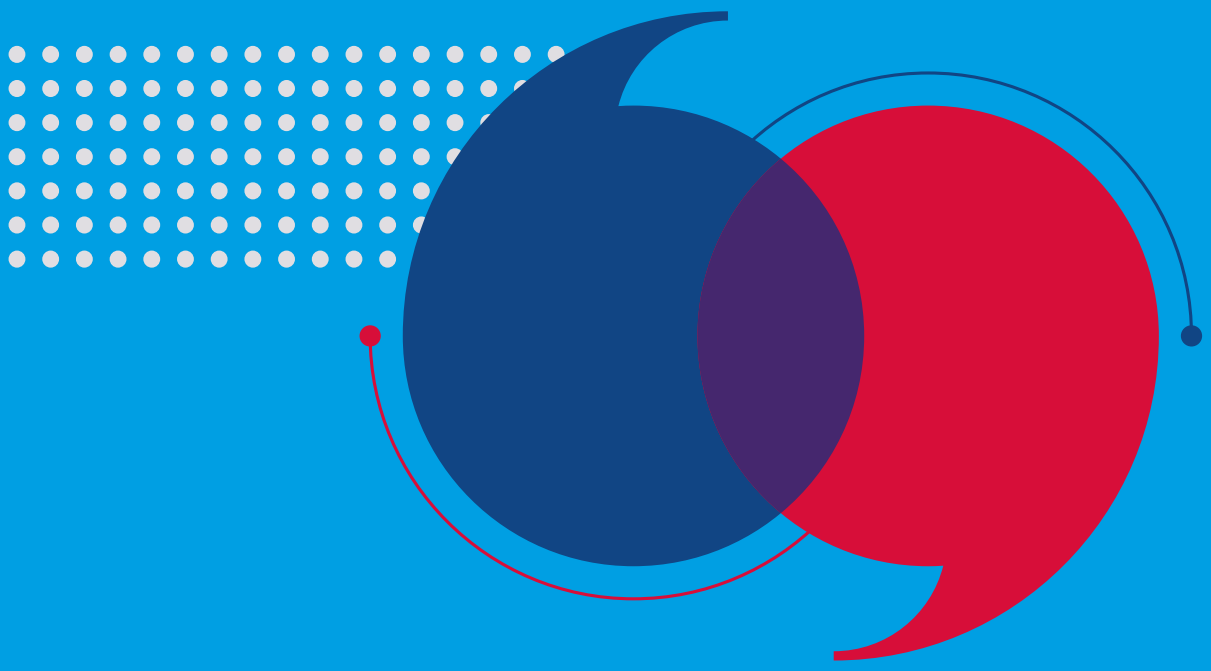
Royal College of Nursing

Annual General Meeting 2026

Questions and responses



Introduction

This document includes questions asked at the Royal College of Nursing's Annual General Meeting (AGM) on Tuesday 8 September 2026.

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**

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Activism

The RCN Activist Academy is currently the longest established Academy within the RCN Institute of Nursing Excellence, and holds the largest financial funding envelope as an academy.

What is the Activist Academy current financial funding envelope and what are the current tangible benefits for RCN Activists as a consequence of this direct financial funding?

The department's budget has always been part of the budget of the Member and Legal Services directorate not the Institute. Some of the tangible benefits for active members from the last twelve months are:

a. the delivery of a wide set of programmes, projects and pilots as part of the RCN's Activism Strategy 2025-2027
b. two major UK conferences for reps, with nearly 200 reps in attendance at each and livestream facilities allowing any rep to follow along online, both obtaining high satisfaction ratings
c. the majority resourcing of the RCN's Branches Project Review commissioned by council, that will engage thousands of members by the end of its engagement phase
d. progressed hundreds of reps' learning and development, including via the pathway for new reps and an expanding programme of continued learning for experienced reps, retaining external accreditation of this programme as a mark of its quality. Nearly 700 learner spaces for reps learning have been provided
e. launched two new member roles: the Job Evaluation Rep and the RCN Ambassador role
f. worked with members to develop a new RCN position on facilities time for accredited reps
g. a new Workplace Teams pilot that has provided specialist organising expertise and resource to members in test healthcare settings across the UK and designed and delivered an accompanying learning and development programme
h. provided on-the-ground expertise and support for members in campaigns in locations including Southampton, the West Midlands, Darlington, Wales, Bedfordshire and Cheshire
l. paid for RCN's affiliation to the National Pensioners' Convention (NPC) on behalf of the RCN NPC group of retired members
j. delivered in-person conferences for Student Ambassadors, members active in professional forums and for retired members
k. communicated weekly with reps across the UK on relevant workplace issues and updates, and facilitated new monthly contact with active professional forum members
l. the launch of a new externally accredited course with access to IOSH level learning for experienced health and safety reps.

The Activist Academy was established in part to provide academic credited courses and modules to nurture excellence and scholarship in our activists to support and represent RCN members in the workplace. Can you provide us with an update on the establishment and uptake of such courses and modules?

This year we launched the new RCN Certificate for Health and Safety Reps. Externally accredited by OCN London, it operates under a selected cohort under the direction of the RCN Health and Safety Reps Committee. The first cohort have started to meet for learning sessions, and we will explore offering similar such courses for other active member constituencies in future.

What is the current established workforce within the Activist Academy broken down into number of posts and grades and then whole-time equivalents. In addition, I would also like the percentage of staff within the Activist Academy who hold a registered nurse (RN) qualification?'

The Nursing Activism Department has 35 members of staff (headcount) of the RCN's overall just under 1,200.

Whilst there is some information about staff costs in the Group Annual Report, we do not distribute department by department staffing costs,

We do not disclose information about the backgrounds and memberships of professional registers of members of staff.

Members have said they expect the RCN to be more proactive and system shaping. Other health unions have shown what organising can achieve, yet the RCN remains too reactive. When will we properly embed the organising model across the College and build the collective power needed to win for members rather than responding when things go wrong?

The RCN has committed to campaigning for legally enforceable RN staffing limits. This is a massive policy 'ask' that will take time to achieve. We are in the process of developing a three-year strategy that maps out how we will raise the public profile of the value of nursing, make policy makers and the public better understand the risks on of allowing care providers to operate with unsafe nurse staffing levels, to help support the introduction of enforceable minimums – ideally through government commitment to legislation.

Further information

Royal College of Nursing (2026) *Nurse-to-patient ratios are essential to safe staffing in every setting*, RCN says. Available at: **rhttps://www.rcn.org.uk/news-and-events/news/uk-nurse-to-patient-ratios-are-essential-to-safe-staffing-in-every-setting-rcn-says-090926** (Accessed 29 October 2026).

Royal College of Nursing (2026) *Safety critical nurse-to-patient ratios*. Available at: **rcn.org.uk/employment-and-pay/Safe-staffing/Safety-critical-nurse-to-patient-ratios** (Accessed 4 November 2026).

Advanced nurse practitioners

Nurses and advanced practitioners (APs) are an essential part of the primary care workforce. The RCN needs to ensure that nurses, APs and ACPs (advanced clinical practitioners) working in general practice receive the same level of professional recognition, employment protection and nationally negotiated terms that the BMA has secured for salaried GPs.

Workforce substitution: What is the RCN doing to prevent ACPs in general practice being used as lower-cost substitutes for GPs, while carrying significant clinical risk and responsibility without equivalent pay, supervision or employment protection?

ACPs play a vital role in delivering safe, effective and person-centred care across the health and care system, including advanced nursing roles in general practice. There is broad recognition that individuals working at an advanced level should be appropriately supported, valued and enabled to work to the full scope of their role. The RCN's position is that advanced nursing practice – which has many titles in practice, including ACP – is a distinct level of nursing practice and should not be viewed simply as a lower-cost substitute for any other professional group. Advanced nursing roles in general practice involve highly autonomous and complex clinical work and should be appropriately recognised, supported and rewarded for the level of responsibility they hold. We have also not been made aware by members of substitution happening on a large scale, and would encourage anyone with this type of concern to raise this with us.

On this point, the RCN has been deeply concerned about the trajectory of commentary that has been emerging from the British Medical Association (BMA) around advanced nursing and substitution. Across health care settings, advanced nursing roles are not a substitute for doctors – they are highly experienced and autonomous nurse professionals who make a distinct and vital contribution, and we stand unequivocally in support of our members working in advanced nursing roles. At the RCN's 2026 Congress, members also made their position clear. Delegates backed action to challenge narratives, policies and practices that risk diluting or mispresenting advanced nursing practice.

The RCN has contributed significantly to the development and recognition of advanced nursing practice, including publishing its **Levels of Nursing framework** and its **Position Statement on Advanced Nursing Practice**, which set out the expectations, standards and contribution of advanced level nursing roles. These resources recognise advanced practice as a level of nursing characterised by high levels of autonomy, complex decision-making and expertise, supported by appropriate education, professional development and organisational support. Through its Advanced Nursing Practice position statement, Levels of Nursing framework and wider influencing work, the RCN continues to advocate for fair recognition of advanced nursing roles, appropriate supervision and career development, and employment arrangements that reflect the skills, accountability and contribution of ACPs. The RCN is also campaigning for general practice nursing staff to receive fair pay, terms and conditions that are comparable with NHS colleagues undertaking similarly skilled work.

Protected CPD and supervision: Will the RCN campaign for protected continuing professional development (CPD), clinical supervision and debriefing for ACPs to become a recognised employment standard, rather than something that is routinely lost when services are under pressure?

The RCN's Professional Development Framework recommends that advanced practice is supported through access to CPD, clinical supervision, protected learning opportunities and career development. The RCN has consistently stated that advanced practice should be supported through CPD, clinical supervision, protected learning opportunities and career development. These requirements are reflected within the RCN Professional Development Framework and underpin safe, effective advanced practice.

The RCN's professional frameworks identify CPD, clinical supervision, professional reflection and career development as essential components of advanced practice. Through its professional standards, frameworks and influencing work, the RCN continues to promote these principles and advocate for employers to provide appropriate protected time and support for these activities, recognising them as fundamental to safe, effective advanced practice rather than optional activities that can be removed during periods of service pressure.

The four pillars of advanced practice: How will the RCN challenge employers who use ACPs predominantly to absorb clinical workload and reduce GP demand, while providing little or no protected time for leadership, education, research and professional development?

The RCN recognises that advanced practice is founded on four pillars: clinical practice, leadership, education and research, which are recognised as fundamental components of the role that should be supported in a balanced way. Advanced practitioners should be enabled to contribute across all four pillars, rather than being utilised solely for clinical service delivery.

Through its professional standards, career frameworks and influencing activity, the RCN continues to promote models of advanced practice that provide opportunities for leadership, education, quality improvement, research and professional development alongside clinical responsibilities.

Pay protection: What will the RCN do to protect nurses and ACPs in general practice when NHS pay awards are not passed on because an individual practice states that it cannot afford them?

The RCN recognises that there is inequity in how recommended annual pay uplifts are handed onto the general practice nursing staff.

The RCN has written to the Doctors' and Dentists' Review Body (DDRB) with evidence that increased funding from central government should lead directly to an increase in pay for staff and should fully reflect the ongoing situation regarding nursing pay. We have highlighted that current mechanisms for pay uplift are characterised by uncertainty, delays, and inconsistency. We have stated that there must be reform to ensure that pay uplifts are sufficient to address

the recruitment and retention needs of general practice and that they are automatically and equitably passed on to general practice nursing staff.

In recent years, the RCN have worked with British Medical Association (BMA) to produce joint statements outlining expectation that General Practice Contractors should hand on recommended pay uplifts to general practice nursing staff without unnecessary delay. We have also had open and helpful dialogue with the BMA General Practice Committee England.

We have highlighted to MPs at a roundtable event at parliament that whilst the government confirmed that pay uplift this should be passed on to general practice nursing staff, implementation remains at the discretion of individual practices which is inequitable.

The RCN are working to build strong and collaborative relationships with GP employers and working with our members and representatives to encourage them to be more active in their workplace. Part of this work is to influence for annual recommended pay lifts to be handed on to staff and we have produced resources to support and enable our members and representatives.

The RCN continues to advocate for fair employment practices, equitable terms and conditions, appropriate recognition of skills and responsibilities, and working environments that support safe and sustainable care delivery. This includes continual engagement to promote workforce models that recognise professional accountability and the need for appropriate support, supervision and development.

Sickness terms and conditions: What is the RCN doing to secure fair and consistent occupational sick pay and sickness absence terms for nurses and ACPs working in general practice, so that staff undertaking NHS-funded clinical work are not left with significantly poorer sickness protection than colleagues employed under NHS terms and conditions?

The RCN recognises that sickness benefits and employment protections can vary considerably between general practices. Through its **Fair Pay campaign**, the RCN is advocating for general practice nursing staff to have access to terms and conditions that are at least equivalent to NHS Agenda for Change arrangements, which includes occupational benefits and employment protections.

Pay progression: Why should an experienced ACP have to change employer simply to achieve meaningful salary progression? Will the RCN advocate for a clear, transparent and nationally recognised pay structure for ACPs working in general practice?

The RCN recognises that career progression pathways and pay structures in general practice can be inconsistent. Through its **Fair Pay campaign**, the RCN is calling for greater alignment with NHS Agenda for Change pay structures and for improved recognition of nursing expertise and progression.

The RCN will continue to advocate for fair reward, recognition and career development opportunities that enable experienced practitioners to progress without unnecessary barriers.

Employment standards: Does the RCN believe it is acceptable for independently employed general practice ACPs to have substantially poorer pay, annual leave, sickness benefits, supervision, CPD and career-development arrangements than colleagues undertaking comparable advanced practice roles elsewhere in the NHS?

The RCN believes all nursing staff should receive fair reward and recognition for the highly skilled, safety-critical work they undertake, regardless of their employment setting.

The RCN has consistently highlighted the variation experienced by general practice nursing staff and is campaigning for equitable treatment, improved employment standards and greater consistency in pay, terms and conditions across the sector.

As part of its Fair Pay for general practice nursing staff campaign, the RCN is calling for dedicated government funding for general practice nursing staff and for terms and conditions that are at least equivalent to NHS Agenda for Change arrangements. The RCN also advocates for nursing representation in negotiations affecting pay and employment conditions.

The RCN are keeping up the pressure on government to ensure fair pay, terms and conditions for nursing staff working in general practice. We have been to Westminster to meet with MPs telling cross-party politicians that nursing staff working in general practice have unfavourable pay, terms and conditions in comparison to NHS counterparts. Many MPs, who were previously unaware of the scale of the challenges, are supportive of our efforts to make conditions fairer for those in general practice. This is a significant move forward in our fight for fair pay, terms and conditions, inclusion and recognition for nursing staff working in primary care.

The RCN are building strong and collaborative relationships with GP employers and helping members in general practice be more active in their workplace to influence for better pay, terms and conditions.

The RCN **Employment Standards for Independent Health and Social Care Sectors** also set out what we expect employers in these settings which include General Practice to deliver for the nursing workforce.

The RCN continues to highlight the inequities experienced by general practice nursing staff and seek improvements in employment arrangements across the sector.

Professional accountability and employer responsibility: ACPs are professionally accountable for complex autonomous clinical decisions. What is the RCN doing to ensure employers have a corresponding responsibility to provide adequate appointment time, staffing, supervision and access to senior clinical support?

The RCN's position is that ACPs require organisational support that reflects the complexity and accountability of their role. This includes access to appropriate supervision, professional support, continuing development opportunities and safe working environments.

The RCN continues to promote workforce models, standards and guidance which recognise both the professional accountability of ACPs and the responsibility of employers to provide appropriate support, governance and resources to enable safe and effective practice.

RCN accountability: What specific and measurable actions will the RCN take over the next 12 months to improve pay, sickness and annual-leave terms, employment protection, supervision, workload, CPD and career progression for ACPs working in general practice?

The RCN is pursuing a programme of work in line with its published priorities aimed at improving pay, terms and conditions for general practice nursing staff, including campaigning for:

- dedicated government funding for general practice nursing pay
- terms and conditions at least equivalent to NHS Agenda for Change
- nursing representation within negotiations affecting pay and employment conditions
- equitable treatment of general practice nursing staff across the UK.

The specific priorities and actions taken over the coming 12 months will continue to be informed by member engagement, workforce evidence and the RCN's ongoing influencing work across advanced practice and general practice nursing.

The wider question for the RCN: The BMA has successfully secured nationally recognised employment standards and protections for salaried GPs. What is preventing the RCN from pursuing similarly robust minimum terms and conditions for nurses, APs and ACPs working in general practice, including pay progression, annual leave, occupational sick pay, CPD and protected clinical supervision?

The RCN recognises that, unlike salaried GPs, most general practice nursing staff are employed directly by individual GP practices rather than through nationally negotiated NHS employment arrangements. This creates significant variation in pay, terms and conditions and limits the consistency that exists elsewhere in the NHS.

The RCN is seeking to address these inequities through its Fair Pay for General Practice Nursing Staff campaign, which calls for dedicated government funding, terms and conditions at least equivalent to NHS Agenda for Change arrangements, nursing representation in negotiations affecting pay and employment conditions, and equitable treatment of general practice nursing staff. The RCN will continue to work with members, employers, governments and system partners to advocate for greater consistency, recognition and fairness for nurses and advanced practitioners working in general practice.

The RCN will continue to work across the profession to identify priorities and opportunities for improvement in areas such as pay, career progression, professional development and workforce sustainability.

Further information

Royal College of Nursing (2026) *Advanced level nursing*. Available at: **rcn.org.uk/Professional-Development/Levels-of-nursing/Advanced** (Accessed 4 November 2026).

Royal College of Nursing (2026) *RCN Professional Development Framework – Advanced Level Nursing*. Available at: **rcn.org.uk/Professional-Development/publications/rcn-professional-development-framework-advanced-level-nursing-uk-pub-011-127** (Accessed 4 November 2026).

Royal College of Nursing (2026) *RCN position on advanced nursing practice*. Available at: **rcn.org.uk/About-us/Our-Influencing-work/Position-statements/rcn-position-on-advanced-nursing-practice** (Accessed 4 November 2026).

Artificial intelligence (AI)

Can you clarify how the Governance Directorate will govern the use of AI in the RCN given the impact on the climate from data centres? Whilst I accept AI can be essential how will you ensure that it's use for unessential purposes such as campaigning for elections is discouraged?

RCN is developing an AI policy that covers in detail the governance that will be in place to support the appropriate use of AI across the College. The policy is totally aligned to UK guidelines and where applicable will be aligned with the new UK regulatory Framework for AI in Healthcare that is due to be published imminently. Given the widespread use of AI tools, we would not be able to police the use of AI in elections. However, we run seminars for those thinking of standing for election and those actively campaigning and we impress on them the importance of writing their own election statements and not to use AI. The hustings provide an opportunity for members to explore in more detail election statements.

Awards

To many RCN members, the RCN Fellowship is seen as unobtainable and elitist. When is the RCN moving into the 21st century and reviewing the FRCN criteria, so that all dynamic and innovative members have the opportunity to attain this status, be it by examination or some other mechanism (like other Royal Colleges) and NOT just by award?

To ensure that the RCN Fellowship award is accessible to as wide a range of nominees as possible, its awarding criteria was examined in 2024, and expanded to increase application to clinical, non-academic settings, while retaining the five pillars of nursing, and including and additional criteria on the commitment to EDI. Obviously, however, nominees need to meet the criteria and given the RCN Fellowship is the highest honour the RCN can give to our members, the benchmark is rightly high.

In addition to the RCN Fellowship, the RCN has a series of other awards that recognise our outstanding members. These include RCN Representatives of the Year, RCN Student Ambassador of the Year, RCN Forum Achievement awards and the RCN Award of Merit, which is the highest honour bestowed by the RCN for voluntary service to the College. It recognises members who consistently go above and beyond normal expectations and demonstrate sustained commitment to RCN values.

Nurses and nursing support workers are also recognised through the country Nurse of the Year Awards as well as Nursing Times Awards (open to the wider nursing profession including RCN members) .

The different mechanisms for award of fellowship such as self-nomination or interview panel was also reviewed by the Awards Committee in 2023 and the decision was taken to retain the existing process.

RCN has awards for Nurse of the Year etc for Northern Ireland, Scotland and Wales but I don't believe they have for England – is there a specific reason why not in England so that nursing colleagues cannot be recognised and celebrated in the same way?

Until 2024, RCNi ran awards that covered the UK and members from England were able to be nominated for those. Those awards unfortunately ceased. The awards ceremonies in the other UK countries are largely or completely funded via sponsorship not membership income. We have explored whether the same model would be possible to achieve within England and currently this appears not to be the case at present. This will continue to be reviewed.

Branches

At a time when the RCN is asking branches to become more active, with campaigns, representation and educational events including recruitment of IRNs. Are branch funds to be increased? To run a branch on £415 for a year is not enough and needs reviewing.

We are currently undertaking a review of branches and funding will be explored as part of this. There is currently a live member survey about the Branch Review that will remain open into 2027 and we would encourage all members to respond.

Committees

The Trade Union Committee was brought into existence in 2018. Does Council have any plans to review the structure and relationship between the TUC and of the Activist Academy in relation to the Council delegated powers and the current and future health care IR agenda?

Council has no plans to review the structure and relationship between the TUC and the Activism Academy. The Activism Academy is now the nursing activism department which sits in the Legal and Member Relations directorate of the RCN. This change took place on 31 July 2026.

Given the current shift in how politics has changed, is it time for the RCN to engage politically, while maintaining its apolitical stance, to promote and retain the value of the NHS and health care in general?

Political engagement and influencing, including by harnessing public and media support, is core to the current remit and activity of the RCN. In all parts of the UK, RCN leadership frequently hold government ministers to account, privately and publicly, and they also ensure members have opportunities to speak to them directly. Our non-affiliated stance ensures that the RCN is able to engage constructively, and challenge robustly, all parties and governments, in its advocacy for the nursing profession and patients.

Complementary therapies

I would like to know how much is allocated to supporting and helping out members to access complementary therapies. For example, massages which can be of a great help for many of us. And with the membership fees going up I personally do not feel supported at all.

The RCN does not allocate resources to assist members with access to complementary therapies. Members who are facing challenging, emotional issues, whether work related or personal, are advised to contact the RCN's Counselling Service.

Congress

Since most members do not attend Congress, why the number of voting candidates has not increased. Half the time the same people are the ones that get the voting candidates slots every year. If you cannot increase can we come up with a new system of selecting voting candidates to give new people a chance.

Congress voting places are allocated to the voting entities e.g. branches and forums, based on a calculation of one per 1,000 members. If, for example, there is an increase in a branch's membership, historically the voting places would have been increased accordingly. In addition, there are some discretionary funds that Boards allocate for which preference is given to first time attendees. Guidance on the selection criteria is provided to branches and forums to ensure inclusivity and there is oversight by boards and forums governance to check the criteria are applied. We have seen significant changes in funding allocation by implementing this. This year, around 40% of funded attendees were first-time attenders. However, as a result of the Congress Review, the funding model is currently under review and it is likely it will change in the future.

EDI strategy

I noted and was encouraged that there was a programme to encourage members to stand for elected office who may not have thought of this before, and encourage even more diverse voices. Do those involved believe there has been some success already from the strategy, and how this will be carried forward in the future?

The RCN EDI Strategy has successfully completed 115 activities with a further 64 on track to be completed out of a total of 216 activities contained within the Group EDI Strategy.

We provide an annual report on our activity which provides further detail on our progress against each strategic commitment.

We are currently exploring how we can develop some sophisticated outcome measures to fully understand the impact of the activity overall.

Our anti-racism work remains necessary and challenging given the current circumstances. The RCN has developed a dedicated anti-racism subgroup of the EDI Committee and has undertaken an independent race maturity assessment of our readiness to deliver on our anti-racism commitments. The subgroup is currently working up the anti-plan that will progress this work over the next 18-24 months.

In addition, last year the Governance Team ran sessions encouraging members from underrepresented groups to stand for elected or appointed roles. This year, we have run more general sessions on standing for election and campaigning but incorporated information for underrepresented groups and we will continue to do so as part of our member engagement work. Early indications are that we are seeing more people from underrepresented groups standing for election/appointment and actively being elected/appointed to positions on committees, Council and boards.

Further information

Royal College of Nursing (2026) *Equity, Diversity and Inclusion (EDI) Annual Report 2025-2026*. Available at: **rcn.org.uk/Professional-Development/publications/rcn-edi-annual-report-uk-pub-012-490** (Accessed 4 November 2026).

Royal College of Nursing (2026) *EDI Strategy: First year highlights and impact report*. Available at: **rcn.org.uk/Professional-Development/publications/rcn-edi-strategy-first-year-report-uk-pub-012-110** (Accessed 4 November 2026).

Education

Why do student nurses who schooled in the UK still have to take the IELTS exam to prove they understand English?

The NMC's requirement is that on application to register they need to be satisfied applicants possess the necessary English language to communicate effectively. The requirement is the same for all applicants. To join the register, applicants need to have undertaken a pre-registration nursing course that was taught and examined in English or have completed an English language test or have undertaken recent practice in English. Therefore, if you live in the UK and have completed pre-16 years education and have achieved a qualification in English accepted by UK universities there is not need to undertake an IELTS examination.

I would like to ask if there is any approach for preceptorship for international nurses. Due to change in health system, I would assume that any international nurses start at the same level as students. Given the nature of the work environment, staffing issues etc, it becomes difficult to get a proper mentorship/preceptorship. Is there a way of supporting this?

Internationally educated nurses bring a wealth of knowledge, skills and experience, but adapting to a new healthcare system can be challenging. The RCN strongly supports structured preceptorship, mentorship and induction programmes to assist internationally educated nurses transition safely and confidently into practice.

We continue to advocate for employers to provide protected learning time, effective supervision and tailored support. The RCN also supports international nurses through professional guidance, workplace representation, dedicated resources, member networks and opportunities to connect with peers, helping them feel supported and valued in the workplace.

Governance

Today has been an excellent and very interactive event, covering a range of diverse topics. As stated earlier, this is the RCN's 98th AGM so we, as an organisation, are very well versed in arranging these (and many other on-line and hybrid events). In the big scheme of things, however, today's event has been fairly straightforward – with no complex logistical issues and no motions requiring a vote to be arranged or taken. In this context why were we (the RCN) not able to arrange this without the involvement of a third party supplier (Civica Election Services). What is the cost of using the third party provider?

The services of the third party (Civica) were engaged before it was confirmed there would be no resolutions this year. However, we do need a platform to provide full member access to our AGM. This included the set up and use of the

virtual meeting system, customer support and Q&A functionality. Civica reduced the rates accordingly so that we did not pay the full costs and the total paid to them came to c£13,000.

The branch review is an excellent example of how a review should be conducted a real blank page start with no predetermined outcomes. At our regional event I really felt our voices were being heard. What is the timeline for this review?

The Branch Review began at the start of 2026. In accordance with the Regulation on Branches, members were consulted on the terms of reference for the project, after which a member oversight group was set up. The project will take place in two stages.

The first stage is the engagement phase which will span the rest of 2026 until probably the second quarter of 2027. Council are keen that we engage as widely as possible with members and we have already completed many branch interviews and a series of regional and country days with our engaged members. However, it is vitally important that we hear from those who never engage and we need time to do that. To do that, we have launched an all-member survey that will remain open into 2027 and we encourage every member share their views by completing it. The second stage will be the recommendations and implementation stage and we expect this to take place from mid-2027, with changes taking effect from the end of 2028/start of 2029.

Infection prevention

As an infection prevention nurse, we are struggling to get engagement from ward staff, as they seem to be getting busier by the day and struggle to take on board what you're telling them and the implications it could have if not done. Staff don't have time to attend training. Due to staffing numbers, wards are running on 'shoestring' staffing numbers or borrowed or bank staff. How are we ever going to get on top of this difficult problem if this continues. When are we going to get more staff on the wards?

The challenges you describe will resonate with many Infection Prevention and Control (IPC) professionals working across health and care settings. Increasing patient acuity, workforce pressures, reliance on temporary staffing, and competing clinical priorities can make it difficult to engage staff and maintain focus on IPC initiatives.

However, it is important to remember that infection prevention and control standards are not optional and should not be compromised regardless of operational pressures. **The Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infections** requires organisations to have effective systems in place to prevent and control infections, supported by

adequate governance, training, surveillance, and accountability. Similarly, the NMC Code requires all nurses and nursing associates to preserve safety, practise in line with the best available evidence, reduce the risk of harm, and raise concerns where patient safety may be compromised.

While staffing challenges undoubtedly create barriers, they cannot become the reason for lower standards of IPC practice. We know that Clostridioides difficile infections can have significant consequences for patients, and maintaining excellence in hand hygiene, environmental cleanliness, antimicrobial stewardship, isolation precautions, and staff education remains essential in preventing transmission.

The question should therefore not only be, "When will we get more staff?" but also, "How do we ensure existing systems recognise and respond to the risks that current staffing levels pose to infection prevention and patient safety?" Robust escalation, supported by evidence and data, is essential. The RCN is publishing a new resource regarding Registered Nurse: Patient Ratios. (**rcn.org.uk/Professional-Development/publications/rcn-registered-nurse-to-patient-staffing-ratios-uk-pub-012-611**). The RCN Nursing Workforce standards if embedded fully across organisation can also help staffing for safe and effective care.

"As international carer (on sponsorship work) I find that we, the carers, indirectly contribute significantly to the society and economy of this country. Due to our work and support, we are able to spare families across all walks of life from the intensive responsibility of care provided to their bed ridden relatives or loved ones with serious care needs. We work roles that equate to that of father, mother, nurse, sister and brother in the care actions that we take. In such situations, what is the RCN is doing to convey to policy makers in Westminster that they need to look again at the suggestion of extending naturalisation or changes to the ILR rules for carers? What can the RCN do to help government realise the importance of the role?

The RCN supports the vital work and contribution of nursing staff in care settings and their contribution to health and wider society. Over the past year, we have consistently raised our concerns about the government's proposed changes to the qualifying period for Indefinite Leave to Remain (ILR) to make the case that this would have a seriously detrimental impact on nursing staff, is unfair and fails to recognise their value and worth. We have called for:

- nursing staff in all settings to continue to eligible for ILR after five years
- all health care workers and their dependents to continue to be eligible for ILR after five years continuous employment and residency
- any changes to ILR, including to the qualifying period, must not apply to anyone already living in the UK.

You may be interested to see the report on this issue that we published earlier this year: Unsettled: How the proposed change to indefinite leave to remain could affect the retention of internationally educated nursing staff. (**rcn.org.uk/Professional-Development/publications/unsettled-indefinite-leave-to-remain-and-internationally-educated-nursing-retention-uk-pub-012-361**).

We also submitted evidence setting out these concerns to the government's consultation on this issue and will continue to use every possible avenue to raise these issues and our recommendations before the government announces the outcomes of its consultation, which is expected this autumn.

More broadly we are highlighting a number of issues that impact on nursing staff who have come to work in the UK's health and care services. For example you may be interested to read our recently published report on the exploitation experienced by some migrant nursing staff working in adult social care (**rcn.org.uk/Professional-Development/publications/rcn-from-recruitment-to-reality-uk-pub-012651**). In the report we call for a range of actions from government to better protect and support nursing staff from exploitative practises. We will continue to raise these issues with government and others and to make the case for action.

Jobs

Is the RCN is doing anything about registered nurse members without jobs? The job market is not funny and we have to revalidate.

We know this is a real concern for many members and I completely understand the anxiety, particularly when people need to maintain their registration through revalidation. The RCN continues to challenge workforce decisions that limit opportunities for nurses while advocating for investment in the nursing workforce. We also provide career support, guidance and advice to members. We want qualified nurses to be able to access nursing posts and use their skills to deliver the care patients need. We continue to escalate concerns regarding access to RN jobs directly with employers and governments.

Legal assistance

Does the RCN, with relevant expertise in the field, have a role in defending nurses accused of malpractice?

We provide legal assistance via an indemnity scheme for eligible members which may cover them against the financial consequences of a clinical negligence claim, including the cost of defending the claim. The work is undertaken by external solicitors. The scheme has a £3m limit per claim. The scheme though is subject to exclusions and covers only the following eligible members:

- the self-employed
- members who don't work under a contract of employment (such as agency or bank workers)
- volunteers, and
- those acting in a Good Samaritan capacity.

For members who are employed, their indemnity provision comes via their employer who will be vicariously liable for the employee's negligence and should therefore provide the relevant legal/indemnity cover.

The in-house legal team does not have the legal knowledge and expertise to conduct clinical negligence. The costs of conducting such cases also prohibits us from doing so. For those matters covered under the RCN's indemnity scheme, our brokers send the initial instructions to the insurer's panel solicitors and then if the case proceeds the solicitors take instructions from our Head of Legal (Regulatory) who has oversight of these claims.

Mental health nursing

How are we going to support field distinction especially in mental health? I have worked in Australia and have seen what happens to the care of people in mental distress when mental health nursing is not valued and do not want to see that issue compounding the problems we already have.

The RCN has recently published a clear position statement on field-specific nursing, which reaffirms our commitment to all four fields of nursing. While all registered nurses share a common foundation of practice, we believe that each field requires distinctive, specialist education to ensure nurses are fully prepared to meet the specific needs of the people they care for. We do not support a move towards generic nurse education models that risk diluting specialist skills, weakening field specific expertise or compromising patient safety.

We are also committed to strengthening and enhancing our mental health nursing offer. This includes ensuring that mental health nursing is highly visible within the College's policy, professional, educational and influencing work, supporting the development of the workforce, and championing the unique contribution that mental health nurses make across health and care systems.

NSSN Action Programme

The National Shop Stewards Network (NSSN) are looking for other union bodies to support them with a proposed 'action programme' to defend workers from the cost of living crisis. Due to the impact the cost of living crisis is having on many health care workers including nursing staff, would the RCN support the NSSN's action programme?

The RCN already campaigns with and for members in relation to protecting and improving the pay, terms and conditions of RCN members across the various health and social care sectors they work in. We already collaborate and jointly campaign with other trade unions where appropriate. There is a major RCN campaign focus for NHS nursing staff with the RCN's Know your Worth campaign. There is also ongoing collaboration with Unison, Unite, GMB and the TUC (Trades Union Congress) in relation to social care as governments across the UK progress different plans for protecting and improving pay, terms and conditions on social care.

Nursing support workers (NSWs)

The RCN employs one part-time professional lead for NSWs across the whole of the UK. With NSW numbers increasing, will RCN look at having these roles across the different countries?

We absolutely recognise the growth in the nursing support worker workforce. Our current lead supports work across the UK and provides advice to the Professional Nursing Committee. We also have a **Nursing Support Worker Committee** which plays an important role in shaping and supporting ongoing work. As numbers continue to increase, we'll continue to review how we can best support and represent members across all four countries.

How can we improve inclusion in the College when a whole group of our members are still not allowed to stand in some of the senior elected positions, our NSW members are a great assets and often some of our most active members?

The RCN highly values its NSW members and the contributions that they make to the profession and the College. NSWs are eligible to stand for roles on almost all RCN committees, including boards and Council, and there is a dedicated NSW Committee that registered nurse members are not eligible to join. The eligibility requirements for roles for which NSW members are not able to stand for election, including the President, Deputy President, Chair of Council and Vice Chair of Council, are set out in the RCN's Standing Orders. Any changes to the Standing Orders would need approval of at least two-thirds of the membership present at a General Meeting at which those changes were proposed.

Partial retirement

What are the unions doing about the members that took the new option of partial retirement who were not advised of any impact on continuity of service even though that question was asked via meetings to inform members. There are a lot of members that would have not taken this option had they been aware. This seems that there has been a lack of awareness of this new option or cynically it had helped with the current agenda to reduce costs in the NHS given the implementation of MARS and redundancies. I have asked numerous questions and no one is able to give a clear rationale for this. Can the RCN offer clarification on this?

The RCN is aware of the frustration surrounding the redundancy provisions and how they interact with partial retirement. We have collectively raised these concerns repeatedly through the pension advisory structures and formally through Staff Council. This has led to a joint request for the Department of Health and Social Care to provide a mandate for the Staff Council to negotiate the relevant sections of the terms and conditions handbook. The RCN will continue to assess individual cases in respect of legal challenges so it is important that members contact RCN Direct. We will continue to work with other unions to press for change on this through our collective structures.

Pay (Know your Worth campaign for band 5 to 6 progression)

While the band 5 to 6 rebanding process has been a success and I am happy I managed to support my staff in the rebanding process (and will continue until I receive a positive response from corporate). When almost 75% of band 5 staff (some with up to 46 years of experience) are rebanding, you know there's an issue. I would like to know whether similar supportive programmes are planned for band 6 to 7 rebanding. I'm sure you're aware that, unlike England, NHS Scotland (especially NHS Lanarkshire) is a mess when it comes to Agenda for Change implementation. In my area, theatres cross sites, band 6 nurses are doing band 7 duties, and even my band 7 theatre manager would be a band 8 anywhere else in the UK.

The RCN are currently running our campaign Know your Worth across the UK, which is aimed at getting all of our member working in the NHS to consider applying for re-banding regardless of grade. The nursing profiles which support the Agenda for Change job evaluation system have now been updated for the first time since 2004. With the updated profiles we are encouraging all members to ensure they have an updated job description so their role can be properly evaluated. If an individual's role has changed significantly and they do not think they are correctly banded our advice is to seek a re-banding review. There is more information on both the process and support available at our website (**rcn.org.uk/employment-and-pay/NHS-Employment/Know-your-worth**). If there are specific issues within your employer, you can call RCN Direct for advice and support on 0345 772 6100.

If there is, what are the plans towards automatic progression from band 5 to 6?

The RCN position is that registered nurses working in the NHS across the UK should after a period of consolidation at band 5 as with other professions move to Band 6 after completing a competency framework. Currently for example midwives and paramedics progress in this way. The RCN is campaigning with all governments in the UK on this issue and has seen some progress particularly in Scotland and England. Although slightly different review process for current band 5 registered nurses in each country both have been as a direct result of RCN campaigning for automatic progression as a step in that journey. The RCN position is that the evidence from these reviews will support the argument for automatic progression. For more information on our Know your Worth Campaign please visit our **website**. The RCN also published a **policy report** in May 2025 outlining the position.

We were asked if we're happy with the pay increase of 3.6%. I believe it was a resounding no. What action has been taken? Will there be opportunity to strike?

The RCN and other trade unions responded to the government and made it clear our members were unhappy with the percentage increase. We have also highlighted that there are wider systemic issues with pay in the NHS and the Know your Worth is a major part of addressing those issues. There are ongoing

negotiations for structural reform in the NHS between the trade unions and the government representatives on the NHS Staff Council.

Why is the NHS spending £620 billion on non-clinical staff and nurses frontline salaries are so low ?

The RCN doesn't determine government spending but we are campaigning hard to improve nursing pay not only in the NHS, but across all sectors.

How much has the Know your Worth campaign cost given that low numbers of publications are available. Has the cost gone more to staff cost rather than materials for members and reps?

The staffing costs for the campaign have been from existing staffing budgeted resource both staff as part of their core role and a further commitment from all RCN staff to support the work for at least four days during the campaign. We balance off the need for publications to ensure we use everything we produce to ensure we are sustainable as possible in our business processes. There are significant number of resources which can be accessed through the RCN Know your Worth hub on our website.

Could I ask if the band 5 review could be based on objective evidence of the nurse's clinical experience, knowledge, skills and demonstrated clinical experiences rather that solely on to the assessment of or opinion of band 6 management skills? Some very experienced band 5 have never been given the chance to hold leadership roles.

All jobs are evaluated against the Agenda for Change job evaluation system and should take into account the entirety of an individual's role and is not evaluated in relation to only one component. We have developed resources for members to support them through the process to assist members to make sure the entirety of their role is included in their application for review which are available on our website.

Thank you all for the excellent presentation of the financial report and nursing evaluation position. Thus my question is this; would the nurses working only as bank staff nurses be evaluated as well?

All nurses who work within the NHS should have their roles evaluated against the Agenda for Change Job Evaluation system including bank staff. More information available on our website.

Can the RCN provide an update on how the College is ensuring fair pay in Northern Ireland?

Pay: The Department of Health has confirmed its acceptance in principle of the 3.3% Agenda for Change pay award recommended by the NHS Pay Review Body for 2026-2027 but has still not yet confirmed the arrangements for implementation in light of the continuing failure of the Northern Ireland Executive to agree a budget. Consequently, and following approval by the RCN Northern Ireland Board,

the RCN Trade Union Committee and RCN Council, arrangements are now being progressed for the launch of an industrial action ballot of RCN members on Agenda for Change terms and conditions in Northern Ireland. It is proposed that the ballot will be launched on the 14 October 2026 and an extensive programme of membership engagement and communication is now being delivered across Northern Ireland. The decision to ballot was reported extensively across media and social media platforms in Northern Ireland. We continue to engage in the ongoing tripartite negotiations between governments, employers and trade unions on Agenda for Change structural reform across England, Wales and Northern Ireland.

Job evaluation: Job evaluation and promotion of the revised national nursing and midwifery profiles remain a priority for the ERD team in Northern Ireland. A series of job evaluation workshops, together with a webinar on promoting understanding and engagement with the job evaluation process, have been delivered. An options paper on the implementation of band five-six career progression has been shared with the Department of Health and discussions are ongoing regarding the commencement of a task and finish group to take this work forward. In addition, we have undertaken a survey of band five registered nurses across each of the HSC employers. The findings have been analysed and shared with the Department of Health and will inform future discussion on career progression. The survey highlighted several key themes. It found that many band five nurses routinely undertake duties aligned with higher banded profiles, including leadership responsibilities and the delivery of complex care within specialist clinical areas. Respondents also reported that increasing patient acuity and staffing pressures have outpaced existing banding and job descriptions. Furthermore, the findings suggest that band five nurses frequently undertake unpaid acting-up responsibilities, effectively subsidising the system and masking underlying workforce gaps.

Further information

Royal College of Nursing (2026) *Know your worth: re-banding the nursing workforce*. Available at: **rcn.org.uk/employment-and-pay/NHS-Employment/Know-your-worth** (Accessed 4 November 2026).

Royal College of Nursing (2026) *Pathway to Progression: band 5-6 career progression for nursing*. Available at: **rcn.org.uk/Professional-Development/publications/rcn-pathway-to-progression-band-5-6-career-progression-uk-pub-012-112** (Accessed 4 November 2026).

RCNi integration

If RCNi is now within RCN, will members be able to access all the RCNi information without a further subscription because that might bring more to join?

We are carrying out research with members and potential members to understand needs and how we can strengthen the professional offer. We plan to make some recommendations to Council for review at the beginning of 2027.

Recruitment and retention

Considering the ongoing workforce recruitment and retention issues within our profession, there has been a substantial amount of time and focus given to recruiting nurses from overseas to the UK ... Do you feel the RCN might consider an equal amount of time and focus being afforded to recruiting more men into nursing from within the UK, as a means to improve workforce numbers?

We need conditions in nursing that attract the brightest and best – regardless of age, gender, background. We need to make the value of nursing, and the appeal of nursing as a career, evident to everyone. The solution is not to target one group or another, but to address the underlying problems which can make nursing unattractive. We are committed to raising the status of nursing as a STEM profession and ensuring the value and attractiveness of the profession is evident to all.

Regulation

Given the RCN's active role in challenging the NMC and its representation on the independent oversight group established by the Professional Standards Authority, what assurance can the RCN provide that the oversight group is effectively scrutinising the NMC's progress and ensuring that the required reforms are being implemented in a timely and meaningful way?

The NMC independent oversight group was established to oversee and support NMC's response to concerns regarding its culture and governance. The RCN has held a seat on this group from its inception. Significant scrutiny is applied to information shared by the NMC across all of the recommendations; challenges are levelled and support is offered given the depth and breadth of the expertise available through the RCN.

The RCN recognises that the NMC has made progress against some of the recommendations however, we remain extremely concerned regarding the lack of progress in relation to Fitness to Practice; a core function of the regulator. The RCN continues to engage with the NMC outside of the oversight group in relation to all of the functions of the regulator, has responded to and offered dialogue regarding all consultations, and will input into regulatory reform scheduled for 2027.

Retired members

Can we have an update as to the progress to establish a discrete entity for RCN members retired or part-retired from paid employment whether by age or disability?

We have been working with retired members to understand their asks of the RCN and how they can contribute more. We held an in person retired members conference in October 2025 and our second conference took place on 6 October 2026.

The General Secretary also met with a group of retired members on 30 July 2026 and, more recently, in October 2026, Council have approved the establishment of a retired members network to be launched towards the end of 2026.

Why in the face of all the research, data, surveys and evidence – does the College continue to overlook the retired members and where they can help support all staff in the workplace and help improve patient care and experiences. Pastoral associate mentors for students – new staff – newly qualified – international nurses. When is the College finally going to legitimately recognise the Retired Members Network as a discreet entity and provide it with the same dedicated support that all other entities already have? Rather than continue to be exclusionary in its practices – isn't it about time the college truly embraced Total Inclusion and have Total Positive Regard for the contribution towards nursing – nursing standards and nursing professionalism by every single member?

We have been working with retired members to understand their ask of the RCN and how they can contribute more. We held an in person retired members conference in October 2025 and our second conference is taking place on 6 October 2026.

The General Secretary also met with a group of retired members on 30 July 2026.

Safe staffing

“The next RCN strategy signals a stronger focus on safe staffing. Nursing is a safety critical profession, yet we still lack universal legally enforceable patient to nurse ratios. Will the RCN commit to campaigning for enforceable staffing limits and if not what does “safe staffing” actually mean if employers can breach it without consequence?”

The RCN has committed to campaigning for legally enforceable RN staffing limits. This is a massive policy ‘ask’ that will take time to achieve. But we have a three-year strategy that maps out how we will raise the public profile of the value of nursing, make policy makers and the public better understand the risks on of allowing care providers to operate with unsafe nurse staffing levels, to help support the introduction of enforceable minimums – ideally through government commitment to legislation.

Further information:

Royal College of Nursing (2026) *Nurse-to-patient ratios are essential to safe staffing in every setting, RCN says*. Available at: **rcn.org.uk/news-and-events/news/uk-nurse-to-patient-ratios-are-essential-to-safe-staffing-in-every-setting-rcn-says-090926** (Accessed 4 November 2026).

Royal College of Nursing (2026) *Safety critical nurse-to-patient ratios*. Available at: **rcn.org.uk/employment-and-pay/Safe-staffing/Safety-critical-nurse-to-patient-ratios** (Accessed 4 November 2026).

Sponsorship skills visa

Can the RCN tell us the plan for the replacement for the sponsorship skills visa? Some staff, especially HCA, are worried about not being sponsored. How are members supported through this process.

After 31 December 2026, the Immigration Salary List will terminate. Roles included under SOC code 6131, such as nursing support workers, health care assistants, and other roles at band 3 and 4 will no longer be eligible for visa sponsorship, meaning that new applications will not be possible after this state. This restriction applies only to Certificates of Sponsorships that were issued after 22 July 2025.

The government have promised to announce transitional arrangements to allow those current sponsored in these roles to renew their existing visas, and potentially to switch to other visa categories, or to Skilled Visa roles categorised at RQF 6 (undergraduate level). However, at the time of writing, the government has not confirmed any transitional arrangements for workers sponsored under SOC 6131 based on a Certificate of Sponsorship issued on or after 22 July 2025. The Home Office have confirmed that transitional arrangements will apply for care workers and senior care workers until July 2028.

If members have queries, they can contact the RCN's Immigration Advice team via our Members Support Services.

Further information

NHS Employers (2026) *Closure of the Immigration Salary List: what this will mean for sponsored workers*. Available at: **https://www.nhsemployers.org/news/closure-immigration-salary-list-what-will-mean-sponsored-workers** (Accessed 4 November 2026).

Strategy

How will patients, carers and members of the public be meaningfully involved in developing and implementing the RCN's future strategy, and will there be opportunities for aspects of the strategy to be co-produced?

There are currently no plans to include patients and the public in the development of the RCN strategy as it is a strategy for members and the organisation and not the wider public. When the RCN is designing new guidance, standards or policy positions consideration will be given as to the appropriateness of patient or public involvement and co-production.

Firstly, I want to acknowledge how positive it is that the RCN has appointed a Lead for Lived Experience. This is an important and welcome step, signalling a genuine commitment to ensuring that the voices of people who use our services are meaningfully reflected in the work we do. As a nurse, I believe our practice is strongest when it is informed by the realities and perspectives of those we care for. My question is: how does the RCN intend to develop and embed this lived experience leadership within the 2027 strategy, so that the voices of people with lived experience will continue to inform and develop our work going forward?

There are currently no plans to include patients and the public in the development of the RCN strategy as it is a strategy for members and the organisation and not the wider public. When the RCN is designing new guidance, standards or policy positions consideration will be given as to the appropriateness of patient or public involvement and co-production.

If the RCN is serious about involving people in their care (and their families) then should co-production be incorporated into the new RCN strategy?

There are currently no plans to include patients and the public in the development of the RCN strategy as it is a strategy for members and the organisation and not the wider public. When the RCN is designing new guidance, standards or policy positions consideration will be given as to the appropriateness of patient or public involvement and co-production.

For the AGM, I would like to ask if the 2027 RCN strategy includes advocating for valuing the input of people with lived experience of health problems and their carers?

There are currently no plans to include patients and the public in the development of the RCN strategy as it is a strategy for members and the organisation and not the wider public. When the RCN is designing new guidance, standards or policy positions consideration will be given as to the appropriateness of patient or public involvement and co-production.

I am a mental health nurse and I teach across nursing in a Uni and am a trustee for a women's wellbeing charity my question is 'how you are planning to involve the people who nurses work most closely with? ' – I ask because the point of nursing is to support people to achieve the best quality of life possible – they need to be able to say what is working and what needs to change.

There are currently no plans to include patients and the public in the development of the RCN strategy as it is a strategy for members and the organisation and not the wider public. When the RCN is designing new guidance, standards or policy positions consideration will be given as to the appropriateness of patient or public involvement and co-production.

Strike benefit

When nurses affiliated with the RCN go on strike, employers withhold their regular salary for the period of time they are on strike. Although I believe, the RCN offers a tertiary strike benefit to support nurses who have gone on strike … I am wondering if RCN employees who are not nurses, negate their salary at the same time, as a means of solidarity with the nurses they are representing and negotiating on behalf of?

For any employees going on strike, there is a legal basis for the employer withholding their pay when they withdraw their labour. RCN employees have separate contracts and separate pay and conditions and are continuing to work to support RCN members. RCN staff may voluntarily choose to contribute to the RCN strike fund to support strike action should they wish.

Student nursing hours

I completed the NMC survey on the reduction of student nursing hours. The situation is getting worse. Instead of focussing on skills we now have students on leadership placements writing essays that do not prove understanding of the issues and who lack knowledge in anatomy and other areas. I feel we need a campaign against reducing the placement hours and secondly to look at the nursing curriculum. What is next? Beyond preceptorship?

The RCN responded robustly to the NMC practice learning review. We believe that without further safeguards being in place a reduction in the hours available in pre-registration nursing programmes will not achieve the increased quality in practice the NMC are seeking. It will also not reassure the college or the public.

We are about to launch our future of pre-registration nursing education project and members will have opportunities to contribute to that through a survey and several online events in late 2026 and spring 2027.

Please clarify if student nurses placement hours have been reduced or if this is still under consideration.

This is the role of the NMC, who have recently conducted a consultation. The consultation has now closed. The RCN response to the NMC Practice Learning consultation can be found on our website. The RCN has enagged in further dialogue with the NMC following the close of the consultation and NMC is planning to take recommendations to their next Council meeting in autumn 2026.

Further information

Royal College of Nursing (2026) *Royal College of Nursing warns against proposed cuts to practice learning hours for nursing students*. Available at: **rcn.org.uk/news-and-events/Press-Releases/royal-college-of-nursing-warns-against-proposed-cuts-to-practice-learning-hours** (Accessed 4 November 2026).

Royal College of Nursing (2026) *CONSULTATION RESPONSE: Proposals to change nursing and midwifery practice learning education standards*. Available at: **rcn.org.uk/About-us/Our-Influencing-work/Policy-briefings/conr-0226** (Accessed 4 November 2026).

Training

Would the RCN explore establishing structured training and competency frameworks for placement assessors, covering key systems such as ePAD and all required area of learning? This is in response to feedback that students are sometimes placed with practice supervisors who lack up-to-date knowledge or clarity on their role, which impacts the quality of their learning experience and signing off of the ePAD.

The standards for the preparation of practice supervisors and practice assessors is the remit of the NMC, The NMC expects that universities and practice learning partners have good relationships and that practice supervisors and practice assessors are prepared locally to understand local systems and processes. The RCN supports members by providing relevant information in one place, linking to resources that support practice assessment, for example RCN medicines management resources. We will continue to keep this under review following the NMC's recent PL consultation whilst we await final decisions.

At the AGM, you mentioned the different forums and training provided. Considering the cost of living, we need to look at the fees being charged. Some people may want to attend training opportunities, but the price puts them off. How can we help reduce training costs so members can attend the training?

We recognise that the cost of living can make it harder for members to access development opportunities. The RCN is committed to offering a wide range of learning opportunities, including webinars, forums, networking events which can be in person, hybrid or online. We also offer online resources. We also provide regional and virtual options to reduce travel and accommodation costs and improve access for members across the UK. With the integration of RCN and RCNi we are assessing our current professional offer as well as our pricing structure and are taking into account many factors including cost of living.

Alongside training, we support members in the workplace through professional guidance, career resources, advice from RCN representatives and access to specialist forums and networks. We want every member to have opportunities to learn, develop and progress in their career, regardless of their financial circumstances.

Further information

Nursing & Midwifery Council (2026) *Standards for student supervision and assessment*. Available at: **https://www.nmc.org.uk/standards-for-education-and-training/standards-for-student-supervision-and-assessment/** (Accessed 4 November 2026).

Royal College of Nursing (2026) *Practice-based learning: Professional resources*. Available at: **rcn.org.uk/Professional-Development/Practice-based-learning/Professional-resources** (Accessed 4 November 2026).

Workforce

How the workforce shortage is affecting the ability to meet the increasing demand for health care and the effect this has on the mental health of health care workers. My concern is that the shortage is affecting the quality of care provided and compromising safe and best care.

We share your concerns. Evidence from our members, supported by wider research, shows that chronic workforce shortages are affecting care delivery and patient safety, alongside the wellbeing of the workforce. We understand that nursing staff are forced to care for too many patients by a system that underfunds nursing, and this puts patients and staff at risk. We need the right number of registered nurses with the right skills and experience, in the right places, and we are working hard to ensure that safe staffing becomes a reality in all settings where nursing care is delivered across the UK.

Working conditions

What will be done to support nursing staff in these extreme temperatures?

The RCN has been at the forefront of supporting members and raising these issues. Members can find out about our work via the link below. In addition, our press release provides more information.

We have called for employers to take specific measures including access to drinking water, proper breaks, appropriate uniform and use of PPE and controlling the temp in the working environment and robust risk assessments. Members can become more involved by becoming a trained health and safety rep. We continue to work on climate change issues.

We are expected to do the same hours and same amount for work in unsafe working conditions. With climate change, temperatures during summer periods are expected to continue this way so what is the plan to help ensure staff are safe at work?

The RCN has been at the forefront of supporting members and raising these issues. Members can find out about our work via the link below. In addition, our press release provides more information.

We have called for employers to take specific measures including access to drinking water, proper breaks, appropriate uniform and use of protective personal equipment (PPE) and controlling the temp in the working environment and robust risk assessments. members can become more involved by becoming a trained Health and Safety Rep. We continue to work on climate change issues.

Further information

Royal College of Nursing (2026) *RCN says extreme heat making NHS 'impossible environment' as nursing staff collapse in workplaces 'not fit for humans'*. Available at: **rcn.org.uk/news-and-events/Press-Releases/extreme-heat-making-nhs-impossible-environment** (Accessed 4 November 2026).

Working hours

Reduction of overtime / NHSP overtime pay and availability of shifts. The rate has recently reduced in my trust and I believe this is the case in other areas of the country. I work overtime to help my patients and colleagues and gain extra money to support the poor pay I get for my full time role as a registered nurse. I am so disappointed that the rate has reduced making less worthwhile to give up my spare time. Despite there being a clinical need for staff the availability of shifts seems to be reducing. Is there going to be any support with fair pay and safe staffing numbers?

In relation to additional hours the RCN position is that NHS staff working additional hours should be paid their substantive contractual rate including overtime. The RCN also believes that bank work should also be on NHS Agenda for Change terms and conditions as a minimum. NHS Bank work is usually

delivered via zero hours contracts, with separate contractual arrangements that usually do not replicate NHS pay, terms and conditions, despite all the work being undertaken in the NHS. Local campaigns are taking place and members are encouraged to contact their local RCN rep for support in tackling any cuts to bank rates. Bank workers are an essential part of the workforce and should be valued accordingly. Our position is that utilising bank workers in bank shifts should not be a substitute for proper workforce planning and safe staffing levels. More information can be found on our website.

> **We were promised back in 2023, as part of the non-financial agreements of the pay deal, that 36 hours would class as full time for shift workers with no loss of pay. If I wanted to get my full pay, I would have to do an extra shift every eight weeks, apparently to "pay back breaks", yet I don't always have time for breaks, don't get any time back when I have to stay late and don't get any time for mandatory training, expected to do it in my own time. More than three years later, despite working 36 hours a week, I am still classed as part time and get paid "pro-rata" pay. When will we actually get what we were promised?**

This formed part of the wider non-pay measures and areas for further work agreed alongside the NHS Wales pay settlement in 2023 and has since required consideration of the contractual, workforce and financial implications of any change. While no agreement has been reached on implementation the RCN are attending tri-nations negotiations rather than progressing a separate Wales position in parallel.

If there is no progression at the tri nation negotiations, then we will continue to raise members' concerns with Welsh government and NHS employers and seek clarity on the outcomes of this work and any potential next steps. RCN Wales has raised with the new Welsh Cabinet Secretary that elements of the non-financial settlement agreed in 2023 have not been delivered, including 36 hours.

Further information

Royal College of Nursing (2026) *Fair pay for bank work*. Available at: **rcn.org.uk/Get-Involved/Campaign-with-us/Valued-through-fair-pay/Fair-pay-for-bank-work** (Accessed 4 November 2026).

Royal College of Nursing (2026) *Staffing levels*. Available at: **rcn.org.uk/Get-Help/RCN-advice/staffing-levels** (Accessed 4 November 2026).

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

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