Putting care first

The RCN review of the year and summary accounts 2001–2002

Royal College of Nursing
Acknowledgements

Thanks to all the patients and staff who appear in this review.

Special thanks go to Sajini Philip and Maud Stone who feature on the cover, plus

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Mission statement

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.
Welcome to the Royal College of Nursing’s annual review and summary accounts for April 2001-March 2002. In this review, we highlight key areas of our work during the last financial year. Using the headings involving, learning, caring, leading and advocating we have focused on the contribution made by our members to shaping our work.

This year, RCN Council agreed a new mission statement to express what we’re all about. It’s simple and to the point:

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

The RCN continues to grow in size and influence. We now represent more than 345,000 nurses, nursing students and health care assistants. As I’ve travelled around the UK meeting our members, I’ve also joined RCN colleagues at their stands and events at the major political party conferences. It is encouraging to talk to political activists of all parties and see that they understand the importance of the nursing voice. That voice is regularly heard in the media too, as the incredible and increasing level of coverage for our annual RCN Congress shows.

As well as looking to the future, this organisation is also one built on long tradition, and we value the patronage of members of the Royal Family. It was with great sadness this year that we learned of the deaths of two of our Royal Patrons: Queen Elizabeth The Queen Mother and Princess Margaret, Countess of Snowdon. We will miss their support and involvement.

I hope you’ll enjoy reading about some of our achievements and projects in this review – and that it inspires RCN members to get more involved in championing the voice of nurses and their patients.

I think we could do well to embrace the wise philosophy of Mahatma Gandhi for our endeavours when he said, “We must be the change in the world that we want to see.”
The RCN is an organisation of passion and energy, as well as being a wealth of expertise and great diversity. When I took up my post as General Secretary in June 2001, I was honoured to become part of an organisation which is so much at the heart of nursing in the UK. Nursing remains at the forefront of change and, for me, the most vital part of the RCN’s work is making every nurse feel valued.

The publication in July 2001 of the Kennedy Report had profound implications for all nurses – whether they work in the NHS or the independent sector. The report followed a two-year long inquiry into problems with cardiac surgery on children at the Bristol Royal Infirmary, but its much wider remit called for a transformation of health service culture. We believe effective communication between and among the public, patients, health care professionals and managers is crucial to increasing and maintaining trust in the health service. The RCN response to the report was launched at our October 2001 Annual General Meeting and Autumn Conference, which focused on leadership and quality of care. We drew out five key themes which will become an integral part of the RCN’s future strategy:

✦ fostering a partnership with patients
✦ boosting communication
✦ developing expert practice
✦ valuing the nursing workforce
✦ improving services for vulnerable people.

We continue to influence health policy wherever it is being made. We were delighted to see health emerge as the number one priority in the April 2002 Budget – substantial and continued investment in the NHS is essential. But we can’t be complacent about where the money will go: we must make sure it gets to the patients and the people who care for them. We have been told that investment must go hand in hand with reform, but we all know that nurses are already delivering on reform. They are taking on new roles and responsibilities, leading the way on implementing clinical governance, speaking up with new solutions on the wards and in the community.
We remain committed to the fundamental principles of the NHS, and are concerned that those are not undermined. Although we continue to take a pragmatic, non-political stance on the introduction of private sector financing in the NHS, a variety of different financing initiatives and partnerships seem to add up to a somewhat ‘pick and mix’ approach to running the health service. We believe what matters is a comprehensive health service that treats patients promptly, and has a strong role in preventing disease and promoting good health. Nurses are used to working across boundaries, and have always worked well with their colleagues in the voluntary and private sectors (25% of our members work in the independent sector). Nurses are building a better NHS already. Indeed, nurses are at the centre of health service modernisation.

Parts of the UK saw an encouraging fall in nursing vacancies this year, and the challenge now for government is to make sure that nurses stay in the profession and that short term measures become long-term solutions. However, in Scotland, there has been a 48% increase in vacancies with student attrition at an all time high of up to 30%. Consistently, RCN surveys show that large numbers of nurses plan to leave the NHS, because of low pay or difficulties in combining work and home life. An ageing workforce means that almost a quarter of registered nurses will be eligible to retire in the next five years. So experienced nurses are one of the most scarce and precious resources for patient care – and this must be reflected in the basics: better pay, more truly employee-friendly policies, support for continuing professional development, better management and support. We expect that, soon, the Agenda for Change negotiations between the four health departments and the health service unions on pay and career development for nurses, will bear fruit. The timetable has slipped and Council challenged the Government to honour its commitment to developing the nursing workforce.

We take a strong stance on the provision of a supportive, healthy workplace for our members. The results of our major Working Well Survey, published in March 2002, were shocking in their findings. We know that some employers are using innovative approaches to improve the working environment – but many aren’t. The strong link demonstrated by this survey between an unsupportive workplace, poor psychological health and sickness absence, shows that employers must take their workforce’s psychological wellbeing as seriously as their physical health – or they will never retain nurses in the profession.

This RCN review is an annual opportunity to celebrate the contribution our members make to developing nursing. It’s encouraging to see how nurses from every specialism and background are working with the RCN. I’m particularly pleased that the RCN Connect project, launched only two years ago, has taken off, building networks and support for black and ethnic minority nurses from all around the four countries.

For me, this first year as RCN General Secretary has been challenging and demanding – but no more so than for our members who face nursing’s challenges every day of their working lives. The vast number of RCN projects and policies driven by members illustrate just what a vibrant and positive force the RCN is. The RCN’s strength is being membership-led, a membership of many talents and strengths, a membership passionate about putting care first.

Beverly Malone
RCN General Secretary
CN membership grew to 345,000 by April 2002, an increase of 9,600 (2.9%) on the previous year’s figure. It’s good to see that this increase reflected a growth in all types of membership, and in all areas of the UK. And, of course, it included health care assistants, with S/NVQ at level 3, and nurse cadets, who became eligible to join the RCN during the year, following the vote in October 2000 in favour of widening the membership. Several hundred health care assistants joined up, gaining access to the development opportunities and support the RCN offers.

Devolution of decision-making

This year we’ve taken forward work resulting from the October 2000 vote to create a more accessible, member-friendly organisation with 12 geographical sections each with its own elected governing board – the existing national boards of Scotland, Wales and Northern Ireland and nine new English regional boards. A core constitution for the new English boards was approved in October 2001, with flexibility to reflect local needs. The new boards are due to come into operation in October 2002. New board members will be supported in developing skills to influence local decision-making, understand their roles of governance and trusteeship, build strong local teams and keep the flow of good practice and ideas moving around the whole organisation.

Reflecting diversity

A new Diversity Group met in December to continue to champion the RCN’s diversity strategy. The group will lead the development of further diversity training for RCN officers and representatives, and look in particular at dealing with bullying and harassment. Diversity issues will be enshrined in the activities and constitutions of the RCN’s boards. The RCN Association of Nursing Students’ strategy flagged up the need for student support in this area.

The innovative RCN Connect Project, pioneered in the West Midlands, has now been rolled out around the UK. The project is building alliances with city councils, health authorities, trusts and community organisations, which now see the RCN as a leader in promoting awareness of diversity issues. RCN Connect is encouraging...
communication between different ethnic groups, and helping members from black and ethnic minority groups to reap the full benefits of their RCN membership, whilst contributing towards the organisation’s work. RCN Connect events foster understanding and are an opportunity to discuss the issues of discrimination, provide training in personal and professional skills, and create support networks.

Internationally recruited nurses

This year, the RCN focused resources on reaching out to nurses who are recruited from overseas by employers to help crack nurse recruitment problems in the UK; last year, these nurses made up nearly 40% of new recruits to the nursing register – increasing from 10% in the early 1990s. Unfortunately, in many cases these experienced nurses are discriminated against and forced into exploitative working conditions. The RCN has pressed for ethical recruitment policies in both private and public sectors, and a workshop and debate were held at Congress 2001 to raise awareness with RCN workplace representatives. Stewards and employment relations staff also received a sign-posting grid highlighting issues for their work with internationally recruited nurses. We gathered information centrally, and in summer 2002, published more detailed guidance on recruiting nurses from overseas. We’ve also acted in many individual cases to stand up for nurses in this situation and provide them with practical help, support and counselling.
Supporting nurses around the world

The RCN works closely with nurses’ organisations around the world to improve conditions for nurses and patients everywhere. In June 2001, at the International Council of Nurses’ (ICN) Council of National Representatives meeting in Denmark, we were delighted that our former General Secretary Christine Hancock was elected for a four year term as President. The meeting considered major issues including supply and demand of health care staff in the global market. The RCN exhibition stand was the focus for many inquiries about nursing in the UK. In March 2002, along with the Nurses Association of Cyprus, we organised the biennial conference of the Commonwealth Nurses’ Federation European Region, held in Cyprus. Work with individual countries’ organisations included collaboration with the Irish Nurses’ Organisation to develop proposals for an all-Ireland, nurse-led telephone information and advice service.

The independent sector

The RCN supports and involves many members who work in the independent sector. Further recognition agreements, under the Employment Relations Act 1999, were signed with major private and voluntary sector employers such as the General Healthcare Group and Sue Ryder Care, and in Scotland, Highfield Holdings and Capability Scotland.

These agreements enable us to work in partnership with staff and employers to represent the needs of independent sector nurses. New RCN independent sector advisers are on hand to ensure local access to support and information. Services for members who are managers (in both private and public sectors) were promoted through the RCN Management and Leadership field of practice newsletter – The Leader.

Meanwhile, our range of expert publications include many aimed specifically at nurses in the independent sector. This year, for instance, we published Changing practice, improving health: an integrated back injury prevention programme for nursing and care homes, and Working in independent and boarding schools – guidance for
Moncey Mathew came to the UK a year ago from Bombay in India. A qualified nurse and midwife, he now works in the surgical vascular ward of the Royal Preston Hospital. But as with many internationally recruited nurses, when he first arrived here, things didn’t look so good.

“I paid £2,000 to an agency to come to the UK to work. My father had to put our home up against a loan to pay for this,” Moncey explains. “I thought I was going to work in a registered nursing home and was told I would get an adaptation course. But there was no adaptation course and it was an unregistered residential care home. They exploited me. I did only nights, apart from one or two day shifts. I felt depressed, and don’t know where my passport is. My Dad is ill and he is very keen to see me but I can’t go back”

He then discovered that UK immigration officials were about to deport him. “I had asked my manager five times was there any problem with my work permit. I was told ‘you have no need to worry’.”

Moncey went to the RCN. “I got very good help from the RCN,” he says. “They gave me financial and moral support…and helped me find a new job in the NHS. I will always be ready to help the RCN because of the way they have supported me”.

As well as sorting out his work permit, the RCN is working to recover unpaid wages. “I am still due my first and last wages. The care home say that the first month’s salary is to pay for the adaptation course that I didn’t have, and the last month they can’t pay me because I was working illegally.”

Moncey is about to finish his adaptation course and is looking forward to receiving his PIN number. “I want to improve my grades and do some more courses,” he says. “I would like to improve my nursing practice in vascular care.”
The enormous learning and professional development opportunities on offer to RCN members continued to expand this year, as the RCN Institute concentrated on advancing nurses’ lifelong learning. Distance learning courses offer increasing flexibility and choice, while opportunities for continuing professional development through taking part in the activities of our specialist forums are always expanding.

E-learning

In 2000 members voted for a subscription increase to pay for greater access to flexible learning opportunities. Several projects have been launched or are under development to advance lifelong learning. The RCN website has been completely redesigned, and now features an ‘extranet’ with access for RCN members only, giving them increased learning opportunities and information – as well as keeping them up-to-date with employment issues and campaigns.

In a new e-service, members can keep their skills and knowledge regularly updated by accessing full text nursing journals online. The service was launched by the RCN Library and Information Service in May 2001, and is free at the point of use. It’s a huge success – by July 2002, 15,000 members had registered for the service.

The service has been developed with commercial partners, Health Communication Network and Blackwell Publishing, and our existing partners in the British Nursing Index (BNI). It provides RCN members with remote access to the nursing bibliographic database, BNI (produced by the RCN, Bournemouth University and Poole and Salisbury NHS Trusts) and a range of full-text journals including the Journal of Advanced Nursing, Journal of Clinical Nursing, Journal of Nursing Management and International Journal of Nursing Practice. Enhancements were planned for summer 2002, with a new partner, Ovid Technologies, and four more journals.
During the year, the RCN devoted considerable technical and educational resources to developing the RCN Learning Zone, which was launched at Congress in April 2002. This ground-breaking, lifelong learning portal offers access to a range of trusted resources and the chance to learn new skills online. Members can find information about professional practice and access important clinical guidelines, follow online learning exercises, search directories of resources and use the electronic portfolio service to record ‘PREP’ details – as well as accessing key RCN initiatives on employment conditions and discuss nursing issues with their peers online.

More advances are in the pipeline. The RCN, together with partner organisations City University, the University of Leicester and the University of Ulster, is pilot-testing a range of specially designed electronic resources which will form a virtual campus to help refresh nurses’ skills – wherever they are in the world. This e-education project would provide web-based resources, CD-ROM, software, books and tapes, supported by individual tutors.

**Information sharing**

Members don’t need access to the web to receive information and undertake learning, however. There are now over 40 learning and information resource centres at RCN sites and in workplaces across the UK, supported in many cases by local RCN Learning Representatives. With the re-opening of the RCN’s headquarters building at 20 Cavendish Square, members around London now have access to state-of-the-art library facilities with full disabled access. Learning and
professional development were supported by a huge range of specialist conferences and study days, many developed by RCN forums. These were held at venues around the UK. Plans were also developed to improve information and meeting facilities for members at the Welsh Board offices in Cardiff and at new premises in Glasgow for members who live in the west of Scotland.

RCN Direct, our information and advice service for members, took 193,000 calls in 2001. To extend access, RCN Direct information is being transferred onto the web. Both professional and employment information is also available through RCN publications, which continued this year to expand their circulation and revenue. The RCN Publishing Company’s Nursing Standard is now the UK’s highest circulation publication for nurses, with a 6.4% annual increase in circulation to 61,501 by the end of April 2002. Subscriptions to the RCN Publishing Company’s range of specialist journals continued to increase. The launch of Cancer Nursing Practice in February 2002 was a great success, generating over 3,000 subscriptions from a standing start.

Pre-registration education

The RCN continues to shape nurse education policy. With so many changes in public policy, and, in particular, predictions that nurses will become the gatekeepers and generalist clinicians of the health service, together with the move towards more multi-professional education, we are now undertaking a major review of our policy on nursing education. A Presidential Taskforce on Education was set up to take forward this work. Proposals will soon be launched about how best to prepare our members to provide the highest quality patient care in the future.

The Taskforce will also propose policies to address the situation for nurse lecturers; an RCN survey published in November, Charting the Challenge, lifted the lid on overwork and low morale in the profession. The success of Government recruitment campaigns has not been matched by appropriate support and funding for the nurse educators who teach the new recruits – the system is groaning. Not only are lecturers worried they can’t give students enough time and support, but this pressure also impacts on their capacity to undertake the research and scholarly activity which is essential to developing nursing’s evidence base. The Taskforce, along with the RCN Association of Nursing Students, will also continue to campaign for better mentoring for students on placement, and for greater co-operation between education providers and employers to maximise students’ learning outcomes.
“Combining my work and the distance learning course has been quite a challenge,” says Sammi. “But I’ve thoroughly enjoyed it because the course has been so relevant to my work. This kept me going on the bad days.”

“I have done a lot of distance learning courses in the past. The RCN’s has been the best organised and most valuable of all from a nursing practice point of view. The course was well written and sparked off wonderful conversations with colleagues. It’s helped all of us develop and grow.”

Sammi is now in the last module of the two-year course and working towards her final submission, a literature review. It’s been difficult to borrow the books she needs as she’s not a student at her local college. But the new online support from the RCN’s Library and Information Services has meant that she has been able to use the members’ extranet and databases to access information. She’s signed up now to use the RCN’s online e-journals service, which will allow her to search the British Nursing Index.

“It’s a very exciting time for nursing because so much is happening, such as the new care standards,” Sammi believes. “It’s quite daunting, but it keeps you interested.”
The RCN is leading one of six new National Institute for Clinical Excellence (NICE) Collaborating Centres which were opened in December. The National Collaborating Centre for Nursing and Supportive Care is a partnership of patient, professional and academic organisations set up to develop clinical guidelines and audit advice on NICE’s behalf. The Centre is based at the RCN Institute in Oxford, where initial work includes developing clinical guidelines on the assessment and prevention of falls in older people and short-term management of violent behaviour in psychiatric patients.

The research for NICE will inform and complement the RCN’s own wide programme of developing evidence-based resources. Guideline development, dissemination and implementation are fundamental to our commitment to improve patient care by strengthening the evidence base for practice development – and we are the only UK organisation undertaking guideline development specifically focused on priority topics for nursing.

RCN Scotland members and staff are actively involved in a range of national and local clinical effectiveness agendas. Although the structures supporting clinical governance and quality accreditation in Scotland are set to change, nursing is playing an increasingly more important part in national policy. Though clinical guidelines are developed by the Scottish Intercollegiate Guidelines Network (SIGN), we have a nursing focus through the Nursing and Midwifery Practice Development Unit which produces best practice statements. RCN Scotland is an active partner in these initiatives.
Faculty of emergency nursing

The RCN Accident & Emergency Nursing Association has been leading innovative work to develop a Faculty of Emergency Nursing (FEN), which nurses will be able to join at different levels according to their career progression. Five pilot A&E sites around the UK this year completed a successful, practice-based, study of a clinical competency framework to measure and benchmark levels of nursing expertise. The competencies are now being refined, and a shadow Faculty is being established. As well as providing a model for career and professional development, which other specialist forums can now take up, the Faculty will link closely to the Agenda for Change restructuring of NHS career pathways, providing a means for employers to recognise clinical competency.

Accreditation

The RCN Accreditation Unit was formally launched at Congress in May 2001. The Unit accredits educational initiatives, to ensure a good learning experience, and hence improve practice – during 2001, 25,000 nurses accessed RCN accredited events and resources. Uniquely, the Unit also offers professional accreditation, which examines what nurses do in practice, looking at expertise, competencies, leadership and work-based learning. The Unit promotes the accreditation of nurse-led services, working for example with the NHS Executive to accredit nurse endoscopists, Kent Police to accredit custody nurses, and the Royal College of Surgeons to accredit nurses with an extended surgical role. It is also involved in the RCN’s Expertise in Practice project, which is developing a process for recognising expertise in nursing practice.
Publications and initiatives

The RCN and its forums of specialist nurses continue to develop research and best practice initiatives and publications, often in conjunction with other health care professionals and patient groups. This year, for example, the RCN Society of Orthopaedic Nursing helped develop national standards in plaster casting; members of the RCN Imaging Forum co-authored guidance on sedation in imaging with the Royal College of Anaesthetists and the Royal College of Radiologists; the RCN Gastroenterology and Stoma Care Forum published core and expert competencies in their specialist field; and the RCN Haematology and Bone Marrow Transplant Nursing Forum contributed to the latest SHOT (Serious Hazards of Transfusion) Report.

RCN publications also included *Sensitive disposal of fetal remains – guidance for nurses and midwives* which helps nurses ensure the right arrangements are in place, whatever the health care setting; *The management of patients with venous leg ulcers: report of the National Sentinel Audit*, which showed increased compliance with clinical practice guidelines and a significant increase in healing times; and *Children’s services: acute health care provision*, reporting on a survey of 200 providers and showing a continuing decline in children’s services.

A revitalised *RCN Publications Subscription Service* means that libraries, health service employers and academic institutions can access the RCN’s expert publications.

The RCN Sexual Health Strategy, launched in November 2001, stressed that sexual health education should be mandatory for all nurses during basic training, regardless of the field in which they will work. The strategy took forward recommendations of the Department of Health strategy published in July 2001, which recognised that nurses are key to improving access to sexual health services, particularly for target groups such as teenagers, refugees and asylum seekers.

In December we published *Caring for prisoners*, which made recommendations for the future development of nursing in the prison service. The report, commissioned by the RCN Prison Nursing Forum, called for modernisation of prison health care in order to meet the needs of inmates. Prison is a difficult and under funded environment for nursing – 10% of prisoners report sick each day, and there are much greater rates of mental illness, sexually acquired infections and drug addiction than in the general population.

Developing and co-ordinating nursing policy

The RCN is appointing specialist advisers for primary health care, education and the independent sector in every board and region. The RCN’s new Professional Nursing Department is co-ordinating policy and practice development UK-wide. The department brings together support for forums and provides specialist nursing advice, integrating the work of the boards and regions, and co-ordinating region and board learning representatives appointed to develop local forum professional activity. The department will work closely with the Policy Unit, Employment Relations Department and the developing nursing programmes led by the RCN Institute, in order to provide a seamless service for members.
**I N T E R V I E W**

**Caring for the community**

_Tessa Liburd_ has been nursing in Cardiff for 23 years. For more than half of that time she has been running the Sickle Cell and Thalassaemia Clinic at the city’s University Hospital.

“I first became interested in sickle cell when I was a 19-year-old student working in casualty,” Tessa explains. “A patient came in with sickle cell disease and a colleague was surprised I didn’t know anything about it since I was black. I looked it up and realised how important it was.” She found there are more people with sickle cell in the UK than there are with cystic fibrosis.

“Recently, Rudi Page of RCN Connect contacted me and suggested how I could take forward my work at national level. RCN Wales is helping me get evidence and develop the right tools to improve services throughout Wales, putting together a team of nurses to do the research and work with me. With RCN support I will be presenting a report to the Welsh Assembly Government at the end of the year,” she says.

Tessa and her team work closely with the local community. They introduced interpreters and had all the clinic’s information translated into 11 languages, “so people can make informed choices about their treatment”. She set up an outreach programme to raise awareness in local schools, and works with a new support group set up by patients.

“We’ve now got a lead consultant for sickle cell and a paediatric lead nurse. We’ve also got a designated ward and we’re training the nursing team. An important breakthrough was getting the pain team involved in our work, and we plan to repeat this approach all over Wales.”
Helping nurses take leadership skills

RCN research shows effective nursing leadership has a positive impact on the quality of care for patients, and on nurses’ job satisfaction. One of the most important messages to come out of the Kennedy Report following the Bristol Royal Infirmary Inquiry was the importance of good leadership. As the RCN General Secretary said at the time, “The events in Bristol show the direct effects that poor leadership can have on communications and quality of care. For meaningful change to occur, nurses at all levels need to be involved in decision-making.”

Leadership skills

The RCN needed no prompting to put energy into developing nurses’ leadership skills - this has already been a focus for some years. In December, the RCN’s award-winning Clinical Leadership Programme celebrated the 1000th nurse to join this practical, patient-focused and needs-led programme. The roll out across 96 English and 17 Scottish trusts, with funding from their governments, continues. This year, RCN Wales also convinced the Welsh Assembly to fund RCN leadership programmes. Clinical leadership facilitators represented the RCN at political party conferences in the autumn.
the lead

Individual excellence

The RCN also recognises individual excellence. A whole range of nursing specialisms are reflected in the Nursing Standard Nurse of the Year awards - now in their fourteenth year - and the overall winner this year was Amanda Howarth. Amanda developed a nurse-led pain management service for multiple sclerosis sufferers, after she had carried out research which showed that patients with MS often did not have their pain properly assessed or individually treated. The RCN's specialist forums also mark excellence among their members who develop initiatives to improve patients' care. For example, in March 2002, the RCN Rheumatology Nursing Forum and the company Pharmacia announced a new joint educational award, Improving Care for Rheumatology Patients.

Influencing policymakers

The RCN political leadership programme, introduced two years ago to help nurses influence decision making about health at local and national level, goes from strength to strength. For example, the second annual RCN Northern Ireland Board Conference in November focused on the success of the political leadership programme there, where the RCN and its members are working closely with the Northern Ireland Assembly and Health Department on many aspects of health policy. The first ever political leadership workshop for forum activists was held in February 2002.

Amanda Howarth, winner of the Nursing Standard Nurse of the Year award

Yana Richens receiving the Mary Seacole award

Health Minister Malcolm Chisholm with Tracy McFall, RCN Scottish Board Chair
As the modernisation of health care provision continues, we continue to promote the enormous potential for nurses to lead and be involved in decision-making about shaping new services. Nurses’ ability to lead clinical services has at last been recognised, as reflected often in speeches by health ministers. There are now 139 consultant nurse posts in England, 12 in Scotland, 11 in Wales and two in Northern Ireland – RCN research was central in shaping this new role. In April 2001 the Government confirmed its commitment to reintroduce the role of matrons, in overall charge of a group of wards - several hundred posts were being established during the year. Ward sisters and charge nurses in England will be given control over ward staffing budgets, too, as they are best placed to understand best skill mix to meet patients’ needs.

Developing new roles

Nurses are already working as lead clinicians in the management of chronic diseases, in specialist hospital units and clinics, in primary care and home care support services. They are revolutionising patients’ access to services. The work of the RCN’s specialist forums supports this development, as do RCN publications and website access to information, and our members lead the way in research and innovative thinking.

The NHS Reform and Health Care Professions Bill, published in November, moves decision-making and resources into the hands of the nurses, doctors and other health professionals who run primary care trusts. The Bill also promises to give patients greater influence in running the NHS - with the abolition of community health councils in England, we have lobbied hard to ensure a proper debate takes place on how patients and communities can have a greater say in the organisation of their NHS services.

Nurse leadership is not only about leading wards or influencing policymakers. Leadership is also about taking responsibility for everyday tasks, and grasping the opportunity to extend and challenge nurses’ existing roles, at whatever level. Nurses play a key part in the 40 NHS walk-in centres now open across England, for example. Extending nurse prescribing is something for which we have long campaigned, and change is finally coming through. We welcomed the Government’s announcement February 2002 that nurse prescribing would be extended to include some antibiotics and that £10million has been allocated to help train 10,000 nurses to prescribe from the extended list by 2004. Nurse prescribing is cost effective and means treatment can start more quickly. We hope now that progress will be made to allow specialist nurses to prescribe. It all means, ultimately, that patients will benefit.
Dawn Connolly (right) and Lilian Bradley were jointly awarded the Northern Ireland Nurse of the Year Award for their work in pushing forward better wound care. Dawn is an acting senior practice development nurse with Craigavon Area Hospital Trust, and Lilian is a tissue viability nurse and lecturer in wound care at the Ulster Community and Hospitals Trust and Queen’s University Belfast.

The two nurses are involved in the Wound care in action project, and helped to develop and implement the CREST (Clinical Resources Efficiency Support Team) Wound Management guidelines. As a result, throughout Northern Ireland there are now many more leg ulcer and wound clinics, wound care formularies and educational courses.

“We started with a blank sheet of paper and no resources,” says Dawn. “It was very challenging and very rewarding on a personal and professional level.”

Together, Dawn and Lilian supported practitioners in developing wound care in their own organisations, influenced educational establishments to develop wound care education, and developed educational resources such as an educational CDROM and a wound management poster.

“Our work has ensured that there are supportive, dedicated networks now well established throughout Northern Ireland,” Lilian says. “This means that good practice is shared and, through increased knowledge and skills, patient care has been vastly improved.” She will soon be teaching a wound care module to both medical and nursing students – who’ll be learning together for the first time.
CN Scotland’s Value Nursing campaign had huge success in drawing attention to nursing issues and solutions, with media work, lobbying and a debate held in the Scottish Parliament. In the early part of 2002, the Health Minister set out a £5 million recruitment and retention programme with plans to include nurses on the new unified health boards, free return-to-practice courses, and a doubling of funding for the RCN’s clinical leadership programme.

Influencing national policies

In Northern Ireland, the RCN has worked closely with the Assembly to shape modernisation of the health service. But when there is a lack of consultation, the RCN will always speak up – for example, in February, we joined forces with the British Medical Association and Royal College of Midwives to hold a high-profile press conference to express concern over new primary care arrangements.

RCN Wales won a two year lobbying campaign when the Welsh Assembly announced that a nurse executive would be included on each of the 22 new local health boards in Wales. A director of nursing and a non-executive nurse member will now be a central part of health service planning at commissioning level.

In England, RCN stewards Jan Lemmon and Neil Anderson together with staff members Howard Catton and Dorothy Madine and the Chair of Council, Pat Bottrill MBE, all gave oral evidence to the House of Commons Health Select Committee’s Inquiry into the role of the private sector in the NHS. Following consultation with members working in operational private finance initiative (PFI) schemes, the RCN argued that whatever the partnership arrangement, nurses and other
patients and nurses

clinical staff must be involved in the planning stages. We called for greater clarity on the Government’s aims, alongside a robust, independent evaluation of the impact of these schemes on quality of care. Our work on private finance formed part of our evidence to the Wanless Report, the Treasury’s report on health care funding.

Election lobbying

In the lead up to the UK General Election, RCN members used the RCN manifesto, Next steps for health, to lobby prospective parliamentary candidates. Among several key points, we called for the next government to ensure that: free NHS nursing care be provided for all long term care patients; all national service frameworks and ‘care blueprints’ specifically address the needs of black and ethnic minority patients; a children’s commissioner is established in each UK country; and employee-friendly practices are adopted by all employers. The re-election of the Labour Government meant continuity in pursuing health service modernisation, but we still await implementation on these points.

Speaking up for nurses

The RCN has made a major investment over three years in the intensive Agenda for Change negotiations. A skilled, flexible, innovative rewarded, motivated and valued nursing workforce would directly benefit patients. We expect to conclude negotiations soon. In the meantime RCN officers and activists are being consulted regularly, and prepared for possible implementation.

It’s crucial to find a new way to reward nurses: we were again disappointed with the basic annual pay award – 3.6%, announced in December 2001. Campaigning on behalf of practice nurses paid off, however, when the Department of Health agreed to increase practice nurse pay in line with the Nurses’ Pay Review Body’s annual recommendations.

The RCN and organisations including the Metropolitan Police and the King’s Fund wrote an open letter to the Prime Minister in February 2002, calling on the Government to mount a major campaign to champion public servants in the face of mounting criticism from politicians and the media.

A better workplace

In March 2002, we published the full results of the Working Well Survey of 6,000 nurses, which looked...
specifically at members’ psychological wellbeing and working lives. The unambiguous message was that employment practices have a direct effect on the job satisfaction and psychological wellbeing of nurses. Poor standards of wellbeing lead directly to sickness absence. Nurses are still working in an environment where, for example, 30% of nurses on long-term sick leave had experienced bullying, a third of respondents had been harassed or assaulted by a patient or patient’s relative, and 25% didn’t even have a staff room in which to take breaks.

A sharps safety awareness campaign, *Be Sharp – Be Safe*, was launched as part of the ongoing *Working Well* initiative. The campaign pack was filled with information about how to avoid injury when handling syringes or scalpels, including a pocket action card in case of injury.

RCN legal services helped members win some significant battles. For example, before the Court of Appeal radically restricted the circumstances in which a nurse can recover compensation for workplace stress, one member won £140,000 compensation after she had a breakdown following her return to work after a traumatic pregnancy. The employer knew of the difficulties and failed to take case of a vulnerable employee. In Northumbria, we supported a senior charge nurse who was issued with a final written warning by his trust after he wrote to the press about sub-standard care for elderly patients. An employment tribunal ruled that the nurse should not have been disciplined, stating that he had raised issues which were a matter of serious public concern. We believe that nurses must be able to speak out on behalf of patients.

The fort nightly *RCN Bulletin*, launched in 2000 with a mixture of news and classified job advertisements, increased its share of the classified advertising market, and was gearing up for the launch in the spring 2002 of *RCN Bulletin Jobs Extra*, giving RCN members weekly jobs information. The success of the RCN Jobs Fair in London meant the event had to move to a larger location, and has been supplemented in 2002 by a successful RCN Northern Jobs Fair in Bolton.

**Supporting the supporters**

We rely at local level on a network of stewards, safety representatives, branch officers, learning representatives and forum link members, many of whom are elected by members. Activists are kept informed through training, conferences and publications. A successful pilot mentorship scheme was run in the South West of England, and significantly improved steward retention, support and development. The scheme will be rolled out around the UK during 2002/3. A National Vocational Qualification for members undertaking RCN activist training has now been launched.

Over several years, we have been exploring ways of refreshing the work of branches and
encouraging greater integration of members’ local professional and employment-related activities. A new constitution for the branches, reflecting this need, has now been developed.

Speaking out for patients

We successfully lobbied, along with partner organisations, to overturn the decision by NICE not to make the drug beta interferon available for multiple sclerosis (MS) sufferers. A new practice guide for nurses to increase understanding of the disease was published by the RCN with the MS Research Charitable Trust, MS Society and Association of British Neurologists. Joint working also led to the publication of *Specialist nursing in MS – the way forward*.

We focused on long term care in our submission to the Treasury Spending Review 2002. In parliamentary debates on the Health and Social Care Act 2001, we lobbied intensively on behalf of funding for all personal care – as recommended by the Royal Commission in 1998 – and we continue to campaign that, at a very minimum, free ‘nursing care’ should include care provided by health care assistants. Important progress has already been made in Scotland, where the proposal is that all nursing and personal care should be free, and in Wales where patients discharged from hospital now receive six weeks free personal care and a working group is looking at implementing free registered nursing care.

“The RCN draws its strength from a membership of many talents and strengths – a membership which is passionate about putting care first.”

Beverly Malone
RCN General Secretary
These summary accounts are prepared for distribution to the full membership. As they are a summary only, members seeking a more full understanding of the financial affairs of the charity can refer to the full accounts including the auditor’s report and the Trustee’s report copies of which are available from the General Secretary, Royal College of Nursing, 20 Cavendish Square, London W1G 0RN or from the RCN website. The full accounts were approved on 27 July 2002 and the accounts have been filed with the Charity Commission. The full accounts have been audited and an unqualified opinion was received on these.

The statement of Financial Activities shows that the RCN’s net incoming resources for the year ending March 2002 amounted to £2,522,000.

**Income**

Subscription income increased by £4,323,000 due to continuing increases in membership numbers and to the full year effect of the subscription increase on 1 January 2001. Income from RCN Publishing also increased significantly, up £2,561,000, mainly as the result of the continuing success of the RCN Bulletin.

**Expenditure**

Total general expenditure amounted to £57,480,000. Whilst this represented an increase on the previous year of about 8%, this was below the 11% increase in income.

Overall resources increased by £2,532,000, bringing total funds under management to £31,256,000 of which £23,834,000 is unrestricted. It is considered that these funds are sufficient to allow the College to pursue its objectives.

**Investment performance**

Total gains of £10,000 were made up of realised gains of £619,000 and unrealised losses of £609,000. The realised gain was a result of selling shares in Bishopscourt Financial Holdings Limited to Liverpool Victoria Friendly Society Limited. The unrealised loss was a result of poor stock market conditions. The investment fund managers have diversified the portfolio to mitigate the effect of these conditions and overall have performed inline with the benchmark set by the WM Charity Survey for Unconstrained funds.

**Future plans**

Advised by our auditors Council is proceeding with the implementation of a formal risk management process to assess financial risks to which the organisation may be exposed, and the implementation of risk strategies.

The level of the RCN’s “free reserves”, (described by the Charity Commission as unrestricted funds not designated, committed or held as tangible fixed assets), rose from -£0.9m in 2001 to £5.2m at 31st March 2002. On the advice of our auditors, Council has determined that free reserves should ideally be maintained at an ongoing level equivalent to between one and four weeks expenditure. These conditions are now comfortably being met.
### Breakdown of income sources

- Subscriptions: 66.1%
- Publishing/other trading income: 20.8%
- Other income: 13.1%

### Breakdown of expenditure by activity

#### Expenditure to 31 March 2002

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<thead>
<tr>
<th>Activity</th>
<th>Representation activities</th>
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<td>Member participation</td>
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<td>Educational services/research</td>
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<td>Support costs</td>
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<td>Publishing/other trading expenditure</td>
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<td>Management and administration</td>
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**Explanation of Expenditure Categories**

- **Member participation**: This includes conferences, national forums, congress, branches, and members training.
- **Assistance to nurses**: This includes employment relations, counselling, RCN Direct, and a major portion of region and board expenditure.
- **Advancing nursing as a profession**: This includes corporate affairs, professional nursing department and part of Region and Board expenditure.
- **Support costs**: This includes office costs and part of finance and human resources departments’ expenditure.

#### Independent Auditors’ statement to the Trustees of The Royal College of Nursing of the United Kingdom

We have examined the summarised financial statements of The Royal College of Nursing of the United Kingdom.

#### Respective responsibilities of trustees and auditors

The trustees are responsible for preparing the annual report in accordance with applicable law.

Our responsibility is to report to you our opinion on the consistency of the summarised financial statements within the annual report with the full financial statements and Trustees’ Report. We also read the other information contained in the annual report and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the summarised financial statements.

#### Basis of opinion

We conducted our work in accordance with Bulletin 1999/6 ‘The auditors’ statement on the summary financial statement’ issued by the Auditing Practices Board for use in the United Kingdom.

#### Opinion

In our opinion the summarised financial statements are consistent with the full financial statements and trustees’ report of The Royal College of Nursing of the United Kingdom for the year ended 31 March 2002.

BDO Stoy Hayward
Registered auditors
London
July 2002
Patrons
Her Majesty the Queen
Her Majesty Queen Elizabeth The Queen Mother
Her Royal Highness The Princess Margaret, Countess of Snowdon

The RCN expresses its deep sadness at the loss of its two royal patrons Her Majesty Queen Elizabeth The Queen Mother and Her Royal Highness The Princess Margaret, Countess of Snowdon during 2002.

Council Members, April 2001 – March 2002

| President | Roswyn Hakesley-Brown |
| Deputy President | Sylvia Denton, OBE, FRCN |

East Midlands Section
Debbie Murdock, OBE
(and Chair of Council up to October 2001)
Evelyn Nicholls (from October 2001)

Eastern Section
Gary Jones
(and Vice-Chair of Council up to October 2001)
Susan Burt

London Section
Linda Bailey
(and Nurse Honorary Treasurer)
Mahama Seidu

North West Section
Jacqueline Burns
Mike Travis

Northern Section
Patricia Bottrill, MBE
(and Chair of Council from October 2001)
Wendy Burke (from October 2001)

South East Section
Jill Jarvis
(and Vice-Chair of Council from October 2001)
Deborah Pearman

South West Section
Mollie Harwood, MBE
(and Chair of Council from October 2001)
Sue Jones
Alan Mawbey (from October 2001)

West Midlands Section
Jacynth Gillespie
(and Chair of Council from October 2001)
Barbara Tassa (from October 2001)
Diane Rawstorne (from October 2001)

Yorkshire & Humber Section
Bobbie Chadwick
(and Chair of Council from October 2001)
Roger Cowell (from October 2001)
John Hill (from October 2001)

Chair, RCN Northern Ireland Board
Patrick McGilligan

RCN Northern Ireland Section
James McAllister
(up to October 2001)
Dorothea Bradley (from October 2001)

Chair, RCN Scottish Board
Tracy McFall

RCN Scottish Section
Mary McAuley
(up to October 2001)
Jane McCready (from October 2001)

Chair, RCN Welsh Board
Eirlys Warrington

RCN Welsh Section
Lorraine Morgan
(up to October 2001)
Gaynor Jones (from October 2001)

Student Members of Council
Andrew McGovern
(Chair, Association of Nursing Students up to October 2001)
Bethann Siviter (from October 2001; also Chair, Association of Nursing Students)
Suren Suku

Chair, RCN Congress
Maura Buchanan

In October 2001, changes were introduced that established nine geographical sections in England, each with its own regional board, in addition to the national boards in Northern Ireland, Scotland and Wales. Each board includes two UK Council members elected by members from the geographical section governed by the board. The sections within England equate to the geographical area of the government offices for the regions/regional development agencies/European parliamentary constituency, as at 31 March 2000 with two exceptions: Cumbria is part of the North East (thereby making a Northern section) and Northamptonshire is part of the South East. In addition, the Channel Islands form part of the South East Section and the Isle of Man forms part of the
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✔ = present  ❌ = absent  ● = not on Council at that time
RCN Fellows

Professor Justus Akinsanya, FRCN 1988
Professor Margaret E Alexander, CBE, FRCN 1992
Professor Annie Altschul, CBE, FRCN 1978
Miss Patricia M. Ashworth, FRCN 1979
Miss Margaret Auld, FRCN 1981
Professor Philip Barker, FRCN 1995
Miss Alison Binnie, FRCN 1999
Professor Senga Bond, FRCN 1984
Professor Jennifer Boore, OBE, FRCN 1991
Professor Martin Bradley, FRCN 2000
Mrs Mary J Brydon, OBE, FRCN 1998
Miss Sue Burr, OBE, FRCN 1993
Professor Tony Butterworth, CBE, FRCN 1996
Reverend Anthony Carr, FRCN 1984
Mrs Harriet Cassells, FRCN 1985
Professor George Castledine, FRCN 1980
Professor Christine Chapman, CBE, FRCN 1977
Professor Mel Chevannes, CBE, FRCN 1999
Professor Dame June Clark, DBE, FRCN 1982
Dr Margaret Clark, FRCN 1987
Dr Sheila M. Collins, OBE, FRCN 1977
Professor Dame June Clark, DBE, FRCN 1982
Miss Barbara Fawkes, OBE, FRCN, FRCN (NSW) 1976
Miss Jacqueline Flindall, FRCN 1985
Dr Robert Crouch, FRCN 1999
Mrs Dorothy Crowther, FRCN 1991
Mrs Sylvia Denton, OBE, FRCN 1990
Mrs Jill Evans, OBE, FRCN 2000
Professor Jean Faugier, FRCN 2001
Miss Barbara Fawkes, OBE, FRCN, FRCN (NSW) 1976
Miss Jacqueline Flindall, FRCN 1985
Dame Phyllis Friend, DBE, FRCN 1980
Miss Angela Gould, OBE, FRCN 1982
Professor Kevin Gournay, CBE FRCN 1998
Professor Margaret Green OBE FRCN 1998
Miss Winifred Hector, FRCN 1976
Mrs Jackie Hill, FRCN 1997
Dr Lisbeth Hockey, OBE, FRCN 1977
Mr Stanley Holder, OBE, FRCN 1979
Professor Jennifer Hunt, FRCN 1982
Mrs Elizabeth Jenkins, FRCN 1986
Professor David Jones OBE FRCN 1998
Professor Dame Betty Kershaw, DBE, FRCN 2001
Professor Alison Kitson, FRCN 1991
Dr Charlotte R. Kratz, MBE, FRCN 1983
Dr Sylvia Lelecan Morcom, FRCN 1980
Professor Dame Jill Macleod-Clark FRCN 1997
Professor Baroness McFarlane of Llandaff, FRCN 1976
Professor Jean McIntosh, FRCN 1996
Mrs Barbara McNulty, FRCN 1977
Ms Linda Nazarko, FRCN 2001
Miss Doreen Norton, OBE, FRCN 1976
Miss Gaynor Nurse, FRCN 1981
Miss Peggy Nuttall, OBE, OStJ, FRCN 1980
Dame Gillian Oliver DBE FRCN 1998
Miss Grace Owen, FRCN 1981
Professor Alan Pearson, FRCN 1985
Dr Susan Pembrey, OBE, FRCN 1979
Professor Robert J Pratt FRCN 1998
Dame Sheila Quinn, DBE, FRCN 1978
Mrs Dorothy Radvanski, OStJ, FRCN 1981
Malcolm Rae, OBE, FRCN 2001
Miss Elizabeth Raybould, OBE, FRCN 1978
Dr Susan Read, FRCN 2001
Miss Kathleen Robb, OBE, FRCN 1977
Professor Jane Robinson, FRCN 1994
Mr Malcolm Ross, OBE, FRCN 1990
Professor David Rye OBE FRCN 1998
Mrs Barbara Saunders, FRCN 1988
Ms Ruth Sims, OBE, FRCN 1994
Professor David Sines, FRCN 1989
Miss Muriel Skeet, FRCN 1977
Professor James Smith, OBE, FRCN 1978
Mrs Vicky Stephenson, FRCN 1987
Ms Barbara Stilwell, FRCN 1994
Mr Les Storey, FRCN 2000
Miss Maude Storey, CBE, CStJ, FRCN 1996
Mr Ben Thomas, FRCN 1997
Professor David Thompson, FRCN 1992
Professor Alison Tierney, FRCN 1995
Ms Neslyn Watson-Druée, MBE, FRCN 2001
Professor Jennifer Wilson-Barnett, FRCN 1984
Professor Stephen Wright, MBE, FRCN 1991

RCN Honorary Fellows

Professor Linda H. Aiken, FRCN 1998
Professor Patricia Benner, FRCN 1994
Professor Rebecca Bergman, FRCN 1985
Ms Gabriela Bocec, FRCN 1997
Sister Frances Dominica Ritchie, FRCN 1983
Dr Vernice D Ferguson, FRCN 1984
Dr Dorothy Hall, FRCN 1981
Miss Ingrid Hamelin, FRCN 1982
Mr Nigel Kee, FRCN 1999
Miss Eileen Rees, OBE, FRCN 1998
Ms Marie Manthey, FRCN 1993
Dr Helen Mussallem, CC, FRCN 1976
Miss Muriel Skeet, OBE, FRCP, FRCN 1986
Ms Marie Manthey, FRCN 1993
Dr Alan Pearson, FRCN 1985
Dr Angela Rees, OBE, FRCN 1979
Miss Juanita Rule, OBE, FRCN 1977
Miss Juanita Rule, OBE, FRCN 1977
Mrs Dorothy Radvanski, OStJ, FRCN 1981
Malcolm Rae, OBE, FRCN 2001
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