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## EDITORIAL.

### THE GRADING OF THE ENGLISH HOSPITALS.

We publish, in our correspondence columns, a letter from the Registrar of the Central Registry of Graduate Nurses in Toronto, asking us if we will explain the grading of the English Hospitals; and the reason for the inquiry is that this Association of Canadian Nurses, which has many applications from English nurses, anticipates that registration will soon be in force throughout the Dominion of Canada, and wishes to keep its standard high.

Enquiry is specially directed to the status of the poor law infirmaries, certain specific institutions being mentioned, and information is sought concerning the standing of their nurses in comparison with those in the general hospitals.

The question of which nursing schools in the United Kingdom give a course of training which should entitle their graduates to recognition as qualified for State Registration in countries where such registration is in force, is becoming increasingly urgent. Frankly, we are unable to answer the question asked by our correspondent, for the reason that there is no recognised standard of nursing education in this country, and no satisfactory test which can be applied to the training given in any hospital.

In regard to the institutions named, it is only possible to say that they maintain the three years standard, but what the nursing curriculum adopted is, what the facilities for training are, and what practical and theoretical teaching is given by the medical staff, or by the Superintendent of Nurses and her subordinates, we cannot say, for the reason that every training

school in this country is a law to itself, and there is no guarantee, even if it is efficient at one time, that its efficiency will continue, for, under present conditions, this depends largely upon the capacity and energy of individual Matrons.

We therefore consider that until such time as a Nurses Registration Act is in force in the United Kingdom, those countries where Registration laws are in operation should refuse to recognize the qualifications of nurses trained in this or any other country where similar laws do not exist. The qualifications of such nurses must be an unknown quantity, and it is unfair on those who have passed through a prescribed curriculum—and have given evidence, satisfactory to a State Examining Board that they have profited by the teaching they have received, and the practical experience they have had—to admit to competition with them nurses from other countries who cannot give similar guarantees of efficiency.

The adoption of such a policy would be advantageous in two directions.

It would protect the professional interests of the registered nurses in the country concerned, and would bring pressure to bear upon Governments, which have so far denied the obviously just demand of trained nurses for legal status, to reverse their policy of inaction, and to legislate in protection of the sick against fraudulent and incompetent nursing care. Thus those nurses who have entered into their heritage would, from their point of vantage, be able to give effective help to their less fortunate colleagues who are still urging their claims to legal status upon indifferent or antagonistic Governments, by proving how prejudicial it is to nurses who emigrate, to be unable to give an effective guarantee of their professional capacity. The justice of such a policy could not be gainsaid.

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