

## EDITORIAL.

At the meeting of the General Nursing Council for England and Wales, held on June 27th, 1947, a communication was read from the Executive Secretary of the Registered Nurses' Association of British Columbia regarding the reciprocal agreement with the Council. We draw the attention of our readers to the following statement sent to us by the Registrar:—

"The General Nursing Council desire to draw attention to a letter which has been received from the Executive Secretary of the Registered Nurses' Association of British Columbia cancelling the existing agreement for reciprocal registration of nurses between the Council and the Association. It is felt by the Association that the improvements in standards of nursing education in this country, both in respect of general educational qualifications required for entry to the nursing profession, and in respect of the nursing training received, have not kept pace with those in British Columbia. In fairness to members of the nursing profession in British Columbia, and to the public which has come to expect a higher standard of nursing, it is not possible to continue the reciprocal agreement entered into with the General Nursing Council, in 1934.

In the reply, which the Council has sent to the Executive Secretary of the Association, it has been pointed out that, although the hours of instruction a student nurse is required to have undergone before entry to the examinations in British Columbia are considerably in excess of the minimum number of lectures laid down by the Council for entry to the examinations in this country, the majority of Training Schools do, in fact, arrange for many more lectures to be given than the required minimum. Taking into account clinical instruction, tutorials and revision classes which do not appear on official record sheets, the actual hours of instruction, and the variety of clinical experience afforded to most student nurses in this country, do approximate much more closely to those in British Columbia than would appear from a comparison of the respective minima laid down. In view of the fact, however, that the General Nursing Council is being pressed from certain quarters to lower its standards of training still further, it is felt that attention should be drawn to the fact that nursing education standards in this country would already appear to be falling below those in the Dominions, and that the letter from the Registered Nurses' Association of British Columbia is a timely reminder of the urgent necessity to raise rather than lower the standards of nursing education in this country."

We must admit that the decision by British Columbia to terminate its agreement of reciprocity with us has given us a nasty jolt. Yet on cool reflection it is only what we could have expected. Before the Nurses' Act of 1943 our professional standards were slipping downhill at a jog-trot pace. The pernicious Act of 1943 gave them their final push, and away into the chasm lurched British protected Nursing standards which had, between 1900 and 1943, been the envy of the Profession throughout the world. British Columbia has grasped the significance of our nursing decline, and apparently does not

wish her Nursing schools to suffer that same decline either by dilution or contamination. Who will follow this lead of British Columbia?

Many of us who were privileged to attend the International Congress of Nurses, in Atlantic City, U.S.A., were also privileged to inspect American Schools of Nursing, some of which were schools within the large Universities. It was most noticeable that the educational standards required before entry to these schools were much higher than we require in England; also, the curricula in the Nursing schools is more academic and more widely embracing than ours. Judging by these externals, American Nursing is professional, and their nurses are well-educated professional women. By these same standards English Nursing could stand convicted as a Practical and Domestic livelihood for those capable of undertaking it.

We know there are outstanding exceptions. The London Nursing Schools associated with Medical Schools, and some of the great provincial voluntary hospitals can and do attract a first-class type of student and give them a good, sound professional education, and produce professional nurses. But it is the exceptions which prove the rule.

Many other hospitals, both voluntary and provincial, are so desperately short of nurses that, in their anxiety to obtain the barest necessities for their patients, they have had to overlook the absence of sufficient education, and gladly, nay, eagerly, welcome as students girls and men who are not suitable, and who have not been able to assimilate the minimum amount of professional knowledge required to satisfy their examiners.

It may be argued that too much knowledge tends to separate the nurse from her patient, and that an academic education does not produce the deft and gentle pairs of hands so necessary in bedside nursing. Conversely, it is also argued that many girls of the less educated type who cannot pass examinations, make better practical nurses. Is this not merely wishful thinking, and dodging the issue, and might it not be again the case of exceptions proving the rule?

Speaking generally, is it really possible that a brain which has not been thoroughly exercised by sound learning, can readily and easily absorb sufficient scientific knowledge to act swiftly and surely in critical emergencies, and be capable of highly automatic duties such as reduction of percentages and division of decimals required in the dosages of drugs? Can an unlearned brain direct untrained hands and make of them "winged and gentle and most skilled harbingers of healing?" Surely, it must be that the more one learns, the more one can do, and as knowledge increases, actions become surer, involve less energy and occupy less time in the performance. Alternately, the less one knows, the less one can do, and more energy and more time are expended over the less sure and fumbling actions. Thus, a well-educated professional woman can do far more work in far less time, with far less friction, and is more economical and much to be desired.

The General Nursing Council has laid down certain minimum standards and minimum numbers of lectures for students wishing to take their State Examinations for State Registration. These minima might be mis-

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