

RCN shuns TUC affiliation

Ban on industrial action stays

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"Whatever the justification, the use of industrial action that causes suffering to patients is immoral." These words from Mrs Marion Morgan, the outgoing president of the Royal College of Nursing, gave the lead to the college's annual general meeting in Cardiff on 10 November.

The RCN's AGM was a political event of some moment for the NHS. Despite being outside the umbrella of the Trades Union Congress's health unions the 200 000 strong RCN has had a major influence on the seven month old pay dispute in the NHS. Twice the college has balloted its members on the Government's differential pay offers favouring nurses (an initial offer of 6.4% later raised to 7.5%). Twice its members have

decisively rejected the offers, thus encouraging other health unions—some of which represent a substantial number of nurses—to continue their fight against the Government's pay offer. On the other hand, the RCN's rule preventing its members from withdrawing their labour has mitigated the effects of the widespread industrial action by non-RCN staff, co-ordinated by the TUC. The continuation of the dispute and a slightly improved Government offer put to nurses last week gave the meeting a topicality that was enhanced by two items on the agenda: the college's possible affiliation to the TUC and its future policy on industrial action.

The RCN, Mrs Morgan declared in her opening address, had unashamedly pressed for special treatment for nurses in the pay dispute. "We are the Royal College of Nursing, not the royal college for health workers. . . . Ultimately, it is the Government that must take the responsibility for public suffering, not because they refuse to accede to a reasonable pay claim but because they refuse to accord the NHS the priority as a public service that people have a right to expect and which I urge them to demand."

Pay dispute

Mrs Morgan went on to say that she regretted the extent to which members' views on the important issues to be discussed would have been coloured by the NHS pay dispute. And what of that dispute? The meeting had been in session for some time before someone asked to be brought up to date on the state of play. Was the dispute over? What exactly was the offer that everyone had read about in the morning's papers?

Mr Trevor Clay, the RCN's new general secretary, explained that talks had been going on since 16 September with ministers and officials of the Department of Health and Social Security. On 9 November the management side of the Whitley Council for nurses and midwives had made a formal offer and the original 7.5% offer had been withdrawn. In its place was a new package of an average increase of 12.3% for 1982-3 and 1983-4, operative from 23 August 1982 to 31 March 1984. What would that mean? A ward sister at the top of the scale earning £7250 would get £8102 and a staff nurse at the top of the scale at £5426 would receive £6093. The extra pay bill would be £325m. The other part of the package was a

promise of consultation on the establishment of a review body for nurses, midwives, and health visitors.

Cries of horror greeted the news of the starting date, which is five months later than the normal pay review date of 1 April, but Mr Clay pointed out that there would be no less money for nurses. The subsequent debate was heated. Some speakers argued that the offer should be rejected; that no offer should be accepted without being referred back to the membership; that the pay offer and the review body should be taken separately; and that the two year offer removed all possibility of negotiations on nurses' pay in the run up to the general election.

Other speakers maintained that the offer was the best that could be achieved; that it should be accepted because nurses needed the money; that the dispute had to end for the future well-being of the NHS; and that the RCN, which

had been eating its heart out over the issue, had other important matters to deal with.

Mrs June Clark, chairman of the representative body, who had voted no in the two previous ballots on pay, thought that with the possibility of a review body something more had been achieved. That was not to say that the offer was what nurses deserved; it was an example of the obduracy of the Government.

The general secretary reported that the Committee on Labour Relations would meet immediately after the AGM and report to the council on the options open to the college. The whole membership could be balloted, local centres and stewards could be consulted, members of council could be given the task of consulting their constituents, or the council itself could take a decision.

It was announced later that the Committee on Labour Relations had recommended to the council that the offer should be accepted and that the membership should be balloted. At its meeting on 11 November the council decided to recommend acceptance of the offer but to put the recommendation to a ballot of the members.

TUC affiliation and industrial action

Judging by the overwhelming vote against TUC affiliation (10 902 to 3029), it will be some time before the question comes up again. Even the most ardent supporters of affiliation conceded that people would vote against the proposal because of the industrial action taken by TUC affiliated unions. But they did try: they wanted to see the RCN influencing TUC policies and they pointed out that a membership of over 200 000 would guarantee a seat on the TUC's general council. For the opponents one speaker said that she had seen the TUC's code of conduct for protecting patients go out of the window during the dispute and she did not want the RCN to have anything to do with people it could not trust. A former staunch

The annual general meeting of the Royal College of Nursing was held in Cardiff on 10 November. The meeting decided not to affiliate to the TUC (3029 votes for and 10 902 against); not to increase the RCN's subscription; and not to change rule 12, which forbids the withdrawal of service in furtherance of an industrial dispute—3144 votes for and 9003 against. (The figures included proxy votes.) The presidential address was given by Mrs Marion Morgan, the outgoing president. Miss Sheila Quinn was installed as the president for 1982-3. The AGM was told that the membership of the college now exceeded 205 000.

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particular religious conviction. He thought that it was nothing short of an impertinence to expect the *BMJ* to publish restrictive clauses in its advertisements.

The freedom of the subject worried Sir Ronald Gibson. Was this being attacked if people could not say what they wanted to in an advertisement? The Editor, Dr S P Lock, explained that the Race Relations Act already restricted what could be said in advertisements. Moreover, he, as Editor, had the right to reject any advertisement without reason. Dr Gordon Macpherson, deputy editor, pointed out that there were other medical publications in which practices could advertise and in the case being discussed had done so.

Treasurer's view

The Treasurer, Dr R A Keable-Elliott, thought it was sad that in a Christian country a practice could not advertise for a Christian partner. He agreed that a policy decision would have to be made but wondered whether when an advertisement was published applicants could be advised to contact the advertiser where there were certain restrictions. He realised, however, that his suggestion was probably impracticable.

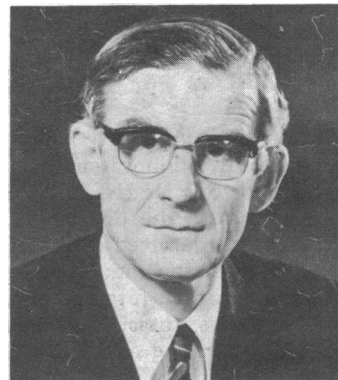
Mr M J Lowe, BMA under secretary,

attending the meeting on behalf of Dr John Havard, Secretary of the BMA, said that Dr Havard would not agree to publishing any advertisements that were discriminatory. He would, however, have agreed with the Treasurer's view that it was sad that practices could not advertise for the kind of partner they wanted. Mr Lowe thought that from the point of view of services to members it would be helpful if applicants knew the kind of partner that was required.

Declaring his opposition to discrimination on any basis, Mr James Kyle told the committee that he was not an Englishman and not a very good Christian but he did have some sympathy with an English doctor who wanted to advertise in an English journal and to say exactly what sort of partner he wanted. He also had sympathy for a practice that wanted like-minded Christian doctors to take part in prayer meetings at the end of the surgery. One of the aims of the Race Relations Act was to foster racial harmony in the United Kingdom, so some thought had to be given to the possible harmful effects of reverse discrimination. In the case being discussed the practice had been trying to find a congenial partner. Morally, advertisers should make an honest statement of what they wanted, not palm it off on to the job description, which was one move away, or to the interview, which was two moves

away. Why should an Englishman not be able to put an honest advertisement in an English journal, he asked.

In reply to a question from the Treasurer the Editor explained that the Commission for Racial Equality had to act on a complaint. If



Mr James Kyle said that he sympathised with a practice which wanted like minded Christian doctors to join it.

there was a complaint the CRE at first tried to conciliate. The British Dental Association council, he said, had debated publication of a similar advertisement and had decided not to advertise anything that smacked of discrimination. Much as he sympathised with Mr Kyle, he agreed with Dr Lewis that problems could be sorted out in the job description and at the interview.

It was terribly important, in Mr Barry O'Donnell's view, not to be perceived to be discriminatory. The *BMJ* reached at least 100 000 people and the media had access to it. If the advertisement was published a few dozen, or a few hundred, people, who applied for the job without any hope of being accepted, would be inconvenienced. But Mr O'Donnell thought that there was more than one group that would feel itself excluded by the advertisement—the 10% of English people who were Roman Catholics, for example. He was against the advertisement because it was in bad taste.

Dr John Noble said that he found it a sad thing that in a free country that had survived the religious wars of the Reformation and the puritanical Civil War he could not say, as an independent contractor, that he would like his successor to be a Jew, a woman, a Christian, or a Mohammedan. Having said that, Dr Noble thought that it was correct to take the advice of the lawyers.

The point that the Journal Committee had to keep in mind, Dr R A A R Lawrence said, was the question of setting a precedent. Other restrictions might be introduced into advertisements if the one under discussion was accepted.

Recommendation to Council

The committee agreed unanimously that it should be recommended to the Council that the *BMJ* should not publish an advertisement that carried any hint of discrimination. That principle had been supported in correspondence from Mr A H Grabham (Chairman of Council), Dr J H Marks (Chairman of the Representative Body), and Dr A K Thould, the Editor reported.

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advocate of TUC affiliation thought that the founders of the movement would turn in their graves over the events of the last few months, and so the RCN decided to stay outside the TUC.

The RCN's constitution does not allow it to call its members out on strike, a policy which has attracted Government approval and public sympathy but prompted controversy among college members. Earlier this year the RCN's representative body decided (by a small majority) to ask its council to ballot the membership on a proposal to delete rule 12, which covers industrial action.

Rule 12 states: "Neither the council nor any officer or official of the college nor any membership entity of the college shall be empowered to initiate or be a party to the withdrawal of service of members of the college in furtherance of an industrial dispute unless or until the policy of the college in respect of industrial action by nurses is changed by the college in general meeting. A resolution passed by a two thirds majority shall be required to change such established policy and provision shall be made for proxy voting thereon. Alternatively, the college in general meeting may empower the council to take a decision in respect of limited industrial action if circumstances should be such as to warrant such action. Again, a two thirds majority of the members present or voting by proxy at a general meeting shall be required so to authorise the council."

The council had tried to clarify the position and to distinguish between industrial action and other action. In a statement issued in March it had said that the existing policy "is not applicable in situations where college members are of the opinion that safe standards

of professional practice are not being observed—for example, where staffing resources are so depleted in numbers or in terms of qualified nurse cover as to jeopardise seriously standards of care of patients. In such situations non-industrial action—for example, representations to close beds, close a ward or unit, may be taken with the endorsement of an officer of the college."

RCN's determination

During the debate the opponents of change argued that many other organisations in the NHS were jealous of the RCN's determination to hold fast and not take industrial action. To those who said that everyone should have the right in a democratic society to take such action came the retort that 10 minutes before the meeting had been condemning the action taken by TUC affiliated unions. One speaker saw rule 12 as the ace in the pack. Policemen could not withdraw their labour: were not the nurses just as special, she asked. If the rule was badly worded and unclear it should be amended.

Mrs June Clark was one speaker who thought that the rule was bad; a vote in favour of change was not a vote for industrial action, which she opposed. A succession of speakers rehearsed the arguments for and against a change and the meeting slid with sad inevitability into haggling over a procedural motion that the vote should be taken. This was finally agreed and the vote was taken—3144 for and 9003 against (including proxy votes); a seemingly resounding endorsement of existing college policy. But what are the views of the 190 000 members who did not trouble to vote?