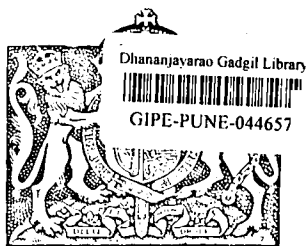


REPORT OF THE COMMITTEE ON  
THE TRAINING OF NURSES  
FOR THE COLONIES.



COLONIAL OFFICE

# Report of the Committee on the Training of Nurses for the Colonies

*Presented by the Secretary of State for the Colonies to Parliament  
by Command of His Majesty  
August 1945*

LONDON  
HIS MAJESTY'S STATIONERY OFFICE

ONE SHILLING NET

Cmd. 6672

## TABLE OF CONTENTS.

		<i>Paragraph</i>	<i>Page</i>
	<b>Foreword</b>		3
<b>Section I</b>	<b>The Committee's Procedure</b> ... ..	1-4	3
<b>Section II</b>	<b>Introductory</b>		4
	Medical Policy in the Colonies ... ..	5-9	4
	The Development of Nursing in Colonial Territories ... ..	10-13	5
	Present Position of Nursing Services in the Colonies ... ..	14-21	6
<b>Section III</b>	<b>Nursing and Midwifery Councils</b> ... ..	22-26	9
<b>Section IV</b>	<b>Training</b>		10
	Arrangement of the Section ... ..	27	10
	<b>A. THE TRAINING OF NURSES IN THE COLONIES</b>		10
	General Policy ... ..	28-31	10
	Pre-Nursing Education ... ..	32-34	11
	General Nursing Training:—		
	General Principles ... ..	35-40	12
	Training Arrangements and Curricula ... ..	41-45	13
	Training Schools and Hospitals ... ..	46-54	15
	Community Nurse Training ... ..	55-60	17
	Midwifery Training ... ..	61-69	18
	The Training of Mental Nurses ... ..	70-72	19
	Medical Aids ... ..	73-76	20
	Training after Registration ... ..	77-80	20
	Adaptation of the Nursing Training Course to Educa- tionally Backward Areas ... ..	81-90	21
	Assistant Nurses ... ..	91-93	23
	<b>B. THE TRAINING OF NURSES IN THE UNITED KINGDOM AND THE DOMINIONS FOR WORK IN THE COLONIES</b>		24
	General Recommendations ... ..	94-101	24
	Special Course of Instruction for Candidates Selected for Appointment ... ..	102-106	27
	Language Instruction ... ..	107	27
	Refresher Courses ... ..	108-109	27
	The Training of Colonial Nurses in the United King- dom or the Dominions ... ..	110-112	27
	<b>C. RESEARCH IN NURSING TRAINING</b>		28
<b>Section V</b>	<b>Recruitment and Conditions of Service</b>		29
	<b>A. THE ENCOURAGEMENT OF RECRUITMENT</b>		29
	Recruitment in the Colonies ... ..	114	29
	Recruitment in the United Kingdom and the Dominions ... ..	115-124	29
	<b>B. CONDITIONS OF SERVICE</b>		30
	Recommendations of General Application ... ..	126	30
	Recommendations Applying Specifically to Locally Recruited Nurses ... ..	127	31
<b>Section VI</b>	<b>Summary of Recommendations</b> ... ..	128	32
		129	36

## APPENDIX I.

## Witnesses who gave evidence before the Committee

- Miss B. G. Allardes, M.B.E. (formerly Senior Health Visitor, Tanganvika Territory).  
 Dr. Margaret Balfour, C.B.E., M.B., C.M. (formerly Chief Medical Officer in charge of Women's Services in India).  
 Miss Amy Barclay, M.B.E. (Matron, Central Hospital, Nicosia, Cyprus).  
 Dr. Mabel Brodie, M.C., Ch.B., D.P.H., D.T.M. & H. (who at one time served as a Medical Officer, Kedah).  
 Miss A. V. Butcher, M.B.E. (formerly Matron, Khartoum Hospital).  
 Dr. C. C. Chesterman, O.B.E., M.D. (Medical Officer and Secretary, Baptist Mission Society).  
 Mrs. G. M. Culwick (Nutrition Assistant, Colonial Office).  
 Mr. I. G. Cummings (Welfare Department, Colonial Office).  
 Dr. H. S. de Boer, C.M.G., M.C. (Director of Medical Services, Uganda).  
 Miss M. H. Etheredge (Nursing Sister, Palestine).  
 Mr. F. R. Fairclough, M.B.E. (Colonial Service Department, Colonial Office).  
 Mrs. G. M. Hamblin (Secretary to Public Health Section, Royal College of Nursing).  
 Dr. J. W. P. Harkness, C.M.G., O.B.E., M.B., Ch.B., D.P.H. (Director of Medical Services, Nigeria).  
 Miss N. M. C. Horrocks (formerly Matron, Central Hospital, Nicosia, Cyprus).  
 Mrs. E. O. Jackson (Matron, University College Hospital, London).  
 Miss I. H. Jamieson (Nursing Sister, Aden, now Health Sister, Uganda).  
 Mr. J. L. Keith, O.B.E. (Head of the Welfare Department, Colonial Office).  
 Dr. A. E. Lorenzen, D.P.H. (Assistant Director, Sudan Medical Service).  
 Miss J. H. Marr (Nursing Sister, Gold Coast).  
 Miss I. Milne (Matron, Colonial Hospital, Port of Spain).  
 Miss D. Morant (a Jamaica Government Scholar).  
 Dr. L. J. Ogle, M.B., B.S., D.P.H. (Medical Officer, Nigeria).  
 Miss G. G. Peyton-Jones (Matron, Ophthalmic Hospital (Order of St. John of Jerusalem), Palestine).  
 Dr. Margaret Read (Acting Head, Colonial Department, London University Institute of Education).  
 The late Miss B. Skerritt, M.B.E. (Nursing Sister, Nigeria).  
 Miss K. Welch (formerly Nursing Sister, Uganda).

The Committee also considered a Memorandum on matters relating to Health Visiting work in the Colonies, which was submitted by Miss H. M. Gray, Secretary of the Women Public Health Officers' Association, on behalf of her Association.

## APPENDIX II.

## HONG KONG

(1937 Revision).

## No. 1 of 1931.

An Ordinance to provide for the registration of nurses for the sick.  
 (6th February, 1931).

1. This Ordinance may be cited as the Nurses Registration Ordinance, 1931.

*Establishment and constitution of a Nursing Board.*

2. (1) For the purposes of this Ordinance there shall be established a Nursing Board for the Colony of Hong Kong (in this Ordinance referred to as "the board").

(2) The board shall be constituted in accordance with the provisions contained in the regulations made under this Ordinance.

*Register of nurses.*

3. (1) It shall be the duty of the board to form and keep a register of nurses for the sick (in this Ordinance referred to as "the register") subject to and in accordance with the provisions of this Ordinance, and the names of all persons included in the register shall be published annually in the Gazette.

- (2) The register shall consist of the following parts—

(a) a general part containing the names of all nurses who satisfy the conditions of admission to that part of the register;

(b) a supplementary part containing the names of male nurses;

(c) a supplementary part containing the names of nurses trained in the nursing and care of persons suffering from mental diseases;

(d) a supplementary part containing the names of nurses trained in the nursing of sick children;

(e) any other prescribed part.

Where any person satisfies the conditions of admission to any supplementary or prescribed part of the register, his or her name may be included in that part of the register notwithstanding that it is also included in the general part.

(3) In any proceedings, a copy of the Gazette containing the most recent list of names on the register shall be *prima facie* evidence, and a certificate under the hand of the chairman of the board shall be conclusive evidence, that the persons named in the list or certificate are, or are not, registered under this Ordinance.

(4) Any reference in this Ordinance to the register shall unless the context otherwise requires be deemed to include a reference to any part of the register, and the expression "registered" shall be construed accordingly.

#### Regulations.

4. (1) It shall be lawful for the Governor in Council to make regulations for any of the following purposes—

(a) for regulating the formation, maintenance and publication of the register;

(b) for regulating the conditions of admission to the register;

(c) for regulating the conduct of any examinations which may be prescribed as a condition of admission to the register, and any matters ancillary to or connected with any such examinations;

(d) for prescribing the causes for which, the conditions under which and the manner in which nurses may be removed from the register, and the procedure for the restoration to the register of nurses who have been removed therefrom;

(e) for prescribing the constitution of the board and for regulating the summoning of meetings of the board and the proceedings (including quorum) of the board;

(f) for enabling the board to constitute committees and for authorizing the delegation to committees of any of the powers of the board and for regulating the proceedings (including quorum) of committees;

(g) for prescribing the fees to be payable;

(h) generally for making provision with respect to any matters with respect to which the Governor in Council considers that provision should be made for the purposes of carrying this Ordinance into effect (including provision with respect to the issue of certificates to nurses registered under this Ordinance and with respect to the titles which may be used and the uniforms or badges which may be worn by nurses so registered), and for prescribing anything which under this Ordinance is to be prescribed.

(2) Regulations under this section shall contain provisions—

(a) requiring as a condition of the admission of any person to the register that that person shall have undergone the prescribed training, and shall possess the prescribed experience, in the nursing of the sick; and

(b) requiring that the prescribed training shall be carried out either in an institution approved by the board in that behalf or in the service of the Admiralty, the Army Council or the Air Council.

#### Admission to register of persons trained outside the Colony.

5. (1) Any person whose name is registered in any part or parts of the register kept by the General Nursing Council for England and Wales, or of the register kept by the General Nursing Council for Scotland, or of the register kept by the Joint Nursing and Midwives Council of Northern Ireland or of the register kept by the General Nursing Council for Eire and who produces a certificate under the seal of the said Council for England and Wales, or for Scotland, or for Northern Ireland or for Eire, certifying that his or her name is so registered as a nurse shall upon making an application in the prescribed manner, and upon satisfying the board of his or her identity and good character, and upon paying the fee prescribed for ordinary applications for registration under this Ordinance, be entitled to be registered in a corresponding manner under this Ordinance.

(2) If any person proves to the satisfaction of the board that he or she has been trained in any place outside the Colony where the standard of training and examination is not lower than the standard of training and examination required under this Ordinance, either as a general nurse for the sick or as a nurse of some special class,

and satisfies the board as to his or her identity and good character, the board may either after examination, upon payment of the fee prescribed for registration under this Ordinance, direct that such person shall be registered in the appropriate part or parts of the register.

*Appeal against removal from the register or against refusal to approve institution.*

6. (1) Any person aggrieved by the removal of his or her name from the register may, within three months after the date on which notice has been served on him or her by the board that his or her name has been so removed, appeal against the removal to the Governor in Council, and on such appeal the Governor in Council may give such directions in the matter as he thinks proper.

(2) Any person aggrieved by the refusal of the board to approve any institution for the purpose of the regulations under this Ordinance relating to training may appeal against the refusal to the Governor in Council and the Governor in Council may give such directions therein as he thinks proper and the board shall comply with any directions so given.

*Service of notice.*

7. Any notice, directed to be served on any person under the provisions of this Ordinance or the regulations made thereunder, shall be deemed to have been served on such person if such notice has been posted by registered post to his address given in the register, or if such person be not registered, then to the address furnished by him to the board.

*Procedure on appeal.*

8. Every appeal under section 6 shall be by means of a written petition and such petition, unless otherwise provided, shall be presented within fourteen days of the date of service of the decision of the board on the person concerned. With such petition the Governor in Council may consider any written reply of the board to such petition. The decision of the Governor in Council on such petition shall be final.

*Penalties for unlawful assumption of title of registered nurse and for falsification of register.*

9. (1) Every person who—

(a) not being a person duly registered under this Ordinance, uses the title of registered nurse or its equivalent in any other language, either alone or in combination with any other words or letters, or uses any name, title, addition, description, uniform or badge implying that he or she is registered under this Ordinance or is recognised by law as a registered nurse, or uses any title, uniform or badge prescribed for the use of nurses registered under this Ordinance; or

(b) being a person whose name is included in any part of the register, uses any name, title, addition, description, uniform or badge or otherwise does any act of any kind, implying that his or her name is included in some other part of the register in which it is not included; or

(c) with intent to deceive makes use of any certificate of registration as a nurse issued under this Ordinance to him or her or to any other person, shall upon summary conviction be liable to a fine not exceeding five hundred dollars.

(2) Every person who wilfully makes or causes to be made any falsification in any matter relating to the register shall upon summary conviction be liable to a fine not exceeding one thousand dollars and to imprisonment for any term not exceeding six months.

Chapter 108 of the Laws of the Uganda Protectorate (as amended by Ordinance No. 16/1941)

**MIDWIVES.**

**AN ORDINANCE RELATING TO MIDWIVES.**

(31st March, 1927.)

1. This Ordinance may be cited as the Midwives Ordinance.

*Interpretation.*

2. In this Ordinance, unless the context otherwise requires—

“ The Board ” means the Midwives' Board constituted under this Ordinance;  
 “ Certificate ” means the certificate granted by the Board under this Ordinance;  
 “ Registered ” means registered under this Ordinance and “ registered midwife ” shall be construed accordingly;  
 “ The Roll ” means the register of midwives directed to be kept under this Ordinance.

*Penalty for claiming to be or practising as midwife without registration.*

3. (1) Any woman who not being a registered midwife takes or uses the title of midwife (either alone or in combination with any word) or any name, title or description implying that she is registered or that she is a person specially qualified to practice midwifery or is recognised by law as a midwife, shall be liable to a fine not exceeding Shs.100.

(2) No woman shall habitually and for gain attend women in childbirth unless she is either—

(a) a duly qualified practitioner; or

(b) a registered midwife;

and any woman contravening these provisions shall be liable to a fine not exceeding Shs.200:

Provided that nothing in this subsection shall apply to any woman rendering assistance in a case where the services of a duly qualified medical practitioner or a registered midwife are not readily available.

*Registration conditional on compliance with rules.*

4. No woman shall be registered until she has complied with the rules made under this Ordinance.

*Unregistered person not to be employed as substitute by registered midwife.*

5. Any registered midwife who employs an unregistered person as her substitute shall be liable to a fine not exceeding Shs.200.

*Registration not to confer rights of qualified medical practitioner.*

6. Registration under this Ordinance shall not confer upon any woman any right to be registered under the Medical Registration Ordinance or to assume any name, title or designation implying that she is by law authorised to practise medicine or surgery or to grant any medical certificate, or any certificate of death or still-birth, or to undertake the charge of cases of abnormality or disease in connection with parturition.

*Qualifications for registration.*

7. Any woman is entitled to be registered if—

(a) she holds the certificate issued by the Board under this Ordinance; or

(b) she has passed the First Examination of the Central Midwives Board of England under the rules of that Board; or

(c) she produces satisfactory evidence that she has been certified or registered as a midwife in any other country in which there is for the time being any law in force for the certification or registration of midwives and the Director of Medical Services is satisfied that the standard of training and examination required in that country is equal to the standard adopted by the Board:

Provided that, when the Director of Medical Services is not so satisfied, she shall be required to pass such examination as the Director of Medical Services shall direct.

*Constitution of the Midwives' Board.*

8. (1) On the passing of this Ordinance there shall be constituted a Midwives' Board consisting of—

(a) the Director of Medical Services;

(b) the Deputy Director of Medical Services;

(c) four other non-official persons appointed by the Governor, each of whom shall be a Medical Practitioner registered under the Medical Registration Ordinance or the holder of the certificate of the Central Midwives' Board of England.

(2) On the death, inability to act, resignation or absence from the Protectorate for more than three months of any non-official member of the Board the Governor may appoint to the vacancy any person fulfilling the conditions imposed by paragraph (c).

(3) When a quorum of the Board cannot otherwise be formed the members may co-opt one woman holding a medical qualification registrable under the Medical Registration Ordinance or the certificate of the Central Midwives' Board of England or whom they consider to possess sufficient medical experience as a trained hospital nurse.

(4) The Director of Medical Services or in his absence from any meeting the Deputy Director of Medical Services shall be the Chairman of the Board.

(5) The Chairman and one other member shall form a quorum.

(6) The Chairman shall have a casting vote.

*Secretary to the Board.*

9. The Board shall from time to time appoint any person whether a member or not to be Secretary and may replace at its pleasure any person so appointed.

*Midwives' Roll.*

10. (1) There shall be kept a Roll of Midwives containing the names of all registered midwives. The Secretary shall be charged with the custody of the Roll.

(2) Every entry on the Roll shall indicate the qualifications by virtue of which registration was granted.

(3) A copy of the Gazette containing the Roll of Midwives for the year and purporting to be issued under the authority of the Board shall be *prima facie* evidence that the women named therein are registered, and the absence of the name of any woman therefrom shall be *prima facie* evidence that she is not registered.

(4) In the case of a woman whose name does not appear in such copy a certificate under the hand of the Secretary to the Board shall be conclusive evidence of the fact and of the date of her registration.

(5) A certificate under the hand of the Secretary to the Board that the name of a woman appearing in such copy of the Gazette has been removed from the Roll shall be conclusive evidence of the fact that she is not registered and of the date upon which she ceased to be registered.

*Duties and powers of the Board.*

11. The duties and powers of the Board shall be as follows—

(1) to make Rules—

(a) regulating their own proceedings;

(b) regulating the course of training and the conduct of examinations;

(c) regulating the issue and prescribing the form of certificates and the conditions of admission to the Roll of Midwives;

(d) regulating the practice of midwives;

(e) defining the conditions under which midwives may be suspended from practice;

(f) defining the particulars required to be given in any notice issued under this Ordinance;

(2) to appoint examiners and to fix their remuneration (if any);

(3) to decide upon the places where and the times at which examinations shall be held;

(4) to publish annually in the Gazette as early in each year as possible the Roll of Midwives kept under the provisions of section 10;

(5) to caution or censure any midwife, or remove the name of any midwife from the Roll for malpractice, negligence or misconduct, or for disobeying any rule in force; and also to decide upon the termination of any period of suspension and upon the restoration to the Roll of any name so removed;

(6) to issue and cancel certificates; and

(7) generally to do any other act or perform any other duty reasonably necessary for the carrying out of the provisions of this Ordinance.

Rules made under this section shall be signed by the Chairman and one other member of the Board and shall be valid only if approved by the Governor.

*Appeal against removal from the Midwives' Roll.*

12. Any woman who considers herself aggrieved by the decision of the Board removing her name from the Roll may within one month from the notification to her of the decision, or within such further period as the High Court allows, appeal to the High Court, whose decision shall be final.

*Prohibition against practice of any form of midwifery on removal from Roll.*

13. (1) Where the Board has decided to remove from the Roll the name of any midwife, it may in addition prohibit her from attending women in child birth in any other capacity, but such decision shall be subject to the like appeal under the same conditions as the decision to remove her name from the Roll.

(2) Any woman who contravenes any prohibition as aforesaid shall be liable to a fine not exceeding Shs.200.



*Surrender of certificate on removal of name from Roll.*

14. Any registered midwife whose name has been ordered to be removed from the Roll under the provisions of section 11 (5) shall within fourteen days of the making of the order surrender any certificate issued to her by the Board and on failure to do so shall be liable to a fine not exceeding Shs.100.

*Supervision of midwives.*

15. (1) The Board may appoint any person or body of persons to be a Supervisory Authority over any registered midwife or class of registered midwives wherever practising. It shall be the duty of every Supervisory Authority in respect of any midwife placed under its supervision—

(a) to exercise general supervision in accordance with the rules made under this Ordinance;

(b) to investigate charges of malpractice, negligence or misconduct, and should a *prima facie* case be established to make a report to the Board;

(c) to suspend from practice any midwife in accordance with the rules made under this Ordinance, if such suspension appears necessary in order to prevent the spread of infection;

(d) to report at once to the Board the name of any midwife convicted of an offence.

(2) Any Supervisory Authority may with or without any restrictions or conditions, delegate with the approval of the Board any duty imposed upon it by subsection (1) to any person or body of persons in any particular place or area.

*Notice of intention to practise and of change of address.*

16. (1) Every registered midwife shall, before commencing to practise or holding herself out to practise, give notice of her intention to do so to the Secretary of the Board.

(2) Where any registered midwife who has been practising in any place transfers herself to any other place for the purpose of practice there she shall within seven days after such transfer give notice thereof to the Secretary of the Board.

(3) Every notice shall contain such particulars as are required by rule under this Ordinance.

(4) Any midwife who fails to comply with any of the terms of this section shall be liable to a fine not exceeding Shs.40.

*Payment and employment of fees.*

17. (1) Every woman shall on presenting herself for examination, or on receiving a certificate or applying for registration pay such fee not to exceed Shs.20, as the Board may with the approval of the Governor from time to time determine. All such fees shall be paid to the Board. The Board shall devote such fees to the payment of expenses connected with examinations and certificates and to general expenses.

(2) The Board shall as soon as possible after the 1st day of January in each year produce a financial statement made up to the end of the previous year, showing all receipts and expenditure and audited by the Government Auditor. A copy of such financial statement shall be submitted to the Treasurer of the Protectorate and if the statement shows any credit balance such balance shall be utilised for such useful purpose as the Board may think fit.

*Offences connected with certificates, registration and the Roll.*

18. Any person who—

(a) procures or attempts to procure registration or a certificate by making, producing or causing to be made or produced any false or fraudulent declaration, certificate or registration, in writing or otherwise; or

(b) wilfully makes or causes to be made any falsification in any matter relating to the Roll of Midwives; shall be liable to imprisonment for a period not exceeding six months or to a fine not exceeding Shs.1,000 or to both.

*Repeal of 1922.*

19. The Midwives Ordinance is hereby repealed:

Provided that—

(a) any certificate granted under the provisions of that Ordinance and not cancelled thereunder shall be deemed to have been granted under the provisions of this Ordinance;

(b) any woman whose name at the commencement of this Ordinance appears on the Roll of Midwives kept under the provisions of that Ordinance shall be entitled to registration and no fee shall be required therefor.



## APPENDIX IV.

**SUBJECTS FOR STUDY IN THE GENERAL NURSE TRAINING CURRICULUM.****1. General educational subjects:**

The nature of the instruction in these will depend upon the local standard of pre-nursing education. In very backward areas it may amount to little more than reading, writing and arithmetic; in the more advanced areas it would include the study of literature and of social and cultural developments in other parts of the world.

**2. Elementary general science.**

(a) *Physics and chemistry:* Only a very elementary knowledge is necessary; scientific explanation of natural phenomena; relation of cause and effect (demonstrations to be simple, using familiar local materials and related whenever possible to the practice of nursing).

(b) *Biology:* Lectures and demonstrations to enable the students to understand the processes of growth and reproduction; life cycles of the important local parasites affecting man; insect and other animal pests; bacteria; asepsis and antiseptics.

**3. Domestic science:**

Instruction and demonstrations illustrating the methods and practice of healthy living in the home.

**4. Maternity and Child Welfare:**

Introduction to the subject; normal pregnancy and the normal development of the child; the normal requirements of mother and child; child care and training.

**5. Social science:**

Explanation of the structure of the local community; the social services available; the social aspects of nursing; the place of the nurse in the social services.

**6. Psychology:**

Explanations in simple language of the principles of human behaviour; the development of the child mind, mental hygiene; the application of such knowledge to the nurse's work.

**7. Anatomy and physiology:**

Elementary study of the structure and functions of the human body; the various systems and their modes of working.

**8. Nursing:**

(a) *General review of nursing:* History illustrating the aims and development of nursing locally and elsewhere; relationship to other social services; various forms of nursing such as hospital nursing, community nursing and midwifery and the need for close co-operation between them for the purpose of raising standards of health; the rôle of all nurses in curative, preventive and educative work.

(b) *Medical and surgical nursing:* A thorough and well supervised training in medical and surgical nursing, in classroom, ward, theatre and out-patient department. [This is the main subject in the basic course and all other subjects should be linked up with it as far as possible.]

(c) *Obstetrical and gynaecological nursing.*

(d) *Nursing of Children.*

(e) *Special branches of nursing:*

Veneral diseases, tuberculosis, other communicable diseases, skin diseases, diseases of eye, nose and throat. The time devoted to these will depend on their relative importance in the Colony, and on the training facilities available.

**9. Pharmacology and therapeutics:**

The drugs in common use, their mode of action, methods of administration, dosage; the use of stock mixtures.

**10. Hygiene:**

Personal and domestic; general rules for individual health and for healthy methods of living in the home, hospital and other institutions. An introduction to community hygiene; visits to various public health activities; the duty of the nurse with regard to prevention of disease.

**11. Nutrition and dietetics:**

Nutritional requirements at different ages, in health and disease; local foodstuffs; effects of various deficiencies; special invalid diets and methods of cooking them.

**12. Health education:**

The rôle of all nurses as health teachers; methods by means of which this teaching may be given.

**13. First aid and home nursing:**

Lectures and demonstrations to prepare the nurse for dealing with emergencies; adapting her knowledge to different conditions outside the hospital; setting of practical problems which will train her to develop initiative.

[It is not intended that each of the above should be taught as a separate subject. They should be linked together as far as practicable; the discovery of the best methods of integrating them will require experiment and research. Selected cases of disease might be studied in all their aspects. For such a complete study the co-operation of the ward sister, of the sister tutor, and frequently of the community nurse, will be required.]

**APPENDIX V.****TIME-TABLE FOR GENERAL NURSING TRAINING COURSE  
(ON THE BLOCK SYSTEM).**

The following is only a suggestion for apportioning hours calculated on a 34-hour teaching week which should include demonstrations and field work as well as formal teaching. The subject matter is given in detail in Appendix III.

**1ST YEAR. PRELIMINARY TRAINING SCHOOL.**

	<i>Hours per week.</i>
Introduction to Social Science ... ..	2
Hygiene and Public Health ... ..	2
Elementary General Science ... ..	2
Elementary Anatomy and Physiology ... ..	4
Review of Nursing History and Rôle of Nurses in community ... ..	4
Simple practical procedures ... ..	6
Elementary Nutrition and Dietetics ... ..	2
Domestic Science and Invalid Cookery ... ..	3
Maternity and Child Welfare (Introduction) ... ..	6
General Education ... ..	6
Study ... ..	5
	<hr/> 34

**2ND YEAR. 1st Period**

	<i>Hours per week.</i>
Anatomy and Physiology ... ..	6
Medical Nursing with emphasis on the nursing of the more important diseases of the country ... ..	6
Parasitology ... ..	4
Nutrition and Dietetics ... ..	4
Pharmacology and Therapeutics ... ..	2
Social Science ... ..	2
General Education ... ..	5
Study ... ..	5
	<hr/> 34

**2nd Period.**

	<i>Hours per week.</i>
Surgical Nursing ... ..	6
First Aid ... ..	4
Nutrition and Dietetics ... ..	4
Social Science ... ..	2
Hygiene ... ..	4
Anatomy and Physiology as applied to Medical and Surgical Nursing ... ..	5
General Education ... ..	4
Study ... ..	5
	<hr/> 34

3RD YEAR. 1st Period						Hours per week.
More advanced Medical Nursing	...	...	...	...	...	6
Obstetric and Gynaecological Nursing	...	...	...	...	...	8
Hygiene and Health Education	...	...	...	...	...	3
Home Nursing	...	...	...	...	...	3
Social Science	...	...	...	...	...	3
Psychology, Introduction to	...	...	...	...	...	2
General Education	...	...	...	...	...	4
Study	...	...	...	...	...	5
						34
						—
2nd Period.						Hours per week.
Special Branches of Nursing	...	...	...	...	...	6
Diseases of Children	...	...	...	...	...	4
Skin Diseases	...	...	...	...	...	2
Public Health, Hygiene and Infectious Diseases	...	...	...	...	...	5
Maternity and Child Welfare	...	...	...	...	...	4
Nutrition and Dietetics	...	...	...	...	...	2
Psychology	...	...	...	...	...	2
Social Science	...	...	...	...	...	2
General Education	...	...	...	...	...	2
Study	...	...	...	...	...	5
						34
						—

## APPENDIX VI.

## CURRICULUM FOR THE TRAINING OF THE COMMUNITY NURSE.

We have recommended that during their general training nurses should have instruction in preventive work. The course in community nursing should, therefore, be mainly practical in order to give the nurse—under supervision—experience in the various forms of community nursing. The practical work should include experience in the work of health centres, dispensaries, clinics, and such other public health and social welfare institutions as are available, and also in home visiting both in urban and rural areas.

Such lectures as are given should be partly to revise and partly to supplement those already received in the basic training. Particular attention should be paid to explaining and demonstrating how that training can be adapted to meet the more primitive conditions of village life. Since the conditions vary in the different Colonies, the health problems also vary and the exact content of the syllabus of training must be planned locally. The suggestions set out below are therefore to be considered merely as a guide.

## OUTLINE OF SYLLABUS.

## (1) Social Science:—

Various forms of social structure in the Colony; local conditions and economic factors in relation to health; the existing forms of social service and the methods by which the community nurse can co-operate with them to raise health standards.

## (2) Medical and Nursing Organisation and Policy:—

The place and rôle of the community nurse in these; public health regulations concerning especially collection of statistics, the registration of births and deaths, notification of disease, etc.; the major health problems and the nurse's part in solving these.

## (3) Methods of Organisation:—

The nurse's responsibility in the organisation and administration of clinics, dispensaries, health centres and school nursing; record-keeping, filing and indexing; care of stores and book-keeping.

## (4) Hygiene and Sanitation:—

Personal, domestic and community hygiene; maintenance of healthy conditions in the home and environment; light and ventilation in the home; water supply; disposal of refuse and excreta; prevention of breeding of insect and other carriers of disease.

**(5) Nutrition and Dietetics:—**

Food requirements of different groups, e.g., age, sex, occupation; local foods and their nutritive value; the purchasing, storing, preparing and cooking of foods; the planning of family food budgets.

Food in health and in disease.

Malnutrition and effects of various deficiencies; methods of detecting, treating and preventing these.

**(6) Maternity and Child Welfare:—**

Revision of the study of pregnancy and the puerperium and of the requirements of mothers, infants and children.

The organisation of a maternity and child welfare service; the duties of the community nurse in this service.

Ante-natal hygiene: diet, exercise, rest, and minor ailments and their relief; prevention and early recognition of disorders of pregnancy.

Post-natal hygiene: general care of nursing mothers; breast feeding; types of disability liable to follow child-birth; their prevention and treatment.

Infant and child hygiene. Development of the normal child. General care and training of infants and children, with special attention to diet. Care of the premature infant. Recognition of signs of ill health in children; their causes, prevention and treatment; the nursing care of sick children in their homes.

**(7) School Nursing:—**

Rôle of the community nurse in the school medical service; the nurse's duties in the school, in the school clinic and as a link between home and school; enlisting the parents' co-operation in this work.

**(8) Health Education:—**

Methods of teaching healthy living suitable for the home, the clinic, in schools and in groups; means of enlisting the interest and co-operation of the people in raising health standards; the nurse's co-operation with organisations such as women's societies and mass education committees, etc.; the importance of practical demonstrations in health education.

**(9) Home Visiting and Home Nursing.**

The nurse's rôle as friendly adviser in the home; detection of early signs of symptoms of disease; advice as to how to obtain treatment; the methods of giving first-aid and simple nursing treatment suited to home conditions; various emergencies and how to deal with them; advising how to improve the living conditions in the home.

**APPENDIX VII.****CURRICULUM FOR THE TRAINING OF MIDWIVES.**

We reproduce below:

(a) The Syllabus of Training for African Midwives, as set out in the handbook "Midwives," which has recently been published under the authority of the Uganda Midwives Board. This may be useful as a guide in drawing up curricula in other Colonial territories.

(b) A note on the rules governing the training of Midwives in England and Wales.

(a) EXTRACT FROM "HANDBOOK FOR MIDWIVES" (SEPTEMBER, 1944).

**SYLLABUS OF TRAINING FOR AFRICAN MIDWIVES.****I. General.****1. Standard of Training.**

The syllabus is designed to give a course of training in midwifery approximating as closely as possible to the standard required by the Central Midwives Board in the United Kingdom. On completion of training the midwife is expected to be able to undertake ante-natal care of patients, to handle normal confinements without assistance, to know under what circumstances qualified medical advice should be sought and to have a full knowledge of emergency measures to be adopted in the absence of qualified assistance. She is also expected to be competent to undertake post-natal care of mother and child and to be able to advise on the practical aspects of infant welfare.

## 2. Educational Requirements and Entrance Examination.

No entrance examination need be insisted on and candidates may be selected on the general qualifications of intelligence and suitability. All candidates should have reached the educational standard of Primary VI and, where other considerations are equal, preference in selection for training should be given to girls who have some secondary education. Teaching is in the vernacular.

## 3. Duration of Training and Description of Course.

The minimum period of training will be 21 months and the course will be divided into two parts:—

A. Preliminary Period—minimum 3 months. During this period instruction will be given in Hygiene, First Aid, Nursing and Elementary Anatomy and Physiology.

B. Specialised Training Period—minimum 18 months. During this period the student must—subject to regulations framed by the Uganda Midwives Board:—

(a) attend a course of not less than fifty lectures on the subjects of the syllabus, given by a medical practitioner or other lecturer approved by the Uganda Midwives Board;

(b) personally conduct ante-natal examinations of not less than fifty women;

(c) receive clinical instruction in the conduct of labour including the witnessing of not less than ten labours;

(d) attend and watch the progress of not less than twenty labours, making the necessary examinations during the course of the labour and personally delivering each patient;

(e) nurse at least twenty lying-in women and their infants during the five days following labour.

The course of training as defined above may be modified to a minimum of one year in the case of students who hold the Government Certificate in General Hospital Nursing.

## 4. Examinations.

A practical and theoretical examination will be held at the end of the Preliminary Period in which the student must satisfy the authorities of the training school that she has acquired an adequate knowledge of the subjects taught and is generally suitable for further specialised training.

Should a student fail in part of this examination the decision as to whether she may be allowed to proceed to specialised training will rest with the authorities of the training institution.

At the end of the specialised Training Period an examination will be conducted under the aegis of, and to a standard required by, the Uganda Midwives Board.

## II. Detail.

### A. PRELIMINARY PERIOD.

*Duration—Three months.*

#### Hygiene.

Theoretical and practical. Daily cleaning.

Introduction; personal hygiene; hygiene of wards and houses; air, composition and impurities; the principles of ventilation; water, treatment of water for domestic use; relation of impure water to the spread of disease; milk, composition, causes of contamination, storage and preservation; disposal of refuse; infection, its nature, sources and mode of transmission; insects, parasites; mosquito and malarial fever; diseases spread through the air; care of ward equipment.

#### First Aid.

Simple instruction in First Aid principles.

#### Nursing.

Theoretical and practical; ethics of nursing; taking and charting of temperature, pulse and respiration; supervised practice in keeping of daily charts; bed making; putting up of pathological specimens; bed pans; bandaging; stretchers; bed bath; prevention of bed sores; asepsis and antiseptics, sterilization; scrubbing-up of hands; wash-down of patients; fluid measures, with symbols; avoirdupois weights; English medical words and technical terms; anatomy and physiology, elementary outline of each system.

## B. SPECIALISED TRAINING PERIOD.

*Duration—Eighteen months.***Nursing.**

General routine nursing; ante-natal patients; patients in labour; lying-in patients; special nursing including:—

- patients after caesarian section;
- seriously ill patients;
- patients suffering from albuminuria, eclampsia and puerperal sepsis;
- nursing methods and treatment;
- administration of medicines in common use in midwifery;
- giving of injections;
- urine testing;
- care of infant at birth and during lying-in period;
- theatre and labour ward technique, sterilization;
- preparation for obstetric operations:—
  - caesarian section;
  - forceps delivery;
  - membrane puncture;
  - craniotomy;
  - removal of retained placenta.

**Midwifery.**

(a) Infection; its causes and the means taken to prevent it; asepsis; anti-septics in midwifery and the way to prepare and use them; the disinfection of the person, clothing and appliances; the use of rubber gloves and masks, and the conditions in which it is advisable to use them.

(b) The anatomy and physiology of the female pelvis and its organs, and of the breasts.

(c) The physiology, diagnosis and management of normal pregnancy; the hygiene and care of the pregnant woman and the unborn child; pelvic measurement and examination of urine, general ante-natal supervision.

(d) The symptoms and signs suggesting departure from the normal in pregnancy including excessive vomiting; miscarriage; carnosus mole; vesicular mole; ectopic gestation; retroverted uterus; hydramnics; varicose veins; albuminuria; eclampsia; pyelitis; anaemia.

(e) The physiology, mechanism and management of normal labour.

(f) The symptoms and signs suggesting the departure from the normal in labour, including multiple pregnancies and abnormalities in position, presentation and lie of the foetus.

(g) The physiology and management of the puerperium, including the taking and recording of the pulse rate, the temperature and respiration rate; the use of nursing appliances

(h) Haemorrhage complicating pregnancy, labour and the puerperium; emergency treatment of patients suffering from loss of blood.

(i) Complications of the puerperium, including puerperal fevers; their nature, causes, prevention, symptoms and signs; precautions adopted to prevent the spread to other patients.

(j) The care of the breasts under both normal and pathological conditions; the recognition of disturbance of their function.

(k) The physiology, hygiene and management of the child (including the establishment and maintenance of breast feeding and artificial feeding) with special reference to the first month of life and the methods of preparation of cow's milk where breast feeding is impossible.

(l) The care of children born apparently lifeless; the management of premature, weakly and abnormal children.

(m) Signs of the diseases which may develop during the first month after birth with special reference to ophthalmia neonatorum and the responsibilities of the midwife in connection therewith and congenital syphilis; congenital deformities for which immediate or early treatment may be essential or beneficial, e.g., imperforate anus or club foot.

(n) The venereal diseases (particularly syphilis and gonorrhoea) in women and young children; their symptoms, signs and dangers and the risks of contagion; the midwife's responsibility for advocating early and continued treatment.



(o) The use of such drugs and solutions as may be required in practice; the conditions which call for their use; their dosage and strength; the mode of administration or application and their dangers.

(p) The recognition of common local diseases, particularly those directly affecting pregnancy such as malaria, ankylostomiasis, etc.

(q) The duties of the midwife as described in the Rules of the Uganda Midwives Board; directions to midwives, etc.

(r) Maternal mortality, neonatal mortality and still-births; the meaning of these terms and the steps taken to reduce such mortalities.

(s) Instruction in mothercraft, particularly that branch of the work which they will later apply in the villages.

(t) Obstetric emergencies and their management by the midwife.

#### (b) THE TRAINING OF MIDWIVES IN ENGLAND AND WALES.

Section B\* of the Rules of the Central Midwives Board includes *inter alia* the conditions under which training schools for midwives may be approved and the courses of training which pupils must complete before taking the First and the Second Examinations.

The course is divided into two parts. The first period is taken at maternity institutions dealing with a large number and variety of cases, and the objective of the teachers during this period is to impart a sound theoretical and practical knowledge of midwifery under the best conditions. The minimum number of lectures by approved medical lecturers is 40, 33 being on midwifery, 5 on the child, and 2 on the Rules of the Board and the relations of the midwife to the various health authorities. These lectures must be supplemented by tutorial classes of which at least two should be attended by the pupil each week.

The aim of the second period of training is threefold; firstly, to afford the pupil-midwife experience in the application to practice of the knowledge which she has acquired in the first period of training; secondly, to provide her with opportunities for acquiring self-reliance and the ability to take responsibility, and thirdly, to help her to gain experience of the sociological and public health aspects of practice and to learn how to co-operate with public authorities and voluntary associations and thus be better equipped for practice as a midwife. Although the pupil-midwife will still work under the supervision of a teacher, such supervision will be less stringent and obvious than during the first period. During this second period, the pupil-midwife must attend at least five lectures on the social aspects of a midwife's work.

Second period schools for the most part are smaller than first period schools and may be organisations which deal with district cases only. In any event, the school must be associated with a district and at least half the period of training must be taken on the district.

The duration of the first period is 18 months for pupils who are not State Registered Nurses and 6 months for those who are State Registered Nurses. The pupil whose first period extends over 18 months receives instruction in elementary nursing and other preliminary subjects during the first six months of her training. The second period extends over six months for all pupils.

The number of cases to be delivered by the pupil-midwife during the first period must not be less than 10 and during the second period not less than 20. The Rules also lay down the number of ante-natal examinations, the number of deliveries to be witnessed and the number of cases to be nursed.

At the end of each period, an examination is held. The first examination is partly written and partly oral, clinical and practical. The second examination is mainly oral, clinical and practical and is largely based on the records of the candidate's cases attended during the second period.

The reasons for dividing the training into two parts is partly to conserve training material for those who intend to practice midwifery and for medical students, and partly to provide a training—Part I—which is adequate for those nurses who require some knowledge of midwifery but who do not intend to practise as midwives.

---

*Note.*—\* Extracts from an explanatory note issued in connection with this Section will be found in Appendix VIII.

## APPENDIX VIII.

## GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

*Conditions under which Hospitals are approved as Training Schools.*

Before any hospital or group of hospitals can be approved the authorities of such hospitals are required to submit to the General Nursing Council particulars as to—

- (a) training material available;
- (b) the variety of experience assured to each probationer;
- (c) in the case of grouped hospitals information as to the hospital in which each variety of experience is to be obtained; and
- (d) the educational facilities offered and the systematic arrangements made whereby the attendance of each probationer at a series of lectures on the prescribed subjects is assured;
- (e) the daily average occupation of beds. In a Complete Training School the daily average occupation must be not less than one hundred, and in an Affiliated Training School not less than fifty.

**(1) For Training in General Nursing.****(a) As a Complete Training School.**

The hospital must satisfy the Council that it provides experience in the four main services—medical, surgical, gynaecological, and children's diseases, and also an adequate staff and equipment for teaching in accordance with the prescribed Syllabus.

That it has at least one Resident Medical Officer.

That the period of training is not less than three years.

In a hospital where the work is mainly surgical, approximately one-third of the beds should be devoted to medical work.\*

In a hospital where the work is mainly medical, approximately one-third of the beds should be devoted to surgical work.

**(b) Associated Hospitals.**

(i) There are other hospitals which are sufficiently large but from deficiency of clinical material in some branch cannot be approved as Complete Training Schools. Such hospitals will be required to associate themselves with another hospital or hospitals in order to supply for their nurses that part of the training in which they are deficient.

The hospitals applying for approval under this category must each have a Resident Medical Officer.

The period of training must extend over three years and six months, of which not less than six months must be spent in the hospital which is supplying the deficiency of clinical material.

The Council is prepared to consider any scheme for carrying out such an arrangement, and it will be for the hospitals who propose to associate themselves to satisfy the Council that the arrangements will be adequate to afford a complete training.

(ii) The Council is prepared to consider schemes whereby a general hospital for men only, one for women only, and one for children only, may respectively work together to furnish the necessary training according to the prescribed Syllabus. The period of training may be divided amongst the three hospitals as may be convenient, provided that adequate training in the four main services is assured and that the subjects of the Preliminary Examination (see Preface to Syllabus of Subjects for Examination) are taught in the first hospital to which the nurse goes for training, so far as they can be taught in that hospital. The training in this case extends over four years if the Council so decide.

Such hospitals will be entitled "Associated Hospitals."

**(c) Affiliated Groups of General Hospitals.**

There are many hospitals which are not sufficiently large to provide adequate clinical material, teaching staff, and equipment for complete training, but these may be approved in affiliation with a hospital of the kind dealt with in Regulation (1) (a) above.

The period of training must extend over four years, of which the first two years must be spent in the smaller hospital in preparation for the Preliminary Examination. The Probationers should be transferred to the larger hospital for the final two years after passing the Preliminary Examination.

The Council is prepared to consider any scheme for carrying out such an arrangement, and it will be for the hospitals who propose to affiliate themselves to satisfy the Council that the requirements for a four years' training are fulfilled by the scheme proposed.

Such hospitals will be entitled "Affiliated Hospitals."

**(d) Affiliated Groups of Special and General Hospitals.**

Nurses trained for two years in approved Special Hospitals as mentioned below will be eligible for the Final Examination for the General Part of the Register when they have undergone a subsequent two years' training in a General Hospital as defined in (1) (a).

The two years' training in the Special Hospital must include the subjects of the Preliminary Examination. This Examination must be taken from the Special Hospital.

*Special Hospitals to which the above Rule applies.*

Fever, Gynaecological, Ophthalmic, Ear and Nose, Cancer, Incurable, Orthopaedic, Tuberculosis, Urinary Diseases, Venereal Diseases, Nervous Diseases, Children's Diseases, and (provided that the applicant has had training in bedside nursing for not less than six months) Mental Diseases.

In exceptional cases, on the recommendation of the Education and Examination Committee, and after detailed consideration of each case, the Council may permit nurses to proceed from a Special to a General Hospital forthwith after passing the Preliminary Examination, or under special conditions (after completing one year's training) and after remaining for the two ensuing years at the said General Hospital to return to the said Special Hospital for the completion of the fourth year of training, but that no such permission be granted unless the authorities of the Special Hospital satisfy the Council:—

(a) that the training of such nurses will be adequately continued; and

(b) that the nursing of their patients presents difficulties which form a claim for special consideration.

Such hospitals will be entitled "Affiliated Hospitals."

**(2) For Training in Male Nursing.**

The hospital must satisfy the Council that it furnishes adequate material for the training of Male Nurses and provides the requisite staff and equipment for teaching in accordance with the prescribed Syllabus.

The period of training must be not less than three years in a Complete Training School for Male Nurses;

or

four years in an Affiliated Training School for Male Nurses;

or

three and a half years in an Associated Training School for Male Nurses.

**(3) For Training in Mental Nursing and for Nurses for Mental Defectives.****(a) As a Complete Training School.**

The hospital must satisfy the Council that it furnishes adequate material for the training of Mental Nurses, and provides the requisite staff and equipment for teaching in accordance with the prescribed Syllabus.

The period of training must be not less than three years, including not less than six months' bedside nursing as detailed in Section IV, Part 1, of the Syllabus of Subjects for Examination, before the candidate enters for the Preliminary Examination.

**(b) As an Affiliated Training School.**

The Council is prepared to consider a scheme by which a Mental Hospital which has not sufficient material to afford a complete training may affiliate itself to a Complete Training School for Mental Nurses.

The period of training under this category must extend over four years, of which the first two years must be spent in the smaller hospital in preparation for the Preliminary Examination. The Probationers should be transferred to the larger hospital for the final two years, after passing the Preliminary Examination.

NOTE.—Those Institutions which cannot provide sufficient bedside nursing for their staff can do so by arrangement or by affiliation with a General Hospital, subject to the approval of the Council.

**(4) For Training in Sick Children's Nursing.****(a) As a Complete Training School.**

The hospital must satisfy the Council that it furnishes adequate material for the training of Sick Children's Nurses, and provides the requisite staff and equipment for teaching in accordance with the prescribed Syllabus.

The period of training must be not less than three years.

There should be at least one Resident Medical Officer.

(b) *As an Affiliated Training School.*

The Council is prepared to consider a scheme by which a Sick Children's Hospital which has not sufficient material to afford a complete training may affiliate itself to a Complete Training School for Sick Children's Nurses.

The period of training under this category must extend over four years, of which the first two years must be spent in the smaller hospital in preparation for the Preliminary Examination. The probationers should be transferred to the larger hospital for the final two years after passing the Preliminary Examination.

(c) The Council is also prepared to consider a scheme by which an Infants' Hospital may affiliate itself to a Complete Training School for Sick Children's Nurses.

The period of training under this category must extend over four years, of which the first two years must be spent in the Infants' Hospital in preparation for the Preliminary Examination. The probationers should be transferred to the Sick Children's Hospital for the final two years, after passing the Preliminary Examination.

(5) **For Training in Fever Nursing.**(a) *As a Complete Training School.*

The hospital must satisfy the Council that it furnishes adequate material for the training of Fever Nurses, and provides the requisite staff and equipment for teaching in accordance with the prescribed Syllabus.

The period of training must be not less than two years.

(b) *As an Affiliated Training School.*

The Council is prepared to consider a scheme by which a Fever Hospital which has not sufficient material to afford a complete training may affiliate itself to a Complete Training School for Fever Nurses.

The period of training under this category must be not less than two years and six months, of which not less than one year must be spent at the Complete Training School for Fever Nurses.

The Preliminary Examination must be passed before the nurse enters the Complete Training School for Fever Nurses.

**NOTE.**

1. The Council is prepared to consider Schemes for Affiliated or Associated training not mentioned in the foregoing, provided that such schemes afford comprehensive training and include not less than two years in a complete General Training School.

2. The Council is prepared in certain cases to consider applications, on behalf of individual nurses, for training by special affiliation between any two approved Hospitals, provided that one at least is approved as a complete General Training School.

3. The General Nursing Council considers that it would be greatly in the interests of the training of nurses if preliminary training schools could be instituted in various centres throughout England and Wales.

4. In every case the Institution where the training takes place must be "either an Institution approved by the Council in that behalf, or in the service of the Admiralty, the Army Council, or the Air Council." (Nurses' Registration Act, 1919 3 (2) (b).)

## APPENDIX IX.

## REQUIREMENTS WITH WHICH MATERNITY TRAINING SCHOOLS IN THE UNITED KINGDOM ARE REQUIRED TO COMPLY.

The following are extracts from an explanatory note issued by the Central Midwives Board, in connection with the new Section B of the Board's Rules.

It is hoped that these notes may be of interest, although it will be noted that it is nowhere suggested in this Report that the period of training for midwives in the Colonies should be divided into two parts, as is done in this country.

## CENTRAL MIDWIVES BOARD.

## NEW SECTION B OF THE BOARD'S RULES.

## INSTRUCTIONS CONCERNING APPLICATIONS FOR APPROVAL OF TRAINING INSTITUTIONS, LECTURERS AND TEACHERS.

## I. Applications for Approval of Training Institutions.

*General.*

2. Although institutions approved in respect of the first period of training will not be debarred on that account from seeking approval in respect of the second period of training, the Board, with the approval of the Minister of Health, proposes that, in general, an institution shall be approved for one period of training only, and further, that the second period of training shall be taken at the smaller maternity institutions. (See also paragraph 23.)

*Medical Schools and Maternity Institutions Training Medical Students in Midwifery.*

3. With a view to lessening, so far as possible, the problem of providing sufficient cases, particularly on the district, for the adequate training of medical students in clinical midwifery, the Board will not, as a general rule, approve a medical school in respect of the second period of training. A medical school may, however, be approved in respect of the first period of training, provided that, after meeting the needs of its students, it has a sufficient number of intern cases for the training of not less than six pupil-midwives at a time and it otherwise satisfies the Board's requirements relative to institutions approved for the first period.

4. As an exceptional measure, the Board will consider the joint approval for the first period of training of a medical school and a maternity institution, each of which satisfies all the requirements of Rule B. 20. In cases in which such joint approval is granted, the two institutions will be required to arrange for an interchange of their respective pupil-midwives so that the period of training of a pupil-midwife of either will be evenly divided between the two institutions.

5. Each application for approval from maternity institutions which admit medical students for training in clinical midwifery will be considered on its merits. When considering applications from maternity institutions in medical school areas, the Board will pay special attention to the facilities and clinical material available in the neighbourhood of the medical school for the instruction of medical students in midwifery. The view taken on this matter may determine whether or not the application is granted and, if granted, how many pupil-midwives the institution is permitted to train at one time.

*First Period of Training.*

6. It is the Board's intention that pupil-midwives shall take the first period of training at maternity institutions dealing with a large number and variety of cases and that the objective of the teachers during this period shall be to impart to the pupil-midwives a sound theoretical and practical knowledge of midwifery.

7. A pupil-midwife is required by the Board's Rules to attend, during the first period of training, a course of not less than 40 lectures on the subjects enumerated in Rule B. 36. At least five of these lectures must be on the subjects enumerated (m) and (n) in Rule B. 36 and must be delivered by a registered medical practitioner who has had special experience, satisfactory to the Board, in the subjects in question and has been approved by the Board as a lecturer in such subjects. At least another two of the lectures must be on the subjects enumerated (r) in Rule B. 36. These must be given by the Medical Officer of Health of a Local Supervising Authority or by a medical practitioner who is a member of the staff of such officer, or, by permission of the Board, by a medical practitioner who has had experience, satisfactory to the

Board, in the subjects in question. Unless the Board otherwise determines in any particular case, the remaining lectures must be delivered by a registered medical practitioner whose time is wholly devoted to obstetric and gynaecological work.

8. The complete course of 40 lectures must be spread as evenly as possible over not less than six calendar months. The period of any lecture must be at least 45 minutes.

9. If a number of training institutions situated in the same locality desire to co-operate in arranging common courses of lectures for their pupil-midwives the Board will sympathetically consider proposals for such arrangements.

10. Lectures must be supplemented by practical demonstrations and tutorial classes. At least two tutorial classes should be held weekly during the whole period of training.

11. The approved training institution will be free to determine the order in which a pupil-midwife undertakes the various parts of the practical midwifery training.

13. Every pupil is required to attend clinical demonstrations on venereal diseases. Such demonstrations may take place either at, or in association with, the V.D. Department of a hospital or a V.D. Clinic, and they should be conducted by the Medical Officers in charge. Each pupil should attend at least two demonstrations.

14. Although attendance at an Ophthalmic Hospital or at the Ophthalmic Department of a General Hospital is not made compulsory by the Rules, the Board attaches importance to the making of arrangements for such attendance, and desires that every pupil-midwife should attend such a Hospital or Department on at least two occasions. During attendance the pupil-midwife should receive instruction in the treatment of inflammatory conditions of the eye and should be given every opportunity of watching the expert nursing staff at work, since by this means she will be able to learn various methods connected with the treatment of eyes which it is desirable for midwives to know. The pupil-midwife should also have an opportunity of seeing any patients who may be under treatment for ophthalmia neonatorum. Instruction in the prevention and treatment of ophthalmia neonatorum is compulsory.

15. Although the Rules do not make it compulsory for a pupil to obtain practical experience of the nursing of puerperal sepsis, the Board considers that it is desirable for pupil-midwives to obtain such experience whenever possible. It is suggested that arrangements might be made for pupil-midwives to receive this experience at the end of their first period of training.

#### *Approval of Institutions in respect of the First Period of Training.*

16. Rule B, 20, provides that an institution shall not be approved in respect of the first period of training unless (a) at least 500 confinements takes place in it annually; (b) it has ante-natal beds and associated with it an ante-natal clinic and a post-natal department; (c) the medical staff includes one medical practitioner with special experience, satisfactory to the Board, in obstetric work; and (d) there is a resident medical officer who may, if approved by the Board as of sufficient seniority and experience, also satisfy the requirement set out in (c). The Board, however, has the power to approve an institution which does not satisfy all the prescribed requirements, if such action appears to the Board to be desirable in the interests of the training of pupil-midwives. In exercising this power the Board will have regard, among other things, to the demands of the midwifery service, to the interests of pupil-midwives and medical students and to the geographical distribution of training.

17. With regard to condition (b) of Rule B 20, the Board will, normally, expect an institution applying for approval in respect of the first period to have at least one in every eight beds available for antenatal cases. If the institution has not its own antenatal clinic and post-natal department, it can satisfy the requirement if it is directly associated with antenatal and post-natal clinics at other centres and its in-patients are drawn from the antenatal clinics. For example, the requirement will be satisfied by a Municipal Hospital if its medical staff supervises antenatal and post-natal clinics run by the Municipal Authority at centres away from the Hospital, its in-patients are drawn from the antenatal clinics and its pupil-midwives will be permitted to attend the clinics for instruction. In this connection attention is drawn to the fact that the Board requires that pupil-midwives shall participate in the work of antenatal and post-natal clinics and receive instruction from the medical staff in charge.

18. Other matters which the Board will take into account in considering an application will be—

(a) *The number and qualifications of the permanent medical and nursing staff and particularly of those who will assist in the training of pupil-midwives.*

(b) *The equipment and apparatus for teaching.* Every institution approved in respect of the first period of training will be required to possess the following teaching appliances:—

Doll, pelvis, foetal skull, phantom with suitable dolly foetus, plaster casts or models of other kind, a supply of preserved specimens, diagrams and charts and a blackboard.

The number of each kind of appliance will depend upon the number of pupil-midwives in training at any one time.

The institution should also have a small library of the necessary textbooks, which, together with the teaching appliances, should be available to the pupil-midwives at all times.

(c) *The facilities for study by pupils.* In addition to an adequate lecture room, the institution should have one or more rooms reserved exclusively for private study by pupils.

#### *Second Period of Training.*

19. The aim of the second period of training is threefold; firstly, to afford the pupil-midwife experience in the application to practice of the knowledge which she has acquired in the first period of training; secondly, to provide her with opportunities for acquiring self-reliance and the ability to take responsibility; and thirdly, to help her to gain experience of the sociological and public health aspects of practice and to learn how to co-operate with public authorities and voluntary associations and thus be better equipped for practice as a midwife. Although the pupil-midwife will still work under the supervision of a teacher, such supervision will be less stringent and obvious than during the first period. The second period is designed specially to meet the needs of pupil-midwives who intend to practise as midwives.

20. The order in which a pupil-midwife takes the various parts of the prescribed course of training is left to the discretion of the approved training institution. Practical work on the district will constitute an important part of this period of training. Of the 20 cases of labour which a pupil-midwife is required to attend and be responsible for, at least 10 must be attended in the patients' own homes, and of the 20 lying-in women and their children who must be attended and nursed by a pupil-midwife, at least 10 must be district cases. Further, a part of the antenatal work prescribed in Rule B. 16 (b) must be taken on the district. A pupil-midwife should devote not less than three calendar months to district work and, in the absence of any special reason to the contrary, should during this part of her training reside with the district midwife with whom she is working. The whole of a pupil's district training need not be taken in one period; it may be spread over two or more periods, but any period must extend over not less than one calendar month.

21. In addition to the prescribed practical work, a pupil is required to attend not less than five lectures on the following subjects:—Social legislation, health insurance, social conditions and voluntary maternity and child welfare agencies. These lectures must be delivered by one or more lecturers who have had practical experience which satisfies the Board that they are qualified to deal with the subjects in question. Approved training institutions which are situated within easy travelling distance of one another may find it convenient to co-operate in the arrangement of these lectures.

22. Pupils are required by Rule B. 16 (e) to attend a Maternity and Infant Welfare Clinic approved by the Board for the purpose and to receive practical instruction in the care and management of children, with special reference to the first month of life. As a general rule, the Board will not approve a clinic for this purpose unless it is one provided or subsidised by a Maternity and Child Welfare Authority. The practical instruction prescribed in Rule B. 16 (e) may be given at the approved clinic or at some other place where adequate facilities are available.

#### *Approval of Institutions in respect of the Second Period of Training.*

23. Rule B. 21 provides that an institution shall not be approved in respect of the second period of training unless the number of confinements dealt with annually within the institution and in districts associated with it for training purposes is at least 300, of which at least 100 are district cases. The Board may, however, approve an institution which does not satisfy these requirements if such action appears to the Board to be desirable in the interests of the training of pupil-midwives. The 100

district cases may be in one or more of the following districts:—the institution's own district, the district of a voluntary organization with which the institution has made an arrangement for training purposes, or the district of a whole-time municipal midwife or an independent midwife who is associated with the institution for the training of its pupil-midwives.

The Board will be prepared to consider applications for the approval, for the second period of training, of associations or organizations which deal only with district midwifery cases. One requirement in any such case will be that there is a suitable Nurses' Home or hostel at which the approved teacher, the nursing staff of the association or organization and the pupil-midwives will reside.

24. When considering applications for the approval of institutions for the second period, the Board will take into account, in addition to the number of cases dealt with annually, (a) the number and qualifications of the members of the permanent medical and nursing staff, (b) the equipment for teaching purposes, and (c) the facilities for study by the pupil-midwives. In general, the statements made in paragraph 18 above on these matters apply in the present instance.

#### *Association of Approved Training Institutions.*

25. The Board desires to draw special attention to the fact that it will regard an institution approved for the first period of training as being under an obligation to arrange for any of its pupil-midwives who so desire to undergo the second period of training. With a view to assisting first period institutions to meet this obligation in the easiest way and at the same time helping institutions approved for the second period of training to obtain pupils, the Board proposes that institutions approved in respect of the first period of training shall have definite arrangements for training purposes with institutions approved in respect of the second period. The normal procedure will be for a pupil-midwife who desires to proceed to the second period to go for such training to an institution which is associated with the one at which she has pursued the first period of training. An institution approved for the second period will be permitted to accept pupil-midwives from a first period institution other than one with which it is associated, provided that by such action it is not prevented from fulfilling its obligation to the pupils of a first period institution with which it is associated. The Board considers it desirable that proposals for association should be made in the first instance by the institutions concerned; such proposals should be put forward for the Board's consideration when application is made for approval.

26. It is not considered essential for associated institutions to be situated in the same locality.

#### *Joint Approval of Training Institutions.*

27. As an exceptional measure, the Board is prepared to grant joint approval to two institutions for both periods of training. To be eligible for such joint approval the two institutions must be situated in reasonably close proximity and together must deal with at least 800 cases annually and must otherwise satisfy the relevant provisions in the Board's Rules regarding the approval of training institutions. It will be a condition of such joint approval that common arrangements are made for the training of the pupil-midwives of each institution and that there is an interchange of pupils so that for every pupil each period of training will be more or less equally divided between the two institutions.

28. In making application for such joint approval, each institution should complete a Form A and these should be submitted to the Board with a joint statement setting out the scheme of training which is proposed.

### **III. Applications for Approval of Teachers.**

33. All practical instruction of pupil-midwives must be carried out under the supervision of a midwife who has been approved by the Board as a teacher. In the case of an institution which is approved for the first period of training and which only admits pupil-midwives whose first period of training extends over six calendar months, the Board will, normally, approve only one teacher for the institution. In the case of a first period institution which admits pupil-midwives required to undergo a first period of training extending over 18 calendar months, the Board may, if necessary, approve in addition to the teacher responsible for the supervision of the practical midwifery training another member of the nursing staff.

35. The Board prefers that the midwife who undertakes the personal supervision of the practical training shall be thereon approved as the teacher and, in this connexion, attention is drawn to the fact that Rule B. 32 provides that the necessary certificates relative to a pupil's training shall be signed by the pupil's lecturers and



teacher (or teachers) and countersigned by the Matron or Superintendent of Nurses of the approved training institution, if such person is not the teacher signing the certificates.

36. A teacher may be assisted in the practical instruction of pupil-midwives by other midwives. In general, the Board will require that the ratio between the number of midwives participating in the practical training (i.e., the approved teacher or teachers and those assisting) and the number of pupil-midwives in training at the institution at one time shall be not less than one midwife to three pupil-midwives. Separate applications for the approval of assistants to a teacher will not be required, but their names and qualifications must be submitted when application is made for the approval, or reapproval, of a teacher.

38. The minimum qualifications to be possessed by a teacher are set out in Rules B. 27 and 28, which are as follows:—

Rule B. 27.—“ Unless the Board otherwise determines in any particular case, a person shall not be approved as a teacher unless—

(a) she has practised as a midwife for at least three years and produces evidence, satisfactory to the Board, that she is competent to teach pupils; and *either*

(b) she is on the staff of an approved training institution; *or*

(c) she is working in association with an approved training institution, and has attended at least 60 cases in the previous 12 months, and can provide adequate accommodation for, and facilities for quiet study by, her pupils.”

Rule B. 28.—“ Unless the Board otherwise determines in any particular case, a person shall not be approved as a teacher for the purpose of Rule B. 13 (a) (1) unless she is a State Certified Midwife and also a general trained State Registered Nurse.”

39. With regard to condition (a) of Rule B. 27, the Board desires to emphasize the importance of teachers not only being skilled midwives but possessing ability to teach pupil-midwives. It intends, in course of time, to require that every teacher shall hold the Midwife-Teacher's Certificate and it hopes that an approved training institution, when filling a vacancy in the position of teacher, will endeavour to obtain a midwife who holds that certificate.

40. Approval of a person as a teacher will be for a period not exceeding one year at a time. Application for reapproval must be made on the prescribed form.

## APPENDIX X.

### CURRICULUM FOR MEDICAL AIDS.

First year. } As for nurses.  
Second year. }

#### Third Year.

Anatomy and Physiology (more advanced than in nursing course).

Medicine and Medical Nursing.

Clinical instruction (diagnosis and treatment) in medicine and surgery.

Lectures on pathology, symptoms, diagnosis and treatment of the common diseases of the country. Preventive and Social Medicine (lectures and Practical Instruction).

Pharmacology of the main drugs used in dispensaries.

Practical pharmacy.

Parasitology and microscopy (lectures and practical instruction).

Hygiene (lectures and practical instruction).

#### Fourth Year.

Surgery and Surgical Nursing.

Nursing of Eye and Ear, Nose and Throat Cases.

Clinical instruction (continuation of third year course).

Lectures on pathology, etc., of common diseases of the country.

Parasitology and microscopy (continued).

Hygiene (continued).

Anæsthetics.

Simple dentistry.

During the 3rd and 4th year, practical experience of nursing and of the work of out-patient departments will be obtained.

Experience will also be gained of work in an infectious diseases hospital, and in rural and urban dispensaries.

## APPENDIX XI.

## UNITED KINGDOM LEGISLATION GOVERNING THE ENROLMENT OF ASSISTANT NURSES.

NURSES ACT, 1943.

6 &amp; 7 Geo. 6.

Ch. 17.

AN ACT to provide for the enrolment of assistant nurses for the sick, to restrict the use of the name or title of nurse, to regulate agencies for the supply of nurses for the sick and to amend the Nurses Registration Act, 1919.

(22nd April, 1943.)

## PART I.

## Enrolment of Assistant Nurses.

*Roll of assistant nurses.*

1. (1) It shall be the duty of the General Nursing Council for England and Wales (in this Act referred to as "the Council") to form and keep a roll of assistant nurses subject to and in accordance with the provisions of this Act.

(2) A certificate under the seal of the Council duly authenticated in the prescribed manner stating that any person is, or was at any date, or is not, or was not at any date, duly enrolled shall be evidence in all courts of law of the fact stated in the certificate.

*Rules.*

2. (1) The Council shall make rules for the following purposes:—

(a) for regulating the formation, maintenance and publication of the roll;

(b) for regulating the conditions of admission to the roll;

(c) for regulating the conduct of any examinations which may be prescribed as a condition of admission to the roll, and any matters ancillary to or connected with any such examinations;

(d) for prescribing the causes for which, the conditions under which and the manner in which persons may be removed from the roll, the procedure for the restoration to the roll of persons who have been removed therefrom, and the fee to be payable on such restoration;

(e) generally for making provision with respect to any matters with respect to which the Council think that provision should be made for the purpose of carrying this Part of this Act into effect (including provision with respect to the issue of certificates to persons enrolled and with respect to the uniform or badge which may be worn by persons enrolled), and for prescribing anything which under this part of this Act is to be prescribed.

(2) Rules under this section shall contain provisions—

(a) requiring as a condition of the admission of any person to the roll that that person shall have undergone the prescribed training, and shall possess the prescribed experience, in nursing; and

(b) requiring that the prescribed training shall be carried out either in an institution approved by the Council in that behalf or in the service of the Admiralty, the Army Council or the Air Council; and

(c) enabling persons who, within the period of two years after the date on which the rules to be made under the provisions of this paragraph first come into operation, make an application in that behalf (in this Act referred to as "an existing assistant nurse's application"), to be admitted to the roll on producing evidence to the satisfaction of the Council that they are of good character, are of the prescribed age, are persons who were for at least the prescribed period before the seventeenth day of March, nineteen hundred and forty-three, bona fide engaged in practice as nurses under conditions which appear to the Council to be satisfactory for the purposes of this provision and have such knowledge and experience of nursing as to justify their enrolment.

(3) If provision is made by Parliament, or by the Parliament of Northern Ireland, for the establishment of a roll of assistant nurses in Scotland or Northern Ireland, the Council—

(a) shall make rules under this section enabling persons enrolled as assistant nurses in Scotland or Northern Ireland, as the case may be, to obtain admission to the roll established under this Part of this Act;

(b) shall, with a view to securing a uniform standard of qualification in all parts of the United Kingdom, consult with the body responsible for keeping the roll in Scotland or, as the case may be, in Northern Ireland before making any rules or, as the case may be, any further rules, under this section with respect to the conditions of admission to the roll.

*The Assistant Nurses Committee.*

3. (1) There shall be a Committee of the Council, to be called the Assistant Nurses Committee (in this Act referred to as "the Committee"), constituted in accordance with the provisions contained in the First Schedule to this Act

(2) Any matter which wholly or mainly concerns assistant nurses shall stand referred to the Committee and any other matter may be referred by the Council to the Committee; and the Committee shall consider the matter and report upon it to the Council, and the Council, before taking any action on the matter, shall, unless in the opinion of the Council the matter is urgent, receive and consider the report of the Committee:—

Provided that the following matters, that is to say—

(a) any question whether any person shall be removed from or restored to the roll, and any matter arising out of any such question; and

(b) any other matter referred to the Committee in so far as the Council expressly authorise the Committee to deal with it,

shall be finally dealt with by the Committee on behalf of the Council, and the Committee shall make a report to the Council as to the way they have dealt with it.

(3) The Council may pay to members of the Committee sums (to be calculated in accordance with directions to be given by the Minister) in respect of their travelling expenses and by way of subsistence allowance.

*Fees.*

4. (1) There shall be paid to the Council in respect of every application to be examined or to be enrolled under this Act, and in respect of the retention in any year of the name of any person on the roll, such fees respectively as the Council may, with the approval of the Minister, from time to time determine:

Provided that—

(a) in the case of an existing assistant nurse's application, the amount of the fee payable on the application shall be such sum, not exceeding one guinea, as the Council, with such approval as aforesaid, may determine; and

(b) the amount of the fee payable in respect of the retention in any year of the name of any person on the roll shall not exceed two shillings and sixpence.

(2) It is hereby declared that the power conferred on the Council by subsection (2) of section five of the principal Act to charge fees for certificates and documents issued, and services performed, by them extends to certificates, documents and services issued and performed under this Part of this Act.

*Appeal against removal from roll, and against refusal to approve institution.*

5. (1) Any person aggrieved by the removal of his name from the roll, may, within three months after the date on which notice is given to him by the Committee that his name has been so removed, appeal against the removal to the High Court, and on any such appeal, the High Court may give such directions in the matter as it thinks proper, including directions as to the costs of the appeal, and the order of the High Court shall be final.

(2) Any person aggrieved by the refusal of the Council to approve any institution for the purposes of the rules under this Act relating to training may appeal against the refusal to the Minister and the Minister, after considering the matter, shall give such directions thereon as he thinks proper, and the Council shall comply with any directions so given.

*Restriction on use of title of nurse and assistant nurse and penalties for misuse of certificates and falsification.*

6. (1) As from such date as the Minister may by order direct, any person who, not being a duly registered nurse under the principal Act or a duly enrolled assistant nurse, takes or uses the name or title of nurse, either alone or in combination with any other words or letters, shall be liable on summary conviction to a fine not exceeding, in the case of a first offence, ten pounds, and in the case of a second or any subsequent offence, fifty pounds:

Provided that (without prejudice to the provisions of section eight of the principal Act)—

(a) nothing in this subsection shall prevent a children's nurse from taking or using the name or title of nurse, unless the circumstances in which, or the words or letters in combination with which, the name or title is taken or used are such as to suggest that he is something other than a children's nurse;

(b) the Minister may by regulations authorise the use, either generally or by specified classes of persons or in specified circumstances, of specified names or titles containing the word nurse or of the word nurse otherwise qualified in accordance with the regulations;

(c) a person shall not be guilty of an offence under this subsection by reason only that, without objection by him, other persons use the word nurse in addressing or referring to him;

(d) proceedings for an offence under this subsection shall not be instituted except with the consent of the Minister.

(2) Any person who—

(a) not being a person duly enrolled, takes or uses any name, title, addition, description, uniform or badge, implying that he is enrolled or is recognised by law as enrolled; or

(b) at any time with intent to deceive makes use of any certificate of enrolment issued to him or to any other person,

shall be liable on summary conviction to a fine not exceeding, in the case of a first offence, ten pounds, and, in the case of a second or any subsequent offence, fifty pounds.

(3) If any person wilfully makes, or causes to be made, any falsification in any matter relating to the roll, he shall be guilty of a misdemeanour and shall, on conviction thereof, be liable to a fine not exceeding one hundred pounds.

### PART III.

#### Miscellaneous and General.

##### *Power to prescribe qualifications of teachers of nurses.*

14. The power of the Council to make rules under section three of the principal Act shall extend to the making of rules providing for the giving of certificates by or under the authority of the Council to persons who have undergone the prescribed training (being training carried out in an institution approved by the Council in that behalf) and, if the rules so provide, passed the prescribed examinations in the teaching of nursing.

##### *Penalty for false representation that another is a registered or enrolled nurse.*

15. Any person who, knowing that some other person is not registered or enrolled, makes any statement or does any act calculated to suggest that that other person is registered or enrolled shall be liable on summary conviction to a fine not exceeding, in the case of a first offence, ten pounds, and, in the case of a second or any subsequent offence, fifty pounds.

##### *Procedure as to rules and regulations.*

16. (1) Rules made by the Council under section three of the principal Act or under Part I of this Act shall not come into operation unless and until they are approved by the Minister.

(2) Every such rule so approved, and every regulation made under this Act by the Minister, shall be laid before each House of Parliament forthwith, and, if, within the next forty days, either House of Parliament resolves that the rule or regulation shall be annulled, the rule or regulation shall thereupon cease to have effect, without prejudice, however, to the validity of anything previously done thereunder or to the making of a new rule or regulation.

In reckoning the said period of forty days, no account shall be taken of any time during which Parliament is dissolved or prorogued or during which both Houses are adjourned for more than four days.

(3) Subsections (3) and (4) of section three of the principal Act are hereby repealed, except as respects rules made before the passing of this Act.

##### *Amendment of s. 2 (3) of principal Act.*

17. Subsection (3) of section two of the principal Act (which provides that a certificate under the seal of the Council duly authenticated stating that a person is, or was at any date, or is not, or was not at any date, duly registered under that Act shall be conclusive evidence in all courts of law of the fact stated in the certificate) shall have effect with the omission of the word "conclusive."

*List of certain nurses not registered or enrolled.*

18. (1) The Council shall form and keep a list, subject to and in accordance with the provisions of the Second Schedule to this Act, of such persons as are mentioned in the next succeeding subsection, and the provisions of that Schedule shall have effect in relation to the list.

(2) The said persons are any persons, not being registered nurses or enrolled assistant nurses, who, within two years from the passing of this Act, apply, on a form provided for the purpose by the Council, for admission to the list, who hold certificates issued by institutions which appear to the Council to be satisfactory for the purposes of this provision stating that they completed before the beginning of July, nineteen hundred and twenty-five, a course of training in nursing in the institution, and who satisfy the Council that they are of good character and have adequate knowledge and experience of nursing.

(3) Any person who—

(a) being a person whose name is included in any part of the list, says or does anything implying that his name is included in some other part thereof; or

(b) at any time with intent to deceive makes use of any certificate issued to him or to any other person as a person included in the list,

shall be liable on summary conviction to a fine not exceeding, in the case of a first offence, ten pounds, and, in the case of a second or subsequent offence, fifty pounds.

(4) If any person wilfully makes, or causes to be made, any falsification in any matter relating to the list, he shall be guilty of a misdemeanour and shall, on conviction thereof, be liable to a fine not exceeding one hundred pounds.

*Application of fees, and expenses of Council.*

19. Any sums received by the Council by way of fees under this Act shall be dealt with by the Council as if they had been received by way of fees under the principal Act, and any expenses incurred by the Council in carrying Parts I and III of this Act into effect (including expenses in connection with examinations or prosecutions and any travelling expenses or subsistence allowances duly allowed to members of the Committee) shall be defrayed out of fees received by the Council.

*Interpretation.*

20. In this Act, unless the context otherwise requires, the following expressions have the meanings hereby assigned to them respectively:—

“the roll” means the roll of assistant nurses established under Part I of this Act, and “enrol” and “enrolment” shall be construed accordingly;

“the principal Act” means the Nurses Registration Act, 1919;

“nurse” means a nurse for the sick and “nursing” shall be construed accordingly;

“register” means the register of nurses established under the principal Act, and “registered” shall be construed accordingly;

“children’s nurse” means a person whose avocation is that of caring for children;

“the Minister” means the Minister of Health.

*Short title, citation and extent.*

21. (1) This Act may be cited as the Nurses Act, 1943, and this Act and the principal Act may be cited together as the Nurses Acts, 1919 and 1943.

(2) This Act shall not extend to Scotland or Northern Ireland.

## SCHEDULES.

### First Schedule.

#### Constitution and Proceedings of Assistant Nurses Committee.

1. The Committee shall consist of six persons appointed by the Council and five representatives of assistant nurses.

The persons appointed by the Council shall be members of the Council, but at least one of them shall not be a registered nurse.

2. On the first constitution of the Committee the five representatives of assistant nurses shall be appointed by the Minister after consultation with such persons and bodies as he thinks fit, being persons and bodies having special knowledge and experience of the work of assistant nurses.

3. The first members of the Committee shall hold office for three years from the first constitution of the Committee or such longer period as the Minister may from time to time determine.

4. After the expiration of the term of office of the first members of the Committee, four of the five representatives of assistant nurses shall be such persons, being registered nurses or enrolled assistant nurses, as may be elected in accordance with the prescribed scheme and in the prescribed manner by persons enrolled on the date of the election, and the remaining representative of assistant nurses shall be appointed by the Minister.

5. Any members of the Committee other than the first members thereof shall hold office for a term of five years.

6. If the place of a member of the Committee becomes vacant before the expiration of his term of office, whether by death, resignation or otherwise, the vacancy shall be filled, if the member was appointed by the Council, by the Council, and, if the Member represented assistant nurses, by the Minister.

Any person appointed to fill a casual vacancy shall hold office only so long as the member in whose stead he is appointed would have held office.

7. Any person ceasing to be a member of the Committee shall be eligible for re-appointment or re-election.

8. The powers of the Committee may be exercised notwithstanding any vacancy in their number.

9. The Chairman of the Committee shall be such one of the members of the Committee, being a member appointed by the Council, as may be selected by the Committee.

10. The quorum of the Committee shall be four.

11. The Committee may, with the approval of the Council, make standing orders regulating the summoning of meetings of the Committee and the proceedings of the Committee.

## APPENDIX XII.

### PROPOSED SYLLABUS FOR A SPECIAL COURSE FOR NURSES TAKING UP WORK IN THE COLONIES.

#### 1. The Colonies.

(a) **General conditions and administration.**—Brief general description of the Colonies; regional divisions; colonial administration and policy; climatic conditions; the people; their races and languages; diversity of conditions and development; living conditions; occupations.

(b) **Medical and Nursing Services.**—Medical and nursing policy; medical organisation, institutions and staffs; the role of the nurse in these services; health standards in different territories; the need for research.

2. **Social Anthropology.**—General review with regional references; various forms of social structure in the Colonies; religions and customs in relation to health problems.

Social and economic conditions and their relationship to health matters with special reference to the position of women.

Existing social services in the Colonies; forms of welfare work; welfare committees, etc.

Methods by which the nurse can co-operate in raising health standards; the nurse's personal contact with the people.

3. **Prevalent Diseases in the Colonies.**—Study of the more important diseases met with in the Colonies; their aetiology; signs, symptoms, treatment and nursing care; prevention and social effects. Diseases studied should include:—

Tropical diseases :

- malaria,
- dysentery,
- hook worm infection,
- relapsing fever,
- sleeping sickness,
- yaws,
- leprosy,
- diseases due to climatic conditions, etc.

Other communicable diseases :

- tuberculosis,
- enteric fever,
- smallpox, etc.

Venereal diseases.

Nutritional diseases :

beri beri,  
pellagra,  
scurvy, etc.

Eye diseases :

trachoma, etc.

Skin diseases.

#### 4. Hygiene and Sanitation.

(a) **Personal.**—Care of the health of the individual in the Colonies; care of the nurses own health. Effects of tropical climate on the human body; prevention of these effects.

(b) **Domestic.**—Types of houses; sanitary requirements associated with these; hygiene of the kitchen, pantry, outhouses, compound; storage and care of food and water; laundry and care of clothes; disposal of excreta and refuse.

(c) **Communal.**—The more important public health problems in the Colonies; existing public health services, water supplies and sanitary installations; urban and rural problems with special reference to anti-mosquito work; prevention of fly breeding, etc.; relation of this work to disease (malaria, dysentery, etc.); hygiene and sanitation as applied to hospitals and other institutions in the tropics.

5. **Maternity and Child Welfare.**—Importance of this work in the Colonies; general principles of the work and its development in this country; special problems in the Colonies and the adaptation of principles to suit local conditions; normal physical and mental development of infants and children; infant feeding and food requirements of mothers; chief diseases of mothers and children in the Colonies and mortality rates; the nurse's responsibility in this work.

6. **Nutrition and Dietetics.**—(a) Food in the Colonies; classification and nutrient content. (b) The nutritional requirements and the feeding of different groups (age, sex, occupation) in health and disease, in temperate and tropical climate and for different races. (c) Under-nutrition and malnutrition, including deficiency states; effects of deficiency of salts and water in the tropics; food poisoning and the effects of poison in foods.

(d) Food technology with emphasis on cooking, catering and budgeting, both domestic and institutional.

(The social aspects of food are dealt with in the Social Anthropology section of the syllabus, the feeding of mothers and infants under Maternity and Child Welfare, and the sanitary aspects of food and drink in the Hygiene and Sanitation section.)

7. **Introduction to the principles of teaching and the methods of health education.**—Elementary principles of teaching; preparation of material; adaptation of material to different age groups; supervision; the role of all nurses as health teachers in the Colonies; health propaganda; methods of teaching in the home, clinic and dispensary, and in public lectures; means of enlisting the interest and co-operation of the people in improving health standards; co-operation with local organisations, e.g. women's societies, mass education committees.

8. **Education of Nurses and Midwives in the Colonies.**—The education of nurses and midwives in the Colonies; types of nurse and midwife required; schools of nursing—their aims and curricula; varying standards of training; training for both preventive and curative work.

9. **Administration and Organisation.**—Purpose and principles of administration; office organisation—record keeping—filing and indexing—bookkeeping; giving and receiving reports; management of personnel—selection for promotion and special duties; allocation of duties; special application of these principles to Colonial hospitals and clinics; the nurse's responsibility in regard to the organisation and administration of public health projects, welfare clinics, health centres, etc.; adaptation to suit Colonial conditions; methods of preserving equipment and stores in the tropics.

10. **Nursing in the Colonies.**—Linking up of material given in the course; the place of the nurse in Colonial medical policy; importance of training nurses for the local nursing services; pioneer aspect of the work in many Colonies; need for originality and for adapting nursing practice to suit local conditions; the necessity for research into nursing administration, technique and education.

**Supplementary Note.**—Lectures should be illustrated, wherever possible by posters, photographs and X-ray pictures, and by

(a) **Demonstrations.**

(i) *Clinical.*

Visits to see special cases in hospital, especially cases of tropical disease.

(ii) *Laboratory work.*

Microscopic demonstrations of parasites.

Demonstrations and practice in the taking of blood and in making blood films.

Lectures and demonstrations in the collection of material for laboratory examination in the tropics.

(b) **Practical work.**

Visits of observation to and practical experience in Maternity and Child Welfare Centres and the various special clinics attached.

Visits to study health and welfare organisations in industrial concerns.

Visits to see school medical work—inspections, treatment and follow up schedules; ophthalmic departments; skin clinics; venereal disease clinics; district nursing and home visiting.

Visits and demonstrations in various museums.

Advice should also be given during the course as to suitable books and publications relating to the special territory or region to which each nurse is going.



LONDON: PUBLISHED BY HIS MAJESTY'S STATIONERY OFFICE  
To be purchased directly from H.M. Stationery Office at the following addresses:

York House, Kingsway, London, W.C.2; 33a Castle Street, Edinburgh, 2;  
39-41 King Street, Manchester, 2; 1 St. Andrew's Crescent, Cardiff;  
Tower Lane, Bristol, 1; 80 Chester Street, Belfast

OR THROUGH ANY BOOKSELLER

(Reprinted 1947)

Price 1s. 0d net