

VOLUNTARY HOSPITALS COMMITTEE
FOR LONDON

MEMORANDUM
ON THE REPORT OF
THE WORKING PARTY ON
THE RECRUITMENT AND
TRAINING OF NURSES

DECEMBER 1947

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†Captain ROBERT WHITNEY, M.B.E.,
J.P.
Dr. F. H. YOUNG, O.B.E.
Mr. JOHN H. YOUNG

* *Chairman of Drafting Sub-Committee.*

† *Member of* " "

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10, OLD JEWRY,
LONDON, E.C.2.

December, 1947.

VOLUNTARY HOSPITALS COMMITTEE FOR LONDON

MEMORANDUM ON THE REPORT OF THE WORKING PARTY ON THE RECRUITMENT AND TRAINING OF NURSES

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INTRODUCTION

1. The Committee has read with great interest the Report of the Working Party on the Recruitment and Training of Nurses. It is obvious that unless some remedy is found in the near future so as to increase the number of nurses, the present shortage will have disastrous effects on the whole medical service of the country.

2. In drawing up our report we have had constantly in mind that the object of the Working Party has been to make the profession more attractive and thus to increase the number of candidates, to diminish the wastage during training and after, without interfering with the efficiency of the nursing services. Our criticisms have a similar objective. We have however found ourselves quite unable to accept certain of the basic assumptions of the Working Party, and we believe that the resulting proposals are based on mistaken premises and full of menace to much that is best in British nursing to-day. Their arguments are sometimes difficult to follow and on several important issues bear no apparent relation to the conclusions reached.

3. We have discussed in detail each of the Conclusions (pages 78-81) arrived at by the Working Party but since many of these overlap and do not appear to conform to any definite sequence of ideas, we have found it impossible to comment on each of these individually.

4. We have therefore discussed their suggestions under the following heads :—

1. STUDENT NURSES (i) Recruitment (paras. 5-6).
 (ii) Training Units (paras. 7-9).
 (iii) Selection of Students (paras. 10-11).
 (iv) Wastage during Training
 (paras. 12-13).
 (v) Student Status (paras. 14-17).
 (vi) Length of Training (paras. 18-25).
 (vii) Hours of Work (paras. 26-28).
2. TRAINED STAFF (i) Wastage (paras. 21-33).
 (ii) Selection for Senior Posts in Hospital
 (para. 34).
3. ASSISTANT NURSES AND NURSING ORDERLIES (paras. 35-39).
4. PROPOSALS FOR CHANGES IN NOMENCLATURE (para. 40).
5. ADMINISTRATIVE MACHINERY (i) Central (paras. 41-46).
 (ii) Regional (paras. 47-48).

STUDENT NURSES

(i) Recruitment

5. In paragraph 149 it is stated that the responsibility for recruitment will be with the Minister of Health and the Secretary of State for Scotland. It does not explain how this responsibility is to be carried out. For the Ministry of Health (or the Region) to accept "responsibility for recruitment" would be to saddle itself with responsibility in name only—the real responsibility must continue to rest with the hospitals themselves, and it is for the Ministries, and for other bodies such as the Nursing Recruitment Service of the King's Fund, to do what they can to supplement and to assist. Any step which tends to obscure the ultimate responsibility of the hospitals for their own recruitment is liable to result in a slackening of effort. It seems important to avoid a situation in which as soon as they run into difficulties the hospitals can point to some outside body and say "recruitment is not now our responsibility." Such a plan could never be expected to work.

6. We feel that recruitment can only be carried out locally. To recruit on a regional basis and to distribute students according to the vacancies (para. 195) would have a detrimental effect on recruitment generally. It is recognised that it is the reputation of the individual hospitals that attracts, or otherwise, the potential students, and the aim must be to spread the influence of the better hospitals throughout the Training Units. Arrangements for recruitment will depend on the number of training units in each group, but it is of the upmost importance that hospitals forming part of each training unit should assist in recruiting not only up to their own requirements but for the training unit as a whole.

(ii) Training Units (paras. 186–196)

7. To impose by central decree the elaborate training units under "Directors" other than the Matron of the hospital envisaged in Chapter XII of the Report with their numerous committees is to risk losing much that has been most valuable in our British tradition. We agree, however, that a more comprehensive training (see below, para. 19) is likely to be beyond the capacity of many of the individual hospitals now approved as complete schools. We think that the training unit or units should be provided, so far as possible, within each Hospital Management Committee group, and each training unit would have its own Preliminary Training School. The Matron of the principal hospital in the training unit should be the head of the training school, and there should be an Advisory Educational Committee for recruitment and training composed chiefly of representatives from all the hospitals in the unit.

8. The Report suggests (para. 187) that it will be one of the responsibilities of the teachers attached to the training units to teach students during their practical work. This suggestion, if it means* as it appears to, that the Sister Tutor is to be responsible for part of the Students' instruction in the ward has, in our opinion, grave disadvantages from the point of view of (a) the comfort of the patient, (b) the working of the wards, and (c) the education of the student.

(a) It would not be very pleasant for patients to be demonstrated on by Sister Tutors who were unknown to them in front of classes of student nurses. With medical students the consultant giving the demonstration is known to the patient.

(b) The work of the ward would be greatly complicated if Sister Tutors kept appearing with classes of students whom they wished to train in particular aspects of ward work which might well bear no relation to the work that required to be done.

(c) It would make the student nurses supernumeraries instead of apprentices as at present and would deprive them of the practical teaching which is so essential and which only a Ward Sister can give.

We agree, however, that in many hospitals students do not receive sufficient teaching in the wards, and to facilitate this there should be a higher ratio of trained staff to student nurses, together with, where necessary, an adequate number of untrained nurses (see below, paras. 35-39) and it is important to ensure that Ward Sisters should be instructed in the principles of teaching before they are appointed (see below, para. 34).

9. Though the Working Party have not dealt with this point, we think that so far as lectures by the medical staff are concerned it is most important that the lecturers should be carefully selected. The Advisory Educational Committee should have authority to choose medical men with a real aptitude for teaching. At present in many hospitals medical lectures are delivered by members of the staff not because of their ability to pass on information to nurses, but because they are the next on the rota.

(iii) Selection of Students

10. It is unfortunate that the Working Party have not seen fit to consider the merits of the Preliminary Training School as a method of selection. It is after all the existing method, and it is not clear from their statistics whether they have included those who leave during this test period.

* The paragraph goes on : " But it will be impossible for Tutors to be in continuous session with the same group of students. Therefore, to ensure continuity of teaching and supervision, it will be essential for Ward and Departmental Sisters to retain a distinct teaching function." So the meaning is not clear ; perhaps the intention is for the Ward Sister to teach under the direction of the Sister Tutor.

11. The enormously increased number of occupations now open to women and the rival attractions of other hospital careers has adversely affected both the quality and quantity of candidates for nursing and during recent years many hospitals have been so short of recruits that they have had to accept as students girls whom they were well aware were unsuitable. We think therefore that every Matron would agree that a more careful selection is desirable. We are, however, convinced that the Matrons concerned with the training are the persons best fitted to select their own students, under the general supervision of the Advisory Educational Committee to whom all applications should ultimately be reported. The Matrons in the training unit should consult each other in regard to the selection of students as applicants unsuitable for one hospital might be acceptable to another. All appointments should be subsequently confirmed by the Hospital Management Committee.

(iv) Wastage during Training

12. The Working Party have set out clearly the results of their special study of the causes of wastage as commonly discussed. They sum up in paragraph 104—" . . . the reasons which enter into this composite factor are far from being equally important. The first in significance is hospital discipline ; the second, the attitude of senior staff ; the third and fourth, food,* and hours and pressure of work."† They go on to say in paragraph 108—" A number of important conclusions follow directly from this inquiry . . . the following changes must be introduced." But the five items that follow are not conclusions at all but rather suggestions ; they have not attempted to obtain data which might be compared and from which conclusions might be drawn, e.g., the present with the past, or one hospital with another.

13. While the reasons given in paragraph 104 undoubtedly have an important bearing on the matter there are other and equally important considerations that have to be taken into account. There are for example the following possibilities :—

- (a) It may be that increasing wastage can be correlated with the lowering of the average age of entry ; i.e., perhaps student nurses tend to be admitted now before they have passed the unsettled period of adolescence, which probably falls just

* So far as food is concerned, hospitals are of the opinion that the rations allowed are not sufficient to feed the nurses adequately. They are at a disadvantage compared to other workers as they get no meals off the ration. Some hospitals have applied for a canteen licence to provide a mid-day meal for nurses off the ration at a canteen, but this has not been allowed where the canteen has been on the hospital premises.

† Shortage of domestic staff is an important factor in this connection. The Report refers to the necessity to provide sufficient domestic staff. We would urge that quality as well as quantity is essential if they are to work without supervision and effect a real saving of work for the nurses.

before and after the age of twenty. In spite of the most careful selection, it will always be found that a number of girls, faced with the realities of nursing, will discover they have no real liking for the work.

- (b) It may be that high wastage reflects primarily the wider field from which nurses are now having to be drawn. For this purpose some comparison of the present wastage with that of 10-15 years ago would have been instructive.
- (c) It may be—and this is in some degree a variant on the foregoing—that the high wastage is due to the mistaken official publicity policy of recent years, which has greatly widened the gap between the publicity idea of what nursing is like and what in reality it must be. There is no doubt that much of the publicity has been ill-judged, and hospital experience shows that unsuitable candidates are apt to coincide with waves of such publicity.
- (d) It may be that much (or even most) of the dissatisfaction represents what psychologists sometimes call “displaced grievances.” In spheres other than hospitals such dissatisfaction usually conceals discontent with lack of opportunity. In nursing there are two major possibilities :—
 - (i) A lack of opportunity to nurse in the direct sense ; i.e., to look after and comfort the patient.
 - (ii) A lack of opportunity to learn and achieve a sense of progress in assumption of responsibility.
- (e) It may be that the increased number of hospital careers such as medicine, physiotherapy, radiography, etc., now open to women accounts for a number of transfers from nursing.

These are all very important possibilities in part at least susceptible to the “scientific” approach which the Working Party claim to have brought to bear. An attempt should certainly be made to collect statistics and evidence on these points.

(v) Student Status

14. The Working Party interpret “student status” as implying exemption from serious participation in repetitive nursing tasks, and this leads them to proposals for shortened training on academic lines.

15. We recognise that in the past too little attention has been given to the student status of the nurse in training, and that the present method in some hospitals of employing a student nurse and using her as a cheap form of labour and leaving her to pick up what she can by experience is thoroughly bad, and that major reforms are necessary.

But student status, though long an objective, has in this country never meant divorce from a serious share in bedside nursing, and we are unable to accept the Working Party's wholesale repudiation of an essentially sound tradition. Many of our Matrons and senior nurses have recently returned from America with a clear appreciation of the dangers and difficulties of the academic approach, and a definite impression that it would be a mistake to emulate the American example.

16. A great part of bedside nursing consists of repetitive duties and it is only practice that will make the student proficient and expert. To eliminate them from the training of the nurse is calculated :--

- (a) to deprive the training of many of its most valuable features, and to substitute an academic and at the same time shallow approach for the practical bias of our nursing to-day ;
- (b) to transfer the burden of the repetitive tasks to the trained staff and/or the assistant nurses or their equivalent, with results that would further aggravate the problem of staffing the hospitals ;
- (c) to encourage the flow of trained staff into other nursing fields, as the form of training suggested would put the wrong emphasis on ordinary nursing duties. Girls would be inclined to think that they were too highly qualified to undertake ward work as it would involve too much actual nursing.

17. The weight of these objections is so great as to demand convincing proof of the desirability and practicability of the ideas put forward by the Working Party. It is not clear what advantages might be expected to accrue from them, as the advantages listed in paragraph 144 relate to the projected change over to a more comprehensive training, which is of course a separate issue, and one upon which we are within limits in agreement with the Working Party.

(vi) Length of Training

18. It seems probable that the Working Party thought that a two-year course on the lines suggested would result in an increase in numbers and reduction in wastage that would more than offset the difficulties inherent in the plan. It is possible that some such results might flow from a two-year basic course devoted to a thorough grounding in bedside nursing, followed by a sorting out process ;* but there is surely no justification for claiming that similar results would be attained by the plan put forward by the Working Party.

* This approach is well expressed in a memorandum prepared by the Fevers Group of the Society of Medical Officers of Health and the London and Home Counties Branch of the Medical Superintendents' Society.

The issue appears to have become confused. By insistence on a high standard of selection and on a concentrated and at the same time comprehensive course, the proposed two-year training would exclude many who would make good bedside nurses. The belief that recruitment would be stimulated and wastage reduced rests, therefore, on an insecure foundation, and we do not think there is any justification for thinking that such results would be achieved.

19. We are however keenly appreciative of the need to revise present methods in order to encourage recruitment and avoid wastage. We agree with the Working Party that a more comprehensive training with a uniform qualification would be an advantage and that the present State Examination Papers are unsatisfactory.* There is however a difference of opinion amongst the Committee on the length and kind of training which is desirable, although it is agreed that the schedule suggested by the Working Party could not be assimilated in two years, is too cut up to give a student any practical knowledge and would be difficult to fit into the work of the ward.†

20. (A) THE MINORITY VIEW. A minority of the Committee think that a revision of the curriculum, with the adoption of a three year training everywhere, is not sufficient to improve recruitment and they are of the opinion that it should be possible to institute a basic two-year's training on the lines advocated by the Medical Officers of Health (see above, para. 18), which would give girls a recognised qualification and professional status, and which would make them capable of looking after a sick person either under the supervision of a doctor in private practice, or of a Sister in hospital.

21. These first two years should not be overburdened by too many theoretical lectures. Elementary lectures would be given on Anatomy, Physiology, and Pathology in its broadest sense, and some elementary lectures on public health along the lines of preventive medicine as suggested by the Working Party might be added. These lectures, as far as possible, should be given by Sister Tutors, and the examination at the end of two years should be conducted by Matrons and Sisters.

22. On qualification after two years, the student (now a S.R.N.) could either undertake the nursing care of sick persons under a private doctor or in hospital, or she could proceed to take a further year's training in theoretical and advanced nursing. If she selected the latter, she should be eligible to sit for a further examination at the end of her additional year's training, the passing of which should entitle

* They seem to be set with the idea that a good knowledge of nursing is taken for granted, and all that is necessary is to find out how much medicine the candidates know.

† Even if the Student Nurse is considered a supernumerary which we think would prevent her from becoming a good practical nurse. (See above, para. 8.)

her to be put on the roll of "Nursing Sisters" (see below, para. 40) and to receive the additional remuneration which should attach to the higher status. Each candidate for the examination for the qualification of "Nursing Sister" would be required to pass in at least one subject chosen from the special fields, e.g., tuberculosis, fevers, children's, mental, etc.

23. Those in favour of this basic two-year course submit that the proposals outlined above would :

- (a) Give greater encouragement to recruitment because of the higher qualifications obtainable.
- (b) Check wastage because of the shortened course for State Registration.
- (c) Maintain the high standard of Nursing ; and
- (d) Ensure the turning out of good practical nurses.

24. (B) THE MAJORITY VIEW. The great majority of the Committee are convinced that a two-year basic course even on the above lines would be to the detriment of nursing for the following reasons :—

- (i) it is not possible to get the knowledge and necessary practical experience to produce a qualified nurse capable of taking real responsibility at the end of two years. Theory and practice must go hand-in-hand, treatment is becoming increasingly complicated, and while ideally the more complicated cases of illness involving treatment would be nursed by sisters with their third year qualification (see above, para. 22) in fact it would prove to be impossible to restrict the use of the two-year nurse in this manner.
- (ii) by being suitable for girls of lesser intelligence, a two-year basic course to replace the present courses for student nurses and pupil assistant nurses, might tend to make nursing as a career less popular for the more intelligent girls. This would have serious repercussions on the profession which has always relied on these girls to provide leaders and set the standards which have made British nursing what it is to-day.
- (iii) a two-year basic course will not necessarily improve either recruitment or wastage, and it may well have an adverse effect on the staffing position, as many girls leave after taking their final State examination and this would mean that they would leave after two years as students, instead of after three or four as at present.

25. (C) THE CONCLUSION. This divergence of view amongst its members, which will no doubt be reflected in comments reaching the Ministry from other organisations, has convinced the Committee of

the necessity to experiment, and of the extreme danger of central action at the present stage. As was stressed in a memorandum submitted by the King's Fund to the Ministry in March, 1947, the history of nursing since 1919 strongly suggests the need for much greater elasticity and a greater degree of freedom for the individual training school. In fact nobody knows what sort of a curriculum is going to prove the solution, and opinions are sharply divided. The material available is widely divergent and schools should be able, within limits, to make their course suit their candidates. It would surely be a mistake for the Ministry (or for any central authority) to assume the responsibility of imposing a centrally designed curriculum upon the training schools. The responsibility for evolving the ultimate solution ought to be put back squarely where it belongs; i.e., with the training schools. The proper course would seem to be:

- (i) To recognise that central control as exercised since 1919 has in large measure failed to solve the problem.
- (ii) To encourage a wide range of experiment by some or all of the training schools.
- (iii) To restrict central regulation to a bare minimum until such time as a new set-up can be soundly based upon practical experience.

(vii) Hours of Work

26. It is during the first year that the student nurse feels the strain most. She must be gradually acclimatized to the hard work and the 96-hour fortnight to begin with is excessive. While the suggested 40-hour week with six weeks' holiday per annum is going to the other extreme, a working week somewhere between the two, together with the block system or study day (lectures would of course be included in the hours of work) should be instituted.

27. The hours of work for a student and the hours of work for nurses must be considered together. We are very emphatic in advising that a three-shift scheme should be put into force at the earliest possible moment. Further, we think that the present system of breaking off for two or three hours during a spell of duty should cease. We do not suggest that the three shifts should be eight hours each—indeed it will probably be necessary to work out a scheme by which a nurse is on duty ten hours one day and six the next—but once off duty for the day she should remain off duty until next day. In no case should a first-year student nurse be on duty more than eight hours any day or night.

28. Hospitals which are able to get sufficient students and have sufficient accommodation for them should be encouraged to experiment in this direction.

TRAINED NURSES

(i) Wastage

29. The Working Party Report is based on the assumption that the first essential reform is student status, and that while this will mean more trained staff, the only way to provide more trained staff is by reducing wastage of student nurses. This approach follows a well trodden but misleading path and leads straight to the vicious circle embodied in the conclusions of the Report. The Working Party have not even explored the possibility of reducing the wastage of trained staff. The statistics they have quoted and the conclusions they have reached in regard to the inflow and outflow of trained nurses and the calculations they have made in Chapter XIII as to how the additional trained staff required could "theoretically" be met in five years are at best ambiguous and we think in more than one instance inaccurate. The Statistical Appendix of the King's Fund memorandum on the Working Party Report draws attention to many of these inconsistencies. We have not repeated the arguments here, but have confined our comments to one or two particular aspects which are related to the wastage rate of trained staff.

30. We are told in paragraph 75 of the Report—"The wastage rate* of trained nurses from hospitals was thus about 11 or 12 per cent. The annual loss from the trained profession as a whole was possibly nearer 10 per cent. We may therefore infer that the *average* working life of a trained nurse employed in hospitals until she leaves the profession is perhaps not more than nine years rising to 10 years if we include trained nurses outside hospitals." To arrive at these figures they have presumably taken an average outflow of 5,600 nurses leaving hospitals *and leaving the profession* against an average employed in all hospitals of 47,000 but they have ignored the 3,000 leaving hospitals every year for other civil nursing employment and the thousand or so leaving for the forces. It is not possible to give the average working life of the trained nurse in hospital *until she leaves the profession*. The only figure which can be arrived at is the average working life of the nurse in hospital as the total net outflow (approximately 9,600) must be related to the average number employed in hospitals (approximately 47,000), which gives an average wastage rate of 20 per cent. and an average working life of five years, as compared with the nine years given in the Report.

31. In Chapter V, as a result of enquiries undertaken, the Working Party estimate that the number of qualified nurses entering first employment in all hospitals each year between 1937 and 1945 was rather less than 10,000, and state that this estimate is consistent with the average

* i.e., outflow as a proportion of average strength.

number of nurses qualifying each year from 1939 to 1945, i.e., 9,300, to which they have added 300 non-S.R.N. Midwives. They state that only a small proportion of the newly-qualified nurses enter their first employment in a non-hospital field. The many fallacies in the above estimates and assumptions are well expressed in the King's Fund Appendix. We also are unable to accept the assumption of an average inflow of nearly 10,000 trained nurses into hospital each year and in this connection we think that further useful information might have been ascertained on the lines of the age tables on pages 10 and 13.*

32. According to Table IX, 65·4 per cent. of nurses start training before they are 22. If this is the case it appears likely that well over half the nurses completing their training are 25 or under (though of course it is possible that the wastage rate amongst student nurses is much higher in the lower age groups—no evidence is given on this point). Taking the 1945 total of 47,500 trained nurses in hospitals the age distribution, according to Table III, is as follows:—

<i>Age.</i>				<i>No. of Trained Nurses.</i>
Under 30	..	..	..	14,297
30 to 40	..	..	..	15,105
40 to 55	..	..	..	15,010
Over 55	..	..	..	3,088
				<hr/>
				47,500
				<hr/>

If there is only an average of some 14,000 trained nurses under 30 employed in hospital when nearly 10,000 are qualifying every year it must mean that a large number of nurses are not taking up hospital work after qualification or, alternatively, that there is a very high wastage rate amongst trained staff under 30, and this we feel is an important aspect of the problem which should be further explored.

33. From the point of view of permanent reform this large loss of trained staff soon after qualification is more serious than wastage among student nurses, since it places undue responsibility on the latter and may prove a severe strain during their training. If the hospital life of a trained nurse could be extended on an average of a single year, the number of young trained nurses in hospital would be substantially increased and the way would be open to many reforms, including the better practical training of the student nurse. The disproportion between trained and student nurses is the core of the whole problem, and it is of over-riding importance to induce the trained nurse to stay longer in hospital and thereby reduce the wastage rate. The present

* Incidentally the percentage column of Table IX adds up to 100·2 per cent. and not 100 per cent. as marked.

tendency of official policy to encourage migration to non-hospital branches of nursing would need to be reversed. We agree with the Working Party that the institution of the shift system is important and urgent, and we feel that the provision of self-contained flats at reasonable rents would be most helpful, so that nurses anxious to lead lives of their own can afford to live out in congenial surroundings. They should be let on a landlord and tenant basis and might well be provided by the Regional Boards. Ideally these flats should not be confined to nursing staff as it would be an added attraction if nurses could get completely away from the hospital atmosphere in their off-duty time, but in practice the shortage of accommodation for nurses is so acute that if such blocks were provided the flats would probably all be needed for the nursing staff.

(ii) Selection for Senior Posts in Hospitals

34. We agree that there is a need for selecting much more carefully, and by different methods than hitherto, candidates for senior posts in training hospitals, and the procedure outlined in Appendix IV might be experimented with. But we think the Hospital Matron must be present as she is responsible for the nursing service of the hospital. All appointments above ward sister should be advertised, while ward sister vacancies should either be advertised or circulated within the group so that all suitably qualified nurses would have an opportunity of applying. We also agree with the Working Party's suggestion in paragraph 187 that an aptitude for teaching must be taken into account in selecting Sisters-in-charge of departments to which Students are assigned and in this connection have already suggested (see above, para. 8) that Ward Sisters should be instructed in the principles of teaching before they are appointed.

ASSISTANT NURSES AND NURSING ORDERLIES

35. It is of course necessary to have besides a fully trained staff and student nurses an adequate number of practical or assistant nurses. The Working Party take the view that it has now been demonstrated that the Assistant Nurses' Act of 1943 does not provide an adequate basis upon which to build for the future, and that the attempt to induce large numbers of women to come forward and take a two-year training of the kind now required by the General Nursing Council is plainly a failure. The assistant nurse, the argument runs, must be replaced by a new category who would not pass examinations, and whose shortened training—say three to six months—could hardly justify statutory recognition and the use of the title "Nurse."

36. The practicability of these conceptions plainly depends, however, upon the new grade of nurse being available in very large numbers. Will they be available if they are denied the title "Nurse"? The duties involved are definitely nursing duties, and any language, e.g., the use of the word "Orderly," which obscures this fact is bound both to confuse the real issue and to have an adverse effect on recruitment.

37. We think that it is necessary to recognise the facts and to change the terminology in such a way as to enable all who are actually employed by hospitals for nursing as distinct from domestic work to be known as "Nurse"—otherwise they will not be forthcoming in sufficient numbers. The girl who is in fact undertaking nursing will tell her friends that she is a nurse, and any attempt to disguise this fact by the use of ambiguous titles such as "Nursing Orderly" exercises a markedly deterrent effect upon recruitment. On this point we think that the Working Party have failed to go far enough to meet the need.

38. We are equally clear that it is impossible to insist on a formal training for these women. Much of the present difficulty and failure in regard to the assistant nurse springs from the attempt to establish a two-year resident training. We do not think the Athlone Committee originally contemplated any such step which implies residence and a definite commitment at the outset.* Many of these useful helpers have home ties or are for various reasons unwilling to undertake a definite two-year training. The objection still applies, though in less degree, to the shortened training of three to six months suggested by the Working Party. A minimal trial period lasting a week or two is the most that can be required until the present urgent and critical situation has first been remedied.

39. Those who come forward and give satisfactory service in a hospital for a fixed period—say two years—should thereby earn some recognition which would carry with it a higher salary and participation in the pension scheme, etc. Consideration might be given to providing a shortened and intensive training for those wishing to become S.R.N. who have had at least two years' experience in hospital.

* The Committee recommended the establishment of a Roll of Assistant Nurses, and suggested that "admission to the Roll should be granted on the production of a Certificate from the managing body of the hospital or institution, endorsed by the medical officer, the matron and the assessor, which would state that the candidate had received a continuous period of training in an approved institution, or associated group or institutions, for a period of two years, that she was competent in her work and that she was in all other respects a suitable person to be admitted to the Roll." We think that by "training" the Committee meant "experience."

CHANGES IN NOMENCLATURE

40. If the word "Nurse" is to be applied without restriction to all who undertake nursing as distinct from domestic duties, which we think is essential, this will necessitate changes in nomenclature of other sections of Nursing Staff. We therefore suggest that :

- (a) State Registered Nurses with not less than three years' training should be known as Nursing Sisters ;
- (b) Student Nurses should continue to have that name ;
- (c) All other grades who undertake nursing duties under the supervision of a Sister should have the rank of nurse and this category should include the present grade of Assistant Nurses.
- (d) The term "Nursing Orderly" should be avoided. Orderlies undertaking non-nursing duties and therefore not suitable to be included in the grade of "Nurse," should be known as "Ward Orderlies."

ADMINISTRATIVE MACHINERY

(i) Central

41. The Central Administrative machinery as set out in Chapter XII is extremely complicated, and we have had difficulty in understanding exactly what functions are to be undertaken by the different bodies, their subsidiary committees and special advisers.

42. The Working Party assume that the General Nursing Councils will continue to be responsible for examination, registration and discipline, and recommend that they should be amalgamated and reconstituted.* The Working Party also assume that Standing Advisory Committees for Nursing will be set up by the Ministries concerned to advise on (a) the general administration of the nursing services and (b) the organisation at the National level of the system of training. This would include the determination of national standards for the admission and training of students. They also recommend that the Divisions of Nursing at the Ministry of Health and at the Department of Health for Scotland should be strengthened : "so as to administer effectively, with the assistance of the Advisory Committees, the nursing services of the community and supervise generally the progress of nurse education. One of the functions of the Divisions of Nursing will be the approval and inspection of training units"

* The Working Party makes a further tentative suggestion that the General Nursing Councils might be combined with the Central Midwives Board. We feel strongly that these two bodies should remain separate.

43. We have no objection to the suggestion that there should be one General Nursing Council for Great Britain and we agree that its Constitution should be changed and broadened and that University representation is desirable, but we do not agree that regional nursing representation would eliminate the present defects. We think the Working Party has been far too much inclined to treat the General Nursing Council as a representative* rather than as a qualifying body. Members of the General Nursing Council should be picked for their personal capabilities and experience and the General Nursing Council should remain completely independent. In this connection we think that it is most important that the Minister's nominees should not be officers of his department (there would, of course, be no objection to his officers attending as observers). As all recommendations made by the General Nursing Council have to go to the Minister for approval, it is most undesirable that these recommendations should be vetted at the Ministry by officials who have had a part in making them. It is most important to ensure that members of the General Nursing Council and of the other administrative bodies referred to above, should represent modern nursing opinion and we therefore think it advisable that nomination, or election as the case may be, should be for a stated period, say five years, and that one-fifth of the members should retire automatically each year and should not be eligible to serve again until a lapse of one or more years.

44. We agree that the functions of the General Nursing Council should remain as at present but it cannot act as an effective qualifying body if the power of inspection, organisation and training is to be transferred to the Divisions of Nursing and Advisory Committees as the Working Party appear to recommend.

45. We think the whole question of the constitution and functions of the General Nursing Council, the Standing Advisory Committees and the Nursing Divisions of the Ministries require further investigation and we recommend that a small *ad hoc* Committee of people chosen for their ability and experience be appointed to consider the matter.

46. The Working Party have also recommended that there should be Headquarters Research Units with Experimental Centres to initiate and co-ordinate further research work into all aspects of nurse training. This would in our opinion be establishing a superfluous piece of machinery. Any central initiative which appears desirable could be instituted by the Central Advisory Committees, but in our opinion it is a sound principle for initiative to come, as it normally does, from the people doing the job, i.e., the Educational Advisory Committees of the Training Units.

* The Standing Advisory Committees for Nursing will be the representative bodies.

(ii) Regional

47. The Working Party suggest that there should be two subdivisions of nursing administration :--

- (a) the organisation of the Nursing Services to be undertaken by the Regional Hospital Boards, Hospital Management Committees, Boards of Governors of Teaching Hospitals and the Local Health Authorities ;
- (b) the organisation of recruitment and training to be undertaken by Regional Nurse Training Boards.

48. It is not clear whether the Regional Nurse Training Boards are to have executive powers, and if this is the case it would be likely to create a centralized top-heavy nursing administration which could easily break down in the same way as has happened in many local authority schemes, and it would lead to divided control. The Hospital Management Committees, the Boards of Management of the Teaching Hospitals and the Local Health Authorities, should have the ultimate responsibility, and a Nursing Advisory Sub-Committee of the Regional Board with no executive powers could plan and co-ordinate training in the Region.

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