ment in the community would lead to a wider use of the psychiatric Probation Order, although psychiatrists differ in their views with regard to its value. We recommended a change in the Mental Health Act which would allow a Court to remand a person in hospital for assessment.

THE REPORT OF THE BRIGGS COMMITTEE ON NURSING

THE COLLEGE'S COMMENTS

A. Briggs Recommendation No. 1

There should be a single central body responsible for professional standards, education and discipline in nursing and midwifery in Great Britain—the Central Nursing and Midwifery Council.

RMPA Written Evidence Recommendation (xv)

In four years' time consideration should be given to the idea of having one statutory training body, incorporating the various bodies at present responsible for different aspects of nurse training.

Comment

If the statutory framework proposed is implemented the College considers it vital that they have at least three representatives on the new Central Council—one from the field of mental handicap, one from the field of mental illness and one from the field of child psychiatry.

B. Briggs Recommendations 2–5

We consider it essential that the Royal College of Psychiatrists has three representatives on the Education Boards proposed and three representatives on the Area Committees for Nursing and Midwifery Education.

Comment

We note that midwifery interests should be represented by a Statutory Standing Midwifery Committee of the Council and we consider it essential that psychiatric interests should be represented by a similar Statutory Standing Psychiatric Committee.

C. Briggs Recommendation No. 12

There should be an increase in the number and range of pre-nursing courses, with Nursing Cadet schemes continuing as part of that range, under the title of Preparation for Nursing Course.

RMPA Written Evidence Recommendation (xii)

There should be a rapid development of preparatory courses in Colleges of Further Education for school leavers.

Comment

The College welcomes the recommendation.

D. Briggs Recommendation No. 16

There should be one basic course of eighteen months for all entrants which would lead to the award of a statutory qualification, the Certificate in Nursing Practice.

RMPA Written Evidence Recommendation (i)

Substantial pilot schemes should first be implemented to determine the advantages and disadvantages before any fresh legislation is enacted. A number of experimental schemes in different parts of the country with a common portal of entry providing a comprehensive basic nurse training should be established and evaluated.

Comment

We note that the eighteen months course would include experience in psychiatric nursing of the various age groups in both hospital and community. This is approved, but the College is concerned that nurses who are to work in psychiatric units and psychiatric hospitals will not have had sufficient training and education in their chosen specialty.

RMPA Written Evidence Recommendation (vi)

Ensure that all nurses do have some knowledge of the psychiatric aspects of nursing.

Comment

The Royal College is pleased to note that this has been recommended.

E. Briggs Recommendation No. 19

A further eighteen month course, also on a modular basis, and open only to those holding the Certificate in Nursing Practice, should be provided. It should lead to a second statutory qualification, Registration. The new Register, unlike the present Register, should not have separate parts.

RMPA Written Evidence Recommendation (iv)

There should continue to be two main levels of training, one leading to Enrolment and one to Registration.

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RMPA Written Evidence Recommendation (vii)

The mental and mental subnormality parts of the Register and the Roll of Nurses should be retained, but reviewed every four years.

Comment

The College now accepts that the proposals as outlined in the Briggs Report are satisfactory, and their concern is not that the separate parts of the Register and Roll are to disappear, but that nurses who are to work in psychiatric units and psychiatric hospitals will not have had sufficient training and education in their chosen specialty.

F. Briggs Recommendation No. 20

For the more able students courses leading to Registration could include or be followed by courses leading to the award of a Higher Certification in a particular branch of nursing or midwifery.

RMPA Written Evidence Recommendation (xiii)

There should be an increase in the number of experimental courses available for suitable candidates with a high educational achievement, and a number of these courses should be based in a University Department of Nursing or in a School of Nursing in one of the new Polytechnics.

Comment

The College welcomes the recommendation in Para. 20 and takes account of the fact that psychiatry needs to recruit some nurses who could obtain a Higher Certificate. There should be a rapid development of specialized advanced courses.

G. Briggs Recommendation No. 24

Special training provisions should also be made for mature entrants: these should take account of their domestic commitments.

RMPA Written Evidence Recommendation (xii)

There should be a rapid development of preparatory courses for older entrants.

Comment

We welcome the proposal in Para. 24, and the psychiatric services are bound to benefit if older entrants can be attracted to a nursing career.

H. Briggs Recommendation No. 68

Differences in degrees of responsibility and expertise among ward sisters and their counterparts in community nursing and midwifery should be recognized by increased status and reward.

RMPA Written Evidence Recommendation (ii)

At an early date there should be a comprehensive review of the pay relativities between the grades, and it is strongly felt that salaries are not commensurate with the amount of responsibility involved for any grades of nursing staff; particular attention should be given to the senior clinical nurses.

Comment

The College welcomes Para. 68 and hopes that it will be implemented as a matter of urgency. The College further welcomes the suggestion in Para. 67 which proposes the post of senior staff nurse, and further hopes that the grade will carry with it an increased reward.

I. Briggs Recommendation No. 74

A new caring profession for the mentally handicapped should emerge gradually. In the meantime, in the training of nurses in the field of mental handicap, increased emphasis should be placed on the social aspects of care.

Comment

We are in favour of nurses in this field receiving common training with residential care professions regarding aspects of normal residential care. In some hospitals this already happens. However, at a time when the outlook is optimistic for the application of very effective psychological and educational programmes, in which nurses have an important part to play, a new imbalance in training must not be created by an unthinking concentration on residential and social needs *alone*.

We think it is premature to assume that nurses in the mental handicap field will disappear into a new caring profession. It seems to us more likely that the new profession will care for the mentally handicapped requiring little in the way of therapy, whilst nurses will continue to concentrate on those with difficult and multiple problems. It seems particularly unfortunate to suggest that the new professionals, at present almost non-existent, should be introduced into subnormality hospitals to work alongside nurses, with the inevitable problems this would create. We do not feel anything should be done at this point in time to discourage the reorientation and redevelopment which the nurses are themselves creating, particularly as it is clear that their services will be needed for a long time to come.

General Comments

1. We are concerned about the future of existing schools of nursing based on psychiatric hospitals. If

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their functions are eventually to be supervised by the proposed new Colleges of Nursing and Midwifery, it is important:

(i) to avoid disruption of existing arrangements for training in the 'older' psychiatric hospitals which will remain functioning for several years, and

(ii) to ensure the smooth implementation of new training programmes for nurses destined to work in psychiatric units of District General Hospitals.

There should therefore be a careful balance of training between the development of nurse training in the older psychiatric hospitals and the new psychiatric units in D.G.Hs., especially during the transitional period, which may last for several years.

2. We note with regret that the Committee did not give special attention to nurses working in security units, Special Hospitals and other special psychiatric units.

3. We also note and regret that detailed consideration does not appear to have been given to the training of nurses working in child psychiatry. However, we know that the General Nursing Council for England and Wales has been having discussions with our Child Psychiatry Section and hope that these would continue with the new single Statutory Central Council.

4. We welcome the emphasis that has been placed on experience in the community, as noted and summarized in Paras. 270 and 272.

5. The College wishes to emphasize the importance of the work that has been undertaken by the Joint Board of Clinical Nursing Studies, and hopes that the work of the Psychiatric Panel for the Joint Board will continue and be expanded under the new statutory framework.

6. We assume that when the recommendations of the Committee are implemented further consideration will be given to nurses in training not being part of the establishment of nurses providing the nursing service. We agree wholeheartedly with the concept that nurse training must not be separated from a wide variety of clinical settings.

[In the covering letter sent with this Memorandum, Council expressed grave doubts about the danger of planning for the introduction into hospitals of a large number of 'aides'; these might be difficult to recruit and would, of course, be untrained. Concern was also expressed about the possible effect implementation of the Report might have on the recruitment of psychiatric nurses, and it was emphasized that the results of any action taken should be carefully assessed from the beginning and adjustments made if there was any lowering of the standards of psychiatric nursing.]

COMMENTS BY THE CHILD PSYCHIATRY SECTION

The proposals for nurse training and education contained in the Report of the Committee on Nursing provide various opportunities for the inclusion of work in child psychiatric units.

(a) *Work for the Certificate in Nursing Practice*

Paragraph 276 recommends that one of the four twelve-week core 'modules' should be in psychiatric nursing. There seems no reason why a substantial part of this should not be in a child psychiatric unit. While the number of areas which have suitable psychiatric in-patient or day-patient units is at present small, such training could be extremely valuable where it is available. It could be of particular interest to students who have a general inclination to the nursing of children. The General Nursing Council has approved the setting up of a small number of experimental schemes for enrolled nurse training in child psychiatry. It is suggested that these should continue and there should be the possibility of setting up further schemes in the light of the results from these pilot studies.

In Paragraph 283 the Committee emphasize the importance of paediatric nursing, and in the following Paragraph 284 suggest that entrants 'who wish to do so could take a substantial part of the course for the Certificate in a sick children's hospital and a hospital for the mentally handicapped'. While child psychiatric units are not specifically mentioned, perhaps because they are few in number, they also could well be suitable for a substantial part, or even all, of the twenty-week 'consolidation' period which Paragraph 279 recommends should follow the four core modules.

(b) *Registration and the Higher Certificate (Paragraphs 285–302)*

Although child psychiatric nursing and child psychiatry units are not mentioned in this section of the Report, there is frequent mention of psychiatric nursing and paediatric nursing. It would be very desirable, and perfectly practicable, for nurses who have completed the Certificate course and are proceeding to registration to do one of their modules of further training in a child psychiatry unit, and also for such work to be included in the further clinical experience of some students. This might be particularly important for nurses wishing to take their Higher Certificate in paediatric nursing. Work in a child psychiatry unit could also be of special value to nurses who aim ultimately to work in the field of community nursing, since such units have particularly close links with community services.

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