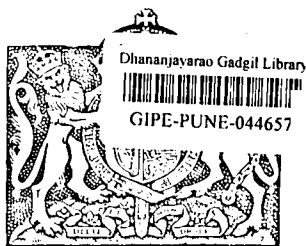


REPORT OF THE COMMITTEE ON  
THE TRAINING OF NURSES  
FOR THE COLONIES.



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

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

## FOREWORD.

The Committee was appointed by the Secretary of State for the Colonies in November, 1943, with the following terms of reference:—

“ To examine the question of training, both in this country and overseas, for nurses who are to serve in Colonial territories, and to make recommendations having regard also to the need in those territories for increased public health activities and for the fostering and development of community welfare ”

The members of the Committee were the following:—

The Rt. Hon. Lord RUSHCLIFFE, G.B.E.—*Chairman.*

T. I. K. LLOYD, Esq., C.M.G.—*Vice-Chairman.*

Miss R. A. BAGOT, M.B.E.

Mrs. B. A. BENNETT, D.N.

Dr. Mary G. BLACKLOCK, C.B.E., M.B., B.Ch., B.A.O., D.T.M., B.Sc.  
Lady BOURDILLON.

Miss R. DREYER.

Miss R. FENOULHET, M.B.E.

Dr. W. H. KAUNTZE, C.M.G., M.B.E., M.D., F.R.C.P., D.P.H.

Dr. H. M. C. MACAULAY, M.D., B.Sc., D.P.H., K.H.P.

Dr. H. A. MOODY, M.D., B.S. (Lond.), M.R.C.S., L.R.C.P.

Miss Hester PARSONS.

Dr. A. G. H. SMART, C.M.G., M.B.E., M.D., D.P.H.

Miss D. M. SMITH, O.B.E.

Miss M. GAWAN TAYLOR, O.B.E.

Arnold WALKER, Esq., M.A., M.B., F.R.C.S., F.R.C.O.G.

Miss K. C. WATT, C.B.E., R.R.C.

H. W. DAVIDSON, Esq., M.B.E.—*Secretary.*

Before the Committee's report was drafted, Dr. Smart left the Colonial Office on his appointment as United Kingdom representative on the Far Eastern Sub-Committee on Health of the United Nations Relief and Rehabilitation Administration. He has therefore been unable to sign this Report.

The Committee divided itself at an early stage into two Sub-Committees which considered, respectively, the training given to nurses in the United Kingdom and the Dominions and the training given in the Colonies to indigenous nurses.

The second of these Sub-Committees co-opted as an additional member Miss H. M. Cowan, Nursing Superintendent, Church Missionary Society.

### I.—THE COMMITTEE'S PROCEDURE.

1. After a preliminary survey of the present position of the nursing services in Colonial territories we divided ourselves into two Sub-Committees, which were asked to consider respectively:—

(A) the training of nurses in the United Kingdom and the Dominions for service in Colonial territories, and

(B) the training given in the Colonies to indigenous nurses.

2. Each Sub-Committee considered, with regard to its own field of enquiry, the types of nurses most suitable for the Colonies, the most appropriate training for each type and the desirability of improvements in education and training facilities. The Sub-Committees also considered whether any changes in the

methods of recruitment or the existing conditions of service were necessary in order to satisfy the future needs of Colonial territories. The substance of the reports presented to us by the Sub-Committees is embodied in this Report.

3. While we have addressed ourselves particularly to the consideration of measures applicable to the Colonial Nursing Service, it should be remembered that nurses are employed in the Colonies in local public services, or by Missionary Societies, in addition to some in private practice or in private nursing homes. The last two categories are engaged in a special kind of work, but the work done by the Missionary Societies is very similar to that of the Government Medical Services, and we hope that our recommendations may be of use to Missionary bodies and other employers as well as to Colonial Governments.

#### **Evidence.**

4. Twenty-one meetings of each of the Sub-Committees and six meetings of the full Committee were held. In the course of these meetings we have studied memoranda, held discussions and taken evidence, oral or written, from the witnesses whose names are given in Appendix I of this Report.

## **II.—INTRODUCTORY.**

### **Medical Policy in the Colonies.**

5. The Colonial Advisory Medical Committee has given much thought to the general question of medical policy in the Colonies and the views expressed in the following three paragraphs are largely based upon those conclusions reached by the Committee which are pertinent to our terms of reference.

6. The medical services in the Colonies, which were originally concerned almost entirely with the health of Government officials recruited from this country, have developed, though at different rates, until they now constitute one of the principal social services affecting the welfare of the peoples of the various territories of the Colonial Empire. In these territories the problems of public health differ to some extent but the fundamental needs are everywhere the same and medical policy aims at securing the benefits of the knowledge of modern medicine for the largest possible numbers of the population.

7. The medical services are now generally regarded as part of a co-operative effort for improving the well-being of the community. In this effort all bodies and organisations, both official and unofficial, which share the common aim and are competent to assist in achieving it, should play their part. It is now accepted, therefore, not only that there should be the closest co-operation between the Government medical departments and the medical services provided by local authorities, commercial organisations and voluntary bodies, but that there should be intimate collaboration between medical workers on the one side and the staff of the Administrative Service and of such departments as Education, Agriculture, and Veterinary Services on the other. In the general plans for social welfare, drawn up with due regard to the needs of all sections, urban or rural, of the population, it is clear that very great emphasis should be given to medical work and in particular to its preventive aspect.

8. It has been suggested that, great as the need is for hospitals to cure and alleviate disease and also, incidentally, to secure the confidence of the population, in some territories too much stress has been placed in the past on curative services and that the tradition of some Colonial medical departments has been directed more to the cure of disease than to its prevention. Whatever the position may now be in this respect it seems clear that hospital services in most Colonial territories can at present be available only to a small

proportion of the people who are suffering from disease or its results; on the other hand, in tropical territories, at any rate, much sickness is preventable. It would appear to follow from this that a primary aim of medical workers in such territories should be to improve health standards and to control the transmission of disease. It is clear that the conditions of most Colonial territories react with especial severity upon the health of mothers and children, and that the successful application of a preventive policy will depend very largely on the care devoted to the health of these classes of the population.

9. In the fulfilment of the medical policy described in the preceding paragraphs, the nursing services clearly have an essential part to play. It is in these services especially that scope is likely to be found for the greatly increased employment of women as agents of health and welfare; and the extension of health education and the improvement of the welfare of mothers and children will largely depend on the work of nurses of all types and grades. If the accepted policy is to stress the preventive and social aspects of medical services rather than the multiplication of curative services it is clearly necessary to consider how far the existing methods of training nurses in the Colonies are adequate.

#### **The Development of Nursing in Colonial Territories.**

10. As we remarked in paragraph 6, medical services in many Colonial territories at first had personnel only sufficient to meet the immediate needs of the official population, though in some areas the Missionary Societies gave assistance by setting up mission hospitals. The medical needs of the native populations were so great, however, and so distressing to compassionate administrators that it was not long before Government hospital services came into being and hospitals needed nursing staffs. At first the only trained nurses were those who were recruited in the United Kingdom and the Dominions or from the Nursing Sisterhoods in Europe, but it was speedily recognised that no great extension of medical services could take place unless the greater part of the nursing staff was drawn from the local populations. The doctors and nursing sisters set to work to train these local recruits. At first only males would volunteer and most of these were illiterate, so that their capabilities as nurses were limited, but, as schools became more common, nursing standards improved until, in the more advanced territories, they reached a high level. Moreover female education also advanced, barriers due to prejudice were broken down and female nurses began to replace males for most nursing duties, with a consequent increase in the numbers of women patients, who naturally prefer to be nursed by women. Though this represents in brief the general outline of the history of nursing in hospitals in Colonial territories, it will be understood that the progress made from territory to territory has depended largely on the stage of education reached, particularly so on the female side, and on the ability of a territory to finance medical services adequately to its needs. Some territories are still backward in the training of nurses, this being specially true of areas with a predominantly Mohammedan population, and even now some Colonial hospitals have to carry on as best they can with male nursing staffs literate only in the vernacular.

11. At first in all Colonial territories the most urgent need seemed to those responsible for policy to be the provision of treatment for the sick. Then came the recognition that many of the diseases for which treatment was sought were preventable and attention began to be focussed on the development of preventive services. Again this change of outlook took place in some territories earlier than in others. In the more advanced territories urban health services on lines similar to those followed in this country have been set up, with staffs of health visitors and sanitary inspectors, midwives and district

nurses. In the rural areas, health centres have been established to carry out work on similar lines, though with modifications to suit services to the local setting. School medical services also exist in several Colonies. The emphasis on the different sections of these preventive services varies in different areas. Some have made provision for all sections, others have stressed the maternity and child welfare and perhaps the school medical sections, others again have felt that domiciliary visiting is the best aid to the raising of health standards. While some territories have tended to follow the general design of urban health services in this country, with some adaptations, others believe that conditions in the Colonies are so different that no one type of preventive service is suitable for all countries and are experimenting for their own conditions.

12. The nursing services, therefore, in the Colonies have passed through much the same developments as in this country. Some have reached a high stage of development, others are still climbing the ladder. There is, however, in all a realisation that the curricula of training recognised in the United Kingdom may not be those best adapted for the Colonies, and a readiness to experiment not only with alterations to the home curricula but also with the development of new types of training.

13. Interest has been shown in some territories in the training of girls as "community nurses" in the belief that the duties envisaged for this type of nurse are just those needed not only in rural areas in the Colonies but also in the towns. We have adopted the term "community nurse", which is used by Dr. Janet Welch and now has a fairly wide currency, although nurses, who are in fact doing very similar work, are in some countries known by various other titles, such as Health Visitor, Public Health Nurse and District Nurse. It is convenient here to give some description of what we have in mind in using the term. Ideally, the community nurse would be a nurse who had received, in addition to her training in general nursing, such instruction as would fit her to be a leader in a village community; to visit and attend patients in their homes and advise women about their household problems, the hygiene of the home and the care of children and infants; to conduct health propaganda among the village people; to inculcate the better use of local foodstuffs and better cooking methods; to watch over the health of the people in the houses she visits and to advise them about treatment; to visit schools, to inspect school children and to play a part in the work of health education in schools, which is so important a foundation for inspiring the whole community with a new attitude to health matters; to assist in the work at the clinics, particularly in the child welfare clinic; and, generally, to be the exponent of better health for all in the community. It may be noted that, since the community nurse's duties take her so much into the village homes, only female nurses would be acceptable for these posts.

#### **Present Position of Nursing Services in the Colonies.**

14. Wide differences in local conditions make it impossible to give a general account which would be applicable in every particular to the medical work in each Colonial territory. A picture can therefore be drawn only in the broadest outline. Each territory usually has at least one large general hospital where the specialist section of the Medical Department staff is concentrated; some of the larger or wealthier territories have two or more such hospitals. These provide facilities roughly comparable to those afforded by general hospitals in this country, though in most cases equipment is not so complete nor have they yet developed the special clinics which are recognised as essential in a modern general hospital. In addition, in the larger territories there are smaller district hospitals situated at convenient places throughout the country, usually at the administrative headquarters of a district. These vary in size

from as few as ten to as many as three or four hundred beds. All hospitals have out-patient departments and usually a number of small ancillary out-patient dispensaries situated in the more remote parts of the area they serve. These dispensaries are generally in the charge of trained nurses or medical aids, capable of diagnosing and treating the common diseases of the country, but without a medical qualification. Patients attending at the dispensary suffering from diseases which are beyond the competence of the staff in charge are usually sent by ambulance or other means of transport to the central district hospital. Associated with the dispensaries, there may also be maternity centres where maternity cases can be attended by locally trained midwives; these centres may in addition have facilities for ante-natal and child welfare clinics. Where these maternity centres exist, the district hospital usually provides additional facilities for dealing with difficult obstetrical cases. In some territories the dispensaries serve as health centres and have attached to them sanitary inspectors and health visitors who look after the population in the neighbourhood of the dispensary, conduct health propaganda in homes and schools, and advise on water supplies, sanitation, conservancy, etc. School medical work may also come within the purview of the dispensary staff or may be served by an itinerant staff from the district hospital. Dispensaries, maternity centres and health centres are visited at regular intervals by the medical and nursing staff from the district headquarters.

15. It would be quite impossible to maintain all these activities without making use of locally trained staff under the general supervision of medical officers and nursing sisters. The term "locally trained staff" is used here to cover the categories of medical aids, dispensers, male and female nurses, sanitary inspectors, midwives, health visitors, nursing orderlies and ward attendants. The medical aid is a person now unknown in this country though he is not far removed from the unqualified assistant of earlier times. He has, however, made his appearance in nearly every Colonial territory, though not necessarily under this name. He may be called hospital assistant, special grade dresser, dispenser, etc., but by whatever name he is known, he is indispensable under present Colonial conditions because he enables the skill of the qualified medical officer to be used to the best advantage. As a rule the medical aid is trained to nurse, to dispense and to diagnose and treat the commoner diseases of the country. He is generally an expert in the giving of intravenous and intramuscular injections, and soon develops an intuitive sense in selecting the cases which should be seen by a medical officer. Under the conditions obtaining in some Colonies, particularly where at certain seasons communications between dispensaries or other medical units and district centres may be cut for several weeks, the scope of medical services would have to be greatly contracted if the relatively few medical officers had not the help of the medical aid.

16. The other categories of staff are comparable with those known by the same names in this country. Male nurses and female nurses usually receive similar training, though that of the female nurse may be simplified owing to the backwardness of general education in the case of girls in most Colonies. Since nurses may have to take a share in out-patient work in dispensaries they usually receive some training in the dispensing of stock mixtures. Under Colonial conditions it has often been found necessary in rural areas for one person to carry out the functions both of nurse in a dispensary and of midwife. There are obvious disadvantages in such an arrangement and in principle it must be deprecated, but we realise that in rural areas in this country the combined duties of District Nurse, Midwife and Health Visitor may be undertaken by one person and a similar practice may have to continue for some time to come in some territories. In areas where female



education is backward, it has been impossible to avoid accepting as candidates for training as midwives and nurses some girls who, if literate, are probably so only in the local vernacular. Their training has, therefore, been kept very largely to practical instruction with relatively little attention to book work. Yet, in spite of this, the work that these midwives and female nurses have carried out has been surprisingly good and quite indispensable. In Uganda, for instance, there are over a hundred maternity centres, scattered through the country, each staffed by one or two locally trained midwives, few of whom can speak English, though all are literate in the vernacular.

17. We referred in paragraph 10 to the employment in some of the more advanced territories of female in place of male nurses; the idea of replacing males by females was also being considered, before the war, in some other territories. The war with its demand for a vast increase in nursing orderlies for military hospitals has drained staff from civil hospitals and has speeded up the projected change. In general, it may be said that this has been for the good of the hospitals, because there has been a general improvement in the standard of nursing and attention which patients have received, and greater quietness in the wards. This does not mean that male nurses will not be required in the future, but they will probably be used more and more for certain special duties and for staffing the male mental and venereal diseases wards. This trend in training will not, however, resolve the difficulties which result from the general educational backwardness of women in some territories. Difficulties will also arise because public opinion is in some areas against girls becoming nurses or midwives while elsewhere custom decrees that an unmarried girl shall not be present at a birth. The remedy lies in the education of public opinion through the work of the Education and Medical Departments.

18. Difficulties will also be caused by the great wastage which will undoubtedly occur by marriage when female staffs become general. As a rule, in Colonial territories, a nurse leaves her employment on marriage and is not likely to return unless she becomes a widow or her husband deserts or ceases to support her. The wastage is in one sense more apparent than real, since a nurse should always be an influence in the direction of better health unless she utterly forgets her vocation. Moreover, it may be possible for a trained nurse, though married, to carry out in her neighbourhood, even if only on a part-time basis, some of the duties required of nurses, particularly those which are envisaged for community nurses.

19. Nursing sisters recruited from the United Kingdom and the Dominions are now employed to an increasing extent in the supervision and training of locally recruited staff and in the development of preventive health services although there are still in some territories "European" hospitals or private nursing homes which are mainly staffed by nursing sisters from this country or the Dominions.

20. In the immediate pre-war years the number of Colonial nursing posts which required to be filled annually by recruitment from the United Kingdom was in the neighbourhood of one-hundred-and-twenty to one-hundred-and-forty. In addition there was recruitment on a comparatively small scale from the Dominions.

21. The war has produced difficulties in recruitment which, it may be hoped, are abnormal. In particular, owing to war conditions, there is at present a dearth of newly-qualified State Certified Midwives who are available for overseas service. It is difficult to assess exactly the demand for nursing sisters after the war but, for some time to come, an increase may be anticipated in the number of posts which require to be filled by recruitment from this country

or the Dominions. We understand that it is the aim of Colonial policy in this matter ultimately to staff the Nursing Services in all these territories with locally recruited personnel, and in some more advanced Colonies this tendency has already gone a long way towards fulfilment. On the other hand, the increased social services which will undoubtedly be made available after the war will call for the employment of trained staff in much greater numbers than most Colonial peoples can as yet supply; moreover, the adequate training of Colonial staff will depend on the provision of instruction and supervision, for which purposes large numbers of administrative and teaching staff of high quality and wide experience will be essential.

### III.—NURSING AND MIDWIFERY COUNCILS.

22. Before we discuss in detail the training of nurses for service in the Colonies, we would record our opinion that machinery is required in each Colonial territory or group of territories for the purpose of controlling and guiding the ordered advancement of the standards of nursing by means comparable to those adopted by such statutory bodies as the General Nursing Council for England and Wales and the Central Midwives' Board. We recommend that, in order to assist the attainment of the aims which we believe should guide nursing policy in the Colonies, all trained nurses should be registered and that the control of such registration, of nursing education and of the discipline of the profession in each territory or group of territories should be in the hands of a Nursing Council set up under a Nurses' Registration Ordinance. A Midwives' Council should, similarly, be established under a Midwives' Registration Ordinance. The Councils set up under these Ordinances would have the duties of maintaining Registers of Nurses and Midwives respectively; of controlling, with proper safeguards, admission to and deletion from the Registers, of laying down in general terms a curriculum of training, including the standard of general education required before entry to the course; of conducting the State examinations, admitting to the Registers and of appointing, or at least approving the appointment of, examiners; of laying down minimum standards to which training schools and training hospitals must conform if they are to receive the approval of the Councils; of granting certificates; and of making rules with respect to the uniforms or badges which may be worn by Registered Nurses or Midwives. Each Council should have the right to conduct enquiries into charges made against persons whose names are on the Register under its control, and of deciding, whenever the charge is in the Council's opinion proved, whether the names of such persons should remain on the Register. We recommend that provision should be made for an appeal against such decisions to an appropriate Court of Justice, but only on grounds of legal procedure.

23. In some territories local conditions may suggest the desirability of establishing a Joint Nursing and Midwives Council, rather than separate bodies. Any Colonial Government wishing to consider this alternative may find it useful to refer to the rules recently made in the Union of South Africa to provide for a joint body of this kind.

24. We consider that the establishment of these Nursing and Midwives' Councils will best ensure continuity of policy in training, and a gradual raising of standards, where these are below the level attained in this country or the Dominions. Recognition of certificates for reciprocal registration would also be made easier of achievement by the setting up of legally constituted Councils; indeed the General Nursing Council of England and Wales will accord no recognition for State Registration to certificates granted in countries where no Council or Board controls registration.

25. We draw attention to the advisability of including in the membership of the Councils proposed in paragraphs 22-3 representatives not only of the nursing and medical professions but also of educational interests and social workers and of the general public. Representatives should be selected on personal grounds and not because they hold certain posts. We think it important that the Councils should include representatives of the professions covered, who should be chosen by the votes of those whose names appear in the Registers.

26. We reproduce in Appendix II Ordinances enacted in Hong Kong and Uganda to regulate the Registration of Nurses and Midwives respectively. These may be useful as a guide to other Colonial Governments proposing to introduce legislation for a similar purpose.

#### IV.—TRAINING.

27. We discuss first, in this Report, the training given in Colonial territories to Colonial nurses, and, second, the training given in this country or the Dominions to nurses who intend to work in the Colonies. We follow this order, not only because most of the staff of the nursing services is recruited and trained in the Colonies, but also because:—

(a) decisions regarding the training of Colonial girls in this country or the Dominions depend very largely on the policy to be pursued in providing local training facilities in the Colonies; and,

(b) as we have already remarked, the nursing sisters recruited from this country or the Dominions will to an increasing extent be concerned with the training of Colonial staff.

##### A.—THE TRAINING OF NURSES IN THE COLONIES.

28. Consideration of the general lines of medical policy in the Colonies set out in paragraphs 6-9 leads us to believe that nurses are required for the following spheres of work:—

(a) hospital duties (and these will include special duties for male nurses as well as the general duties undertaken by both male and female nurses); (b) midwifery and ante-natal services; (c) community work, which will include the duties normally carried out in a district by health visitors and district nurses and, in most places, will also include the duties of the school nurse; (d) the work of medical aids; (e) specialist services, under which would be included work in the nursing of tuberculous and mental patients and in orthopaedic nursing, (f) tutorial duties in nursing and midwifery schools.

29. In view of the increasing demand for nurses throughout the British Commonwealth it is impossible to expect that the needs of the Colonies can be met from the United Kingdom or the Dominions either in whole or even in large part. Indeed with the advance of education in the Colonies such a policy of overseas recruitment would be inadvisable in the best interests of the people. Taking all things into consideration, we feel that in the future the nursing staffs in the Colonies should be in increasingly large measure drawn from the local peoples. Accepting this principle there are three ways in which the training of candidates so drawn might be carried out:—

(a) The whole of the training might be given in the United Kingdom or in the Dominions. There are grave difficulties in the way of such a course, for example, the cost of training, including passages to and from this country and maintenance during periods of leave; and the difficulty of finding vacancies in hospitals in this country for candidates from overseas.

Moreover, in our view, the curriculum at present in use in British training schools does not stress the preventive and social aspects of medicine sufficiently for Colonial needs. Above all, the variety of local conditions in Colonial territories and the great difference between Colonial conditions and those of this country supply, in our opinion, the strongest argument against adopting this course.

(b) Training for the nursing certificate might be given in local nurse training schools, and nurses might then come later to the United Kingdom or elsewhere for post-registration instruction. If this policy is accepted, the standard of training in the local nursing school should be raised as soon as possible to a standard comparable to that of the training given in the United Kingdom or the Dominions and therefore acceptable to the General Nursing Council for England and Wales for reciprocal State Registration, if desired.

(c) Training for the nursing certificate might be given in local nursing schools and post-registration work might also be taken in local institutions. This might be an aim for the future when local institutions have achieved a degree of efficiency which would justify their giving post-registration instruction. At the present time, as far as we are aware, there are few local institutions which could give post-registration training of a suitable standard.

30. We therefore recommend that in future locally recruited nurses should be trained in nurse training schools in their own territories or groups of territories; that the standard should be such as would render Colonial certificates acceptable to the General Nursing Council of England and Wales for reciprocal State Registration; and that nurses who, after qualifying in such schools, have shown a special aptitude in administration or in special departments of nursing in their own territories, should be given every facility for post-registration training in the United Kingdom or elsewhere. We mean by post-registration training not only attendance at recognised courses leading to special diplomas, but any other arrangements which would enlarge experience.

31. While we thus recommend that as a rule Colonial girls should receive their general training in a Colonial school, we realise that, for some time to come, a number of girls will wish to come to this country at their own expense for that training. We would not wish to suggest that any obstacles should be placed in the way of the admission of such girls to nurse training schools in this country, provided that they are likely to benefit by the instruction in such a school; on the contrary, we would favour any improvements of the present arrangements under which such girls gain admission. As a matter of principle, however, any special scholarships for training in nursing, provided by Government, should be available only at local training schools, where such schools exist and have attained a satisfactory standard. Nurses who have been trained in the United Kingdom should not be given appointments, on their return to their own territories, on more favourable terms than nurses who have reached the same standard in Colonial training schools.

#### **Pre-Nursing Education.**

32. We have been impressed by the weight of evidence showing how greatly the training of Colonial girls as nurses is handicapped by the lack of education among girls, and have given much thought to means by which this obstacle can be overcome. In general it seems that education at the secondary stage for girls in the Colonies tends to follow that of boys with certain modifications such as the introduction of the subject of domestic economy into the curriculum. We hold the opinion that an academic secondary school education is probably not the best that could be devised as

a preparation at school age for a girl intending to enter the nursing profession (and possibly other vocations also) and recommend that consideration should be given to the establishment of vocational schools. These should be parallel to the more academic type of secondary school and, while maintaining similar general educational standards, would offer a curriculum of a character stressing more particularly those subjects which would be of use in the home or in the nursing or other professions. Such subjects as mothercraft, domestic science, hygiene, elementary science, etc., would be specially useful. We have reason to believe that such vocational schools would be welcomed by educationists as providing an alternative type of education more suited to many girls than the present secondary school curriculum. The successful establishment of such schools will clearly depend very largely on close co-operation between the Medical and Education Departments of the territories concerned.

33. In Great Britain when a pre-nursing course is approved by the General Nursing Council, a student who has completed it is allowed to take Part I of the Preliminary State Examination before entering the nurse training school. We suggest that some similar arrangement might be made in the Colonies, should vocational schools or classes be set up on the lines proposed above.

34. In some territories most girls leave school before they attain the minimum age for starting their training as nurses. Usually the only employment available to bridge this gap is in a shop or office, and experience has shown that few girls who have taken up such employment are prepared subsequently to enter the nursing profession. We hope that the extension of facilities for girls' education will enable more girls to remain at school until they are old enough to enter a nurse training school. For those who cannot do this we recommend that openings should be made in employment which would give them experience likely to be useful to them later in their chosen profession. Such openings could be provided in nursery schools, children's homes, day-nurseries, infant and child welfare centres. It should be possible to arrange to maintain the interest of these girls in the work of nursing by lectures and talks on various aspects of that work, given by nurses from hospitals, health centres and clinics in the neighbourhood, and by occasional visits to such institutions, and any other institutions which may be valuable to them in their training.

### **General Nursing Training.**

#### *(a) General principles.*

35. In recent years certain interesting trends in the education of nurses have become evident in many parts of the world. These include the tendency to place the training of nurses on a student basis rather than to follow the former apprenticeship system. We would, however, sound a warning that there is a particular danger in the Colonies in establishing any course of training which, by treating the actual practice of nursing as an exercise rather than as a period of duty, tends to produce a theoretical instead of a practical nurse. There are other trends to which we can give wholehearted support, particularly the attempts to widen the experience of nurses to embrace the social and preventive aspects of nursing so that the nurses can take a share both outside and within the hospital not only in curative but also in preventive work for the benefit of the community.

36. The International Health Division of the Rockefeller Foundation has been instrumental in initiating and assisting experiments on these lines in many parts of the world. In Great Britain a movement in this direction has also been evident. The Royal College of Nursing before the war drew up

plans for an experimental training school to provide wider experience for student nurses, and in 1943, the Social and Preventive Medicine Committee of the Royal College of Physicians recorded its conviction that nursing training should provide a knowledge of social and preventive medicine and should also lay a foundation upon which specialisation in preventive work outside the hospital could be established at a later stage. We note, too, that the Nursing Reconstruction Committee of the Royal College of Nursing, under the Chairmanship of Lord Horder, has recommended a wider basic training for nurses which would include an introduction to preventive and social medicine, and would follow the "block" system. This system, which we discuss in paragraph 42, has already been adopted in some hospitals in this country.

37. We have also taken into account certain constructive suggestions made by Dr. Janet Welch, who has done valuable work in applying some of the most recent ideas in this field to the conditions of East and South-East Africa.

38. In formulating our recommendations we have adopted the principle that the aim in all Colonial territories should be to train girls in local nurse training schools to a standard not lower than that accepted in the United Kingdom by the General Nursing Council for State Registration. We recognise that the date when such an aim is possible of achievement will vary from territory to territory. In some it will be attainable now, in others it will be some years before it can be reached. Nevertheless we believe that there are certain basic requirements of policy in regard to nursing training which are applicable whatever the standard achieved.

39. They are as follows:—

(i) Nursing training in every Colony should be on a planned basis which would have in view the achievement of the standard mentioned above within a stated number of years and, meanwhile, would lay down a course the standard of which would be deliberately raised each year.

(ii) Any course of nursing training should provide for and stress instruction in preventive medicine, social welfare, health education, and domestic science as well as in curative medicine.

(iii) The course should include sufficient instruction in general science to enable the student to understand the reasons underlying nursing procedure.

(iv) The course should be designed to train the student to be self-reliant and to take responsibility.

(v) The course should provide plentiful opportunity for students to share in co-operative work with students of other branches of social work.

40. In short, any scheme of nursing training, however primitive, should aim at producing a nurse as well prepared as circumstances permit to undertake curative, preventive and educative work as well under rural as under urban conditions, and to share with other workers in a common effort for social improvement.

(b) *Training arrangements and curricula.*

41. As a corollary to the general recommendation in paragraph 30 we consider that there should be in every territory or group of territories at least one nurse training school aiming at training fully qualified nurses. In the larger territories it will probably be necessary to establish more than one such school. On the other hand some small Colonies may find it more advantageous to send girls for training to nurse training schools in adjoining territories than to set up for themselves smaller schools for which they might not be able to afford staff of the highest quality.

42. We have given much consideration to the relative merits of the various systems of training and, in view of the general educational background in Colonial territories and of the tropical climate which characterises most of them, we have decided to recommend that, wherever practicable, the "block" system should be adopted. Under this system the student is relieved of nursing duties in hospital for varying periods, known as "blocks", in each year. It is during these periods that she receives the greater proportion of her theoretical training. The system is exemplified in the diagram given in Appendix III. Its advantages are that theoretical and practical studies outside the wards may be conducted under the most satisfactory conditions, allowing students to devote the day to study and yet to have leisure for recreation and discussion. Student nurses are sometimes slow to absorb new ideas and quick to forget without constant repetition. The authorities of each training school will be able to assess the amount of knowledge its nurses can absorb in a block system and will arrange accordingly for the holding, during the periods spent in the wards, of any lectures or revision classes required in addition to the usual ward demonstrations.

43. We recommend that the complete period of training required for the grant of a certificate should be four years. The first three years should be devoted to basic training, during which period instruction should be given in a simple and practical manner in Elementary General Science, Anatomy, Physiology, Hygiene, Domestic Science, Nutrition and Dietetics, Maternity and Child Welfare, the Theory and Practice of Nursing, Medical, Surgical, Gynaecological and Children's Nursing, First Aid, Pharmacology and Therapeutics, Psychology, Social Science and Methods of Health Education.

44. After passing the examination at the end of this basic nursing course, the nurse should spend twelve months in training in the special branch of nursing in which she prefers to work. She should be given the choice of spending this period either as a staff nurse in a recognised hospital, in order to gain experience of ward administration and to receive further training in such subjects as dietetics, or in taking the community nursing course (see paragraphs 55-60), or in taking the midwifery course leading to State Registration as a midwife (see paragraphs 61-68). At the end of this period she should take an examination in the special subjects studied in her fourth year, and, if successful, should be given her General Nursing Certificate, endorsed to show that she has successfully completed the course of training selected in her fourth year.\* She should then be admitted to the State Register of Nurses. During her fourth year her successful completion of the basic nursing course and the increased value of her services should receive recognition in the form of an increment of salary. Suggested curricula of the basic nursing course, the community nursing course and the midwifery course will be found in Appendices IV, VI and VII respectively. It will be noted that the preventive aspect of nursing duties receives great attention in the basic course and we consider that this is of the utmost importance in any curriculum which is adopted. A possible time-table for the basic nursing course is set out in Appendix V. This is, of course, capable of wide modification to suit local conditions and should be looked upon as no more than a guide to possible arrangements.

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\* Note: For the purposes of the enrolment of midwives by the Midwives Council, those nurses who have qualified in midwifery will be given a separate Midwifery Certificate. We do not consider that this would be a source of grievance to other nurses, provided that it is made clear that a nurse can only transfer from the special branch of nursing she has selected for her fourth year—administration, community nursing, or midwifery—to another of these if she takes the additional year's course of instruction in the branch which she now wishes to take up and has her General Nursing Certificate endorsed to that effect.

45. The training for male nurses should be, as far as is possible, on the same lines as the course for women.

*Training schools and hospitals.*

46. The organisation and administration of nurse training schools are the subjects of much study and experiment in different parts of the world. In some cases the training is confined to a single hospital and is under the control of the Matron; in others, there is a preliminary training school used by student nurses from several hospitals and administered generally by a committee of the Matrons of these hospitals. In still other cases the training school may be an educational institution administratively and financially independent of the hospital and under the control of a separate Dean or Principal, assisted generally by a Board or Committee of Studies.

47. We consider that in the Colonies, as elsewhere, there is need for further study and experiment in the most suitable methods of organisation and we do not, therefore, recommend a uniform system for all Colonies. We would, however, make the following suggestions:

- (i) where such a school is attached to a single hospital it should be under the control of the Matron of that hospital;
- (ii) where a school serves more than one hospital but no other institutions it should be managed by a Committee composed of the Matrons of those hospitals; and
- (iii) if and when an institution is established, which not only includes a training school where nurses receive most of their theoretical training but also provides other vocational instruction, the Matron of the hospital where the nurse training is given should not be in direct control of the school but should have a seat on the management of the institution.

It is, in our view, important that in the selection of any Matron of a hospital which undertakes the training of nurses, regard should be had not only to the nursing and administrative experience of the available candidates and to their understanding of the aims and principles of nursing education but also to those personal qualities which will help towards leadership and stimulation of the staff and pupils of the school.

48. We consider that the staff for a nurse training school should include a Sister Tutor holding the Sister Tutor's Certificate and having had reasonable experience as a Sister Tutor or Assistant Sister Tutor in a training school for nurses. She should have the help of additional Assistant Sister Tutors, or Nursing Sisters with teaching experience, in the proportion of one such assistant for each group of thirty pupils. In as much, however, as so large a part of nursing instruction must be given in the hospital wards, we are of opinion that it cannot be stressed too strongly that the appointment of a Sister Tutor does not relieve the Ward Sister of teaching duties. There should be definite daily ward teaching on an arranged schedule which should be the responsibility of the Ward Sister, who must undertake the teaching of all the practical nursing procedures, and must understand, when marking the pupil's training chart, that the onus lies on her not only of demonstrating each procedure satisfactorily, but also of seeing that the pupil becomes proficient in each. No teaching in school or classroom can take the place of the instruction given by the Ward Sister, for no one else has such intimate understanding of the patient and his needs, and no one else has so great an opportunity of developing the student nurse's powers of keen, exact and minute observation or of teaching the sympathetic handling of sick persons. All Ward Sisters on appointment should understand that teaching is an integral



part of their duty. We therefore consider that, in the selection of Sisters to take charge of wards in hospitals used for training nurses, special attention should be directed to their suitability as teachers.

49. In addition to the staff already mentioned, a nurse training school should be able to call on the part-time services of doctors for instruction in professional subjects, of members of the staff of neighbouring health clinics or services, and of members of the staff of nearby educational establishments and social welfare organisations. To make available the services of such persons we stress the importance of arranging that the training school should be conveniently situated in relation to a hospital, a health centre and a school. If possible, the training school should be so placed that students can easily visit health centres, welfare centres and other institutions from which they will gain experience in preventive work and methods of health propaganda.

50. We suggest that the hospital in which the practical side of the nursing course is taught, should provide modern facilities and should as far as possible be a model of what such an institution should be. In this connection, the conditions which hospitals in this country must fulfil if they are to be approved by the General Nursing Council of England and Wales for the training of nurses are set out in Appendix VIII.\* Students should also visit some of the more primitive types of country hospital even if they are not required to spend part of the course working in them. Since these are the hospitals in which many of them are likely to work when qualified, they should, during their period of training, receive adequate instruction in improvisation and "making do" with the minimum of equipment.

51. We believe that the siting of nurse training schools in the neighbourhood of teacher training colleges would probably permit some economy of staff since some classes might be held in common and there might be some interchange of teaching staff. We suggest that an experiment might be made of the establishment in some suitable place of a joint training college of residential type where student nurses and student teachers and, possibly, students following other vocational studies, might to their mutual advantage form a community. If such a combined training college were sited in the neighbourhood of the hospital where the student nurses received their ward training they might even continue to reside in the college while carrying out ward duties.

52. The nurse training school itself should, in our view, be provided with class-rooms, reading rooms, laboratories and demonstration rooms adequate in size and equipment to provide satisfactory instruction. Overcrowding in class-rooms is inimical to learning, especially in the tropics. Lectures should be accompanied by practical demonstrations at every possible opportunity, since students gain more from witnessing these than from listening to lectures or from reading books.

53. We are of opinion that it is of the greatest importance that any hostel in which student nurses are housed should provide suitable recreation rooms, including one in which the girls should be able to meet and entertain their friends. The aim should be so to arrange accommodation that each girl should be able to study without distraction in the hostel as well as in the training school. In particular, arrangements should be made to provide quiet sleeping accommodation for students on night duty. There should be an adequate library and reading room.

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\* Note: This document is at present under revision, and we understand that the revised version, which is under consideration, may contain substantial amendments.

54. We would draw attention to the necessity, when providing for the staffing of training schools and hospitals, of ensuring a sufficiency of domestic staff to relieve the nurses, whether qualified or still in training, of all extraneous duties.

#### **Community Nurse Training.**

55. We recommend that students who, after completing the three-year course in general nursing, elect to become community nurses, should receive a year's instruction at a community nurse training school, which should be situated in a rural area. Arrangements should also be made for nurses to have some practical experience in an urban area. Where such a rural school is not possible, arrangements should be made for students to have adequate practical experience in a village, since the great majority of the people in the Colonies live in rural areas and most of the community nurses will be needed for work in such places. But there is also need for community nursing in the towns and it is important that the training school for community nurses should meet both these needs.

56. We consider it important that the quarters provided for the students at community nurse training schools should be of similar general character to the houses of the people amongst whom they will have to work. Experience in maintaining their quarters in the best sanitary condition will be invaluable to students when they come to advising housewives, while the quarters will be a permanent demonstration to students' friends and visitors generally of precept put into practice.

57. At the community nurse training school, much of the students' time should be spent in gaining practical experience. Lectures should be largely devoted to extending the knowledge of preventive medicine acquired in the general nursing course and showing how it can be adapted to improve the health of the mass of the people amongst whom the community nurse will be working. The course should be designed to fit the community nurse to become a leader in the community in which she will be placed and she should be taught the best methods of passing on her own knowledge. These should include the giving of simple lectures, the organising of simple health plays by the children, talks in the homes, etc.

58. We stress the importance of care in the selection of students for training as community nurses. Their position as leaders in community welfare activities is so basic that no one should be accepted for training unless it is certain from her record in her nurse training school that she possesses the qualities of character which are essential in a community nurse. Among these qualities we would particularly specify those of leadership, commonsense, sympathy and understanding.

59. We have already referred in paragraph 16 to the possibility that in rural areas in certain territories it may for some time be necessary for one person to combine nursing and midwifery duties. The ideal arrangement would be for each village community to have both a community nurse and a midwife who would work in close co-operation and who might, if convenient, share the same quarters and work in the same health or welfare centre. We recognize, however, that in some villages and in sparsely populated areas it will be uneconomic, and indeed impossible, to supply both a community nurse and a midwife. Local conditions may sometimes require a community combined functions should in all cases be a fully qualified midwife; she should also have had training in community nursing, if possible the full course described in the immediately preceding paragraphs. If for adequate reasons

it is considered necessary to shorten her course of training, this should be effected by giving her a shorter course in community nursing and not by cutting short the midwifery course.

60. A tentative curriculum for community nurse training is set out in Appendix VI but we suggest that much experiment, both in developing new methods and in adapting known methods to suit local conditions, is still required in this aspect of nurse training and there should be no hesitation in trying new methods of training community nurses.

#### **Midwifery Training.**

61. We have been impressed by the evidence of witnesses pointing to the need of efficient midwifery services in the Colonies, not only for the towns but more particularly throughout the rural areas. As regards the training required, we are of opinion that the minimum period of instruction to qualify for registration as a practising midwife should be at least two years for those without a nurse's training and one year for nurses who have completed the basic three-year training course recommended in paragraph 43. These periods are the same as those required by the Central Midwives Board for enrolment as a State Certified Midwife in this country.

62. In our opinion the aim of Colonial Governments should be to improve the training given in midwifery until it is comparable to that given in the United Kingdom. This does not necessarily entail the adoption in Colonial territories of an identical form of training, but it does mean that the standard of training required for admission to the local roll should be comparable to that required in the United Kingdom.

63. We would invite attention to Rule C.2 (c)\* of the Central Midwives Board, the effect of which is that Colonial teachers of midwifery wishing to take the Midwife Teachers Certificate in this country must first be enrolled as midwives by the Central Midwives Board. The Colonial training cannot be taken into account as a qualification for enrolment unless the certifying authority has entered into an arrangement with the Central Midwives Board for the reciprocal enrolment of midwives as laid down in Section 10 of the Midwives Act, 1928. In paragraph 80 we suggest the possibility that means may be found to enable midwives from territories which have not yet reached the stage of reciprocity with the Board, to take post-registration courses and examinations in this country.

64. Reciprocal arrangements have in the past been made between the Central Midwives Board and corresponding authorities in certain Dominions and in India and the exact conditions for enrolment in each case have depended upon a careful comparison between the two courses of training. In each case, any deficiencies in training in any individual case must be made up by further training before an applicant can be enrolled.

65. The course of training which we recommend for midwives in Colonial territories, while extending over the same period of time as that at present in force in the United Kingdom, should not, in our opinion, be divided into two parts. The theoretical training should conform closely to that laid down in Section B of the Rules of the Central Midwives Board for the First Period. The practical training should be closely adapted to the special requirements of

\* Note : Rule C 2 (c) provides that a candidate for the Midwife-Teachers Certificate Examination must satisfy the following among other requirements :—

Her name appears on the current Roll of Midwives maintained by the Board and for a period of at least three years she has been certified as a midwife in England and Wales or in any part of His Majesty's dominions in which there is for the time being in force any Act or ordinance for the certification and registration of midwives under a public authority and which admits to its register midwives certified by the Board on reciprocal terms.

the territory. Thus in territories where little or no domiciliary midwifery is practised, chief emphasis should be laid on practical training within the hospital, though in all cases some practice in domiciliary training should be given; in territories where much of the midwifery, especially in rural areas, takes place in small maternity homes, careful practical training should be given in the organisation and technique of the work in these homes; where domiciliary midwifery is practised, training in this work should form a considerable part of the course.

66. We also consider that the midwifery curriculum should stress particularly health teaching in relation to pregnancy and should emphasise the relationship of maternity work to other community welfare services. For this reason pupil midwives should pay frequent visits to, and, if possible, take part in, the activities of nearby health and welfare centres. Regular attendance at ante-natal and child welfare clinics should form an important part of the course of training, since midwives will often have to work far from medical aid. The number of ante-natal examinations made, cases witnessed, cases delivered, and cases nursed should be as much as the local facilities permit, and not less than the total demanded by the minimum requirements of the Central Midwives Board during both periods of training. We think it important that midwives should be given some instruction in social science and in the beliefs and customs associated with pregnancy, child birth and the neo-natal period of the local peoples. The practical training should be planned to enable them to adapt their practice where possible in sympathy with these peoples. In Appendix VI we reproduce the Midwifery Syllabus recently adopted in Uganda, together with a note on the requirements of the Central Midwives Board.

67. The same considerations as we have put forward in regard to the siting, staffing, design and equipment of nursing schools apply, *mutatis mutandis*, to schools of midwifery.

68. Colonial Governments may find it useful to be informed of the requirements with which maternity training schools in the United Kingdom must comply before they can be recognised as such. These requirements, as laid down by the Central Midwives Board, are set out in Appendix IX.

69. The special considerations, affecting educationally backward areas, which are discussed in paragraphs 81-89 apply with at least equal force to the training of midwives. The remarks in paragraph 66 relating to the adaptation of midwifery in sympathy with local beliefs are particularly applicable in backward areas.

#### **Training of Mental Nurses.**

70. As the medical services in the Colonies develop and more special departments and institutions are formed, the need for training nurses for these special duties arises. One of the most important of such special branches is the care of the mentally disordered and the mentally defective. Already in almost all Colonies the need exists for trained mental nurses, but, except in the larger Colonies, the numbers required do not warrant the setting up of special training schools for this work. If the smaller mental institutions could be merged regionally into larger units, it would be possible to provide these with better trained staff and also to provide better training facilities for male and female student nurses.

71. As regards the training of mental nurses the course prescribed by the General Nursing Council in this country lasts three years. In the first year candidates study for the Preliminary State Examination; although the curriculum at this stage is the same as that prescribed for nurses training for the

General Part of the Register, the training is given in a mental hospital. The remainder of the training is devoted primarily to mental nursing. The training and the examinations are controlled by the General Nursing Council, which also keeps a Register of Mental Nurses (the Supplementary Part of the Register for Mental Nurses). We recommend that in Colonial territories the first year's training should be given in a general hospital and the remainder in a mental hospital, with a syllabus including simple instruction on the nature of mental disorder and laying considerable stress on occupational therapy. It is important that mental institutions in Colonial territories should be equipped and staffed to give at any rate simple instruction in such subjects.

72. We recognise that it is out of the question to provide fully trained mental nurses for all the nursing duties in mental hospitals, nor indeed is it necessary. We think it essential, however, that all assistant nurses and attendants who are to be employed in mental institutions should be given some instruction in the nature of mental disorders and in the special care required. This instruction could be provided locally and should be systematically given.

#### **Medical Aids.**

73. We have already defined in paragraph 15 the meaning we attach to the term "Medical Aid". He is the indispensable factor in medical work in rural areas in the tropics. He takes charge of dispensary and out-patient clinics when no qualified doctor is available. He may supervise small hospital units to which the doctor pays occasional visits. He may even be placed in charge of similar units in the towns in Colonies where medical officers are too few in number to man such posts. We recognise that medical aids will form an essential section of the medical departments in many Colonies for very many years to come, and, indeed, until the day when sufficient fully qualified medical officers are available to serve the needs of the population. We would qualify this statement by the suggestion that when the use of community nurses is fully developed the need for the medical aid may so diminish that it would be unprofitable to train more.

74. We believe it to be important that the training of the medical aid should not be given in or near a medical school, and that the institution in which the training is given should not be designated "medical school" nor the trainees "medical students". There should be no possibility of the medical aid coming to be considered a "near doctor" by the approximation of his course to the normal course taken by a qualified medical practitioner. Such approximations are liable to induce the medical aid to entertain hopes which can never be fulfilled; the inevitable disillusion leads to discontent and unsatisfactory service.

75. We consider that the medical aid should be trained on the same lines as the male nurse in the early part of his course. He may indeed have taken the full course of nurse training and have been employed as a nurse before being selected for the medical aid course. In either case we consider that the medical aid should be selected quite as much for qualities of character as for technical ability, and among these qualities we should lay special emphasis on those of trustworthiness, honesty, discretion, leadership, patience, sympathy and understanding.

76. A suggested curriculum for the training of medical aids is reproduced in Appendix X.

#### **Training after Registration.**

77. We are of opinion that nurses should attend refresher courses from time to time after obtaining the qualification entitling them to registration. We suggest that this could be achieved by arranging that incrementals scales

of salary should have bars requiring attendance at an approved course before further increments of salary can be earned. Similarly certain additional qualifications should be required of candidates for higher posts, though the possession of such qualifications should not give a prescriptive right to promotion. Refresher courses could consist of specially arranged classes at hospitals, health clinics, welfare centres, etc.; as an alternative, visits might be made to special schemes considered by the Government to give a nurse useful additional experience.

78. It is clear that as time goes on an increasing number of locally trained nurses and midwives will take over senior teaching, administrative or other specialised posts in the services of their own territories. If the efficiency of these services is not to suffer, it will be necessary for such nurses and midwives to receive the same post-registration training and achieve the same standard of knowledge as those whose places they will fill.

79. Most territories will find it necessary, therefore, for some time to come to send specially selected nurses and midwives to the United Kingdom or to the Dominions to take appropriate courses of instruction. Moreover, nurses and midwives may wish to take such courses at their own expense and we consider that women who have shown special aptitude for their work should be given facilities for this purpose. Instruction might take the form of attendance at a set course leading to an additional diploma, or might extend to planned visits to special projects. When attending such a course, nurses and midwives who have been sent abroad by their Colonial Governments should not be put to any expense. Allowances should therefore be generous and nurses and midwives should be permitted to enjoy a reasonable proportion of their earned leave free from study.

80. Where the nurse or midwife has received her training in a territory which has not yet reached the stage of reciprocity with the General Nursing Council or the Central Midwives Board, or with the corresponding bodies in the Dominions, it is clear that a higher diploma or certificate could not be granted to her. None the less, it might be possible for arrangements to be made for such women to take the prescribed training and to sit for the examination, receiving, if successful, a statement to that effect, though not the diploma or certificate. Within the boundaries of their own territory, successful candidates could be granted equal status to that of holders of the diploma or certificate. Such an arrangement already exists with the Royal Sanitary Institute which admits Colonial trained nurses to the course of training for health visitors. As soon, therefore, as a demand for other post-registration training of Colonial nurses and midwives is clearly established, we recommend that the bodies, which could assist in meeting that demand in the way we have suggested, should be approached through the Colonial Office.

#### **Adaptation of the Nursing Training Course to Educationally Backward Areas.**

81. We are anxious that it should not be thought that our recommendations relate only to areas where education has reached School Certificate level. We realise that even in the United Kingdom it is not yet possible to insist even on the Junior School Certificate as a minimum standard of general education required prior to admission to a nurse training school.

82. We recognise that, while the uneducated are poor material to turn into nurses, it has been proved again and again that, provided instruction is severely practical and teachers exercise great patience, they can be trained into surprisingly competent practical nurses. We are therefore strongly of the opinion that the backwardness of girls' education is not in itself a valid reason for delaying the establishment of a nurse training school. The course of

training outlined in paragraphs 43-44 will, of course, require modification. The aim should always be to teach in a much simplified form the subjects included in that course rather than to eliminate some of them. What is wanted is to inculcate an appreciation of community needs and the nurse's place in satisfying them, associated with practical instruction in the best methods of doing this. Starting from this low level, the nurse training school standards can be gradually raised *pari passu* with a rise in the standards of general education until schools as visualised by us in paragraphs 48-54 are attained. During this process it is clearly necessary that the closest co-operation should be maintained between Medical and Education Departments.

83. Certain territories, where two or more levels of general education exist among the population, are faced with a peculiarly difficult problem. The territories which we have in mind include areas in which, owing to the present low standard of their education, girls cannot be expected to undertake the courses of nurse training open to girls from parts of the same territory where education is in a more advanced stage. The need for nurses is generally the greatest in such backward areas, but is not likely to be met unless appropriate methods of training are provided.

84. To meet such conditions, we believe that, as a temporary expedient, the best solution is to have two grades of certificates for nursing in these territories. Grade I nurses would receive the best nurse training which can be given at the level of education attained by girls from schools of the highest standard. Grade II nurses would be taught much the same subjects as Grade I, but with a smaller content, precepts being inculcated by practical demonstration rather than by lecture. Grade III nurses should never be trained in the same hospital or school as Grade I nurses. The aim naturally should be to bring Grade I nurse training schools up to the level visualised by us in paragraphs 43-54 and to raise the standard of Grade II schools until, as education advances, they merge with Grade I schools. In their initial stages, Grade II schools might be adequately served by one or more Nursing Sisters with teaching experience. As their standards rise, however, a Sister with the Sister Tutor's Certificate and experience in a teaching school will become well-nigh indispensable, and should be provided at too early a stage rather than too late, so that training may develop along the best lines. For convenience, and perhaps economy, it may be necessary to give Grade II nurses instruction in the practice of nursing in their local district hospitals, and to concentrate them in their nursing school and main training hospital for only part of the full training period. There is no reason why Grade II nurses, who may later become capable of qualifying as Grade I nurses should not be permitted to do so, and we suggest that arrangements should exist which would give such nurses this chance of improving their status.

85. During the nurses' actual training period it would be necessary to ensure that the students received further instruction in general educational subjects from teachers who might be borrowed for this purpose from neighbouring schools.

86. Girls for training as Grade II nurses would be selected from the people of the backward areas since they will have the manifest advantages of knowing the language and of understanding the customs and outlook of the people and will therefore be more readily accepted in the homes of the villagers. They should be given training in centres established as near as possible to the district from which they have been recruited. We believe that such an arrangement would not only bring a larger number of girls into the nursing profession but will also produce Grade II nurses better content to live and work among their own people than would be the case if the girls were removed for training to larger

schools in a big urban centre. We recognise the impracticability of establishing a multiplicity of training centres but consider that with due thought a limited but sufficient number of centres could be arranged which would be within reasonable distance of the pupils' homes.

87. If Grade II schools, as suggested in paragraph 84, are established in certain selected centres in different tribal areas, hostel accommodation will be required, preferably for all student nurses, but at least for those girls who come from the more distant villages. The hostel houses, while conforming generally to the type of local house, should be so built and maintained as to exemplify the best possible conditions of healthy home life. For the clinical training, a district hospital having at least 50 beds for general diseases should be available, and there should be also a full-time Nursing Sister to supervise and take part in the training. In order to provide for instruction in preventive work there should be a health centre nearby, as well as facilities for training in dispensary work.

88. The Nursing Council recommended for each territory in paragraph 22 should register (on a separate Register) Grade II nurses in the same way as Grade I nurses, and should also control their education and discipline.

89. In the training of Grade II nurses we consider that Governments could be greatly assisted by native administrations, missionary societies and other voluntary organisations. We recommend that, where an organisation is willing to undertake this work and has at its disposal facilities for training of the standard mentioned above, assistance should be given to it to enable it to raise its standard of training up to that which would be approved by the local Nursing Council.

90. It should be recognised that in the educationally backward areas the same difficulty will arise over the training of midwives as over the training of nurses; that is, the difficulty of finding suitable educated local women, who will be content, after being trained, to work in the village. For this reason we are of opinion that training schools should not be entirely centralised in the main-urban areas; where possible, provision should also be made for training in a few selected rural areas as suggested for Grade II nurses. The same considerations as apply to Grade I and Grade II nurses would also apply to midwives.

#### **Assistant Nurses.**

91. In paragraphs 81-90 we were dealing with a problem of a temporary nature which exists in some Colonies. There is, however, another problem which differs in being of a permanent character and which exists in all countries. It is how to provide a sufficient number of nurses trained to undertake the less skilled forms of nursing work in hospitals and in other institutions, especially in those for the care of the chronic sick and the aged. In the Colonies, as elsewhere, it is quite impossible to provide fully trained nurses in a sufficient number to meet the need of this service, indeed in many cases it would be a waste of their highly trained skill and experience to employ them thus. At present much of this work is often done by untrained or poorly trained ward attendants. We consider that both for the sake of the patients and of the nursing profession, workers of this type should be trained and their position regularised.

92. In the United Kingdom nurses intended for such duties are called Assistant Nurses. They are trained in accordance with an appropriate curriculum—mainly of a practical nature—and they are enrolled on a Special Assistant Nurses' Roll maintained by the General Nursing Council.



93. Consideration should be given to the desirability of making similar arrangements to those made in the United Kingdom for the training of Assistant Nurses. The local Nursing Council should have the same control over the education, discipline, examinations and enrolment of Assistant Nurses as it has over registered nurses. Recruits to be trained as Assistant Nurses could be obtained from the less well-educated members of the population and frequently from among the older women. In backward areas where Grade II nurses are being trained, we consider it inadvisable that Assistant Nurses should be trained or used as this might tend to hinder the development of Grade II into Grade I Schools. We have given in Appendix XI the regulations for controlling Assistant Nurses in this country. We had hoped to be able to reproduce as an additional Appendix the curriculum proposed for the training of Assistant Nurses in this country. But this is, we understand, still under consideration, and is not yet available.

#### B.—THE TRAINING OF NURSES IN THE UNITED KINGDOM AND THE DOMINIONS FOR WORK IN THE COLONIES.

94. The nurses recruited at present from the United Kingdom and the Dominions are State Registered Nurses, most of whom are State Certified Midwives or hold the First Certificate of the Central Midwives Board. Some have additional qualifications, or experience in special branches of nursing, while there is now a demand for a small but increasing number of Sister Tutors.

95. After considering the information before us regarding the stages which have been reached in the development of nursing and health services in Colonial territories, we are of opinion that the great majority of posts in the Colonial Nursing Service should be filled by the appointment of General State Registered Nurses who are also State Certified Midwives. We realise, however, that in present circumstances it may be necessary to accept a few General State Registered Nurses who hold only the First Certificate of the Central Midwives Board (in this connection we invite reference to paragraph 101 (i) (b) of this Report).

It will also, in our opinion, be necessary to recruit:—

- (i) General State Registered Nurses with special qualifications or experience in public health work;
- (ii) General State Registered Nurses with special qualifications or experience in the nursing of patients suffering from such conditions as tuberculosis, the acute specific fevers, mental disease, venereal disease, diseases of the eye, etc.;
- (iii) General State Registered Nurses with special qualifications in radiograph or physiotherapy;
- (iv) Sister Tutors and Midwifery Teachers;
- (v) Senior Sisters for special administrative posts.

96. We feel that in view of the special nature of the responsibilities of a Service most members of which have the task of training and supervising locally recruited staff, many are also required to act as leaders in the health education of the communities amongst whom they are stationed, Nursing Sisters should have high qualifications and should in addition possess certain special qualities of mind and character. Of the qualities mentioned by witnesses, most frequent reference was made to adaptability to strange conditions and customs. It is equally clear that Nursing Sisters should have a sympathetic interest in Colonial peoples and their development, and should

realise that in most Colonies they must be prepared to a growing extent to work and live with Sisters drawn from the local community. Above all, we believe that it is essential that they should be imbued with a sense of the social significance of their work and with the importance of its preventive and educational aspects.

97. In our opinion it should be a condition of appointment to any nursing post in the Colonial Nursing Service that the candidate should be registered in the general part of the Register of the General Nursing Council for England and Wales, of the General Nursing Council for Scotland, or of the Joint Nursing and Midwives Council for Northern Ireland, or, alternatively, that she should be on the Register of a Nursing Council which has established reciprocal registration with these bodies.

98. It is in the interests both of the Sister and of the Service that she should not permit her registration to lapse. For instance, it may be assumed that, in future, State Registration will be a condition of acceptance for specialist or refresher courses in this country. Again, in the case of territories desiring to achieve reciprocity with this country it is important that the Sisters in charge of the teaching at the local training schools should be entitled to call themselves State Registered Nurses.

99. We do not wish to suggest that the general training given to nurses in this country should be modified to meet the needs of the relatively small proportion who may go out to Colonial territories. The nurses who gave evidence before us had, on the whole, found that their general training provided an adequate basis for their work in the Colonial Nursing Service, though most of them made numerous suggestions for supplementing that training to meet Colonial requirements.

100. We hope, however, that in future the preventive outlook will be stressed as much as possible throughout the period of general training, and would welcome any revision of the present curriculum by the General Nursing Council which may tend in this direction; in this connection we have noted with interest the proposals for a wider general training put forward in the relevant Section of the Report of Lord Horder's Committee on Nursing Reconstruction. We appreciate, however, that it may take some time before all training schools in this country can bring their courses into line with new proposals of this kind and we consider that it would be undesirable, in the meantime, to restrict recruitment for the Colonies to the limited number of hospitals which may give effect to such improvements in advance of the majority of hospitals. It is important that the appeal for recruits to the Colonial Nursing Service should be addressed to as wide a field as possible.

101. As regards the training required to fit nurses for the various types of posts to be filled in Colonial territories, we make the following recommendations:—

- (i) For the great majority of posts filled by recruitment from this country and the Dominions (these are supervisory and administrative posts in large or small hospitals, together with posts involving a varying amount of supervision of clinical and health activities outside the hospital) we agree that, in addition to State Registration, midwifery training is essential. It is clear from the evidence that in most Colonial territories Nursing Sisters are liable to be called upon to assume considerable responsibility in midwifery work, often in rural areas where doctors are few and far between. As a general rule, therefore, we consider that enrolment as a State Certified Midwife in this country or one of the Dominions should be required

as a condition of appointment to the Colonial Nursing Service. We are prepared to qualify this general recommendation in only two respects:—

- (a) It is unnecessary to demand that those selected specially for posts as physiotherapists or radiographers should hold a Midwifery Certificate.
- (b) It is appreciated that the urgent need for recruits in the immediate future may render it in some cases impracticable to demand the full midwifery qualification, but even in such cases it should be made clear to candidates that those who have obtained only the First Certificate of the Central Midwives Board may well find themselves at a disadvantage as regards the possibilities of transfer or promotion within the Service.
- (ii) In view of the need and the opportunities for leadership in the task of developing Colonial Nursing Services, we recommend that all Nursing Sisters, before being appointed to the Colonial Nursing Service, should have had at least one year's hospital experience (apart from midwifery training) after State Registration.
- (iii) We recommend that Health Visitors, Superintendents of Community Nursing or Midwifery, and others appointed specially for infant welfare work or school nursing, should, in addition to possessing State Registration and both parts of the Central Midwives Board Certificate, have obtained the Health Visitor's Certificate in this country. (Such nurses, when taking the special Colonial course referred to in paragraphs 102-106 would be exempted from that part of the course which deals with public health, and should instead spend three or four weeks in district nursing under supervision.)
- (iv) As regards Sister Tutors and Midwifery Teachers, it is clear that in the immediate post-war years the demand for the appointment of such specialists in Colonial territories will be so great that it will have to be met very largely by the recruitment of experienced women from this country or the Dominions; an important advantage of this arrangement would be that such women, with their experience of first-class training schools, would be especially well qualified to raise the standards of Colonial training schools. As a matter of long term policy, we were, however, impressed by arguments in favour of selecting for training for such specialist posts Nursing Sisters who had already had some Colonial experience and had thus shown special aptitude for or interest in this kind of work in Colonial conditions. We are impressed by the importance of ensuring that Sister Tutors and Midwifery Teachers should be of the highest quality; we consider that Sister Tutors and Midwifery Teachers should hold the Sister Tutor's Certificate or the Midwife Teacher's Certificate, respectively. In this connection it should be noted that the Central Midwives Board has recently expressed agreement in principle with a suggestion that experience in a Colonial Midwifery School should be recognised as qualifying a State Certified Midwife for the course of training leading to the Midwife Teacher's Examination. It is stated that, in the exercise of its powers to modify Section C of its Rules in cases in which it thinks fit, the Board will be prepared to consider sympathetically, on their merits, application for entry to the Midwife Teachers' examination from State Certified Midwives in the Colonial Nursing Service who have gained their post-registration experience in the Colonies.

It is particularly necessary that opportunities should be made available to Sister Tutors and Midwifery Teachers for refresher courses, or for visits to other countries for the purpose of studying the latest methods and of keeping up to date.

### **Special Course of Instruction for Candidates Selected for Appointment.**

102. We have drawn up a suggested syllabus for a short special Colonial course for State Registered Nurses, which is designed to give not only the general background required for service in the Colonies but also some of the elements of the subjects of which some knowledge seems necessary. The syllabus is given in Appendix XII to this Report.

103. In preparing this syllabus we took account of the opinions expressed by a number of witnesses. In general there was a remarkable measure of agreement in their views regarding subjects in which special or additional training was desirable for those engaged in the nursing services in the Colonial territories. There was general agreement amongst witnesses that nursing sisters require, in addition to their general and midwifery training, some instruction in social anthropology, native languages and teaching methods. Other subjects mentioned were additional theatre experience; experience in administrative work and the keeping of records; public health training; knowledge of the elements of laboratory technique and of the nursing of tropical diseases and venereal disease.

104. The course as at present designed would take about three months to complete, but experience may show that it is necessary to extend this period.

105. We recommend that all future entrants to the Colonial Nursing Service should take this course before going overseas, and, lest candidates should be deterred by financial consideration, that nurses should be paid at the same rate as the Rushcliffe scale for Ward Sisters during this course.

106. The course should also be open to Nursing Sisters not in Government employment, and to nurses from Colonial territories who have come for general or post-registration training in this country.

### **Language Instruction.**

107. Since conditions vary so widely in different territories, it is difficult to recommend any general rule requiring selected candidates to learn a native language, but we consider that it is advisable that a Nursing Sister should take every opportunity of acquiring at the earliest possible stage a knowledge of the principal language of the territory in which she is to work.

### **Refresher Courses.**

108. Reference has already been made to the necessity for giving Sister Tutors and Midwifery Teachers opportunities to take further courses. We recommend further that use should be made of the arrangements already available in the Colonial Service for the grant of study leave, in order to permit Nursing Sisters to increase their efficiency by means of refresher courses or courses in special subjects, or by visits to countries where recent developments in nursing may be studied. Nursing Sisters already in the Service might with advantage be encouraged under these arrangements to take the special Colonial course.

109. Our attention has also been drawn to the desirability of making arrangements for Nursing Sisters to obtain while on leave post-registration experience and instruction in midwifery, with special emphasis on ante-natal work.

### **The Training of Colonial Nurses in the United Kingdom or the Dominions.**

110. We have given in paragraph 29 (a) reasons in favour of the general principle that, as soon as adequate training facilities are available in the Colonies, Colonial girls should be encouraged to take their general training in their own territories or groups of territories and should come to the United

Kingdom or the Dominions mainly for post-registration courses. It is realised, however, that for some time a number of Colonial girls will wish to come to this country for their general training; such training should be the same as that given to nurses in this country who propose to go to the Colonies and should be followed by the special Colonial course mentioned above.

111. As regards post-registration courses, it is clear that, in many territories, local facilities are not likely to be available for some time in certain subjects, and that training in these subjects will have to be given in the United Kingdom or the Dominions. Some guidance will be needed by students in selecting the most suitable courses. The Royal College of Nursing might well be invited to supply such guidance.

112. We consider that the time has come to regularise the arrangements for the admission of Colonial students to institutions here or in the Dominions for general training. In the case of this country the restriction of admission to those most capable of benefiting by the training can, we think, best be achieved through a combination of local Advisory Committees in the Colonies and a central organisation here. The functions of the Colonial Committees (on which preferably the non-officials should predominate, though the Committee should always include a Matron of a general hospital) would be to interview and advise intending candidates and to recommend only those who satisfied certain standard requirements of health, education and general suitability. The central organisation in the United Kingdom, acting on the guidance supplied by the Colonial Committees and aided by its own knowledge of the standards of the different training schools here, would be in a position to advise girls as to appropriate schools and to make recommendations about candidates to which the authorities of the schools would no doubt attach some weight. Since we were appointed a central organisation of this kind has been created. The question of its future composition is a matter on which opinion among us is not unanimous and we therefore confine ourselves to expressing the view that, in deciding it, due regard should be had to experience of achievements of the existing organisation. The possibility of creating similar machinery in any Dominion to which large numbers of Colonial students go for training as nurses would no doubt be taken up as occasion arises.

### C.—RESEARCH IN NURSING TRAINING.

113. Consideration of the evidence which has been given to us has impressed us with the need which exists for research into the most suitable type of training for work in the Colonies, and into the methods by which this training could be provided. We urge, therefore, that every encouragement should be given to nurses anxious to undertake research of this character, and every facility provided for teachers of nursing or midwifery to travel and extend their experience. Teaching in nurse training schools should not be permitted to become stereotyped; the Sister Tutor should constantly ask herself if subjects or parts of subjects could be taught in a more realistic way. We feel, for instance, that the cinema has not been used sufficiently for instructional purposes and that many more films suitable for the training of nurses should be made. We also consider that wherever necessary additional accommodation in nurse training schools should be provided to meet changes of teaching method or to permit trial to be made of new approaches in instruction. In our opinion the Nursing and Midwifery Councils, the establishment of which we recommended in paragraphs 22-23, should encourage research into methods of training and should facilitate the carrying out of approved experiments aimed at discovering the most suitable methods and systems for their areas.

## V.—RECRUITMENT AND CONDITIONS OF SERVICE.

### A.—THE ENCOURAGEMENT OF RECRUITMENT.

#### Recruitment in the Colonies.

114. Some of the recommendations made in earlier sections of this Report would also, we believe, go far to make the profession of nursing more attractive to girls in Colonial territories or to remove certain obstacles to recruitment. We refer, for example, to the suggestions put forward in paragraph 34 regarding pre-nursing training and ways of filling the "gap" between leaving school and entering a nurse-training school. We believe, too, that the establishment of schools and hostels on the lines recommended in paragraphs 52-53 would assist recruitment. In general, our proposals for the steady improvement of nursing education, until its standards reach those of this country, should appeal strongly to potential recruits of the better educated sort.

#### Recruitment in the United Kingdom and the Dominions.

115. For the recruitment of nurses from the United Kingdom, the Secretary of State relies on the recommendation of the Overseas Nursing Association. This is a voluntary society, which was formed in 1896 to provide trained nurses for hospital and private work in the Colonies and among other British communities abroad, and since its first year it has been the recognised channel through which the Colonial Office draws its supply of nurses for Government posts in the Colonies.

116. The Overseas Nursing Association is administered by an Executive Committee, consisting of members who have lived in the Colonies or are in other ways interested in Colonial affairs, representatives of the nursing profession, and two Colonial Office members nominated by the Secretary of State. A Nursing Selection Committee of professional and lay members give their services each week in London, and a branch Committee each month in Edinburgh, to interview nurses for vacancies notified by the Colonial Office and for the general waiting list kept by the Association. In addition to the selection of nurses, the Overseas Nursing Association has always maintained an active interest in the welfare of the Nursing Sisters, and has been able to use its influence in securing improvements of conditions of service, especially for Sisters employed in isolated positions and small Colonies.

117. The Overseas Nursing Association has accumulated, through experience and personal contacts, much valuable information regarding conditions of service and the requirements of the Colonies. Difficulties and delay have, however, sometimes occurred in making appointments, owing to the absence of full and up-to-date information regarding the conditions of service and the duties attached to posts in certain territories, and we would emphasise that it is essential that the fullest information regarding the precise nature of the work nurses will be required to do and the conditions under which they will have to live and work should be provided by Colonial Governments to help in the selection and guidance of new Nursing Sisters.

118. Except in Fiji and the Western Pacific territories where the nursing service is largely staffed by the secondment of nurses from New Zealand, no regular arrangements appear to exist for the recruitment of nurses from the Dominions. A few nurses are, however, from time to time recruited from the Dominions as a result either of personal application to the Overseas Nursing Association or the Colonial Office or of direct arrangement between the Colonial Government concerned and the Dominion authorities. We hope that more nurses will in future be recruited from the Dominions for service in the Colonies, and we hope that it may be found possible to arrange

that such nurses may be given a course of training such as we have suggested in paragraphs 102-106. It is especially important that full information of the kind described in paragraph 117 should be available in connection with such recruitment, since the information in the hands of the Overseas Nursing Association is not available in the Dominions.

119. Although it is realised that the unified Colonial Nursing Service is a recent creation, being established only in 1940, we feel that much more might be done to arouse interest in the Service, both in schools and in nurse training schools. We have already drafted parts of a short pamphlet on the Colonial Nursing Service which has been sent forward with a recommendation that it should be published by the Colonial Office. We note, too, that the Ministry of Labour, in a booklet which they are producing on various courses and careers, will include some reference to the Colonial Nursing Service.

120. We recommend in addition, that arrangements should be made for the provisional selection of candidates for the Service during the course of their general nursing training. This would have the advantage of stimulating effective interest at an early stage, and would give candidates an opportunity of asking for special experience in the types of work likely to be especially useful to them in their future career.

121. We also suggest that the interest of provisionally selected candidates should be kept alive by means of lectures and talks in London and other large centres and the distribution of literature, in the form of a topical bulletin of Colonial Nursing News.

122. In view of the very great variety of conditions of service in the Colonies, there are difficulties in making recommendations of general application as regards improvements which might stimulate the flow of suitable candidates.

123. It is, however, clear that the terms offered should be at least as favourable, *having regard to local purchasing power and taxation* as those recommended by the Rushcliffe Committee on the salaries and conditions of service of nurses and midwives in this country. Otherwise it will be more difficult to attract recruits of the right type in future.

124. We consider it important, if recruitment from this country and the Dominions is not to be discouraged, that the pension arrangements in all Colonial territories should be not less favourable than any which may be introduced in this country. A nurse cannot be expected to accept appointment abroad if, by doing so, she sacrifices pension or superannuation rights which she has already gained during her service in this country. This consideration applies with particular force to nurses selected for more senior administrative or teaching appointments. We recommend that arrangements should be made under which nurses may transfer from service in this country to service in the Colonies and *vice versa*, without losing the pension rights which they have already acquired.

#### B.—CONDITIONS OF SERVICE.

125. We have considered certain specific questions relating to conditions of service, particularly as these affect recruitment, and we make the following recommendations:—

##### **Recommendations of General Application.**

126.—(i) We recommend that consideration should be given to the appointment of a Nurse Adviser to the staff of the Colonial Office.

(ii) We recommend that in territories where there is no Chief Matron, or corresponding appointment, such appointments should be made.

(iii) We recommend that, where the size of the hospital justifies it, catering and dietetic arrangements should be the responsibility of specially appointed officers. We understand that at least one Colonial Government has appointed a Dietitian whose duty it is to travel and to advise and help in the solution of dietetic and catering problems occurring in hospitals, schools and similar institutions and in plantations and labour camps. We consider that such appointments may well prove of great value, not only in improving the efficiency of the catering arrangements in hospitals, but also in relieving nursing staff of a heavy burden.

(iv) We recommend that comfortable quarters of a standard comparable to that provided for other officers of similar standing, should always be provided for Nursing Sisters. Such quarters should be equipped with furniture, soft furnishings, linen, cutlery and crockery. In our opinion the provision which should be made for each Sister would include a separate sitting room and bedroom (with fitted hand basin) and, in the tropics, a separate bathroom. We consider that in no circumstances should more than two Sisters be required to share a bathroom. We have already referred in paragraph 52 to the provision of suitable quarters and recreation rooms for student nurses in the Colonies. The same considerations apply with even greater force to qualified nurses.

(v) The sense of belonging to an honourable profession would be enhanced by the adoption in each territory of a distinctive and attractive indoor uniform with special distinguishing marks, if necessary, for the different grades or ranks of nurses. The matter is one for decision by Colonial Governments, but we hope that, in order to save Nursing Sisters unnecessary expenditure on transfer, it will be possible to secure a wide measure of agreement among Governments as to the material, colour and style of uniforms.

(vi) We understand that in some territories there still exist rules imposing such restrictions on the personal freedom of Sisters as cannot in modern conditions be defended. Such unnecessary petty restrictions as may exist should, in our opinion, be abolished.

(vii) While recognising that in practice there are often considerable difficulties, we hope that Governments will continue to give opportunities to Nursing Sisters and nurses, who marry, to remain in Government employment in a full or part-time capacity. Some married nurses may, for one reason or another, wish to return to their profession some years after leaving it and good use could be made of these, particularly in community nursing.

#### **Recommendations Applying Specifically to Locally Recruited Nurses.**

127.—(i) Conditions of service should, in general, be as attractive as those offered by the other occupations which draw on the same sources of recruitment in Colonial territories. In this regard account should be taken not only of rates of pay but also of such matters as hours of work, night duty and the fact that nurses are required to work on Sundays and public holidays. While salary scales should be related to those in the other occupations mentioned, any attempt on the part of nursing to outbid, say, the teaching profession, by offering much higher rates to nurses than those paid to teachers, would clearly be short-sighted, since the extension of education, on which our recommendations are so largely based, will naturally be limited by the supply of teachers.

(ii) The introduction, as far as possible, of incremental scales of salary with efficiency bars, would, in our opinion, go far to increase both the efficiency and the attractiveness of the profession. Good prospects of advancement would stimulate recruitment and we think it important that, as soon as Colonial standards reach those of this country, girls trained locally should be eligible for appointment to the highest nursing posts.



(iii) We realise that the long hours worked by nurses in some Colonial territories are simply a reflection of conditions which obtained until recently in this country. We consider that every effort should be made to reduce such hours where this is practicable. Where hours are over-long but cannot be reduced until the supply of nurses improves considerably, the intention to reduce hours when that happens should be made known.

(iv) Nurses should be encouraged to take revision courses, and post-registration courses, even where these are not required in order to pass an efficiency bar. Such courses should not involve the nurse in any expenditure and she should be allowed to enjoy a reasonable proportion of her earned leave free from study.

(v) Where a Colonial Government is satisfied that nursing duties are more arduous than those performed by members of the Civil Service of comparable status, we feel that there is a strong case for granting a somewhat longer period of annual leave to nurses.

(vi) We consider that nurses and student nurses should be entitled to free medical treatment and to the benefit of the Government sick leave regulations.

The following recommendations relate more particularly to recruitment and the training period:—

(vii) We consider that all student nurses should receive reasonable rates of pay.

(viii) Consideration might be given to the possibility of assisting students, whose homes are at a considerable distance from the training school, to go home for their holidays.

(ix) In many cases recruitment would be stimulated by the grant of scholarships to enable girls who would otherwise be unable to do so, to continue their education along the lines discussed in paragraphs 32-33. Alternatively girls might be encouraged and assisted to enter one of the useful occupations mentioned in paragraph 34 in order to fill the "gap" between school and nursing.

(x) The provisions of suitable publicity for the nursing profession is only another aspect of that close association between the educational authorities and those responsible for nursing, which is so essential if progress is to be made on the lines envisaged in this Report.

## VI.—SUMMARY OF RECOMMENDATIONS.

128. (i) Representative Nursing Councils and Midwives' Councils (or, possibly, a Joint Nursing and Midwives' Council) should be set up in each Colonial territory or group of territories. (Paragraphs 22-26.)

### Training in Colonial Territories.

(ii) Nurses recruited in the Colonies should be trained locally in training schools. The standard of training should be such as would render Colonial certificates acceptable to the General Nursing Council of England and Wales for State Registration. (Paragraph 30.)

(iii) (See also xxii and xxxvi of this summary.) Since, at present, there are few Colonial institutions which could give post-registration training of a suitable standard, Colonial nurses, who after qualification show special aptitude, should be given every facility for taking post-registration courses in this country or the Dominions. (Paragraphs 29, 30 and 79.)

(iv) Where satisfactory local facilities exist for training, Colonial Government nursing scholarships should not be given to enable girls to take their

general training in this country. Colonial girls trained in the United Kingdom should not be given Colonial appointments on better terms than those who reach the same standard in local training schools. (Paragraph 31.)

(v) Consideration should be given to the establishment of vocational schools, or classes, which might provide a suitable type of secondary pre-vocational training for girls wishing to take up nursing and possibly other professions. (Paragraphs 32-33.)

(vi) For girls interested in the nursing profession, who leave school too young to enter the profession immediately, openings should be provided in suitable forms of employment and their interest in nursing should be kept alive. (Paragraph 34.)

(vii) Certain basic requirements of nursing training in Colonial territories, generally, are discussed in paragraph 39.

(viii) In Colonial training schools the "block" system of training should be adopted, wherever practicable. (Paragraph 42.)

(ix) The minimum period of training for the grant of a certificate and for admission to the Register of Nurses should be four years, of which the first three years should be devoted to basic training. The fourth year could be spent in gaining additional experience in hospital, or in taking a community nursing course or a midwifery course. (Paragraphs 43-44.)

(x) Training for male nurses should be as far as possible on the same lines as for women. (Paragraph 45.)

(xi) While the arrangements for the organisation and control of training schools may vary in different local conditions, or be modified as a result of experiment, it is desirable that the Matron of any hospital at which nurses are trained should possess certain special qualities. (Paragraph 47.)

(xii) The staff of a Colonial training school should include at least one experienced Sister Tutor who holds the Sister Tutor's Certificate. There should be not more than 30 pupils to each sister-tutor or assistant. The Ward Sister, too, in a hospital where nurses are trained, has definite and important teaching responsibilities. (Paragraph 48.)

(xiii) In training nurses use should be made of instruction by educational and social welfare workers, and, in deciding the location of training schools, regard should be had not only to proximity to a hospital but also to access to health centres, schools, teacher training colleges, etc. (Paragraphs 49-51.)

(xiv) As an experiment there might well be set up joint training colleges of residential type, comprising student nurses and student teachers and possibly other vocational students. (Paragraph 51.)

(xv) Nurses' and midwives' training schools and hostels and the hospitals where nurses or midwives are trained should conform to the standards of efficiency and comfort required for satisfactory instruction and study. (Paragraphs 50, 52, 53, 67.)

(xvi) Community nurse training schools should, if possible, be sited in rural areas. But experience of both urban and rural conditions is an essential part of training. The student nurses should be housed in conditions similar to those in which they will have to work and much of their time should be devoted to practical experience. (Paragraphs 55-57.)

(xvii) Where local conditions require one person to combine community nursing and midwifery duties, that person should in all cases be a fully qualified midwife. (Paragraph 59.)

(xviii) The minimum period of training for midwives should be two years for those without a nurse's training and one year for those who have completed the basic three years' course. (Paragraph 61.)

(xix) The standard of midwifery training should be raised until it is comparable to that required in the United Kingdom, but the course should not be divided into two parts. Health teaching should be stressed. (Paragraphs 62, 65.)

(xx) The training of mental nurses in Colonial territories would be improved if smaller mental institutions could be merged into larger units. The first year's training should be given in a general hospital and the remainder in a mental hospital. Assistant nurses and attendants in mental institutions should also receive some simple systematic instruction. (Paragraphs 70-72.)

(xxi) A four-year curriculum for the training of medical aids is suggested; the first two years' training should follow the same lines as the course for male nurses. (Paragraphs 75, 76.)

(xxii) Nurses should from time to time attend refresher courses. We have, in paragraphs 77-80, suggested means for encouraging and assisting selected nurses to take post-registration courses in this country or the Dominions, even though they may have obtained their qualifications in territories which have not yet reached the stage of reciprocal registration. (Paragraphs 77-80.)

(xxiii) In educationally backward areas courses for the training of nurses and midwives should be established in a much simplified form. Where two or more levels of general education exist in a territory, it is suggested that there should be two grades of certificate and two grades of training school. (Paragraphs 81-90.)

(xxiv) The Grade II training schools, the standard of which should be raised, gradually and systematically, until they merge with Grade I schools, should conform to certain requirements as to staff, location, etc. (Paragraphs 86, 87.)

(xxv) There is a place in Colonial medical services for Assistant Nurses, trained in accordance with an appropriate curriculum and enrolled on a separate roll. These should be distinct from Grade II nurses and should not be trained or used in territories where the latter grade exists. (Paragraphs 91-93.)

#### **Training in the United Kingdom and the Dominions for work in the Colonies.**

(xxvi) Candidates for the Colonial Nursing Service should be registered on the general part of the Register of the General Nursing Council for England and Wales, the General Nursing Council for Scotland, or the Joint Nursing and Midwives Council for Northern Ireland, or on the Register of a country with which reciprocal registration has been established. (Paragraph 97.)

(xxvii) Except for a few specified posts candidates for the Colonial Nursing Service should be State Certified Midwives. (Paragraph 101 (i).)

(xxviii) Candidates should have had, before appointment to the Service, at least one year's hospital experience after State Registration. (Paragraph 101 (ii).)

(xxix) As a matter of long-term policy, we favour the selection for posts as Sister Tutors and Midwifery Teachers, Nursing Sisters who have already had some Colonial experience. Sister Tutors or Midwifery Teachers for Colonial Training Schools should hold the Sister Tutor's Certificate or the Midwife Teacher's Certificate respectively. (Paragraph 101 (iv).)

(xxx) During the period of general training in this country, the preventive outlook should be stressed. (Paragraph 100.)

(xxxi) All candidates selected for posts in the Colonial Nursing Service should be given, before taking up their appointments, a special course of instruction designed to equip them more adequately for service in Colonial conditions. (Paragraphs 102-105.)

(xxxii) During the course, the candidates selected should be paid at the same rate as the Rushcliffe Scale for Ward Sisters. (Paragraph 105.)

(xxxiii) This course of instruction should be taken by any Colonial students who may take their general training in this country, and should also be open to Nursing Sisters not in Government employment, as well as to Nursing Sisters appointed before the institution of the course. (Paragraphs 106, 108.)

(xxxiv) Nurses appointed to the Colonial Nursing Service should take every opportunity of learning the principal language of the territory in which they are to work. (Paragraph 107.)

(xxxv) Every facility and encouragement should be given to Nursing Sisters to take refresher courses; this applies with especial force to Sister Tutors, Midwifery Teachers and Nursing Sisters engaged in Midwifery work. (Paragraphs 101 (iv), 108-9.)

#### **The Training of Colonial Nurses in the United Kingdom or the Dominions.**

(xxxvi) In the case of Colonial nurses who come to the United Kingdom for post-registration courses some guidance will be needed in the selection of subjects and the Royal College of Nursing might be invited to give that guidance. (Paragraphs 110-111.)

(xxxvii) Machinery to improve the arrangements for the admission of Colonial students to institutions in the United Kingdom or the Dominions, for general training, is recommended in paragraph 112.

#### **Research in Nursing Training.**

(xxxviii) Research on the organisation and methods of training should be encouraged. (Paragraph 113.)

#### **Recruitment in the United Kingdom and the Dominions.**

(xxxix) Full information regarding local conditions and the duties of posts should be provided by Colonial Governments. (Paragraph 117.)

(xl) More effective publicity might be given both in schools and in nurse training schools to the possibilities of a nursing career in the Colonies. An official pamphlet on the Colonial Nursing Service should be published. In addition a topical bulletin of Colonial Nursing News would be useful. (Paragraphs 119, 121.)

(xli) Arrangements should be made for the provisional selection of candidates for the Colonial Nursing Service during the course of their general nursing training. (Paragraph 120.)

(xlii) To stimulate the interest of provisionally selected candidates lectures or talks might be given in London and other large centres.

(xlili) Conditions of service should be at least as favourable having regard to local purchasing power and taxation, as those recommended by Lord Rushcliffe's Committee on salaries and conditions of service in this country. (Paragraph 123.)

(xliv) Pension arrangements in the Colonies should be not less attractive than corresponding arrangements in this country and provision should be made to enable nurses to transfer from service in this country to the Colonies, and *vice versa*, without loss of pension rights. (Paragraph 124.)

**Conditions of Service.**

(xlv) In paragraph 126 we make specific recommendations of general application, relating to the organisation of nursing services and to conditions of service, in so far as these effect recruitment.

(xlvi) Recommendations to the same end, but applying specifically only to the local recruitment of Colonial nurses, are set out in paragraph 127.

129. We wish to place on record our appreciation of the services of our Secretary, Mr. H. W. Davidson, who was also Secretary to both our Sub-Committees. This combination of duties inevitably entailed many exacting demands, all of which Mr. Davidson has met to our complete satisfaction and with most commendable energy and ability.

RUSHCLIFFE.  
 T. I. K. LLOYD.  
 R. A. BAGOT.  
 BETHINA A. BENNETT.  
 MARY G. BLACKLOCK.  
 VIOLET BOURDILLON.  
 ROSALIE DREYER.  
 RITA FENOULHET.  
 W. H. KAUNTZE.  
 H. M. C. MACAULAY.  
 HAROLD A. MOODY.  
 HESTER C. PARSONS.  
 DOROTHY M. SMITH.  
 M. GAWAN TAYLOR.  
 ARNOLD WALKER.  
 KATHERINE C. WATT.

H. W. DAVIDSON,

*Secretary.*

## 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
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**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
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**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.

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*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.



Veneral 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.

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