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Editorial.

THE FINANCIAL ASPECTS OF REGISTRATION.—III.

As we said last week, there is reason to believe that very few people have realised the immense amount of work which will devolve on the first Nursing Council. It has certainly not been generally understood that the Council will be called upon not only to govern a very large number of nurses, but to create the very foundations upon which to build up the nursing profession of the future. When the General Medical Council was appointed by the first Medical Act in 1858, it found already in existence a number of medical Corporations, some of which had been at work for centuries, and a great body of medical practitioners legally qualified to carry on their profession, and, moreover, to a large extent, organised into medical societies and associations. The General Medical Council, then, had only to take over the government of a profession already formed and organised, and to systematise medical education in the Universities and Corporations which were already engaged in that work. This fact explains why, at first, membership of the General Medical Council was strictly confined to representatives of the State and of the various examining bodies, because the Act defined the chief objects of the Council as Education and Registration.

In the case, however, of the first Nursing Council, the conditions would be widely different. There is not one State-authorized examining body for nurses in the whole of the United Kingdom, and therefore there is a large number of nurses working on the strength of the diverse certificates of hundreds of training-schools, which, of course, confer no legal authority to practise; and the whole profession is absolutely unorganised.

The first step, therefore, which the first Nursing Council must take is to clearly define the education of a trained nurse—how long that training must take, and precisely what subjects

shall be included in the curriculum. Then, the Council would be called upon to decide what hospitals it will recognise as affording a complete nursing education on the lines then defined. This will be a most difficult task, because it will undoubtedly raise the whole question of the training of probationers in smaller institutions and in special hospitals. We have frequently expressed the conviction that a system of affiliation between such institutions and the large training-schools would solve most of the present difficulties, and, at the same time, would prove to be of great value to nurses from an educational standpoint. For example, it might be provided that a large training-school could affiliate with a fever hospital, a gynæcological hospital, a lying-in hospital, and an asylum for the insane, so that nurses who desired to work at any one of these four distinct specialities could pass a certain part of their training in the special institution. It would be necessary, of course, for the General Nursing Council not only to define the lines upon which such an affiliation should take place, but also to sanction the arrangements made between different institutions for such educational purposes. It can be easily understood what an immense amount of technical details would have to be settled by the Council before it could proceed to deal with questions of examination and certification, the details of which would require extreme care and thought.

At the very outset of its existence, also, the Council would be called upon to draw up the rules for the admission of nurses to the Register, during the "time of grace" provided by the Act; while it would also be necessary that it should define the regulations for its own meetings and general procedure. As soon as the Council commenced to place names on the Register, it would be compelled to consider and draw up detailed rules and regulations as to the causes for, and the methods by, which names would be suspended or removed from the Register. This would probably involve the

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