

GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

The one hundred and sixteenth meeting of the General Nursing Council for England and Wales was held at 20, Portland Place, London, W.1, on September 26th, the Chairman, Miss E. M. Musson, C.B.E., R.R.C., presiding.

Correspondence.

The Chairman reported that a letter had been received from the Ministry of Health officially notifying that Lieut.-Col. J. R. Lord, C.B.E., M.D., C.M., F.R.C.P.E., had been appointed a member of the Council in place of Dr. R. Worth, resigned.

Finance.

On the recommendation of the Finance Committee, Bills and Claims submitted for payment were approved, and the sum of £100 for Postage Stamps, £25 for Insurance Stamps, and £10 for Petty Cash allowed.

Registration.

The Chairman reported the receipt of the following letter from Mr. J. P. Kavanagh, and the reply approved:—

AN IMPORTANT PRINCIPLE INVOLVED.

Copy of Letter from MR. J. P. KAVANAGH (Solicitor acting for Religious Hospitals).

Box 708,
Auckland, New Zealand.
June 23rd, 1930.

Miss Musson, Chairman, General Nursing Council for England and Wales.

DEAR MISS MUSSON,—The New Zealand Trained Nurses' Association in a circular letter states: "Miss Musson, Chairman of the General Nursing Council for England and Wales says 'Private Hospitals run for gain are not recognized as training schools. The proposed change would affect our reciprocal agreement.'"

"The proposed change" referred to is an amendment to the Nurses and Midwives' Registration Act, 1925 (N.Z.). This Act provides that a required three years' training of nurses must be obtained in a "Hospital," which is defined as a "Public Hospital under the control of a Hospital Board"; in other words, an institution owned by the State and administered through a local Board elected on popular franchise.

The Act is administered by the Nurses and Midwives' Registration Board, consisting of the Director-General and Assistant Director-General of the Department of Public Health, a doctor appointed by the medical profession, and a nurse and a midwife appointed by the N.Z. Trained Nurses' Association. This is the body which approves all training schools for nurses, determines the courses of instruction and standard of training, conducts the examinations, and issues the certificates.

The amendment to this Act would allow Private Hospitals to train nurses, provided that they were first approved as training schools by the Nurses and Midwives' Registration Board (in which no change is intended). The trainee in such approved Private Hospital would have to undergo the same course of instruction and comply with the standard of training prescribed by the Board, and would have to pass the prescribed examination for all nurses, before any such trainee could receive her general nursing certificate.

By "Private Hospital" is meant here, a hospital not owned by the State, or controlled by a Hospital Board.

Would you be so kind as to answer officially the following questions:—

(1) What you mean by "Private Hospitals run for gain"? Please give an official definition as from your Council.

(2) If a New Zealand nurse proved to the satisfaction of your Council that she had been registered as a general nurse for the sick, and produced her New Zealand State nursing certificate for such purpose and paid your Council's prescribed registration fee, would you admit her to your register if you knew that she had been trained for three years in a hospital (not being a State-

owned Hospital) approved by the Nurses and Midwives' Registration Board, a statutory body under the Nurses and Midwives' Registration Act, 1925, of New Zealand?

(3) Would the present reciprocity between New Zealand and England and Wales be affected if hospitals approved by the Nurses and Midwives' Registration Board became training schools in New Zealand, if such Hospitals (not being State-owned Hospitals) became bound by law to maintain to the satisfaction of the said Board the same standard and scope of training now required of the training schools attached to approved State-owned Hospitals?

An official reply to these questions would be greatly appreciated here, in order to clear up the differences that have arisen in interpretation of your statement quoted at the commencement of this letter.

Thanking you in anticipation,

Yours faithfully,
J. P. KAVANAGH.

Copy of Letter from the Registrar to MR. J. P. KAVANAGH.
20, Portland Place, W.1.
September 26th, 1930.

DEAR SIR,—I have to acknowledge your letter of June 23rd, 1930, addressed to Miss Musson, the Chairman of the General Nursing Council for England and Wales, which was forwarded to this Office by Dr. Ware during the month of August when the Council was in vacation. Your letter was placed before Council at its meeting to-day.

In reply to your three questions, I am instructed to reply as follows:—

Question 1.—What you mean by "Private Hospitals run for gain"? Please give an official definition as from your Council.

By "Private Hospitals run for gain" the Council mean establishments usually known in this country as "Private Nursing Homes," that is to say, proprietary establishments owned by one or more individuals and conducted on a profit-making basis.

Question 2.—If a New Zealand nurse proved to the satisfaction of your Council that she had been registered as a general nurse for the sick, and produced her New Zealand nursing certificate for such purpose, and paid your Council's prescribed registration fee, would you admit her to your register if you knew that she had been trained for three years in a hospital (not being a State-owned Hospital) approved by the Nurses and Midwives' Registration Board, a statutory body under the Nurses and Midwives' Registration Act, 1925, of New Zealand?

The Council call attention to the fact that recognition in this country is not limited to "State-owned institutions" as the so-called "Voluntary Hospitals" are not owned by the State but are maintained by endowments, subscriptions, donations, contributions from patients, etc. They are *public institutions*, administered by Boards of Management in the interests of the general public. The leading (and oldest) General Hospitals, including all those to which Medical Schools are attached, are "Voluntary Hospitals." The question as to whether an institution is, or is not "State owned" is therefore immaterial so far as my Council is concerned, as is also the question whether the Governing Body is elected "on popular franchise" (see your para. 2) or by some other method.

Question 3.—Would the present reciprocity between New Zealand and England and Wales be affected if hospitals approved by the Nurses and Midwives' Registration Board became training schools in New Zealand, if such Hospitals (not being State-owned Hospitals) became bound by law to maintain to the satisfaction of the said Board the same standard and scope of training now required for the training schools attached to approved State-owned Hospitals?

The present Reciprocal Agreement between the Nurses and Midwives' Registration Board of New Zealand and the General Nursing Council for England and Wales would be affected if establishments in New Zealand corresponding to "Private Nursing Homes" in England and Wales were recognized by the Nurses and Midwives' Registration Board as training schools for nurses. If the Hospitals it is desired to recognize are Public Hospitals, similar to the Voluntary Hospitals of this Country, offering the prescribed variety of cases and giving the prescribed course of training there is no reason to suppose that reciprocity would be affected. The Council note, however, that in para. 5 of your letter to the Chairman you use the words "not owned by the State or controlled by a Hospital Board." An institution

[previous page](#)

[next page](#)