

# From RAF to RN – the transition from Princess Mary’s RAF Nursing Service (PMRAFNS) to Queen Alexandra’s Royal Naval Nursing Service (QARNNS)



Lt S K Masawi

## Abstract

I transferred from the Royal Air Force to the Royal Navy (RN) on 10 July 2014. I would like to share my experiences as a junior RN Officer during Op GRITROCK, looking at some of the similarities and differences between the two Services and their deployed environments: maritime and air.

## Introduction

I transferred from Princess Mary’s Royal Air Force Nursing Service (PMRAFNS) to Queen Alexandra’s Royal Naval Nursing Service (QARNNS) on 10 July 2014 after six fantastic years in the RAF as a Junior Officer Emergency Department (ED) Specialist Nurse, at the end of my 6-year Short Service Commission. While serving in the RAF I was posted to the Ministry of Defence Hospital Unit (MDHU) Peterborough (2009-2011) and MDHU Derriford (2011-2014). I also spent a year at University in London where I obtained my specialist degree in Emergency Care Nursing, and undertook two Op HERRICK tours: one as a nurse in the ED at the Role Three Hospital, Camp Bastion, and one as a Flight Nurse on the Medical Emergency Response Team (MERT). When the Primary Casualty Receiving Facility (PCRF), RFA ARGUS, deployed to Sierra Leone in October 2014 in support of Op GRITROCK, I deployed as part of the ED team at short notice (like most of the personnel on board). All the training and experience gained during my career in the RAF, both military and clinical, would be called upon during this, my first deployment at sea. The aim of this article is to share my experiences as a junior RN Officer during Op GRITROCK, looking at some of the similarities and differences between the two Services and their deployed environments, maritime and air.

## Transition from PMRAFNS to QARNNS

Once I had recovered from two days of being sea-sick, I quickly realised that I had much to learn in the first few weeks of the tour. Almost everyone on board the ship, including our ED team and the rest of the ship’s company, saw me as being the same as the other lieutenants on board, as they did not realise I had just transferred over to the RN. This made me a ‘sprog’ (according to one of

the seasoned RN personnel) – that is, an individual with no maritime experience whatsoever. In order to successfully complete this six-month deployment, I quickly identified and listed what I needed to learn and from whom, thinking of the similarities and subtle differences between the RAF and RN’s ways of doing business: the language; the working environment with extended roles/duties; and accommodation, amongst others.

Working in the ED on the PCRF is not much different from working in any other ED ashore; whether back in the NHS or Camp Bastion, the team set up is the same. However, there are a lot of other considerations which come into play, such as ship roll, meaning that all equipment has to be constantly secured for sea. The working space is much more limited, similar to the back of a Chinook during a MERT tasking, but there are always ways and means to work around that. Considerations on board ship include combating sea-sickness and protecting oneself and patients from excessive noise. My MERT training and experience were put to good use when I undertook the Maritime in Transit Care (MITC) Nurse Role during the Rest and Recuperate (R&R) period, again indicating some similarities in the roles on maritime and air deployments.

The most interesting part of the tour was learning how to talk like a sailor (so-called ‘Jackspeak’), which differs greatly from the way airmen talk. Words and phrases including: ‘scran’, ‘heads’, ‘wets’ (I was still calling it a ‘brew’), ‘gash’, ‘goffer’, ‘scran bag’, ‘pot mess’, ‘on the fiddle’, ‘100% proof’, ‘three sheets to the wind’, ‘scab lifter’, ‘loafers’, ‘Jackspeak’, ‘sandy bottoms’ and ‘toppers’ took a while to get used to. When you hear pipes for ‘clear lower deck’ you wonder what deck needs to be cleared.

Before each pipe, you hear the words “*Do you hear there?*” followed by “*That is all*” after the message, which again was quite confusing in the first few days at sea. It was like learning a whole new language.

Accommodation was really challenging to say the least, but is something you get used to with time. I was accommodated in a transit mess, which consisted of two six-man cabins with a recreation space in the middle. In each cabin there are three racks opposite each other with not enough room to twist and turn freely when laid on the bed space, so you can imagine the number of times I banged my head, knees and elbows each time I tried to turn at night. This also meant lack of privacy, as now and again I would come back from my day’s shift to find some random officers from ashore spending the night in the cabin with us, with no advance notice from anybody to give us the ‘heads up’ about the short-term company (we were in transit accommodation, after all). When we sailed from Falmouth, there were twelve junior officers in the two cabins, including personnel from 820 Naval Air Squadron, Royal Marines and PCRf junior officers. This actually proved to be ideal for me as I could learn from my peers, giving me a better appreciation and understanding of the bigger picture in achieving the Op GRITROCK mission. The ED is on 4 Deck of RFA ARGUS, and my accommodation was on 04 Deck, which presented the physical challenge of going up and down eight flights of stairs to and from my area of work at least three times a day; ‘free phys’ some would say, but four months into the deployment I didn’t think I would ever get used to the pain in my legs and thighs each time I went up and down the stairs.

Food, as on any deployment, was good enough to meet the nutritional requirements, but the main difference from a land tour was the need for regular food stores lifts, where we would form a human chain from the stores in the hangars, to the galley, and start passing sacks of potatoes,

cabbages, flour and cartons of milk for the next few weeks’ meals. One full day was taken up with the evolution of moving tonnes of food as we were re-supplied by another ship from the UK.

During the deployment, I was a watch leader, a role which would have been referred to as team leader on a MERT tour. I also took on extended roles on a regular basis such as Officer of the Day (which would be referred to as Orderly Officer in the RAF), and duties such as Standard Sea Emergency Party (SSEP), highlighting the requirement to be up to speed with firefighting and damage control drills whilst at sea (which have no equivalent in the RAF).

### **Conclusion**

I feel lucky to have had this opportunity of deploying on the PCRf, RFA ARGUS, straight after my inter-Service transfer, and I have learnt a lot about the maritime environment, gaining invaluable experience of life at sea, which I could not have learnt from any amount of time spent at Britannia Royal Naval College, Dartmouth. I feel that I have now completely made the transition from the RAF to my new role in the Senior Service and I can confidently say that I have found my sea legs. Apart from the different platforms and operational environments, different ways of saluting, and marching (or ‘shuffling’), the basic principles of maritime and air patient care are essentially the same. Once I’m in my clinical role, the only difference is the uniform.

### **Author**

Lieutenant S K Masawi RN

1. Emergency Department, Primary Casualty Receiving Facility, RFA ARGUS
2. Emergency Department, MDHU Derriford, Plymouth, UK.  
sydney.masawi850@mod.uk