

Training the District Nurse.

Working Party Divided on Right Period.

"Now Member of Local Authority Team."

DIVERGENCY OF VIEW on the length of training considered desirable for district nurses is disclosed in the Report of the Working Party on the Training of District Nurses,* published by the Health Departments—Ministry of Health and Department of Health for Scotland—on 31st August.

In a majority report the Chairman and 13 of the members are satisfied that four months' training is sufficient to equip a registered nurse for this work, and three months for registered nurses who are qualified health visitors, state certified midwives or nurse-teachers or who have had at least 18 months' experience in district nursing.

There is a reservation by one of the 13 members, who is of opinion that a four months' course is the minimum period in which to prepare adequately all categories of registered nurses.

A minority report is presented by two other members. While agreeing with the majority on the content of training, they consider that the right length of training is six months for registered nurses and four months for those who have other nursing qualifications or at least 18 months' district nursing experience. They contend that to cut down the periods as recommended by the majority could be done only by the omission of essentials.

"What we have sought to assess," state the majority, "is the minimum period of training that will equip the nurse to assume readily the duties expected of her, to carry them out with sympathy, understanding and efficiency, and to maintain a high standard of district nursing."

National Standard of Training.

The majority also say that they wish to leave the way clear for the Queen's Institute of District Nursing and the Ranyard Nurses to continue to play an important part in district nurse training, while making it possible for local authorities to provide their own schemes of training conforming to a national standard. They consider that such a standard of training would best be achieved by setting up a central committee which would issue a syllabus for the periods of four and three months they recommend, periodically set examinations, and advise the Minister on matters relating to training. This committee should comprise 12 members appointed by the Minister after consultation with representative bodies as follows:—

- 5 representatives of Local Health Authorities;
- 5 nurses;
- 1 general practitioner; and
- 1 educationalist.

This committee would, say at three yearly intervals, review the period of training necessary in the light of experience and of developments in these fields. The majority takes the view that under present Scottish conditions the Secretary of State for Scotland would not need the assistance of such a body.

"We hope that the scheme we put forward, while allowing for experiment, will provide a framework within which all can co-operate so that the knowledge, experience and contacts of existing training bodies are not lost and the high standard of district nursing is maintained," say the members signing the majority report.

Before the Health Service and After.

The Working Party recall that before the coming into operation of the National Health Service Acts district nursing was almost entirely a voluntary service. By placing a duty

on Local Health Authorities to provide a home nursing service, the Acts created an entirely new situation. Some Authorities do this by directly employing the nurses and others through agency arrangements with voluntary organisations, the majority of whom are affiliated to the Queen's Institute. At the end of 1953, 79 of the 145 Local Health Authorities in England and Wales were in membership with the Queen's Institute and 42 were connected with the Institute through the 66 voluntary organisations providing a home nursing service as agents for the Authorities. At the same date the total number of district nurses employed full and part-time in the home nursing service (excluding students) was 9,203 in England and Wales, of whom 6,815 were employed directly by Local Health Authorities and 1,323 in Scotland, of whom 945 were directly employed. Over 4,000 district nurses in England and Wales had no special district nursing training, which was about 50 per cent. of the registered nurses in the home nursing service.

Dealing with recruitment, the majority report says its members are agreed that in the domiciliary nursing field there is work for assistant nurses acting under nursing supervision and scope for their more extensive use.

As a result of the changes brought about by the National Health Service Acts, the Working Party point out that the district nurse no longer works in isolation but is a member of a team responsible to the Authority for the care and welfare of patients. She has by this means the benefit of regular contact with her colleagues working in other public health fields.

Elderly Patients.

In almost all areas from which the Working Party obtained information much of the home nurse's work was shown to be in the care of elderly patients, many of them acutely ill, and of chronic sick. The present emphasis on keeping old people in their homes as long as possible would inevitably increase this side of the home nurse's work. The enrolled assistant nurse had a special contribution to make to the home nursing service, in that some of the care which these patients needed did not call for the consistent high skill of the registered nurse.

Training.

Discussing training the majority report says that the major part should be practical and directed towards adapting hospital techniques and widening experience. Theoretical training should be kept to a minimum but it should be such as to give the nurse a basic knowledge of health, welfare and social services; to help her to serve as a full member of a team of public health workers and to effect liaison with the general practitioner, to advise patients and their relatives on the care of the immediate illness and to recognise when and by what means other services should be called in for her patient's benefit. It was not suggested in any way however that the home nurse should be an ancillary to the G.P. in his own surgery.

Members of the Working Party.

The Working Party comprised:—

- Sir Frederick Armer, K.B.E., C.B., M.C. (Chairman)
(Deputy Secretary, Ministry of Health).
- G. Canty (Member of Lincs. (Lindsey) County Council).
- Miss M. F. Carpenter, S.R.N., S.C.M. (Director in the Education Department, Royal College of Nursing).
- T. M. Clayton, M.D., B.S., B.Hy., D.P.H. (Medical Officer of Health, Coventry).
- Dame Elizabeth Cockayne, D.B.E., S.R.N., S.C.M. (Chief Nursing Officer, Ministry of Health).
- Miss M. H. Cook, M.B.E., S.R.N., S.C.M. (Public Health Nursing Officer, Ministry of Health).
- A. R. Culley, B.Sc., M.D., D.P.H. (Medical Member, Welsh Board of Health).
- Mrs. Dorothy Egan, M.R.C.P., L.R.C.P., D.P.H. (Principal Medical Officer for Maternity and Child Welfare, London County Council).

* Report of Working Party on Training of District Nurses: H.M. Stationery Office, price 1s. 3d. net.

[previous page](#)

[next page](#)