



Royal College
of Nursing

RCN
**HEALTH
+ CARE**

REGULATION AND RECOGNITION	P6
LET'S TALK ABOUT SEX	P8
LEARNING DISABILITY NURSING	P14
MONEY MATTERS	P18

FOR HEALTH CARE SUPPORT WORKERS ACROSS THE UK

SPRING 2019



**GIG
CYMRU
WALES**

PUTTING PATIENTS FIRST

HANNAH'S TAKING PRACTICAL STEPS TO MAKE IMPROVEMENTS ON A MENTAL HEALTH WARD

The UK's
biggest
nursing event



RCN CONGRESS

DEBATES • LEARNING • EXHIBITION 2019

Be the best you can be

HCA Day on Tuesday 21 May includes bespoke events for HCAs on delirium, frailty, diabetes, suicide, sepsis and gang violence



Bringing HCAs, APs, NAs, students and nurses together

LIVERPOOL 19-23 MAY 2019

Book now at rcn.org.uk/congress



Contents

Update	4-5
The case for regulation.....	6-7
Relationships in care homes.....	8-9
Mental health nursing.....	10-11
Your conference.....	12-13
Learning disabilities	14-15
Professional development.....	16-17
Money matters	18
Representing you	19
Your committee	20

Story to tell?

If you've got a work story to share, or there's a topic you'd like to see covered in a future issue of this magazine, get in touch. Email health.care@rcn.org.uk with "Health+Care" in the subject line. And if you see something that interests you in this issue, why not join the debate on the RCN Health Practitioners Facebook page?

Need more *Health+Care*?

Don't forget *RCN Health+Care* magazine is online and that's where you'll find all the latest advice and member stories. Take a look today: rcn.org.uk/healthcaremag

READ
MORE
ONLINE

Editor: Sharon Palfrey

Production: Mark Kalaher

Design: Debbie Roberts

Published by: Royal College of Nursing
20 Cavendish Square, London W1G 0RN

T: 02920 546477

W: rcn.org.uk/healthcaremag

E: health.care@rcn.org.uk

Publication code: 007 420

Cover image: by Stuart Fisher

The health and care system would grind to a halt if it wasn't for HCAs but all too often we're left out or poorly represented. As your newly elected representative on RCN Council it's my job to make sure you're central to decisions the RCN makes about its work and future direction. The RCN, as the voice of nursing, is the voice of HCAs. Every HCA should be part of this.

That's why it's so great to see such a wide range of roles and nursing to be proud of in this issue. Turn to page 10 to read about Hannah's innovative work to support patients being treated on her mental health ward.

Linda's role helping other HCAs develop their careers is really interesting too (page 16), while Ellan shows how she's making a difference to the health care of people with a learning disability on page 14.

This magazine is yours. Its purpose is to share the great work HCAs are doing throughout the UK and to keep you up to speed with what the RCN is doing to support you. Enjoy this issue of *RCN Health+Care*.

Evan Keir

Health Practitioner Member of RCN Council

4 UPDATE

Push for regulation

Newly elected Chair of the RCN Health Practitioner Committee Lindsay Cardwell sets out her priorities for 2019 and beyond

"I want regulation and fair banding for all support staff," says Lindsay, who works in a busy district nursing team with North Somerset Community Partnership and has been an assistant practitioner for six years.

She's also keen to get the message out there that the RCN is not just for registered nurses.



"We need to spell it out and not just assume that people know. This needs to come from all levels of the RCN, not just the committee," she says.

Community building is a big priority for her too. For example, she wants to see more members posting on the RCN Health Practitioners Facebook group. "It's a great place to discuss important issues with people who understand your concerns, but also a brilliant source of support and friendship," she says.

"I'm also hoping HCA Day at RCN Congress will be the best it can possibly be so I'll be working hard with the committee to make sure it has lots to offer you."

Lindsay will now take forward the committee work started by former Chair Brian Murphy. "I'd like to thank him for all his hard work and for the foundations he's laid for our committee. I've got big shoes to fill," she says. "This is an exciting chance for me to support the committee and push things forward."

Read more about Lindsay's views on regulation on pages 6 and 7. Evan Keir has been elected as the new Health Practitioner Member on RCN Council. Read about his plans on page 19.

Get what you're owed



Did you know you can claim tax relief if you use your car for work? Many HCAs, especially those

working in the community, could be eligible to claim.

The [gov.uk](#) website says you may be able to claim tax relief on the approved mileage rate. This covers the cost of owning and running your vehicle. To find out more visit tiny.cc/cartax

Even if you don't use your car for work, make sure you claim the tax back on your RCN membership fees and other work-related expenses. RCN Welfare Adviser Ian King explains how at tiny.cc/ianking

New year, new role

The Nursing and Midwifery Council (NMC) is now registering and regulating nursing associates in England

The first group of nursing associates (NAs) qualified and registered at the end of January and will work across a variety of settings in England including acute, mental health, community, social care, GP practices and hospices.

It's a new standalone role, but it can also offer an alternative route to becoming a registered nurse. The nursing associate role was introduced at speed in England in 2017.

Currently trainee nursing associates and nursing associates can join the RCN as health practitioner members. However, RCN Council is reviewing the College's membership categories to reflect new roles in the nursing workforce.

Gary Kirwan, RCN National Officer, says: "They were very much guinea pigs going through this programme. Now as they qualify as nursing associates, they're a welcome addition to the clinical workforce."



Georgina Portis has recently completed her NA training. "It's not been an easy course, and with us being the first cohort, there have been many changes to deal with along the way," she says. "But the connections I've made with my fellow trainees in the hospital have been so important, especially when things have been tough."

Read more about Georgina's training experiences at tiny.cc/newrole

READ MORE ONLINE
rcn.org.uk/healthcare_mag

Safe staffing law crucial for HCAs

The RCN is campaigning for staffing for safe and effective care to be enshrined in law across the UK.

It's an issue that has an impact on all nursing staff,

according to Evan Keir, who represents health practitioners on RCN Council.

"Without legislation, there's a danger that HCAs could be used to replace registered nurses to cover the gaps. That would put us and our patients at risk," he says.

Get involved in RCN campaigning and register to

receive updates at
rcn.org.uk/safe-staffing



6 BEING VALUED

Regulation and recognition

It's time for assistant practitioners to be regulated, says Chair of the RCN Health Practitioner Committee Lindsay Cardwell

Many column inches in the nursing press have been dedicated to the new nursing associate (NA) role in England (see page 5). It's good to see more support workers being recruited to our health care teams and the groundbreaking news that they will be regulated by the Nursing and Midwifery Council (NMC) is really welcome.

However, assistant practitioners (APs) have been around for years and are already working safely at this level.

I'm very proud to be an AP and I worked extremely hard to get my degree to allow me to practise at this level. APs are an essential part of the health care team. We take on more responsibilities than band 2 and 3 health care assistants, under the supervision of registered practitioners in a range of settings.

The RCN has always been clear that the NA role mustn't be a substitute for registered nurses, but we must also consider the impact their introduction may have on other support roles. I believe that the NMC's decision



Lindsay: proud to be an assistant practitioner

to regulate them is an opportunity to campaign for regulation for APs and other health care support roles too.

Patient protection

Regulating, clarifying and standardising support roles will benefit patients and staff in the long-run.

I've achieved the standard that's needed to safely care for my patients in my AP foundation degree but regulation will give me recognition and acknowledgment that I'm accountable and that I take

responsibility if I make a mistake. At the moment if an unregulated practitioner makes a serious error in their practice they may be dismissed. Worryingly though, they could start a new job caring for patients without having addressed the error. Where's the patient protection in that? I believe that patients will feel more confident in our care when they know that there are standards we must all meet to protect our registration.

Staff would also be better protected from employers who may ask support workers

to do more than they should, because the regulator would set standards for what each role could do.

Patients would be better protected and practitioners would be acting to a standardised role and level of practice. I'm concerned that everything is employer-led at present.

“

Regulating, clarifying and standardising support roles will benefit patients and staff in the long-run

Job competition

Recognition is important for individuals too. APs could be competing with NAs for jobs in the future with the only difference between our roles being that one is regulated and the other isn't.

Good employers could see regulation as an extra benefit. This makes me feel that despite being equally suitable for a job I might miss out.

Getting our role regulated may not be easy of course; there are many issues to consider, including how much it might cost.

Whatever our job title, regulation status or banding level, we're all one big team, working together for the benefit of our patients.

We must all be valued so we need to make everyone understand the importance of what we all do. It's time for support workers to have their say on regulation. Tell your representative on the RCN

Health Practitioner Committee what you think so we can speak out on your behalf.

Turn to page 20 to find out how to contact your rep on the committee.

The RCN position

Health care support workers (HCSWs) who deliver direct clinical care alongside registered nurses should be regulated by the NMC.

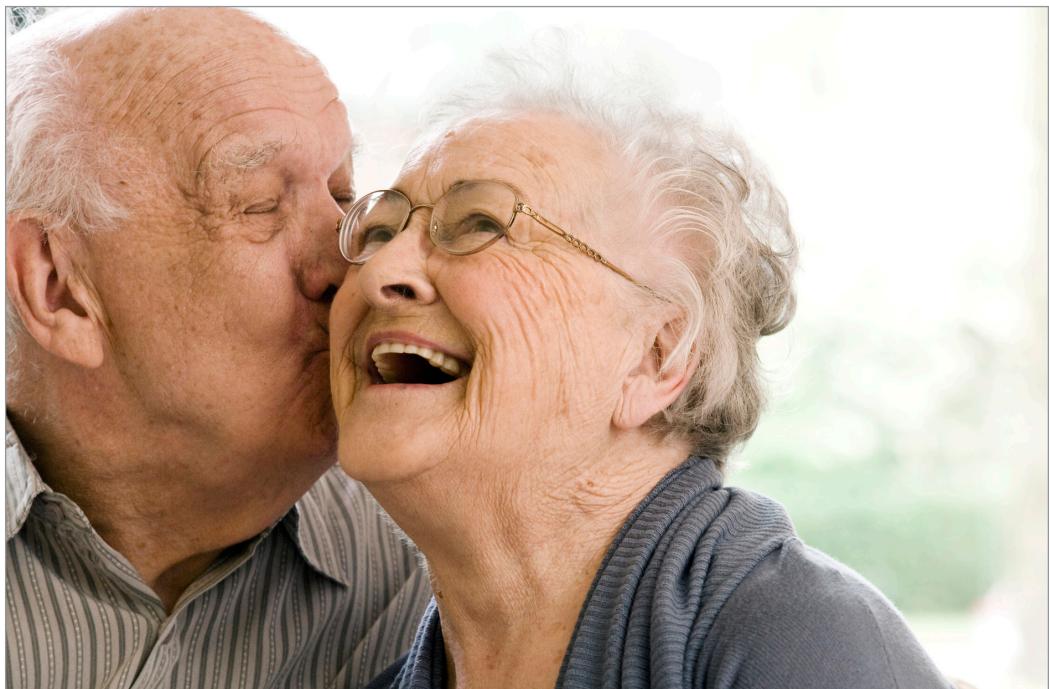
Stephanie Aiken, RCN Deputy Director of Nursing, says: “All HCSWs should be regulated in the interests of public protection and patient safety. However, implementing HCSW regulation is a complex issue and we need to explore whether the current way the nursing workforce is regulated is the most effective way to manage public protection.”



**READ MORE
ONLINE**
[rcn.org.uk/
healthcare
mag](http://rcn.org.uk/healthcaremag)

Let's talk about sex

While most young people in the UK are able to express their sexuality without fear of comment or ridicule, it's not the same for everyone



People having sex in a care home? The suggestion might be shocking to some but care home residents are entitled to the same rights, choices and responsibilities they enjoyed in their previous homes.

As long as they don't impinge upon the rights of others they should be able to express their sexuality, be that in the form of a relationship or otherwise. Yet it remains a taboo subject.

Nursing staff ask the details of people's bowel habits without embarrassment but talking about sex is more difficult for some.

Dawne Garrett, the RCN's professional lead for nursing older people, says it's important for HCAs to understand the issues as they may be the first people residents choose to confide in as they see and talk to them on a regular basis.

"It's important that residents' sexuality and intimate relationships are accepted. If we don't acknowledge their needs residents can become very unhappy," she says.

It is, of course, a sensitive subject. Relatives and other residents may object to intimate relations even being talked about in care homes and the idea that residents may want to express their sexuality



can make some people feel uncomfortable or embarrassed.

However, new guidance from the RCN says the wellbeing of the resident should over-ride any discomfort others feel. It says it's important to acknowledge how staff feel and for them to be supported to understand their own values and assumptions.

Privacy is a key issue too, the guidance explains. It's generally inappropriate for staff to discuss an individual's situation with others, including their relatives, without the resident's explicit consent.

Respecting individuality

Just like the general population, residents come from different backgrounds and have different preferences. Being aware of this and working inclusively with people from all cultures, in all types of relationships and all sexual orientations is essential. "Residents will have different lifestyles. They could be single, celibate, married, in a partnership or seeking a

relationship," says Dawne. "Whatever your personal beliefs, acknowledge the resident's cultural backgrounds and beliefs and don't judge or discriminate."

“

HCA s may be the first people residents choose to confide in

Inappropriate behaviour

However, in a shared home environment there's always more than one person to consider. If, as a result of someone expressing their sexuality, someone else has their rights affected, staff must take action. So what should you do?

"Try to understand more about what might be motivating a resident's actions," says Dawne. "Things may seem innocent enough to start off and even dismissed as a bit of fun, but it's important to be vigilant. Some behaviour that was

accepted as normal or inevitable in past generations may now sometimes be described as harassment."

The RCN recommends that care home providers should develop policies that treat their residents' sexuality with respect. If you're uncertain about a situation, refer to the local policy and seek advice from the RCN.

"These situations could present significant challenges for nursing staff. So it's important to be informed and ready to discuss the issue," Dawne adds.



Download the new RCN guidance from rcn.org.uk/publications (publication code 007 126).

What should I consider when balancing care and observation with the right to privacy?

- Are residents free to remain in their rooms undisturbed?
- If they choose to lock their door, is this wish respected?
- Do staff knock and wait to be invited into a resident's room before entering?

Putting patients first

Hannah's helping patients better understand what's happening while they're in hospital



Photograph by Stuart Fisher

Meet Hannah Rowlands. She's the first health care support worker to become a quality improvement champion at the Princess of Wales Hospital in Bridgend.

She's taking practical steps to make improvements to her workplace and her dedication to her role and her patients is clear.

"There have been changes I've wanted to make since I started working here just over a year ago," she says.

"Changes don't have to be big to improve someone's stay. For many of our patients it's their first time on the ward and they don't know what happens while they're here." So Hannah took action.

She's been at the centre of work to design a new patient information leaflet which includes the times patients have their medications, teas, and other important daily events. The leaflet also includes a map of the ward.

“

Changes don't have to be big to improve someone's stay

It's aimed at the many patients who feel too anxious to ask questions. Hannah made sure the information included was what they needed by asking them what they thought it would be helpful to know.

Working in a multidisciplinary team alongside other quality improvement champions, Hannah got her leaflet endorsed by a hospital psychologist, the head of nursing and occupational therapists. But patients and carers had the final say.

Hannah says the team-working approach was invaluable – she has dyslexia so sought help with appropriate wording. Now, having been one of the main

instigators of the project, she's looking forward to using the leaflet on the ward this year.

This will be a big step forward. "You can give patients information but sometimes they forget due to their mental health difficulties. Having their own copy of the leaflet will give them the chance to digest the information in their own time," she explains.

What's next?

Hannah's now working on plans for another leaflet to be given to patients when they're discharged.

"It will give advice on how to help prevent readmission – so will include information on

gyms and support meetings. Many of our patients are lonely so it's important to encourage them to get out.



Many of our patients are lonely

There's so much going on locally but a lot of it isn't advertised," she says.

Following in Hannah's footsteps, another HCSW has now joined the quality improvement champions group. Hannah says she will step back a little to let her colleague get more involved but will continue her work in the background.

"Going forward I'd love to improve the food on the ward. I'm always talking to my manager about this. The food we get is usually high in calories because it's the same menu as the rest of the general hospital.

"But our patients are less active in hospital and their medications can mean they gain weight. We're having meetings with the kitchen now and ordering more salads.

"I'm going to keep raising this as an issue because our patients need different nutrition. In society in general and in places like schools this is encouraged because it promotes a healthy lifestyle. My patients need that too."

Recognition for workplace impact

Hannah was recently named RCN in Wales Health Care Support Worker of the Year. Her nominations reflected the huge impact she's had on her workplace since starting just over a year ago.

Despite glowing recommendations, Hannah says she was still surprised to have won. "On the night I was just clapping for everyone else and then they said my name. I nearly cried. I was shaking so much. But I was thrilled to be nominated," she says.

And the secret to her success? Perhaps it's her personal motivation. "People motivate me, I like helping them and I like to put a smile on someone's face," she says.



Photograph by Huw John.

12 YOUR CONFERENCE

Fancy some free training?

Get 21 May in your diary – that's HCA Day at RCN Congress in Liverpool. Make sure you're there for a jam-packed day of free training and development

We're covering the key issues that HCAs all over the UK face day-in, day-out: **delirium**, **sepsis** and **frailty** are just some of the clinical topics we'll address head-on. There's also a chance to expand your knowledge about **suicide awareness** and **gang violence**.

If you attend a HCA Day study event you'll get a certificate as a record of your learning. You can show this to your employer as evidence of the benefits of coming along. Getting this kind of professional development on your CV can really benefit your career too.

“

Congress has opened my eyes to what the RCN can offer me

Kelly Ferranti, HCA

Never been to Congress?

Read about HCAs attending Congress for the first time last year at tiny.cc/congfirs

Of course, if you can make it for the whole of Congress, that's even better as there's so much going on throughout the week. But however long you can come for, let's make 2019 the year that health practitioner members really make their mark on the RCN's flagship conference.

“

You don't need to worry about not knowing people here – you soon will!

Aled Evans, HCA

What is Congress?

It's a **free conference** with learning and development events for all nursing staff. It includes a huge nursing exhibition and a debating programme for all RCN members.

You don't even have to be a member to attend. If you know a HCA who might benefit from some free training, why not invite them to come along too? **Book your free place at rcn.org.uk/congress**



Could you help save a life?



Suicide awareness is one of the study events available for HCAs at RCN Congress this year

Those who feel suicidal usually don't want to die. But they struggle to see an end to the distress that they feel.

Who can help these people? Everyone, according to Mike Caulfield. He works with people at risk of suicide and delivers trust-wide training on suicide prevention in his role as an advanced nurse practitioner for rehabilitation.

He believes HCAs in particular are crucial when it comes to getting the message across. "Wherever you work and whatever field you practise in, as frontline health care professionals, you're likely to have face-to-face contact with people at risk of suicide," he says. "It's important that you're confident to have conversations that address the issue and signpost people to help."



Those who feel suicidal usually don't want to die

Mike's presenting a free suicide awareness study event at the HCA Day at RCN Congress on 21 May. He'll address the ambivalence that many people contemplating suicide feel and provide helpful information on how to have conversations that could save lives.

"I'll look at the thinking process many people go through," he says. "Individuals contemplating suicide want the emotional pain that they are feeling to stop but they can't see an end to the sense of entrapment they often have. We need to find a way of addressing what's causing their distress and encourage individuals to have the confidence to say something that will help."

Mike, who also volunteers as the welfare officer at the City of Liverpool Football Club, says he's looking forward to meeting HCAs at the event as he is determined to get the message out that lives can be saved.

"Suicide is a wider public health issue and it's very important that we get the prevention and awareness message across in many different ways," he says.

Where can I find out more if I can't attend the Congress training event?

Mike recommends looking at the free 20-minute training at zerosuicidealliance.com and says hubofhope.co.uk is a great place to access local resources.

Look beyond assumptions

Ellan Corner explains why taking individual needs into account is so important when working with people with a learning disability



Photographs by Royston 'Stone' Naylor - Stonefree.Photography

Hospitals, GP surgeries, opticians and dentists – many health care settings are frightening places when you don't understand what's going on. Needles hurt. Tests are confusing. Someone messing with your eyes is extremely unpleasant.

So my job is to support adults with learning disabilities to get the treatment they need, like health checks. I help them understand what's available and why it's important to attend appointments and tests.

My role is all about talking to people and making sure they understand what's going on. We shouldn't be surprised if people are uncooperative when they haven't had what's happening explained to them in a way they can understand.

Reasonable adjustments

A lot of my work is about communicating information in a simple way and making sure reasonable adjustments are made. Providing relevant easy-to-read information is important and using pictures is a great way

to help people understand what's going to happen.

For example, if someone needs a blood test for an underactive thyroid and they've had a bad experience in the past, we need a specific care plan to make sure they get the test they need. I'm on hand to break down the process into small steps. It can take a long time but we're often successful and that's what really matters.

We always take the individual's needs into account. For some

it's helpful to visit a GP surgery in advance and see the same practice nurse each time. In fact desensitisation is important in many scenarios like going to the dentist or getting nails cut. We found that practising with the equipment really helps too.

One of my colleagues mocked up a needle – it was made of plastic but looked like the real thing, and using it has really helped the people we work with prepare for a range of treatments. It's all about getting used to the environment by looking at the machines before anything actually has to happen.

A positive future

Sadly too many people are still too quick to make assumptions when people with a learning disability need medical help. Just because someone wears a hearing aid, it doesn't mean their complaint about hearing should be ignored. They can

still get ear infections, and they still deserve to get treated.

It also worries me that many prospective nursing staff don't see working with people with a learning disability as an interesting or rewarding career. We've seen a huge drop in the number of student nurses coming to us and recently we struggled to recruit to one of our nursing posts.

But I've worked with people with a learning disability for more than 19 years now and I wouldn't want to do anything else. My younger sister had a learning disability and my nephew has Down's syndrome. Right now I want to make sure we get things right for him when he gets older. Let's focus on individuals and concentrate on the successes. I know that by doing this the future can be positive.

RCN member Ellan Corner works in the Teignbridge Primary Care Liaison Team



“

Let's focus on individuals and concentrate on the successes

**READ MORE
ONLINE**

[rcn.org.uk/
healthcare
mag](http://rcn.org.uk/healthcare_mag)

Anne Norman, RCN professional lead for learning disability, says:

“We're prioritising work in this important area of practice and have linked closely with Mencap following their launch of a three-year *Treat Me Well* campaign at the RCN last year. We've delivered some joint training already. The RCN Learning Disability Forum will be leading a project this year on promoting learning disability nursing to young people.”

Push yourself out of your comfort zone

Thinking about your next role? Linda talks about how she helps other support workers develop their careers



Photograph by Nicholas Frost

I've always been interested in nursing and caring but after my career break and with family responsibilities to consider I needed to be certain I was in the right role. Very quickly after starting work as a health care support worker (HCSW) in Aberdeen Maternity Hospital I knew this was where I was supposed to be. I loved it.

But I wanted more. There were lots of projects happening locally and I knew this could bring opportunities for career progression. I needed to be ready.

Back then there was no clear way for me or other HCSWs to develop. There was certainly no one obviously in place to help people in my role. So I found my way to the practice education team, who told me about useful courses and training opportunities.

Seizing chances

I moved to the Royal Aberdeen Children's Hospital and there I saw an advert for a fully funded opportunity to study numeracy and health and social care. I seized the chance. I knew I'd rather

try and be told no than left wondering if I could have done it.

I was accepted onto the course through the Open University (OU) and North East Scotland College but I felt extremely nervous. However, I needn't have worried.

The OU understood the pressures of juggling work, family and studying. I'm not suggesting for one minute that it was plain sailing all the way – I had my fair share of self-doubts – but the support was there when I needed it.

Around the same time as I received my results to say I had passed the OU module, a vacancy for an associate practice educator was advertised.

This was an exciting opportunity to support the education and development of support workers. The fact that the role had been created and recognised the importance of HCSWs struck me as very forward-thinking. The idea that I could encourage others like me to develop their careers was amazing. I thought back to the practice education team that helped me and knew that I wanted to be the go-to person for HCSWs.

Recognising valuable roles

I started my job in September and haven't looked back. I absolutely love my role and am proud that my division is the first and currently only division in NHS Grampian to have created a permanent associate practice educator post. In fact I've not heard of the role being set up anywhere else.

My job was specifically created by the practice education team and senior nurses to recognise the valuable part HCSWs play within clinical teams and the importance of making the most of learning and development opportunities. No two working days are ever the same for me. I work with more than 50 HCSWs in a huge number of different roles

across clinical support services, including oncology and haematology wards, outpatient clinics, radiology and cath labs.

The HCSWs I work with are all at different stages of their development. Some have completed or are completing Higher National Certificate (HNC) and Higher National Diploma (HND) courses and some are studying nursing degrees through the OU.

Recently our ANCHOR Unit (the clinics and wards of the Aberdeen and North Centre for Oncology, Haematology and Radiotherapy which operate within Aberdeen Royal Infirmary) secured funding to develop a clinical modern apprenticeship too. It's the first of its kind here, and is something to be really proud of.

I've also been looking at the induction programme for new staff and what specific support HCSWs might need. My role really reflects the four pillars of practice we have here in Scotland: clinical practice; facilitation of learning; leadership; evidence, research and development.

It's an exciting time for HCSWs and I am so fortunate that I get to be a part of it all. I would encourage anyone who is thinking of doing more to go for it. Push yourself. Step out of your comfort zone. You'll be amazed at how much you can achieve.

“

I would encourage anyone who is thinking of doing more to go for it



**READ MORE
ONLINE**
[rcn.org.uk/
healthcare
mag](http://rcn.org.uk/healthcaremag)

Find out more about the four pillars of practice at tiny.cc/scotpillars

Too much month left at the end of your money?

An updated RCN money guide gives nursing staff quick and easy access to advice, says RCN Senior Welfare Adviser Claire Cannings

HCA s work in tough and demanding roles but this isn't usually reflected in their salaries. At a time when the cost of living seems to be continually rising, financial challenges can be considerable, even for the most financially savvy among us.

Maximising your income should be at the top of your list if you're struggling to make ends meet. In fact, even if you're not concerned about your cashflow, making sure you're making the most of your income is always a good idea.

A regular review of your personal financial circumstances is something everyone can benefit from. To help busy, professional staff get quick access to the most helpful information, the RCN has updated its money guide for health care assistants, health care support workers, assistant practitioners and trainee nursing associates.

It's been designed to be quick and easy to use. By answering simple questions that initially focus on your

current attitude to your finances, you'll learn some really practical ways of increasing your spending power and get useful budgeting tips.

Working through the guide will help ensure you are receiving all the money available to you through extra benefits, child care schemes and other government initiatives, as well as providing some great tips for saving money on your day-to-day expenditure.

Even if you pride yourself on already being financially aware, it's worth taking a look. The financial landscape is always changing and there are increasingly complicated schemes available. You might find out something new. And if you don't, you can be assured you're already doing the right thing and can perhaps encourage others to take your approach.

The RCN's welfare service offers information on benefit entitlements, debt advice and more. Visit ren.org.uk/welfare



“

Even if you pride yourself on already being financially aware, it's worth taking a look

The RCN Money Guide for HCAs, HCSWs, APs and TNAs is available at ren.org.uk/professional-development/publications/pdf-006177

Sponsored by
Lighthouse
Financial Advice.
www.lighthousegroup.plc.uk/affinity/royal-college-of-nursing

Speaking up for HCAs

Evan Keir has recently been elected as your representative on RCN Council. We find out a little more about him and his plans

Why did you become a HCA?

I have a strong interest in caring for people. I've been a HCA for six years. I want to make people understand that it's OK to choose to have a career as a HCA and not be constantly asked if they want to become a registered nurse (RN).

Why did you stand for RCN Council?

I don't like to see a seat uncontested in an election. That deprives people of a democratic choice. But I also want to get the message across that HCAs should have a bigger role in the RCN. I want parity of esteem for HCAs in the College.

What do you mean by that?

I want to see the RCN leading by example – proving that we are truly valued by giving us equal opportunity to participate in all roles in the College. Right now there are too many positions still only open to RNs. Unless we address this, we'll struggle to recruit HCAs into our union.

How do you think you can attract more HCAs to the RCN?

We need to look at what the RCN offers HCAs. Currently most of the RCN's education sessions are aimed at RNs – that needs to change. HCAs are low-wage workers and the cost of membership is a factor when it comes to recruiting new members.



Although comparatively we're the most affordable union, we still lose members when they have to make cutbacks because they can no longer afford membership.

What are your priorities for 2019?

With Brexit on the horizon we'll need to be on top of things to protect the profession. I suspect there will be a lot of fire-fighting to do in the short-term but my long-term plan is to be a rigorous advocate for HCAs within the College.

How will you find out more about the members you're representing?

As HCAs we do so many different roles and I won't pretend to understand every single one of them. But I would welcome the chance to find out more – so tell me about your roles (evan.keir@rcn.org.uk) or let me know if you'd like me to come and see what you do. I'm here to represent you and I'm looking forward to doing that.

“

HCAs should have a bigger role in the RCN

Read the full interview at
rcn.org.uk/healthcaremag

If undelivered please return to: RCN Direct, Copse Walk, Cardiff Gate Business Park, Cardiff, CF23 8XG

Your RCN Health Practitioner Committee

The committee reports directly to RCN Council through its dedicated HP Council member and provides a platform for HCA s, HCSW s, TNAs, NAs and APs to influence RCN policy at a UK and local level.

HP Member of Council



Evan Keir



To contact your rep, email governance.support@rcn.org.uk

Country and regional representatives



Lindsay Cardwell
(Chair)
South West



Dennis Greer
(Vice Chair)
Northern Ireland



Sagila Thiruthanikasalan
London



Maive Coley
East Midlands



Kevin Morley
Northern



Lorraine McLauchlan
Scotland

Vacancies

Arrangements are being made to fill the vacant committee seat for the Eastern region. Find out the latest news at rcn.org.uk/elections



Tom Palin
North West



Annette Bailey
South East



David Burnside
Yorkshire & the Humber



Tracie Culpitt
Professional Nursing Committee Member



Judith Page
Wales



Karen Hassall
West Midlands



Karen Pike
Trade Union Committee Member