

the North. Was it a fact that if two hospitals were affiliated, if one had a Resident Medical Officer that was sufficient?

THE CHAIRMAN said that the members of the Deputation had made it plain that of the 25 hospitals under discussion several at the present moment were joining with other hospitals to provide training for their nurses. He would tell them at once that to these Clause 1 (requiring the appointment of a Resident Medical Officer) did not apply. Of those left he gathered they would not claim that all were fitted to be complete training schools. Would they say that if these were accepted provisionally they would be satisfied?

MR. PERCIVAL said they would be satisfied if they were recognised for a limited period.

#### Questions by Members of the General Nursing Council.

MISS VILLIERS enquired whether nurses trained in the smaller training schools passed on to such positions as Mr. Percival had indicated.

THE CHAIRMAN said it was an important point.

MISS VILLIERS further enquired whether on 60 operations it was considered that 20 probationers could be adequately trained.

MRS. BEDFORD FENWICK said that Mr. Percival had told the Council of an Instruction which, he said, had never been rescinded, but said that the recognition accorded by the Ministry of Health under this Instruction, was elastic. He urged that the Council should recognise schools to which this elasticity was applied, but she thought that the first thing the Association should do was to get the Ministry to rescind the Instruction.

In regard to the question of a Resident Medical Officer, she had recently had the pleasure of visiting the Tynemouth Poor-Law Institution. Technically, as Mr. Percival had said, there was not a Resident Medical Officer because he lived outside the boundary of the Institution, but practically he was quite close at hand, and could easily be summoned by telephone.

She thought that, as she had urged on previous occasions, the Council would do well to inspect these places and come into communication with the Guardians. (Hear, hear.) Had she been visiting the Tynemouth Poor-Law Institution officially she could have given a very satisfactory account of it.

Another point made by Mr. Percival was that probationers from one institution had some months' training in a Surgical Nursing Home. Did the patients in this home pay for skilled nursing, and was six months' training in surgical work sufficient? The Council so far had not recognised training in these proprietary institutions run for profit.

Might the Council know what was meant by a whole-time official?

She thought the best thing would be for some one representing the Council to visit these 25 institutions, and make a report to it upon them. (Hear, hear.)

MR. PERCIVAL said the Order he referred to

was an up-to-date measure passed in 1913. Every one of the Minor Schools recognised by the Ministry had been inspected and approved. He was not concerned with the question of the training in a Surgical Nursing Home, but only mentioned it as an indication of what the authorities of a Poor Law institution were trying to provide.

THE CHAIRMAN stated that the General Nursing Council had sent out a Questionnaire, which, he believed had been sent to all the 25 schools mentioned. They had thus had all the information which could be obtained without inspection.

MISS DOWBIGGIN said she was very pleased that the question of the smaller Poor Law Training Schools had come up. She was aware of the Order of 1913. It was a question how the nurses trained in the small schools could cope with the work in the larger hospitals. She had taken nurses from these small schools and they were at sea in the management both of wards, and of emergencies, in the larger institutions. The Council should see that all probationers were trained on adequate material. She considered there should be a whole time medical officer in institutions to which a Nurse Training School was attached.

MISS COX DAVIES said she had no questions to ask as Mrs. Fenwick had asked about the training in Nursing Homes. She was of opinion that six months of such training could not be considered sufficient experience in surgical nursing.

MISS LLOYD STILL thought the school referred was an incomplete training school. The Rule did not apply to schools in affiliation with Voluntary and other Hospitals, they were not complete Training Schools.

MISS SEYMOUR YAPP enquired whether Mr. Percival did not think that some of the smaller training schools were good.

MR. PERCIVAL was of opinion that some of them could be recognised as partial training schools in affiliation with others.

DR. GOODALL said that one reason why the Council decided to require evidence that an institution maintained a Resident Medical Officer as a qualification for recognition as a Nurse Training School, was that it was an indication that the Institution had acute work. If there was not a whole-time officer it probably meant that a general practitioner was paid a salary, which was not large, to run round when it suited him.

MISS SEYMOUR YAPP thought he would come when sent for, and when necessary.

THE CHAIRMAN asked Mr. Percival whether the Deputation was of opinion that the presence of a Registered Medical Officer was a criterion of acute cases.

MR. PERCIVAL said that a man could be either resident or non-resident so far as they were concerned.

MISS CATTELL said that it was most unjust both for the nurses and for private patients that probationers should be trained in Nursing Homes.

MR. CHRISTIAN enquired whether these Institutions had any affiliations with any other hospital, and was informed, "not many."

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