

MEMBERS of the Royal College of Nursing must admit to belonging to the most democratic trades union in the country. Between February and November of this year, they will all have been given the opportunity of voting for various policy changes. On two of the issues, the vote has been, or will be, either postal or vote in person, while the third event – voting for members of the Rcn council – is postal only.

The first event, of course, was the extraordinary general meeting at the end of February on the motion to change rule 12, which could have permitted limited industrial action, on advice from the College council. This time, members are preparing to vote on the proposal to affiliate to the Trades Union Congress.

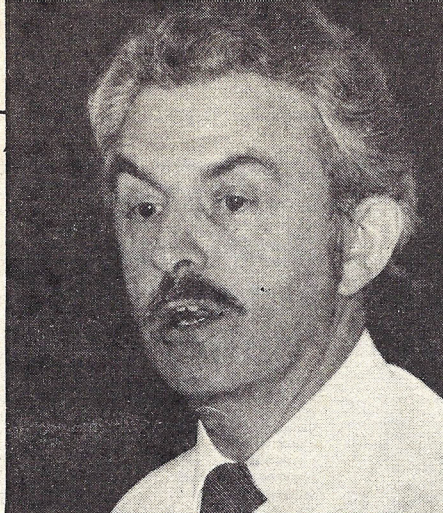
A rather curious approach is being taken by the council – a repeat of February's meeting. Although the council's resolution is put in positive terms to join the TUC, I am advised that it is only put in that way to allow a vote to take place. The council has no personal view to express. I say it is curious because any other organisation I know has an expressed opinion on almost every issue it debates.

The Rcn itself is not averse, on occasions, to making positive statements, such as that standards of patient care are falling. I often ask: from what level are they falling, to what? Be that as it may, on the major issue affecting the profession as a whole (that is, limited industrial action) or the Rcn in particular (TUC affiliation), there is silence from the council.

"It is up to the members to decide," it is often said. How I wish that, on some of the major issues, nurses sitting at national level would be courageous and say what they would recommend, even if it is a personal view. Does the council, as a body of elected nurses, want affiliation with the TUC or not? Other union executives are not nearly so bashful. It may just be that the effects of this neutral stand by the council produces the apathy in the membership as demonstrated by a low vote.

What are the advantages to the nursing profession of joining this large influential body? I suppose the greatest advantage is to be seen to be closely identified with the major body representing working people in the country and its constituent unions. Another reason could be that all Health Service unions would be able to work in harmony with each other against the common enemies – that is, the Government (especially if it is Conservative) and management.

Some nurses holding management positions do not see themselves as union members as other nurses do. The managers are the people who, on behalf of area health authorities, have to initiate action not always seen as in the immediate interests of the nurses at the bedside. At times, this can be seen as



Counting the cost of TUC affiliation

Anthony Carr, Area Nursing Officer for Newcastle upon Tyne, gives his reasons against the Rcn affiliating to the TUC – and says he is confident most members will agree.

conflict between management and workers. I believe few nurse managers identify personally with the TUC-Rcn affiliation. Some have asked recently: which organisation will represent management if the Rcn affiliates with the TUC?

The Rcn could, over the years, exert some influence on Health Service policies if it could obtain the necessary votes from other unions to get the appropriate seats on committees. All this is good positive policy. Unfortunately, in reality it does not work just like that.

I believe most Rcn members who have watched on television the performance of both TUC delegates and officials at the annual conference see little in common between the profession of nursing and the TUC. The forum is highly political and, from time to time, makes dramatic statements of a political nature like: "We will bring the Government down."

If the Rcn does join, I wonder if its Press office will be issuing daily statements disassociating the College from what is being said, or will there be a general assumption that the Rcn is non-political and no comment made? Whether the public, who are our patients, will understand that approach, I do not know. I suspect that the latter course of action will be followed.

Another matter which needs careful consideration is that if the Rcn wishes to be successful with the TUC – and there is no point in joining if it does not – it must be prepared to have and give an opinion on matters other than health. Once a seat is obtained on the general council, I am sure it would be unacceptable to other delegates for the Rcn representatives to keep quiet and have no view on, say, the nationalisation of the shipbuilding industry, allocation of government money to certain parts of the country, or the national policy on fuel, and so on. Once the Rcn officers become involved in these issues, the College stops being a purely professional body for nursing but takes on a political image.

Up until now, none of the members' subscriptions is put towards political objectives like the TUC. No doubt subscriptions will be raised to cover these semi-political activities. I am sure a large number of members will object to that, even though the Rcn will opt out of the political levy. If the College does not become involved, it obtains for itself the rather selfish nature of "We are only getting what we can from you, we are not really part of you" – not, I suggest, the best way of winning friends and influencing people.

What about our "brothers" in other Health Service unions? Some members of the Rcn really believe that, upon the College joining the TUC, the other Health Service unions will come running to embrace them. Just pause and think. They often oppose each other and compete for membership but they will always join forces in opposing the Rcn.

Does anyone really think that joining the TUC will solve the problem of joint negotiation at local level? Already some affiliated unions are talking of not sitting down with any affiliated union that does not have a strike clause in its constitution. So that particular problem will, I suspect, remain unsolved.

From what I have said, I am sure you have guessed that I am not totally in favour of affiliation. I see affiliation ultimately as an abdication of professional responsibility. The nature of a large organisation like the Rcn will change. The aims of its charter will have to take second place when matched against the political decisions and statements of the TUC.

To have formal associations with other Health Service unions will not necessarily change the attitudes and behaviour of these unions. Rather, it is likely to have an adverse effect on the Rcn and its policies. Lastly, do members really want to be associated with the action and behaviour of some other unions as demonstrated last winter?

I have enough confidence in the membership to believe that the vote will be overwhelmingly in favour of retaining an independent professional organisation □