TALKING POINT

District nurses: new training proposals

ARNOLD ELLIOTT

A new six-month training course for district nurses will start in the autumn of 1981 with a new curriculum. In addition, district nurse training will be mandatory for employment as a district nurse. These proposals, agreed recently by the four UK Health Ministers, are a long way from the "home nurse" whom local authorities has to provide under the 1946 National Health Service Act. But district nursing had begun in Liverpool in 1859 and was firmly established on a national basis by 1887, when Queen Victoria's Jubilee Nursing Institute was founded. From then on the Queen's Institute became synonymous with district nursing and until 1968 acted as the responsible training body for district nurses.

In 1955 a Ministry of Health working party had recommended that there should be a central body to issue syllabuses, set examinations, and advise the Minister of Health.¹ Five years later the Panel of Assessors for District Nurse Training was set up and became the advisory committee to the DHSS on district nurse training. Then in 1962 the Health Visiting and Social Work (Training) Act² set up two statutory bodies, one for the training of health visitors and the other for the training of social workers. These eventually became the present Council for Education and Training of Health Visitors and the Central Council for Education and Training in Social Work. Each has its own staff of professional advisers. Because the panel of assessors was an advisory committee to the DHSS it did not have the standing of the statutory committees either in the claim for resources or in the eyes of district nurses.

In the last decade much has been done to upgrade standards and to give the district nurse the professional confidence in her new task as an important member of the primary health care team. Many doctors will remember the campaign to get district nurses and health visitors attached to general practitioners' surgeries and the problems encountered.³ In 1968 the NHS Act was amended to permit district nurses to carry out nursing duties in the surgery as well as in the patient's home.⁴ Today about 90% of district nurses are attached to GPs, though the proportion working as part of an integrated health team is much less.

Left out of Briggs

The Briggs Committee⁵ recommended a single statutory body for nursing and midwifery but, after strong representation from pressure groups, the DHSS agreed to a second tier of midwifery and health visitor statutory committees. This provoked political pressure from the erstwhile docile district nurses. Activists set up a district nurse action group, which organised mass lobbying of MPs in favour of mandatory training and a separate statutory committee. There was widespread support from many organisations, including the

Queen's Institute, the General Medical Services Committee, and the Society of Family Practitioners Committees. Mr Roland Moyle chaired a special Briggs working party set up to try to resolve the impasse on statutory committees and he eventually announced that the Government would take powers in the impending Nursing Act to set up additional statutory committees, including one for district nursing. But it was impossible to find parliamentary time for a Nursing Bill in the last session.

The panel of assessors has 11 members, including the chairman, who is an educationalist, and three medical members, of whom two are GPs and one an area medical officer. It has now been proposed that irrespective of Briggs legislation the panel will be extended into a Committee for District Nurse Training with increased representation of educationalists, district nurse teachers, and district nurses. The committee will retain its three medical members.

The proposed implementation date for mandatory training—autumn 1981—may correspond to the date on which mandatory vocational training for general practitioners starts. The Vocational Training Act is already on the statute book.⁶ This coincidence raises the question of interdisciplinary training of district nurses with health visitors and social workers. Many of their courses are already held at the same polytechnics. Should part of the training of these three disciplines be associated with that of future GPs in their day-release vocational instruction? More attention

should also be given to the preparation for working together in the team.⁷

Though 75% of the 10 500 SRNs in district nursing in the United Kingdom hold the district nurse qualification the new Committee for District Nursing will have a formidable task. Of the 2500 state enrolled nurses "on the district," 64% have district nurse training. At present this is limited to 10 weeks' instruction. A working party of the panel of assessors is considering the training of SEN district nurses and its report is expected shortly.

Miss Phyllis Friend, chief nursing officer, has written: "The attachment of nursing staff to general practice does not of itself constitute the creation of a primary care team. Team work can be encouraged, but it cannot be created by management decision."⁸ These wise words sum up the decade of development in the working together of two professional groups dedicated to the health care of people outside hospital. The important part played by the Panel of Assessors for District Nurse Training has been assured a place in the history of primary health care in this country.

References

- ¹ *Report of the Working Party on Training of District Nurses*. London, HMSO, 1955.
- ² *Health Visiting and Social Work (Training) Act 1962*. London, HMSO, 1962.
- ³ Abel, R A, *Nursing Attachment to General Practice*. London, HMSO, 1969.
- ⁴ *Health Services and Public Health Act 1968*. London, HMSO, 1968.
- ⁵ *Report of Committee on Nursing*. London, HMSO, 1972.
- ⁶ *NHS (Vocational Training) Act 1976*. London, HMSO, 1976.
- ⁷ Elliott, Arnold, *Pulse*, 7 October 1978.
- ⁸ DHSS, *Nursing in Primary Health Care*, Appendix to CNO(77)8.

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Ilford Essex

ARNOLD ELLIOTT, MB, FRCGP, general practitioner

In brief . . .

Scottish Council

The Scottish Council, which has elected Dr W Keith Davidson as chairman, has approved a report of the Review Group on the Administration of the NHS in Scotland. The group, which included representatives of the Scottish royal colleges and senior NHS administrators, has made several recommendations for improving administration and the report will be sent to the Scottish Secretary of State. A draft circular on the organisation and management of scientific and technical services was approved but one on joint planning and financing was not. The Council thought that there was already a shortage of funds for health and this would make matters worse. A small medical academic staff committee has been set up consisting of representatives from the five

Scottish medical schools. The Scottish Secretary, Dr Dale Falconer, and the secretary of the Medical Academic Staff Committee, Dr John Dawson, plan to visit the medical schools regularly.

Staffing structure: Council working party

At its last meeting the Council set up a working party "to initiate a reappraisal of manpower staffing and training requirements" (7 October, p 1034). The Executive Committee of Council has now appointed the members: Dr M Burrows, Mr A H Grabham, Dr P Kieley, Dr M Wilson, Dr J Stuart Horner, Mr J Johnson, Dr A Mander, Dr P H Wright, Mr W Whitehouse, Dr Mary White and a GP trainee.