

## XII.—REGISTRATION TO MARCH 3RD, 1923.

Applications received .. .. .	20,625
Applications approved by Council to February 16th, 1923 .. .. .	13,617
Applications for approval .. .. .	2,223
Ineligible .. .. .	693

XIII.—Lists of 2,233 applicants for registration whose applications have been found to be in conformity with the rules, are appended, as also are lists of 55 applicants whose applications are not in conformity with the rules.

The Committee recommends :—

(g) That the 2,223 applicants whose applications have been found to be in order be approved for registration, and that the Registrar be instructed to enter their names in the appropriate parts of the Register.

(h) That the appropriate certificate be granted to each of these applicants, and that authority be hereby given to affix the seal of the Council to each certificate.

In conformity with precedent consideration of Item XIII was postponed, to be taken *in camera* at the end of the meeting.

## COPY OF LETTER FROM MINISTRY OF HEALTH REFERRED TO IN ITEM VI OF REPORT.

Ministry of Health,  
Whitehall, S.W.  
13th December, 1922.

SIR,—I am directed by the Minister of Health to refer to the Assistant Registrar's letter of the 1st December, enquiring whether in the opinion of the Ministry Rule 9 (1) (a) permits the Council to register nurses trained in such parts of the King's Dominions as do not possess a system of registration such as is described in the Nurses' Registration Act, Section 6; and further, if Rule 9 (1) (a) so permits, whether the exercise of such power is obligatory upon the Council.

In reply I am to point out that Rule 9 and Section 6 of the Act are not related. Rule 9 (1) (a) deals with the evidence which the Council require as evidence of adequate knowledge and experience in the case of applicants who fall to be dealt with under Section 3 (2) (c) of the Nurses' Registration Act. Section 6 of the Act confers on nurses registered on certain Colonial registers a right to claim admission to the British Register by virtue only of their colonial registration.

With reference to the particular case now in question, if the applicant has been trained in a Dominion which does not possess a system of registration such as is described in Section 6 (2) (a), it is clear that the applicant is not entitled to be registered under the provisions of Section 6. If the nurse is thus unable to take advantage of Section 6, it is open to her to apply for registration as an existing nurse under paragraph (c) of Section 3 (2); and it is in this connection that the provisions of Rule 9 (1) (a) are relevant. The Minister is advised that it is open to the Council to deal with the application under these provisions. It is, of course, for the Council to determine whether they know enough about the particular foreign or colonial hospital to accept proof of training in it. But there is no legal objection to the Council approving such an institution (assuming that it has a resident medical officer) for the purpose of Rule 9 (1) (a).

Alternatively it might be open to the Council to deal with the individual application under their proposed new rule, if the applicant has had exceptional experience.

This is a matter within the discretion of the Council, but I am to point out that Section 6 of the Act does not operate to prevent the Council from dealing with the application in either of the ways above mentioned.

I am, Sir, your obedient servant,  
(Sd.) P. BARTER.

The Secretary,  
General Nursing Council,  
12, York Gate,  
Regent's Park, N.W.

## Discussion.

In moving that the Report be received, DR. GOODALL said that it presented no sudden change of face. On February 3rd, 1922, it was reported that it was realised the door had been shut too close, and the Council passed a Rule, subsequently approved by the Ministry of Health, which opened the door to the General Register a little more widely than before. Time went on, and the Council found there were still a number of nurses whom they ought to admit to the Register. The matter was brought to a head in a letter from Miss M. Herbert on June 16th, and the Council at its meeting in July passed, practically unanimously, a wide Rule—Rule 9B—the Scottish Council, however, declined to agree to this Rule.

The Council, however, was still pressed by nurses, and others on their behalf, to consider the question, and, at the meeting on November 17th, the Registration Committee submitted another Rule, which was approved by the Council by 16 votes to 1. This did not obtain the approval of the Ministry of Health. And the Draft Rule 9C was carried at the December meeting of the Council. The question, therefore, was not a new one. It had been before the Council since a year ago last month, and had been discussed in the nursing papers for some months.

Would the public safety be jeopardised by placing on the Register nurses who had been in practice for 20 years who had not necessarily had a year's training in hospital? The Council recognised training in a small cottage hospital of ten beds followed by two years' *bona fide* practice.

He hoped every member of the Council would speak, or at least vote on this.

As Chairman of the Committee he hoped the recommendation would be carried. But he hoped also that it would be discussed and settled.

## AMENDMENT PROPOSED TO RULE 9 I (g).

MISS DU SAUTOY moved as an amendment to Rule 9 I (g) to insert after the word experience "including experience in a General Hospital or a Poor Law Infirmary."

THE CHAIRMAN said the Amendment could not be moved in that form. He suggested an alternative which was accepted by Miss du Sautoy to add to the end of the Rule the words, "provided that the nurse has spent some time in a General Hospital or a Poor Law Infirmary."

Miss Musson opposed the amendment. So many restrictions had been made. She had, as the letter from the Ministry pointed out, come fresh from the election. She was speaking for the older nurses. The Council admitted younger

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