

CONFERENCE ON NURSING EDUCATION.**CONVENED BY THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.***(Concluded from page 272.)***AFTERNOON SESSION.**

Mr. J. C. Priestley, K.C. (Chairman of the General Nursing Council for England and Wales), presided at the Afternoon Session of the Conference on Nursing Education, held on April 28th (by permission of the Royal Society of Medicine), at No. 1, Wimpole Street, W., when the subject under consideration was "The Supplementary Parts of the Register, in conjunction with Alternative and Reciprocal Training." It was introduced in a paper by Miss M. E. Sparshott.

RECIPROCAL TRAINING FROM A GENERAL HOSPITAL POINT OF VIEW.

By MISS MARGARET ELWIN SPARSHOTT,
C.B.E., R.R.C.

To me has fallen the honour to place before you some suggestions by means of which nurses may qualify themselves for enrolment on the General Register set up by the Nurses' Registration Act of 1919.

It is thought by the members of the General Nursing Council that it will be better for them, and more helpful to a wise decision on their part, if you will give your opinion fully and freely as to the sort of hospitals which may be grouped together and also the number of beds a hospital should possess before it can claim to train, or help train, nurses sufficiently to take the examination which will be necessary before they can become Registered Nurses.

In considering these questions, there are two principles which must not be lost sight of.

1. That our sick must be nursed. It may be said that this is not a responsibility of the General Nursing Council, but surely it is, to this extent, that conditions must not be so high that the poor in our small hospitals cannot be nursed, *yet*, on the other hand, and this brings me to the second principle.

2. Our Register must be worthy of the authority of a Statutory body.

There are a large number of small hospitals and special hospitals which are necessary for the nursing of special classes of disease and for the care of the sick in our scattered areas; yet these hospitals, doing good work, cannot pretend to train their nurses and make them fit for membership of the General Register; it is, therefore, necessary to have various schemes of conjoint or reciprocal training, so that our two great principles may be carried into effect.

The conditions we must prepare for are those which will allow nurses to take the examination in 1924, and it is suggested for your criticism that nurses will be eligible if trained—

1. For three years in a general hospital approved by the General Nursing Council, with a

Resident Medical Officer, educating its nurses on the Syllabus laid down by the General Nursing Council. It will be for you to give us your advice as to how many beds a hospital should contain before it can be called a General Hospital.

The following we will call alternative systems and we consider that they should occupy four years:—

2. Those nurses undergoing conjoint training. This would entail a "Mother Hospital" with three or more small hospitals attached to the group able to do the teaching required by the Syllabus. Here will come in the travelling Sister Tutor. The group could have amongst its hospitals one small Poor Law Infirmary, which would give the needed medical work, as our small hospitals are usually surgical or accident hospitals.

3. A training for two years in a Special Hospital such as Fever or Children, and two years in a General Hospital.

The hospitals grouped together would share the teaching necessary for the Syllabus.

4. Training in a General Hospital for three years, with a fourth year during which period one or more of the following subjects could be taught: Sanitation and Public Health, Child Welfare, District Nursing, Midwifery, Tuberculosis, Fever or Venereal Diseases.

5. Training in a small general hospital affiliated with a women and children hospital, also if possible to an eye hospital, and ear and throat hospital.

These groups must show that they can conjointly give the necessary theoretical and practical training required by the Syllabus.

If nurses wish to specialise in any of these subjects it would be necessary for them to take a longer course of training than three or six months. The shorter training would teach them as "General" nurses how to meet any emergency arising in their ordinary work.

It would be most helpful if a geographical survey were made by hospital authorities and suggestions sent to the General Nursing Council for the grouping of hospitals, suited to the area, for the purpose of conjoint training, but it must be shown that these hospitals can supply the teaching material and the equipment and the lecturers necessary for the working of the Syllabus of the General Nursing Council. Under these conditions these hospitals could be approved as affiliated for the purpose of conjoint training.

It is earnestly hoped that you ladies with all your varied and valuable experience will give us the benefit of your criticisms of the foregoing schemes and your suggestions to better them; the more you help us to-day the more right you will have to criticise the result of our work, when the final Rules are drafted.

MENTAL NURSING.

BEDFORD PIERCE, Esq., M.D.

Dr. Bedford Pierce pointed out that mental nursing is in some respects better placed than General Nursing, inasmuch as 30 years ago the

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