defect in the appointment of any Council member acting (emphasis added)’.

The proposal to include ET members as non-voting members on Council is a direct response to a recommendation in the Governance and Culture Reviews.

Council and the Governance Committee have considered the options and are recommending up to 10 members of ET are included to ensure that debate is informed by a four-country (UK-wide) perspective and that specific expertise, for example legal and financial, are available to elected members.

Council already delegates the general control and management of the College to the General Secretary and Chief Executive, who further delegates areas of responsibility to ET and so on. There are many areas of legal and regulatory compliance that staff members lead on.

The paragraph quoted on ‘all acts done’ simply means that a decision of Council is deemed valid even if it is subsequently found that a Council member was not elected in line with process. Executive Team members would not be voting members of Council.



The Executive Team are responsible for the delivery of strategic and operational plans and Council is the Governing Body according to Article 7 of the Royal Charter, please confirm at the AGM what changes will need to be included to add members of the RCN Executive Team to become non-voting members of council and please clarify the issues of ‘Negligence arising from any action of Council, any action of the Executive Team and how these will be investigated and by whom and who will determine the discontinuation of the role of any member of staff/Council if this were proven to be the case’.

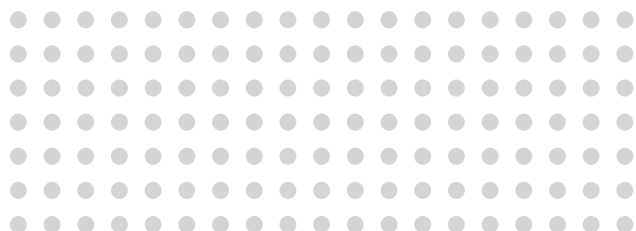
There are no changes required to include members of the Executive Team (ET) in the configuration of Council. The RCN, as a Special Register Body, is able to include non-voting members on its Principal Executive Committee.

Council and ET are subject to the same legal responsibilities and can both be held accountable for their actions. However, unlike elected members of Council, ET are staff members and they are bound by an employment contract. They report directly to the General Secretary and Chief Executive. If a member of ET were to act ‘negligently’ with regards to Council, the General Secretary and Chief Executive would take this forward in terms of disciplinary action.



What legal advice has been given from Charity Commission in relation to the Executive Team (ET) being members of RCN Council, as the RCN Group incorporates RCN Foundation (RCNF) as part of the Group. BUT as of 01 April 2010, the RCNF is linked to the Group but legally separate from it? The Executive Team are responsible for all staff employed by the RCN does this mean the Director of the Foundation is independent and how does this also affect the RCNi and Managing Director of the RCNi.

No advice was required from the Charity Commission as the resolutions relate to the RCN and not the RCN Foundation. Furthermore, there is no recommendation to include either the Director of the Foundation or the Managing Director of RCNi in the composition of Council. The two are separate and are not RCN Executive Team members.





Current regulations do not permit any salaried member of staff of the College shall be eligible for election for a minimum of a further two years after they leave the College. What restrictions will be put in place if the Executive were non-voting members and how would the tenure in terms of office restrictions be enforced ? As a staff member may/exceed the current level of tenure of those elected, any variation would be potentially be deemed unfair of advantageous to elections of ex members of staff who served on Council.

The two-year rule will remain. There is a distinction between those who serve on Council in an elected position and those who are staff members.

Boards that include non-Executive and Executive Directors, are commonplace across membership organisations, companies and trusts.

Theoretically this would only apply to ET members who are also members of the RCN. However, this is a good point and one that the RCN can look into in the future.



Has a skills matrix been undertaken to determine the skills deficit?

Yes, a skills matrix has been undertaken.



If there is a successful vote of no confidence in Council, will the ET also be removed from their positions?

Council and ET are subject to the same legal responsibilities and can both be held accountable for their actions. However, unlike elected members of Council, ET are staff members and they are bound by an employment contract. They report directly to the General Secretary and Chief Executive, who are themselves appointed by Council. Therefore, it would not follow that ET would be removed from their positions following a vote of no confidence in council as that would not be a fair reason for dismissal.



Reassurance was given that the ET can be asked to leave, once the advice is given. Does that mean that Council can make their voting decisions without the presence of the ET following this.

This is not entirely accurate. Council would need the presence of two members of ET to make their voting decisions. However, there are certain circumstances in which the elected members of Council can meet and make decisions on their own:

1. When they are discussing the performance of the General Secretary and Chief Executive.
2. When they are discussing a matter about which ET members are conflicted.
3. In the event that have been no Executive Directors at a meeting at which a decision is being made, the Chair of Council can call another meeting to

discuss that business. If there are still no Executive Directors at the second meeting, the elected members of Council may continue the meeting and make a decision on the business as long as there are at least half of them present. This rule is in place to protect the elected members of Council from any deliberate act to ‘delay or obstruct Council business through non-attendance?’



Can I ask that regardless of this outcome of this vote if there are plans to extend the number of members of Council elected by the membership

There are no plans to extend the number of members of Council elected by the membership.



If this vote is simply to formalise what already exists then can you explain to the membership what the perceived benefits will be to members when the presence of staff is already recorded at Council minutes?

The proposal is to formalise ET attendance at Council meetings in a non-voting capacity. This means they can share operational insight, provide expert advice and support good decision making to protect the long-term success of the College for the benefit of its members.

Only elected Council members will retain voting rights.

The presence of staff will hold the executive to higher levels of scrutiny or account by ensuring that they are at meetings to answer questions. The configuration resembles that found in unitary boards, commonly found in membership organisations, companies and trusts.

ET members have been attending Council meetings for a number of years now with no impact on member engagement. The General Secretary and Chief Executive, appointed by Council, is a member as are others on ET.



Why can't the work on defining the CEO role commence without a vote at the AGM?

Any changes to the Standing Orders must be put to the membership to vote on. As the work carried out on defining the role of the General Secretary and Chief Executive proposes changes to the Standing Orders, it is being put to the members to vote on at this AGM.



Does the requirement that at least two Executive Team members must be present for Council to be quorate create a structural dependency on the Executive for Council to operate? Could this unintentionally grant the Executive an indirect power to delay or obstruct Council business through non-attendance?

In order to carry on business e.g. make decisions, there must be two members of ET in the quorum. Therefore, decisions cannot be made without at least two ET members present.

However, there are certain circumstances in which the elected members of Council can meet and make decisions on their own:

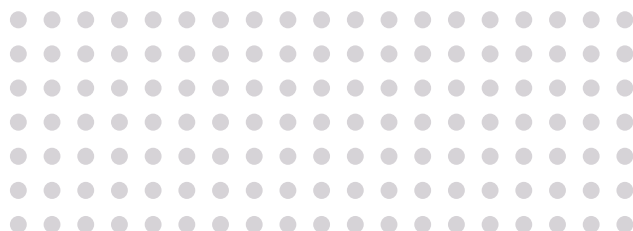
1. When they are discussing the performance of the General Secretary and Chief Executive.
2. When they are discussing a matter about which Executive Team members are conflicted.
3. In the event that have been no Executive Directors at a meeting at which a decision is being made, the Chair of Council can call another meeting to discuss that business. If there are still no Executive Directors at the second meeting, the elected members of Council may continue the meeting and make a decision on the business as long as there are at least half of them present. This rule is in place to protect the elected members of Council from any deliberate act to 'delay or obstruct Council business through non-attendance.



What are the potential governance risks of including Executive Team (ET) members as non-voting participants on Council? While they would not hold formal voting rights, could their consistent presence influence decision making dynamics and compromise the independence of Council's scrutiny and oversight functions?

The proposal to include ET members as non-voting members on Council is a direct response to a recommendation in the Governance and Culture Reviews. There are no risks as the ET members would not hold voting rights, therefore there is no reduction in Council's ability to challenge or make decisions.

ET members have been attending Council meetings for a number of years now. The proposal would simply formalise this practice.



Congress



In terms of Congress, I have heard multiple references to Congress, its review and its importance but I see very little reference to it in the published documents in a meaningful way, can I ask how the steering group was selected?

Council agreed the make-up of the steering group. It consists of one member representing each of the committees that report directly to Council. It is chaired by a former Chair of Council and at Council's suggestion the immediate past Chair is also a member.



Can I ask what is being done to support reasonable adjustments at Congress. Whilst still ensuring that the full members are being represented at every debating session

The Congress review is considering changes to the way Congress runs and ensures inclusive access to the widest group of members is a specific aim of the review. Currently there are a significant number of adjustments made for individuals attending Congress such as specific travel arrangements, extra funded nights' accommodation, access to mobility aids, provision of specific chairs and equipment, and shared voting.

Finance



How does the RCN negotiate their travel insurance? It is ageist that I cannot be insured for travel by the RCN when undertaken their business because I am over a certain age. Significant numbers of your members are retirees with experience, expertise, knowledge and time. Please can this be reviewed as it is discriminatory.

Our current insurers do not have the underwriting capacity within their policy to cover individuals over the age of 75. This is not viewed as discrimination, it is how insurers rate and review risk. There are a few insurers who will insure over-75s but these policies will come with either reduced limits or imposed terms. Our current insurers are coming out of the travel market, so we will need to replace them with an alternative insurer come renewal. At this point we can look at alternative options. We have looked at moving in the past, but no one has ever been able to get anything as competitive as our current insurers.



From recent experience it appears that some of the RCN approaches need an overhaul. The impression is that some arrangements are archaic in nature. What is being done to create a modern, responsive finance system that is free of bureaucracy?

We are committed to improving the experience of members, customers, suppliers, staff across the Group. With the transition to Microsoft Dynamics 365 Finance and Operations (D365 F&O) system, we are modernising and aligning our systems and processes to be efficient and user-friendly, while maintaining the controls and compliance which safeguard the RCN's resources.



The RCN reserves policy is £90-120 million. £40 million and £49 million are subtracted from this as unavailable separately allocated funds. Does £215 million, currently held, exceed the reserves limit by £6 million even after taking away the other allocated funds?

The RCN reserves policy, relates to the RCN only, other group entities will have appropriate policies for the regulatory format under which they report and the activity they undertake. At 31 December 2024, the RCN was marginally over the higher threshold of its reserves policy. This was due primarily to a delay to key organisational projects such as the replacement HR and Finance systems, the work on the HQ building, recruitment to key Institute roles which has meant that some expenditure on these activities will be incurred from 2025 onwards. The RCN has budgeted for a £3.1m deficit in 2025 this is net of investment income generated from the investment portfolios. The first forecast of the year projected a deficit of £6.1m.



Thank you for the very positive summary of RCN finances. Is this the time to increase subscriptions for our members who may be experiencing financial difficulty?

Subscriptions have been minimally increased, in order to ensure the RCN can continue to provide our high level of support and service to its growing membership. A small increase now ensures financial sustainability for the next generation.



According to your investments policy the RCN adopts a 10% materiality threshold on its 'armaments exclusion policy'. Why it does the RCN not enforce a full exclusion? Under such a policy, companies that derive up to 10% of their total revenues from weapons-related activities such as the production of military components ammunition or logistical support systems are still deemed eligible for investment. Surely this goes against our ethics as nurses.



Why does the RCN adopt a 10% materiality threshold on its 'armaments exclusion policy' (as per Sarasin & Partners exclusions) and why does it not enforce full exclusion? This policy deems companies that derive up to 10% of their total revenues from weapons-related activities are still deemed eligible for investment. An example of a company like this is General Electric, who are complicit in the genocide in Palestine.

To be clear the RCN policy is zero exposure to the manufacture of weapons. The 10% relates to the revenues from sales connected to weapon systems such as components and support systems. With regard to the Sarasin portfolio, there are no companies in the RCN's portfolio that breach the 10% revenue threshold outlined in the ethical policy. RCN Council reviews the ethical exclusion periodically and takes advice from investment managers and independent consultants. In reality the RCN has very little exposure to companies involved in armaments. Council will be reviewing its policy later in the year.



According to your group annual report, November 2024, RCN and the RCN Foundation decided to engage Legal and General Investment Manager alongside Sarasin to manage their investment portfolio. Can we as members have access to minutes from this meeting. To understand how you came to this decision and what due diligence was taken to ensure that this group adhered to the RCNs ethical policies. We know that the Legal and General's portfolio is complicit in war crimes, as per a recent UN report.

The joint tender exercise for the investment managers was very thorough, the requirement of the successful investment managers to meet the RCN and RCN Foundation ethical investment policy was a priority and part of the selection criteria. Both Sarasin and LGIM demonstrated that they can meet all the requirements of the policy. It should be noted that whilst the RCN Foundation has a very similar policy to the RCN, under the requirements of the Charity Commission the priority of the charity must be to ensure investment decisions are made in the best interests of the charity now and in the future, whilst ethical considerations, in line with the charity objectives are important the priority must be to ensure a variety of factors must be considered. RCN Council reviews the ethical exclusion periodically and takes advice from investment managers and independent consultants. In reality the RCN has very little exposure to companies involved in armaments. Council will be reviewing its policy later in the year.



With your substantial reserves how will you support members as we are being impacted by increased professional fees and decreased employment terms?

At 31 December 2024, the RCN was marginally over the higher threshold of its reserves policy. This was due primarily to a delay to key organisational projects such as the replacement HR and Finance systems, and work on the HQ building, which has meant that expenditure on these projects will be incurred from 2025 onwards. The RCN has budgeted for a £3.1m deficit in 2025 this is net of investment income generated from the investment portfolios. The first forecast of the year projected a deficit of £6.1m.



I'm concerned regarding the degree to which RCN's assets are invested in ethical funds. Why does the RCN adopt a 10% materiality threshold on it's 'armaments exclusion policy' as per Sarasin and Partner's exclusions. This means that the RCN is directly investing in companies producing weapons or components of weapons.

To be clear the RCN policy is zero exposure to the manufacture of weapons. The 10% relates to the revenues from sales connected to weapon systems such as components and support systems.

Sarasin portfolio - There are no companies in the RCN's portfolio that breach the 10% revenue threshold outlined in the ethical policy. However, if the threshold were reduced to zero exposure, Cisco Systems would be flagged, as an estimated

1% of its revenue is linked to military communications infrastructure. Cisco represents a 0.4% holding in the portfolio, currently valued at approximately £412,000.

LGIM - There is no direct exposure to companies involved in small arms or weapon-related military contracting. Indirect exposure via our underlying funds is minimal, with no holdings exceeding the 10% revenue threshold. The highest level of exposure is 0.56% in companies generating between 1–5% of revenue from military contracting. Due to licensing agreements, we are typically unable to share company-level data.



As we know our membership subscription has been increased. Is the use of the funds being appropriately and correctly monitored to prevent any abuse of our money?

Subscriptions have been minimally increased, in order to ensure the RCN can continue to provide our high level of support and service to its growing membership. Diligence is applied at all times regarding the way the College's finances are handled, and how member money is spent. Our annual accounts are reviewed by ET, Finance and Investment committee (which has professional external advisors on the board), Council and our auditors Crowe and Partners.



According to your Group Annual Report 2024, the RCN and the RCN Foundation decided to engage Legal and General Investment Manager alongside Sarasin to manage their investment portfolio. Can we as members have access to minutes from this meeting. To understand how you came to this decision and what due diligence was taken to ensure that this group adhered to the RCNs ethical policies. We know that the Legal and General's portfolio is complicit in war crimes, as per a recent UN report.

The joint tender exercise for the investment managers was very thorough, the requirement of the successful investment managers to meet the RCN and RCN Foundation ethical investment policy was a priority and part of the selection criteria. Both Sarasin and LGIM demonstrated that they can meet all the requirements of the policy. It should be noted that whilst the RCN Foundation has a very similar policy to the RCN, under the requirements of the Charity Commission the priority of the charity must be to ensure investment decisions are made in the best interests of the charity now and in the future, whilst ethical considerations, in line with the charity objectives are important, the priority must be to ensure a variety of factors must be considered. RCN Council reviews the ethical exclusion periodically and takes advice from investment managers and independent consultants. In reality the RCN has very little exposure to companies involved in armaments. Council will be reviewing its policy later in the year.

Government



Will the RCN engage in a series of information, discussion and evidence-based approach for the public and politicians to understand what ‘nursing is a safety critical profession’ means in reality.

Yes, we are continuing to raise the voice of nursing as ‘safety critical’ across practice, policy, and wider public audiences. In particular, the Nursing Workforce Academy (based in the Institute of Nursing Excellence), is leading a program of work, underpinned by robust evidence. We aim to demonstrate the criticality of registered nurse staffing levels for patient safety, care quality and cost effectiveness. Please see Professor Jane Ball’s recent evidence brief for further details: rcn.org.uk/About-us/Our-Influencing-work/Position-statements/rcn-position-on-registered-nurse-staffing-levels-for-patient-safety

Human rights



The BMA recently voted to resist the rollout of Palantir, a US tech company linked to human rights abuses. What is the RCN doing to uphold international human rights in regards to ending UK complicity in genocide?

Thank you for bringing this to our attention. We undertake to look into this issue in depth and come back to you with a detailed response. Should you have any further information you think might be relevant, please forward this to our International Policy Team.



Earlier, the history of the College was spoken about, and role activism has played in nursing. I would like the remind the College that the suffragettes were not a popular movement at their time. What are the College’s plans for consistency in supporting what is right and wrong - particularly in international humanitarian crises, even if it is not popular?

The RCN can be proud of its historical role of activism in advancing both women’s rights and the nursing profession. The example of the suffragettes is a powerful reminder that standing up for what is right often means going against the prevailing norms of the time.

We recognise that as an organisation, we haven't always responded effectively to humanitarian crises. Over the last few years, we have worked hard to address this. We have reviewed and updated our humanitarian framework, which answers the second part of your question specifically. Our International Committee has been reoriented to provide more support and guidance on this issue specifically. Finally, the International Nursing Academy has begun work on partnership working in humanitarian settings. Some of which were showcased at this year's RCN Congress. Please get in touch with the International Nursing Academy Team or visit our website.



What is the RCN doing to protect nurses and midwives in the UK who have faced suspension, disciplinary action, or intimidation for expressing solidarity with Palestinian civilians and advocating for health and human rights in Gaza?

We deal with all referrals regarding workplace representation in accordance with our case management standards.



Following the RCN's review of its humanitarian policy in response to motions from members seeking support for Gaza, what meaningful actions have been implemented so far?

We are extremely concerned by the humanitarian crisis in Gaza and have made calls for a ceasefire since November 2023. We have been very clear in our statements that nursing staff and their colleagues must be able to work without the threat of violence and that international law must be upheld. The RCN has published several statements on the situation in Gaza, which can be found on our website.

In addition to our statements, last month we sent a letter alongside other health organisations to the Foreign Secretary, David Lammy. Our international academy team, supported by a small working group of members with extensive expertise in conflict and health, specifically the West Bank and Gaza, has been conducting ongoing discussions to undertake a programme of work specifically supporting nurses. We have been working in close partnership with a number of organisations that are working on the ground to develop this. They have been very clear that they do not wish for any details of the potential programme to be publicised at this stage, and we will publish more information as and when the security situation allows.

We understand members' concern and interest in this, and we have the skills and expertise to offer high-quality technical support in this very troubled area of the world. Should you wish to know more, please get in touch with the International Nursing Academy.



Can the RCN commit to working with international health organisations and issuing clear, values-based advocacy for the protection of nurses and the right to health in conflict zones, including Gaza?

The RCN is continuing to develop work in this area. We are currently working with international alliances and there will more on this in the coming months.



Will the RCN commit to providing a safe and supportive environment where members can discuss and advocate for health equity and humanitarian crises—such as in Gaza without fear of professional repercussions?

The RCN provides structures for members to discuss these issues. We have a well-established International Committee where issues such as this are discussed at length. If individuals would like to discuss specific concerns, please get in touch with the International Nursing Academy.



While the RCN upholds a commitment to human rights and the protection of health care workers, why has it remained largely silent on the ongoing attacks on hospitals in Gaza, including maternity units, children's wards, clinics, and ICUs, and the clear violations of international humanitarian law?

We would not agree we have remained silent. We have made public calls for a ceasefire since November 2023. We have been very clear in our statements that nursing staff and their colleagues must be able to work without the threat of violence and that international law must be upheld. The RCN has published several statements on the situation in Gaza, which can be found on our website.

In addition to our statements, last month we sent a letter alongside other health organisations to the Foreign Secretary, David Lammy.



In a recent policy meeting of the BMA there was an emergency motion which passed after debate regarding “suspension of engagement with the IMA until it affirms medical neutrality and condemns attacks on healthcare in Gaza”. Will the RCN follow the BMA and suspend engagement with the Israeli Nursing Association until it condemns the destruction of Gaza’s health care system?

We currently have no active programmes or collaborations with the Israeli Nursing Association and have no plans to do so. Guidance on how we assess potential collaborations and the parameters of our international work can be found on our website.

ICN (International Council of Nurses)



Many of us understand that a significant contingent of RCN staff and Council members (24 I believe) attended the recent ICN conference in Helsinki. How were the attendees chosen, what was the purpose of so many attending and how will members benefit from what each attendee gleaned? What are the benefits for members, following the RCN rejoining of the ICN?

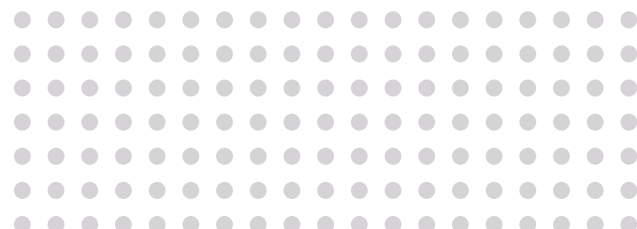
Thank you for your questions regarding the RCN's re-engagement with the ICN and our attendance at the recent ICN Congress in Helsinki.

Rejoining the ICN offers significant benefits to RCN members. It strengthens our global voice, ensures the UK nursing perspective is included in international discussion, and allows us to both contribute to and learn from global best practices. It also reinforces the RCN's role in shaping the future of nursing on the world stage.

Regarding attendance at the ICN Congress, decisions were based on several factors: representation of our council leadership, submitted and accepted abstracts, and the need to showcase the expertise within the RCN's membership and Institute of Nursing Excellence, as well as our Nurse of the Year Award Winners from 2024. We were able to include members from across RCN committees and the four countries of the UK.

We admit there was an oversight in not including a member of the Nursing Support Worker Committee. Unfortunately, the ICN does not currently recognise the Nursing Support Worker (NSW) category in its program, but this is something we're committed to addressing for future events.

ICN Congress provided valuable opportunities for networking, learning, and building connections that will help strengthen our profession. The experience reaffirmed how respected the RCN is globally and how much we can contribute to international nursing. Both Council and ET are united in their support of this global engagement. We recognise that we cannot work in isolation if we are to truly advance nursing for all our members.



Institute of Nursing Excellence



What outcomes have been identified since the introduction of the Institute and the academy in the RCN, and how has it benefitted members?

The activities and deliverables associated with the Institute are set out in our operational plan. In addition our submitted business cases have set out our program of work, and estimated the income to be generated by academy. We also posit that a less measurable benefit will be to raise the profile of the RCN as a highly credible and authoritative voice – but this will take time to achieve, and relies on supporting the underpinning commitment to evidence-based thinking. Strengthening our capacity to use and collate data will be key to this.

IT



Bearing in mind the recent cyber-attacks and how much communication is done on-line, are the Council appropriately protecting all RCN technology bearing in mind how much of our private information is held on technology platforms?

The RCN takes cyber security extremely seriously and we will take all possible learnings from the high-profile cases in national organisations and retailers. We ensure that all employees and RCN members whose roles involve handling sensitive information are fully compliant with the laws and best practice on good governance. We are routinely audited and undertake external testing of our cyber security and the RCN performs well in these assessments, with additional lessons being learnt wherever possible. The Executive Team and the Council are regularly appraised, as necessary, on our performance in this important field. There is a cross-organisation programme board that focuses on Information Governance to ensure effective delivery and planning.

Member Support - NMC investigations



I am a nurse undergoing NMC investigation. I am unable to find employment and therefore potentially unable to prove I am safe. I have offered to volunteer, I have had my P45 for my bank shift job. How is the RCN actually supporting their members undergoing investigation? Carelines are not enough for long-term trauma and stress, not to mention the financial impact on a nurse and their family. What is the RCN doing to support people like me?

We provide legal representation in respect of NMC fitness to practice proceedings. Our Member Support Services Team also provide advice on welfare, immigration matters, counselling, and career advice. The RCN Foundation benevolent fund is also available for those in financial difficulties.

Membership



Does the RCN need to consider lowering the fees for those working in the independent sector some of whom are not supported formally by the RCN but are paying the same as those in NHS Trusts or is there a robust plan to address the offer made to these members more transparently.

Members are supported across all employment sectors including significant proportion of our 1-to-1 support for members with employment issues being provided to members working outside the NHS in a wide range of employers. We have recognition agreements with a number of employers outside the NHS which, in addition to representation, enables us to negotiate a range of issues such as policy and contractual changes and in some cases pay. Our educational and professional offer is open to all members and we have recently invested significantly in 12 new roles specifically working with members working outside the NHS.



While the RCN's support for nurses is clear, midwives who are also members appear to be overlooked. How is the RCN ensuring equal support and representation for midwives?

In recent years, to encourage midwives to join and remain members of the RCN we have developed a lower rate for those who are also members of another

professional body and union. We have a professional lead in a senior registrant who leads who work in this field. Your feedback has been noted and we will look at this aspect of our member offer as we review what is available to RCN members.



What assessment has been made about the revision of personal injury services to members?

We have been required to tender for a new personal injury supplier as our current partner is no longer able to offer the service. The tender process will fully assess any new provider to ensure there is no impact on members or their cases.

Nurse career progression



Having served as a representative, an assistant officer and member of Council I have advocated for all bands of nursing. Suppressed banding takes place across all jobs that nurses do, is there a tangible strategy to support nurses in leadership and management roles were they are at top of bands with extensive portfolios with significant governance roles? What is the College's intention to support those nurses forgotten in middle and senior management?

The RCN supports career progression across all NHS bands. Also, members in all bands are able to apply for a re-evaluation of their role if it has significantly changed. This is set out in the *Agenda for Change Job Evaluation Handbook*. Please contact your local office for further information and support.



The RCN proposes an automatic Band 5–6 pathway. How will this account for nurses already at Band 6+ who've undertaken further study, assumed greater responsibility, and hold higher liability – such as prescribers and advanced practitioners? How will their efforts be recognised and protected within this proposal?

The RCN supports career progression across all NHS bands. Also, members in all bands are able to apply for a re-evaluation of their role if it has significantly changed. This is set out in the *Agenda for Change Job Evaluation Handbook*. Please contact your local office for further information and support.



How is RCN going to help members achieve trainings in new practices?

The RCN has an education, learning and development (ELD) offer for members to develop and achieve new skills. Examples include:

Cultural Ambassador Programme: focused on advancing equity, diversity, and inclusion.

First Steps: A free online learning tool for health care assistants—ideal for starting or refreshing basic skills.

End-of-life Care and Nursing Wellbeing: A comprehensive programme supporting nurses in delivering end-of-life care and promoting wellbeing.

Skin Health Toolkit: Practical learning resources to maintain and support skin health in care environments.

Introduction to critical care and others.

RCN Learn Platform: A central hub offering:

- evidence-based and quality-assured learning materials across levels (nurses, students, support workers, midwives)
- access to RCN- and RCNi-run events, with virtual and face-to-face options
- online access to RCNi's 10 specialist nursing journals and revalidation tools.

We also offer some development that we charge for, such as an infection prevention and control module, fitness-to-practice and demonstrating value study days.

We also have many bite size learning opportunities.

We constantly review the ELD offer and identify gaps we need to develop new material.

RCNi



Can we be assured that bringing RCNi in-house will not be a drain on resources? Perhaps the reasons for the drop in RCNi profits needs to be kept in mind.

The proposed integration is designed to pool expert content and resources to improve the member offer. This has been proposed because RCN and RCNi senior leaders believe that coming back together is in the interests of nursing staff, the profession and our shared global commercial reach.

As part of the RCN group, RCNi has been successful in publishing and more recently in education, events and in generating professional and learning content. However, developments in the external market in recent years mean that continuing to operate as two entities in the same marketplace is counterproductive and does not require a separate entity and subsidiary company.

RCNi has returned smaller profits to the RCN in more recent years.

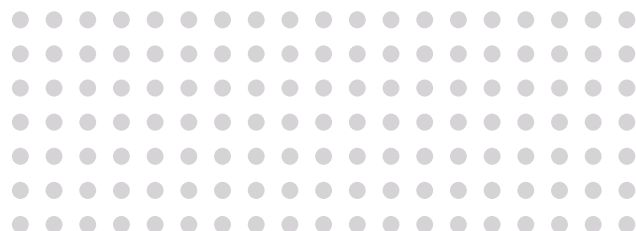
In a tough market, the separation no longer serves RCN members and the nursing profession in the way we know we can.

It is not enough to collaborate or not to compete. The RCN's ambitious strategy, including the launch of the Institute of Nursing Excellence, requires a consolidation of the Group's professional and commercial offering.

We can unite our skilled staff, resources, partners and commercial networks around a stronger and richer programme of content and activity.

This is a generational change for the RCN Group and for the profession. To make this integration a success we will all embrace new ways of working, new governance norms and new priority areas of activity.

By coming together formally, our intention is to grow and build upon what we each have. That is the principle we will hold to when making all decisions.



Retired members



What does the RCN feel its retired members can do to support today's practising members. We have many suggestions can I ask that a formal meeting with Council be arranged for us to discuss this matter with it?

As set out in the activism strategy we intend to invest resources into the activism of retired members, providing them with support and a clear route into relevant, meaningful RCN campaigning and activism via a member network.

Student members



It is encouraging to hear conversations about recruitment, but we also need to talk about mental health. What are the RCN actually doing to support student nurses through this transitional period (for student recruitment), is there any real support in place to safeguard their (students) mental health during this time?

Through their student membership, students have access to RCN counselling services. Resources to support the mental health and wellbeing of student nurses can also be found on the counselling section of the website too.



Really important discussion on the student jobs crisis at the RCN AGM. From my work on the #N50k programme, we saw how critical structured support, preceptorship, and workforce planning are for retaining newly registered nurses. Does the RCN see the need for a new student support role in tackling this crisis – especially in bridging the gap between registration and employment? More than simply triaging and long-term member benefit?

The RCN recognises the importance of a quality preceptorship programme and structured support for students transitioning into the registered workforce, both in the NHS and Independent Health and Social Care Settings. We have significantly increased our resource in this area over the last 18 months and are continuing to review the support and resource available to enhance the experience, engagement and opportunities for both students and early career nurses.



How do we get the public to see that shortage of vacancies doesn't mean a shortage of nurses?

Our campaign work on this has been crucial in demonstrating the importance of our safety critical profession. There is more information on this on our website: rcn.org.uk/Get-Involved/Get-involved-as-a-student. Throughout this campaign activity, we have had no indication that public perception of this has changed and we hope that this campaign activity will lead to a positive outcome for graduating nurses and also further highlight the importance of nursing roles to the public.



We keep hearing that student nurses are 'the future of the profession', but right now we are the present, overworked, unpaid, and unsupported. When is that reality going to be addressed, and is the RCN prepared to actively invest in changing the narrative and fighting for better conditions for student nurses?

We are committed to supporting student nurses throughout their nursing education. We are continuing to invest resource in this area and are looking to further develop relationships with practice placement areas and approved education institutions. We are campaigning for improvements to student finance and we will be conducting a review of nurse education across the UK.



Is there any way the RCN could reduce the course fees for members, as I found the fees for some courses too high, especially for low-income earners among us.

Nursing programme course fees are not determined or influenced by the RCN. Routes into nursing such as the Registered Nurse Degree Apprenticeship can make nursing as a career choice more attainable where finance is a barrier.



Shifts in NHS hospitals in London have dwindled, resulting in nil shifts for Agency Nurses. It has also brought to light that New Nursing Graduates have not been able to get employment within the NHS hospitals, owing to shortage of nursing jobs. Is this reflecting that the hospitals are inundated with nurses, hence no shortage? Thank you.

We know that nurses make up a large percentage of the workforce within the NHS. With a reduced leaver rate and increased financial constraints within the NHS, we are seeing the impact on the availability of suitable nursing posts for newly registered nurses.



What are the panels thoughts are on the lack of employment available for our final year students/newly qualified nurses, when we hear about short staffing issues in all clinical areas, impacting on the quality of our patients/service users care. Thank you.

The RCN has been actively campaigning on this issue and there is more information on our website: rcn.org.uk/Get-Involved/Get-involved-as-a-student. We want to ensure that all students who have completed their nursing education have a registered nurse role to go into and are able to contribute their knowledge and skills to the nursing workforce.

The RCN represents nurses and nursing, promotes
excellence in practice and shapes health policies

Published by the Royal College of Nursing
20 Cavendish Square
London
W1G 0RN
rcn.org.uk

012 195 | September 2025



Royal College
of Nursing