Occasional Notes.

THE REGISTRATION OF MENTAL NURSES.

[*This correspondence is published for general information. It will be considered in due course by the State Registration of Mental Nurses Committee and the Council.*]

20, PORTLAND PLACE, W. 1;
Reference MSR/CB. 15*th June*, 1929.

DEAR SIR,

I have been instructed to reply to your letter of February 6th, 1929, and to state that the Memorandum attached includes not only consideration of your letter, but also points raised at the interview between the members of the General Nursing Council for England and Wales and representatives of the Royal Medico-Psychological Association held on Thursday, May 23rd, last.

The Council quite appreciates the great services rendered by the Royal Medico-Psychological Association in the work it has done to initiate a system of improved training and education of mental nurses and also in its efforts by which a Supplementary Part of the Register for Mental Nurses was included in the Nurses' Registration Act. They also are indebted to members of the Association for their valuable assistance in drawing up the Syllabus of Subjects for the Examination in Mental Nursing. They believe, however, that in the best interests of the Nursing Profession and for the reasons given in the Memorandum attached, they would fail in their duty should they depart from the position of requiring an independent examination for admission to the State Register for all branches of nursing—a privilege which has been gained for the profession by Act of Parliament. It is not the policy of the General Nursing Council as a Statutory Body to delegate its functions and powers and its right to hold examinations to any Voluntary Association. To do so would lead sooner or later to the multiplication of examinations qualifying for registration, and a return to the confusion which the Nurses' Registration Act was established to reduce through the regulation of training and examination by one Statutory Body. This view has been expressed and supported by large bodies of nurses in this country. There is no question but that the State examination in Mental Nursing will always be conducted on behalf of the Council by Mental Specialists, both in the medical and the nursing subjects of the curriculum. The General Nursing Council for England and Wales is concerned with the registration, training and examination of Nurses in England and Wales only, but has already by reciprocal agreement established satisfactory relations with many parts of His Majesty's Dominions, as required by the Act.

In conclusion, the General Nursing Council regret that they are unable to accept the proposals of the Association.

I am,
Yours faithfully,
MARIAN S. RIDDELL,
Registrar.

To the General Secretary,
Royal Medico-Psychological Association.

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APPLICATION (DATED FEBRUARY 6, 1929) BY THE COUNCIL OF THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION FOR THE RECOGNITION OF THE ASSOCIATION'S NURSING CERTIFICATE AS QUALIFYING FOR ADMISSION TO THE STATE REGISTER OF NURSES. (Resolution, General Meeting, London, November, 1927, confirmed Annual Meeting, Wakefield, July, 1927.)

1. The Council of the Association, on July 10 last, appointed a special Committee on State Registration of Nurses with instructions to seek an interview with each General Nursing Council for the purpose of discussing the Association's proposals for co-operation in the matter of the State Registration of Mental Nurses within the terms of the resolution of the Association dated November 17, 1927, a copy of which was forwarded to you on March 12, 1928.

2. Every effort was made to ensure that the decision on this motion should rightly express the views of the Association and especially of its recognized training schools, and the steps taken to this end are recorded in an extract from the Annual Report of the Council for 1928. A copy of this report and of a report on the Questionnaire addressed to the recognized training schools were sent you in August last.

The Council has also been at great pains to make sure that the resolution did not ask the General Nursing Councils to do what was either impossible or illegal. In evidence of this, copies of correspondence with the Minister of Health and Counsel's Opinion are appended.

MEMORANDUM ATTACHED TO THE ABOVE LETTER OF REPLY FROM THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES, JUNE 14, 1929.

(General Secretary's comments in italics under each paragraph.)

Para. 1. As a Statutory Body the General Nursing Council cannot co-operate with voluntary associations by delegating to outside bodies work for which they are responsible. While welcoming advice and assistance, it is the duty of the Council to keep the control of the examinations in their own hands.

[*Legal point: Local authorities do work with "Voluntary Associations," e.g., M.D. Act*, 1913.
The Association proposed to hand over to the G.N.C. such control.]

Para. 2.—*Recognition of Training Schools.* The questionnaire issued by the Association was addressed to and the replies signed by the Medical Superintendents. The Council therefore conclude that the opinions expressed have the approval of Medical Superintendents who are for the most part members of the Royal Medico-Psychological Association. The Council consider that the training, education and control of mental nurses should not be left so entirely under the control of the Medical Superintendents as has been the case in the past. It is true of every other branch of the Nursing profession that improvement in training followed an increase in self-government, and of the control exercised by members of their own body, and it is eminently desirable that mental nurses be given the opportunity of occupying a like position.

[*Questionnaire addressed, as courtesy demanded, to the Head of the Hospital, namely the Medical Superintendent. Out of the 14 questions 10 were statistical, or matters of fact and not of opinion. Of the 4 "opinions" asked for, one was addressed (and) (or) your Matron.*

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The Association makes no claim to represent or govern mental nurses. It merely provides a certificate of proficiency for which it lays down a scheme of training and syllabus. In regard to this it has a Mental Nurses' Consultative Council and numerous Nurse Examiners. The Educational Committee consists of the Registrar and six Examiners, together with the President, General Secretary, Treasurer and one Editor and five Divisional Secretaries—all ex-officio. *Ordinary members are composed of Medical Superintendents, Commissioners-in-Lunacy, Professors and Lecturers, Consultants, and private members. This is surely a body which should know something about mental nursing and the training and syllabus appropriate to it. The Association does not keep a "live register," so no nursing electorate is needed.*]

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3. The present letter is in reply to yours dated October 11, 1928, asking for the further communication promised in my letter dated March 12, 1928.

4. In doing so care will be taken not to mistake the views recently expressed in the nursing press by admirers and supporters of your Council—views which are critical of, even hostile to, the educational activities of the Royal Medico-Psychological Association—for those of your Council, and which presume that the two bodies are in conflict generally. As a matter of fact, as far as the Association is concerned there is no such spirit of antagonism to your Council, nor does the Association know of any such spirit on the part of your Council, and sincerely hopes that none will ever develop between the two bodies, for such would be detrimental to the interests of the mental nurse, in whose welfare both bodies are gravely concerned.

5. The Council of the Association must, however, note certain conclusions arrived at on the occasion of a conference called by your Council on June 23, 1928, at which representatives of the corresponding bodies in Scotland and Northern Ireland attended, the report of which, though not communicated to the Association, appeared in the press.

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6. These conclusions need not be stated here in full, but as regards (I), the report on the Questionnaire, which was issued later, shows conclusively that there are many factors of far greater importance and difficulty of solution than cost, which have prevented the general adoption of the State examinations by mental nurses; (II) the Association has not made any request that the General Nursing Councils should cease to hold its mental nursing examinations (*vide* Proviso of Resolution of November, 1927); (III) (*a*) Mr. Macmillan's opinion (appended) may be regarded as a complete answer; (III) (*b*) merely conveys an opinion and omits what would be of interest to the Association, *i.e.*, the grounds upon which this conclusion was reached; and as regards (IV), the Association has not envisaged any change in the present system of appointing the G.N.C. mental nursing examiners.

Para. 6. Referring in passing to this paragraph, we would point out that the question of cost was one most strongly brought forward by the advocates of the Royal Medico-Psychological Association's examination.

The question of Counsel's opinion and the legality or otherwise of recognition of the Royal Medico-Psychological Association's examination by the General Nursing Council in no way alters the attitude of the General Nursing Council. The General Nursing Council instituted the examinations by rules formulated under the Act. The Council have throughout maintained the position that as a statutory body they cannot accept for purposes of registration the certificate and examination of an outside body, and their position was further confirmed at the Conference of the three Nursing Councils on June 23, 1928.

(Appendices attached.)

[*The first sentence must refer to some document unknown to the Association.*]

7. It is to be regretted that these decisions were made before the Council of the Association was in a position to submit this formal application with supporting documents.

8. The Council of the Association has now completed its preliminary inquiries in this matter which have taken some time, and submits the following application relating thereto for the consideration of your Council.

9. The fact need not be stressed that the Association was the first body in the world to organize a National or Imperial system of training and examination of mental nurses which was the first "one-portal system" in regard to the nursing profession; nor the fact that it has issued over 24,000 certificates of proficiency in mental nursing—a certificate which is recognized, with one or two

Para. 9. While recognizing once again the value of the work of the Royal Medico-Psychological Association, the Council would point out that the term "*one-portal system*" as applied by the Royal Medico-Psychological Association apparently means a one-portal system for the mental nursing profession, whereas as used by the General Nursing Council it means the one-portal preliminary

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exceptions, by all the local authorities in Great Britain and Ireland, in India and some of the Dominions Overseas and Crown Colonies, in the United States of America (where it confers a recognized status and increased remuneration), and in the Irish Free State (where it admits to the State Register of Nurses); nor yet again that the Association has ever been a firm supporter of the principle of the State registration of all nurses, and has for over 25 years claimed this recognition for its nursing certificate.

10. Nor, on the other hand, need the fact be stressed that the General Nursing Councils are State bodies, which have the statutory duty of keeping a State Register of nurses and certain duties relating thereto, and that later it was found necessary to obtain the permission of the State to conduct examinations, which permission was granted in default of opposition; nor yet, again, that they (the Irish Free State Council excepted) did not see their way in regard to the registration of mental nurses to taking action on the lines recommended in para. 22 of the Report of the Select Committee on the Registration of Nurses, 1905.

11. These are all well-established historical facts of which there is ample documentary and other evidence.

examination for all nurses in this country to all parts of the Register.

Para. 10. The words "that later it was found necessary to obtain the permission of the State to conduct examinations" are misleading. The rules relating to the admission to the Register by examination were formulated under Section 3 (1) (*c*) of the Act, and are law just as much as the Act. The Council also take exception to the words "in default," seeing that these rules were widely advertised and lay on the table of the House of Commons for twenty-one days before they became law, during which time any objections could have been raised. While required by the Act to work in agreement as far as possible with the General Nursing Councils of Scotland and Northern Ireland, the Irish Free State Registration Act is quite independent, the Irish Free State occupying the same position as the Overseas Dominions.

[*"In default" refers to "opposition." The Association "defaulted" in not raising objection. The Association is a self-respecting body. It had just arrived at some sort of agreement with the G.N.C. and was hopeful that the examinations might be held simultaneously—perhaps by the same examiners— certainly in regard to the Final. It would have ill become the Association to oppose these rules at that moment and under these circumstances.*

Para. 10 is a statement of fact to which there can be no reasonable objection. The rules are, of course, "law," just as much as the Act.]

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12. The members of the Committee on State Registration, however, are prepared to discuss any of these points with your Council if and when an interview takes place.

13. My present purpose is rather to explain exactly what the Association's application is and the reason why it is put forward.

14. It is necessary, in the first place, to emphasize the fact that State registration, as far as the nurse is concerned, is not compulsory, but is a purely voluntary act. The unregistered nurse has no disability in regard to the practice of nursing except that she is unable to call herself a " registered " nurse.

15. In the second place, the State did not make it compulsory for the General Nursing Councils to become examining bodies. It was a voluntary act on their part and not one prescribed by the State.

16. So it is just as legal and law-abiding for other interested bodies to conduct nursing examinations and issue certificates of proficiency in nursing.

17. It has been the historic policy of the Association to secure for the mental nurse a place on the State register of nurses on an equality with her sister nurses.

Interview, May 23, 1929.

Para. 14. The Council most strongly combat the statement that unregistered nurses are under no disability. Unregistered nurses are already finding great difficulty in obtaining higher posts in institutions, posts in the Public Health services, private nursing co-operations, charge posts in nursing homes, and also posts overseas. This disability will increase as the fact of registration becomes more widely known. The law already demands that certain posts shall be held only by registered nurses.

[*The disability here referred to is " legal," and the text implies this. It was largely because of the other disabilities that the resolution of November 17, 1927, was brought forward* (vide *Dr. Lord's speech in seconding the motion*).]

Para. 15. The rules made under the Act are law, having been passed by Parliament, and under these rules the Council have the duty of examining.

[*Apparently not understood by the G.N.C. This paragraph refers to the past, not to the present. Again the rules are, of course, law—a fact never disputed by the Association.*]

See Para. 29.

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18. Though this had been recognized by the State in the Nurses' Registration Act of 1919, with the exception of "existing nurses" and "nurses with intermediate qualifications," the majority of mental nurses found themselves unable to avail themselves of the opportunity afforded by the Rules of the General Nursing Councils. Only 126 mental nurses since 1925 (now only 188 in England, 61 in Scotland, 0 in Northern Ireland, total 249) had obtained admission to the State registers, while 96·5% of all fully trained mental nurses during the same period remained unregistered.

Para. 18. It is not clear why mental nurses found themselves unable to avail themselves of the opportunity to be registered afforded by the rules, as the period of grace was widely advertised, and the mental nurses had a wider basis on which to apply than any other nurses in that they were allowed to register on "experience" only.

With reference to the figures put forward by the Royal Medico-Psychological Association to demonstrate the failure of the examinations to attract mental nurses, the Council regard them as of little value, except to confirm their opinion that until the advantages of registration have been properly put before the mental nurses, and until they occupy a similar position to that of their sisters in other branches of the profession, the so-called "failure" of the examinations will persist.

[*A misinterpretation. Para.* 18 *plainly states that the nurses who were qualified as existing or intermediate nurses for registration and did not register have no grievance. The Association has no sympathy for them; it was their plain duty to register. It is the nurses since* 1925 *who have found themselves for various reasons unable, etc.*

The second paragraph evades the point raised: the "failure" of the G.N.C. examinations to attract nurses is not referred to or implied.]

19. The Association's effort to facilitate registration (Birmingham resolution, 1925) had largely proved a failure. This resolution recommended that the course of training in the public mental hospitals should be so planned that the mental nurse might, subject to the convenience of the hospital service, sit for both R.M.P.A. and G.N.C. examinations—the latter solely in order to become eligible for State registration.

See Para. 20.

[*Para.* 19 *is a concrete fact, and both paras.* 18 *and* 19 *demonstrate the Association's concern that the majority of trained mental nurses are not State registered. The public sooner or later will want to know the reason why, and will only be satisfied with facts and not merely opinions.*]

20. This duplication of almost identical examinations, though regrettable, was inevitable.

Para. 20. It is not clear to the Council why duplication of examinations is inevitable, as other voluntary bodies ceased to hold their examinations when a statutory body came into being, as in the case of the Fever Nurses' Association and the General

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21. The G.N.C. examination system could not generally replace the R.M.P.A. system for the purpose of the "local authority" grading of nurses, especially as regards male nurses. *The difficulty of providing the training in bed-side nursing required by the G.N.C. preliminary examination* is fully borne out by the Report of the Departmental Committee on Nursing in County and Borough Mental Hospitals (England and Wales) dated July 25, 1924 (*vide* pp. 16 to 20). The report on the Questionnaire referred to in para. 2 of this letter confirms this, and details other reasons for the non-adoption of the G.N.C. examinations which the Council of the Association thinks are conclusive.

22. To secure registration the certificated mental nurse had therefore to comply with the training and examination regulations of the General Nursing Councils.

Nursing Council, and in the case of the London Obstetrical Society and the Central Midwives' Board.

[*In the great majority of mental hospitals, the local authorities insist upon the nurse having a certificate of proficiency before probationership can be concluded and pay raised (practice varies a little as regards pay and Preliminary and Final Examinations). So the nurse has to pass one or two recognized examinations for this purpose. Para.* 21 *sketches why she cannot take the G.N.C.'s; so she has to take the R.M.P.A.'s examination. Only in a few instances apparently can she take the G.N.C. examination for grading. If she wishes to register she has to pass the G.N.C. examination whether she has the R.M.P.A. certificate or not.*]

Para. 21. It is thought probable that the words "*bedside nursing*" have been differently interpreted. The General Nursing Council, under this term, require for the Preliminary Examination elementary bedside nursing involving the bodily care of the patients, bedmaking, washing, etc., and not necessarily experience of any form of acute illness. Further details such as the question whether "general duties" and "first-aid" could be included in the Preliminary Examination are matters for consideration and consultation. They are not matters which affect the basic principle of the independence of the State Examinations. The inclusion of mental nurses in the Preliminary Examination has made it necessary to exclude from that examination many subjects which for the general nurse and other special nurses might with advantage be included.

[*Nobody needs to be in any doubt as to what nursing knowledge and experience is required of the nurse for the G.N.C. Preliminary Examination. A list of the equipment required for the practical nursing examination is conclusive on these points. It is absurd to refer to these as "elementary." This knowledge and experience have to be acquired within the first twelve or fifteen months' service or the nurse is much handicapped at the Preliminary Examination. If the Preliminary is delayed, then the Final is delayed, and the grading of the probationer as a staff nurse and increase of pay are also delayed. Surely the facts are plain.*]

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23. The Report of the Royal Commission on Lunacy and Mental Disorder (England and Wales) quite rightly animadverted on this obvious anomaly.

24. Your Council apparently viewed the situation with equanimity, and took no steps either to inquire why this anomaly existed or how it could be remedied. It was left to the Association to do this.

25. Furthermore the mental hospital nurse and the local authorities were not persuaded that there were any advantages in State registration, despite the fact that the Association was always a loyal supporter of this policy and had used all its influence to have mental nurses included in the Nurses' Registration Act. It may be recalled that on June 13, 1907, the Association sent to the Prime Minister a petition in favour of the State Registration of Nurses signed by 8,150 persons—a policy then strongly opposed by many leading physicians, general hospital matrons and nurses and their organizations [*e.g.*, the Deputation to the Lord President of the Council on June 14, 1906].

26. Thus it came about that a feeling took root in the Association that a closer co-operation with the General Nursing Councils might remove the difficulties mental nurses were experiencing in their efforts to reach the State register—some inherent and peculiar to the public mental hospital.

27. The General Nursing Councils seemed of themselves unable to meet the situation, being bound to a formula, "the one-portal entry," which, curiously, also bound the Association, but in a different way.

28. The only solution which seemed possible under the circumstances was for the Association to offer to adapt its educational machinery to the requirements of the General Nursing Councils for the purposes of the State registration of mental nurses as far as the exigencies of employment in mental hospitals would allow.

Paras. 24, 25. The Council have not viewed with equanimity the failure of the mental nurses to enter in larger numbers for the State Examinations. It is a cause of anxiety to the Council as well as to the Royal Medico-Psychological Association. The Council realize that patience is required until the full advantage of registration and membership of a profession affording a definite legal status has been brought home to the nurses in training in mental hospitals through the authorities in charge of those hospitals.

[*Whether the Council has "viewed" or has "not viewed," it took no appropriate action. The R.M.P.A. did this and sent out a questionnaire and a* summary of the G.N.C.'s regulations. *In this questionnaire the R.M.P.A. and G.N.C. examinations received equal treatment. Information merely advantageous to the R.M.P.A. was not the object of the questionnaire.*]

See Para. 9.

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29. It meant that the General Nursing Councils would accept certain voluntary services in place of much they now paid for and reclaimed from the mental nurse in fees, and perhaps lighten the load of sick nursing requirements for the Preliminary Examination and other adjustments of subjects between the two examinations, particularly in regard to "General Duties" and "First Aid," which the Association thinks are a vital part of a probationer mental nurse's training.

Para. 29. It is the opinion of the Council that nurses should no longer depend solely on examinations conducted by voluntary bodies and voluntary examiners. The small fees charged by the Royal Medico-Psychological Association are insufficient to provide an independent examination, and moreover the fact of having passed that examination does not grant a legal status to the nurse. In their own interests the mental nurses should undoubtedly be prepared to meet the expense of an independent examination.

If and when it becomes possible to reduce the fees, the Council fully intend to do so, but they would remind the Royal Medico-Psychological Association that the sum was originally fixed at 7 guineas—5 guineas for the two examinations and 2 guineas for registration—and that as this was found to be more than was required, it was reduced to 5 guineas, the registration fee being for the sake of convenience included with the fees for examination. The mental nurses, though the highest paid, are the only branch from which objections to the fees have arisen.

[*R.M.P.A. examiners receive a fee which covers all personal expenses. The services of the examiners are voluntary in some respects only. In other respects examiners are paid a fee proportionately to work done. The Association has no expenditure in regard to the places where the examinations are held; this is perhaps the main economy. The local authorities foot this bill. Nurses are expected to pay a reasonable fee for examination, certificate and registration, and if this can be done economically, why shouldn't it?*]

30. And so it came about that the Association passed the resolution of November 17, 1927, and which has given rise to this application.

31. So much for the "Why?" of that resolution. Now as to "How?"

32. The resolution of November, 1927, asks for the recognition of the Association's mental nursing certificate for the purposes of

Paras. 32, 33. From the very first the Council have declined, as already stated in the replies to Paragraphs 1 and 6, to accept the

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State registration. The terms of acceptance submitted for consideration are:

(1) To be without prejudice to any examination in mental nursing the General Nursing Councils may think fit to hold.

(2) The R.M.P.A. examinations to be subject in the future to such supervision and standards as the General Nursing Councils may think fit to impose.

33. These mean (1) that the Association very properly leaves the question of continuance or cessation of the G.N.C. mental nursing examinations entirely to these bodies to decide. It is their business and not that of the Association. As to (2), it means that the Association offers to conduct qualifying examinations for the purpose of State registration which will satisfy regulations imposed by the General Nursing Councils and be open to their supervision.

34. The Advisory Sub-Committees of the Association to the General Nursing Councils will continue to function, and it is hoped that their advice will be considered regarding both preliminary and final examinations qualifying for entry to the Mental Nurses' Section of the State Register.

35. The Royal Medico-Psychological Association will also accept such examinations as qualifying for its register and certificate in mental nursing, thus solving the vexed question of duplication of examinations in Great Britain and Northern Ireland.

36. The Royal Medico-Psychological Association will withdraw its certificate from those nurses holding it whose names are removed from the State register for unprofessional conduct.

certificate of any other body for registration, except during the period of grace.

Para. 34. When occasion arises the General Nursing Council will no doubt be glad of the advice of any expert body.

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37. The Committee on State Registration seeks an interview with your Council to make this application in person, and to discuss matters arising out of the proviso of the Association's resolution of November, 1927. The Chairman of the Committee is Prof. G. M. Robertson, and the Secretary Dr. W. M. Buchanan, who will shortly approach you in the hope of fixing a date on which your Council may be disposed to receive the Committee.

In conclusion, the Council of the Association has decided that it will not recommend the Association to ratify any proposed agreement which will not be reasonably retrospective in its operation.

Yours faithfully,

J. R. LORD
(for the General Secretary).

To the Secretary of the
General Nursing Council for
England and Wales.

Concluding paragraph.—The Council wish to emphasize the fact that the period of grace was fixed in the rules, and was very widely advertised, and that to re-open the Register to "Existing" and "Intermediate" nurses without examination would not only create confusion but would be unfair to those many thousands of nurses who, since June, 1925, have registered by examination. The Council can but repeat their opinion that the advisability of taking the State Examinations has not been sufficiently made known to the nurses in some of the mental hospitals, and they note that no adequate explanation was offered by the representatives of the Royal Medico-Psychological Association for the failure of the majority of mental nurses to enter for the State Examinations in order to become State registered.

[*"Reasonably retrospective" is stated. The Association has no sympathy with those nurses who had the opportunity of State registering and who failed to do so. The Association does not expect the Council to register any nurse not qualified by examination and would strongly oppose it.*]

Concluding Comments by General Secretary.

In conclusion it is obvious that no material point in the Royal Medico-Psychological Association's letter has been refuted or damaged, and if this is all the General Nursing Council can advance against co-operation with the Royal Medico-Psychological Association, the General Nursing Council has a very poor case. The replies to our Questionnaire are practically ignored.

The Royal Medico-Psychological Association's system of training and examination has been a development of years. It has been purposely designed and moulded to meet the special circumstances and requirements of the mental hospitals, and for which the Association and local authorities have a joint responsibility. The former could not have developed or maintained the system without the sympathy, encouragement and co-operation of the latter.

Certain essential requirements of the mental hospitals and local authorities in respect of training and examination of nurses are:

(1) The allotment of subjects as between the Preliminary and Final Examinations, so that the former can act as a filter as regards temperament and general suitability, and be a test of knowledge and experience that a mental nurse should acquire during the first 12 to 15 months of training.

(2) Candidates should not be required to leave the hospital for examination except to a hospital or centre in the neighbourhood. This is to avoid dangerous depletion of the nursing staff at these times. Under the best circumstances a large number of nurses cannot be absent without inconveniencing the hospital administration both as regards staff and patients.

Any system of training and examination of mental nurses which does not meet these two requirements cannot hope to be universally adopted.

Now, the scheme of training and examination of the Royal Medico-Psychological Association is specially designed to satisfy these essential requirements. Surrender on these two points should not be required to enable trained nurses to be eligible for State registration. Yet this is just what the training and examination scheme of the General Nursing Council demands. The General Nursing Council in adopting a rigid one-portal system of entry to the nursing profession had to sacrifice the interests and convenience in some degree of every kind of nurse. The least to be sacrificed was the general nurse and the most was the

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mental nurse. When the terms of entry were made known it was obvious that the latter had fallen a victim to extreme idealism.

(*a*) "General Duties of Nurses in a Mental Hospital" and "Accidents and Emergencies" were omitted from the Preliminary Examination in favour of an examination in surgical nursing (written and practical). The preliminary training as a rule would take 18 months, and if a mental nurse hoped to pass it was essential that during this period she should take her 6 months' training in bedside nursing.

(*b*) The oral and practical examinations were invariably to be held at the General Nursing Council's examination centres, and also the written examinations except under special conditions, one being that 25 candidates must be guaranteed.

The General Nursing Council still shuts its eyes to the essential facts of the situation. It *will* view mental hospitals in the same light as it does general hospitals and the care of mental patients in the same light as that of sane patients. It will not provide an examination which in practice can meet the local authorities' needs for the grading of nurses. So the Royal Medico-Psychological Association will have to continue its examination if only for this reason. The nurse will continue to pass almost a duplicate examination if she desires to be State registered. So the responsibility for the future for this duplication rests entirely with the General Nursing Council, since an adjustment of the fees of the Royal Medico-Psychological Association's examinations or the preaching of the advantages of registration will not remove the essential difficulties here pointed out. Only a recasting of the administration and syllabus of the General Nursing Council's examinations on the lines of those of the Royal Medico-Psychological Association will meet the situation, and it is plain that the General Nursing Council cannot do this so long as it maintains the invariability of the subjects for its one-portal entry.

Rigid idealism must surrender to practical necessity if the intentions of the Legislature are to be carried out.

The only practical solution, having regard to the attitude the General Nursing Council intends to maintain, is the proposal submitted by the Royal Medico-Psychological Association.

J. R. Lord
(for the General Secretary).

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APPENDICES TO ASSOCIATION'S APPLICATION.

I.

Copy of Letter to the Ministry of Health.

SPRINGFIELD MENTAL HOSPITAL,
TOOTING, S.W. 17;
December 28, 1927.

SIR,

I beg to inform you that at a General Meeting of the Royal Medico-Psychological Association held on November 17, 1927, the following motion was proposed by Professor G. M. Robertson, M.D., F.R.C.P.E., and seconded by Lt.-Col. J. R. Lord, *C.B.E.*, M.D., F.R.C.P.E., and adopted by a large majority:

> "*Arising out of the Report of the Royal Commission on Lunacy and Mental Disorder* (*p.* 107, *para.* 102) *and in accordance with the recommendations of the Report of the Select Committee on Registration of Nurses* (*para.* 32), *it is resolved that the Royal Medico-Psychological Association makes every endeavour by negotiation, or failing that, by obtaining the insertion of a provision in any new Lunacy Bill, to secure that the possession of the Certificate of Proficiency in Mental Nursing of the Association entitles the holders thereof* (*both present and future*) *to be registered, on payment of the fees, in the Mental Section of the Registers of Nurses of the General Nursing Councils, and to enjoy all the privileges of registered mental nurses; this to be without prejudice to any examination in mental nursing which the General Nursing Councils may think fit to hold, and to be subject in the future to such supervision and standard as the General Nursing Councils may think fit to impose, as in the analogous case of the General Medical Council and medical professional examinations.*"

And further, that a Special Meeting of the Council of the Association will be held sometime during the last week of January to consider what steps should be taken to carry out the policy of the Association, as embodied in this resolution.

For the information and guidance of the Council on this occasion, will you please inform me:

(1) By what machinery the Rules of the General Nursing Council can be amended or revoked, (2) whether the same procedure under the Nurses' Registration Act of 1919 by which rules are made can be used to amend or revoke them, (3) or whether an amendment to the Nurses' Registration Act would now be necessary

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before the General Nursing Council could accept the Certificate of Proficiency in Mental Nursing as qualifying for admission to the Supplementary Part of the Register for Mental Nurses.

I am,
Sir,
Your obedient servant,
R. WORTH,
General Secretary.

The Secretary,
The Ministry of Health,
Whitehall, S.W. 1.

(*The Reply.*)

MINISTRY OF HEALTH,
WHITEHALL, S.W. 1;
20 *January*, 1928.

Reference 11308/3/27.

SIR,

I am directed by the Minister of Health to refer to your letter of the 28th December, forwarding a resolution adopted at the meeting of your Association on the 17th November, and requesting information regarding the procedure requisite for an amendment of the Rules made by the General Nursing Council.

In reply to the first two questions raised in your letter, I am to state that the procedure for amending or revoking a rule is the same as that for making a rule under Section 3 of the Nurses' Registration Act, 1919. With regard to the third question it is regretted that a reply cannot be given at this stage. I am to explain that it is for the General Nursing Council to formulate any new rule on the subject, and that until such a rule is formulated the Minister cannot undertake to express an opinion on the question whether it would or would not be permissible under the terms of the present Act.

I am, Sir,
Your obedient Servant,
(Signed) L. V. BROCK.

The General Secretary,
Royal Medico-Psychological Association.

II.

Counsel's Opinion for the Royal Medico-Psychological Association.

I understand that my opinion is desired on the following questions, *viz.*:

1. Whether it is within the power of the General Nursing Council for England and Wales to alter or add to the Rules which have been made by them under Section 3 of the Nurses' Registration Act, 1919, and have, after the prescribed approval and procedure, become effective.

2. Whether it would be within the power of the General Nursing

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Council under Section 3 of the Act of 1919 to make a new rule or to modify their existing Rules so as to admit of the acceptance of examinations conducted by the Royal Medico-Psychological Association as qualifying for admission to the supplementary part of the Register containing the names of mental nurses.

1. In my opinion the General Nursing Council have power not only once and for all but from time to time to make Rules for the purposes enumerated in Section 3 (1) of the Acts of 1919. This power extends to the alteration of existing Rules, as well as to the making of new Rules, as occasion may require. The approval of the Minister of Health would be necessary in the case of any change and the prescribed Parliamentary procedure would require to be followed.

2. The General Nursing Council is by Section 3 (1) of the Act of 1919 required, and therefore empowered, to make Rules *inter alia* "(*b*) for regulating the conditions of admission to the Register." Subsection (2) of Section 3 requires the Rules to contain provisions relating to certain matters not affecting the present question, but otherwise the Council's power of prescribing the conditions of admission to the Register is not fettered in any way. There is no statutory requirement that examination shall be a pre-requisite of admission. The Council are no doubt required to make Rules "(*c*) for regulating the conduct of any examinations which *may* be prescribed as a condition of admission to the Register," but they are nowhere required to prescribe any examination as a condition of admission. I am therefore of opinion that the General Nursing Council under their general power to make Rules regulating the conditions of admission to the Register are entitled to make a Rule admitting to registration mental nurses who possess any qualification which the Council may deem satisfactory, including the qualification of having passed the examinations of the Royal Medico-Psychological Association. To such recognition the General Nursing Council may of course attach such conditions as regards standards and supervision as they may think fit. There being no express duty imposed on the General Nursing Council themselves to conduct any examinations, I do not think that any question arises as to their power to delegate to any appropriate body the conduct of qualifying examinations, on such conditions as they please.

In the case of the Scottish General Nursing Council the position under the Nurses' Registration (Scotland) Act, 1919, is in my opinion the same.

(Signed) H. P. MACMILLAN.

20, Abingdon Street,
Westminster, S.W. 1;
27th February, 1928.

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