

came into existence in the year 1910. It represents by delegation the British Medical Association, the Royal British Nurses' Association (which is under Royal Charter), the Matrons' Council of Great Britain and Ireland, the Society for the State Registration of Trained Nurses, the National Union of Trained Nurses, the Fever Nurses' Association, the Scottish Nurses' Association, and the Irish Nursing Board, comprising altogether no fewer than 30,000 medical practitioners and nurses. The House will agree that that is a highly representative body which is responsible for the inception of this Bill.

ESTABLISHMENT OF GENERAL NURSING COUNCIL.

The first thing we propose is to establish a General Nursing Council. It may be asked who are the proper people to put on this council? First, the Crown must be represented by persons appointed by the Privy Council. Medicine must be represented, because medicine and nursing are closely interdependent. There is provision in the Bill for the nomination of a certain number of medical practitioners by the Local Government Board. It will be the Ministry of Health if certain legislation now before the House goes through. There is also provision for the nomination by the British Medical Association of certain medical practitioners. Then we come to the most important part of the Council—the elected part, the part which will be elected by registered women nurses, and will consist partly of matrons and partly of trained nurses. There is provision also for representation of the nurses' training schools. They will be represented. It is quite clear that there ought to be representation on the General Council of Nurses for the lay element, boards of governors and others who are interested in this question.

LAY REPRESENTATION SHOULD NOT BE PREDOMINANT.

But while I say that there ought to be representation for the lay element, I think it exceedingly important in the interests of nurses that this representation should not be predominant. I do not wish to go into details, but it is quite obvious that the General Council of Nursing cannot be created at once because it depends on having an electorate and that electorate can only be created through the register. Therefore this Bill provides for what I may call a provisional or initial council which will hold office for two years and which will draw up rules and regulations to govern the profession of nursing. All the members I have already referred to as being members of the General Nursing Council when it comes into force will be members of the initial council except that there will not be representatives directly elected by the trained nurses. It will be the business of the initial council to hold office for two years, and to devote itself to the formation of the register. The Clause provides:

"The persons so appointed shall hold office for a term of two years until the task of forming a register of persons entitled to be registered under this Act is

sufficiently advanced to admit of an election of direct representatives of registered nurses."

Then there is a provision for the election of direct representatives when the register has been formed, and it is possible for the nurses to elect their own representatives. Even the form of nomination paper is set out in the Bill. There is a very extensive section which deals with the duties and powers of the General Nursing Council. The rules made by this body are not to have effect until they are approved by the Privy Council, and it is only with that approval that they obtain the force of law. There is also a provision setting up divisional boards for England, and Wales, and Scotland, and Ireland. Those boards will hold examinations under the curriculum established by the General Nursing Council, and will inquire and report to the Council upon the character and status of all applicants for registration in their respective divisions of the Kingdom, and perform such other duties as the Council may from time to time determine. There is an appeal from those divisional boards to the Council, and that ought to be a safeguard against any possibility of oppression. The House will, I am sure, be anxious to know what is to happen to those people who are nurses already. The House always wishes to protect those who are carrying on an occupation and to see that nothing in the way of legislation takes away their just rights. In the first place, there is what I may call a period of grace, or an interregnum, of three years during which any person who is *bona fide* carrying on the business or profession of a nurse, will be entitled to come forward and claim registration. Clause 12 provides:

"Any person who within three years from the commencement of this Act claims to be registered thereunder shall be so registered provided such person is a British subject, is at least twenty-one years of age, and is of good character, and either (1) holds a certificate of training for such period as may be prescribed by the rules framed under the provisions of the Act, &c."

The second Sub-section of that Clause provides for registration, provided the person holds a certificate as to training from the Lords Commissioners of the Admiralty, or under regulations authorised by the Army Council for soldiers of the Royal Army Medical Corps, and the third Sub-section if the person holds a certificate from the Local Government Board for Ireland or from the Local Government Board for Scotland as to qualifications, and by the fourth Sub-section if the person produces evidence satisfactory to the Council of training prescribed by the rules framed under the provisions of this Act and has, in addition, been for at least three years in *bona fide* practice as a nurse.

NO ROOM FOR OPPRESSION.

I think, therefore, that the House will see that there is no room for oppression under this Bill. Registration is not compulsory, but no man or woman will be able to describe himself or herself as a registered nurse unless the person so described is a registered nurse. That will provide security

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