Having resolved the Colin Ralph affair, the UK Central Council will start the hunt for a new registrar. Breaking with tradition, the Council is not necessarily looking for a nurse to spearhead the new management regime.

New regime for UKCC

By Graham Scott

The next chief executive of the organisation which regulates the nursing profession will almost certainly not have to be a nurse, it was announced last week.

The UK Central Council will start seeking a new registrar next month following the departure in November of previous postholder Colin Ralph. The Council has agreed that the job may not require a nursing qualification.

Explaining the move, Catherine McLoughlin, who has been keeping the registrar's seat warm in a caretaker capacity, said: 'The Council is very keen that we should get the widest number of applicants and in that respect it is going to be a very open specification.' She added that this meant the applicants 'would not necessarily have to be nurses'.

The Council's motive for the move probably stems from a desire to avoid a repeat of the events which led to Mr Ralph's departure, under a cloud, last autumn. In an official grievance, brought by eight of his senior managers, the former registrar was accused of being a 'bully' and an 'egotist'. The 'gang of eight', as they became known, said they could no longer work with him.

The organisational review triggered by the Ralph affair was due to report last week, but its scale is such that it will not now report to Council members until March. But there is already a commitment to making a clear distinction between the policy-making function of Council members and the role of UKCC officers in putting those decisions into action.

The Council seems to have agreed that given the purely executive function expected of the new registrar, there is no need for the postholder to be a nurse.

Chris Grimes, chair of the Council's finance committee and a member of the steering group working alongside management consultants as they carry out the review, explained the Council's thinking: 'It's important to allow managers to manage, but within a policy framework that is set out by Council members.'

Mr Grimes said the review would now aim to set up a structure which enables Council to set policy and give officers a clear understanding of what is expected of them. 'It's not the Council's job to do the day-to-day management,' Mr Grimes continued. 'There's always a danger in any organisation for the members to want to interfere in the day-to-day management because that's often easier. The Council has to

Recognising the need for a clinic specifically catering for gay men, nurse Sam King helps run After Five, based at Guy's Hospital. It provides a number of services, including 24-hour HIV testing, STD screening and counselling.

Clinic for gay men opens at Guy's

By Kate Williams

HIV and AIDS stories may no longer be as headline grabbing as they once were, but nurses in the UK have not let sexual health issues drop from their agenda. Many are campaigning to create more user-friendly services especially for those vulnerable groups still prone to discrimination.

One such nurse is Sam King, who in partnership with a doctor and a health adviser, runs After Five, the new gay men's clinic based at Guy's Hospital in London, which was officially opened last week.

The small team run a specialist health service for gay and bisexual men every Wednesday evening between 5pm and 8pm. The service includes a 24-hour HIV testing service, hepatitis B vaccinations, full sexually transmitted disease screening, counselling and general health screening.

The clinic started in October last year after a Gay Men Fighting Aids (GMFA) questionnaire found that both gay and bisexual men often feel uncomfortable and discriminated against in run-of-the-mill genito-urinary clinics.

'The average clinic usually involves predominantly heterosexual men or women,' says Mr King. He hopes this new service 'will make men feel more comfortable, happier waiting there and more willing to pick up literature on safe sex'.

'By setting up a gay men's clinic we hoped people might feel safer talking about sexual health issues as the staff know why they are there, are less judgemental and more understanding of their needs,' he adds.

Five people attended the first clinic and now it is 10 or 11, says Mr King, adding that many people come to the clinic because they have problems locating 'a decent GP' sympathetic to their sexual health needs who doesn't 'think of AIDS when a patient arrives with a runny nose'.

'Although we start from a sexual health standpoint we also discuss general health
develop its strategic role in setting objectives and priorities.

The review will continue for another two months, which will make it almost a year since senior UKCC managers first raised their concerns about how the organisation is run.

But one part of the saga did reach its conclusion last week, with the announcement of the final settlement agreed with Mr Ralph.

The gross cost to the nation's nurses is £116,865. The settlement also includes provision for Mr Ralph to receive careers advice of his choosing up to the value of £10,000. The bill again being paid from nurses' registration fees.

Mr Grimes, who with UKCC president Mary Upchurch, negotiated the deal with Mr Ralph's lawyers, defended the sum. 'The pay off is a very reasonable settlement given all the other settlements that you see in the public sector,' he argued.

'This settlement is obviously based on the salary which was paid to the registrar. £116,000 is not in my view excessive in those circumstances.' For the record, Mr Ralph was still being paid his £78,736-a-year salary until December 31, nine weeks after clearing his desk.

So a new era under a new registrar and chief executive is about to begin at nursing's regulatory body. What remains to be seen is how the new regime differs from the old and how the new registrar responds to the task of leading the UKCC towards the end of the century.

and stress management,' Mr King continues. 'The success of the project very much depends on a small team working closely together,' he says.

A female nurse is due to join them soon. 'We've agreed that having a female nurse will be an asset we could market not every gay or bisexual man wants to talk to men,' he added.

And with research showing the incidence of gonorrhoea is still very high, and rising, Mr King adds, 'the safe sex message is just not getting through at GU clinics'.

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If the government is serious about improving sexual health standards, he continues, 'they have to show a commitment to these types of projects. We've demonstrated there is a need and it would be a shame if we couldn't continue,' he says. 'This sort of work is very worthwhile and should be copied elsewhere to help people who feel alienated by their environment.'

The After Five clinic based at London's Guy's Hospital is being funded by Lambeth South and Lewisham Health Commission. For appointments contact 0171-955 4940. To speak to a health adviser contact 0171 935 4511.

The UKCC has agreed its position statement on clinical supervision for nurses, but has not ruled out further developments.

Opening the debate on clinical supervision

BY JEAN GRAY

The UKCC's position statement on clinical supervision answers calls from nurses for guidance on the issue which came at a Department of Health conference held at the end of last year.

But while the statement sets out key priorities which should underpin clinical supervision, the UKCC makes it clear that this is just a start. It is looking for feedback from the professions and examples of good practice.

There are also plans to hold a major conference some time this year so that 'the necessary dialogue can take place to produce a more developed position on clinical supervision'.

The statement, one of the priorities in the Council's five-year business plan for 1993-98, highlights a number of issues which need further discussion.

For instance, the UKCC believes that practitioners should have a major say in who acts as their clinical supervisor. But this may not always be practicable in the clinical environment.

And there is some doubt about whether the term 'clinical supervisor' is the right one. It is suggested that 'clinical support' may be a more appropriate description for the person who will 'apply clinical knowledge and experience to assist colleagues to develop their practice, knowledge and values'.

Although the supervisor will normally be a registered nurse, health visitor or midwife, they may be a clinician from another profession in exceptional cases, the statement says.

The Council is against making clinical supervision of nurses and health visitors a legal requirement, as is the case for midwives, although the process is regarded as an important means of ensuring safe and effective standards of clinical care. The UKCC is currently evaluating the effectiveness of supervision of midwives.

The statement argues that no single model can be used in every clinical setting and that local practitioners will need to tailor an approach which suits its particular needs.

It also makes it clear what clinical supervision is not: the exercise of managerial responsibility; an element of formal individual performance review; nor is it intended to be hierarchical.

Mark Darley, the UKCC professional officer who has taken the lead in developing the policy, says clinical supervision can provide 'an essential link between the notion of an individual practitioner's accountability and their everyday practice, by reminding nurses and health visitors of how the Council's documents and policies influence and promote standards of care in the public interest'.

The statement claims that inevitably there will be links between clinical supervision and management, which includes individual performance review. The Council believes that, as long as the practitioner drives the process, issues raised as a result of it can be included in the review procedures.

Other key statements:

- Clinical supervision is a clinically-focused professional relationship between a practitioner and a supervisor.
- Clinical supervision is necessary in clinical practice to enable practitioners to establish, maintain and promote standards and innovation in practice.
- Each practitioner should have formally identified access to a clinical supervisor. Each supervisor will only act in this capacity for a manageable number of practitioners.
- Preparation for prospective clinical supervisors needs to address the particular requirements of the role through a range of formal and/or informal educational arrangements. This will necessitate the incorporation of preparation in future pre- and post-registration education programmes.
- Ground rules need to be agreed so that supervisors and practitioners can approach clinical supervision with confidence and honesty.
- Evaluation of clinical supervision should be conducted. The means of carrying this out to be determined locally.

See article 'Nursing developments: trust nurses' view on page 30.