A History of the
Panel of Assessors for
District Nurse Training 1959 - 1983

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A Thesis submitted in fulfilment of the requirements for the degree of Doctor of Philosophy in the Department of Educational Studies University of Surrey June 1993
This thesis is dedicated to Debbie and David who caused my life to be turned "upside down" and consequently slowed down the rate of progress on the study, but who have enriched my life considerably and taught me so much.
ABSTRACT

The Panel of Assessors for District Nurse Training (Panel) existed during the period 1959 - 1983, as a national training body for district nursing. Initially, its remit was for England and Wales but in 1969 this was extended to the United Kingdom.

The Panel owed its existence to the introduction of the National Health Service and the political climate which existed in the late 1940's and early 1950's. Its presence contributed to the demise of the Queen's Institute of District Nursing and the Ranyard Nurses as district nurse training bodies.

For the period 1959 - 1979 the Panel was accountable to the relevant Government Department. From 1979 onwards it functioned as an independent training body. The Panel's demise resulted from the 1979 Nurses, Midwives and Health Visitors Act which replaced nine existing training bodies with the United Kingdom Central Council for Nursing, Midwifery and Health Visiting and the four National Boards.

Over the years the Panel's responsibilities were enlarged to include the education and training of district enrolled nurses, district nurse tutors, practical work teachers, supervisors of supervised practice.

Increasingly the Panel became drawn into developments initiated by other organisations. These included: community nursing experience in general nurse training; interdisciplinary and multidisciplinary training for members of the Primary Health Care Teams. Practice nurses and community psychiatric nurses were not eligible for district nurse training, therefore training programmes were developed to meet their specialist needs. The Panel was represented on the Steering Group which developed the practice nurse curriculum.
The Panel became increasingly involved with research projects, first as a result of its contacts with Higher Education and then because of the appointment of its Research Officers.

During the 1970's and 1980's the Panel was politically active in its bid to safeguard district nursing interests, especially to ensure its successor bodies had a District Nursing Joint Committee.
I wish to acknowledge the help of all the people and organisations that, in a variety of ways have assisted me in the completion of this thesis. My thanks of appreciation go to:

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The Panel of Assessors for providing me with copies of its Minutes and Papers and granting me permission to quote from them.

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CHAPTER ONE:

INTRODUCTION

PREFACE:

This thesis provides a comprehensive history of the Panel of Assessors for District Nurse Training (Panel or PADNT), an institution which existed between 1959 and 1983 as the national training body for district nursing. Initially, its remit was for England and Wales but in 1969 this was extended to the United Kingdom. In the early 1970's its brief was extended to include responsibility for the training of other categories of district nursing staff.

Up to the time when the 1946 National Health Service Act (HMSO:1946) was implemented the main providers of a district nursing service and district nurse training were the Queen's Institute of District Nursing and the Ranyard Nurses, both voluntary organisations with charitable status. While the 1946 Act obliged local health authorities to provide a statutory district nursing service it made no provision for district nurse training. Many local authorities therefore continued to use the services of the voluntary bodies to train the district nurses employed in their statutory service, but in some areas training became of secondary importance to that of the service. Consequently, the numbers of qualified district nurses declined. This resulted in a review of training
needs of the registered and enrolled nurses to be employed in the home nursing service (Armer Report 1955). The outcome was the establishment of the Panel, and the withdrawal from district nurse training of the Queen's Institute and the Ranyard Nurses (Gibson 1981:4-5). There was however, an overlap period of ten years when the Panel and Queen's Institute were both involved in district nurse training, but throughout this time the latter was in a subordinate position to the former regarding validation of courses. Then after operating for almost a quarter of a century the Panel, in common with eight other training bodies was, as a result of the 1979 Nurses, Midwives and Health Visitors Act, replaced by the United Kingdom Central Council (UKCC) and the four National Boards for Nursing, Midwifery and Health Visiting (HMSO 1979).

This history traces the Panel's origins, activities and demise. It is entitled "A History of the Panel . . ." rather than "The History of the Panel . . ." not because there already exists two short articles about the development and work of the Panel (Lamb 1970 and Matthew 1975) but because there can be no ultimate history only a conventional one which might be superseded again and again (Carr 1962:1 and Leff 1968:11). Each generation writes history anew, therefore "there is no such thing as a definitive work of historical scholarship" (Hughes 1964:94).

Before embarking upon this study the writer, whose background is in nursing and related fields needed to address a number of questions. These included: What is History? What is the nature of historical knowledge? What approaches can be employed to write history? Why write a history of the Panel? This introduction continues by seeking to answer these questions. It then discusses the methods used to complete the study and provides information about the structure for the remainder of the thesis.
WHAT IS HISTORY?

In more than one language, including English, the word 'history' has to stand for the 'past', history as lived, and the representation of pastness 'history as recorded' (Tonkin 1992:2).

According to Clark (1967:1) "History is the record of what happened in the past, of anything that has ever happened in the past, however long ago or however recently" and however trivial. In Burckhardt's words history is "the record of what one age finds worthy of note in another" (cited Carr 1962:49). Barraclough "called it the attempt to re-create the significant features of the past on the basis of imperfect and fragmentary evidence" (cited Marwick 1970:131). History then is a process of selection in terms of historical significance. It "is a 'selective system' not only of cognitive, but of causal, orientations to reality" (Carr 1962:99). Hexter (1972:3) uses the term history to mean "any patterned, coherent account, intended to be true, of any past happenings involving human intention or doing or suffering". History is derived "from a Greek word for an enquiry" (Perkin in Finberg 1962:52). Landes et al (1971:5) consider that history "is the branch of inquiry that seeks to arrive at an accurate and valid understanding of the past". Lukacs (1985:7) explains that "As a form of thought, history is a pragmatic but unsystematic knowledge of humans about other humans". He considers that "It is because of this unsystematic character of historical life that history cannot be easily defined" (Lukacs 1985:8). Having considered a range of complex definitions he settles for a simpler statement "history is the remembered past" (Lukacs 1985:9).

Some historians think that "the title of history should be denied to the account of anything that happened within the last 20 or 30 years" on the grounds that "the immediacy of
contemporary interest is so pressing that no one can be trusted to handle them with any semblance of impartiality" (Clark 1967:2). However, Clark (1967:2) is critical of this view because he considers it exaggerates the ease with which objective judgement can be made about any period of history.

Carr (1962:30) likens the course of history to a moving procession and the historian to "just another dim figure trudging along in another part of the procession". He explains that the historian is part of history and "The point in the procession at which he finds himself determines his angle of vision over the past" (Carr 1962:30). He considers that this truism holds true whether the period treated by the historian is remote from or close to his own time (Carr 1962:3).

History is the work of the professional, apprentice or amateur historian. "It has been said with plausible exaggeration that history is only made when the historian writes it" (Oakeshott cited Leff 1969:13). Indeed, Leff (1969:13) states "that without the historian there would be no history as a coherent account of a past beyond recall". He explains that history is an artifact, it is the present; in the person of the historian viewing the past; and as present succeeds present so history succeeds - and to some extent supersedes history.

"The historian, then, is an individual human being. Like other individuals, he is also a social phenomenon, both the product and the conscious or unconscious spokesman of the society to which he belongs; it is in this capacity that he approaches the facts of the historical past" (Carr 1962:29). Carr (1962:38) believes that "the historian who is most conscious of his own situation is also more capable of transcending it" than one who protests he is an individual not a social phenomenon.
According to Landes et al (1971:5-9) history has a number of functions. Firstly it is the custodian of collective memory. Second it is, in all societies, a primary vehicle of socialisation. Thirdly, it is the branch of inquiry that seeks to arrive at an accurate account and valid understanding of the past. They point out that "The third function is in large part a response to and corrective of the other two" (Landes et al 1971:5). They consider that the contribution of historical knowledge is perspective. But they appreciate this may be biased by the historian who writes history and by those who choose the lessons to be learned from history (Landes et al 1971:6). Clark (1967:51) also refers to the problems of partisan eclecticism.

When writing history the interpretation will be coloured by the writer's conscious and unconscious bias but it needs to be presented in a coherent and intelligible manner in order to convey as accurate an account of the past as possible. However, the reasons why it can never be totally accurate or objective will become increasingly apparent in the next section which explores the nature of historical knowledge.

WHAT IS THE NATURE OF HISTORICAL KNOWLEDGE?

Veyne claims that it is difficult to reach a precise definition of historical knowledge but after discussing a range of possibilities concludes "History is the description of what is specific - that is, comprehensible - in human events" (Veyne 1984:59). But this definition avoids the fundamental issue of the relationship between recorded history and truth. Leff (1969:19) grapples with this problem explaining that history is concerned with what is exclusively past and can never be re-enacted and that this irrevocability of historical knowledge means its propositions can never be tested experimentally. He stresses that "history is devoid of its own specific body
of universal laws" (Leff 1969:20) and that:

the historian, or his reader, is confronted with sequences of events which can never be systematically correlated into a series of statements about historical regularities, since he is never dealing with events of the first instance. He is in the paradoxical position of lacking empirical verification for knowledge which is empirically founded.

(Leff 1969:19-20)

Historians have been arguing for generations over the nature of truth in their craft. Carr (1962), Hughes (1964), Clark (1969) and Lukacs (1985) are just some of numerous authors who seek to provide insights into this debate. According to Hughes (1964:18):

Broadly speaking, traditional positivists have advanced a "correspondence" theory - that is, they have maintained that a historical account can be considered true if it corresponds with "the facts". The usual idealist rejoinder has been a variety of "coherence" theory: the account is to be judged on the basis of its internal logic and consistency.

However, he stresses that neither stance has proved satisfactory. The debate about historical knowledge often focuses on the nature of "the fact". Artifacts provide materials which historians can study as objects but mainly the facts of history are derived from testimony and are therefore facts of memory. They may according to Gottschalk (1969:42) "be said to be symbolic or representative of something that once was real, but they have no objective reality of their own". Rather they exist only in the observer's or historian's mind. Recollections, do not have an existence outside the human mind. Therefore because testimony is based on recollection it is subjective (Gottschalk 1969:42-43). "There are three steps in historical testimony: observation, recollection, and recording (not to mention the historian's own perception of
the witness's record)" (Gottschalk 1969:151). He acknowledges that at each step something of the testimony may be lost. Carr (1962:16) also considers that "the facts of history never come to us 'pure', since they do not and cannot exist in a pure form: they are always refracted through the mind of the recorder". Therefore he advises that when we take up a work of history our first concern should not be with the facts it contains, but with the historian who produced it (Carr 1962:16-17). Barraclough (cited Carr 1962:8) makes the point that "The history we read, though based on facts, is, strictly speaking, not factual at all, but a series of accepted judgements".

According to Postan (1971:48) "The historian's conception of what historical facts are is not easy to get hold of". Postan states (1971:48) that "In keeping with the traditional unselfconsciousness of their profession, most historians prefer to be unaware of their epistemology". He (1971:48) considers that "historians devoted to the 'facts as they were' accept by implication the fundamental postulates of philosophical realism", presupposing that human knowledge directly corresponds to the objective reality of the world and they can faithfully reproduce it. Therefore, on this issue their proper alignment should be with the anti-idealists and anti-subjectivist. Yet Postan (1971:48) claims that on other fundamental issues they frequently side with the idealist metaphysicians. Lukacs, however, considers that the twentieth century is witnessing a crisis in historical thinking and that this is leading "to ever increasing theorizing about history and about the nature of historical knowledge itself" (Lukacs 1985:20).

Clark when grappling with the question of 'what is a historical fact?' writes (1967:41) "Putting aside the philosopher's right to doubt everything, there are many recorded incidents of which one might say with some certainty they did occur". He refers to these as "the
public facts of history, that is those facts which are so woven into the texture of human history that, unless human affairs are an illusion and all history is false, they are not false". Elsewhere he (cited Carr 1962:4) contrasts "the 'hard core of facts' in history with the 'surrounding pulp of disputable' interpretation". But Carr (1962:4) is dissatisfied with this view as he considers it does not provide a criterion to distinguish the facts of history from other facts about the past. However, Lukacs (1985:102) is critical of Carr for trying to establish a criterion to classify facts into two types namely historical and non-historical ones. Lukacs (1985:102) said there is no such criterion and that "The problem which we face is what is a fact, not merely what is a historical fact; . . ." and that it is a problem for everyone not just professional historianship. He provides (1985:102-103) an interesting account of how the use of the word fact has changed over the past three hundred years. Apparently once 'a feat' and 'a fact' meant the same thing in English "both words having been derived from factum through the French fait" (Lukacs 1985:100). He provides an example from early nineteenth century literature when Jane Austen wrote "gracious in fact, if not in word" she meant deed: a real event, not an ideal category of reality" (Lukacs 1985:100). Lukacs (1985:103) prefers the euphonious word "event" to "fact" explaining that "it is not dry, definite, static; it suggests life, flow movement; whereas "fact" has a now inevitably scientific tinge". He believes "event" admirably reflects the sense of history. Some historians appear to use the words interchangeably. Lukacs considers that the employment of 'fact' as a category of reality was the product of the nineteenth century when "The belief in the solidity of facts was then shared by romantics as well as utilitarians, by historians as well as scientists" (Lukacs 1985:100). According to Hughes (1964:9) "it was the natural scientists themselves who pulled the rug from under positivist historiography" at the turn of the century
when they "redefined nature's laws as mere hypotheses, when they had begun to substitute relativity, plural explanations, and eventually indeterminacy for earlier certitudes of a consistent universe . . ." (Hughes 1964:5).

Carr equates Clark's notion of the public facts of history with what he refers to as the basic facts of history, considering that these form the backbone of history. While he accepts that basic facts are the same for all historians he believes they belong to the raw material of the historian rather than to history itself. In addition, he considers "that the necessity to establish these basic facts rests not on any quality in the facts themselves, but on an a priori decision of the historian" (Carr 1962:55). Postan (1971:51) supports this view considering that "Every historical fact is a product of abstraction, or of the historian's limited vision". Additionally, he stresses "The non-finite composition of historical events and the unstable succession of their facets visible to historians are both exemplified by the history of history itself" (Postan 1971:51).

Lukacs (1985:104) makes the point that "facts are not independent; no fact ever stands by itself; a fact is not separable from other facts". He (1985:104) continues by quoting Newman who said "We compare, contrast abstract, generalise, connect, adjust, classify . . . and we view all our knowledge in association with which these processes have invested it". Therefore Lukacs (1985:104) says that "With this one word, 'association', bang goes the simple notion that 'facts are facts'". He (1985:104) claims that "facts are meaningless by themselves: they mean something only in relation to other facts". He concludes, therefore, that association is profoundly involved with the fact. He prefers the term association to interpretation "because interpretation (the term chosen by Professor Carr) suggests that it is preceded by the fact, whereas the association,
if it is meaningful at all, is already part of the fact itself (when we think of a 'fact' we think of something that is)" (Lukacs 1985:105). This is, according to Lukacs (1985:105) because fact "has departed so much from its original verbal ancestry that we no longer relate it in time: we almost always say "it is a fact": we might say referring to some limited situation, it was a fact: . . . " He also explains (1985:105) that:

Fictio, deriving from the verb fingere, means construction: . . . a fact cannot be separated from its association: that is, from a certain construction of the mind. Because of this construction, not only is fictio of a higher order than factum: what is more important, every fact is, in a certain sense, a fiction.

Lukacs (1985:105) accepts that "While it is certainly arguable that what happened is more important than what we think happened, it is hardly arguable that these are separate matters - that, in others words, a fact can be isolated not only from other facts but about our thinking about it". He claims (1985:105) that "The historian's work is re-lation, involving the fictio of events" "And in one sense or another, thinking is always construction" (Oretega cited Lukacs 1985:105). Having reached the conclusion that a fact is not separable from its association (or call it construction, recognition, fictio) it is important to appreciate that neither is it separable from its expression; and the expression of a fact is inseparable from its purpose. Even if there is agreement about the same fact - which is really a statement of fact - the same phrases and the same statement may be used for different purposes (Lukacs 1985:107). Therefore in this situation Lukacs (1985:107) concludes "Every human statement may be actually true and potentially untrue". He acknowledges that shifting the argument from what is a fact to what is truth is problematic but he makes the point "that the problem of truth is not necessarily a problem of fact"
(Lukacs 1985:108). He cannot answer the question "What is Truth?" but he is prepared to say what it is not (Lukacs 1985:108). He explains:

Apart from all metaphysics, I can but say that the purpose of historical truth (like every fact, every truth is to some extent historical) is understanding even more than accuracy, involving the reduction of untruth; and I can say that the nature of truth is inseparable from personal knowledge; that it cannot be proven by definitions, but that it can be suggested through words.

(Lukacs 1985:108)

Carr (1962:125) stresses that "values enter into facts and are an essential part of them" and that the word truth, in English and Latin, is made up of elements of both of them.

Gottschalk (1969:139) advises historians to question whether a historical fact is credible. To be credible it has to be as close to what actually happened as can be learned from a critical examination of the best available sources. "This means verisimilar at a high level . . . yet short of meaning accurately descriptive of past actuality. In other words, the historian establishes verisimilitude rather than objective truth" (Gottschalk 1969:140). While he accepts that there is a high correlation between the two, he stresses that they are not necessarily identical. However, he points out that a critical examination of the historian's sources will frequently reveal whether or not a historical fact is credible (Gottschalk 1969:140). Clark (1967:53) addresses the issue of historical truth making the point that:

The interpretation of history can never be supplied by facts alone, but any interpretation which makes use of facts which can be shown to be false, or accepts as certainly true facts which are dubious, or does not take into account facts which are known, or could be found out, must be deeply suspect at being at best potentially
misleading, and possibly grossly, and
dangerously, deceptive.

Leff (1969:126) agrees that "the status of historical
knowledge should be directed not to its factual basis but
to the interpretations which are inseparable from it". He
advises that these aspects are of equal merit.
Interpretation to be acceptable must fulfil three
conditions: "it must accord with the evidence; it must show
the connection between the events it interprets or at least
their significance in relation to the context; and it
should not presuppose unlikely implausible or unacceptable
assumptions" (Leff 1969:126).

While objective truth may not be within the realms of
possibility for historical knowledge Lukacs (1985:236)
claims that the recognition of the objectivist illusion
does not reduce but rather enhances the general validity of
personal knowledge. He considers it a wonderful mystery
that while knowledge is personal it is at the same time
universal. He (1985:236) stresses that "we are not
atomised individuals but persons: we are unique and yet an
integral element of the entire human race, of all history".
Then he proceeds to make the point that when an individual
says "this is interesting" or "this is true" or "this is
what really happened" s/he is expressing a personal view.
Something that interests one person has the potential to
interest others. The expression of a person's personal
feeling of truth corresponds "with something general or
perhaps more universal, which is more than merely
"subjective" or "individual"" (Lukacs 1985:236). He
therefore advises that historians should say "I am writing
or saying this because this is at this time my personal way
of seeing and saying something I believe to be true"
(Lukacs 1985:236).

Leff (1969:24) considers that the nature of historical
knowledge can best be expressed in a series of antinomies.
"The first, and that from which all others flow, is between
the flux of events as they occurred and the order of the written record" or more precisely "between the incoherence of the lived experience and the coherence of their recounted history" (Aron cited Leff 1969:24). Leff stresses that the object of any meaningful history is to make the past intelligible by disclosing the relationship of events in a way that will reveal "the issues which were important for those living then and the significance of their outcome for what came after them" (Leff 1969:24). In common with other branches of knowledge; "it is the criterion by which we judge an historian's, as a scientist's work" (Leff 1969:25). Oakeshott (cited Leff 1969:25) explains that the historian "is concerned with showing events which mediate one circumstance to another, rather than attempting to deduce universal necessary and sufficient conditions for their occurrence". To perform this in a legitimate manner entails taking into account all the evidence, but according to Leff (1969:25) "to set it in an intelligible order demands no less going beyond mere events to what the historian sees as their place within the whole". All history is post eventum and therefore must be approached from its effects. "Causes in history, far from being primary, are subordinate logically as well as temporally to its ends" (Leff 1969:25). "In history, . . ., we begin with the events as complete and known; hence we can only partially re-enact them, however hard we may try, because we no longer see them exclusively in their becoming and immediacy but as they have become" (Leff 1969:26-27). Knowledge therefore stands as a barrier between past and present. The historian, "must go to the events themselves for his understanding: only by first investigating them can he establish their relationships. The coherence which emerges is one which although imposed by him has been derived from the past itself, . . ." (Leff 1969:26).

According to Postan (1971:61) historical study must be
presented in the concrete. He argues that:

the historian's facts, ie the aspect of events he observes and studies, are abstracted from the infinite indefinite totality of past experience. But the abstraction of his observable facts does not free the historian from the compulsion to build up his subject as fully as he can and to assemble its detailed features into a consistent shape or physiognomy. The historical study must preserve its appearance of a portrait: a recognizable likeness of an actual man or of an identifiable group of men, or of a real occurrence.

(Postan 1971:61)

However, Postan (1971:20) acknowledges that "The garb of fictitious concreteness may sometimes be so thick that the underlying implications may remain invisible to the author himself . . ."

Gallie (1964:56) stresses that "The historian's picture stands in peculiar relation to something called evidence". However, he takes issue with Collingwood who emphasised the need for history to be consistent with itself, this is because of the evolving nature of historical knowledge (Gallie 1964:58).

Relevance for the historian must be sought from the events and their dramatis personae of the area studied. Having taken account of all the available evidence which comes within his chosen area "The historian may only discard what cannot add to or subtract from the intelligibility of his theme and which, if included, would impair it" (Leff 1969:47).

Earlier reference was made to facts being derived from recorded incidents and facts belonging to the raw material of the historian. Study of sources alone does not make history but as Marwick (1970:132) points out "without the study of sources there is no history". "What enables the
historian to establish his facts, indeed to know there are facts to be established, is the testimony of his sources" (Postan 1971:53).

According to Seldon (1988:1) the contemporary historian's raw materials are his sources and the range of possible sources is wide and includes artefacts, oral, written and printed evidence of various kinds.

Sources are categorised into primary and secondary. A primary source is usually regarded as a source which comes into being during the period of the past that the researcher is studying. Primary sources are regarded as the "basic" raw materials out of which history is made (Marwick 1970:136). "A primary source must have been produced by a contemporary of the events it narrates" (Gottschalk 1968:53). However, it does not "need to be original in the legal sense of the word original - that is, the very document (usually the first handwritten draft) whose contents are the subject of discussion - for quite often a later copy or a printed edition will do just as well" (Gottschalk 1969:53-54). "They need to be "original" only in the sense of underived or first hand as to their testimony" (Gottschalk 1969:55). In contrast, a secondary source is usually regarded as an interpretation of the past which is written later on by a person who is looking back upon a period of the past (Marwick 1970:136). However, interpretation is not unique to secondary sources. It is often equally applicable to primary sources because of the status of the fact/event as explained by Lukacs and others and noted above (see page 30).

Marwick (1970:151:152) advises that the actual process of turning "raw" primary sources into a finished piece of history poses special problems of presentation. Some historians (eg Gottschalk 1969:194) advise against the use of over long or over frequent quotation of primary sources
on the grounds that it is a clumsy device which may reduce
the general reader's attention span and also that the
general reader is less likely, than the historian to be
interested in the exact wording of the source (Gottschalk
1969:193-194). Others advise on the need to merge primary
sources into the text on the grounds that "quotations are
illustrations not proofs" (Barzun and Graff cited in
Marwick 1970:152). However, Marwick (1970:152) claims
that:

Frequently there is no better means at the
disposal of the historian for conveying a sense
of period, a sense of understanding from the
inside, than by the unadulterated direct
quotation from a contemporary source. Even when
the quotation is simply illustrative, its
illustrative value will stand out all the more
clearly for being given its proper presentation.

In order to complete his/her historical account the
historian may use footnotes and appendices. Footnotes can
be used to debate the validity of the evidence or
conflicting judgement. Additionally they can be used to
supply bibliographical detail but according to Gottschalk
(1969:192) this is the limitation of their use. Therefore
they should whenever possible be avoided as a means of
supplying interesting or merely pedantic information, since
if relevant this should be incorporated into the text
(Gottschalk 1969:192). Appendices can be used to contain
details of a protracted debate, as detailed above, which is
too lengthy to be contained in a footnote (Gottschalk
1969:112). They can also be used to supplement information
contained in the text but they should not be used as a
repository of information for safekeeping for posterity.

In summary, it can be concluded that the historian obtains
his/her raw materials from primary and secondary sources,
these contain facts which are not factual because they are
not free of association or interpretation. Therefore,
facts cannot provide the truth, whatever that is. However,
facts can be used to provide a coherent and intelligent account of the past, and if this is well referenced its credibility can be checked out by others.

Hexter (1972:14) points out that:

Like scientists and unlike fictive artists historians accept a primary obligation to check their assertions against evidence or data about a world that is, or once was, 'out there', evidence that is open to public scrutiny and criticism by re-examination of the respective records — for scientists, the records of observation and experiments, for historians the records of the past.

However, Hexter (1972:19) along with others (eg Leff 1969:11), accept that the status of history as a discipline remains unresolved. Leff (1969:11) explains that while few now accept it is a science equally few agree upon an alternative. Carr appears to question the need for classification. He writes:

Scientists, social scientists and historians are all engaged in different branches of the same study: the study of man and his environment, of the effects of man on his environment and of his environment on man. The object of the study is the same: to increase a man's understanding of, and mastery over his environment.

(Carr 1962:80)

Landes et al (1971:6) classify history as a social science. While they accept the fact that there has always been a body of opinion within the historical profession which denies the possibility of an objective history, and that men will choose the lessons of history for their own purpose they consider "It would be a serious mistake, however, to infer from these difficulties that our ignorance is inevitable and irreducible" (Landes et al 1971:7). They point out that "The social scientist shares in the understanding that results cannot be complete or
definitive; he typically deals in a realm of probability; but as his techniques have become more refined and powerful, the probabilities and usefulness of his answers have increased" (Landes et al 1971:7). They accept that "The gains have been greatest in those areas where the social scientist has been able to simplify his problems by exclusion of all but a few paramount variables; . . .". They (1971:7) accept that "History, by comparison, has and will always have a hard time: the matter to be studied is inherently complex (some would say, infinitely complex) and resistant to simplification. But they conclude "That, however, only makes the task harder and the results of inquiry looser. It does not rule out a closer approach to the goal of truth" (Landes et al 1971:7).

WHAT APPROACHES CAN BE USED TO WRITE HISTORY:

The writing of history, according to Gottschalk (1969:190) "aims of at least four objectives - accuracy of factual detail and reasonable completeness of evidence, logical structure, clarity and polish of presentation". He explains that in order to achieve these there are four bare essentials:

1. the collection of surviving objects of the printed, written and oral materials that may be relevant;
2. the exclusion of those materials (or parts there-of) that are unauthentic;
3. the extraction from the authentic material of testimony that is credible;
4. the organization of that reliable testimony into a meaningful narrative or exposition.

(Gottschalk 1969:28)

However, there is, according to Leff (1969:124), no exclusive way of achieving the objective of a coherent and intelligible account of the past. But he explains that
"Just as the validity of a scientific theory lies in its confirmation, not in the intellectual processes by which it was conceived, so the value of a work of history lies in its total impact" (Leff 1969:124). This can be achieved by diverse means according to the historian's proclivities (Leff 1969:125). In history there is "no pretense to an orthodoxy - whether in the problems to study, the methods to employ or the standards to meet" (Landes et al 1971:8). This highly valued freedom from norms results in a wide range of performances (Landes et al 1971:8). However, Gottschalk (1969:48-52) points out that the writing of history requires the use of the historical method, which he describes as the process of critically examining and analysing records and survivals of the past. And historiography, which he describes as the imaginative reconstruction of the past from the available data, in order to effect synthesis in order to produce a reliable historical exposition or narrative. He notes that historical method and historiography are frequently grouped together simply as historical method.

According to Andrew (in Burgess 1985:56) "Methodology texts frequently warn of the dangers of allowing methods to determine problems: we are exhorted to begin with our 'problems', hypothesis or areas of interest and to select methods most appropriate to them." This advice is applicable to historical research "but the availability or otherwise of documentary evidence will exert a crucial influence on the research and even the choice of research problem" (Andrew in Burgess 1985:156). Andrew explains that this approach is less clumsy that it might appear because "it is difficult to pursue even the most urgent investigations and fervent interest if the evidence needed does not exist" (Andrew in Burgess 1985:156). Hinchcliffe (in Youngman 1978:4) advises the researcher "to choose a topic which genuinely excites his interest". He notes that a common warning to the apprentice historical research
worker is to avoid being purely descriptive whilst he accepts that this is sound advice he questions its necessity on the grounds that "discovery inevitably leads to analysis, extension, interpretation and conclusion, which answers questions not yet answered, possibly even not yet asked" (Hinchcliffe in Youngman 1978:5).

Landes et al (1971:8) point out that although history is first and foremost a story "there are all kinds of stories: dull or exciting, scrupulously careful or wildly imaginative, painfully naive or subtly interpretive". At one end is the simple chronicle that strings events one after the other like separate stones on the strand of time; while at the other is the account that tries to explain each event as a result of what went before, "including in the explanation such enduring circumstances, environmental and internal, as influence the behaviour of the actors in the story" (Landes et al 1971:8). They consider that most histories, in narrative style, fall somewhere in between the extremes. The same range of variation is found in the type of history "that treats, not a sequence of change through time, but of a state of affairs or the condition of persons at a moment in time" (Landes et al 1971:8). They explain that "At one extreme is the antiquarian approach, which simply collects bits and pieces of data, more or less without regard to their importance or interrelationships. At the other is the highly schematized or focused analytical model, which is all articulation and interrelationships" (Landes et al 1971:8). They conclude most descriptive histories fall somewhere in between. Leff (1969:118) advises that if either of the two main approaches are to succeed there must be some order which gives point to the details, and both need to be founded upon sound evidence and valid inferences.

Landes et al (1971:9) question whether, by categorising the historian's work by means of the story mode or analytical
model approaches, it is possible to distinguish types of historians, namely humanist and social scientist. They accept that historians would resist such categorisation seeing themselves simply as historians, but if pressurised would describe themselves by both labels.

According to Hexter (1971:145) "Argument over history, what it is, and what historians ought to do has taken a somewhat different course among historians than it has among philosophers". For while historians were trying to measure up the relative value and status of analytical history against the more conventional one of narrative history; analytical philosophers were discovering "that historians tell stories which make things about the past more intelligible" (Hexter 1971:145). They (eg Gardner 1961 and Martin 1977) then discussed the structure of the "narrative explanation, regarding it as the characteristic mode of explanation 'why' in history" (Hexter 1971:145). In contrast the "'new wave' historians mainly pride themselves on what they describe as their analytical approach, and tend to regard those whom they describe as narrative historian's as fuddy-duddies" (Hexter 1971:145).

Davies (1980) is critical of conventional history and its apparent lack of theory, and also of nursing historians' over reliance on the narrative approach. She is of the opinion that "The broad brush overview is not the best way to tackle history when it is seen as something other than a series of advances" (Davies 1980:13). She commends the approach where writers assume, from the start, "that there is always a theoretical position, always a set of questions guiding the analysis" (Davies 1980:12). However, she acknowledges that the more reflective kind of history is less easy to read than the narrative type owing to its more complex structure. But she stresses that it has the advantage of providing a basis for comparison, criticism and reflection (Davies 1980:13). Hughes (1964:69)
considers that "In one respect at least the more experimental types of history are easier to compose than historical writing of tradition . . ." because "they are partially arbitrary abstractions from reality".

Hexter (1971:146) advises that "All historians who use the term 'historical analysis' do not use it in the same sense". He also points out that "it is by no means always clear that every historian using the term 'analytical' has a very good notion of what he himself has in mind" (Hexter 1974:146). He stresses that the enormous choice of modes of analysis means that only the most primitive writer of history "could fail to find a mode of procedure suited to their taste that would pass one or other of the not very exacting tests of analysis" (Hexter 1971:146).

Hexter (1971:146-156) provides a scathing critique of the analytical approach which uses factor analysis to provide explanation in history. His criticism focuses on the point that factor analysis "breaks up the most common bases and order in stories - orderly sequence of time, stability of place or intelligible movement among places, continuity of identifiable persons" (Hexter 1971:148). Factor analysis presupposes and breeds subfactors without stated limits therefore the historian is left to decide whether all the causes or subfactors, taken together, constitute a sufficient cause or the sufficient condition for the occurrence of the event. Sometimes there is a time interval between all the underlying causes being present and the event occurring. Historians then look to immediate causes but as Gottschalk (1969:222) points out "'the immediate cause' is not really a cause; it is merely the point in the chain of events, trends, influences, and forces at which the effect begins to be visible". Hexter (1971:153) stresses that on scrutiny the 'immediate causes' turn out to be a story. Gottschalk (1969:223) also highlights the fact that there is often a lack of consensus
regarding the underlying causes of an event. Hexter (1971:153) claims that the distinctions between underlying and immediate causes "does not make it actually feasible to supplant story by analysis in history and it does not rescue analytical historians from the trap of sufficient-cause explanation latent in factor analysis". Hexter (1971:156) concludes that:

Theoretically freed, actually bound rigidly into the analytical sufficient-cause mould, time after time explanations of events simply will not "add up", which is just what the mould requires them to do if they are to count as explanations at all. A historian who has accepted historical story telling as a worthy professional activity and who does not deem it inherently inferior to historical analysis for the purpose of explanation 'why' does not worry about things adding up. His outlook gives him a chance to sense the force of the togetherness of events. He knows that they do not always just add up; sometimes they sort of multiply or build up.

Hexter (1971:153) notes that when an analytic historian who considers "that sufficient cause explanation is the only adequate sort of explanation of "why" in history, identifies the fiction, he teeters on the brink of recognizing that sufficient-cause explanation intrinsically requires quantification". Therefore persuaded that sufficient-cause explanation has to be quantitative "some historians convince themselves that the quantities they find in the record or can reconstruct from it are the ones that are required to provide a sufficient-cause explanation of what they want to explain" (Hexter 1971:154). However, Hexter portrays the shortcomings, especially up to recent times, of the erratic way in which records were maintained and retained. Stinchcombe (1978:6-7) is critical of the quantitative method especially when numbers in history are drawn from non-comparable instances. He considers that to be effective as a means of building theories of history the historian must seek causally significant analogies between instances.
Hexter (1971:179) notes a correlation: "the historians who have invested most heavily in the enterprise of analytic history correspond very closely with historians committed to the notion that history must be, and must be nothing else but, a social science".

Increasingly, from the middle of the twentieth century onwards, historians adopting the analytical approach have utilised social scientific techniques to handle data, often adapting them to history. Quantitative techniques have proved especially useful in the fields of economic and social history (Mills 1979:11). More recently a range of qualitative techniques appear to be gaining popularity in social history (see Burgess 1985:7-17). However, according to Andrews (in Burgess 1985:162) there is debate regarding the value of grounded theory technique. One view is "that scarcity and lack of control of data in historical research may be most successfully overcome by a 'grounded' or inductive strategy - deriving categories and problems from the data itself" (Andrew in Burgess 1985:162). While the opposing viewpoint rejects its use on the grounds that "Those who tried to create theory, out of facts never understood that it was only theory that could constitute them as facts in the first place" (Jones 1972 cited Andrews in Burgess 1985:162). Andrews considers that the polarisation of each view is ultimately unhelpful because "Theoretical suppositions and ways of looking at the world will mediate 'facts' and 'historical truths', whilst the raw material of a study will almost inevitably modify questions asked, avenues to be explored, and the framing of theory itself" (Andrews in Burgess 1985:162).

Hughes, writing on behalf of historians said:

Whether we try to bring history closer to social science or to give greater scope to the wanderings of its artistic fancy - in either case our knuckles are rapped. The main business, we are reminded, is narrative: that is what
distinguishes the writing of history from all other intellectual pursuits.  
(Hughes 1964:68-69)

Both analytic and narrative historians yearn "to grasp reality itself, to convey the nature of "becoming", to plunge, . . . into the flux of human experience" (Hughes 1964:69). Whilst Hughes considers the extent to which this is an impossible goal is debatable; Leff (1969:27) is certain the process of understanding can never be complete because history is infinite.

Hughes (1964:70) considers history's traditional storytelling function from the standpoint of twentieth century historians with a primarily analytic emphasis, in order to reassess the scope and limitations of the narrative method. He states that both its defenders and its detractors will agree "narrative history is a far less simple matter than it appears to be (Hughes 1964:70). Hughes provides a critique of the narrative approach highlighting its strengths and shortcomings. The former include literary devices used by the historian to glide over what is not adequately known or understood. The fact that the historian witnesses events through the eyes of others who are often drawn from the elite. The elite's view will be limited in all sorts of ways and most obviously by locale. The narrative historian's judgement determines the focus of the story. "The narrative then proceeds at two levels: out in the front great scenes; behind the vast anonymity of all the rest (Hughes 1964:72). The historian takes his lead from documents, which if official in nature will guide him to the major events deemed important for the record. He might also need to draw upon eye witness accounts with the inevitable limitations of perspective and bias. At the centre of a historical phenomenon, those directly involved might have a reasonably clear idea of what is going on but this is often not the case for those on the periphery. Having identified all the above shortcomings Hughes

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(1964:75) asks:

Must we despair, then, of ever producing a satisfactory story of the past? If the narrative historian's sympathetic understanding extends no farther than the front stage or stages he has devised, if his account blurs at the edges and shakes even at the center, is he justified in claiming to have told a tale of how things came to be as they are?

His reply is "Not exactly - the historian does not quite perform what he says he does" (Hughes 1964:75). But he considers that he accomplishes something else which is no mean feat. "He locates and describes the key events what we conventionally call the turning points of history - some of which may have been visible as such to the participants themselves, others appearing in this light only with the passage of time" (Hughes 1964:75).

The narrative historian is obliged to make a selection from his sources and to determine the direction the story will take, therefore in this respect his situation is not so very different from the historian "who frankly fits his material into a scheme that he has himself composed" (Hughes 1964:76). In both instances:

the writer has established his own criteria of relevance; in both cases, these criteria derive, whether consciously or by implication, from the historian's own value system. However, he chooses to proceed, he - the historian - is the one directing the show; the events will not do it for him.

(Hughes 1964:76)

Within the limits of radical selectivity, what the narrative historian can convey is the direction of change through time. Attempting "to chart how one human situation was gradually transformed into another (Hughes 1964:76) but unable to trace the process every step of the way because "Men's activities come in an uninterrupted flow, and by the
very effort to describe this flow the historian is obliged to chop it up into segments" (Hughes 1964:76). These are the episodes in time and space on which he chooses to focus his attention. He must find a literary mode "which combines narrative pace with analytic richness - which together change through time and the vast simultaneity of human doings" (Hughes 1964:77).

The writer of a general history faces a dilemma. "Is he looking backwards and forwards, exploring antecedents and consequences? Or is he looking sideways, seeking interconnections with other contemporary conditions or happenings?" (Thomson 1969:46). Ideally, he needs to do both, but since he cannot do both at once, "he always ends in some compromise, interspersing narrative with description or discussions of problems, linking up analysis with some indications of sequence in time" (Thomson 1969:46). Thomson points out that philosophers of historical methodology have devoted much energy to expounding the dilemma without great success in showing how it can be resolved (Thomson 1969:46). But he cautions that there is no recipe for success here or in any other sector of the historian's work. Gottschalk (1969:207) also stresses that the problem of writing any type of history is not simple.

Hughes considers that the historian's supreme technical virtuosity lies in fusing the new method of analysis with the traditional story telling function. He explains that the technique is to follow various aspects of the experience in their parallel or interacting effects, "and to pick up each in turn, shifting it to the foreground as it impinges on the major human change which the central narrative is carrying, until finally all streams of interpretation converge" (Hughes 1964:77). The point of convergence is chosen by the historian who also decides when to move forward again into a new explanatory
succession (Hughes 1964:77 and 81).

At the outset of any study the historian must identify the subject to be studied, a point already made above. Gottschalk (1969:207) advises that the problem of what is or is not relevant to the subject can be partly overcome if the subject is stated as a sentence. This can be in the form of a narrative, descriptive or causal proposition. The proposition can be converted into a hypothesis. The unifying proposition or interrogative hypothesis has the advantage of being highly focused. However, in order to be in a position to formulate this type of question the historian must know enough about some problem in history to ask a question about it (Gottschalk 1969:142). "Both the unifying proposition and the interrogative hypothesis can be useful for subjects so monographic in nature that their themes can be contained in a single proposition or interrogation (or causally connected group of propositions and interrogations)" (Gottschalk 1969:211).

In any kind of exposition or narrative historical facts have to be (1) selected, (2) arranged, (3) emphasized or minimized, and (4) placed in some sort of causal sequence (Gottschalk 1969:207). The structure can be derived by following a chronological sequence of events or adopting a thematic approach or by formulating questions which are subsidiary to the unifying proposition. Gottschalk (1969:216) advises that "In general, whatever arrangement other than chronological is used, it is good practice to adopt at least a loose chronological form within each subdivision". Because firstly this may avert the need to repeat the narrative of the same events under different headings. Secondly, since "whatever cause maybe, it is usually antecedent, though occasionally concurrent, in time to effect, and a strict chronological ordering is more likely to reveal and clarify it than a disregard of the progression of events" (Gottschalk 1969:217).
From the above discussion it can therefore be concluded that there is no orthodoxy in the historical method and historiography. The two main approaches are narrative and analytic but because both are seen to have strengths and weakness some historians elect to adopt a hybrid approach. This combined approach enables them to maximise the advantages and minimise the disadvantages that sole reliance on one of the main approaches would inevitably bring to their work. The objective of all history is to produce a coherent and intelligible account of the past which will have impact.

WHY WRITE A HISTORY OF THE PANEL:

The Panel of Assessors was the first training body to be established by central government to co-ordinate district nurse training on a national scale. During much of its lifetime it lacked a high profile and it was an attempt to raise this that led to the production and publication of the two short articles mentioned at the outset of the chapter.

The writer, who qualified as a district nurse during the period when the Queen's Institute and Panel were both involved with district nurse training was awarded two district nurse certificates. She valued the Queen's Institute Certificate and qualification more highly than the National District Nursing one. This may have been because, as a trainee Queen's Nurse, she had been made aware of the history of the Queen's Institute as part of the process of professional socialisation. In contrast, at this stage she had no knowledge of the Panel's role in the standardisation of district nurse training and the national district nursing award. She felt sad when she learned of the Queen's Institute's withdrawal from training but never felt satisfied with the explanations she received regarding the reasons for this action. This was the main reason why
she decided to undertake a study of "The Report of the Working Party on the Training of District Nurses" (Armer Report 1955) in order to examine its significance in the history of district nurse education (Gibson 1981). For the first time she gained an in-depth understanding of the origins of the Panel and the demise of the Queen's Institute as a district nurse training body and an interest in the way the past influenced the present.

With the publication of "The History of the Council for the Education and Training of Health Visitors" (CETHV) in two consecutive accounts (Wilkie 1979 and Batley 1983) she appreciated, as a former health visitor, the insights which could be gained from these regarding the way in which the CETHV influenced health visitor education and training. However, these accounts also made her acutely aware of the fact that district nursing had no comprehensive recorded history of its national training body. She felt challenged to rectify this situation, by a quotation in the front of Wilkie's History. This is by Sir George Newman 1923 and reads:

We cannot dissociate ourselves from our inheritance. Our problem is to continue an evolutionary process, to gather a sense of inspiration, endurance and settlement from the ancient ways and to direct them in new paths.

She wanted to provide district nursing with a recorded history of the Panel, so that those who were about to become or were already part of this occupational group could, if they so chose, learn more about their educational inheritance and use this knowledge to safeguard the future of district nurse training and education.

The fact that the Panel was a single entity, fixed in time made it a suitable topic for a piece of historical research at doctoral level. Perkin (in Finberg 1962:61) suggests the use of this type of boundary as appropriate for the
production of a comprehensive history. Another attraction to undertaking this particular study was that it would result in an original contribution to the study of history (Gottschalk 1969:66). Yet another that it would build upon the writer's earlier work which had highlighted the Panel's origins (Gibson 1981). Additionally, it was anticipated that the study would provide a resource with the dual purpose of providing information for researchers working in the area of district nurse education and for a "popular" history of district nurse education for a general readership. Marwick (1970:153) stresses the need to equip historical academic monographs "with the full apparatus of references . . . as a guide to future researchers in the same field". The writer supports Thomson's (1969:24) view that the findings of historical research contained in the learned article, standard monograph and PhD thesis are likely to appeal, in the main, to those in academic circles and that wider range comes only when the information they contain is made available in assimilable form for a general readership.

Around the time the writer had committed herself to writing a history of the Panel she learned that the Panel had commissioned one of its medical members, with an interest in history, to write its history. This was in the process of production at the time of the Panel's demise (Panel Minutes 27.4.83/NP24) but never materialised. This outcome only served to strengthen the writer's resolve to complete this study in order to ensure that the Panel's memory was not surrendered to oblivion (Teggart 1973:65).

THE METHODS USED TO COMPLETE THIS STUDY:

From the outset, the aim was to produce a comprehensive history of the Panel of Assessors for District Nurse Training. The study was completed by the use of the historical method and historiography as described above (Gottschalk 1969:48).
From the earlier discussion it will be appreciated that the Panel's history can never be recounted as it actually occurred. Even so, it must be recognised that "The historian deals with the dynamic or genetic (the becoming) as well as the static (the being or the become) . . ." (Gottschalk 1969:44). In addition "he aims at being interpretative (explaining why and how things happened and were interrelated) as well as descriptive (telling what happened, when and where, and who took part)" (Gottschalk 1969:44). To produce a history of the Panel that would go at least some way to meeting these requirements proved to be a challenging task, some times laborious and frustrating, at other times exciting and exhilarating.

This study was undertaken on a part-time basis and took a total of six years to complete. Mid way the work was interrupted by changes in the writer's personal circumstances which resulted in a break in the continuity of the work which lasted for over two years. Therefore the study has had a long period of gestation.

The study had the support of the Panel, English National Board and Queen's Nursing Institute. All three bodies considered that the study would be a valuable addition to nursing history and a useful resource for other researchers. The Queen's Nursing Institute gave the writer a grant of £200 to help with the cost of the study (QNI 1987:Letter from Mr Starr, Chief Administrator, to Miss Gibson dated 22nd October).

Earlier on, reference was made to the fact that historical research in a chosen field can only be undertaken if the evidence exists. In addition, the historian's sources need to be accessible and permission obtained to make use of the data retrieved. As a Panel member the writer knew that evidence existed in the form of minutes, papers and handbooks. Access to the Panel's records never proved a
problem for the writer. In 1983, she received an unsolicited offer from Miss Lovett, a former Panel member, of Panel minutes and papers for the period 1968-1979 (Lovett 1983:Letter to Miss Gibson dated 24th June). The Panel's permission was received for the writer to take possession of the materials offered (PADNT 1983:Letter from Miss Robottom, PPO, to Miss Gibson dated 30th June). She arranged for these to be despatched to her by private delivery. As a member of the reconstituted Panel the writer had her own copies of Panel minutes and papers for the period 1979-1983. The Panel's officers supplied the writer with its available copies of the Advisory Committee on Training of District Nurses minutes, and the Panel's minutes and papers for the period 1959-1968. This meant that she then had personal possession of an uninterrupted run of all the Panel's available minutes, (see Appendix 3.5 for details of missing minutes and meetings which were not minuted). She also obtained the great majority of the Panel's papers, by the same means as she acquired its minutes. The papers proved invaluable in supplementing the information contained in the minutes. In addition, she had her own copies of minutes and papers of all the Panel's Committees and Working Parties of which she was a member. The Panel's archive material in the writer's possession required twelve feet, in depth, of filing cabinet space. This gives some idea of the extent of the resources which were readily accessible to her and the size of the task to sort, catalogue and analyse the materials. The topic of the thesis genuinely excited the writer's interest and lent "itself to discovery, analysis, extension, interpretation and conclusion" (Hinchcliffe in Youngman 1978:4) (see pages 42 and 43).

Because of the writer's ready access to the Panel's archives she decided to use these as a basis for gathering data about the Panel. An advantage of using a non-reactive method meant it did not involve the writer, as researcher,
intruding into a social situation to conduct an interview or to distribute a questionnaire. "The reactive effects of survey research have important consequences for the validity of the data which they yield" (Webb et al cited Bulmer 1984:107). Bulmer (1984:107) concludes that unobtrusive methods are non-reactive, which argues powerfully in their favour. Guba and Lincoln (1981:233) support this viewpoint.

The Panel's records can, according to Foster's and Sheppard's (in Davies 1980:200) definition be classified as archives. They say that "an archive is a document which is produced by an individual or institution in the normal course of life or work and which provides a record or part of the history of that individual or institution". It is accepted that the Panel's archives reflect, in Purvis' terms (in Burgess 1985:196), the view of those "from above" rather than those "from below". However, very occasionally they revealed the views of practising district nurses, practical work teachers, tutors and managers. These archives were however, created by official activities. But according to Seldon (1988:73) since archives are "not simply a retrospective account of those activities, but documents which played an actual role in them, they are not merely evidence of the facts. They are part of the facts". However, he points out that "To say archives are part of the facts is not to say what is written in them is, or was, the truth" (Seldon 1988:73). Rather it is to say, that what they contain had a particular significance at the time it was written, and in the circumstances of the time. Therefore, it is important to reiterate here what was said earlier in the chapter that a fact is not separable from its association or its expression. The facts contain an element of interpretation, and the facts as selected and presented provide an interpretation (see page 32). Nevertheless, archives exist because they played a part in what officials were doing in the past and are used to
reconstruct or to throw light on the wider topic of research (Seldon 1988:73). However, it must be recognised that two major sources of bias are "selective deposit" and "selective survival" (Bulmer 1984:115). Another bias is "selective recording" during the production of minutes, papers and other documents.

The overall responsibility for the production of the Panel's minutes and papers was vested in the Panel's chief executive officer. For twenty years this was the Panel's Secretary and for the remaining four its Principal Professional Officer. Webb et al (in Bulmer 1984:116) note that "sometimes selective editing creeps in through administrative practice". And Gottschalk (1969:150) stresses that the "Ability to tell the truth rests in part upon the witness's nearness to the event". Here nearness has geographical and chronological connections (Gottschalk 1969:150). This point is pertinent to the fact that approximately six weeks would elapse between Panel members attending a meeting and their receipts of the minutes which they would later be asked to approve, subject to any amendments they wished the chairman to consider. Amendments were made to twenty eight of the 137 sets of the Panel's available minutes, but apart from three occasions the amendments were minor in nature. This means that on the vast majority of occasions the Panel members and observers from the Government Departments were satisfied that the Panel's minutes were an accurate account of the proceedings of the meetings. Panel Papers were, in the main, attributed to the Panel's chief executive officer, but sometimes, according to their purpose, they were presented to the Panel in draft form for comment and subsequent amendment.

Around the time when the writer was gathering together the Panel's archive materials for her personal use, she approached the Panel for permission to quote from its
minutes and papers. This was granted, with the initial proviso that anonymity of individuals was preserved (Panel Minutes 22.6.83/NP25). A little later this anonymity was confined to Panel members (PADNT 1983:Letter from Miss Robottom, PPO, to Miss Gibson dated 27th June). The writer sought to respect this requirement of anonymity, even though later the English National Board gave unconditional permission to quote from the Panel's minutes and papers (ENB 1987:Letter from Mr Jones, CEO, to Miss Gibson dated 11th June). Immediately following the Panel's demise, a set of its minutes and papers were lodged at the Public Records Office at Kew, for safekeeping and eventual public accessibility, however, they were not classified as "public records" and therefore not "in Crown Copyright". The administration of copyright belonged to the successor body which was in this instance designated as the English National Board, even though in practice the UKCC and four National Boards collectively were the Panel's successor body (Gibson 1987:Letter to Mr Jones, CEO, ENB dated 4th June and Mr Jones' reply dated 11th June 1987).

The writer spent many hours perusing the Panel's Minutes before categorising all items contained in the 137 available sets. The categorisation exercise was a mammoth task, a total of seventy six specific categories emerged which included items which were minuted on two or more occasions, then another thirty four categories accommodated items which occurred on a "one off" basis (details of category headings are supplied in Appendix 1.1). The exercise, when completed, revealed the developmental nature of the Panel, its activities and also the development of the various facets of district nurse training and education. Therefore, the writer decided to adopt the narrative approach.

According to Davies (1980:73) and Hughes (1964:76) this would help locate and describe the key events whilst at the
same time conveying the direction of change through time. While she appreciated that the analytic approach would have resulted in a more focused approach she felt it might be too restrictive for the production of a comprehensive history of the Panel. In addition, the writer considered that she lacked sufficient knowledge of the Panel's history to know which would be the most appropriate unifying proposition or interrogative hypothesis to employ. In practice, she adopted Thomson's (1968:46) advice by periodically thickening the narrative by discussion of problems. This enabled her to look sideways to seek interconnections, especially in respect of the Panel's relationship with other bodies when solving problems or engaging in joint ventures.

The structure for this thesis emerged from the categorisation exercise. However, the writer had to establish a criterion for determining what raw materials were relevant (Hughes 1964:76) to this particular study. Since the Panel's very existence was attributable to its training function, the writer decided that the main focus of this study should be training and education. However, she realised that she would not be able to do justice to her title unless she included all the training enterprises with which the Panel was involved. With regard to these, the writer was committed to tracing the processes which led to positive and negative outcomes. In addition, she saw the need for the Panel to be viewed within a historical context that provided details of its origin and demise.

At the outset a comprehensive bibliography on district nursing was obtained from the Royal College of Nursing Library. This contained sections on training and history. Later the abstract indexes of the nursing press were studied for relevant publications that linked in with events noted from the Panel's minutes. Consequently the bibliography was frequently updated as the study progressed.
The writer scanned the annual reports, for the period 1959-1983, of: the Health Departments of England and Wales, Scotland and Northern Ireland; the General Nursing Council for England and Wales; the Joint Board of Clinical Nursing Studies 1976-1983, for information about district nurse training and related matters and when located this was noted and later utilised.

Once the categorisation of the minutes exercise and main review of the literature had been completed the researching, reading and writing proceeded simultaneously. Carr (1962:23) refers to this as the simultaneous process of "input" and "output" and sees it in practice as part of a single process.

Periodically, additional evidence had to be sought to fill in specific gaps in the narrative. In addition, the discovery of evidence often inspired the search for more and stimulated a desire to extend its significance. Hinchcliffe (in Youngman 1978:10) explains this process as extension, and as mentioned earlier he saw it as an integral part of writing history (see page 42). The writer sought the evidence from a variety of sources and by a variety of means. The sources included: former and serving nursing officers from the DHSS; the Panel's Principal Professional Officer, (who on the Panel's demise had been appointed to the ENB as Professional Officer District Nursing); serving officers of the UKCC, ENB and Queen's Nursing Institute (London and Edinburgh); three practising district nurse tutors; the minutes of other relevant former and current training bodies. The means used to acquire information from the above sources included face to face encounter and telephone conversations. These communications were usually planned but occasionally opportunistic. In addition, correspondence was another means of seeking and acquiring information.
The search for information did not always result in a positive outcome, Hinchcliffe (in Youngman 1978:10) warns about this possibility. However, even when the required result did not transpire other interesting information did. An example of this that a request for statistics about Ranyard Nurses, revealed the fact that the Register of the Ranyard Nurses was recorded in an exercise book which was kept in the Panel's safekeeping and when transferred to the UKCC it was mislaid (ENB 1987:Letter from Miss Robottom, Professional Adviser [District Nursing] to Miss Gibson dated 14th May). However, even when the outcome was positive and the writer's query was matched with relevant information, the writer had to be mindful of weakness of testimony based on recollection as stressed by Gottschalk (1969:151) and mentioned above (see page 28). Seldon (1988:3) also makes the point that "Interviews are almost always an inferior source of information to documents written at the time". However, he views them as "an essential stop-gap which allows contemporary history to be written" (Seldon 1988:4). Then, even when seemingly factual information could be supplied the inadequacies of the Panel's records were acknowledged. To quote Miss Robottom, former Principal Professional Officer to the Panel, "When I start going back over the Panel's records I realise how inadequate they were - yet miraculous we had any at all!" (ENB 1987:Letter from Miss Robottom, Professional Adviser [District Nursing] to Miss Gibson dated 8th June). However, irrespective of the outcome, the writer is indebted to all those people who so graciously spent time to search out the information which she requested, much of which has been used for the purposes intended, which were as explained above.

In an attempt to minimise personal bias throughout the production of this thesis the writer endeavoured to try to adopt a neutral position. In addition, generally, she only drew upon her own knowledge and experience when this could
be referenced in the text, thereby allowing her original sources to be checked out. Because of her own involvement with district nursing and the Panel she decided, in an attempt to reduce subjectivity, to allow her selection of the raw material, and her analysis, and synthesis of these to provide the interpretation needed to produce "A History of the Panel", rather than compounding the bias by a second stage of interpreting the "original" interpretation. Nevertheless, in common with other histories she accepts it cannot be considered impartial or objective because of the nature of historical knowledge. On completion of this history of the Panel the writer drew her own conclusion about the Panel and its activities, these appear in the final chapter of the thesis.

Her objectives for the study were adopted from Gottschalk (1969:190) (see page 40). Therefore, throughout the production of the study she strove to achieve: accuracy of factual detail; reasonable completeness of evidence; logical structure; clarity and polish of presentation. The latter two objectives can be judged by any reader of this thesis and the former two by those prepared to re-examine the sources utilised for this study.

THE STRUCTURE OF THE REMAINDER OF THE THESIS:

It is reiterated here that this thesis does not provide a definitive history of the Panel, a goal which is beyond the realms of possibility (see page 24). The thesis does however, provide a contemporary history which is the result of the writer's attempt to re-create, in Barraclough's terms, (see page 25) the significant features of the Panel's past on the basis of imperfect and fragmentary evidence. It is the result of the dual processes of selection and re-lation of the fictio of events (see page 32).
The remainder of this thesis is presented in twelve more chapters. The next, Chapter Two, examines the events leading to the establishment of the Panel, it covers the period 1859-1959 and provides a back cloth against which to view the Panel's origin and developments. Lincoln and Guba (1985:302) suggest, "it is not possible to understand any phenomenon without reference to the context in which it is embedded . . ." Chapter Three deals with the Panel's remit, membership, staffing and administrative arrangements during its entire life span. Chapter Four, entitled "The Panel's Early Years" covers all aspects of its work during the period 1959-1968. After this period the Panel's work became increasingly diversified and therefore too complex to trace as a continuous theme through time. Therefore, from 1969 onwards a thematic approach was adopted but still within the structure imposed by chronological sequence. Chapter Five focuses mainly on district nurse training and education, for the period 1968-1983, and this is considered within the context of developments in primary health care. But it also deals with the Panel's involvement in research, and in the identification and fulfilment of the educational needs of district nurses and others involved in primary health care. Because of the diversity of subjects covered it is presented in seven clearly numbered sections all of which, apart from the introduction and concluding one, have a preface and summary. This results in its format being different to that of the other chapters. Chapter Six considers the development of district nurse training within integrated and general nursing courses. Chapter Seven provides insights into the development of district nurse training and education for the state enrolled nurse. Chapter Eight discusses the development of the grade of district nurse tutor and the way in which initial and continuing educational needs of district nurse tutors were met. Chapter Nine traces the development of the grade and the preparation of practical work teachers and the formation of their associations. Chapter Ten explains how
the practical component of district nurse education and training required the Panel to communicate with the nurse managers who were responsible for the district nursing service and to ensure that their educational needs, in relation to their role in district nurse training, were met. The Report of the Committee on Nursing (Briggs Report 1972) was the result of a major review of the role of the nurse and midwife in hospital and the community, and the education and training required for that role. It had major ramifications for district nursing and Chapter Eleven discusses the background to the Briggs Report and the Panel's preparation and presentation of evidence to the Briggs Committee, the Briggs Committee's recommendations and how the Government's acceptance of these led to the passing of the 1979 Nurses, Midwives and Health Visitors Act. Chapter Twelve deals with the implementation of the 1979 Act and the transition of power and control from the extant to the new bodies, it therefore covers the matters appertaining to the Panel's demise. Chapter Thirteen, the conclusion, provides a discussion of the writer's assessment of the Panel, the writer's critique of this thesis, suggestions for areas of further research which could be undertaken to extend the Panel's recorded history, a postscript to the Panel's history. Each chapter is followed by full details of the sources of reference used in its production. The appendices contain, details about the categorisation exercise, the membership of various committees and working parties, a selection of circulars, letters, syllabi and other information relevant to the text of the thesis.

FOOTNOTE:

[1] When Carr and other authors quoted in this chapter make reference to the historian and human being/s in the male gender only, by implication they overlook the female one. This stance is not intended in this thesis, therefore where appropriate please read as if both genders were implied in the sources quoted.
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<tr>
<th>SOURCE OF REFERENCE</th>
<th>YEAR</th>
<th>TITLE AND PUBLICATION DETAILS</th>
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<tbody>
<tr>
<td>Briggs A (Chairman)</td>
<td>1972</td>
<td>Report of the Committee on Nursing HMSO: London Cmnd 5115</td>
</tr>
<tr>
<td>Burgess R G (Editor)</td>
<td>1985</td>
<td>Strategies of Educational Research Qualitative Methods The Falmer Press: Lewes</td>
</tr>
<tr>
<td>Davies C (Editor)</td>
<td>1980</td>
<td>Rewriting Nursing History Croom Helm: London</td>
</tr>
<tr>
<td>ENB</td>
<td>1987</td>
<td>Letter from Miss B Robottom, Professional Adviser (District Nursing) to Miss S Gibson dated 14th May</td>
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<tr>
<td>Author/Publisher/Editor</td>
<td>Year</td>
<td>Title/Description</td>
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<td>ENB</td>
<td>1987</td>
<td>Letter from Mr D Jones, CEO, ENB to Miss S Gibson dated 11th June</td>
</tr>
<tr>
<td>Foster J and Sheppard J</td>
<td>1990</td>
<td>Archives and the History of Nursing, pp 200-214 in Davies C (Editor) Rewriting Nursing History Croom Helm: London</td>
</tr>
<tr>
<td>Gallie W B</td>
<td>1964</td>
<td>Philosophy and the Historical Understanding Chatto and Windus:London</td>
</tr>
<tr>
<td>Gibson S J</td>
<td>1987</td>
<td>Letter from Miss S Gibson to Mr D Jones, CEO, ENB dated 4th June</td>
</tr>
<tr>
<td>Hinchcliffe G</td>
<td>1978</td>
<td>Piecing Together: The Pedagogical Model, pp 4-14 in Youngman M B (Editor) Rediguide 15, Nottingham University, School of Education: Nottingham</td>
</tr>
<tr>
<td>HMSO</td>
<td>1946</td>
<td>National Health Service Act HMSO: London</td>
</tr>
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<th>Authors</th>
<th>Year</th>
<th>Title</th>
<th>Publisher/Location</th>
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<tr>
<td>HMSO</td>
<td>1979</td>
<td>Nurses, Midwives and Health Visitors Act</td>
<td>HMSO:London</td>
</tr>
<tr>
<td>Hexter J H</td>
<td>1972</td>
<td>The History Primer</td>
<td>Allen Lane, The Penguin</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Press:London</td>
</tr>
<tr>
<td>Hughes H S</td>
<td>1964</td>
<td>History as Art and Science</td>
<td>Twin Vistas on the Past</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Harper and Row Publishers:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>New York</td>
</tr>
<tr>
<td>Landes D S et al</td>
<td>1971</td>
<td>History as Social Science</td>
<td>Prentice Hall:Englewood</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cliffs, New Jersey</td>
</tr>
<tr>
<td>Leff G</td>
<td>1968</td>
<td>History and Social Theory</td>
<td>Merlin Press:London</td>
</tr>
<tr>
<td>Lincoln Y S and</td>
<td>1985</td>
<td>Naturalistic Inquiry</td>
<td>Sage Publications:Newbury</td>
</tr>
<tr>
<td>Guba E G</td>
<td></td>
<td></td>
<td>Park, London</td>
</tr>
<tr>
<td>Lovett R</td>
<td>1983</td>
<td>Letter from Miss R Lovett to Miss S Gibson dated</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>24th June</td>
<td></td>
</tr>
<tr>
<td>Lukacs J</td>
<td>1985</td>
<td>Historical Consciousness or the Remembered Past</td>
<td>Schocken Books:New York</td>
</tr>
<tr>
<td>Martin R</td>
<td>1977</td>
<td>Historical Explanation</td>
<td>Cornell University Press:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ithaca and London</td>
</tr>
<tr>
<td>Mills D</td>
<td>1979</td>
<td>Units 1-2 History in the Social Sciences</td>
<td>OU:Milton Keynes</td>
</tr>
<tr>
<td>PADNT</td>
<td>1983</td>
<td>Letter from Miss B Robottom, PPO, PADNT to Miss S Gibson dated</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>30th June</td>
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<td>Panel Minutes</td>
<td></td>
<td>27.04.83/NP24</td>
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<td>Panel Minutes</td>
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<td>22.06.83/NP25</td>
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<td>Author</td>
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<tr>
<td>Perkin H J</td>
<td>1962</td>
<td>Social History pp 51-82 in Finberg H P R (Editor), Approaches to History</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Routledge and Kegan Paul: London</td>
<td></td>
</tr>
<tr>
<td>Postan M M</td>
<td>1971</td>
<td>Fact and Relevance Essays on Historical Method</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cambridge University Press: Cambridge</td>
<td></td>
</tr>
<tr>
<td>Purvis J</td>
<td>1985</td>
<td>Reflections upon doing Historical Documentary Research from a Feminist Perspective, pp 179-205 in Burgess R G (Editor), Strategies of Educational Research</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Qualitative Methods</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>The Falmer Press:Lewes</td>
<td></td>
</tr>
<tr>
<td>QNI</td>
<td>1987</td>
<td>Letter from Mr P Starr, Chief Administrator to Miss Gibson dated 22nd October</td>
<td></td>
</tr>
<tr>
<td>Seldon (Editor)</td>
<td>1988</td>
<td>Contemporary History Practice and Method</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Basil Blackwell:New York</td>
<td></td>
</tr>
<tr>
<td>Stinchcombe A L</td>
<td>1978</td>
<td>Theoretical Methods in Social History</td>
<td></td>
</tr>
<tr>
<td>Teggart F J</td>
<td>1977</td>
<td>Theory and Processes of History</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>University of California Press:Berkley, Los Angeles, London</td>
<td></td>
</tr>
<tr>
<td>Thomson D</td>
<td>1969</td>
<td>The Aims of History</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Thames and Hudson Ltd:London</td>
<td></td>
</tr>
<tr>
<td>Tonkin</td>
<td>1992</td>
<td>Narrating our Pasts</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cambridge University Press:Cambridge</td>
<td></td>
</tr>
<tr>
<td>Veyne</td>
<td>1984</td>
<td>Writing History</td>
<td></td>
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<td></td>
<td></td>
<td>Essay on Epistemology</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Manchester University Press:Manchester</td>
<td></td>
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Youngman M B (Editor) 1978 Rediguide 15 Nottingham University School of Education: Nottingham
CHAPTER TWO

AN EXAMINATION OF EVENTS LEADING TO THE ESTABLISHMENT OF THE PANEL OF ASSESSORS FOR DISTRICT NURSE TRAINING

1859 - 1959

INTRODUCTION:

This chapter provides a backcloth against which to view the establishment and development of the Panel of Assessors. It will be recalled that in the introductory chapter reference was made to the Queen's Institute and the Ranyard Nurses, also the way in which the 1946 National Health Service Act affected the provision of the district nursing service and indirectly district nurse training. Mention was also made of the fact that the changes which occurred resulted in the need to review the position regarding the training needs of registered and enrolled nurses to be employed in the home nursing service.

For this purpose a committee was set up, in 1953, under the chairmanship of Sir Frederick Armer. The main recommendations of the Majority Report, issued in 1955, were accepted by the Minister. However, a development which was not mentioned in the previous chapter was the fact that in order to put the recommendations into effect an Advisory Committee on the Training of District Nurses was set up, in 1957, under the chairmanship of Dr Douglas Ingall. This committee issued its report in
1958, and one of its recommendations proposed the formation of a Panel of Assessors.

In order to gain an appreciation of the origins and work of the Panel it is necessary to understand some of the relevant events which preceded it. The Panel's function was partly responsible for the Queen's Institute, ceasing its involvement in preparing students for the district nurse qualification in 1969, but the latter continued to be actively involved in other areas of district nurse education. But, the two organisations liaised on a number of issues right up until the Panel's demise. Therefore, it is necessary to understand how the Queen's Institute, and indeed the Ranyard Nurses, came to be involved in the provision of a district nursing service and district nurse training so this is the subject of the first section of this chapter. The next section focuses on the part of the 1946 National Health Service Act which relates to district nursing and then elaborates upon the subsequent course of events. Section three considers the recommendations of the Armer Report together with the outcomes, whereas section four deals with the Ingall Report. In the final section, conclusions are reached.

**THE QUEEN'S INSTITUTE AND RANYARD NURSES:**

The birthplace of secular district nursing is generally accepted as being Liverpool, where the philanthropist William Rathbone witnessed, in 1859, at first hand the skills of a trained nurse called Mary Robinson whom he employed to care for his ailing wife in their own home. This experience led him to wonder how the poor coped with sickness in the home (Rathbone 1890:15). Following the death of his wife, William Rathbone asked Mrs Robinson if she would remain in his employ for a further three months so that she could nurse poor patients in their homes in the Liverpool district (Rathbone 1890:15). After just one
month she asked to be released from the commitment because she found it difficult to come to terms with the misery and suffering which she encountered. However, Mr Rathbone persuaded her to remain for a further two months and she did and obviously came to terms with the conditions which she encountered because, according to Rathbone (1890:17), "She begged to be allowed to devote herself entirely to nursing the poor . . ."

Whilst there is no doubt that Rathbone first had the idea of employing Mrs Robinson as a district nurse in 1859, the date she actually started work in this capacity is not recorded in his account of 1890 (Rathbone 1890:14). However, the title of Rathbone's text confirms the fact that the district nursing service did actually commence in 1859. This was obviously the generally accepted date because the Jubilee Congress of District Nursing was held in Liverpool fifty years later between the 12th - 14th May 1909 (Report of Jubilee Congress 1909:2). Stocks (1960:13) also gives 1859 as the date of the experiment initiated by William Rathbone. By contrast White (1984:143) gives a later date for she states "District nursing has a long and honourable history. The first recorded venture was in 1863 when William Rathbone employed a nurse to visit women in their homes in Liverpool". Unfortunately White fails to give her source of reference so the origin of the date she supplies is not known. But since Rathbone's account is a primary source of information it must be concluded that the starting date of the district nursing service in Liverpool was 1859.

Soon after William Rathbone had established Mrs Robinson in this work, he sought to increase the supply of trained nurses by being actively involved in the establishment of the Liverpool Training School and Home for Nurses, which was closely associated with Liverpool's Royal Infirmary. The objectives of the training school and home, as set out
in its prospectus, were to provide:

- thoroughly educated professional nurses for the Infirmary
- district nurses for the poor
- sick nurses for private families

Rathbone (1890:24)

This appears to be the first written reference to the title district nurse. Elsewhere Gibson (1981) provides a more detailed account of the way in which Liverpool's district nursing service and training school expanded.

The developments in Liverpool were to have repercussions elsewhere for according to Shadwell (in The Times 28th September 1926) many areas in various parts of the country sought to emulate Liverpool's district nursing service eg Manchester, Salford and Leicester. Liverpool's example may also have stimulated the formation, in London in 1868, of the East London Nursing Association (ELNS 1968). Prior to this a limited amount of home nursing care was available for poor people by the nurses working with various religious orders, eg Nursing Sisters of St John.

Another London based organisation which initiated a district nursing service in 1868 was "The Bible and Domestic Female Mission", founded by Mrs Ranyard. Prior to their employment the bible women nurses received nurse training in a hospital setting, but by 1893 this was followed by district nurse training organised by a trained District Superintendent (Platt 1937:67-68), the Ranyard Nurses and the Ranyard District Nurse Training School both taking their name from their founder.

In 1868, the same year that Mrs Ranyard's scheme and East London Nursing Associations were launched, William Rathbone was elected as a Member of Parliament for a Liverpool
division (Stocks 1960:33). This required him to spend a considerable amount of time in London. Therefore it is not surprising to find that William Rathbone was present at a public meeting in London held on the 25th June 1874, under the auspices of the English Branch of the order of St John of Jerusalem, when the "National Association for Providing Trained Nurses for the Sick Poor" was called into existence. He took an active part in the proceedings by seconding one of the six resolutions which were passed (Rathbone Report 1875:6).

Soon after this meeting the Association set up the Sub-Committee of Reference and Enquiry on District Nursing in London, under the chairmanship of William Rathbone. This committee, which reported in 1875, discovered that there were some hundred nurses engaged in district nursing amongst London's population of three and a half million. The Rathbone Report (1875:60-61) states "of this number of 100, one third can hardly be said to be trained at all. One half of the entire number consist of the Bible Women Nurses". These were the Ranyard Nurses who at the time received two months training in a general hospital and one month in a "lying-in" hospital. The Report provides a detailed and interesting account of the various associations, mainly religious, which were providing a district nursing service in the capital. It also describes the opportunities afforded for nurse training by the London Hospitals. During this period Florence Nightingale is known to have worked in close association with William Rathbone to further the cause of providing the poor with a trained district nursing service. Indeed, Appendix VII of the 1875 Rathbone Report, was produced by Florence Nightingale, and this states "with regard to District Nursing among the sick poor: there must be District Training for District Nurses in addition to their year's Hospital Training (Rathbone Report 1875:107).
In concluding the Report the Sub-Committee states that its aims were to establish a standard for District Nurses and District Nursing which may be applied by the Association not to London only, but eventually to all England - perhaps ultimately the United Kingdom (Rathbone Report 1875:83). The Association did not seek to interfere with or trespass upon any other existing nursing or charitable institution, but rather to obtain the co-operation of all engaged on similar work amongst the poor (Rathbone Report 1875:6). The East London Nursing Association sought a merger with this new Association and as a result, the word metropolitan was added to the original title which became "The Metropolitan and National Nursing Association for Providing Trained Nurses for the Sick Poor". The patrons comprised some twenty-seven persons of whom four were dukes, one a marquis, three earls, and three knights (Rathbone Report 1875:A2). This indicates the commitment of some of the nobility to the cause.

In 1887, the year of Queen Victoria's Jubilee celebrations, the women of the country mounted their own appeal and raised the sum of £82,000. At their request the Queen used some of the money on personal gifts, the remaining sum of £70,000 was put into a trust fund. The Queen appointed the Duke of Westminster, Sir James Paget and Sir Rutherford Alcock to be trustees of the fund (Rathbone 1890:80). It is worth noting that all three gentlemen were patrons of the Metropolitan and National Association. So that it is perhaps not surprising that the committee recommended that "the fund should be applied to found an institution for the education and maintenance of nurses for tending the sick poor in their homes" (Rathbone 1890:81). The outline of the scheme was presented to the public in the form of a letter to The Times newspaper on 7th January 1888 (cited Stocks 1960:73). However Stocks' account of the events leading up to the publication of the letter demonstrates that the Trustees did not achieve their goal without a
political struggle. The Trustees asked the Queen to name the institution which she did.

A Provisional Committee was sanctioned by the Queen to consider and settle details of the projected charity (Rathbone 1890:81-82). The Committee of twelve included the three trustees and also Mr Rathbone and Mrs Craven who was the Lady Superintendent of The Metropolitan and National Association. When the Committee reported in September 1889 it had completed all of the preliminary work. It had arranged for the Metropolitan and National Association to act as the Central Training School in London in order to avoid the expense of establishing a new school and also to enable the Institute to benefit from the high standards of training (Report of the Provisional Committee dated 9th November 1889, cited in Rathbone 1890:95-103 Appendix A). In addition it had established Provisional Committees in Edinburgh and Dublin. It had detailed conditions of training, affiliation and superintendence and appointed lecturers for trainee nurses.

On 20th September, 1889, The Queen Victoria's Jubilee Institute was constituted by Royal Charter a Body Corporate under the President and Council to take charge of the fund and apply it for the training support and maintenance of women to act as nurses to the sick poor (Rathbone 1890:111-112 Appendix C).

The Queen's Institute invited the Liverpool Nursing Association to affiliate, which it did and other local associations followed its lead. The Ranyard Nurses sought affiliation but were refused as they could not comply with one of the conditions of affiliation that, "The nurses are strictly forbidden to interfere in anyway with the religious beliefs of patients or members of their families (cited Rathbone 1890:115 Appendix C)."
However, according to Hogarth (1931:3-4) the Ranyard Nurses became less isolated when, in 1914, they affiliated to the newly formed Central Council for District Nursing which was set up in the London area. This resulted in more co-operation between district nursing services, especially in relation to the level of qualification required to practice and the Ranyard Nurses became more closely linked with the Queen's Institute, but never affiliated with it despite several attempts to do so. An example of one such attempt and refusal is recorded in the QIDN Training Sub-Committee Minutes of 14th March 1943.

A detailed account of the way in which the Queen's Institute and Ranyard Nurse Training schemes developed over the last decade of the nineteenth century and first half of the twentieth century can be found in a study by Gibson (1981). This record shows that both organisations continually sought to review and update all aspects of their training arrangements at periodic intervals and that they endeavoured to ensure high standards of training and nursing care.

In 1928, the title of the Institute was changed from the "Queen Victoria's Jubilee Institute for Nurses" to the "Queen's Institute of District Nursing" (QIDN Supplemental Charter, 1928:4) although the third edition of the Institute's Handbook for Queen's Nurses incorrectly records this date as 1925 (QIDN Handbook 1943:4). On the death of Queen Alexandra a sum of £233,000 was raised as a National Memorial to her, of which £217,000 was donated to the cause of district nursing. This was the fourth large donation received by the Institute in connection with a public appeal relating to royalty. The income from the endowments together with the annual amount raised by the Institute from such sources as subscriptions, affiliation and voluntary effort helped the work progress (QIDN Survey 1934:3).
Affiliation to the Institute was granted to those Nursing Associations who agreed to abide by the terms of the Institute. These were originally formulated in 1903 (QVJI 1903) and thereafter updated at periodic intervals. For example, by 1938, these covered terms and conditions of service of Queen's Nurses, which included: salary; superannuation scheme; maximum number of hours to be worked; holiday allowance; accommodation of an approved standard. The nurse could only take on general nursing duties under the direction of a doctor, and her work was subjected to a system of regular inspections conducted by the Institute's Inspectors and the County Superintendents. The affiliated associations had to pay an annual membership fee (QIDN Summary of Evidence 1938:2-3).

However, from the outset there were never sufficient numbers of Queen's nurses to meet the demand and many of the affiliated district nursing associations utilised the services of Village Nurses. Initially, they received theoretical and practical instruction in "monthly nursing" and midwifery in accordance with the regulations laid down by the Central Midwives Board and then those who were also being prepared to undertake basic general nursing care had their training extended to take account of this (Gibson 1981:28).

In 1931, Hogarth, conducted "A Survey of District Nursing in London", and discovered that practically all district nursing was in the hands of fully trained nurses, since less than half a dozen of the 377 district nurses employed were not fully trained (Hogarth 1931:3-4). In this context fully trained meant the completion of "a course of a three years' training scheme at a recognised hospital training school" (Hogarth 1931:3). However, at least 305 of these nurses would also have been qualified as district nurses because 213 were employed by organisations affiliated to the Queen's Institute and 92 by the Ranyard Nurses (Hogarth
1931:4), both of which required district nurses to be trained.

Three years later, in 1934, the Institute conducted a survey of District Nursing in England and Wales which revealed that there was a district nursing service available to 96% and 87% of the population of England and Wales respectively. The Report acknowledged the fact that the 1914 - 1918 war had resulted in a slowing down of the rate of expansion of the district nursing service. In addition, it stressed that some parts of the country such as specific areas of Yorkshire had no service at all (QIDN 1934 - Survey).

The Queen's Institute's evidence to the Inter-Departmental Committee on Nursing Services which was set up in 1937, under the chairmanship of The Right Honourable Earl of Athlone, reveals that the number of district nurse training homes had increased to 108 and that between 500 - 600 nurses were trained and enrolled annually, as Queen's Nurses, throughout Great Britain and Ireland. However, the evidence stressed that 1,350 more district nurses were required if all parts of the Kingdom were to be supplied with a district nursing service, although the Institute made the point that the introduction of the car as a means of transport for district nurses had reduced the numbers needed to work in rural areas (QIDN Summary of Evidence 1938). Unfortunately, due to the outbreak of the second world war, the Athlone Committee was disbanded. It did however publish an Interim Report (Athlone Report 1939), which recommended that a new grade of Assistant Nurse be created. The statutory title Assistant Nurse came into being in 1943 with the passing of the Nurses Act (HMSO 1943). By August 1945 the Queen's Institute accepted that, as a temporary measure due to continuance of a shortage of registered nurses, assistant nurses could be employed on home nursing duties providing they worked under the
supervision of a Queen's Superintendent or a Queen's Nurse. In 1951, the Institute issued a guide to the instruction of enrolled nurses to be employed in the district nursing service (for details of this see Gibson 1981:181). Assistant Nurses who successfully completed the course were awarded a certificate of proficiency (QIDN 1954:14 - Evidence submitted to Working Party on the Training of District Nurses).

In 1941, a Committee on Nurses' Salaries was set up under the chairmanship of Lord Rushcliffe, this being another outcome of the Interim Report 1939. The Rushcliffe Committee was in existence until the inception of the National Health Service (Baly 1973:41). In its second report this Committee made a recommendation to the Minister of Health that statutory recognition be given for district nurse training (QIDN Report of Public Meeting 1947:8-9) and according to the Queen's Institute's Nursing Committee's Minutes (18.4.44) a letter was sent to the Minister of Health regarding this recommendation. The reply from the Minister explained that:

at present it was impossible to implement the recommendation on the grounds that there was no publicly provided district nursing service at the present time, that in view of the great shortage of nurses it would be unwise and impractical to lay down qualifications which could not be complied with by a large number of district nurses now practising.

(cited in QIDN Nursing Committee Minutes 18.4.44)

It also suggested that the issue might arise in connection with the National Health Service. Shortly it will be appreciated that the issue was raised again but not resolved.

If nurses for whatever reason were practising district nursing without a district nursing qualification, Queen's Nurses were fulfilling health visiting duties without a
health visitor qualification, because in 1945 the Institute reported that of 2,000 Queen's Nurses who undertook health visiting duties, only 100 were qualified as health visitors (Report of QIDN Secretaries' Association Conference 1945:23). Maybe it was this state of affairs which caused the Institute to mount a combined district nurse and health visitor course in conjunction with the Royal College of Nursing. Later the Institute co-operated with Brighton and Bolton Technical Colleges to provided such courses (Gibson 1981:41). The integrated form of training will be discussed in more detail later in this thesis.

The Queen's Institute was the nationally recognised body for district nurse training. It was also responsible for the maintenance of standards in district nursing for all those associations which were affiliated to it. This was achieved by a regular system of inspection, by Queen's Inspectors (renamed Queen's Visitors in 1948), of all Queen's Nurses (ref to QIDN Information Leaflet IX Issued May 1948 page 4 for details of change of title for this grade of staff). However, the Institute's role was gradually undermined by the events which followed the implementation of the National Health Service Act including the establishment of the Panel of Assessors. Throughout its history the Chairman, Patrons and the majority of Council Members of the Queen's Institute were drawn from the aristocracy. A factor which might also have contributed to its demise in the post war era of a Labour Government.

By contrast the Ranyard Nurses were part of a small voluntary religious organisation which provided various parts of London with a trained district nursing service. There is evidence that it sought to adapt to the various social and administrative changes which it encountered. Although the number of nurses it employed fluctuated, they never appear to have been much in excess of a hundred, and
the number of recruits in training at any one time was small. (For an example of the numbers involved see the Nursing Mirror for 2.9.55:1525). Even so, its contribution to the development of district nursing and district nurse training was of significance up to and following the implementation of the National Health Service Act. According to Keeble (1981, oral evidence) the cessation of the activities of the Ranyard Nurses was brought about in 1965 by the reorganisation of local government in London (HMSO: London Government: Proposals for Reorganisation 1961). This reorganisation is discussed later in Chapter Four.

THE NATIONAL HEALTH SERVICE ACT AND SUBSEQUENT COURSE OF EVENTS:

In 1942, The Report on Social Insurance and Allied Services, otherwise known as the Beveridge Plan, was published. The Report set out to deal with the five giants of despair namely, Want, Disease, Ignorance, Squalor and Idleness. According to Stocks (1960:170) "The Report broke upon the public consciousness like an eruption of a star and for a time, war or no war Beveridge himself emerged as a national figure second only to Churchill". Whilst the idea of a Welfare State had been conceived by a Coalition Government with a Conservative Prime Minister, it was left to a Labour Government, with Mr Aneurin Bevan as Minister of Health, to implement the reform when they took office in 1945. The idea of reform in the health service was not universally acceptable. For as Stocks (1960:171) points out:

Not everyone welcomed the prospects of a comprehensive state medical service, in circles responsible for district nursing feelings were certainly mixed. The new service was to be a bright jewel in the crown of an admittedly socialist Government, and very many leading personalities in district nursing had little sympathy with socialism in general.

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Stocks (1960:171) also stresses the point that Mr Bevan was a known arch-enemy of the formerly privileged classes and had said some very hard things about the upper classes and many of the leading personalities in district nursing were notably upper class. Even so, in 1943, the Institute was invited to submit evidence to the Beveridge Committee. It stressed that a skilled domiciliary nursing service was a vital part of the Health Service for maintaining the health of a nation and that all district nurses should receive training and that this should be granted statutory recognition (Gibson 1981:41).

It is known that during the run up to nationalisation, the Queen's Institute was anxious to gain control of training and inspection in the new National Health Service but the Ministry proposed to give local authorities a statutory responsibility for home nursing services and, in any case, there were other organisations involved (White 1984:144).

The Beveridge Plan resulted in several acts of Parliament, including the National Health Service Act of 1946, which made local health authorities responsible for the district nursing service. Part II, Section 25 states:

> It shall be the duty of every local health authority to make provision in their own area whether by making arrangements with voluntary organisations for the employment by these organisations of nurses or by themselves employing nurses, for securing the attendance on persons who required nursing in their own homes.

(HMSO: National Health Service Act 1946)

The health service was to be financed by national insurance contributions, taxes and rates, but was to be free at the point of delivery and care.

Local Health Authorities were obliged to send copies of their plans to voluntary organisations already providing
services in their areas. In addition, opportunity was made available for the voluntary organisations to make representation to the Minister of Health if they did not approve of the plans, or considered that their services would be under utilised.

The Queen's Institute made preparations in readiness for those local authorities who wished to provide the district nursing service directly, rather, than utilising the voluntary organisations. It set out conditions whereby individual local health authorities wishing to provide a service directly could enter into membership with the Queen's Institute on similar, but less stringent, terms to those associations which affiliated to it. This allowed the Queen's Nurses employed by local authorities who were in membership with the Institute, to retain their status and links with the Institute. The Institute set out these terms in a letter dated 22nd February 1948 which was sent out to the County Councils and County Borough Councils whose proposals were not known. The terms mentioned "that visiting of local nursing staffs by the Queen's Institute shall be undertaken only by arrangement with the local authority concerned, and when so undertaken shall be solely advisory in character" (QIDN Letter dated 22nd February 1948).

In order to take account of the changed situation the Institute amended its constitution in order to provide affiliated associations with more representation on its Council (QIDN Report of Public Meeting - Wedderburn:1947). Later a Local Health Services Executive Committee was formed by the Institute. According to Wedderburn (1953:2) "By 1948 there were affiliated to the Queen's Institute 2,716 County and District Nursing Associations employing nearly 9,000 district nurses and midwives, of which 4,760 were Queen's Nurses". He goes on to state that "by 1951", one hundred and twenty-two out of a total of one hundred
and forty-five local authorities in England and Wales were connected to the Institute by membership or affiliation". But by 1953 this number had dropped to one hundred and twenty-one. Of this total seventy-nine were in membership and forty-two connected to the Institute through the sixty-six voluntary organisations providing a home nursing service as agents of local authorities (Armer Report 1955:7).

According to the Institute (QIDN Paper dated 1st October 1950) the benefits of membership by local health authorities or affiliation by voluntary associations were considerable. Queen's Nurses were visited on a regular basis by the Queen's Visitors in order to ensure that a national standard was maintained. The Queen's Visitors could be consulted on all matters relating to domiciliary nursing. Because the Queen's Institute's Roll held details of each nurse's appointments and their success in these appointments plus other information affecting their careers, it provided a useful source of reference for employing authorities when appointing new district nursing staff. In addition, the Institute was prepared to offer assistance and advice to local health authorities seeking to engage district nursing staff, particularly for administrative and senior posts. The Institute held courses for intending nursing managers. In cases where a Queen's Nurse was employed, by a member or affiliated association, wholly on health visiting or midwifery duties she was allowed to maintain the Queen's status. The member and affiliated associations were represented on the relevant committees of the Institute.

In Scotland the arrangements were different because there was no formal membership of local health authorities with the Scottish branch of the Institute. But by the end of 1953, all the fifty-five Scottish local health authorities were associated with the Institute. Of this number fifteen

From the commencement of the National Health Service, the local health authorities' community nursing services, which besides district nursing included health visiting and domiciliary midwifery, were all managed under the direct control of a Medical Officer of Health. Indeed, this state of affairs persisted until the National Health Service was totally reorganised in 1974, in order to integrate hospital and community services.

Whereas the local authorities were obliged to provide a district nursing service the National Health Service Act did not require them to utilise the services of qualified district nurses or indeed to provide the general nurses it employed with district nurse training. Some even questioned the need for such training and it is obvious from the Minister's reply to the Institute on the matter of a statutory qualification (see page 80) that considerable numbers of nurses, without a district qualification were already being employed by district nursing associations.

But this did not mean they were necessarily opposed to the training facilities offered by the Queen's Institute and Ranyard Nurses. For example, a letter (Dacey et al 1952) from the Secretaries of the County Councils Association, Association of Municipal Corporations and the Clerk of London County Council addressed to the General Secretary of the Queen's Institute, dated 13th May 1952, conveyed two resolutions passed by the three aforementioned organisations. The first stressed that "it is not essential for the state registered nurse to have additional training to prepare him or her for district nursing . . .". It did however go on to say it was eminently desirable and should be arranged in cases where this is reasonably practical. The second resolution supported the maintenance of the existing arrangements for district nurse training.
It then went on to say that they were:

not convinced of the desirability under present conditions of laying down any minimal national standard for such training, or of introducing a uniform qualifying examination for a district nursing certificate, or of conferring upon a central body the responsibility for approving centres.

(Letter from Dacey, Banwell and Robert to the General Secretary QIDN dated 13.5.52)

By contrast, the standards of health visiting were protected by a Statutory Instrument (No 1415), namely the National Health Service (Qualifications of Health Visitors) Regulations 1948. This extended the scope of previous legislation (Statutory Rules and Orders 1930, 69) by making the statutory health visitor qualification mandatory for practice for part-time as well as full-time health visitors, and for those employed by voluntary organisations as well as those directly employed by the local health authorities, but special concessions were made for health visitors already in post who did not meet the statutory requirements (McEwan 1959:25-26).

Even so, the Minister of Health had obviously not overlooked the issues of training for district nurses because when the then Parliamentary Secretary to the Minister of Health, Alderman Charles Key, MP, spoke at the Queen's Institute Annual Meeting in 1946 he said "We have now under consideration the provision of a single national qualification for home nurses and the constitution of a central body to conduct examinations and to grant certificates" (QIDN Report of Annual Meeting 1946:9).

The Queen's Institute sought to adapt to the changing circumstances brought about by the National Health Service, in the hope that it would become the approved central district nursing training body. Nevertheless, by 1947,
there were those who doubted this possibility. For example, Mrs Brooke, a member of the Council of the Queen's Institute, raised several questions about its future at a Public Meeting of the Institute, asking "What will be the future training of the District Nurse? What will the new District Nurse be called?" She revealed her anxieties when she went on to say "I wonder sometimes if we realise that there is a risk that the Queen's Nurse may become a historical figure . . . Only time will tell" (Brooke cited in QIDN Report of a Public Meeting 1947:10).

Time did eventually tell, because in 1952, when Mr MacLeod, the Minister of Health addressed the Annual Meeting of the Queen's Institute he said that whilst he was mindful of the Institute's wish for a national training scheme, he was also aware that some local authorities were not entirely in line with the Queen's Institute's policy and practice. He explained that with this in mind, he intended to take action (details of Mr MacLeod's Speech cited Wedderburn in the QIDN Report of the Annual General Meeting 1955:11), and he subsequently set up a Working Party on the Training of District Nurses.

THE WORKING PARTY ON THE TRAINING OF DISTRICT NURSES:

Mr MacLeod established the Working Party in November 1953, with the following terms of reference:

To consider what training it is desirable that registered and enrolled nurses respectively should undertake prior to their employment on home nursing duties, and the means by which such training should be provided.

(Armer Report 1955:5)

The seventeen members were appointed by the Minister of Health for England and Wales, in conjunction with the Secretary of State for Scotland. The members who were drawn from various parts of the United Kingdom were
representative of the medical and nursing professions and
main authorities and organisations involved with the
provision of the statutory district nursing service (See
Appendix 2:1 for full details).

Two of the five nurse members, Miss Merry and
Miss Treleaven were qualified and experienced district
nurses. The former was General Superintendent of the
Queen's Institute and the latter Senior Superintendent of
the Ranyard District Nurses. One of the five medical
officers was Dr Walton from Newcastle-upon-Tyne. He might
have been appointed in view of the fact that Newcastle-
upon-Tyne local health authority, of which he was the head,
was the only local authority to be running an independent
district nurse training scheme at this time. The scheme
has been in existence since 1950 (Armer Report 1955:8).
Dr Struthers, another medical officer for both Holborn and
Westminster, was also the Chairman of the Training Sub-
Committee of the Queen's Institute. So in effect the
Queen's Institute had two representatives.

Sir Frederick Armer, Deputy Secretary to the Ministry of
Health was appointed as Chairman. Elsewhere Gibson
(1981:53) has pointed out that the appointment of a civil
servant to such an office was a departure from previous
practice in relation to working parties and committees
relating to nursing. Under the circumstances the ability
of the chairman to be totally objective is debatable.

The Working Party met on ten occasions, for a total of
thirteen days over a period of nineteen months and invited
various interested parties to submit evidence. Twenty-one
organisations did so of whom eighteen also gave oral
evidence. The Working Party used a questionnaire as the
means to collect the written evidence, no doubt in an
attempt to focus the information collected into specific
areas. The collation of the replies must have been a
considerable exercise since the Queen's Institute's evidence alone amounted to some twenty-four pages of printed script. The evidence (cited in the Armer Report 1955 and QIDN Evidence 1954) revealed the current state of district nurse training for registered nurses at this time and this is now described in some detail.

Queen's Institute:

In England and Wales the Institute recruited nurses for district nursing but they received their training through schemes organised by the affiliated nursing associations or member local health authorities, who also recruited direct. In Scotland, the Scottish branch of the Institute was the only body to undertake district nurse training at this time. Throughout the United Kingdom the length of training was six months for registered nurses and four months for registered nurse who possessed one of the following qualifications:—health visitor, midwife, nurse teacher, diploma in nursing. Additionally, nurses with eighteen months experience of district nursing could undertake a shortened course.

The Institute achieved uniformity through a national syllabus and a common three hour written examination paper held simultaneously at some twenty-five centres in England and Wales, Scotland and Northern Ireland and Eire. Once a year the examiners sent in questions, covering various parts of the syllabus and then members of the headquarters nursing staff selected questions which covered the syllabus. The examination scripts were all marked at the Institute's London headquarters by examiners from different parts of the country. They worked in pairs each partnership comprising a nursing and medical officer.

The Practical examination took the form of one of the Queen's Visitors, or alternatively in Scotland the
Superintendent, accompanying the student on her morning round in order to assess her nursing care, social nursing and teaching skills. All the examiners of practice were required to use common criteria (QIDN Evidence 1954:8).

In 1953, 668 students successfully completed training which was the highest annual figure ever, but there were 245 vacant training places despite the large number of registered nurses without a district nursing qualification who were employed in the service. Those nurses who successfully completed training were awarded a certificate and badge and had their names placed on the Queen's Roll (QIDN Evidence 1954).

Ranyard Nurses:

Ranyard Nurses acting mainly as agents of London County Council recruited, trained and employed nurses for district nursing, although occasionally it also trained for other local authorities. This organisation preferred to accept nurses for training who possessed a certificate to indicate that they had passed Part I of the Central Midwives Board Examination. The length of training was four months and based on the Headquarters of the Ranyard Nurses at 110, Kennington Road, South East London. The Ranyard Nurses held their own examination and issued a Ranyard Certificate and Badge to successful candidates. At this time the Ranyard Nurses joined the Queen's Nurses for some parts of the lecture programme (Armer Report 1955:8). They would have attended one of the Queen's Institute's London based lecture centres.

Newcastle-upon-Tyne:

Newcastle-upon-Tyne were running a district nurse training scheme and had (as already mentioned) been doing so since 1950. It provided a three - four month course (Armer
Report 1955). This authority is known to have set its own written examination and made its own arrangements for the practical examination of the students it trained (See Gibson 1981:210-11).

In 1954, the Queen's Institute calculated that it cost a local health authority in England and Wales £89 9s 10d to train a student on a six month course, and £65 5s on a four month course. This was calculated on the basis that the student spent two-thirds of her time in service to the authority whilst gaining the necessary experience under supervision (QIDN Evidence 1954:2-3). According to White (1984:149 citing from QIDN Minutes of Council and Committees 1954 ad hoc Committee, 1st February) it was only when Local Health Authorities were required to meet the full cost of training that they demanded a shorter course. Previously the Local Health Authorities had been subsidised by the voluntary organisations for the district nursing service, which included the training of staff. See Stocks (1960:173) for an example of this arrangement in the County of London. But when, following the implementation of the 1946 NHS Act, some authorities elected to assume direct and sole responsibility for their district nursing service they lost the financial support previously provided by voluntary nursing associations (Stocks 1960:178).

State Enrolled Assistant Nurses:

Regarding the position of enrolled assistant nurses, the Queen's Institute arranged a three month training course for enrolled nurses but this was not available in Scotland. The Ranyard Nurses offered no such scheme but ensured that the enrolled nurses they appointed worked under the special supervision of a Senior Ranyard Nurse for an introductory period of one month.

When answering the second question on the Working Party's
questionnaire, which was about the provision of district nurse training, the Institute replied (QIDN Evidence 1954:12-13) that:

A central body should be responsible for:-

a) Drawing up the syllabus of training
b) Setting the examination papers

c) Conducting the examination, theoretical and practical
d) Issuing the Certificate
e) Approving the centres of district nursing training

In its evidence (QIDN 1954:13) the Institute also suggested that "the certificate issued by this central body should carry an endorsement stating that it was issued under conditions approved by the Minister of Health or by the Secretary of State for Scotland", that "the Queen's Institute in view of its unique experience, is well fitted to occupy the position of the national central body" and that "it had always maintained the closest and happiest relations with representatives of the Local Authority Associations and also with the Ranyard Mission". A point which is debatable in the light of comments on this matter which were made earlier in this chapter.

Despite the availability of the various training opportunities it has already been noted that there were vacancies in training schemes approved by the Institute. Yet from the evidence obtained, the Working Party discovered that fifty per cent of the registered nurses employed in the home nursing service in England and Wales had no district nurse qualification. This only reaffirmed the need to find ways of ensuring that local authorities had a greater commitment to training.
The Working Party saw no need to disturb the employment of those district nurses who, although they had no special training, were carrying out their duties in a satisfactory manner but it did recommend (Armer 1955:9) that "some measure of district nursing training is desirable for state registered nurses taking up district nursing". In addition, it expressed the hope that "in due course all district nurses entering the service will be trained to a national standard", which suggests it was supportive of training prior to service.

One important aspect of standardisation of training is length and yet it will have been noted that under the arrangements in existence at the time this varied from three to six months, depending on the nurses' qualifications and experience and where the training was undertaken. Therefore, perhaps it is understandable, that the members of the Working Party, with obvious allegiance to a particular type of training scheme failed to reach a consensus of opinion on the length of district nurse training. The majority of members wanted the length to be four months for registered nurses but with a reduction to three months for those with the relevant qualifications, i.e. with either a health visitor, midwife or nurse teacher certificate. The training would also be shorter for those with at least eighteen months experience in district nursing. This will be called the 4/3 model. Miss Trevelean, from the Ranyard Nurses wanted five months for all, whilst Miss Merry and Dr Struthers wanted to retain the Queen's Institute model, that is 6/4 months. The majority considered that the new general nursing syllabus introduced in 1952, by the General Nursing Councils for England and Wales, and Scotland, would give students a grounding in the knowledge of the social and welfare services, thus making it possible to reduce the length of district nurse training. But this view was obviously not held by the majority of organisations which
chose to comment on the length of training (See Appendix 2.2 for details).

Whilst Dr Struthers and Miss Merry had apparently been prepared to try and reach a compromise in agreeing to a reduction of the six months course to five months ie a 5/4 month model, the Chairman of the Working Party would not contemplate a change in his position which was to support the 4/3 model (Wedderburn in the QIDN Report of the Annual Meeting 1955:129).

Interestingly, the Royal College of Nursing which also wanted the 6/4 model would have been prepared to support the Queen's Institute representatives in their attempts to resolve a difficult situation, but despite this, according to White (1984:151) Ministry officials tried to bring pressure on the two dissenters to conform, since they were told that if they went ahead with their intention to issue a Minority Report, then the Institute would not be represented on the proposed Central Committee.

Detailed discussion of the Majority and Minority Reports will not take place here since they have already been the subject of an in-depth study (See Gibson 1981).

However, the recommendations of the Majority Report will be outlined since these were the ones that were ultimately accepted by the Minister for implementation. According to the Report (Armer Report 1955:14) the aim of the Majority Report was to leave the way clear for the Queen's Institute and the Ranyard Nurses to continue their involvement in district nurse training, whilst retaining the freedom of each local health authority to provide their own training scheme, if they wished to do so. But at the same time, despite the diversity of provision, to try and achieve a nationally recognised standard of district nurse training. However, the Committee could not accept the suggestion that
the setting up of a statutory executive body was necessary in order to achieve a national standard of training (Armer Report 1955:14). Instead the Majority Report (Armer Report 1955:14) proposed that this would best be effected by setting up a Central Committee whose functions would be to:

- issue a syllabus of training for the 4 and 3 month periods recommended
- periodically to set examinations
- to advise the Minister on matters relating to district nurse training

These were the type of functions that the Queen's Institute had suggested for such a body in its evidence to the Working Party.

The Majority Report (Armer Report 1955:14) proposed that the Committee should comprise twelve members appointed by the Minister, after consultation with the appropriate bodies, and that it should have:

5 representatives of local health authorities
5 nurses
1 general practitioner
1 educationalist

The Report stressed that some of the local health authority representatives should be Medical Officers of Health; maybe because it was this designation which was the chief executive officer of the local health authority health services.

The Majority Report considered that the work of the Committee should be confined to England and Wales. It stated:
There seems at the present time to be no need for a Committee of this kind in Scotland. If however at some future date it should be decided that the Committee whose membership and functions we have recommended . . . should advise also the Secretary of State for Scotland in matters relating to district nursing training, the membership will need to be increased proportionately.

(Armer Report 1955:14)

It will be recalled that in the Queen's Institute's evidence mention was made of the fact that all training in Scotland was directly under the Scottish Branch of the Institute, which meant that their training was standardised. However, the students in Scotland sat the same examination as all the others undertaking training elsewhere in the United Kingdom. The Report made no mention of Northern Ireland because this country did not come within the terms of reference of the Working Party.

Local health authorities in England and Wales who wished to have their nurses trained to the national standard would be required to submit their proposals to the Minister who would seek the Committee's advice on them. The Committee would have to satisfy itself that the syllabus of training and the provision of facilities reached the required standard. In order to help the Committee to reach a decision the members would have access to the reports of the inspecting officers appointed by the Minister. Once a course was approved the Committee would have to satisfy itself that the standards of training were being maintained.

The Majority Report stressed that a local health authority could carry out an approved scheme itself or through the agency of the Queen's Institute or through the Ranyard Nurses (Armer Report 1955:15). What was not clear was who, in the latter instances would then be responsible for applying to have the scheme approved. If it were to be the
local health authority then this would bring an end to the Queen's Institute's role as a validating body.

The Report recommended that those local authorities who chose to run their own independent schemes could seek to make arrangements for the conduct of examinations with the staff of a local University, the staff of an adjoining authority or with the Queen's Institute.

The extent to which the complex training and examination arrangements proposed could lead to a national standard is debatable. This was certainly the view held by Miss Merry and Dr Struthers, the two dissenters, because they were of the opinion that it seemed inevitable that if the recommendations of the Majority Report were implemented there would in the future be less uniformity in district nurse training (Armer Report 1955:25). Yet, irrespective of the type of training arrangements, students successfully completing a course approved by the Central Committee would be issued with a certificate to this effect.

The Report recommended that the period of training should be reviewed at three yearly intervals, but made no reference to the need for other aspects of the training schemes to be reviewed.

Whilst Miss Treleaven signed the Majority Report she added a note of reservation to it, stating that she considered that the training of all district nurses should be a minimum of four months. In addition, she added the point that the Ranyard Nurses were of the opinion that five months would be an advantage for state registered nurses without an additional qualification (Armer Report 1955:15).

"The Report of the Working Party on the Training of District Nurses" containing both the Majority and Minority Reports was published on 31st August 1955. The Majority
Report evoked a negative response from several quarters. For example, the editorial in the Nursing Times (9th September 1955:993-4) was critical of the proposed composition of the Central Committee since there was no guarantee that the members appointed would be "informed persons having special medical and nursing knowledge required". Whereas a leading article in The Lancet (10th September 1955:543-4) gave the whole-hearted support to the recommendations of the Minority Report hoping that "the counsel of the minority will prevail", but was critical of the Majority Report's proposal that the length of training could be reduced and considered this unrealistic. In addition, the article questioned how a national standard would be achieved. An article in the Medical Officer of Health (9th December 1955,94,333) confessed "to sympathy with the view of the Queen's Institute that the reasons for shortening training do not seem very cogent". The writer considered that the changes which had been proposed by the Majority Report might result in two classes of district nurses, Queen's Institute and others. The article stressed that:

since the regional federations of the Queen's Institute, in which local health authorities are the predominant element, are generally giving their support to the minority views of the Working Party's report, and if the local authority associations take the same view we shall be surprised if the Minister of Health and the Secretary of State for Scotland do not elect to accept the Queen's Institute standards for the training of this important body of public health nurses.

(Medical Officer of Health 9th December 1955,94,333)

Augusta Black, Education Officer of the Queen's Institute, publicly acknowledged the fact that the Institute was encouraged by the support shown for its position by the medical profession (Black in Nursing Times, 16th September 1955:1031-32).
A year was to elapse before the Minister of Health made his pronouncement of the Report of the Working Party on the Training of District Nurses. Mr Robin Turton, Minister of Health at this time, decided to make the announcement during his address at the Annual Meeting of the Queen's Institute on 30th October 1956. He explained that he was in a predicament because the experts upon whom he had to rely for guidance disagreed over the length of time needed for district nurse training. He was obviously referring to the members of the Working Party. Therefore he asked his audience "When experts cannot agree, what can a Minister do about it?" And by way of reply he said "One simple way of resolving difficulties is to try the matter out and see what is produced" (cited Nursing Mirror, 9th November 1956:417-418). He then announced the Ministry's future plans for district nurse training:

A Committee is to be set up which will consider schemes of training of home nurses submitted by all training bodies, and advise the Minister of Health whether or not he should approve them.

Schemes submitted for approval will have to be a minimum length of four months (or three in case of nurses having certain qualifications and experience) but may be longer. Plans will be made for the training to be inspected and reported upon to the Advisory Committee, which will also have to assure themselves before advising the Minister to approve a scheme, that arrangements for examinations are satisfactory.

All nurses trained under approved schemes will receive a certificate showing they have trained under arrangements approved by the Ministry of Health.

(QIDN Handout entitled "Training of Home Nurses - Minister announces Plans" issued to members of the Press attending the Annual Meeting of the Queen's Institute 30th October 1956)

The Minister had obviously tried to introduce compromise. Firstly, by prefacing the length of training with the word
minimum, so providing the opportunity for longer schemes. Secondly, during question time which followed the Minister's speech, it became apparent that he had also decided against a national examination which was to have been set by the Central Committee. Instead the examination would be internally set but externally moderated by the Central Committee. This left the way free for the Queen's Institute and Ranyard Nurses to continue to set their own examinations.

Mr Wedderburn, as the representative of the Queen's Institute had the difficult task of giving the vote of thanks to the Minister for his address. He said:

The Minister will not suppose this implies our agreement with much of what he has said.

He has indeed sounded the death knell of one of the most cherished ideals of the Queen's Institute.

It was not that the Queen's Institute should become the sole training authority. We have never asked for that. But our earnest hope was that, as in all other branches of the Public Health Service, there should be officially recognised a single and high national qualification for the district nurse.

This was an ideal to which we hoped we were approaching closer year by year, as the number of Queen's Nursing Sisters on the active role steadily grows. But the hope is now shattered.

Glad that the Minister sympathizes with and supports our determination that Queen's training shall continue to be available as before to all Training Authorities - and I think there will be very many who care to continue to take advantage of it.

But it seems that the public is now to be offered an officially blessed alternative - namely a Grade Two Certificated District Nurse or, if I may venture on a commercial metaphor, a semi-processed article.

Whether, of this semi-processed article, there is to be a single brand, or a variety of brands,
seems to be left in uncertainty.

We hope that there will be a minimum of areas where she will replace the genuine product in our city streets and country lanes.

We are convinced, after the most painstaking research, that the shorter courses recommended in the Majority Report are not only contrary to all modern trends and to expert Educational opinion, but are actually impossible of achievement, without the omission of one essential aspect or another of the minimum content of training agreed in the Majority Report itself.

(Wedderburn cited QIDN handout issued to national, provincial, nursing and medical press 30th October 1956)

The Advisory Committee which Mr Turton proposed was established by his successor, the Right Honourable Denis Vosper TD MP in June 1957 (Ingall Report 1959:3).

**THE ADVISORY COMMITTEE ON THE TRAINING OF DISTRICT NURSES:**

In accordance with the recommendations of the Majority Report (Armer Report 1955:14) the Minister appointed twelve members (see Appendix 2.3 for full details). Despite the alleged threats which were said to have been made to the writers of the Minority Report, and maybe as a result of public criticism about the proposed composition of the Central Committee, being unrepresentative of informed professional experts, three members of the Queen's Institute Education Committee were appointed. Besides the chairman, five members of the original Working Party were appointed.

The Committee's terms of reference were:

To advise the Minister on matters relating to district nurse training and in particular on the approval of schemes of district nurse training and examinations submitted by local health authorities.

(Ingall Report 1959:3)
Under the chairmanship of Dr Ingall, DSc FRIC, the committee met on eight occasions, and during its second meeting appointed from amongst its members a small sub-committee to consider details of an appropriate training course. The membership of this group is recorded in the Committee's Minutes (ACTDN Minutes 28.11.57/2). This comprised Dr Ingall, Miss Wearn, who at the time was from the Royal College of Nursing and Miss Jackson from the Ministry of Health. Therefore the Queen's Institute was not represented on this sub-group, although Miss Wearn did possess a Queen's Nurse qualification. The sub-group met on three occasions. This arrangement probably helped speed up the work of the Committee. In any case, it submitted its report to the Minister of Health, at this time Mr Derek Walker, on the 24th November 1958. The Committee had been unanimous in agreeing its recommendations.

At this point there is a slight digression in order to reveal how even prior to the publication of the report the Institute was being required to rethink its policy regarding the length of training. This was due to the fact that Dr Scott, the Medical Officer of Health for London County Council, was bringing pressure to bear on the Queen's Institute to reduce the length of its courses. He wrote to the Institute and according to the Minutes of the Queen's Institute Education Sub-Committee (21st January 1958) stated:

that his Council having agreed that the terms of the Majority Report of the Working Party on the Training of District Nurses should be implemented, had authorised him to "negotiate with the Queen's Institute and Ranyard Nurses for the provision by these training bodies for district nurses in London of four and three months respectively for SRN.

These Minutes also record the fact that the officers of the Institute and the Ranyard Mission had discussed the matter and had agreed to hear Dr Scott's proposals with an open.
mind. However, according to Stocks (1960:203), Dr Scott had indicated that if the Institute were not prepared to offer shortened courses alternative arrangements would be made. The Queen’s Institute was therefore compelled into offering a shorter course to those authorities which demanded them if they wished to continue to provide training. A letter from Miss Anslow, the General Secretary of the Institute, dated 21st July 1958 was sent out to local authorities and district nursing associations explaining that this change would be by way of an experiment.

The Advisory Committee's Report entitled "Training of District Nurses" was published in June 1959 (month of publication cited Nursing Times, 5th June 1959:759). It comprised eight sections:

I     Introduction
II    Syllabus of Training
III   Submission and Approval of Training Schemes
IV    Examinations
V     Report of Training
VI    Assessment and Approval of Pass List
VII   Certificates
VIII  Summary and Main Conclusions

The details of the latter will be found in Appendix 2.4 of this study.

The Working Party were in favour of the formation of a Small Central Panel of Assessors comprising seven members representative of the interests concerned:

Nursing   3
Medical   2
Education 2

(Ingall Report 1955:5 paragraph 24)
It is interesting to note that they did not see the need for representatives of local authorities, in the way the Majority Report (Armer Report 1955) had done. Therefore, the recommended size of the Panel was seven instead of twelve. According to the Ingall Report (1959:5-6) the duties of the Panel would be:

1) To study the schemes submitted to the Minister together with the reports on these produced by the Public Health Nursing Officer who had visited the training authority. Then to make a recommendation as to the suitability of each course. Once approved the Panel of Assessors would continue to advise the Minister on the standards being maintained by the training authorities.

2) To moderate the internal examination papers set by each training authority and to advise the Minister of any amendments necessary to achieve a nationally recognised standard.

3) To assess the marking of a certain number of scripts, in addition to all the borderline ones. Interim reports on the progress of students who were deemed to be borderline in the written examination would be made available to the Panel. These would be taken into account when making a decision.

There was to be a practical examination covering a normal half day's district work, and the "Pass List for each examination would be determined from the marks of the written and practical examinations" (Ingall Report 1959:6-7). However, the role of the Panel in the practical examination was not specified.
The Report recommended that there should be a List of Examiners compiled from names submitted by each training authority. But the connection between the Panel of Assessors and List of Examiners is not specified.

There was a syllabus for the theoretical component of the course (see Appendix 2.5) and clear guidelines about the format of the written examination (see Appendix 2.6). The Committee failed to provide a syllabus for the practical component of the course. This was a departure from the practice of the Queen's Institute who had always provided a detailed curriculum of practical training (for an example see Gibson 1981:203-205).

Before formulating the syllabus for the theoretical component of the course the Committee had studied those of the Queen's Institute, Ranyard Nurses and Newcastle-upon-Tyne Local Health Authority. There are certainly remarkable similarities between the one they arrived at and the one in use by the Queen's Institute at this time (see Gibson 1981:206-208).

The Nursing Press (Nursing Mirror 5th June 1959:759-760 and Nursing Times 5th June 1959:653) recorded the publication of the report: the former merely gave a resume of the Report, announced the fact that the Minister had accepted its recommendation and the action he would be taking; in contrast, the editorial in the Nursing Times raised several questions, eg "will the inspection of training be carried out by nurses qualified or experienced in teaching"? It will be recalled that the Report (Ingall Report 1955:5 paragraph 25) had explained that in order to ensure the maintenance of proper standards, the Minister's Public Health Nursing Officer should pay an initial visit and revisit the training authorities at intervals and report on the training schemes. The editorial in the Nursing Times questioned the necessity of the Ministry of Health
Certificate for those who would obtain the widely respected qualifications of Queen's Nurse and Ranyard Nurse. The editor was also concerned that public health nursing would be further divided by having the Ministry of Health as the qualifying authority for district nurses, whilst the Royal Society of Health remained the awarding body for Health Visitors. However, as a result of "An Inquiry into Health Visiting" (Jameson Report 1956) the position regarding health visiting changed and by statute, the Council for the Training of Health Visitors (CTHV) was set up in 1962 (see Wilkie 1979).

As has already been mentioned immediately following the publication of the Report the Minister announced that he had accepted the recommendations. Soon after, the Ministry of Health issued Circular 15/59 (dated 2nd June 1959 - see Appendix 2.7) which advised local health authorities in England who wished to set up their own training schemes, on the lines recommended in the Report, to submit their proposals to the Minister for approval and registration, together with the names and qualifications of the persons responsible for directing the course of training and the names of competent persons who are prepared to act as examiners. But the circular advised that local health authorities and district nursing associations who ran their schemes under the auspices of the Queen's Institute or Ranyard Nurses need take no such action, since this would be done by the two aforenamed organisations.

Without further delay the Minister appointed the Panel of Assessors using the recommendations regarding membership which were laid down in the Report (Ingall Report 1959:5).

CONCLUDING DISCUSSION:

The idea of a trained district nursing service for the sick poor came from William Rathbone in the era of laissez-
faire. It was as a direct result of Rathbone's empathy and compassion that a qualified, secular district nursing service was established in Liverpool in 1859. There is no doubt that others soon caught his vision and through voluntary effort this type of service spread to the capital and many other cities throughout the United Kingdom. Rathbone and his contemporaries were obviously shrewd politicians and opportunists for their cause.

According to Cole (1986:22) in the nineteenth century the main academic response to laissez-faire was an extremely empirical or factual one which resulted in the frequent use of the survey method to highlight the cause of social problems and the position of the poor. Well known surveys were conducted by people such as Booth, Rowntree and the Webbs. Therefore, it was in keeping with the ideas of the time that Rathbone and his contemporaries conducted a survey, in 1875, into the state of the district nursing services in the capital city. The results of which only resolved their desire to improve the provision of a universally and freely accessible trained district nursing service for the sick poor of the United Kingdom.

There is no doubt that without the funds raised by the women of the United Kingdom for Queen Victoria's Jubilee celebration and the large donation, progress in developing a qualified district nursing service would have been much slower. But the Institute, despite considerable sustained voluntary effort could not achieve its goal of a totally qualified district nursing service. This was mainly due to social, economic and political factors beyond its control.

In the latter part of the last century, the results of enquiries by people such as Booth and Rowntree began to highlight the fact that whilst secondary poverty resulted from inefficient use of income, primary poverty was caused by insufficient income. If people had insufficient income
they would be undernourished, and this coupled with poor living and working conditions would result in an unhealthy work force. In addition, there would be insufficient fit men to man the armed forces to protect the country in times of war. The well being of the rich as well as the poor would then also be under threat. Writers such as Cole (1986:50 citing Andreski 1964) have pointed out that reforms or the promise of them, frequently play a part in retaining support for war. Additionally, when the mass of the population are involved in a war, social inequalities tend to decrease.

Titmus (cited Cole 1986:50) argues that the two world wars influenced social policy in the United Kingdom in three ways:

i) Shared vulnerability of war and social solidarity was enhanced by opposition to a common enemy. Thus reducing many peoples opposition to egalitarian and collectivist policies.

ii) As middle class families in rural areas provided accommodation for poor and working class evacuees from cities under siege they became aware of the degree of deprivation and the nature of social problems.

iii) The Government responded because it wanted a fit, nourished and contented work force.

The response was the Beveridge Report. Crossman (cited Brenton 1985:21) reflecting on the early development of the welfare state summed up the feeling of the socialist viewpoint at this time stating "Philanthropy was to us the odious expression of social oligarchy and church bourgeois attitudes". He went on to stress that "In the construction of the new social state we turned our backs of philanthropy and replaced the do-gooders by highly professional administrators and experts . . . ".

However, with the passing of the National Health Service
Act in 1946, the Ministry of Health stressed the need for co-operation between the statutory services and voluntary provision. For example, a Ministry of Health Circular (87/46) published in 1946 (cited Brenton 1985:18) stated:

> It will clearly be to the advantage of local authorities to make use of voluntary organisations which are providing satisfactory services . . . The more important voluntary agencies concerned with the care of the aged and infirm and with the welfare of handicapped persons have much special knowledge and experience which would be helpful to local authorities in preparing their schemes.

Even so, the relationship between the statutory and voluntary sector had changed. The former was now in a position to provide a more comprehensive service. Where previously the services provided by the voluntary sector had often been seen as elitist, the Queen's Institute being a classic example of this, but increasingly this no longer proved to be the case. In addition, because the public were paying for the provision of the welfare state through insurance contributions, rates and taxation, they saw the services provided to be theirs of a right, so that there was less support for raising funds for voluntary effort. The fact that more working and middle class women were in paid employment, albeit often part-time, meant that they had less time to engage in voluntary service.

The Institute increasingly relied on the local health authorities which were in membership with it for a major source of its income for the maintenance of standard in both district nursing training and the district nursing service. But as the ideological gap widened some local health authorities began to question the need for the regular inspection of the Queen's district nurses they employed, by staff from a voluntary body. In addition, some local health authorities could apparently see little difference between the quality of service provided by
registered nurses with a district nursing qualification and those without one. Additionally, as the local health authorities services expanded, partly due to consumer demand, they had to consider the most effective way of using their allocated resources. Whilst many local health authorities used the voluntary district nursing services on an agency basis, in the immediate post Beveridge era, it is unlikely that this partnership, between statutory authorities and a voluntary organisation could have continued indefinitely.

The Queen's Institute sought to change its status by making a bid to become the Central Committee for District Nurse Training, but the Minister of Health could not see his way to making this a reality. The Institute fought to obtain a statutory qualification for the practice of district nursing but here again its aspirations were not fulfilled. This would have required legislation. Had this occurred the Central Committee would, in effect, have become a Statutory Training Body. Instead the Panel of Assessors was set up and its constitution, membership and staffing will be the subject of the next chapter.

However, the major contribution made by the Queen's Institute and Ranyard Nurses to the development of a qualified district nursing service cannot be over-emphasised. The foundations laid by these voluntary organisations have been built upon by the statutory authorities responsible for providing a trained district nursing service in the second half of the twentieth century.
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<thead>
<tr>
<th>Reference</th>
<th>Year</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTDN</td>
<td>1957</td>
<td>Advisory Committee in the Training of District Nursing Minutes 28.11 57/2</td>
</tr>
<tr>
<td>Athlone - Earl of (Chairman)</td>
<td>1939</td>
<td>Inter-Departmental Committee on Nursing Services Interim Report HMSO:London</td>
</tr>
<tr>
<td>Baly M E</td>
<td>1973</td>
<td>Nursing and Social Change Heinemann Books Ltd London</td>
</tr>
<tr>
<td>Black A</td>
<td>1955</td>
<td>The Training of a District Nurse in Nursing Times, 16th September, pp 1031-1032</td>
</tr>
<tr>
<td>Brenton M</td>
<td>1985</td>
<td>The Voluntary Sector in British Social Services Longman:London</td>
</tr>
<tr>
<td>Brooke Mrs</td>
<td>1947</td>
<td>Queen's - Past, Present and Future in Report of Public Meeting held in Durham 05.02.47 pp 4-11 QIDN:London</td>
</tr>
<tr>
<td>Dacey W L et al</td>
<td>1952</td>
<td>Letter dated 13.03.52 headed &quot;Training of District Nurses&quot; and addressed to Miss A McMasters General Secretary QIDN from Mr W L Dacey Sec County Councils Association Mr G H Barnell Sec Association of Municipal Corporations Mr H Robert Clerk of London County Council</td>
</tr>
<tr>
<td>Author/Committee</td>
<td>Year</td>
<td>Title</td>
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<tr>
<td>------------------</td>
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</tr>
<tr>
<td>ELNS</td>
<td>1968</td>
<td>East London Nursing Society 1868 - 1968: The History of a Hundred Years</td>
</tr>
<tr>
<td>ELNS</td>
<td>1961</td>
<td>A Survey of District Nursing in the Administrative County of London</td>
</tr>
<tr>
<td>Ingall D H</td>
<td>1959</td>
<td>Training of District Nurses Report of the Advisory Committee</td>
</tr>
<tr>
<td>Keeble</td>
<td>1981</td>
<td>Oral Evidence from Miss Keeble former Superintendent of the Ranyard Nurses given to Miss Gibson</td>
</tr>
<tr>
<td>McEwan M</td>
<td>1959</td>
<td>Health Visiting</td>
</tr>
<tr>
<td>Medical Officer</td>
<td>1955</td>
<td>Training of Home Nurses in the Medical Officer 9th December, 94, p 333</td>
</tr>
</tbody>
</table>
Ministry of Health 1959

Ministry of Health Circular 16/59 dated 9th June 1959 entitled National Health Service Training of District Nurses
MoH:London

Nursing Mirror 1955

Ranyard Nurses in Nursing Mirror, 2nd September, p 1525

Nursing Mirror 1956

Future of District Nurse Training. Minister of Health at QIDN Annual Meeting in Nursing Mirror, 9th November, pp 417-418

Nursing Mirror 1959

Training of a District Nurse - Syllabus of 4 months Course Suggested by Ministry of Health in Nursing Mirror, 5th June, pp 759-760

Nursing Times 1955

District Nurse Training (Editorial) in Nursing Times, 9th September, pp 993-994

Nursing Times 1959

A National Certificate in Nursing Times, 5th June, p 653

Platt E 1937

The Story of the Ranyard Mission
Hodder and Stoughton:London

QIDN 1928

Queen's Institute of District Nursing Supplemental Charter dated 18th January
Lowe Brother Printers:High Holborn, London

QIDN 1934

Survey of District Nursing in England and Wales
QIDN:London

QIDN 1938

Summary of Evidence Submitted to Inter-Departmental Committee on Nursing Services
QIDN:London

QIDN 1943

Handbook for Queen's Nurses
Faber and Faber:London

114
1943 Queen's Institute of District Nursing Training Sub-Committee Minutes of 14th March

1944 Queen's Institute of District Nursing Committee Minutes 18th April

1945 Queen's Institute of District Nursing Secretaries' Association National Conference of District Nursing June QIDN Secretaries' Association: Altringham, Cheshire

1946 The Queen's Institute of District Nursing - Report of Annual Meeting held in London on 31st October 1946 QIDN: London

1947 The Queen's Institute of District Nursing - Report of Public Meeting held in Durham on 5th February 1947 QIDN: London

1948 Letter from General Secretary to QIDN to County Councils and County Borough Councils setting out terms of membership

1948 Queen's Institute Information Leaflet IX May QIDN: London

1950 Queen's Institute of District Nursing Paper entitled Benefits of Membership by Local Health Authorities or Affiliation by Voluntary Associations dated 1st October 1950 QIDN: London
QIDN 1954 Queen's Institute of District Nursing
Evidence Submitted to Working Party on the Training of District Nurses QIDN:London

QIDN 1956 Training of Home Nurses - Minister Announces Plans Handout issued to members of the press attending the QIDN Annual Meeting on 30th October 1956

QIDN 1958 Queen's Institute of District Nursing Education Sub-Committee Minutes 21st January

QVJI 1903 Agreement for County Nursing Association in Affiliation with Queen Victoria's Jubilee Institute for Nurses QVJI:London

Rathbone (Chairman) 1875 Report of the Sub-Committee of Reference and Enquiry on District Nursing in London The Metropolitan and National Association for Providing Trained Nurses for the Sick Poor:London

Rathbone 1890 Sketch of the History and Progress of District Nursing from its Commencement in the year 1859 to the Present Date MacMillan:London


Shadwell A 1926 District Nursing II - Pioneer Work in Liverpool: Rapid Expansion in The Times, 28th September Reprint from The Times September, October, November 1926, pp 3-5
<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Year</th>
<th>Title</th>
<th>Publisher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stocks M</td>
<td>1960</td>
<td>A Hundred Years of District Nursing</td>
<td>George Allen and Unwin:London</td>
</tr>
<tr>
<td>The Lancet</td>
<td>1955</td>
<td>Training the District Nurse in The Lancet 10th September pp 543-544</td>
<td></td>
</tr>
<tr>
<td>Wedderburn A H</td>
<td>1953</td>
<td>Report on the History and Work of the Queen's Institute at a Public Meeting arranged by the QIDN and held at Cheltenham on 22nd June 1953</td>
<td></td>
</tr>
<tr>
<td>Wedderburn A H</td>
<td>1956</td>
<td>Vote of Thanks to Minister of Health - proposed by Mr A H Wedderburn, CBE Chairman, General Executive Committee QIDN Issued by QIDN 30th October</td>
<td></td>
</tr>
<tr>
<td>White R</td>
<td>1984</td>
<td>The Effects of the National Health Service on the Nursing Profession King Edward's Hospital Fund for Nursing:London</td>
<td></td>
</tr>
</tbody>
</table>
CHAPTER THREE

THE PANEL'S REMIT, MEMBERSHIP, STAFFING AND ADMINISTRATIVE ARRANGEMENTS 1959 - 1983

INTRODUCTION:

The Minister of Health had accepted the recommendations of the Report of the Advisory Committee on the Training of District Nurses (Ingall Report 1959) one of which stressed the need for the formation of a small central Panel of Assessors. The Report recommended that this Panel should be drawn from the membership of the Advisory Committee.

This was established in the Autumn 1959 with the title Advisory Committee on the Training of District Nurses Panel of Assessors (ACTDN/PA). This cumbersome title was in regular use until 1971, although it is known to have, on occasions, been shortened to the Panel of Assessors (for examples see Lamb 1970 and Ministry of Health Circular 23/67). The writer of this study has been unable to find an explanation as to why, the title was changed to the Panel of Assessors for District Nurse Training in 1971, but from the seventy-second meeting, held on the 10th February 1971, this new title was used. However, with the passage of time the Panel had obviously had reservations about the appropriateness of its title because in 1979, it attempted to change this to the "Committee for the Education and Training of District Nurses". This was
when the Panel was negotiating the terms of its constitution with the Minister of Health (Panel Papers PA (78)27:2 and PA (79)16). Mr Moyle, the holder of this office at the time refused to change the Panel's title explaining in a letter to the Panel's Secretary dated 7th March 1979, " . . . a change at this time could be confusing in view of the changes that will in any event be necessary as a result of the Nurses, Midwives and Health Visitors Bill".

The remainder of this chapter focuses upon the Panel's terms of reference; membership; attendance at meetings; office of chairman; self image; staffing arrangements; format of meetings and committee structure.

TERMS OF REFERENCE:

When the Panel was established, its work was seen as a continuation of that carried out by the Advisory Committee for the Training of District Nurses. This may account for the fact that initially the Panel never had any precise terms of reference or a written constitution. Instead, the Panel functioned within the terms recommended by the Ingall Report (1959). Therefore, the Panel's functions will only be briefly outlined here. It was responsible for advising the Minister of Health for England and Wales on:

- the suitability of the schemes of district nurse training submitted by training authorities

- the extent that, once approved, the standard of each individual training scheme was being maintained

- the need for changes to the examination question papers set by the training centres,
following the moderation process

- the results of the moderation of the examination scripts of candidates who obtained borderline grades and a sample of other scripts

- the names of the candidates which should appear on the Pass List

The Advisory nature of the Panel's work makes it clear that, at this stage, this committee did not have the status of an independent training body.

Later in this study it will become obvious that in the early years, these demarcated functions imposed considerable limitations on the Panel. However, the process of professionalisation, as outlined by Wilensky explains that "A corps of people who teach rather than practice is an inevitable accompaniment" (Wilensky 1964:487) and also that "the nurses as they seek to professionalise, allocate much of their less attractive work to practical nurses, aides and student assistants" (Wilensky 1964:489). This process can be traced in the development of district nursing. For example over a period of time a clearly defined role emerged for a district nurse tutor and a practical work teacher. The former totally detached from the sphere of practice, but the latter whilst responsible for teaching the student in the practice situation continued to practice as a district nurse. By contrast Berger and Luckman (1967:95) explain that it is the process of the division of labour which results in specialists "each of whom will have to know whatever is deemed necessary for the fulfilment of his particular task". But irrespective of whether specialisation results from the process of professionalisation or the division of labour or both, once the roles of the two aforementioned
grades of staff were established their respective training needs were identified and formalised. In response, the Panel's role had to be extended to develop and monitor such courses. Prior to this, the Panel's role had been extended to meet the district nursing training needs of enrolled nurses who were required to carry out basic nursing care under the direction of the district nurse (SRN/RGN). Additionally, from 1969, when the Panel became a United Kingdom body its duties were extended to advising the Secretaries of State for Northern Ireland and Scotland on matters appertaining to District Nurse Training and to setting a National Examination Paper three times a year. So over a period of twenty years the Panel's functions increased.

In 1978, with the proposed implementation of a new district nursing curriculum the Panel's attention was focused on the likely increase in its workload. This resulted in the members expressing concern that the Panel had never been formally reconstituted since its establishment in 1959. In addition, the chairman, explained to the Minister, in a letter dated 24th June 1979, that the Panel was conscious of the fact that whilst it now acted on behalf of the Ministers in approving courses and training centres it was seen as essentially an advisory body to the Health Ministers. This meant it had less status than other similar nurse training bodies.

As a result of correspondence between the Panel and Minister of Health the Panel was reconstituted, in 1979, with the following terms of reference:

To advise Health Ministers on standards of education and training for district nurses and on the provision of courses to ensure on behalf of the Ministers such courses meet the standards approved by the Minister.

(Ref Panel Paper PA(79)16)
These terms differed from those proposed by the Panel which were "To control and improve the standards of district nurse education" (Panel Paper PA(79)16). Even so, the Panel was obviously satisfied with the terms laid down by the Minister. Especially so, as they met one of its requirements that the terms should be expressed in general principles rather than as specific functions. However, it seems strange that the terms contained no reference to district enrolled nurses, since the Panel had assumed responsibility for this grade in 1970. The newly acquired terms of reference resulted in the Panel having authority to act, as of right on its own initiative, in order to ensure the maintenance of standards approved by Ministers. The dissolution of the first Panel took place on the 24th May 1979. Although the members were asked to be available for duties until the first meeting of the new Panel on the 4th July 1979 (Panel Minutes 25.4.79/122).

MEMBERSHIP OF THE PANEL:

Reference has already been made to the fact that the Minister set up the Panel, in accordance with the criteria laid down by the Advisory Committee (Ingall Report 1959:5 paragraphs 23 and 24) that the members be drawn from the original Advisory Committee and comprise seven members, representative of nursing medicine and education. Six of the seven members, including the chairman, of the Advisory Committee were appointed to the Panel. These were Dr Ingall, again appointed as chairman, Dr Egan, Mr Freeman, Miss Jackson, Miss Wearn and Miss Williams. Dr Bryant was the only new member (see Appendix 3.1 for details).

In 1967, the Panel's membership was increased from seven to eight. The appointment of an additional member, at this stage, is presumed to be in preparation for the increased workload that would ensue following the Queen's Institute's
withdrawal from district nurse training (Panel Minutes 11.1.67/46). The Queen's Institute ceased its involvement in this area of its work in England and Wales and Northern Ireland in 1968, and in Scotland in January 1969. At this juncture the Panel's membership was increased by two in order to allow Northern Ireland and Scotland to be represented on the Panel and also that new members could assist with the extended area of activity. So at the time it became a United Kingdom body the Panel had ten members (Panel Minutes 22.5.68/56 and 25.9.68/58).

Two years later, on the 10th February, an additional nurse member attended her first meeting. This was obviously in response to the Panel's request for an additional nurse member to be appointed in view of the extra work resulting from the implementation of the 1969 General Nursing Council (GNC) Syllabus. The Panel's involvement with this development will be discussed in Chapter Six (Panel Minutes 1.7.70/69 and 10.2.71/72).

During the period 1959 - 1979, the Panel members were appointed, by the appropriate Minister, for an indefinite term of office. The way in which the membership and its balance changed over the years will be found in Appendices 3.1 and 3.2. By 1978, the Panel comprised one educationalist, four district nurse teachers, two nurse administrators, two general practitioners and two medical administrators (Source Panel Paper PA(78)26). As the Panel's functions increased to embrace other aspects of district nurse education, the Panel's Chairman, in a letter to the Minister of Health dated 24th June 1978, (Panel Paper PA(78)34) referred to the additional commitment which members were required to make. This stated:

We are unanimous in our belief that the existing membership of 11, which has had to cover all 4 countries and all those nursing, medical and educational interests concerned with district nursing is inadequate. At present, with a small
Panel the workload is very heavy and we have had, in an effort to spread the load of committee work, to have recourse to many co-options to the vital working groups, such as the examinations sub-committee. This is not, we believe, the best method of proceeding with these affairs . . . 

The letter went on to request that the Panel's membership be increased to twenty with proper representation of district nurse teaching, nurse administration, medical and educational interests. It also commended the practice, commonly used in making appointments following consultations with interested organisations. This practice was already used by both the Council for the Education and Training of Health Visitors (CETHV) and Joint Board of Clinical Nursing Studies (JBCNS). Nominations for the latter are known to have been sought from the Panel.

The Panel must have been encouraged by the initial responses from the four Health Departments to its request for an increased membership. The Health Ministers had agreed, in principle, to the strengthening of the Panel (Panel Paper PA(78)48 with appended correspondence). Therefore, it is understandable that the Panel members were disappointed to learn, some time later, that the Minister of Health could only agree to enlarge the Panel's membership to sixteen. They shared their feelings of disappointment with him when he attended the first meeting of the reconstituted Panel (Panel Minutes 4.7.79/NP1), but the additional five members were appointed following the receipt of nominations from eleven bodies.

However, during the tenth meeting of the New Panel, which was held on the 21st January 1981, a discussion took place regarding a new committee structure (Panel Paper PA(81)3). It soon became evident that the Panel could not adhere to the principle of not having more than one third co-opted members on each of its three committees. Therefore, it was decided that a new approach should be made to the Minister
of Health, for the Panel to be increased to twenty. At the thirteenth meeting, held on 1st July 1981, the members were to learn that Dr Gerald Vaughan the newly appointed Minister of Health had consented and that it was anticipated that the membership could be increased to twenty by its next meeting.

THE MEMBERS' LEVEL OF ATTENDANCE AT PANEL MEETINGS:

During the period 1959 - 1979, a total of twenty-nine individuals served as Panel members. By contrast, between 1979 and 1983 the number was twenty-six. The members served in a voluntary capacity claiming only their expenses and if appropriate loss of earnings. The majority held important salaried posts in their particular area of expertise and therefore had many demands on their time. Therefore it is understandable that there were only seven occasions when a hundred per cent attendance at Panel meetings was recorded.

The number of Panel members who attended minuted meetings varied from three in the early stages to nineteen in the later phase of the Panel's life span. This variation can partly be attributed to the size of the Panel at any given point in time. However, in the early period it did mean important decisions were made by a small number of members.
Table 3.1 Attendance of the Panel Members at Panel Meetings for the period September 1959 to April 1979

<table>
<thead>
<tr>
<th>Nos of the Meetings</th>
<th>No of members on the Panel</th>
<th>No of Panel members attending meetings</th>
<th>No of Occasions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 47</td>
<td>7</td>
<td>Not known*</td>
<td>19</td>
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<tr>
<td></td>
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<tr>
<td>48 - 55</td>
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<td>Not known*</td>
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<td>8</td>
<td>1</td>
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<td>72 - 122</td>
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<td>11</td>
<td>2</td>
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</table>

Key * No. not known because on 20 occasions there was no recorded minutes and the minutes of the first meeting are missing

NB Table compiled from information extracted from the Panel's Minutes

When interpreting the figures for the first 122 meetings it must be appreciated that some meetings were designated for business and others for assessment purposes. The chairman only attended the former. Later the arrangement and use of meetings will be discussed in more detail. In addition,
account needs to be taken of the fact when members resigned a period of time inevitably elapsed whilst a replacement was being sought.

Following the reconstitution of the Panel it will be recalled that there were sixteen members between the first and tenth meetings. By the fourteenth meeting the Panel's membership had in theory been increased to twenty, but only eighteen members held office until the fifteenth meeting. The level of attendance at the twenty-five meetings of the New Panel can be seen in Table 3.2 below.

Table 3.2 Attendance of Members at New Panel Meetings July 1979 to June 1983

<table>
<thead>
<tr>
<th>No of meeting</th>
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<tbody>
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<td>15</td>
<td>13</td>
<td>14</td>
<td>11</td>
<td>13</td>
<td>12</td>
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<tr>
<td>% Attendance</td>
<td>62</td>
<td>94</td>
<td>81</td>
<td>87</td>
<td>81</td>
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<td>70</td>
<td>70</td>
<td>80</td>
<td>95</td>
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</tbody>
</table>

NB Table compiled from information extracted from the Panel's Minutes

Considering that from the tenth meeting of the New Panel onwards, the majority of members were serving on at least one of the Panel's three Committees, and taking into account other professional and personal commitments the level of attendance appears satisfactory. It must also be borne in mind that many members had to travel considerable distances to attend meetings and this necessitated an overnight stay in London. The poor attendance at the nineteenth meeting was a result of a national rail strike.

OFFICE OF CHAIRMAN:

The Panel's Chairman was appointed by the Secretary of State for an indefinite period. Dr Ingall, the Panel's
first chairman held office from the end of 1959 until the beginning of 1967. At this stage he resigned for personal reasons. The fact that he had chaired the original Advisory Committee helped to provide continuity as the Panel sought to function within the terms of the recommendations made by this Committee.

Mr Robson, the Panel's second and only other chairman held office between May 1967 and the 30th June 1983. He attended his first Panel meeting on the 9th March 1967 and in the interval between this and the next business meeting on the 24th May 1967, had been appointed to the office of chairman. Apparently, on taking up office he knew very little about nursing (Kratz 1983:177), which probably enabled him to approach his role in an objective way. But he quickly gained considerable insight into district nurse training and related areas, frequently bringing an educationalist's perspective to the issues under consideration. At the time the Panel was reconstituted Mr Robson had retired from full-time employment and intimated his wish to resign from the Panel, but the Department persuaded him to continue as chairman (Jones 1987 Written Evidence). During the sixteen years he held office he saw the Panel's work develop from being an examining body to being a political one (Kratz 1983:177-179). According to Kratz (1983) and the Panel members (oral evidence) he was an absolutely outstanding chairman. This was just as well as he had to steer the Panel through some very difficult situations during his term of office. He was awarded the OBE in 1974 and regarded this as a public acknowledgement of the Panel members' work (Panel Minutes 24.7.74/93).

REFLECTIONS ON THE PANEL'S SELF IMAGE:

During the period between 1967 and 1971 there appears to have been several occasions when the Panel doubted whether it was the most suitable body to control district nurse
training. This idea may have arisen from the fact that the Panel of Assessors was not a statutory, or even non statutory, independent training body.

In the course of the forty-sixth meeting held on 11th January 1967, a senior administrator from the Ministry of Health explained possible forthcoming developments in district nurse training and the changes which would effect the domiciliary nursing service. At this time the Queen's Institute's withdrawal from training was anticipated. During this meeting it was made clear that on receipt of the results of the Panel's five year review of district nurse training, which was already in progress, the Minister would consider whether the Panel or some other body should be responsible for district nurse training. In the ensuing discussion a suggestion was put forward that the Council for the Training of Health Visitors (CTHV) might be an appropriate body to take over the responsibility for district nurse training in view of its growing interest in the content of integrated SRN/NDN/HV Courses. The administrator agreed this was a possibility, but pointed out that such a change would involve legislation which might take a couple of years to effect (Panel Minutes 11.1.67/46). It will be recalled that the CTHV was established by statute in 1962 and became the Council for the Education and Training of Health Visitors (CETHV) in 1974.

By contrast, during the fiftieth meeting, held on the 24th April 1967, the Panel "recommended that the General Nursing Council should be recognised as the training and examination body responsible for district nurse training which should be incorporated in their course of general nurse training". The advantages mentioned by members were minuted:

a) district nurse training would be brought within the statutory requirements of
Council;

b) the duration of the training could be considerably shortened (to possibly, four weeks);

c) thus enabling obstetric nurse training also to be included in basic training (not optional as is now the case);

d) it would facilitate interchange between hospital and public health nursing appointments.

(Panel Minutes 24.4.67/50)

The idea of district nurse training coming under the aegis of the General Nursing Councils was not entirely new. It had been considered by the members of the Working Party on the Training of District Nurses but rejected on the grounds that the constitution and function of these bodies would not enable them to fulfil the needs of district nurse training as manifested in the early 1950's. But the Working Party recommended that this suggestion might be "considered at some future date, depending on trends in basic nurse training" (Armer Report 1955:14).

This particular, somewhat revolutionary recommendation appears to have been lost sight of, probably because by the fifty-second meeting, held on the 27th September 1967, the Panel knew that the Queen's Institute would definitely be withdrawing from district nurse training. As a direct result of the changed circumstances the Panel became caught up in making the necessary arrangements to cope with its increased commitment.

However, the idea of the CTHV taking over was not forgotten. Because a Panel Sub-Committee, set up to consider the revision of the syllabus, commented, in February 1970, that views were widely held that another body, eg the CTHV, should have responsibility for district nurse training. At this stage the Panel members accepted
the view that in the long term the Panel was not an appropriate body (Panel Minutes 4.2.70/66).

But at the next meeting, the sixty-seventh held on the 11th March 1970, it decided to defer a decision on the long term future of district nurse training (Panel Minutes 11.3.70/67). This decision was taken in view of the appointment, on the 2nd March 1970, of the Committee of Nursing whose terms of reference were:

To review the role of the nurse and midwife in the hospital and the community and the education and training required for that role, so that the best use is made of available manpower and to meet present needs and the needs of an integrated health service.

(Briggs Report 1972:V)

Because this Committee had such a comprehensive remit it was obvious that it would be seeking views, and making recommendations, about the future of district nurse training. The Panel's involvement with this Committee will not be dwelt on here as it will be discussed in a later chapter.

With the passage of time, liaison was established between the Panel and CTHV, this development will be elaborated on later. Suffice to say that a Joint Working Party was in existence from November 1970. And in January 1971 it produced a paper (Panel Paper PA(71)7) which proposed that:

In the interim period before the Committee on Nursing reported, the Department might consider whether arrangements could be made for the powers of the CTHV to be extended to include other community nurses (1) under existing legislation or if this was not possible, (2) by an appropriate amendment to early legislation being considered by the Department.

The Paper noted the fact that the proposal was already the
policy of the Council (ie CTHV) and their approval could be assured.

The Panel considered this proposition at its seventy-second meeting on the 10th February 1971. Members discussed the shortcomings of existing arrangements for district nurse training. These were seen to include:

(1) Difficulty in maintaining uniform standards of training
(2) Variation in standards of marking examination papers
(3) Lack of adequate guidance including professional advice to training authorities
(4) Uneven rate of progress by authorities in providing training facilities
(5) Uneven development of community nursing services, especially group practice attachments and health care teams
(6) Shortage of properly qualified nurse tutors of training courses
(7) Absence of a recognised grade of practical instructors
(8) Supervision of training arrangements by the Department rather than by an independent statutory body
(9) Lack of a statutory qualification
(10) Absence of regular meetings for the tutors and nurse managers

(Panel Minutes 10.2.71/72)

This state of affairs was thought to be causing unrest and anxiety amongst district nurses and it was considered that prompt action was needed in the interim period before the Committee on Nursing reported. However, by this time the Panel was not certain that the extension of the powers of the CTHV to include district nurse training was the best solution. Therefore, it decided to use a forthcoming
seminar, which the Department was holding for district nurse tutors and nursing officers responsible for theoretical instruction in district nurse training, to obtain the opinions of those working in the field on the various aspects of training which were giving rise to concern. Having obtained these opinions the Panel would then be in a better position to give further consideration of the Joint Working Party's proposals (Panel Minutes 10.2.71/72 and Panel Paper ACTDN/PA(70)44).

At the Panel's next business meeting, on the 2nd June 1971, a senior administrator from the Department confirmed that in the Department's view this was not an opportune time for the Panel to pursue the idea of the CTHV taking over its functions, especially in view of the forthcoming report of the Committee on Nursing. This report was published eighteen months later. The views expressed by tutors and nursing officers attending the seminar revealed that the work by the Panel was much appreciated throughout the country. Consequently, the Panel informed the CTHV that in their opinion, no further action should be taken on the proposed extension of the Council's powers into the field of district nurse training. From this time onwards the Panel does not appear to have sought ways to hand over its functions to another body (Panel Minutes 2.6.71/74).

Even after being in existence for eleven years the work of the Panel was not clearly understood. Despite Lamb's attempt (Lamb 1970:1246) to rectify this situation by publishing an article on the work of the Panel, the problem persisted. In 1974, the Panel was still concerned about the fact that little was known about its activities. It considered ways of remedying this situation and to this end the Secretary wrote an article about the Panel's work and this was published in the Nursing Press (Matthew 1975:256-257). Five years later, in order to try and create a greater awareness of the Panel's work amongst general
practitioners, the Panel's two general practitioner representatives and a colleague on the Panel's Examinations Sub-Committee published an article about district nurse training in the medical press (Elliott et al 1980:69, 70 and 74).

Besides the publication of articles the Panel sought other ways to increase the general level of awareness about its existence and function. One method was to have its name entered in Yearbooks and other sources of information (Panel Paper PA(75)30). One such entry was in the widely used Directory of Nurse Education and Training (HMSO 1980).

The Panel sought to make its activities more widely known in district nursing circles through an Information and Examination Bulletin which was issued, initially thrice and later twice yearly between 1974 - 1983, although an Examination Bulletin had been issued on a regular basis, from 1969 onwards.

The Panel also produced publicity leaflets but these were mainly for the benefit of potential district nurse, practical work teacher and district nurse tutor recruits, but an entry in one of the Bulletins reveals that the Queen's Institute funded the production of some of the latter (PADNT Bulletin No 20, July 1982:5) because the Panel did not have the resources to do so. (Jones 1987:Written Evidence).

Certainly the events leading up to the passing of the Nurses, Midwives and Health Visitors Act of 1979 caused the Panel to become much more politically active and this resulted in it achieving a much higher public profile and possibly a more confident self-image.

In 1978, because the various professional groups had difficulty in reaching consensus regarding the proposed
legislation, there was a possibility that it might not reach the Statute Book. Therefore, the Panel agreed that if this were to be the case it should aim towards acquiring independence from the Department (Panel Minutes 26.4.78/115). In addition, the Panel considered that it would be a "psychological advantage if their office and supporting staff were sited elsewhere than the DHSS headquarters" (Panel Minutes 24.5.78/116). So it was agreed to recommend to the Ministers that the Panel should be found alternative accommodation in a building not associated with the Department and that this might be with another training body. The idea of being housed alongside the CETHV was put forward (Panel Minutes 24.5.78/116). Negotiations between the Panel and the Ministers about independence and separate accommodation, took place at the same time as the matter of the reconstitution was being considered.

However, the Panel members decided to deal with the issue of reconstitution first and once the Panel was reconstituted to, once again, raise the question of financial independence (Panel Minutes 14.3.79/121). This approach obviously worked because the Panel gained Ministerial support for its aspirations.

In April 1980, the Panel's Chairman received a letter written on behalf of the Minister of Health, Dr Vaughan which said:

... we are now fairly optimistic that we can provide at least some improvements in the staffing and accommodation which the Panel feels are necessary. ... Both changes are intended to give the Panel greater independence from this Department and, in that respect, should put it on a similar footing with other nurse training bodies. In the first instance we shall be negotiating a transfer of responsibility for the Panel's expenditure from the Department's central administrative vote where it rests at present, to a separate budget for which the Panel will be
responsible. We hope that this arrangement will free the Panel from some of the very tight manpower controls to which it has been subject because its staffing complement has been treated as if it were an integral part of the Department . . .

(Panel Paper PA(80)33)

The letter went on to explain that Dr Vaughan had asked the Department to investigate the possibility of transferring the Panel to other accommodation outside the DHSS. The Panel were advised that the CETHV had been approached to see if some arrangement could be made to share accommodation in their existing premises, whilst maintaining the separate identities of the two organisations.

Events then moved quickly because when the Panel met on the 30th April 1980 an administrator advised the members that the Minister had now given approval to the Panel's move to offices outside the Department, with its own budget, an additional Professional Adviser and some extra staff. He also confirmed that the Panel would not be worse off financially as a result of having its own budget (Panel Minutes 30.4.80/NP6), the DHSS received a formal offer from the CETHV for the use by the Panel of accommodation at its headquarters (Panel Minutes 5.11.80/NP9). Alterations were necessary, but the Panel was able to move to the new base in the Autumn of 1981 (Panel Minutes 1.7.81/NP13).

This move was announced rather prematurely in the nursing press when it was said to be taking place in April 1981. The brief announcement entitled "Packing up the elephant trunk" said "At last district nursing is getting its house in order. The new independence and the advent of mandatory training means that district nursing will be regarded as second to none" (Journal of Community Nursing March 1981:15 Round up). At last these goals aspired to by the Queen's Institute, some forty years earlier, had been achieved.
STAFFING ARRANGEMENTS:

The Panel achieved its independence from the DHSS on 1st January 1981, and "from this date, for the first time it had its own budget and powers to recruit its own staff" (PADNT Press Release May 1981). But from the previous section it will have become obvious that during the period 1959 - 1981 the Panel had to rely on the Department for all its staffing requirements. This was for professional nursing, administrative and secretarial support. Initially, the support was provided by the Ministry of Health (1959 - 1968) and then by the Department of Health and Social Security (DHSS) (1968 - 1980). The DHSS was brought into being on the 1st November 1968 by the amalgamation of the Ministry of Health and the Ministry of Social Security (Annual Report of DHSS for 1968 (DHSS 1969:Introduction page v).

Professional Support:

It will be recalled that the Report of the Advisory Committee (Ingall Report 1959:5 paragraph 25) suggested that the Minister's Public Health Nursing Officers should assist the Panel by undertaking the initial approval and follow up visits to the training authorities and reporting upon these.

Initially just one Nursing Officer was involved in this activity but as the work load increased, due to the Queen's Institute's withdrawal from training, a second one was allocated to this area of work (Panel Minutes 9.3.67/48). Then as the work continued to escalate a third was added to the team (Panel Minutes 13.3.68/55). In 1967, the Welsh Board of Health allocated a Nursing Officer to advise the Panel and to carry out the approval and follow up visits within the Principality of Wales (Panel Minutes 27.9.67/52). Northern Ireland and Scotland followed suit,
appointing their own representatives, once the Panel assumed responsibility for district nurse training throughout the United Kingdom (Panel Minutes 27.9.67/52 and 17.7.68/57). In December 1970, England was divided into areas for visiting purposes (Panel Minutes 23.9.70/70).

Obviously the Nursing Officers were replaced at periodic intervals as they moved to other posts in their respective Departments or retired. Even so, some served for very long periods. For example, Miss I A Heaney, the first to serve the Panel was in post between 1959 - 1968; Miss E M H Johnston between 1968 - 1973 a former Queen's Inspector, and Mrs D Jones between 1973 and 1983. The latter had previously held posts as a Superintendent of District Nursing Services and a District Nurse Tutor. Scrutiny of the Panel's Minutes reveals that the Nursing Officers attended the Panel Meetings on a regular basis, and in the early years sometimes almost outnumbered the members. Whilst Nursing Officers were always minuted as being in attendance, which was for the purpose of giving information on visits to training authorities etc, they were actively involved in other ways, such as preparing position papers, representing the Panel in liaison activities with other training bodies, helping to set examination papers, moderating marked scripts and even occasionally chairing the Panel's working groups and sub-committees. The fact that the Professional Nursing Advisers had to liaise with officers from independent training bodies might have been problematic at times since they were bound to be viewed as representing the Department as well as the Panel.

On several occasions members of the Panel had expressed their concern that the level of professional support provided by the Department was insufficient to ensure that the standard of training throughout the country was
maintained at an appropriate level. In particular it was not possible to provide visits to training authorities in order to assess progress.

Apparently this deficiency had been aggravated by the re-organisation of the Nursing Division within the Department in 1972. The problem had been recognised and the need for the appointment of a District Nurse Training Adviser agreed (Panel Minutes 21.11.73/89). As a result, in 1976, the DHSS decided to appoint a person, from outside of the Civil Service, to the role of Professional Adviser to the Panel. The Department invited the Panel to nominate one of its members to the selection committee. Miss P J Miller, the Panel's own first adviser was appointed on the 1st January 1977 (Panel Minutes 21.7.76/105) and 27.10.76/106). Although employed by the DHSS, Miss Miller was not appointed as a civil servant and therefore was seen to have a measure of independence from the Department. Although the Panel was a United Kingdom training body, her activities were mainly confined to England because of the well established practice for the Nursing Officer, with responsibility for district nursing to visit training authorities within the country for which her particular employing Ministry was responsible. This was sometimes a cause for concern within the profession since the Public Health Nursing Officers were not necessarily required to hold a district nursing certificate or to have had experience in district nursing.

Even when the New Curriculum (PADNT Report 1976) was implemented in 1981, and for the first time preliminary visits were undertaken by the Panel members the system basically remained unchanged. Because the members when visiting in Wales were accompanied by a Nursing Officer from the Welsh Office, when in Scotland by a Nursing Officer from the SHHD and in Northern Ireland by a representative of the Northern Ireland Nurses and Midwives
Council (Panel Minutes 12.9.79/NP2). But by 1980 the Northern Ireland DHSS and Northern Ireland Council for Nurses and Midwives (NICNM) met the Secretary and Miss Miller, the Panel's Professional Adviser, and agreement was reached that the Panel's Adviser should provide direct professional advice to Council (Panel Minutes 5.11.80/NP9).

At times, staffing needs had to be met by recourse to the use of secondees. These were senior district nurse tutors released from their normal duties for periods of approximately six months (for examples of this arrangement see Panel Minutes 24.5.78/116 and 12.2.79/NP2). At least six such appointments are known to have been made. Whilst secondees could obviously give some service, this was inevitably limited by their lack of understanding of the way in which the Department functioned. Whilst this arrangement helped to alleviate the inadequate staffing situation it was not a substitute for further full-time appointments. The staffing system must have appeared inadequate when judged against the support provided to other organisations with a similar workload. For instance in the 1970's the CETHV had an establishment of a Principal Professional Adviser and seven Professional Advisers (Wilkie 1978:Appendix VIII).

At the time the Panel gained its independence in 1981, the Minister also gave permission for the introduction of the new district nurse curriculum, so that the professional staffing situation then became critical. This resulted in some conflict of interest. Another Professional Adviser was needed to provide training centres with additional support as they introduced this new development. Yet at the same time the Department had indicated it was prepared to agree to the appointment of a Principal Professional Adviser, it was envisaged that the holder would have overall professional and administrative responsibility,
which would cover all matters relating to district nurse education and training, including policy and planning, and ensuring that agreed policies are implemented in teaching centres throughout the United Kingdom (Panel Paper (81) 4 and Appendices). In effect this person would, take over responsibility for all the duties previously undertaken by the Panel's Secretary, and provide professional advice. The Panel decided to accept the Department's offer of this new Senior appointment, considering that an early appointment would ensure that there was a Senior Professional Officer available for discussions with the other bodies (ie the appointed UKCC and National Boards). They did not consider it would prove a quicker process to request a second Professional Adviser at that time (Panel Minutes 21.1.81/NP10).

The Principal Professional Officer, Miss Robottom, was in post by the 1st September 1981 and a second Professional Adviser, Mrs J Spicer by April 1982. Just three months later Mrs J Young replaced Miss P Miller who had resigned to take up the post of Education Officer with the National Board for Scotland (SNB).

In 1979, the General Nursing Council for Scotland and the Scottish Home and Health Department had reached agreement, in principle, regarding the appointment of a Professional Adviser. The person appointed was to have spent half her/his time on the community aspect of basic nurse training programmes and part on district nurse training (Panel Minutes 25.4.79/122). This proposal never did materialise although it was discussed again on several occasions (Panel Minutes 11.3.81/NP11, 28.4.81/NP12, 1.7.81/NP13) for whilst it was acknowledged that the post would go someway to meeting the needs of Scotland it was considered more appropriate to try and make progress towards an additional Panel appointment of a Professional Officer for Scotland and Northern England. But this was
never achieved in the Panel's life time. Although it is worth noting that the Education Officer post which Miss P Miller took up with the National Board for Scotland was a combined post.

Administrative and Secretarial Support:

The Panel's Secretariat comprised a Secretary, who was a senior administrator, and support staff. As the Panel's work developed the demand on the Secretariat grew and whilst the staffing was increased the actual number of people involved was always small.

By 1979, the support staff comprised an executive officer, a clerical officer and a clerical assistant. At this time the work of the Secretariat comprised: making the arrangements for the meetings of the Panel, its committees and working parties; circulating all the necessary papers to the Panel and co-opted committee members; taking and producing the minutes. But its main work revolved around the examinations for district and district enrolled nurses which were held three times a year. This required that; the list of the Panel of Examiners be kept up-to-date; the candidates be given a number; the examination paper be prepared and despatched to teaching centres; the results submitted by the centres were co-ordinated; a selection of scripts, including all borderline ones, being called in for moderation; the final marks had to be correlated for issue to the centres and the results analysed and prepared in statistical form for the Panel. Then, in addition, the certificates had to be prepared and issued to successful candidates. The Panel had issued 26,602 National District Nursing Certificates between 1960 and 1983 [1] and 7,129 National District Enrolled Nurse Certificates between 1971 and 1983. In addition, certificates were also issued to District Nurse Tutors (216) and Practical Work Teachers (3,160) (see Appendix 3.3 for the number of certificates
issued between 1968-1983). From 1968, the Secretary prepared and issued the Examination Bulletin and from 1974 this was developed to an Information and Examination Bulletin. These together with letters and circulars had to be prepared and despatched to Nursing Officers and Tutors. Additionally, position papers had to be prepared and the number of these increased from 1970 onwards.

Enquiries from members of the nursing and district nursing professions and also from the general public relating to various aspects of district nurse education were dealt with by both the Professional Nursing Officers and the Secretariat. The very nature of the work meant that the Secretariat was constantly having to work under pressure, and with the six examinations each year the time schedule was always tight. Sometimes priorities had to be worked out. For example the 14th Bulletin published in 1979 took the form of a three page leaflet with an introduction to explain its limitations which read:

It had unfortunately not been possible to produce the usual edition of the Bulletin for April. With arrangements for the introduction of the new curriculum underway the Panel's small Secretariat is working under extreme pressure and some work has to take second place. It is hoped however that a full Bulletin will be issued in August.

(PADNT Bulletin No 14 April 1979)

Any new developments, such as the introduction of a new curriculum, obviously placed additional and sometimes almost intolerable burdens on the administrative and clerical staff. There were some occasions when the Health Departments actually asked the Panel to consider staffing implications before it embarked upon a new development, with a view to it making a bid for additional support (Panel Minutes 15.3.78/114). And the Department is known to have occasionally provided extra support at times of new developments or for special events, such as the annual
District Nurse Tutor's Conference, in order to try and relieve the Secretariat of extra work. However, on the whole it was left to the Panel to make a case for more help. For example, in 1979, the Chairman advised the Department that the precarious situation of the Secretariat made it difficult for the Panel to undertake the full functions of a nurse training body. But since this was at a time when the staffing position in the Department as a whole was very difficult, the Panel could not have anticipated that a great deal of extra help would be forthcoming (Panel Minutes 12.9.79/NP2). A paper produced, by the Secretary, around this time provides a useful summary of the work of the Secretariat (Panel Paper PA(79)29).

Since the staff who formed the Secretariat were all "career grade" civil servants the Panel had no control over their appointments or departures. In all, the Panel was served by a total of five secretaries during the period 1959 - 1981 (see Appendix 3.4). The term of office of individuals varied from six months to eight years. The Panel acknowledged the loyalty and commitment of all its Secretariat, by minuting its appreciations, through personal tributes in the form of farewell presentations and by written tributes in the Bulletin. For example, a tribute to Mr Matthews the longest serving Secretary, appeared in the 12th issue of the Information and Examination Bulletin (August 1978) which besides stating that he would be a great loss to the Panel said:

In addition to having the facts and problems of district nurse training at his fingertips he cared greatly about his work in seeking to improve that training and was constantly on the look out for ways in which that training might be improved with a view to strengthening the contribution that district nurses can make to primary health care.

(PADNT Information and Examination Bulletin No 12 August 1978:1)
The tribute went on to say that "His professional skill made him a valuable guide to the Panel". There is no doubt that the Panel valued the support of its Secretary and support staff, nor that the Secretariat played a vital and valuable role in the Panel's work.

During the period when the Panel had to establish its own independence from the Department an administrator was seconded to it, as Secretary to the Panel for the period April - September 1981. By the end of that period the Panel had appointed its own staff; one senior administrative officer; two administrative officers - one as Examinations Officer, the other as Finance Officer; one typist/secretary; one clerical officer. The fact that the two administrative officers elected to transfer from the Department's employment to that of the Panel's helped to effect a smoother transition (PADNT Bulletin No 19 January 1982:2-3).

The Panel's professional, administrative and clerical staff had only just settled into the Panel's new premises, alongside the CETHV, in Clifton House, Euston Road, London, when they were to learn that the Panel was being asked to relocate its headquarters at Victory House, Tottenham Court Road, London. This was the headquarters of the newly established English National Board for Nursing, Midwifery and Health Visiting (ENB). At the time the shadow ENB had just been established as one of the five statutory bodies set up as a result of the 1979 Nurses, Midwives and Health Visitors Act. It was not fully staffed nor would it be until the demise of the extant training bodies, therefore it had excess space. It seemed pointless for the Department to be paying rent for this under-utilised property and also for Clifton House.

Initially, the Panel would not agree to the move from Clifton House even though the accommodation it was being
offered by the ENB was adequate for its requirements. The rejection resulted from the fact that the CETHV was dissatisfied with the accommodation it was being offered, therefore because the Panel was anxious that the community services as a whole should be properly housed it agreed to act with the CETHV in rejecting the accommodation (Panel Minutes 15.7.82/NP19).

The Panel was concerned that by moving into the premises of the English National Board it would once again be seen to lack autonomous status. But it did receive a letter from Baroness McFarlane, the Chairman of the ENB, which gave assurance that the autonomous status of the Panel would be safeguarded when it moved to Victory House. The move took place in December 1982 (Panel Minutes 28.4.82/NP18). This meant that the Panel had spent just fifteen months of its life working from its own premises, although once whilst at Clifton House and once again whilst at Victory House the Panel’s meeting could not be accommodated at its own headquarters. This was because the dates of the meeting clashed with those of the other resident bodies. On both occasions the Queen's Institute generously offered to host the meeting. It is something of irony that the Panel having helped to bring about the demise of the Queen's Institute as a district nurse training body, held its final meeting at the premises of the Queen's Institute. But it does serve to demonstrate that in the later stages of the Panel's life the two organisations were working together in a spirit of mutual co-operation.

During the period of handover to the new statutory bodies, the Panel's Minutes reveal the fact that the Panel mainly through the work of its Chairman and Finance and General Purposes Committee, did all it could to ensure that all its staff were found employment in the new statutory nurse training bodies. In addition, the Panel endeavoured to ensure that the terms of employment were not less
favourable. All the staff were eventually secured comparable posts before the Panel's demise, apart from two members of the Panel's staff who were on short term contracts, these being a Research Officer and an Assistant.

Research Staff:

In 1980, Dr Brian Salter was appointed as Senior Research Officer to the Panel on a part-time basis (Panel Minutes 2.7.80/NP7). His work and that of his assistant, together with the Panel's involvement will be dealt with elsewhere.

FORMAT OF MEETINGS AND COMMITTEE STRUCTURE:

In all, the Panel met on 147 occasions. From its inception in 1959 and until 1979, there were 122 meetings. Then in its reconstituted form the Panel held 25 meetings before its demise in June 1983. The Panel, together with its support staff and Government observers met approximately six times per annum. Although in 1967 and 1978 additional meetings were needed to cope with the volume of business. The dates of all the Panel's meetings will be found in Appendix 3.5.

The Panel's first eight meetings were devoted to business and this included the scrutiny of draft examination question papers. However, from the ninth meeting onwards alternative meetings were devoted to the assessment of marked scripts. No minutes were taken at such meetings. This pattern of meetings continued until the forty-fifth meeting when it was abandoned, presumably due to the increase in the amount of business, for whilst this particular meeting was scheduled for the assessment of marked scripts, minutes were taken and these record the fact that the non-business meeting had been extended to allow discussion preliminary to the five year review of district nurse training (Panel Minutes 5.10.66/44). The
Panel then conducted business at all its meetings and in addition moderated marked scripts at alternate ones. The Panel meetings, apart from the second one, were held in the mornings, but from the fifty-sixth meeting onwards these had to be extended into the afternoon to allow for the moderation of scripts. This system continued until the seventy-eighth meeting when one of the Panel members drew attention to the fact that due to the increasing number of scripts for moderation, there was insufficient time to devote to this task. This situation had arisen because of the introduction of a national examination in district nursing for enrolled nurses. The Panel was concerned that the situation could worsen because at this time they had also begun to scrutinise the recordings on the practical assessment forms of the students whose examination scripts they moderated (Panel Minutes 14.7.71/75). Therefore the Panel, from this time onwards, decided to allocate three meetings per annum for assessment purposes and four or five for business purposes. However, the Panel was obviously unable to operate this system because whilst the seventy-sixth meeting was used for assessment only, from then onwards urgent business items appeared on the agenda and in the minutes of all assessment meetings.

In 1976, in order to alleviate the situation, the Panel delegated the moderation of marked examination papers and completed practical forms to its Examination Sub-Committee whose work will shortly be discussed in more detail.

From 1968 onwards, the Panel established committees and working parties in order to expedite its business. Members and officers were required to serve on these and also on joint committees and working parties established with other organisations to pursue matters of mutual interest and concern. Table 3.3 provides details of all the committees, working parties and groups which fall into the aforementioned categories.
Discussion of the terms of reference, functions and recommendations of most of these thirty-two working groups and committees will take place within the context of the relevant chapters of this dissertation. Therefore, only three will be discussed in detail at this juncture. Namely, the Examinations Sub-Committee which was the longest standing one, the Education Committee and the Finance and General Purposes Committee. The last two were set up by the reconstituted Panel, in 1981, following a review of the Committee Structure (Panel Paper PA(81)3).
<table>
<thead>
<tr>
<th>Year</th>
<th>Names of Committees, Working Groups and Working Parties in which Panel Members and Staff participated</th>
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<tbody>
<tr>
<td>1968</td>
<td>SEN District Nurse Training Working Group: 27.11.68 - District Working Group 29.5.69 - Sub-Committee to consider form of examination 26.11.69 of examination for SDNs 16.7.69 views on the future of district nursing training 4.2.70</td>
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<td>1969</td>
<td>23.9.70 - Special Sub-Committee 25.11.70 to define functions and training of district nurse</td>
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<tr>
<td>1970</td>
<td>Working Group Senate Committee to collate Panel's comments for Submission to SnoC 10.3.71 10.2.71 24.11.71 to define functions and training of district nurse 14.7.71</td>
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<tr>
<td>1971</td>
<td>7.7.72 - Sub-Committee to define functions and training of district nurse 14.7.71</td>
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<td>1972</td>
<td>19.7.72 - Sub-Committee on preparation of District Nurse Tutors &amp; Practical Work Instructors 21.3.73 12.2.75 - Working Party on New Syllabus (set up 21.1.75)</td>
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<td>1974</td>
<td>14.9.77 - District Enrolled Nurse Working Party 20.9.78 - Panel &amp; RCN Working Group to discuss Univ. of London Dipl. in Nursing Education as possible preparation for District Nurse Tutors 17.1.79 4.7.79</td>
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<td>1975</td>
<td>12.2.75 - Working Party on New Syllabus (set up 21.1.75)</td>
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<td>1976</td>
<td>17.3.76 - Briggs Joint Liaison Committee 11.2.76</td>
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<td>1977</td>
<td>14.9.77 - District Enrolled Nurse Working Party 20.9.78 - Panel &amp; RCN Working Group to discuss Univ. of London Dipl. in Nursing Education as possible preparation for District Nurse Tutors 17.1.79 4.7.79</td>
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<td>1978</td>
<td>19.1.77 - Working Group Workers in Primary Care (set up by CEPHV) 20.9.78 - New Curriculum Committee 21.1.80</td>
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<td>1979</td>
<td>12.2.75 - Working Party on New Syllabus (set up 21.1.75)</td>
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<td>1980</td>
<td>12.9.79 - District Nurse Tutors to Introduce New Curriculum 17.1.79 12.9.79</td>
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<td>12.9.79 - District Nurse Tutors to Introduce New Curriculum 17.1.79 12.9.79</td>
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<td>12.9.79 - District Nurse Tutors to Introduce New Curriculum 17.1.79 12.9.79</td>
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<td>1983</td>
<td>12.9.79 - District Nurse Tutors to Introduce New Curriculum 17.1.79 12.9.79</td>
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Key to Table 3.3

+ Panel's Committees, Working Groups and Working Parties. Some had co-opted non-Panel members including representatives from other organisations

# Joint Committees, Working Groups and Working Parties established by the Panel or other organisations as a result of the need to collaborate on matters of mutual concern

NB Since the exact date when Committees, Working Groups and Working Parties were established and disbanded is not known, in all instances, the date when they were minuted in the Panel's Minutes as being established and completing their work is given. These dates precede and follow the name of the Committee/Working Group/Working Party. In a couple of instances the relevant Minutes embraced both aspects ie establishment and completion.

Examination Sub-Committee:

In November 1970, the Panel of Assessors, with the agreement of the DHSS, constituted an Examinations Sub-Committee. At this time the committee's membership comprised: two district nurse tutors; two educationalists from the higher education sector; two doctors one from general medical practice and the other a county medical officer of health (Panel Minutes 25.11.70/71). The committee's terms of reference were "to compile and submit for approval to the Panel of Assessors question papers for the examinations for the National Certificates in District Nursing". But the practice of inviting staff in charge of theoretical training centres [2] to submit questions for possible inclusion in future papers was retained (PADNT Examination Bulletin No 8, January 1971).

The committee's functions were extended in 1974, when the Panel decided to issue "outline answers" as guidance to Examiners. It required the Sub-Committee to produce these (PADNT Information and Examination Bulletin No 1, December 1974:2). But in 1975, the Sub-Committee took the initiative to extend its functions by offering to relieve
the Panel of the moderation of marked scripts (Panel Minutes 8.10.75/100 and Panel Paper PA(75)52). As already mentioned the Panel delegated this task from September 1976 onwards, although it decided to retain overall responsibility for the approval of the examination paper and examination results (Panel Minutes 11.2.76/102).

Until 1977, the Chairman of the Examinations Sub-Committee had to be a Panel member and often s/he was the Panel's only representative. But from this time onwards the Committee was allowed to elect its own chairman, who if not a Panel member was eligible to attend Panel meetings ex-officio.

The Committee was keen to establish ways of standardising assessment procedures but had insufficient time to discuss such matters. So from 1978 onwards, it sought and obtained the Panel's permission on each occasion when it wished to hold a business meeting to discuss ways of improving the examination system (Panel Minutes 15.3.78/114). A year later, in 1979, the Sub-Committee proposed that a Working Group on Examinations and Assessment be set up to review the various methods of assessment needed for the New Curriculum. This was agreed and the Group's working time scale can be seen in Table 3.3.

When the Panel was reconstituted in April 1979, it decided to review the Panel's Committee Structure. Consequently an Education Committee replaced the New Curriculum Planning Committee. The Education Committee asked for the accountability of the Examinations Sub-Committee to be transferred to it and the Panel agreed to this request (Panel Minutes 1.7.81/NP13). Understandably the Sub-Committee considered itself to have been downgraded and felt somewhat distanced from the Panel since it was no longer automatically represented at Panel meetings. In order to overcome its feelings of isolation and detachment
the Sub-Committee asked if it might, in accordance with previous practice, receive copies of the minutes of the Education Committee and Panel Meetings (Panel's Examinations Sub-Committee Minutes 26.2.82) but this request was rejected (Panels's Education Committee Minutes 16.4.82 and 11.6.82). However, the Education Committee did agree to provide a regular report on relevant issues and to pass on the request for the receipt of minutes to the Panel, who considered it was inappropriate for the Examinations Sub-Committee to receive the minutes of either meeting (Panel Minutes 28.4.82/NP18). This reversal of previous Panel policy is known to have caused considerable ill feeling amongst the members of the Panel's longest standing and extremely hard working Committee. However, the Examinations Sub-Committee was to outlive the Panel and all its other committees and working groups because it eventually became an Examinations Working Group (District Nursing) of the four National Boards of the United Kingdom. In this capacity, working with moderators, it assumed overall responsibility for setting the paper, moderating the scripts and determining the pass list. It continued these functions until the full implementation of internal examinations for district nurses and district enrolled nurses was effected in 1985.

Education Committee:

Reference has already been made to the fact that the Education Committee was established by the reconstituted Panel. This occurred in January 1981 (Panel Minutes 21.1.81/NP10). Initially this comprised ten members of whom half had to be Panel members, including the Chairman. At least five of the members had to be district nurse tutors, and a practical work teacher, one a general educationalist and one a nurse manager. The Panel gave the Education Committee powers to co-opt two additional members for specific purposes which it did. The Committee's broad
terms of reference were "To advise the Panel and make recommendations on all matters relating to continuing district nurse education and training" (Panel Paper PA(81)3 and Panel Minutes 21.1.81/10).

According to a paper produced by the District Nursing Joint Committee (DNJC Paper (83)11) within this remit:

matters were referred by the Panel for the consideration of the committee regarding the education and training of district nurses, district enrolled nurse, district nurse tutors, practical work teachers and others with responsibility for such education and training,

the committee made recommendations to the Panel on any educational matters, including research relevant to district nurse education and training which the committee considered should be brought to the attention of the Panel or which had been referred to the committee by the Panel,

the committee considered and made recommendations on the approval and reapproval of teaching centres and of such courses as the Panel designated as requiring Panel approval,

the committee was empowered to set up an examinations sub-committee and any other sub-committees or working groups as the Panel might approve.

It will therefore be appreciated that this Committee, under the Chairmanship of Dr Kratz, had wide ranging responsibilities. Consequently it relieved the Panel of a great deal of routine and development work, allowing the Panel more time to concentrate on policy formulation in connection with the handover of its functions to the five new statutory bodies.

Finance and General Purposes Committee:

When the reconstituted Panel finally received the promise of independence from the DHSS it required a budget in order to adapt the accommodation earmarked for it at Clifton
House, Euston Road, and to appoint its own staff. Obviously it needed to devise a means of managing its financial and personnel affairs. Therefore, the Panel established a Finance and General Purposes Committee with the following terms of reference "The Committee shall be responsible to the Panel for all matters pertaining to finance and staffing and any other matters of urgency". The Committee was allowed to define its functions for presentation to the Panel, but in general terms it was expected to consider annual and revised estimates, as requested by the Health Departments, approving expenditure on equipment etc and approving accounting systems. In relation to staffing matters, the committee would approve the arrangements for entry, dismissal and promotion of staff, except for chief officers, conditions of service and salaries, as approved by the Health Departments. In addition, the committee would approve the arrangements for accommodation, furnishing and supplies (Panel Paper PA(81)3).

Originally the Panel agreed that this Committee should comprise six members, of whom four should be from the Panel, the remaining two co-opted; one of the latter with finance and personnel experience (Panel Minutes 21.1.81/NP10). The two co-opted members never materialised. Instead the Panel appointed two alternates from amongst its membership. These members received all the Committee's Papers and acted as a substitute should one of the regular four Committee members be unable to attend (Panel Minutes 11.3.81/NP11).

This small functional Committee managed to fulfil its functions efficiently and keep within its allocated cash limit. For 1981/82 this amounted to £177,000 (Panel Minutes 28.4.81/NP12). Because this Committee was inquorate on one occasion as a result of a rail strike, it was decided to increase its membership (Panel Minutes
8.9.82/NP20). As was mentioned earlier, this Committee, chaired by Mr Robson, did all it could to ensure the future well being of the Panel's staff at the time the Panel handed over its functions to the new statutory bodies. And in its final report to the Panel on 22nd June 1983 it was able to confirm that "matters relating to the transfer of staff to the new bodies and Superannuation had been successfully cleared up" (Panel Minutes 22.6.83/NP25).

CONCLUSION:

This chapter has described the way in which the Panel was established and the context within which this nurse training body operated, so as to provide a framework for the various aspects of its work which will be discussed in the ensuing chapters. It will have become clear that when the Panel was set up it was required to operate within clearly defined boundaries and within limited resources. There is no doubt that the Panel's officers and members were required to work hard in order to execute the Panel's routine business and to develop new aspects of its work. Not only were members and staff required to attend meetings of the Panel and its committees etc, but some had to represent the Panel elsewhere. For example the Panel had a representative on the National Steering Group on Development of Learning Resources (Panel Paper PA(74)52).

However, even when, in 1981, the Panel comprised twenty members it still had to utilise the services of fourteen non-Panel members to ensure its Committees were up to full strength, and some Panel members served on several Committees (see Appendix 3.6 for details of membership of Panel and Committees in 1981).

Until the Panel acquired independence its headquarters were shifted around various buildings belonging to the Ministry of Health and DHSS, the details of the venues for the Panel
Meetings will be found in Appendix 3.7.

What will become apparent in the remainder of this study is the fact that the Panel's work generally developed in response to manifest educational needs which were brought to its attention from various sources.

NOTE

[1] The total of 26,602 National District Nursing Certificates between 1960 and 1983 was calculated using statistics supplied by Miss Robottom, Principal Adviser District Nursing, ENB (see Appendix 3.3) and statistics supplied in the DHSS Annual Report for 1968 on page 61 which states that 6,440 NDN Certificates had been issued between 1960 and 1968. However, the accuracy of this DHSS figure is debatable. See Table 4.1 on page 167 for the reason why.

[2] "Theoretical training centre" is a badly phrased expression because it suggests that the training centre is only there in theory, rather than the training centre existing to teach theory. But since it was the expression the Panel used it is also utilised in this thesis. The Panel sometimes shortened "theoretical training centre" to "theoretical centre" therefore this term is also used periodically in this thesis. Later the Panel introduced the term "teaching centre" and eventually this replaced the former ones.
<table>
<thead>
<tr>
<th>SOURCES OF REFERENCE</th>
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<tbody>
<tr>
<td>Armer F (Chairman)</td>
</tr>
<tr>
<td>1955</td>
</tr>
<tr>
<td>Report of the Working Party on the Training of District Nurses</td>
</tr>
<tr>
<td>HMSO:London</td>
</tr>
<tr>
<td>Berger P &amp;Luckmann T</td>
</tr>
<tr>
<td>1967</td>
</tr>
<tr>
<td>The Social Construction of Reality</td>
</tr>
<tr>
<td>Penguin Books</td>
</tr>
<tr>
<td>Briggs A (Chairman)</td>
</tr>
<tr>
<td>1972</td>
</tr>
<tr>
<td>Report of the Committee on Nursing</td>
</tr>
<tr>
<td>HMSO:London</td>
</tr>
<tr>
<td>DHSS</td>
</tr>
<tr>
<td>1969</td>
</tr>
<tr>
<td>Annual Report of the Department of Health and Social Security for the year 1968 cmnd 4100</td>
</tr>
<tr>
<td>HMSO:London</td>
</tr>
<tr>
<td>DNJC Paper</td>
</tr>
<tr>
<td>1983</td>
</tr>
<tr>
<td>District Nursing Joint Committee Paper (83)11 The Work and Activities of the former Panel of Assessors for District Nurse Training</td>
</tr>
<tr>
<td>Elliott A et al</td>
</tr>
<tr>
<td>1980</td>
</tr>
<tr>
<td>Training for Nurses/District Nurse Training in Journal of Royal College of General Practitioners, February, Vol 30, pp 69, 70 and 74</td>
</tr>
<tr>
<td>Grusky O T &amp; Miller G</td>
</tr>
<tr>
<td>1970</td>
</tr>
<tr>
<td>The Sociology of Organisations</td>
</tr>
<tr>
<td>HMSO</td>
</tr>
<tr>
<td>1980</td>
</tr>
<tr>
<td>Directory of Schools of Nursing 1980</td>
</tr>
<tr>
<td>HMSO:London</td>
</tr>
<tr>
<td>Ingall D H (Chairman)</td>
</tr>
<tr>
<td>1959</td>
</tr>
<tr>
<td>Training of District Nurses Report of the Advisory Committee</td>
</tr>
<tr>
<td>HMSO:London</td>
</tr>
<tr>
<td>Jones D</td>
</tr>
<tr>
<td>1987</td>
</tr>
<tr>
<td>Written Evidence supplied in response to an enquiry by S J Gibson</td>
</tr>
<tr>
<td>Journal of Community Nursing</td>
</tr>
<tr>
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<td>&quot;Round Up&quot; in Journal of Community Nursing March, p 15</td>
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**Panel Paper**

ACTDN/PA(70)44
Theoretical Instruction - Setting and Maintaining Standards
November 1970

PA(71)7
Joint Working Party of the Panel and CTHV
January 1971

PA(74)52
Steering Group on the Development of Learning Resources
November 1974

PA(75)30
Yearbooks and other Sources of Information
July 1975
| Panel Paper | PA(75)52  
Review of Examinations Sub-Committee  
November 1975 |
|-------------|---------------------------------------------------------------|
| Panel Paper | PA(78)26  
Reconstitution of the Panel of Assessors - Secretariat Paper  
May 1978 |
| Panel Paper | PA(78)27  
Constitution and Re-organisation of the Panel, July 1978 |
| Panel Paper | PA(78)34  
Reconstitution of Panel of Assessors  
July 1978 |
| Panel Paper | PA(78)48  
Reconstitution of the Panel of District Nurse Training, August 1978 |
| Panel Paper | PA(79)16  
Reconstitution of the Panel of Assessors  
March 1979 |
| Panel Paper | PA(79)29  
Introductory Paper on the Functions and Work of the Panel of Assessors for District Nurse Training, 4th July 1979 |
| Panel Paper | PA(80)33  
Letter to Mr Robson, Panel Chairman from D A Harrison DHSS  
April 1980 |
| Panel Paper | PA(81)3  
Panel Committee Structure  
January 1981 |
| Panel Paper | PA(81)4  
The Panel: Finance, Location and Staff  
January 1981 |
<table>
<thead>
<tr>
<th>Author</th>
<th>Year</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robottom B</td>
<td>1987</td>
<td>Letter from Miss Robottom, Professional Adviser District Nursing, ENB, to Miss S Gibson dated 10th April</td>
</tr>
<tr>
<td>Wilensky H L</td>
<td>1964</td>
<td>The Professionalization of Everyone in Grusky O T &amp; Miller G, pp 483-502</td>
</tr>
</tbody>
</table>
CHAPTER FOUR

THE PANEL'S EARLY YEARS
1959 - 1968

INTRODUCTION:

This chapter traces the Panel of Assessor's activities and related developments during the period October 1959 to December 1968. Throughout this time the Panel lacked the status of an independent training body being subservient to the Ministry of Health. This Government Quango Status and the Panel's lack of precise terms of reference resulted in it being reliant on the Ministry and Ingall Report's (1959) recommendations for guidance regarding its functions.

The Panel's main responsibility was to standardise training and examination arrangements rather than to improve training in response to developments in the district nursing service. The Panel operated in parallel with the Queen's Institute which had a long tradition of developing district nurse training in order to improve standards of district nursing practice. The Institute had a proven track record of innovation in training for various categories of community nursing staff and had been the prime initiator of the integrated form of preparation. Inevitably the respective positions of the Panel and Institute lead to ambivalence in their relationship.
The Panel's existence provided the Queen's Institute, Ranyard Nurses and local health authorities with the opportunity of seeking Ministerial approval for a district nurse training scheme leading to the award of a national district nursing certificate. The Ministry of Health anticipated that by giving local health authorities the choice of:

1) running their own scheme

2) using the approved scheme of a neighbouring authority

3) using the approved scheme of a voluntary body ie the Queen's Institute or Ranyard Nurses

that there would be a steady increase in the number of district nurses who possessed a district nursing qualification. The fact that this did not occur will be shown in the next section which provides training statistics. Whilst the position regarding the availability of trained district nurses did not improve during the period 1959 - 1968 the provision of community health care did. Since district nursing practice and training are an integral part of community health care section three deals with the developments in this area of health provision. Section four builds up a picture of the progress of approval of district nurse training schemes in England and Wales for the period under consideration. The re-organisation of local government in the Greater London area altered the arrangements for the district nursing service and district nurse training in the London area, so all these changes are also discussed in section five. The following section considers the Panel's involvement in the development of the district nurse course component of integrated courses between 1963 and 1968. Section seven
traces the developments relating to the arrangements for the examination leading to the award of a national district nursing certificate. The eighth section focuses on the way in which the establishment and development of the Panel affected the Queen's Institute. Section nine provides information regarding the outcome of the Panel's two major reviews of district nurse training. The penultimate section explains how the Panel achieved the status of a United Kingdom training body and the immediate outcome, then follows a concluding discussion.

TRAINING STATISTICS:

Because local health authorities failed to take advantage of the facilities available to them following the establishment of the Panel (Panel Minutes 24.5.67/50) the improvement anticipated by the Ministry of Health did not occur. By May 1967, the percentage of practising district nurses who held a district nursing qualification was approximately fifty per cent, exactly the same figure as in 1953 when the Working Party on the Training of District Nurses was set up (Panel Minutes 24.5.67/50).

The number of students who were awarded the national district nursing certificate for the period 1960 - 1968 will be found in Table 4:1.
Table 4:1 The Number of National District Nursing Certificates awarded Annually between January 1960 - December 1968

<table>
<thead>
<tr>
<th>Year</th>
<th>According to the Ministry of Health the No of National Certificates Awarded:</th>
<th>According to the Ministry of Health this brought the total No of successful candidates since Certificate was introduced in 1960 to:</th>
<th>Figures in brackets provide totals as corrected by the writer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1960</td>
<td><strong>144</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1961</td>
<td>860</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1962</td>
<td>698</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1963</td>
<td>826</td>
<td>*2,383</td>
<td>(2,528)</td>
</tr>
<tr>
<td>1964</td>
<td>864</td>
<td>3,247</td>
<td>(3,392)</td>
</tr>
<tr>
<td>1965</td>
<td>841</td>
<td>4,088</td>
<td>(4,233)</td>
</tr>
<tr>
<td>1966</td>
<td>736</td>
<td>4,824</td>
<td>(4,969)</td>
</tr>
<tr>
<td>1967</td>
<td>767</td>
<td>5,591</td>
<td>(5,736)</td>
</tr>
<tr>
<td>1968</td>
<td>849</td>
<td>6,440</td>
<td>(6,585)</td>
</tr>
</tbody>
</table>

NB + Figures taken from Ministry of Health Reports for period 1960 - 1968.  
* An error in the calculations has obviously occurred at this juncture and then been compounded  
** All trained at Queen's Institute Centres and sat the Sept 1960 National Examination.

The above table was compiled from statistics provided in the Reports of the Ministry of Health for the period 1960 - 1968. An error, by the Ministry's staff obviously occurred in calculating the total number of certificates awarded in 1963 and inevitably this error was compounded in subsequent years. The number of certificates awarded in 1960 is low because the Queen's Institute was the only authority to enter students for the first "national approved" district nursing examination in September 1960. Whilst the number of certificates awarded per annum fluctuated, there was not any real increase between 1961 - 1968.

Since the district nursing qualification was not mandatory for practice, there is no doubt that the commitment of
local health authorities to district nurse training varied. But even those who were committed had many competing demands on their financial resources. Local health authorities had to function within their allocated budgets. In doing so, each authority had to determine how much it could spend on district nurse training, the training of other categories of staff employed and service requirements. Inevitably, local health authorities, with a high turnover of district nursing staff were required to spend more of their income on the recruitment and training of district nurses, than those with a more stable staffing situation. High staff turnover was more likely to occur in the areas of greatest deprivation and such areas usually failed to attract trained staff.

A SCENARIO OF DEVELOPMENTS IN COMMUNITY HEALTH CARE 1959 - 1968:

The period 1959 - 1968 saw a growth in the development of community health care. The development of local health authority and general medical practitioner services resulted from the Government's policy which related to the outcome of "A Hospital Plan for England and Wales" (MoH 1962). The purpose of the Plan, as set out in the preface of the Report was:

\[
\text{to give the hospital service for England and Wales both the physical equipment and also the pattern and setting which will everywhere place the most modern treatment at the service of patients and enable the staff who care for them to exercise their skill and devotion under the best conditions.}
\]

(MoH 1962:iii)

The preface went on to explain that the Plan set out ways of modernising the whole pattern and content of the hospital service and "for integrating it still more closely with the great services which provide care and treatment
outside the hospital".

The Hospital Plan supported the idea of a district general hospital, comprising 600 - 800 beds and serving a population of 100,000 - 150,000 (page 4, paragraph 20). It considered that many small hospitals would still be needed (page 7, paragraph 25) and that there should be "general practitioner beds" and "general practitioner hospitals" (page 7, paragraph 26). The Plan recommended that patients suffering from mental illness, who were only in need of short term hospital care, should be cared for in units attached to general hospitals (page 8, paragraph 27). Those familiar with the current health service provision in England and Wales will realise that all these recommendations became a reality.

The Plan (MoH 1962) contained a section on "Care in the Community" as a necessary counterpart of hospital services (pages 9-12). All local health authorities were asked to draw up plans for developing their services over the decade 1962/63 - 1971/72 (Report of Ministry of Health (for 1962) 1963:1). They were to take account of the fact that:

the first concern of health and welfare services will continue to be to forestall illness and disability by preventative measures; and that where illness or disability nevertheless occurs, the aim will be to provide care at home and in the community for all who do not require the special types of diagnosis and treatment which only hospitals can provide.

(MoH: A Hospital Plan 1962:9)

The adoption of a community orientated approach was to be equally applicable to care of patients with physical or mental disorder or handicap. From 1960, it also became the responsibility of local health authorities to provide mental health services (HMSO 1959 Mental Health Act page 49 and Report of Ministry of Health (for 1961) 1962:74-75). The Hospital Plan also stressed the need for health
authorities to take account of what was happening in related fields.

At this time the family practitioner services came under the control of the Local Executive Committee, although the practitioners were appointed and operated as independent contractors (Allsop 1984:29). But the Plan laid down guidelines for the development of the Executive Committee Services. The general medical practitioner services were not considered to lend themselves to long term planning on the same basis as hospital and local health authority services. Even so, in order to ensure they were developed to best advantage a professional committee was set up, in 1961, under the chairmanship of Dr Annie Gillie (Report of Ministry of Health (for 1963) 1964:3). The Committee's terms of reference were:

To advise on the field of work which it would be reasonable to expect of the family doctor to undertake in the foreseeable future, having regard to the probable developments during the next ten to fifteen years both in general practice itself, including its organisation, in the supporting facilities provided by the hospital and specialist and local health authority services.

(Gillie Report 1963:5)

The Gillie Report (1963:37-38) stressed the need for greater co-operation between the health and welfare local health authority services and general medical practice. It considered that the family doctor should have the help of the domiciliary team of workers provided by the local health authority. The Report stressed:

Full co-operation can best be secured by the attachment of field workers (for example the nurse, midwife and health visitor) to individual practices. This is already occurring in some areas and it must become general . . .

(Gillie Report 1963:38)
The domiciliary team became more commonly known as the Primary Health Care Team. According to Friend (1973) "In 1964 only two per cent of home nurses were working in partnership with general practitioners. By 1969 the percentage had increased to 25 per cent". But some were teams in name only (Gilmore et al 1974).

In the light of the Gillie Report (1963) the Health Ministers established a Working Party to consider ways of improving standards of general practice excluding only the issue of remuneration, since this was to be dealt with in another forum. By August 1964, the Ministry had, with representatives of the profession, worked out a scheme to provide for direct payments to doctors for expenses incurred in the employment of ancillary staff and had discussed similar arrangements in respect of the annual cost of providing and improving practice premises (Annual Report of Ministry of Health (for 1964) 1965:1). Consequently, from this time onwards increasing numbers of Practice Nurses were employed during the period under consideration, and the training needs of this group were brought before the Panel, but the outcome will be dealt with later in this study.

During 1965, the "Charter for the Family Doctor" had been worked out in response to a threat of collective withdrawal of services by general practitioners (Annual Report of Ministry of Health (for 1965) 1966:1). This resulted in general practitioners negotiating better terms of service and remuneration. From then onwards general medical practice became a more attractive career choice.

Following the last two aforementioned developments there was an upsurge of demand for health centres; that is, for premises housing general practitioners and local health authority services. For example, in 1966, eight were opened, thirteen in the process of being built, plans

At the same time there was a vigorous growth of local health authority and welfare services and a commitment to further substantial developments. In terms of current expenditure, 1965/1966 showed an increase of thirteen percent over the previous years. At this time there was an improvement in the recruitment position of domiciliary staff (Ministry of Health Report (for 1966) 1967:4 and 5). The improvement in the staffing of the district nursing service in England and Wales for the period 1963 - 1966 can be seen in Table 4:2 below.

Table 4:2 Staffing position in District Nursing Service in England and Wales for the period 1963 - 1966

<table>
<thead>
<tr>
<th>Year</th>
<th>No of WTE Staff in District Nursing Service</th>
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<tbody>
<tr>
<td>1963</td>
<td>7,620</td>
</tr>
<tr>
<td>1964</td>
<td>7,937</td>
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<tr>
<td>1965</td>
<td>8,151</td>
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<tr>
<td>1966</td>
<td>8,386</td>
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</tbody>
</table>

NB (i) The figures include SRNs and SENs and student district nurses in post on 31st December


As the first footnote to the table above mentions, the figures given include both grades of nurses. Initially enrolled nurses had been employed to make up the deficit in the number of registered nurses entering the district nursing service. Between 1959 - 1966 the number of
enrolled nurses employed in the home nursing service varied slightly, but in 1962 it peaked reaching 1,041 (Report of Ministry of Health (for 1962) 1963:75). The training needs of this group will be discussed in Chapter Seven. However, the Report of the Sub-Committee appointed by the Standing Nursing Advisory Committee to consider the use of ancillary help in local authority nursing services (Ministry of Health Circular 12/65) was of the opinion that there was a place for both state registered and state enrolled nurses in the home nursing service. This Report recommended that:

The home nurse must retain responsibility for all her patients and should delegate duties only after assessing the individual patients needs and conditions. Perhaps as much as 50% of the home nurses work might be delegated to SENs, nursing auxiliaries or lay assistants . . .

(Ministry of Health Circular 12/65 page 12 paragraph 59)

Therefore, it is not surprising, in the light of this recommendation, that some local authorities did not consider district nurse training a high priority for registered nurses, especially when some members of the nursing profession obviously considered that such staff were already overtrained for much of the work they were doing. Part of the problem was that the district nurses' work tended to be evaluated on the basis of tasks undertaken, eg general care, injections, blanket baths and not on the quality or complexity of the nursing care, including advice, given.

Due to changing demographic trends, district nurses were spending more time with the elderly: in 1953 only forty-four per cent of the total number of home visits were to patients over 65 but by 1961 this number had risen to sixty-four per cent (Report of the Ministry of Health (for 1961) 1962:74). The pattern of nursing care in the community was also changing. As a result of new advances in knowledge and techniques of treatment, certain diseases
resulted in a patient's stay in hospital being shorter and in some cases hospitalization was no longer needed since it could be replaced by treatment as an out-patient (Report of Ministry of Health (for 1960) 1961:95). Increasingly district nurses were involved in visiting patients in their homes, in order to prepare them for investigations and treatments to be conducted in hospital out-patient and X-Ray departments.

During the 1960's, nursing and medical staff were increasingly being alerted to the risks of hypothermia to the young and old. They were advised on the prevention and treatment of the condition. Whilst district nurses and general practitioners had a role to play in the prevention of disease, for health visitors it was a key aspect of their role, and by 1964 the need for a sixty per cent increase in Health Visitors over the next ten years was acknowledged. This need was identified at a time when two-fifths of practising health visitors were known to be between 50 - 60 years of age (CTHV Report 1962-1964:11). Therefore, local health authorities were obliged to spend money on training new recruits since the health visitor qualification was mandatory for practice, a point made earlier.

When the Council for the Training of Health Visitors (CTHV) was established, the location and organisation of the twenty-nine health visitor schools in the United Kingdom varied enormously. Some were run by local health authorities, others by education authorities and others by organisations such as the Royal College of Nursing and Queen's Institute. The newly formed CTHV faced an enormous task of improving recruitment and training but with thirty-two members and a team of professional advisors and administrators they were in a favourable position to succeed.
From the inception of the National Health Service in 1948, until it was re-organised in 1974 each local health authority was responsible for providing a domiciliary midwifery service. By the very nature of their role midwives were actively involved in the prevention of maternal and infant mortality and morbidity. Some authorities employed district midwives only, whereas others used this grade and district nurse midwives and/or triple workers, ie district nurse, midwife and health visitor. The latter were more likely to be employed in rural areas with a low density of population. In the early 1960's home confinements were common place. For example, in 1961 the 277,264 domiciliary cases constituted thirty-seven per cent of confinements in England and Wales (Report of Ministry of Health (for 1961) 1962:80). Later there was increasing emphasis on hospital confinements. But for multigravida patients, this was coupled with planned early discharge. Local health authorities participated in the second part of the basic midwifery training course (CMB Part II) and were compelled to provide the midwives they employed with a statutory midwifery refresher course every five years (HMSO 1936:Midwives Act and CMB Regulations 1955).

There were many other developments in the local health authority and general medical community health care services during the period under discussion. For example the care of high dependency patients who had to rely on highly sophisticated equipment, such as artificial ventilators and possum, being cared for at home (Clarke-Wilson 1977:177). Whilst such patients required considerable amounts of care and staff time other patients required less because of the introduction of disposable and pre-sterilised equipment and surgical dressings.

This section has sought to show how Government policy influenced the development of community health care; how patterns of community health care changed during the
1960's, requiring local health authorities, general medical and hospital services to work together more closely than hitherto. The district nursing service and training was having to compete with these for its share of local health authority finance.

The length of district nurse training was reduced at a time when the district nurse's role was expanding. Even so, district nurse training schemes, based on a national syllabus, were expected to prepare district nurses to work in a diverse range of settings. In some areas the skills of qualified district nurses were used to good effect, but in others they were under-utilised. On qualification, some who were suitably qualified would become dual or triple workers and others would soon leave the district nursing service in order to gain additional qualifications. Some would be prepared by the integrated training schemes which would equip them to function in several areas of professional practice. The next section will consider the approval of the district nurse training schemes for the period 1959 - 1968.

APPROVAL OF DISTRICT NURSE TRAINING SCHEMES IN ENGLAND AND WALES 1959 - 1968:

During 1959 - 1968, the first step in the process of obtaining approval for a district nurse training scheme was for the potential training authority to make an application to the Secretary of the Panel of Assessors, on a standard form TDN/I. On receipt of this the Public Health Nursing Officer, with responsibility for district nurse training, would visit the authority and report to the Panel on the scheme (a standard questionnaire form DN/I was used for this purpose). The Panel members would then consider the scheme and if amendments were required the Panel would advise the Minister. Under his authority, a letter would be sent to the training authority granting provisional
approval and setting out the necessary changes. Once the Panel was satisfied the required amendments had been made it recommended the scheme to the Minister for formal approval. Ministerial approval was then granted. Obviously, this was quite a lengthy process and the majority of schemes were discussed by the Panel on at least two occasions during the validation procedure.

Perhaps not surprisingly, the Queen's Institute's was the first application to be received. Although the Minutes of the first Panel meeting are missing, the Queen's scheme was obviously discussed at the initial meeting of the Panel because it appears under matters arising in the Minutes of the second meeting. However, it must be appreciated that at the time of its application the Queen's Institute, a national training body, was continuing to prepare students for the Queen's District Nursing qualifications.

The Institute submitted two schemes, based on the 6/4 month and 4/3 month models, for Ministerial approval. However, the Panel only considered the latter one, since it saw no need to concern itself with the longer course, because if this incorporated all the elements of the shorter course the minimum requirements would be met. The Panel required minor amendments to the syllabus and then recommended provisional approval (Panel Minutes 8.12.59/2 and 26.1.60/3). The Institute was allowed to start preparing students for the national district nursing certificate from the May 1960 intake. This was prior to the receipt of formal approval from the Minister. This exception to the standard procedure was made because the Panel realised that it would take the Public Health Nursing Officer some time to visit and report upon all the fifty-three training centres approved by the Queen's Institute at this time.

A letter, dated 7th April, from the Institute's General Secretary to the member local health authorities and
affiliated nursing associations explained the current situation. This advised that both of the Queen's Institute's schemes had been approved (see Appendix 4.1 for a copy of the letter). This letter also set out the main differences in the Queen's Institute's new syllabi and the 1956 syllabus in use at the time, then went on to state, "The Minister has agreed to register provisionally all centres at present training under the auspices of the Institute on the understanding that the Institute will satisfy itself that the Minister's requirements are being met". This was a case of temporary self-validation which arose due to the Panel's lack of adequate resources in the way of professional advisers. However, the letter did explain that the inspection of individual centres by the Minister's Public Health Nursing Officers might take place later. The syllabi for both schemes were issued with the letter (see Appendices 4.2 and 4.3 for further details).

Because of these special arrangements the Queen's Institute was the first scheme to train for the national district nursing certificate, but not the first to obtain Ministerial approval: three local health authority schemes obtained formal approval first. Details of all the courses which obtained formal approval between 1960 and 1967 can be found in Table 4.3.
Table 4.3 Names of District Nurse Training Schemes Approved by Minister of Health during the period 1960 - 1967 which are noted in the Panel's Minutes

<table>
<thead>
<tr>
<th>Date of Panel Meeting</th>
<th>No of scheme approved</th>
<th>District nurse Training Schemes Reported as Approved in Panel Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.07.60</td>
<td>1</td>
<td>*Kingston-upon-Hull County Borough</td>
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<tr>
<td></td>
<td></td>
<td>*Leeds County Borough</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Newcastle-upon-Tyne County Borough</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Stoke-on-Trent County Borough</td>
</tr>
<tr>
<td>29.11.60</td>
<td>5</td>
<td>*Queen's Institute of District Nursing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Wolverhampton County Borough</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ranyard Nurses</td>
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<tr>
<td>14.03.62</td>
<td>8</td>
<td>*Middlesex County Council+</td>
</tr>
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<td>28.11.62</td>
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<td>*Kent County Council</td>
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<td>5.10.64</td>
<td>10</td>
<td>§Berkshire County Council</td>
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<tr>
<td>27.09.67</td>
<td>11</td>
<td>¥Bristol County Borough Council</td>
</tr>
<tr>
<td>29.11.67</td>
<td>12</td>
<td>*Yorkshire (West Riding) County Council</td>
</tr>
</tbody>
</table>

Notes:
(1) * Ministerial approval
(2) ¥ Ranyard Nurses:
   (i) approval recommended by the Panel subject to an amendment of List of Examiners (Panel Minutes 20.11.60)
   (ii) proposed that Ranyard Nurses should conduct their own practical training but share QI's lectures and examinations (Panel Minutes 15.3.61)
(3) + Following the re-organisation of local Government in London, Hounslow Borough Council assumed responsibility for district nurse training formerly exercised by the late Middlesex County Council (Panel Minutes 21.7.65)
(4) § This was the date when the Panel recommended the scheme for approval since there is no record in the Panel's Minutes of Ministerial approval
(5) ¥ Approval to undertake district nurse training from June 1968

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Newcastle-upon-Tyne's district nurse training scheme was one of the first to be approved. It will be recalled that this was the only local health authority to run its own scheme prior to 1953, when the Working Party on the Training of District Nurses was established, although at the time when this local health authority submitted its application to the Panel its scheme was in abeyance - maybe because Newcastle-upon-Tyne wanted the unqualified district nurses on its staff to await training until the National Certificate was available. The Panel was critical of the fact that Newcastle-upon-Tyne County Borough had not appointed a general practitioner to the list of examiners, although the Report of the Advisory Committee had not specified the requirements regarding examiners (Ingall Report 1959:60). Newcastle-upon-Tyne recommenced district nurse training in 1962 (Lovett 1983 - oral evidence). Details of the approved district nurse training scheme which Newcastle-upon-Tyne operated between 1962 and 1972 can be found in Appendix 4.4. A comparison of this syllabus and the Queen's Institute 1960, 4/3 month syllabus shows remarkable similarities.

The Wolverhampton County Borough scheme was of particular interest to the Panel, since it was a planned co-operative venture which included Staffordshire County Council and four County Boroughs. The Panel considered that the scheme had great possibilities (Panel Minutes 1.3.60/4); but it discussed the fact that the person who was to be responsible for the course had neither a health visitor certificate nor a diploma in teaching. However, the Panel agreed that "as the Advisory Committee had not stipulated the qualifications which the responsible officer should have, she would be regarded as acceptable if she had adequate experience in district nursing and were competent to carry on the service" (Panel Minutes 8.6.60/5).

The training schemes submitted by Kingston-upon-Hull and
Stoke-on-Trent County Boroughs were considered to be satisfactory. The Panel merely asked the authorities to include a visit to a Mental Hospital in their lists of observation visits. This was not a requirement of the Advisory Committee's syllabus, but the Panel may have considered such a visit necessary in view of the increasing emphasis on caring for the mentally ill in the community.

The Panel's only concern over the Leeds County Borough scheme was that it would only accommodate small intakes of students (Panel Minutes 26.1.60/3). However, the Panel members agreed that the minimum number of students on a course should be six and any authority wishing to run a course with less would have to seek Ministerial approval, on each occasion (Panel Minutes 26.1.60/3). The Panel considered it better to encourage fewer courses but larger intakes of students (Panel Minutes 26.1.60/3). To this end the Panel hoped the West Riding of Yorkshire local health authority would elect to link up with Leeds, but as Table 4:3 shows this county eventually elected to establish its own scheme. The Panel supported joint schemes provided there was one person responsible for the course of training (Panel Minutes 21.1.60/3).

In July 1962, the Panel agreed that a practical training centre should always be formally linked with, and complementary to, one scheme of training. But the reasoning behind this decision appears to have been partly connected with the status of the award, because the Minutes of the Meeting noted that "Difficulties could be foreseen if students from the same authority took different examinations, particularly if one received a Queen's Institute certificate and the other did not" (Panel Minutes 18.7.62/18). However, authorities were free to decide about which theoretical training centre to link up with. In this context York County Borough Council became something of a test case because of its geographical
location, it could send its students to the Queen's Institute lecture centre at Bradford or to the Leeds Borough County scheme. York elected to continue district nurse training in association with the Institute (Panel Minutes 13.3.63/22).

The Ranyard Nurses' application was first brought to the Panel's attention in July 1960, and subject to some changes in the nominations to the Panel of Examiners, approval of the scheme was recommended (Panel Minutes 29.11.60/8). The Ranyard Nurses were still running their own scheme until 1960 and the written examination set by this organisation for 13th January 1960 can be found in Appendix 4.5. This is of particular interest because it is in three parts and comprises two papers. This was a different format to the Queen's Institute examination which was one paper divided into two sections. But the Ranyard Nurses do not appear to have participated independently in the national training scheme. Although the Ranyard Scheme obtained provisional approval (Panel Minutes 29.11.60/8) there is no record in the Panel's Minutes of this organisation ever receiving Ministerial approval to train for the national district nursing certificate. Instead the Ranyard Nurses decided to link up with the Queen's Institute for the lecture programme and written examination, but to retain responsibility for both the practical component of the training programme and the practical examination. The arrangement was accepted by the Panel (Panel Minutes 15.3.61/10).

The Queen's Institute retained its position as a national training body until 1962, and at this time the Institute had sixty-one training centres and only five approved local health authority training schemes were operational (see Table 4.4). But the Institute was aware that it was only a matter of time before large authorities decided to establish their own independent schemes, especially as this
had been predicted by Daley (1961:11). Other aspects of Daley's Report will be discussed later.

**Table 4.4 The number of District Nurse Training Schemes approved by the Ministry of Health 1960 - 1967**

<table>
<thead>
<tr>
<th>Year</th>
<th>No of New District Nurse schemes approved</th>
<th>Total No of District Nurse training schemes approved</th>
<th>No of Queen's Institute Training Centres</th>
</tr>
</thead>
<tbody>
<tr>
<td>1960</td>
<td>6</td>
<td>6</td>
<td>53.</td>
</tr>
<tr>
<td>1961</td>
<td>2</td>
<td>8</td>
<td>57</td>
</tr>
<tr>
<td>1962</td>
<td>2</td>
<td>10</td>
<td>61</td>
</tr>
<tr>
<td>1963</td>
<td>-</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>1964</td>
<td>-</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>1965</td>
<td>-</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>1966</td>
<td>1</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>1967</td>
<td>1</td>
<td>*</td>
<td>*</td>
</tr>
</tbody>
</table>

NB  
(i) Table compiled from statistics supplied in Ministry of Health Reports for the period 1960 - 1967
(ii) * The asterisk indicates that no details were given regarding these figures
(iii) The figures for the Total No of District Nurse Training schemes include the Queens's Institute scheme

From Table 4.3 it will be seen that, in 1962, Middlesex and Kent County Councils both obtained approval to run their own schemes (Panel Minutes 14.3.62/16 and 28.11.62/20). Two interesting features of the Middlesex scheme were that it was to be based in a Polytechnic and that the district nurse tutor was to be appointed by the local education authority on the Burnham Scale, £1,645 - £1,860 (Panel Minutes 18.7.62/18). This meant that the tutor in charge of this course would be on a higher salary scale than colleagues employed by local health authorities on the Whitley Scale, £908 - £1,044 (DHSS letter dated 25.1.81). The Panel's Minutes (29.11.61/14) record the fact that:
the Panel had considerable discussion on the merits of appointing a tutor, in the academic sense, for what was a practical course, but it was conceded that where a large number of students, as in Middlesex, such an appointment might be justified, although as long as the course was adequate the training authority's internal organisation was not strictly the concern of the Panel.

In fact a survey of training courses conducted by Lovett, dated August 1963, revealed that Chiswick Polytechnic trained twelve students on each of its three courses per annum. One course was of seventeen weeks duration and the other two thirteen weeks in length, and at this time the Course Tutor had one Assistant. So the large numbers had not materialised at this stage.

Once again the Panel was critical of a submission which did not contain the name of a general practitioner for inclusion in the List of Examiners. However, it merely drew the authority's attention to the matter. Perhaps it is a little surprising that the Panel did not make its own ruling on this matter since it obviously considered it to be important.

In 1963, Middlesex County Council requested that the name of the Principal of Chiswick Polytechnic be added to paragraph 4 of form TDN1. This gave the name and qualifications of the Nursing Officer or Superintendent responsible for the course of training and conduct of examinations. After considerable discussion the Panel "finally agreed that the special circumstances of the Middlesex scheme, in which the Education Department was also concerned, could be recognised". This was achieved by inserting the name of the Principal in paragraph 3 which already gave the address at which the course was held (Panel Minutes 13.3.63/22). This may seem a minor administrative detail but it serves to demonstrate that for the first time the local education authority's involvement in district nurse training was officially recognised.
However, when the Middlesex County Council informed the Minister of Health, that due to the re-organisation of Local Government in London, it had been decided that the training of district nurses should be undertaken by the London Borough of Hounslow, with effect from 1st April 1965, the Panel agreed that "although the training could continue to be given at Chiswick Polytechnic, it would be necessary for Hounslow to apply for recognition and registration as a training authority". The Panel's Secretary was instructed to send the copy of the application form (TDN1) to the Clerk of the London Borough (Panel Minutes 17.3.65/35). This decision and action only served to reinforce the fact that it was the local health authority, not the local education authority which had overall responsibility for district nurse training at this time.

The scheme submitted by Kent County Council was criticised by the Panel on two counts: one of the lectures on drugs was to be given by a pharmacist and because a general practitioner was not included as a lecturer to the course. However, the Panel were not being pedantic or unreasonable, just merely conforming to the requirements laid down in the National Syllabus. This stipulated that there should be two lectures on the subject of drugs and that these should be given by a Physician or General Practitioner (Ingall Report 1959:12). The Panel was also being consistent in adhering to the regulations, as nine months earlier it had objected to the Queen's Institute involving a pharmacist in its lecture programme (Panel Minutes 29.11.60/8).

In July 1966, the Panel considered a formal application by Berkshire County Council, for a training scheme based on a course previously administered by the Queen's Institute, in the County of Berkshire. The Panel decided the Council should be asked to submit a fresh application in respect of a sixteen week course (Panel Minutes 20.7.67/43). There is
a possibility that Berkshire County Council submitted a scheme based on the 6/4 month model rather than the 4/3 month model. If this is the case those concerned with the course submission must have been unaware of recent developments because, from 1962 onwards, all the Queen's Institute centres were running schemes based on the 4/3 month model, the longer course having being abandoned (Hockey 1964:2). Berkshire's revised application as an independent training authority provided a syllabus which covered the stipulated sixteen weeks and was therefore recommended by the Panel for approval (Panel Minutes 5.10.66/44).

When, in September 1967, it was known that the Queen's Institute would cease its involvement in district nurse training, there were seven local health authority schemes in operation (Panel Minutes 29.9.67/52), and three other local health authorities were awaiting Ministerial approval; namely Lancashire and Surrey County Councils and Bradford County Borough Council (Panel Paper ACTDN/PA (67) 52nd meeting). The latter involving York, Halifax, Wakefield and Huddersfield County Borough Councils and Yorkshire (East Riding) County Council. At the same time five other local health authorities were awaiting Ministerial approval as practical training centres only (see Table 4.5).
Table 4.5 Local Health Authorities awaiting Ministerial approval to become Practical Training Centres, in September 1967

<table>
<thead>
<tr>
<th>Name of Local Health Authority awaiting approval as a practical centre</th>
<th>Name of Local Health Authority providing the theoretical component of the scheme</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Blackpool County Borough Council</td>
<td>Lancashire County Council</td>
</tr>
<tr>
<td>2 Wallasey County Borough Council</td>
<td>Lancashire County Council</td>
</tr>
<tr>
<td>3 Wigan County Borough Council</td>
<td>Lancashire County Council</td>
</tr>
<tr>
<td>4 Somerset Council Council</td>
<td>Bristol County Borough Council</td>
</tr>
<tr>
<td>5 Sunderland County Borough Council</td>
<td>Newcastle-upon-Tyne County Borough Council</td>
</tr>
</tbody>
</table>

A further sixty-four local health authorities and five district nursing associations were at various preliminary stages of the validation process (Panel Paper ACTDN/PA (67) 52nd Panel Meeting). But on the 7th February 1968, the Panel expressed concern that sixty local health authorities had not yet made an application for approval of a district nurses training scheme (Panel Minutes 7.2.68/54). At this stage there appeared to be a possibility of a serious shortfall in training places in the immediate future, because the Queen's Institute was due to cease training in May 1968. However, the expression of the Panel's concern was rather premature, because the Ministry of Health Circular 23/67 setting out the arrangements for district nurses training from May 1968 onwards was only issued on the 8th December 1967 (see Appendix 4.6 for a copy of Circular 23/67). In April 1968, the Ministry sent a "follow up" letter to Circular 23/67, to all the authorities who had not made any proposals for a scheme of training. This asked each of the authorities concerned to let the Ministry know in the near future the arrangements they would be making for district nurse training in their
respective areas (see Appendix 4.7). This obviously had the desired effect because when the Panel met in May 1968, they were presented with a paper which showed the latest position on the approval of courses (Panel Paper ACTDN/PA(68)8 - see Appendix 4.8); and Miss Heaney, the Public Nursing Officer who had been responsible for district nurse training since the Panel was established, reported on the situation. According to the Panel Minutes (22.5.68/56) she said "since the paper had been produced a few other authorities had indicated their intentions, and it therefore appeared that, with very few exceptions, training arrangements for the whole country had been set up". The Panel's Paper referred to above, provides a very comprehensive picture of the situation. From this it will be noted (see Appendix 4.8) that the Queen's Institute had been approved as a lecture centre for the London Boroughs' Training Committee. This may seem strange at a time when the Institute was supposedly in the process of withdrawing from district nurse training. The reason for this arrangement and its consequences will become clear in the latter part of the next section. Therefore, here it will suffice to record the fact that the Queen's Institute prepared thirty-eight students, from London Boroughs, for the September 1968 National Examination (Panel Minutes 17.7.68/57).

The reasons for the changes which occurred in district nurse training in the London area, during the period 1965 - 1968, are now discussed.

CHANGES IN THE ARRANGEMENTS FOR DISTRICT NURSE TRAINING IN THE LONDON AREA:

In Chapter Two reference was made to the fact that the demise of the Ranyard Nurses was brought about by the re-organisation of local government in London. This was due to the abolition of the London County Council which had
made use of the Ranyard Nurses district nursing service and
district nurse training scheme. Earlier in this chapter
reference was made to the fact that the London Borough of
Hounslow assumed responsibility for district nurse training
formerly exercised by Middlesex County Council because of
its demise. In order to appreciate why these changes
occurred and why the London Borough's Training Committee
became involved in district nurse training the background
to the changes in Local Government in London will be
explained.

A Royal Commission on Local Government in Greater London
was set up in December 1957 with the following terms of
reference:

to examine the present system and working of
local government in the Greater London area; to
recommend whether any, and if so what, changes in
the local government structure and the
distribution of local authority functions in the
area, or in any part of it, would better secure
effective and convenient local government; and to
regard, for these purposes local government as
not including the administration of police, of
water and the Greater London area as comprising
the Metropolitan Police District together with
the City of London, the Boroughs of Dartford,
Romford and Watford, the Urban Districts of
Caterham, Warlingham, Chorley Wood, Hornchurch,
Rickmansworth and Walton and Weybridge, the
Parish of Watford Rural in the Watford Rural
District.

(HMSO 1960:1 (Royal Commission on Local Government in
Greater London)

The Commissioners reported in October 1960 and concluded
that:

... judged by the twin tests of administrative
efficiency and the health of representative
government, the present structure of local
government in the Review Area is inadequate and
needs overhaul.

(HMSO 1960: 181 paragraph 696 Royal Commission on Local
Government in Greater London)
At this time the London County Council administrative area included twenty-nine metropolitan boroughs, including the City of London (Grundy 1957:18). But the Greater London area, as described in the Commission's terms of reference extended well beyond the boundaries of the County of London. In fact, the major services in the Greater London area were administered by a total of six County Councils and three Borough Councils (HMSO 1960: London Government Proposals page 4 paragraph 10). The diagram below depicts the two-tier system then in operation in England and Wales.

![Diagram of two-tier system in England and Wales]

The major authorities had wide-ranging functions including responsibility for personal health and welfare services and education. Therefore they were the designated local health authorities and local education authorities.

The Royal Commission's criticisms of local government in the Greater London area fell under two main headings. First, that a number of functions, in particular town planning, traffic roads and housing overspill, were the concern of many different authorities and required a broader treatment than was possible under the current system. Secondly, it found that for a variety of reasons the status and responsibilities of boroughs and urban districts had seriously declined. Therefore the Commission considered that the health of local governments was
dependent upon the rehabilitation of these authorities (HMSO 1961:2 London Government Proposals). The Government concluded that:

the Commission were justified in their criticism of the local government in Greater London, and that their broad design should be adopted as a basis for improving it.

(HMSO 1961:3 London Government Proposals)

The outcome was that from 1st April 1965, within the Greater London area, the upper and lower tiers were replaced by London Boroughs as the primary unit of local government, each performing all the functions which could be performed within its own limited area. The Greater London Council was also established as the unit of local government for functions which could better be performed over the London area. The boundary of the Greater London area was redrawn and this resulted in some minor modifications to the adjacent County boundaries. London County Council was abolished and so was Middlesex County Council since most of its territory had incorporated areas of Greater London. The Greater London area was divided into twenty nine London Boroughs; some of the established Boroughs were enlarged and new ones were created. The Outer and Inner London Boroughs all became local health authorities and the Outer London Boroughs became local education authorities. By contrast, the Inner London Education Authority was established to manage education in the Inner London Boroughs. This arrangement was considered in the best interest of the population in Inner London.

Obviously, all these changes in local government in the Greater London area had repercussions for the district nursing service and district nurse training, since both were the responsibility of the local health authority. At this time, the London Boroughs Training Committee proposed that, for the purposes of district nurse training, the
The London Boroughs Training Committee had also declared its intention to revise the syllabus for the National
Certificate, but the Ministry had made it clear "that matters relating to the syllabus were the concern of the Minister in consultation with the Panel and that the Training Committee had no standing in the matter" (Panel Minutes 29.11.67/53). But the London Boroughs' Training Committee was obviously not deterred because it set up a Working Party on District Nursing. When this reported, it pointed to the need for changes in the syllabus to reflect developments in the health service. This proposition was considered by the Panel but it was of the opinion that time should be allowed to consider the changes necessitated by development. In addition, the Panel stressed the fact that "the syllabus was designed so as to provide continuity of training and to allow developments to point to the need for changes" (Panel Minutes 29.11.67/53). Certainly many changes had taken place since the Advisory Committee on District Nurse Training issued the syllabus in 1959, which was still in current use at this time (Ingall Report 1959). The Training Committee was also critical of other aspects of the training arrangement regulations therefore, the two Public Health Nursing Officers, responsible for district nurse training, agreed to meet the members of the London Boroughs' Training Committee for discussions. At this time Dr Weir, the Medical Officer for the Royal Borough of Kensington and Chelsea, was a member of the Panel and the London Boroughs' Training Committee (Panel Minutes 7.2.68/54) which probably aided communication between the two committees. By February 1968, the London Boroughs' Training Committee had submitted an application for the interim period, but the Boroughs had not yet submitted their individual applications to become practical training centres. At this stage the London Boroughs' Training Committee still anticipated that training would be able to commence in September 1968 at the four Technical Colleges. By May 1968, the problems between the Panel and London Boroughs' Training Committee had been resolved (Panel Minutes 22.5.68/56) and all the London Boroughs linked up
with a lecture centre. One lecture centre was based in a Technical College, two in Polytechnics and one in a building previously used as a school (for further details see Table 4.6). At this stage the lecture centres were approved and therefore able to commence district nurse training in September 1968. From Table 4.6 it will be evident that two local health authorities outside of the Greater London area joined in with the arrangements organised by the London Boroughs' Training Committee.
Table 4.6 Arrangements for District Nurse Training in the London area from September 1968

<table>
<thead>
<tr>
<th>Lecture Centre</th>
<th>Local Health Authority Seconding students to Lecture Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Croydon Technical College</td>
<td>Croydon LBC, Greenwich LBC, Lambeth LBC, Lewisham LBC, Southwark LBC, Wandsworth LBC</td>
</tr>
<tr>
<td>Chiswick Polytechnic</td>
<td>Brent LBC, Ealing LBC, Hammersmith LBC, Harringay LBC, Harrow LBC, Hillingdon LBC, Hounslow LBC, Kensington and Chelsea LBC</td>
</tr>
<tr>
<td>Newham Lecture Centre</td>
<td>Barking LBC, Havering LBC, Newham LBC, Redbridge LBC, Tower Hamlets LBC, Waltham Forest LBC, Southend-on-Sea LBC, Suffolk East CC</td>
</tr>
<tr>
<td>North West Polytechnic</td>
<td>Barnet LBC, Camden LBC, Enfield LBC, Hackney LBC, Islington LBC, City of Westminster LBC, City of London LBC</td>
</tr>
</tbody>
</table>

Key: - CB = County Borough Council
       CC = County Council
       LBC = London Borough Council

Source: Panel Paper ACTDN/PA(68)8 (see Appendix 4.10)

Besides approving district nurse training schemes the Panel was also involved in the approval of the district nurse course component of integrated courses, since this led to the award of a national district nursing certificate. In order to complete the picture regarding the validation of
all training schemes between 1959 - 1968 these are now considered.

THE APPROVAL OF THE DISTRICT NURSING COMPONENT OF INTEGRATED COURSES 1959 - 1968:

The Nurses Act 1957, Section 12 (1) (HMSO 1957) permitted experimental schemes which led to nurse registration. In England and Wales the number of experimental schemes rose rapidly during the period under consideration, but the majority of schemes led to qualification for two parts of the General Nursing Council (England and Wales) Register. For example, the Ministry of Health Report for the year ending 1961 (1962:105) recorded the fact that:

A total of 195 schemes is currently in operation of which 192 provide for the association of training for two parts of the Register over a shorter period than that required in total for the training of two parts if taken separately. The remaining schemes provide for integrated training as a nurse and health visitor.

Details of these three integrated schemes (the top three in Table 4.7) are included below, together with the later integrated courses leading to the award of the national district nursing certificate (NDN).
Table 4.7 Integrated Courses which were operational during the period April 1959 - March 1968

<table>
<thead>
<tr>
<th>Details of Integrated Scheme of Training</th>
<th>Length of Scheme</th>
<th>Period in operation between 1st April - 31st March</th>
<th>The scheme led to the award of Qualification listed below</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 St Thomas Hospital London &amp; University of Southampton (commenced Oct 1957)</td>
<td>4 6</td>
<td>1959 - 1968</td>
<td>SRN, CMBI, HV and from 1967 onwards Certificate in Community Care</td>
</tr>
<tr>
<td>2 Hammersmith Hospital &amp; Battersea College of Tech &amp; Queen's Inst of District Nursing (commenced Sept 1957)</td>
<td>4 0</td>
<td>1959 - 1968</td>
<td>SRN, CMBI, HV, QN and from 1963 onwards NDN</td>
</tr>
<tr>
<td>3 Crumpshall Hospital &amp; University of Manchester (commenced October 1959)</td>
<td>4 0(59-65) 3 9(65-68)</td>
<td>1959 - 1968</td>
<td>SRN, HV, Dip in Community Nursing (Un of Manchester) and from 1963 onwards QN and NDN</td>
</tr>
<tr>
<td>4 Central Middlesex Hospital Chiswick Polytechnic</td>
<td>3 0</td>
<td>1962 - 1968</td>
<td>SRN, HV Scheme in abeyance April 1965 - March 1968</td>
</tr>
<tr>
<td>5 Hillingdon Hospital &amp; Chiswick Polytechnic</td>
<td>3 9</td>
<td>1962 - 1968</td>
<td>SRN, HV and from 1967 onwards NDN</td>
</tr>
<tr>
<td>6 West Middlesex Hospital &amp; Chiswick Polytechnic</td>
<td>3 9</td>
<td>1965 - 1967</td>
<td>SRN, HV, QN (April 65 - March 67) NDN (April 65 - March 68)</td>
</tr>
<tr>
<td>7 Kings College Hospital &amp; Croydon Technical College</td>
<td>4 0</td>
<td>1967 - 1968</td>
<td>SRN, HV, NDN</td>
</tr>
<tr>
<td>8 Royal Victoria Infirmary &amp; Municipal College of Commerce Newcastle-upon-Tyne</td>
<td>3 10</td>
<td>1967 - 1968</td>
<td>SRN, HV, NDN</td>
</tr>
</tbody>
</table>

NB 1) Table compiled from information obtained from GNC England/Wales Reports for the period 1956 - 1968. Each report covers the period 1st April - 31st March

ii) Kings College Hospital and Royal College of Nursing ran a Scheme 1959 - 1967 but not classified as experimental as general nurse training conformed to standard GNC Regulations

By March 1969, the scheme based on Central Middlesex Hospital had been discontinued and the one based on Hammersmith Hospital linked with the University of Surrey. The change in the latter scheme resulted from the fact that Battersea College of Technology, with whom Hammersmith Hospital had previously been associated, was upgraded to a University and the location of the institution moved to Guildford in Surrey. The Queen's Institute was involved in
pioneering the Hammersmith scheme (Bryden 1969).

Before being eligible to prepare students for the national district nursing qualification, those responsible for running the integrated courses had to obtain Ministerial approval, via the Panel of Assessors, for the district nurse component of the course. This included the theoretical and practical aspects of the Syllabus together with the arrangements for the theoretical and practical examination. From Table 4.7 it will be appreciated that the schemes based on Crumpshall and Hammersmith Hospitals both led to the award of the Queen's Institute's District Nursing Qualification (QN) and the National District Nursing Certificate (NDN).

The General Nursing Council (England and Wales) Report for 1968/69 lists the seven integrated courses in operation at the time under a heading, "Integrated Schemes to Include General Nursing Training and Health Visitor Training". Such a heading totally ignores the district nurse component of six of the courses listed (these are the courses shown in Table 4.7), which may have been the result of an oversight in failing to see the need to adjust the title to take account of developments, since this heading had been used in previous GNC Reports. Alternatively it could have been because less value was placed on district nurse training by the staff at the General Nursing Council, who were responsible for preparing the Report.

The Panel Minutes record the thorough manner in which the validation of the district nurse training component of the integrated courses was dealt. For example, various aspects of the Manchester scheme were considered by the Panel on five occasions between 1961 and 1968. The examination arrangements for this scheme received a great deal of attention and the reason for this will be explained in the next section which deals with the developments in the
examination leading to the national district nursing qualification. The main ongoing developments relating to integrated courses will be discussed in Chapter Seven.

DEVELOPMENTS RELATING TO THE EXAMINATION LEADING TO THE AWARD OF A NATIONAL DISTRICT NURSING CERTIFICATE:

Introduction:

From the outset, the Panel's responsibility for training included overseeing all aspects of the assessment procedures for the national district nursing certificate. The Panel devoted a considerable amount of time to this aspect of its work. Indeed, between 1961 and 1966, alternate Panel meetings were mainly devoted to the moderation of examination papers set by individual training authorities and the moderation of examination scripts (see Appendix 3.5). Later in September 1968 the Panel changed to a national examination paper, which it set. However, Manchester University objected to its students sitting an external examination and eventually managed to have this requirement waived. The scripts which the Panel moderated were marked by examiners drawn from its Panel of Examiners. In the early years the district nurse student's practice was examined by a half day practical examination, but later this was replaced by continuous assessment.

This section discusses the Panel's involvement with all the aforementioned aspects of assessment and is presented in six sub-sections: the moderation of examination papers; the development of the national examination; the moderation of examination scripts; exemption for Manchester University; the assessment of practice and the Panel of Examiners.
Moderation of Examination Papers:

Earlier reference was made to the Report of the Advisory Committee on the Training of District Nurses (Ingall Report 1959) which laid down clear guidelines regarding the examination paper (see Appendix 2.6 for further details). These stipulated that the examination paper had to be in two parts to cover the two sections of the syllabus and that each training authority was required to set its own draft examination paper and to submit this to the Minister by a given date. Then the Minister would "either approve the paper or if necessary amend it, to ensure that the nationally recognised standard is achieved" (Ingall Report 1959:13).

What actually happened was that the Panel moderated the examination papers. For this function the members divided into pairs, each partnership comprising at least one nurse member. If the numbers attending the Panel meeting were low the Public Health Nursing Officer acted as a substitute for a nurse member. Depending on the numbers of papers to be moderated, each pair would be allocated the paper from one or two centres. Table 4.8 gives an indication of the number of schemes submitting papers for moderation. In addition, Table 4.8 demonstrates that the majority of local health authorities operated their district nurse training schemes on an intermittent basis.
Table 4.8  Names and Numbers of Training Authorities setting Internal Examinations in District Nursing (for NDN award) which were externally moderated by the Panel of Assessors

<table>
<thead>
<tr>
<th>No of Panel Mtg</th>
<th>Date of Panel Mtg</th>
<th>No of Exam</th>
<th>Month &amp; Year of Exam</th>
<th>QI</th>
<th>Kingston-upon-Hull Co Borough</th>
<th>Leeds Co Bor</th>
<th>Wolverhampton Co Bor</th>
<th>Stoke-on-Trent Co Bor</th>
<th>Newcastle-upon-Tyne</th>
<th>Chiswick Poly Middx CC until 1965 and then London Borough</th>
<th>Kent CC</th>
<th>Total No of Authorities submitting Examination Paper to Panel for Moderation</th>
</tr>
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<tbody>
<tr>
<td>6</td>
<td>19.07.60</td>
<td>1</td>
<td>9/60</td>
<td>1</td>
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</tr>
<tr>
<td>8</td>
<td>29.11.60</td>
<td>2</td>
<td>1/61</td>
<td>1</td>
<td>1</td>
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<td>-</td>
<td>-</td>
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<td>-</td>
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<td>15.03.61</td>
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<td>5/61</td>
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<td>3</td>
</tr>
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<td>12</td>
<td>19.07.61</td>
<td>4</td>
<td>9/61</td>
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<td>-</td>
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<td>5</td>
<td>1/62</td>
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<td>-</td>
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<td>5/62</td>
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<td>18</td>
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<td>9/62</td>
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<td>5/63</td>
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<td>-</td>
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<td>1</td>
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<tr>
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<td>22.07.64</td>
<td>13</td>
<td>9/64</td>
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<td>15</td>
<td>5/65</td>
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<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>4</td>
</tr>
<tr>
<td>37</td>
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<td>16</td>
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<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
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<td>1</td>
<td>1</td>
<td>4</td>
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<td>39</td>
<td>01.12.65</td>
<td>17</td>
<td>1/66</td>
<td>1</td>
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<td>41</td>
<td>16.03.66</td>
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<td>5/66</td>
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<td>1</td>
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<td>1</td>
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<td>43</td>
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<td>9/66</td>
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<td>-</td>
<td>-</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>45</td>
<td>30.11.66</td>
<td>20</td>
<td>1/67</td>
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<td>-</td>
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<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>


NB This table was prepared from the information available in the Panel Minutes for the period 1960 - 1968, but it does not provide a comprehensive picture because the data required was not given for the following examinations: No 10, Sept 63; No 11, Jan 64; No 14, Jan 65; No 21, May 67; No 22, Sept 67; No 23, Jan 68; No 24, May 68
In July 1960, before moderating the Queen's Institute examination paper, the only one for the first examination leading to the national district nursing certificate, the Panel agreed eight criteria for the assessment of draft examination papers, since it was considered these to be necessary for standardisation:

(i) That each question comes within the examination syllabus

(ii) That no question can be answered by the words "Yes" or "No"

(iii) That each question can be answered reasonably within the approximate average time available

(iv) That each question is neither too hard nor too easy for the standard required

(v) That each question is clearly stated in a simple form to bring out the answer required and cannot be interpreted otherwise

(vi) That there were not too many "subdivided" questions

(vii) That no subject is set on a controversial subject

(viii) That the whole paper is reasonably balanced with regard to the syllabus

(Panel Minutes 19.7.60/7)

No mention is made in the Panel Minutes as to whether these criteria were communicated to the training authorities. Whilst some could be applied with a reasonable degree of objectivity others could not. For example, how did the Panel members moderating the question papers determine the "required standard". A greater degree of standardisation might have occurred in the moderation process if the question papers from all the training authorities had been moderated by just two or three members.

The Panel made substantial alterations to some of the draft
examination papers. An example of the draft paper which Newcastle-upon-Tyne County Borough Council submitted and the paper which the students sat for the January 1965 examination can be found in Appendices 4.9 and 4.10. A comparison of these two papers reveals that three of the eight questions were amended by the Panel. In this instance two of the questions were altered to improve the construction and the other to extend the scope of the question.

When the amended paper was returned to the training authority the paper was approved by the Minister subject to the training authority's acceptance, within one week, of the amendments. For an example of the standard letter which set out these conditions see Appendix 4.11.

The Panel were conscious of the considerable variation in the papers set by the different training authorities and in 1967 agreed that the only way to overcome this was to introduce a single examination paper (Panel Minutes 9.3.67/48). Therefore, the twenty-fourth examination, which was held in May 1968, was the last to be set by the individual training authorities. And from Table 4.9 it will be seen that only four centres entered students.
Table 4.9 Details of the candidates for the 24th examination held in May 1968, leading to
the award of the National District Nursing Certificate

<table>
<thead>
<tr>
<th></th>
<th>Queen's Institute</th>
<th>Chiswick Polytechnic</th>
<th>Newcastle-upon-Tyne</th>
<th>Berkshire County Council</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nos %</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of candidates who sat the examination</td>
<td>254</td>
<td>13</td>
<td>11</td>
<td>21</td>
<td>299</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100</td>
</tr>
<tr>
<td>No. of candidates who passed examination</td>
<td>244</td>
<td>13</td>
<td>11</td>
<td>21</td>
<td>289</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>97</td>
</tr>
<tr>
<td>No. of candidates who failed</td>
<td>9</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>No. disqualified</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.3</td>
</tr>
</tbody>
</table>

NB Table compiled from statistics contained in Panel Paper ACTDN/PA68/56th Meeting
From Table 4.9 it will be noted that one student was disqualified, this occurred because the student was not on the General Part of the General Nursing Council Register. From then onwards, the Panel's secretariat ensured that general nursing qualifications of all candidates were checked before they entered the examination (Panel Minutes 17.7.68/57).

The introduction of the national examination paper was in accord with the recommendations of the Armer Report (see page 96), and coincided with the withdrawal of the Queen's Institute from district nurse training. The last examination paper ever to be set by the Queen's Institute was in May 1968. For whilst the Institute prepared students from the London Boroughs and Scotland for an examination in September 1968 and students from Scotland only for the one in January 1969, in both instances the students sat the national examination paper (Panel Minutes 22.5.68/56).

The Development of the National Examination Paper:

When contemplating the exercise of setting the first national examination paper, for the twenty-fifth examination, the Panel agreed that the introduction of multiple choice questions would ensure a greater degree of objectivity in the marking of questions (Panel Minutes 22.5.68/56). However, this was not the first occasion when the need to standardise marking was considered. Indeed, several years earlier, when the Panel developed the criteria for use when monitoring the draft examination papers, it discussed the fact that model answers and weighting of the marking system would aid standardisation in the assessment of examination scripts (Panel Minutes 19.7.60/7). But this idea was not pursued. Even so, the Queen's Institute are known to have supplied "suggested answers" to their examiners and also to the Panel to aid the members concerned in the moderation of its marked
scripts. Since the "suggested answers" for each examination ran to several pages of typescript, an example of just one, used for the January 1966 examination, is included in Appendix 4.12.

The idea for the introduction of a multiple choice question came from one of the doctor members of the Panel. He explained that the Royal College of Physicians had adopted this particular format for its membership examination (Panel Minutes 22.5.68/56). The doctor concerned agreed to draft the first multiple choice examination question for inclusion in the September 1968 national examination. It is interesting to note that the doctor sent the draft version to the chairman, an educationalist, for comment, rather than to a nurse member (Panel Minutes 17.7.68/57). But all the members discussed the question and the Public Health Nursing Officers were asked to check certain aspects for accuracy.

The remainder of the first national examination paper was compiled from a selection of questions submitted by the various training authorities; each had been required to submit at least three. This request, together with other details had been circulated to training authorities in Appendix II to Circular 23/67 (see Appendix 4.6).

In May 1968 a letter of explanation regarding the marking of questions was sent to training centres (MoH 1968:Letter from L G Weir, Sec PADNT dated May), but because of the introduction of a multiple choice question the details regarding marking had to be amended a month later (MoH 1968:Letter from L G Weir, Sec PADNT dated 6th June). This would appear to have been an ideal time to advise training authorities of the introduction of a multiple choice question in the forthcoming examination paper but this did not occur and the unheralded multiple choice question meant that candidates and tutors were altogether unprepared,
although the written instructions to examiners explained that the multiple choice question had been introduced by way of an experiment. A copy of these instructions together with a copy of the first national examination paper will be found in Appendix 4.13. Perhaps not surprisingly, the Panel received complaints regarding the lack of forewarning about this but the external examiners who contacted the Panel to complain indicated their support for this type of question. There were other complaints, these included the fact that the questions required a straight "true" or "false" answer which might have encouraged guessing, that the print of the paper was too small and that older candidates had never before seen this type of examination question.

There is little doubt that the introduction of this first multiple choice question caused some consternation in the eighteen authorities involved especially as the unratified examination results revealed a higher failure rate than usual. Table 4.10 shows the number of District Nurse Training Authorities and candidates registered to enter the first national examination.
Table 4.10  District Nurse Training Authorities in England and Wales participating in the first National Examination and number of candidates registered to enter

<table>
<thead>
<tr>
<th>Authority</th>
<th>No of candidates</th>
<th>Authority</th>
<th>No of candidates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berkshire CC</td>
<td>6</td>
<td>Leicester CC</td>
<td>1</td>
</tr>
<tr>
<td>Birmingham CBC</td>
<td>3</td>
<td>Liverpool CBC</td>
<td>12</td>
</tr>
<tr>
<td>Bradford CBC</td>
<td>12</td>
<td>Norfolk CC</td>
<td>9</td>
</tr>
<tr>
<td>Cheshire CBC</td>
<td>4</td>
<td>Oxford CC</td>
<td>8</td>
</tr>
<tr>
<td>Chiswick Polytechnic Institute</td>
<td>21</td>
<td>Queen's Institute</td>
<td>38</td>
</tr>
<tr>
<td>Exeter CBC</td>
<td>8</td>
<td>Sheffield CBC</td>
<td>7</td>
</tr>
<tr>
<td>Hertfordshire CC</td>
<td>12</td>
<td>Stoke-on-Trent CBC</td>
<td>8</td>
</tr>
<tr>
<td>Kent CC</td>
<td>22</td>
<td>Waltham Forest LBC</td>
<td>8</td>
</tr>
<tr>
<td>Lancashire CC</td>
<td>14</td>
<td>Yorkshire West Riding CC</td>
<td>9</td>
</tr>
</tbody>
</table>

TOTAL NUMBER OF CANDIDATES REGISTERED TO ENTER 202

NB  (i) In addition, 21 candidates taking courses arranged by the Queen's Institute at four centres in Scotland sat the first national paper

(ii) This table was compiled from information contained in the Panel Minutes 17.7.68/57

In the light of the criticism which the Panel received about the multiple choice question the Panel decided to discount wrong completion of the stem to questions: A2; B1; C1 and 7; D4, 6 and 9; E3. Consequently no student failed the examination as a result of the "approved" mark gained for the multiple choice question. This fact was communicated to training authorities via the Examination Bulletin (PADNT 1968:Examination Bulletin No 1, 5th September).

Despite the reactions to, and problems arising from the introduction of, the multiple choice question the Panel decided to retain this form of question for future examinations (Panel Minutes 25.9.68/58). However, the Panel experienced problems in maintaining a bank of suitable questions, and so in 1970 the practice of
including a multiple choice question was abandoned (Panel Minutes 23.9.70/70).

The Moderation of Examination Scripts:

It will be recalled that besides moderating the questions the Panel also moderated a selection of marked scripts. The examination procedure merely stated "a certain number will be called in for final assessment (Ingall Report 1959:13). Initially the Panel members divided into pairs to moderate marked scripts. Once again, the practice was adopted of having a nurse member in each pair. What happened later, in the period under discussion is not known because between 1961 - 1967 minutes were not taken at the Panel's meetings which were devoted solely to the moderation of scripts (see Appendix 3.5).

However, following the first examination held in September 1960, the Panel asked the Queen's Institute to submit the marked scripts of all its 161 candidates. It will be recalled that the Institute was the only training authority to submit candidates for this examination. The Panel agreed to concentrate on the scripts awarded borderline grades. In order to obtain a pass grade candidates were "required to obtain 40 per cent in each section of the written examination and also in the practical examination with a final average of not less than 50 per cent" (Ingall Report 1959:8). The Panel agreed that "Marks would only be altered if the assessors felt that a candidate merited raising to a pass level" (Panel Minutes 29.9.60/7). Despite the fact that the Panel members amended a small number of marks, it was generally agreed that the standard adopted by the Institute was appropriate and 144 candidates ie eighty-nine per cent were awarded a pass grade (Panel Minutes 29.9.60/7). But this was not the case for the following examination. In this instance the Panel called in forty of the Institute's candidates' scripts and altered
the marks of thirteen i.e. thirty-two per cent. On this occasion the Institute's Headquarters Officers are known to have been puzzled at the moderated results and sought an explanation from the Panel (QIDN Education Sub-Committee Minutes 18.1.61). Since these were not the only occasions when the Panel awarded higher grades than the Queen's Institute Examiners, (see example Panel Paper ACTDN/PA 68/56th Mtg), it must be concluded that the Panel was, in some instances, prepared to accept a lower standard than the Institute.

From September 1967 onwards, the Panel called in a random selection of scripts, in addition to the borderline ones. And a year later the papers of all candidates failed by the external examiners were also called in for moderation. In addition, in instances where an authority had no scripts with failed or borderline grades they were asked to send two or three others (Panel Minutes 22.5.68/56). But in November 1967, "The Acting Chairman pointed out that the scrutiny of the scripts seldom led to any revision of marks" (Panel Minutes 29.11.67/53). However, this was certainly not the case following the first national examination in September 1968, when, according to the first issue of the Examination Bulletin, 214 candidates sat the examination and the Panel reviewed the scripts of seventy-eight candidates and of these the marks of fifty-five candidates were revised. This resulted in a pass rate of ninety-four point eight per cent (PADNT 1968:Examination Bulletin No 1, 5th September). But from the January 1968 examination representation against revised marking by training authorities was allowed within one week of the receipt of the pass list (Circular 23/67 Appendix III:2) (for this see Appendix 4.6).
Exemption for Manchester University from External Examination and Moderation:

The University of Manchester certainly questioned the need for external moderation, by the Panel, for its proposed district nurse examination paper. However, at the time when the district nurse component of the integrated course was first being considered for approval the Panel were of the opinion that "for the time being, the University should conform to the Advisory Committee's examination procedure" (Panel Minutes 19.7.61/22). Therefore, the University elected to prepare the students on the integrated course for the Queen's Institute examination (see Table 4.7 page 197). And the first batch of students sat the district nurse examination in January 1963. But five years later, in 1968, the University sought approval, from the various validating bodies, for exemption from national examinations for its Diploma Course. Since the GNC (England and Wales) had agreed to waive the final examination for students successful in the Diploma in Community Nursing awarded by the University of Manchester, the Panel reconsidered its position (Panel Minutes 27.11.68/59). Only after protracted negotiations between the University and Panel was agreement finally reached that there was no need for students to sit the national district nursing examination because the Panel wanted assurance that there would be equivalence of standard between the district nursing component of the University's Diploma and the National District Nursing Certificate (Panel Minutes 5.2.69/60, 12.3.69/61, 29.5.69/62, 16.7.69/63 and 26.11.69/65). By the time agreement was eventually reached the diploma course had been developed into a degree course (Panel Minutes 11.3.70/67).

The Assessment of Practice:

The Panel were responsible for producing a Pass List for
each examination which was determined from the results of the written and practical examination. The regulations stated "The practical examination will cover a normal half day's district work, including where possible, a visit to a completely new patient" (Ingall Report 1959: 6 and 13). (See also Appendix 2.6).

Neither the Advisory Committee on the Training of District Nurses nor the Panel stipulated who should conduct the practical examination. However, the Panel's form DT/I asked the training authority to specify the arrangements it would be making. Consequently, a variety of arrangements existed in the 1960's. Three examples will be given. The Queen's Institute is known to have continued to use its Queen's Visitors to fulfil this obligation, for Daley (1961:17) reported that each of the six Queen's Visitors allocated ninety days per annum to this activity. By contrast, the Newcastle-upon-Tyne County Borough training scheme relied on the seconding authorities to make the arrangements for the practical assessment (see Appendix 4.4) and Chiswick Polytechnic conducted the practical examination by the course tutors (Jones 1981 - oral evidence).

During the period under consideration, the Advisory Committee and the Panel failed to lay down any criteria for the assessment of the student's practical work during the examination. The Queen's Institute developed a criteria for this purpose, specifying that the examiner should make an assessment of the following points:

1. The standard of skilled nursing care.
2. Social nursing (help with social problems, cooperation with others where necessary).
3. Teaching (use of opportunities for health teaching: instruction to relatives).

(QIDN Evidence 1954:8 paragraph 3)
And on completion of the morning's round the Queen's Visitor was required to undertake an examination of the student's bag, equipment and records; and then to fill in a standard assessment form and forward this to the Queen's Institute (QIDN Evidence 1954:8).

Kent County Council and Chiswick Polytechnic course tutors submitted information about their students' practical work to the Panel, along with the students' marks for the practical examination (Panel Minutes 17.3.65/35). When the Panel met in March 1965 the members agreed it would be useful to have comments on the practical work of all students but decided not to press training authorities to submit this information. Instead the Panel adopted a manipulative approach, deciding to ask all the authorities, not already doing so, "to provide candidates with a book-form answer paper for the written examination of the type supplied by Kent County Council, which had a space on the front cover for remarks about the candidates' practical work" (Panel Minutes 17.3.65/35). The Secretary was asked to send a specimen book of this type to all training authorities advocating its adoption and drawing attention to the space available for comments on practical work (Panel Minutes 17.3.65/35). The Panel was obviously encouraged by the fact that it received a positive response to this suggestion from the Queen's Institute, Newcastle-upon-Tyne and Stoke-on-Trent training authorities. Therefore, it decided to take an authoritative stance and asked all training authorities "to submit, during the period of one year, reports on the practical work of their students for assessment by the Panel" (Panel Minutes 21.7.65/37).

A survey conducted by Hockey in 1962/3 revealed that the Queen's Superintendents were dissatisfied with the practical examinations for a number of reasons (Hockey 1964:17) including the fact that they found it difficult:
to provide a reasonably varied round for the examination; to allocate a completely new patient to the examination candidate and even where it was possible they questioned the practice; to prepare students for the examination when there was an over-emphasis on techniques which could result in the candidate being over-anxious and clumsy in the examination.

In October 1964 and 1966 the Panel discussed the possibility of ongoing assessment replacing the practical examination but decided to retain the latter for a further period (Panel Minutes 14.10.64/32 and 5.10.66/44). The matter was reviewed again in January 1967 and whilst it was agreed that the examination should be retained the Panel agreed that if:

an authority submit a training scheme for approval by the Panel in which assessment were substituted for the practical examination, with sufficient safeguards to ensure continuance of the present high standard, the Panel might approve it as a pilot scheme; but each case would be judged on its merits.

(Panel Minutes 11.1.67/46)

Later in 1967, Yorkshire (West Riding County Council) submitted a scheme where "a good method of assessment had been substituted for the practical examination", and the scheme was approved (Panel Minutes 29.11.67/53).

Early in 1968, the Panel agreed that the practical assessment should be based on reports throughout training, but it was mindful that some authorities might need some guidance on the form this assessment should take. It was agreed:

that the Panel would have to accept the authorities' assessment, but that the marking should be such as to indicate whether the pass was a bare 40 per cent or higher. This information was necessary to enable the Panel to
decide upon the total marking as students required to obtain 40 per cent in each of Part I, Part II and Practical Examination (or Assessment) but 50 per cent overall.

(Panel Minutes 7.2.68/54)

This then is an instance of where the Panel was prepared to disregard some but not all of the regulations laid down by the Advisory Committee. Certainly the process of change, relating to the assessment of practice, was one of evolution rather than revolution with the Panel building upon initiatives taken by some of the training authorities. Finally, in April 1969, the Panel issued guidelines for practical assessment in district nurse training. These provided some general principles and basic criteria to be employed in assessment. But the Panel decided against the introduction of a standard assessment form (see Appendix 4.14).

The Panel of Examiners:

The Advisory Committee recommended the formation of a Panel of Examiners (Ingall Report 1959:6). The Ingall Report 1959:6 states:

for the purpose of the examination, we suggest that each training authority should submit to the Minister the names of two or three competent persons prepared to act as Examiners.

(paragraph 30)

We recommend the formation of a Panel of Examiners compiled from the names submitted, from which training authorities would invite one or more examiners to assist with each examination.

(paragraph 31)

Here the term training authorities is used in a different way since it embraces all the Queen's Institute's Training Centres. The Panel was established and became known as the Minister's Panel of Examiners (see Circular 23/67 Appendix
When the Panel first approved district nurse training schemes, it criticised some of the authorities for not nominating a general medical practitioner for possible inclusion in the List of Examiners. This may have occurred because in November 1960 the Panel discussed and agreed the criteria for acceptance as an examiner. It concluded that individuals should be considered on their merits and that the good judgement of the sponsoring authority should be relied upon but that the examiner must be either a doctor or a nurse. In fact the Examiner's List was divided into two parts, one for each of these professions. Initially, the Examiners' names were placed on the list for a three year period but this could be extended for a further three years, providing they were still actively engaged in a relevant sphere of work. Examiners had to be domicile in the United Kingdom or the Irish Republic (Panel Minutes 8.6.60/5 and 29.11.60/8). The list was amended and reviewed at periodic intervals. (Panel Minutes 15.3.61/10). When the first review took place in November 1962, the Panel members agreed "that, as a general rule, examiners who had given up the post they held on appointment to the Panel of Examiners should be regarded as ineligible for reappointment unless they were employed in another similar post". The Panel also considered that the number of times they had agreed to examine should be taken into account when determining whether they should be invited to undertake a second term of office. At this time the Panel also re-emphasised the importance of including the names of general practitioners in the List (Panel Minutes 27.11.63/26). At the Panel's request the Secretary obtained information regarding the extent to which examiners had participated, this revealed that the nurses nominated by the Queen's Institute had a one hundred per cent acceptance rate, but this was attributed to the fact that as Officers of the Institute they were bound to accept
a request to examine students, whereas other examiners were free to choose and therefore could elect whether or not to honour their obligations as an examiner if the duties conflicted with other commitments. Even though some Medical Officers of Health had never been asked to participate it was decided to retain their names on the List. This was because they had a key role in district nurse training. Apparently the Queen's Institute was the only training authority to be experiencing problems as a result of non-participating examiners, presumably medical ones. Therefore, the Panel asked the Institute to write to these persons:

pointing out that the Panel of Assessors are a little concerned that some Examiners are apparently not finding it possible to honour their obligations and unless there are special reasons why they have not been able to, they may like to withdraw from the Panel of Examiners.

(Panel Minutes 22.7.64/30)

Is this yet another example of the Panel using indirect methods to achieve its objectives? There was no bar to an individual on the List, both lecturing to and examining the same group of students (Panel Minutes 22.5.68/56).

From the available information it can be concluded that the Panel ensured the List of Examiners was kept up to date and that the nominations which it received from the training authorities were carefully vetted. The training centres appeared to place more value on the nurses as examiners so that the Panel were constantly having to emphasis the importance of nominating and using medical ones.

THE WAY IN WHICH THE ESTABLISHMENT AND DEVELOPMENT OF THE PANEL AFFECTED THE QUEEN'S INSTITUTE:

The history of the Queen's Institute runs as a continuing thread through the dissertation thus far. This is
inevitable because until the implementation of the National
Health Service and the establishment of the Panel of
Assessors it was the only body to organise a district
nursing service and district nurse training on a UK wide
basis.

With the introduction, in England and Wales, of the
Ministry of Health's national district nurse training
arrangements the Institute decided to come within the ambit
of the scheme, for it had always supported the idea of a
national, albeit statutory, qualification. In addition, it
had been represented on the Advisory Committee which
produced the regulations governing the new arrangements.
If the Institute had elected to dissociate itself from the
national training scheme there was no knowing whether it
would have retained the support of the local health
authorities which utilised its services. Therefore in the
Autumn of 1959 the Queen's Institute, itself a validating
body, submitted its district nurse training arrangements to
the Panel. Whilst the Panel was satisfied with the
Institute's interpretation of Part I of the syllabus it
required minor amendments to Part II (Panel Minutes
8.12.59/2). But the Institute did not accept all the
Panel's criticism. Therefore, the Institute entered into
correspondence to argue the case in support of its
submission and to explain the reasons for the inclusion of
the subject areas which were being contested. But the
Panel stood its ground and insisted that the Institute
brought its syllabus within the precise requirements of the
national syllabus (Panel Minutes 26.1.60/3). This meant
that after seventy-one years the Institute had lost the
right to determine the content of a course leading to the
Queen's Nurse qualification.

In November 1960, the Institute received provisional
approval, from the Minister, for its fifty-three training
centres. Some centres were basing their course on the 6/4
month model and others on the 4/3 month model, but as mentioned earlier the Panel only considered the latter, being of the opinion that if the former included all aspects of the latter it must be satisfactory. The Minister had given blanket provisional approval to all the Institute's training centres until such time as the Public Health Nursing Officer had time to inspect and report upon each one (see page 178). Had the centres been approved initially in a piecemeal fashion this would have disadvantaged some of the Institute's district nurse students in England and Wales, for only those completing courses with Ministerial approval would have obtained a dual qualification ie the national district nursing certificate and the Queen's Institute certificate. In the interval between granting of provisional and final approval the Institute was charged with the responsibility of ensuring that the Minister's requirements were being met. At this time the Institute had six Queen's Visitors and nine other senior professional staff based at its London headquarters (Daley 1969:4-5) so it had the resources to fulfil this commitment.

Eventually, the Public Health Nursing Officer visited each training centre and produced a written report on every one, but the Panel only requested to see those of centres where there were matters of particular interest or concern (Panel Minutes 29.11.60/8). Inevitably, this gave the Nursing Officer considerable authority and responsibility in making a decision about which, if any, centres should be brought to the Panel's attention. Once the courses which the Queen's Institute validated had received Ministerial approval the Institute was required to consult the Panel about any proposed changes in the training arrangements. The Panel's Minutes document several occasions when this occurred. Mention has already been made of the instance where the Queen's Institute asked to be allowed to utilise the services of a pharmacist to give lectures on "The
Custody of Drugs" but the Panel insisted that a physician or general practitioner must do so. Interestingly in this situation the Institute was not being asked to conform to the national regulations for the sake of conformity, but rather because the Panel considered that only a doctor could stress the doctor/nurse professional relationship in this aspect of practice. Another instance, not previously recorded, was when the Institute approached the Panel to say that it wanted to omit the three days rural experience for the large number of district nurse students in the London area. This was because the Institute was having administrative difficulties in making the necessary arrangements. But even though the period of rural experience was not obligatory the Panel insisted that all students must gain it (Ingall Report 1959:4 paragraph 15 and Panel Minutes 29.11.60/8). These two examples and several other instances must have served to reinforce the fact that the Institute had lost control over its training arrangements.

The Queen's Institute had always reviewed and updated its syllabus at periodic intervals in order to keep abreast of current trends and, in 1963, following the Regional Conferences for Queen's Superintendents the Institute approached the Panel about some changes it wished to make to specific areas of its district nurse syllabus. But the Panel decided to defer consideration of the proposed changes in existing schemes until its own review of the first three years of the national training scheme was completed. Therefore the Institute was advised it must keep to the present syllabus until the Minister's approval of the proposed amendments was given (Panel Minutes 27.11.63/26). Therefore, the Institute had no choice but to train its students in accordance with a syllabus which it considered to be outdated. However, this did not deter the Institute from formulating its proposals for change. These are set out in a QIDN Paper entitled Nursing in the Community dated 1966. (Appendix I - which are appended
Occasionally the Panel appears to have reacted in an authoritarian way to requests from the Institute, demanding conformity for its own sake. One example will be given to support this contention. In 1963, the Institute wrote to the Panel suggesting "that the dates fixed for the National Certificate Examination be brought forward a fortnight to coincide with the completion of the training of students taking the three month course which finished before Christmas" (Panel Minutes 27.11.63/26). This seemingly reasonable proposition was rejected by the Panel on the grounds that it was the responsibility of training authorities to plan courses to fit in with the examination dates determined by the Panel. This was a point the Panel had stressed to the Institute almost three years earlier when it had accommodated the Institute's examination dates for 1960, requiring other authorities to fall in line with these. At the time it had made it clear that thereafter it would expect the Institute to comply with the dates issued by the Panel (Panel Minutes 26.1.60/3). Yet during the period under discussion the Queen's Institute and the local health authorities running district nurse schemes all set their own written examination, which were moderated by the Panel. However, at this particular time the Panel failed to see that such an arrangement should have allowed training authorities a degree of flexibility in fixing their own examination dates. But less than a year after the Panel had turned down the Institute's request to bring forward the date of the examination it rejected the idea of introducing a common examination paper on the grounds that by retaining the system of locally set examination "there was no need for each authority's examination to be held on the same day" (Panel Minutes 14.10.64/32). Therefore, it seems reasonable to conclude that there were times when the Panel reacted to a specific situation without addressing the underlying principles and sometimes this was to the
In 1947, Mr Wedderburn, Chairman of the Queen's Institute Executive Committee, when pressing for statutory recognition of district nurse training made it clear that the Queen's Institute was prepared to take a wide national view even if it meant sinking the identity of the Queen's Institute in order to achieve this (Wedderburn 1947:10). However, the ensuing discussion about badges and qualifications makes this a debatable point.

The Panel at its fifth meeting on the 8th June 1960, considered whether students who were successful in the national district nursing examination should be entitled to wear a badge to signify this fact. The Panel members were advised that the Department's view was that this was not necessary as all students who took an approved course and the national examination were state registered nurses and therefore eligible to wear the SRN badge, which was issued by the General Nursing Council. Additionally, the Department made the point that health visitors were not issued with a special badge when they gained their post-basic qualification. However, during the Panel's deliberation on this subject it was argued that:

From a psychological angle, a badge meant something, particularly as nearly everyone seemed to be wearing a badge of one sort or another, and that difficulties could arise if the Queen's Institute issued a badge and other trained district nurses did not have one. Moreover the widely held designation "Queens Nurse" was on the same footing as a qualification and it would have to be decided what abbreviation would be acceptable for district nurses holding the national certificate."

(Panel Minutes 8.6.60/5)

More will be said about the title later when the discussion on badges is completed. At its fifth meeting the Panel were made aware of the results of a survey conducted by the
Queen's Institute on badges and uniform. These revealed that it was the younger nurses who wanted to retain the trappings and the older ones who wanted to discard them (Panel Minutes 8.6.60/5). With this information in mind the Panel concluded it was not in a position to decide whether or not there should be a national or local badge until it knew what the Institute intended to do about this matter. Therefore the Panel's Secretary agreed to write to the Institute requesting this information and making it aware of the difficulties which could arise if the Queen's trained nurses were issued with badges (Panel Minutes 8.6.60/5). The Panel had to wait nine months before it received information regarding the Institute's policy. When it met in March 1961 it was to learn that "the Institute intended to continue issuing badges to successful students, as it had done for the past seventy years" (Panel Minutes 15.3.61/10). At the same time it was to learn that Stoke-on-Trent County Borough Council, an independent training authority, was considering issuing a badge to nurses who gained the national certificate in district nursing. Therefore, the Panel addressed the issue of desirability or otherwise of a badge being made available for all students who passed the national certificate examination. Finally, it concluded that:

if a national standard was to be established nurses who trained with authorities other than the Queen's must not be disadvantaged compared with Queen's Nurses. It was recognised that from the psychological angle a badge meant something and it was thought undesirable for local health authorities to have separate badges of their own.

(Panel Minutes 15.3.61/10)

But, there is no doubt that at this stage the Panel's preference would have been to have dispensed with badges altogether. Even so, since the Queen's Institute had decided to retain a badge the Panel felt it had no alternative but to support the view that a standard badge
ought to be available to students successful in the national certificate examination. Therefore it can be concluded that the Queen's Institute's stance on badges forced the Panel to go against its own preferred course of action and also to adopt a different position to that held by the Department in this subject. This resulted in the Panel having to re-open negotiations with the Department, since it was not free to determine and implement policy only to make recommendations and give advice to the Minister (Panel Minutes 15.3.61/10). Having put its case to the Department the Panel had to await five months for a reply, and when this came it reaffirmed the Department's original position that badges were unnecessary. However, when in November 1961, the Panel's Secretary gave the Panel members the Department's verdict, he said that he had been advised that this was not necessarily an irrevocable decision and that the Ministry would be prepared to reconsider the matter again after a reasonable lapse of time especially if new factors became involved (Panel Minutes 29.11.61/14). Even so, there is no record in the Panel Minutes of the Panel asking the Department to review the situation, but there is evidence to suggest that for several years thereafter the Panel adhered to the Department's position because almost seven years later a Nursing Officer, from one of the outer London Boroughs advised the Panel that her employing authority was seeking estimates for a local badge. But since she was aware that the Panel had previously considered the question of badges she wondered if the Panel had any further advice to offer on the subject. She was advised that the Panel was opposed to the proliferation of badges (Panel Minutes 17.7.68/57).

But irrespective of the Panel's views some local authorities, eg Surrey County Council, went ahead and issued a local badge and no doubt others did likewise. Despite this state of affairs the matter of badges does not appear to have been discussed by the Panel again for over
a decade. However, this was not the end of the subject because in the late 1970s the need for a national badge was once again brought to the Panel's attention and gained its support, but the outcome will be revealed in the next chapter (see page 336).

The matter of badges and titles were closely related especially so at one stage when the Panel considered the possibility of using the initials of the title as a basis for the design of a badge, if one were recommended. At this time it was suggested that NDN cert (National District Nurse) or (Trained District Nurse) would be appropriate (Panel Minutes 19.7.61/12). But following the Ministry's rejection of the idea of a badge the Panel agreed that:

the Ministry's view on the use of suitable abbreviations to denote candidates successful in the National Certificate Examination should be sought and the Secretary was instructed to take appropriate action.

(Panel Minutes 29.11.61/14)

The writer has not been able to establish whether or not the Secretary wrote and if so whether he received a reply, but almost two years later, in March 1965 the Panel are known to have agreed to a suggestion made at an earlier meeting "that nurses holding the National Certificate should be entitled to indicate this by using "NDN Cert" after their name with, in the case of the Queen's trained nurses the addition of "Queens" (Panel Minutes 17.3.65/35). The Secretary was asked to bring this decision to the notice of training authorities, and following consultation with the Public Health Nursing Officer "to that of any other bodies or persons who ought to know about it, including the Administrative and Whitley Division of the Ministry concerned with nursing" (Panel Minutes 17.3.65/35). At this time the Panel were of the opinion that the abbreviated title would become sufficiently well known and accepted without further publicity (Panel Minutes
17.3.65/35). But the Panel obviously had second thoughts about this because at a subsequent meeting it agreed a press release (Panel Minutes 21.7.65/37 and Panel Paper ACTDN/PA(65)2) to three Professional journals namely: District Nursing, Nursing Times and Nursing Mirror. Only the former published this information. The entry in the September 1965 edition of District Nursing reads:

The panel of assessors of the Ministry of Health have stated that they consider nurses holding the national certificate in district nursing may indicate this by using NDN cert after their names. Those trained under the auspices of the Queen's Institute may add the words (Queen's Nurse). The use of the initials QN after a nurse's name should be discontinued.

The fact that the Panel decided to act upon its own initiative regarding the implementation of a title suggests the Ministry, for whatever reason, never gave its verdict on the subject.

Originally, Queen's Nurses used the full title but this eventually became abbreviated to "QN Cert". For an example of this see the qualifications of the authors of the textbook District Nursing (Merry and Irwin 1960). In 1961 the Panel noted the fact that the aforementioned abbreviation was recorded besides the names of the nurses submitted as Examiners by the Queen's Institute (Panel Minutes 19.7.61/12). The Panel informed the Institute that it would be placing the designation Queen's Nurse, in brackets, besides the names of the Institute's nurse examiners (Panel Minutes 19.7.61/12). But despite this information the Queen's Institute continued to use the QN Cert abbreviation when submitting details of its examiners, because when the Panel met in March 1965 it noted "the letter 'QN' - which did not denote any recognised qualification - had been affixed to the names of those examiners, in the list of amendments, who had been trained by the Queen's Institute" (Panel Minutes
17.3.65/35), and it objected to this practice and reiterated its original instruction to the Institute that the term Queen's Nurse not QN Cert should be utilised (Panel Minutes 17.3.65/35).

In November 1966, the Panel considered an application by Kent County Council for approval of use by their candidates successful in the National Examination of the abbreviated title NDN Cert (Kent). The members agreed it would be appropriate for candidates who trained with an authority other than the Queen's Institute to indicate their training authority in the same way that the Queen's Institute could use the title NDN Cert (Queen's Nurse) (Panel Minutes 30.11.66/45). But despite all the Panel's deliberation and decisions on titles and its correspondence with the Institute, Queen's Nurses persisted in using the abbreviated title QN Cert. Many of those who qualified during the period 1960 - 1967 still use dual qualifications QN Cert and NDN Cert. The writer falls into this category. Since Queen's Nurses gained two certificates one from the Institute and one from the Ministry there was no justifiable reason why they should not use dual qualifications. But the Panel was obviously trying to eradicate inequality amongst nurses prepared by different training authorities in England and Wales for the National Certificate. Additionally, the Panel was concerned about any inequalities which might arise within one local health authority if some students were sent to train at a Queen's Institute Centre and others were sent to another local authority running an independent scheme (see page 181).

Following the demise of the Panel in 1983 and the transfer of the Panel's records to the UKCC district nurses could have their district nurse qualification recorded beside their name on the register as: QN Cert or RN (ie Ranyard Nurse) Cert or NDN Cert or QN Cert NDN Cert or RN Cert NDN Cert as appropriate. Maybe the Panel would have achieved
its goal of a single district nurse qualification in England and Wales if it had asked the Institute to discontinue the award of its certificate rather than its badge. But whether the Institute would have agreed is questionable, especially as all the district nurses who trained in Scotland and Northern Ireland received a Queen's Certificate and badge, since the Queen's Institute was the only training body in these countries. For this reason it is likely that had the district nurse who trained under the auspices of the Institute in England and Wales been denied the coveted Queen's badge and certificate they would have considered themselves to be treated unjustly. The Queen's Institute certificate was certainly a more attractive design than the National District Nursing Certificate.

However, once the Panel assumed responsibility for the moderation of the grades awarded by the Queen's Institute Examiners, for scripts, there were instances where the award Queen's Certificate did not substantiate the fact that an individual had attained the Institute's pass grade, because there were several occasions when the Panel is known to have raised the Queen's candidates' grades from borderline to pass (see page 209). Neither did the award of the Queen's Certificate mean the candidate had passed the examination set by the Institute because there were instances where the Panel, during the process of moderating the examination paper changed the questions (Panel Minutes 29.11.61/14).

For several years the Queen's Institute was forced to use assessment procedures which it disliked because it wanted to replace the practical examination with continuous assessment, and to do away with the two sections on the written examination paper. Eventually, both these changes were adopted as Panel policy, the former in 1967, following the Panel's Second Review, and the latter in 1972 when the revised syllabus was implemented (see pages 249 and 292). Therefore the Queen's Institute only benefited from the
Panel's changed policy regarding the assessment of practice.

The period 1960 - 1968 must have been a difficult one for both the Panel and the Institute. The former, with its responsibilities regarding the maintenance of the standards of district nurse training in England and Wales, was required to ensure that the recommendations of the Advisory Committee on District Nurse Training were implemented (Ingall Report 1959). Yet the Panel lacked the authority of an independent training body and was therefore frequently obliged to consult the Department regarding policy issues. In addition it lacked adequate resources to fulfil its obligations, whereas the Institute, a well established district nurse training body, grounded in tradition, had to adjust to loss of independence. This included loss of total control over its own district nurse training scheme. Additionally it had to tolerate the lowering of its standards in the interest of equality. The Institute conformed when the newly imposed regulations gave it no choice but to do so, but in other instances it exerted its own authority and it refused to allow Queen's nurses to be denuded of their identity. In addition it continued to pioneer new ventures such as courses for Practical Work Teachers and District Enrolled Nurses. But these will not be elaborated on here as they are discussed elsewhere in the thesis. Whilst the Panel's existence made it possible for local health authorities to establish their own independent training schemes leading to the award of a national district nursing certificate initially the majority elected to utilise the services of the Queen's Institute. The Institute's presence during the period under review certainly slowed down the pace at which local health authorities established their own schemes. However, as the larger authorities such as Kent and Middlesex chose this course the Institute began to question its future. Eventually the Queen's Institute reached the conclusion
that it should withdraw from training, but it would have been prepared to be involved in the examining of district nurses. The factors which contributed to its decision to withdraw and the reasons why it was not asked to be involved in the district nurse examination will soon be discussed.

But according to White (1984:159):

In the face of nationalisation and centralisation which the NHS had introduced to all areas of health care, the Queen's Institute stood out as a voluntary organisation, a paradox in the heyday of nationalisation, and an irritant to the central planners.

These are strong words and the author does not substantiate them, but they are contrary to the message conveyed in some of the Ministry of Health Reports for the period 1959 - 1968. For example the Report for the year ending 1959 (MoH 1960:129) stressed that whilst four-fifths of all local health authorities were employing home nurses and directly administering the service "the links with the Queen's Institute and the voluntary spirit which established and developed the service remains strong". This Report also stressed that the Institute continued to play a major role in district nurse training and that it "may be expected to remain the main source of authoritative knowledge and thought on matters relating to district nursing" (Report of Ministry of Health for 1959 (MoH 1960:129). Two years later the Report of the Ministry of Health for 1961 (MoH 1962:84) stressed that progress in the home nursing service, including training was attributable to the whole-hearted efforts of local health authorities and voluntary organisations. If, as White (1984:159) suggests, the Institute was such an irritant to the central planners why did the Ministry publicly acknowledge its contributions? In addition, why did the vast majority of health authorities continue to conduct their district nurse
training arrangements under the auspices of the Institute until its demise in 1967? However, irrespective of the view of local health authorities about the standing of the Institute neither they nor the Panel brought about its demise as a district nurse training authority, but both prevented it retaining its involvement in the examination system. Therefore the events leading to the Queen's Institute's demise as a training body are discussed next.

Following the implementation of the National Health Service which resulted in the provision of a national district nursing service the Institute was aware that it needed to respond to the changing circumstances in which it found itself. Therefore, in July 1960, the Chairman of the General Executive Committee of the Institute wrote to Sir Allen Daley MD, LLD, FRCP and asked him for:

independent advice as to the organisation and working of the Institute; whether its various officers and staff are employed to the best advantage or whether in view of the changes that have occurred over the past years some of their work may have become redundant or other more important matters neglected.

(Daley 1961:1)

In addition, the Institute, despite its centenary of district nursing appeal in 1959, is known to have been experiencing financial difficulties at this time (QIDN Memorandum on Centenary of District Nursing Appeal and Letter from Miss Anslow, General Secretary of QIDN to Sir Allen Daley dated 20.9.61), and therefore the Institute was wanting to determine ways of reducing its expenditure.

Following an indepth investigation Daley (1961) concluded that although the Institute's future was clearer than it had been it was still incapable of exact assessment, but nevertheless he was of the opinion that the Institute's future lay mainly in the field of education and training.
Additionally he considered that the Institute would continue to be a resource centre for advice and information for the British district nursing service. His Report proposed areas where substantial economies might be effected, including simplification of the Roll and Committee system, reduction in the number of Queen's Visitors and curtailment of their responsibilities. It also recommended the abolition of membership fees, because their collection created a substantial amount of work for the Institute and they were disliked by local health authorities. The fee system would be replaced by one based on voluntary subscriptions. He considered that if the various proposed changes were implemented the Institute's staffing arrangements would need to be adjusted to take account of the reduced workload (Daley 1961:26-29).

Following the completion of his assignment Sir Allen Daley had informal discussions with the Secretaries of the Associations of Municipal Corporations and County Council Associations regarding his report. They welcomed the fact that the Institute was examining its organisation and methods of working, but they were against a reduction in the size of the Institute's Committees as they considered local health authorities should be represented at every level. They particularly stressed the fact that the Local Health Services Executive Committee could do valuable work and therefore should be allowed to continue. They welcomed the idea of replacing membership fees with voluntary subscriptions, but stressed that if the fee system was retained the fees should be reduced so as not to exclude any authorities. Whilst they were of the opinion that the Institute was more suitable for the training of district nurses than were local health authorities they considered that the latter were capable of releasing their Superintendents to examine the practical work of district nurse students in neighbouring areas, in order to relieve the Queen's Visitors of a considerable work load. Finally
they considered that the Institute should make charges for services rendered, e.g. district nurse training, the provision of refresher courses, and that these should not just cover the basic cost but include a substantial contribution towards overheads. The Secretaries also gave assurance that if the Institute accepted Daley's proposals that they would be prepared to circulate and commend them to their members (Addendum to Daley's Report 1961).

The Institute's General Executive Committee accepted Sir Alan Daley's Report subject to some alterations. The main ones related to the retention of the same committee structure and the title General Superintendent (QIDN Paper entitled Meeting of Local Health Services Executive Committee 27.7.61). Daley (1961:25) had proposed a change of title to reflect the change in duties. A decision was obviously made to retain fees but the system and scales were revised in 1963 (see Appendix 4.15).

The foregoing discussion serves to support the contention that during the period 1948 - 1961 the Queen's Institute had retained the support of the majority of local health authorities for its continuance as a training body. It may be recalled that until 1967 the Institute was still maintaining the leading position in district nurse training even though ten local health authorities had established their own schemes (see page 186). Whether the trickle of applications from local health authorities to the Panel of Assessors would ever have become a flood if the Institute had not decided to withdraw from training is debatable.

However, despite the increase of fees in 1963 the Institute was obviously still experiencing problems, because in 1964 business consultants were called in to carry out a very thorough review of the Institute's affairs and according to Rathbone (1968:1) the Institute accepted some of their recommendations including one to cease the award of the Queen's Certificate. Yet at this time no immediate action
appears to have been taken to implement this drastic step. But in 1966 the Queen's Institute was still experiencing financial problems because the audited account for the year 1966 revealed a deficit of £8,412 on the general fund. This had arisen due to the fact that there had been no major fund raising activity during 1966 (QIDN Council Minutes 4.5.67). Once again the Institute's financial position forced it to review its role (QIDN Council Minutes 8.12.66).

In July and October 1966 the Institute's General Executive Committee considered proposals submitted by the General Director in a paper which explained the financial situation:

The Institute is living beyond its means. The budget for 1966 estimated a deficit of around £13,000, and to this must be added the deficit of William Rathbone Staff College. Even supposing that a decision was taken to live on capital it would only provide a short term solution, as much of the capital, is in fact in Trust and cannot be used.

(QIDN 1966: Paper entitles "Proposals submitted by General Director for Future Policy of Queen's Institute 1966")

The paper went on to identify four possible sources of extra income namely: a trust which Queen Victoria Nursing Association in Liverpool was hoping to establish; fees from refresher courses and conferences, providing candidates were forthcoming; raising membership and affiliation fees but it was acknowledged this might be a self defeating move if as a result members were lost; the Garden scheme where people opened large gardens to the public for an entrance fee.

But the General Director's paper argued that the routine work of the Institute directed towards the award of the Queen's Certificate should be discontinued and that the Institute should concentrate on "Research, Experiments,
Demonstration coupled with the provision of other services which are badly needed but for which no statutory provision is likely for a considerable while" (General Director's Paper 1966). The paper considered this to be a financially viable proposition and that the Institute would be more likely to attract financial support if it presented a modern and forward looking image. The proposals explained that:

The image is at present distorted not only in the minds of the public but also amongst other bodies in the National Health Field whose full cooperation the Institute needs some see no need why a voluntary body should be associated after 18 years with the provision of a statutory service; they misconstrue the Institute's interest in this direction as nostalgia. Others assume the Institute's sole task is to provide the district nurses they know. Its other activities tend to be overlooked.

(QIDN 1966 General Director's Paper)

The paper went on to argue that freed from routine tasks, which could well be done by others, the Institute could concentrate on pioneering and providing a badly needed service. Then the Institute "would not only be, but would be seen to be, a vital, forward looking organisation with an important role to play in the provision of care" (General Director's Paper 1966).

However, the General Director's Proposals (1966) suggested that the Queen's Institute could make examination arrangements for Local Authorities if the Ministry did not choose to stand in the way. In retrospect, this may seem a strange suggestion, but the origin of the idea might well have come from the Armer Report (1955:15) which recommended that:

Where the authority is not in membership with the Queen's Institute or affiliated to them, or in arrangement with the Ranyard Nurses, these examinations might for instance be with the local

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University staff and the staff of adjoining local health authorities, or by invitation to the Queen's Institute even though the authority were not in membership or affiliated to them.

These recommendations were not implemented between 1959 - 1967 because the Ingall Report (1959:6) recommended that each training authority should be responsible for holding the examination for its own students. This recommendation was implemented and the draft examination papers were submitted to the Panel for moderation and for ultimate approval by the Minister. But had the Armer Report's recommendations regarding the administration of examinations been implemented and local health authorities running independent schemes utilised the services of the Institute for examination purposes only, their students would only have obtained the National District Nursing Certificate. Therefore, it is understandable that the General Director saw no dichotomy between discontinuing the Queen's training with the subsequent cessation of the award of the Queen's Certificate and continuing to be involved in the examination arrangements for the National District Nursing examination.

The Institute's Council Minutes (QIDN Council Minutes 8.12.66) record the fact that the General Director's proposals were recommended for acceptance by the General Executive Committee and that following discussion the members agreed by 47 to 7 votes to accept the proposals. The Council justified the Institute's withdrawal from training on the grounds that:

enrolment for training and examination for the Queen's certificate is virtually enrolment for the National Certificate. Hence there is duplication of effort and expense accruing to the Institute in the supply of a service for which there is official provision.

(QIDN Council Minutes 8.12.66)
But the Council was mindful of the affect that this would have in Scotland and Northern Ireland due to the fact that they were not included in the arrangements for the National Certificate. However, the Institute was aware that the Scottish Branch had, since 1961, hoped the National Certificate would in due course be awarded in Scotland (QIDN Education Sub-Committee Minutes 18.1.61). The QIDN Council Minutes (8.12.66) for this period record the fact that "the Institute would do every thing possible to assist the continuation of training by our branches until official provision is introduced". Eire was also affected by the Institute's withdrawal from training but major changes were already under discussion there, and the Institute's Council anticipated that in this country district nurse training would "form part of the official public health training" (QIDN Council Minutes 8.12.66).

The Council was also mindful that the Institute's withdrawal from routine training would affect its relationship with local health authorities. It appreciated that there would be a need to negotiate a new form of membership and fee, for a different type of service. This would include the supply of regular information to public health staff and an advisory service eg visits by professional staff, assistance with establishing training schemes. Additionally, the Council agreed the Institute could pioneer new types of training, provide refresher and advanced courses, conduct research and initiate experiments in order to ascertain the problems from the increased workload likely to be placed on community health teams (QIDN Council Minutes 8.12.66).

The Institute's Education Sub-Committee Minutes (11.1.67) record the fact that the Patron had agreed to the cessation of the award. The Council decided that the implementation of the proposals to withdraw from district nurse training should take effect from July 1968 (QIDN Council Minutes 8.12.66).
8.12.66). But the Queen's Institute continued to be involved in organising district nurse training in Scotland and the London area until January 1969. However, the QIDN Report for the year 1968 (page 13) records the fact that "the event which the year will be marked is the cessation of the award of the Queen's Certificate, its 33,908 recipients spanning seventy-eight years". Once the Queen's Institute had reached this momentous decision it had discussions with the appropriate representatives of the Ministry of Health and local health authorities members and affiliated associations in order to advise them of its intentions and to make the arrangements for its gradual withdrawal from initial district nurse training.

The Panel of Assessors learned of the Queen's Institute's intentions during its forty-sixth meeting held on 11th January 1967. The news was timely as the Panel was in the process of undertaking its second major review of district nurse training. The administrator responsible for reading out the letter which the Queen's Institute had written to the Ministry of Health said that "while the Department would be seeking some clarification of the Institute's intentions, it seemed possible that the ultimate aim might be complete withdrawal from district nurse training" (Panel Minutes 11.1.67/46). He also stressed that if this were to be the case it would result in problems for local authorities and the Panel. But even so he emphasised the point that "The Department, in dealing with the administrative difficulties which would follow from these impending changes, would look to the Panel for advice and guidance" (Panel Minutes 11.1.67/46). He then proposed that the first item in connection with the second stage of the Panel's five year review should be the possible consequences of the Queen's Institute's letter (Panel Minutes 11.1.67/46).

When the Panel met in March 1967 the members discussed two
letters from the Institute addressed to the Department dated 9th and 26th January 1967. The second indicated that "the Institute's participation in training and examining for the National Certificate after the May 1968 examination would depend on what they were asked to do" (Panel Minutes 9.3.67/48). The Panel were required to decide "whether or not to advise the Minister to invite the Institute to continue their present training and examination function beyond May 1968". (Panel Minutes 9.3.67/48). This was not a decision to be taken lightly because if the Queen's Institute ceased to have any involvement in district nurse training additional responsibilities would fall upon the local health authorities, Panel members and staff. But the Department's Nursing Officers produced sufficient evidence of prospective regional groupings for training purposes which would ensure continuity of training and the maintenance of the work of the Panel within manageable proportions. With this assurance the Panel members agreed that:

the Institute should not be invited to train and examine for the National Certificate after May 1968, and the Chairman asked that their recommendations should be conveyed to the Minister forthwith.

(Panel Minutes 9.3.67/48)

But despite this directive when the Panel held its fiftieth meeting in May 1967 the Chairman opened the proceedings by referring to the recommendations made at the previous business meeting relating to the Queen's Institute. He then asked if the members wished to confirm these but stressed that before doing so members needed to take account of the gaps which might occur in training if the recommendations were implemented. The members confirmed the recommendations as they were of the opinion any deficiencies in training arrangements which might occur could be overcome. Additionally, they were mindful that approximately fifty per cent of all district nurses were
untrained for their role. This it will be recalled was the same rate as in 1953 when the "Working Party on District Nurse Training" was set up (see page 166). The members also considered that as training authorities had not been taking advantage of available facilities they should be urged to participate to the full in district nurse training (Panel Minutes 24.5.67/50).

On the 20th September 1967, the Under-Secretary in the Ministry whose sphere of responsibility incorporated district nurse training, together with other officers from the Department, met representatives of the Queen's Institute to discuss the future of district nurse training. The discussion focused upon:

the decision of the Institute to cease, as from the conclusion of the examination for the National Certificate in District Nursing in May 1968, to award the Queen's Certificate and maintain the Queen's Roll, and to introduce at the same time certain modifications into the administrative arrangements for the conduct of the practical examination in district nursing.

(Panel Minutes 27.9.67/52)

According to the Panel's records the Under-Secretary informed the Institute's representatives that:

following advice from the Panel of Assessors and after consultation with the local authority associations, the Minister had decided not to ask the Institute to continue to train for the National Certificate after the completion of the May 1968 examinations.

(Panel Minutes 27.9.67/52)

According to the administrator who conveyed the account of the meeting to the Panel, the representatives of the Institute welcomed this decision and were eager to relinquish routine district nurse training in order to be free to develop other areas of work (Panel Minutes 240.
But by way of contrast, the Queen's Institute's record of the meeting (QIDN Council Meeting Minutes 14.11.67) makes no mention of the Institute representatives welcoming the decision. The Council Meeting Minutes (14.11.67) state that "The Ministry considered it inadvisable for the Institute to continue to take part in the administrative arrangements for examinations". The aforementioned minutes note the fact that the Institute's Officers could be nominated to serve as examiners of individual training authorities. In addition, the Institute's Council Minutes refer to the fact that the Ministry welcomed the Institute's continued expansion of the State Enrolled Nurse Training, and that the Ministry would be glad to co-operate with the Institute in planning refresher courses and specialised courses since it considered the Institute had a major role to play in these areas.

However, once it was clear that there was no place for the Queen's Institute in the arrangements for the National Certificate the Institute's General Executive Committee appears to have accepted and rationalised its position. For its final report to the Institute explains that:

The load on the Institute of carrying out the ever-increasing number of examinations would have necessitated a much higher membership fee for local health authorities, which . . . they could not have faced in the present financial climate. The arrangements made by the Ministry for the National Certificate will ensure the maintenance of the standard of district nurse training.

(Rathbone 1968: Report given by Mr William Rathbone, Vice-Chairman of the General Executive Committee, at the QI Council Meeting 14th May 1968)

In December 1967 the Ministry of Health issued a Circular (23/67) (see Appendix 4.6). This described the events leading up to the Minister's decision and explained that:
Although aware of the Queen's Institutes willingness to continue arranging the examination he considers that unification of training arrangements should be accompanied by similar arrangements for examination and the Institute has accepted this.

(Ministry of Health Circular 23/67 page 1 para 4)

The Circular (23/67) paid tribute to the Institute's valuable contribution to training and also to the maintenance of high standards in the area of district nursing, whereas the Annual Report of the Ministry of Health for the year 1967 (1968:60) merely noted the important part the Institute had played in the training of district nurses for the National Certificate in District Nursing. The cessation of the Queen's training and certificate was the end of an era for the Institute and a watershed in the Panel's development.

Around this time the Members of the Royal College of Nursing "expressed deep concern about the continuing responsibility of the Ministry of Health for district nurse training and the decision of the Queen's Institute of District Nursing to cease awarding the Queen's Certificate from June 1968" (RCN Paper entitled The Future of District Nurse Training - date of publication not given but probably 1968 - page 1). The RCN made clear that it considered district nurse training should be incorporated as a module into basic general nurse training and that responsibility for this "should be vested in the statutory body responsible for basic nurse education" (RCN Paper - no date of publication given but probably 1968, page 13).

TWO MAJOR REVIEWS OF DISTRICT NURSE TRAINING:

The news of the Queen's Institute's decision to withdraw from training was, it will be recalled, given to the Panel at its January 1967 meeting. This was the one allocated for the second stage of the review of the first five years
of district nurse training based on the Ministry's national district nursing scheme. This review was to take account of an earlier one which covered the first three years. Therefore this section provides results of both reviews in chronological sequence.

In preparation for the three year review, the Panel invited all training authorities to submit their views and comments on the training and examination for the National Certificate. These were compiled into a paper by the Panel's Secretary, for the Panel's consideration (Panel Minutes 27.11.63/26 and 22.7.64/30) but this could not be located by the writer. However, from the Panel's Minutes, it is obvious that the Secretary's paper contained many helpful comments from the training authorities and in particular from the Queen's Institute (Panel Minutes 14.10.64/32). The comments received related to the syllabus and written examination, practical examination and a common examination paper.

It is highly probable that the Queen's Institute's comments to the Panel were as set out in Appendix 1 of the QIDN 1966 Paper, Nursing in the Community, for at this stage the Institute wanted to do away with the division, into two parts, of the syllabus and written examination. But the Panel rejected this proposition on the grounds that it was essential for district nurse students to acquire an adequate knowledge in health, welfare and social services as these were not included in any depth in general nurse training. Additionally learning outcomes needed to be evaluated by means of appropriate examination questions (Panel Minutes 14.10.64/32). The fact that the Panel considered general nurse training to be light in these areas was at odds with the findings of the Armer Report (1955:10-11) and Ingall Report (1959:3). Both considered that the general state registered nurses who followed the 1952 General Nursing Council syllabus would have a
reasonable knowledge of health and welfare services provided by local authorities and voluntary agencies.

Some of the training authorities which submitted comments to the Panel requested a more detailed syllabus and the inclusion of additional topics in the model syllabus. Some of the proposed topics seemed relevant to the role of the district nurse eg rehabilitation and others less so eg venereal disease. But the Panel concluded that "There should be no change to the designation of any of the lectures or persons appointed to give them" (Panel Minutes 14.10.64/32).

The suggestion to introduce a common examination paper was considered by the Panel, but it decided the advantages of allowing each training authority the freedom of setting its own paper outweighed the disadvantages, since training authorities could set the questions in line with their own particular course and select their own examination date (Panel Minutes 14.10.64/32). Not that the latter was something previously permitted by the Panel.

Some training authorities advocated the replacement of the practical examination by a viva voce examination or a written assignment eg case study or project assessed in conjunction with an assessment of the student's practical work by the Nursing Superintendent. But the Panel decided that the existing arrangements should stand. Even so, it conceded that the external examiner should be advised to take into account the Superintendent's assessment. The Panel's reasons for the retention of the practical examination, as summarised in its Minutes, were that: superintendents were not always the best people to judge their own students work and friction could result; external examiners were used in every other educational field and they influenced the student's approach to the examination; the results of the examination gave the nurse a great deal
of satisfaction and she attached much importance to it; internal assessment varied so external examiners safeguarded national standards; the preparation of case studies could not be used as a basis for a true assessment of the way in which nurses performed their practical work (Panel Minutes 14.10.64/32). Some of the Panel's reasons for retaining the practical examination are debatable and they demonstrate a lack of awareness of the subjective nature of assessment irrespective of who conducts this (Rowntreee 1977).

After full consideration of all the points raised the Panel agreed that:

the Secretary should prepare a draft letter to the training authorities thanking them for their suggestions and saying that the Panel had decided against recommending any major changes in present practice and procedure in view of the relatively short time the scheme had been in operation; some training authorities had only participated latterly and it was felt that a longer period must elapse before the value of the present arrangements could be properly assessed; a further review would be made after a reasonable interval when all suggestions made by the training authorities would be considered.

(Panel Minutes 14.10.64/32)

Therefore, it can be concluded that at this stage the Panel adopted a conservative approach to the development of district nurse training.

The five year review was conducted at Panel meetings spanning the period October 1966 - May 1967. Discussions were protracted for various reasons including poor attendance of Panel members on the day scheduled for the commencement of the review, the Queen's Institute announcement of its proposed changes in relation to the provision of district nurse training and the reversal of provisional decisions made at earlier meetings.

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At the outset, the Panel decided that the training of registered and enrolled nurses for district nursing would be considered in detail and that this review would be conducted in two stages. The first would allow for consideration, in the light of past experiences, of the existing scheme of training and examination. Whereas the second would focus on further developments and changing trends which were likely to affect the roles and status of the district nurse. These included a growth in the number of integrated courses which might result in an all purpose public health nurse who might eventually replace the district nurse and health visitor. And the possibility of the enrolled nurse being trained to undertake more responsibility in district nursing (Panel Minutes 5.10.66/44). The idea of the introduction of the grade of a Public Health nurse was in line with proposals being considered by the Queen's Institute around this time (QIDN Paper entitled Nursing in the Community 1966 attached to QIDN Education Sub Committee Minutes 11.1.67). The Institute believed that:

> there is no justification for perpetuating two streams of State Registered Nurses in the Community, eg District Nurses and Health Visitors, but rather there should be 'Public Health Nurses' - SRN's trained for preventive and therapeutic work in the community.

(QIDN Paper 1966:2-3)

The Institute envisaged that the Public Health Nurses would be the General Practitioners' main assistants who in turn would be supported by a team of district trained enrolled nurses, social workers and auxiliaries.

During the first phase of the five year review the Panel reached a number of provisional conclusions. It considered that the length of training should remain unchanged and that day-release was the most appropriate arrangement for students to study the theoretical component of the course. That the two sections of the syllabus should become
integrated "provided that there was sufficient safeguard, through the examination paper, that the subject of administration was being adequately covered in the students' training". (Panel Minutes 5.10.66/44). Additionally, the Panel concluded that the two parts of the examination paper should be abolished, but that the assessment of the administration component of the syllabus safeguarded by the introduction of two compulsory questions in this area. These would be common to all question papers and set by the Panel (Panel Minutes 5.10.66/44).

On the occasion when the Panel was advised of the Queen's Institute's proposal to withdraw from district nurse training it was also informed that the local health authorities' latest ten year plan proposed and expansion of the domiciliary nursing service. The administrator who conveyed this information considered that this development would require not only an increase in the numbers of staff but also in their quality and function. During his address he explained that the Department was considering reports from various sources which included "schemes of attachment of, in particular, health visitors to general practices" (Panel Minutes 11.1.67/46). And that as a result of these developments a new type of public health nurse was evolving for the future together with a more important role for the district enrolled nurse (Panel Minutes 11.1.67/46). The Administrator challenged the Panel to take account of the various factors which he had highlighted in deciding the future format of district nurse training (Panel Minutes 11.1.67/46).

The development of attachment schemes slowly gained momentum and, according to Friend (1973:213), between 1964 - 1969 the number of district nurses working under this arrangement rose from two to twenty five per cent. The Ministry certainly encouraged this development through the dissemination of information (see for example DHSS Circular
Following the Administrator's address the Panel decided to continue its review under three broad headings: the immediate future; long range plans, integration of state enrolled nurses into district nurse training. (Panel Minutes 11.1.67/46). The Panel held a special meeting sometime in March 1967 to deliberate on these matters. If minutes were recorded they are no longer available. However, the Panel are known to have considered the case for transferring the responsibility for district nurse training from the health to the education departments of local authorities. But at the next meeting of the Panel it was decided to defer a decision on this matter. (Panel Minutes 9.3.67/48).

On the 24th May 1967, the Panel reconsidered some of its provisional proposals and reached the following decisions (Panel Minutes 24.5.67/50) with regard to:

(i) Immediate future:
- the existing syllabus and format of the examination should be retained in view of the possibility of district nurse training being absorbed into the General Nursing Council's syllabus
- health authorities were to be allowed to omit rural experience
- study days should be the normal pattern for the theoretical component but these could be substituted by a study block in exceptional circumstances
- after May 1968 all candidates would sit a single National Examination, to be held three times a year
practical examinations should in general be replaced by continuous assessment but authorities could retain the practical examination if they wished to.

The last two recommendations had far reaching implications. The sitting of a national examination paper increased the Panel's workload. Responsibility for continuous assessment fell upon Superintendents and Senior District Nurses who, in some instances were already known as Practical Work Instructors (PWI's). The way in which the role and training of PWI's developed is the subject of Chapter Eight. The above changes were conveyed to local authorities on the 8th December 1967 and were put into effect following the May 1968 examination (MoH 1967 Circular 23/67).

(ii) Long range plans:

The Panel recommended that:

- the General Nursing Council should be recognised as the training and examination body responsible for district nurse training
- that district nurse training should be integrated into the course of general nurse training.

The reasons for these decisions will not be reiterated here as they were fully explained in the previous chapter. However, the Panel's position regarding long range plans was not in accordance with that adopted by the Superintendents' Association and Association of District Nurses. At the time of the review the Panel received resolutions from both these organisations that a statutory body should be set up to administer district nurse training and award a statutory
At a later Panel Meeting one of the members, a Queen's Institute Superintendent, expressed reservations about the idea of incorporating district nurse training into general nurse training on the grounds that large numbers of students would have to gain district nurse training within the limited facilities available. She considered that this would prevent them gaining an indepth knowledge of district nursing. Therefore, she stressed that if this new arrangement was adopted a further period of post- registration training would be required by all registered nurses entering the district nursing service. (Panel Minutes 27.9.67/52).

The Panel was mindful that as an interim measure special arrangements would need to be made for nurses entering district nursing who trained prior to the introduction of the new training arrangements outlined above, it considered that a short course of inservice training should suffice. (Panel Minutes 24.5.67/50).

During the five year review the Panel had preliminary discussions "on the question of possible variations in or additions to the syllabus to meet the training requirements of district nurses attached, or who would become attached to general medical practices". (Panel Minutes 24.5.67/50). But the Queen's Institute's withdrawal from training caused the Panel to focus all its attention on the immediate rather than long range plans.

iii) Integration of State Enrolled Nurses into District Nurse Training:

Regarding the matter of district nurse training for enrolled nurses, the Panel concluded that as the
General Nursing Council made provision for district nurse training experience during the two year course of training leading to enrolment and because further post enrolment district nurse training was closely linked with the long term plans for district nurse training a decision about this should be deferred. (Panel Minutes 24.5.67/50).

Therefore, it can be concluded that neither review brought about any change in the syllabus, but the second one did result in the move to a national examination and continuous assessment of practice.

Even though the training course syllabus was static at this time the Panel faced a situation where its work load was about to increase dramatically. This resulted from the introduction of the national examination and the Queen's Institute's withdrawal from training. The latter fact caused the Panel to become a United Kingdom training body.

THE PANEL'S ATTAINMENT OF THE STATUS OF A UNITED KINGDOM TRAINING BODY:

This section discusses the way in which the Panel assumed responsibility for district nurse training in Northern Ireland and Scotland. The events relating to training in each of these countries are dealt with consecutively.

In July 1967, the Panel were advised that the Ministry of Health had received an informal approach from the Ministry of Health and Social Services for Northern Ireland to be allowed to participate in the district nurse training examination procedures established for England and Wales. Apparently Northern Ireland saw this "as a means of obtaining formal recognition for their district nurse candidates" (Panel Minutes 29.11.67/53). The Panel supported the proposed developments. When, in February
1968, the Panel members discussed the formal application they agreed that Northern Ireland should be represented on the Panel by someone holding the designation of Medical Officer of Health. In addition, a Nursing Officer from its Ministry would be accorded observer status. But the Panel insisted that Miss Heaney, the Nursing Officer with responsibility for district nurse training at the Ministry in London, should assume responsibility for visiting the training centre in Belfast (Panel Minutes 7.2.68/54).

The Belfast centre held two courses per annum and served all eight health authorities in the province. It catered for approximately twenty students per annum. Because the Queen's Institute intended to cease the award of its certificate in Northern Ireland in June 1968, this country wanted the Panel's approval in time for the National Certificate to be awarded in respect of the December 1968 examination. The scope of the national examination paper had to be expanded to take account of Northern Ireland's legislation.

Northern Ireland was encouraged to nominate doctors and nurses as examiners but these had to be approved by the Panel (Panel Minutes 7.2.68/54) before being recommended for inclusion in the Minister's Panel of Examiners. One examiner on this list was a general practitioner who lectured on the Belfast Course. Whilst he was not debarred from examining the students, the centre was free to utilise examiners from other authorities (Panel Minutes 22.5.68/56).

Whilst considering the new district nurse training arrangements for Northern Ireland the Panel questioned the legality of issuing the existing National Certificate (see Appendix 4.1) to successful candidates in Northern Ireland. The secretary was asked to make enquiries about this matter and also the acceptability of the Certificate to the
Ministry of Health and Social Services in Northern Ireland (Panel Minutes 7.2.68/54).

There is no record, in the Panel's Minutes, of the Panel receiving the formal application for the Belfast training scheme. But they do note the fact that:

the scheme of training proposed by Belfast County Borough had been agreed by Miss Heaney on the Panel's behalf and the Secretary had written to the Ministry of Health and Social Services recommending that their Minister should approve the scheme.

(Panel Minutes 22.5.68/56)

Approval was obviously granted but the date when this occurred could not be determined by the writer.

Later, Miss Johnston (Miss Heaney's successor) visited the Province on two occasions. The initial visit was to meet examiners and the subsequent one to meet all those engaged in the practical aspect of training (Panel Minutes 27.11.69/59). At this time Northern Ireland was considering the appointment of a District Nurse Tutor to run the course (Panel Minutes 27.11.69/59).

In Scotland the pace of change was slower. But following consultations between the Ministry of Health and Scottish Home and Health Department the Panel was asked:

to accept Scotland's proposals to continue with the Queen's Institute training and Certificate up to the January 1969 examination and then to change to local authority training for the National Certificate under the Panel's auspices.

(Panel Minutes 7.2.68/54)

When the Panel discussed this proposal, in February 1968, one of its nurse members wondered if Scotland would accept advice from the Ministry of Health's Nursing Officers, and
suggested that the Panel's views might be disseminated through Miss Himsworth, a Nursing Officer of the Scottish Home and Health Department. (Panel Minutes 7.2.68/54). This in fact proved to be the case. The Panel decided to respond to Scotland's informal approach with a warm invitation to participate in the national scheme.

In the interval, before formal approval was granted, the Panel offered to "consider informally the examination papers set by the Queen's Institute to ensure equality of standards" (Panel Minutes 7.2.68/54). In the event this was not necessary because the Institute asked for and was granted permission to use the National Examination Paper for candidates in Scotland who sat the September 1968 and January 1969 examinations (Panel Minutes 22.5.68/56). This was in line with the arrangements which were made for the London Boroughs' candidates (see page 205).

In May 1968, the Panel received the formal approach from Scotland and the members were:

> told that Scotland would now be asked to nominate a member, who would be a nurse, and agreed that Scotland should also be told that they might send an observer to Panel meetings.

(Panel Minutes 22.5.68/56)

Miss Connor was Scotland's first Panel Member and as anticipated Miss Himsworth was appointed as the observer.

In November 1968, the Panel considered four courses from Scotland. Because Miss Himsworth had visited all the centres and assured members that the Panel's requirements were being met all the courses were approved (Panel Minutes 27.11.68/59). Details of the course are in Table 4.11 below.
Table 4.11 Approval of Training Centres in Scotland

<table>
<thead>
<tr>
<th>Name of Centres providing theoretical and practical training</th>
<th>Course Venue</th>
<th>Person responsible for Training</th>
<th>No of training places</th>
<th>Departures from courses of lectures prescribed by Ministry of Health (1959)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aberdeen County of City</td>
<td>35 Queen's Road Aberdeen</td>
<td>Mrs A M Taylor SNR, SCM, Queen's Nurse, HV Cert</td>
<td>10</td>
<td>Addition of: One lecture on diseases of chest by a consultant physician</td>
</tr>
<tr>
<td>Edinburgh County of City</td>
<td>Edinburgh Central Training Home 29 Castle Terrace Edinburgh 1</td>
<td>Miss M MacLean RGN, SCM, Queen's Nurse, HV Cert</td>
<td>30</td>
<td>None</td>
</tr>
<tr>
<td>Glasgow County of City</td>
<td>218 Bath Street Glasgow</td>
<td>Miss J Lamont RGN, SCM, Queen's Nurse, HV Cert</td>
<td>20</td>
<td>Addition of: One lecture in Part I on local authority welfare services Three lectures in Part 2 on mental health, bronchitis and physiotherapy</td>
</tr>
<tr>
<td>County of Lanark</td>
<td>Teaching Unit Public Health Office Beckford Street Hamilton</td>
<td>Miss M Wardle RGN, SCM, Queen's Nurse, HV Cert</td>
<td>10</td>
<td>Addition of: Seven lectures on problem family care problems of aphasia community care of the mentally ill and mentally sub-normal early recognition of anxiety states principles of rehabilitation principles of health education the deprived child</td>
</tr>
</tbody>
</table>

Source: Panel Paper ACTDN/PA(68)20

From the table it will be noted that three of the courses included additional lecture topics which again raises questions about the adequacy of the Ministry's model syllabus, which at this time had been in existence for almost a decade. Since all persons responsible for the training programmes were Queen's Nurses this must have aided continuity at this time of change.

Miss Himsworth also assumed responsibility for assessing the suitability of the numerous practical training areas, each of which was linked to one of the theoretical training centres. The assessment was made following discussions with the relevant Medical Officer of Health and Senior
Nursing Personnel. Examples of the approach adopted and reports produced for the Panel can be found in Panel Papers ACTDN/PA(69) 13, 19 and 26.

The new training arrangements in Scotland gave local authorities a greater choice of centres. Previously there had only been two main teaching centres, located in Edinburgh and Glasgow, with a few students training at Ayr (Panel Minutes 7.2.68/54), but with the introduction of training for the National Certificate some local authorities in the lowland border region elected to send students to train in England at the Carlisle centre (Panel Minutes 22.5.68/56).

Initially the Scottish local authorities nominated thirteen examiners. Eight were Queen's Nurses, including two in charge of training centres, the remainder were doctors (Panel Minutes 27.11.68/59 and Panel Paper ACTDN/PA (68)20). The Panel recommended them all to the Minister as suitable for the role.

By May 1968, arrangements for district nurse training based on the Ministry of Health's National Syllabus and examination had been set up for the whole of the United Kingdom. In theory all training centres were under the Panel's jurisdiction. In practice the new arrangements gave the SHHD the power, through its Nursing Officer and Minister to validate and approve courses. The Panel played a passive role in the process, merely endorsing the recommendations of the Nursing Officer. Although the Panel Minutes (27.11.68/59) noted the fact that "Miss Himsworth suggested that Miss Johnston would be welcome in Scotland", there is no record of her visiting. And later when the Panel's Officer tried to visit Scotland this was actively resisted.

By May 1968 the Panel had become a United Kingdom training
body but the extent to which there was a national standard in district nurse training is debatable. Since the situation regarding the control of district nurse training at this time was so complex it is summarised at this juncture. The Panel:

- agreed the Syllabus and set the examination papers but both had to be approved by the Minister of Health

- moderated the grades awarded to examination scripts

- approved the pass list for the national examination but this was ratified by the Minister

- required its designated Nursing Officers to visit and report on courses in England and Northern Ireland. And the designated Nursing Officers from the Welsh Office and SHHD to visit and report on courses in their respective countries

- recommended courses for approval in:

  - England to the Minister of Health

  - Wales to the Minister in charge of the Welsh Office

  - Scotland to the Minister in charge of the SHHD

  - Northern Ireland to the Ministry of Health and Social Services

- received nominations for examiners from
training authorities for consideration for inclusion in the Minister's List of Examiners

- arranged for each student successful in the national examination to have their name entered on a central roll and to be issued with a certificate from the Ministry of Health.

From the above it can be concluded that at this stage the Panel's function as a United Kingdom Training Body was mainly advisory in nature, and that it was accountable to the various Government Departments.

CONCLUDING DISCUSSION:

The preceding sections of this chapter have provided a narrative of the majority of the Panel's activities and interactions during the period 1959 - 1968. (The remainder are dealt with elsewhere in this thesis.) During this time the Panel was generally reactive rather than proactive. It seemed more concerned with ensuring that the recommendations of the Ingall Report (1959) were met than in developing district nurse training in response to the changes which were occurring in the primary health care services.

The Panel's records for this period contain no reference to the members being invited to consider the implications of the implementation of the Hospital Plan. This is surprising since, it will be recalled, the Plan emphasised the need to develop the care of clients/patients in the community. When adopted, this approach required the district nurse to undertake a greater range of nursing duties. Whereas the recommendations of the Gillie Report (1963) laid the foundations for the development of primary
health care teams and an increase in the number of health centres. This slowly resulted in district nurses becoming members of multidisciplinary teams based in health centre settings. The Queen's Institute was certainly aware of the implications of the Gillie Report for district nursing when it invited Dame Innis Gillie to address its Annual General Meeting on 14th November 1968 (Rathbone 1968:3).

In addition to being members of multidisciplinary teams many district nurses also became leaders of district nursing teams as a direct result of the introduction of Ministry of Health policy (MoH 1965:Circular 12/65) to ensure greater use of enrolled nurses and nursing auxiliaries for less skilled district nursing duties.

Despite the above mentioned developments, and repeated requests from the Queen's Institute and the London Boroughs' Training Committee for amendments to the syllabus to take account of changes in practice, the Panel saw no need for a revision in the syllabus until 1967. When the Panel did concede that the syllabus might need to be updated to take account of the fact that district nurses were being attached to medical practices. But this need was overlooked in the light of the events surrounding the demise of the Queen's Institute. However, training centres in Scotland were allowed to include extra topics.

The Minister of Health had established the Panel to oversee the implementation of the national syllabus and the arrangements for the national examination. He had hoped that the availability of a nationally recognised course and certificate, issued by the Ministry of Health, would encourage local health authorities, who chose not to use the services of voluntary district nurse training bodies to establish their own schemes. But this did not occur to any appreciable extent since most continued to utilise the services of the Queen's Institute. However, whilst the
numbers employed in the district nursing service increased the numbers receiving training did not, so that by May 1967 still only fifty per cent of practising district nurses had a district nurse qualification.

In addition, the standard of district training appears to have deteriorated during the period under consideration since the length of training was reduced from 6/4 to 4/3 months and with the passage of time the syllabus became outdated. Coupled with these facts was the Panel's readiness to accept a lower pass standard in the written examination than the Queen's Institute.

The Institute had therefore lost control over the standard of its own training. Yet it continued to award the Queen's Institute certificate and badge to all its candidates who were successful in the National Examination. Had the Institute elected to award its Certificate and badge only to the candidates passed by its own examiners these awards would have continued to reflect its own pass standard. The Panel were conscious of the difference in the status of the National and Queen's District Nursing Certificates. Yet they never asked the Queen's Institute to discontinue the award of its certificate or the maintenance of the Queen's Roll. Yet it was the Queen's Certificate which enabled the recipient to wear the Queen's badge and to use the generally accepted abbreviated qualification of QNCert. Both the latter were a constant irritant to the Panel.

At one stage the Panel seemed set on the idea of transferring responsibility for district nurse training to the General Nursing Council since it envisaged that district nurse training should be integrated into the basic nurse training programme. This would have reduced the length of district nurse training even further. But by way of contrast the Queen's Institute continued to make the case for a post-basic training leading to a statutory qualification.
The Panel's lack of resources meant that during the period under discussion, it could not always fulfil its obligations as effectively as it would have liked.

The Panel, when consulted about the training needs of enrolled nurses employed in the district nursing service saw no need for this, but the Queen's Institute did and set about making the necessary provision. This was obviously the right course of action as later a national district nurse training scheme was developed for this grade of nurse (see Chapter Seven).

When the Panel obtained the status of a United Kingdom training body it feared Scotland would not accept its advice. Maybe this fear arose from the fact that the Queen's Institute had a Scottish Branch to oversee district nurse training in Scotland and the training centres might therefore object to accepting orders issued from a London based body. Anyhow, the Panel decided to abdicate its designated Public Health Nursing Officer from the responsibility of inspecting and reporting upon courses in Scotland. Instead a Nursing Officer from the SHHD assumed this responsibility. Inevitably this established the pattern of the Panel having to work via the SHHD and resulted in lack of standardisation of the inspection of courses throughout the United Kingdom.

There is no doubt that the Queen's Institute, despite losing control over its own district nurse training course for registered nurses, was the main provider and innovator in district nurse training and related courses until its demise in 1967. And whilst the Panel did not directly cause the Institute's demise as a district nurse training body it was certainly instrumental in preventing it being involved in the ongoing arrangements for the examination leading to the national award.
During the overlap period the Panel frequently appears to have adopted an autocratic approach when fulfilling its obligations. At times it appears to have slavishly adhered to the official guidelines even when these appeared to have become outdated. And despite consulting with the Institute and the few local health authorities running their independent schemes, in connection with the two major reviews of district nurse training, the Panel generally chose to disregard the majority of the points of view expressed on these occasions.

But once the Institute ceased its involvement in district nurse training the Panel was the only body responsible for district nurse training. From the previous chapter of this thesis it will have become apparent that from this time onwards the Panel's self-image and resources gradually improved. And instead of adopting a caretaker approach it became more involved in developing the various aspects of district nurse education, in order to keep abreast of developments which were occurring in primary health care and the wider sphere of nursing education. Even though for the next decade it had a tendency to follow the lead of other nurse training bodies.
### SOURCES OF REFERENCE

<table>
<thead>
<tr>
<th>Source</th>
<th>Date</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allsop J</td>
<td>1984</td>
<td>Health Policy and the National Health Service</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Longman:London</td>
</tr>
<tr>
<td>Armer F (Chairman)</td>
<td>1955</td>
<td>Report of the Working Party in the Training of District Nurses</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HMSO:London</td>
</tr>
<tr>
<td></td>
<td></td>
<td>QIDN:London</td>
</tr>
<tr>
<td>CMB</td>
<td>1955</td>
<td>Regulations for Refresher Course</td>
</tr>
<tr>
<td>Clarke Wilson D</td>
<td>1972</td>
<td>Hilary: The Brave World of Hilary Pole</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hodder and Stoughton:London</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CTHV:London</td>
</tr>
<tr>
<td>Daley A</td>
<td>1961</td>
<td>Report of Work of the Queen's Institute to General Executive Committee of the Queen's Institute dated 28.6.61</td>
</tr>
<tr>
<td>Department of Health</td>
<td>1991</td>
<td>Letter from Lola Odusanya Civil Servant Dept of Health providing details of Whitley Pay Scale for District Nurse Tutor in 1962</td>
</tr>
<tr>
<td>DHSS</td>
<td>1969</td>
<td>DHSS Circular 13/69 entitled Attachment of local health authority nursing staff to general practice from E L Mayston to County and Co Boroughs et al dated 17th September</td>
</tr>
<tr>
<td>District Nursing</td>
<td>1965</td>
<td>District Nurse Qualification District Nursing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>September edition, p 154</td>
</tr>
<tr>
<td>Author/Title</td>
<td>Year</td>
<td>Description</td>
</tr>
<tr>
<td>-------------</td>
<td>------</td>
<td>-------------</td>
</tr>
<tr>
<td>Friend P M</td>
<td>1973</td>
<td>Nursing within primary health care and its development. Queen's Nursing Journal, December, Pages 210, 213, 214</td>
</tr>
<tr>
<td>Year</td>
<td>Title</td>
<td>Author(s)</td>
</tr>
<tr>
<td>--------</td>
<td>----------------------------------------------------------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>1963</td>
<td>The Field of Work of the Family Doctor Report of the Sub-Committee of the Standing Medical Advisory Committee</td>
<td>Gillie A (Chairman)</td>
</tr>
<tr>
<td>1974</td>
<td>The Work of the Nursing Team in General Practice</td>
<td>Gilmore M, Bruce N and Hunt M</td>
</tr>
<tr>
<td>1936</td>
<td>Midwives Act</td>
<td></td>
</tr>
<tr>
<td>1957</td>
<td>The Nurses Act 1957</td>
<td></td>
</tr>
<tr>
<td>Publisher</td>
<td>Year</td>
<td>Title</td>
</tr>
<tr>
<td>-----------</td>
<td>------</td>
<td>-------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>HMSO</td>
<td>1959</td>
<td>Mental Health Act 1959</td>
</tr>
<tr>
<td>HMSO</td>
<td>1936</td>
<td>Midwives Act</td>
</tr>
<tr>
<td>Jones D</td>
<td>1962</td>
<td>Oral Evidence from Mrs D Jones former Nursing Officer Primary Health Care DHSS</td>
</tr>
<tr>
<td>Lovett R</td>
<td>1962</td>
<td>Written evidence to Panel of Assessors from Miss Lovett, District Nurse Tutor, Newcastle-upon-Tyne</td>
</tr>
<tr>
<td>Merry E J and Irwin I D</td>
<td>1960</td>
<td>District Nursing Bailliere Tindall and Cox:London</td>
</tr>
</tbody>
</table>
MoH 1968 Letter from MoH entitled Training of District Nurses: Circular 23/67 signed by L G Weir, Sec Panel of Assessors dated May


267
MoH 1968
Annual Report of the Ministry of Health for the year 1967
Cmd 3702
HMSO: London

MoH 1969
Annual Report of the Ministry of Health for the year 1968
Cmd 4100
HMSO: London

PADNT 1968
PADNT Examination Bulletin No 1/25th Examination: 5th Sept 1968
PADNT: London

Panel Minutes

Panel Minutes 08.12.59/2
Panel Minutes 26.01.60/3
Panel Minutes 01.03.60/4
Panel Minutes 08.06.60/5
Panel Minutes 19.07.60/7
Panel Minutes 29.11.60/8
Panel Minutes 15.03.61/10
Panel Minutes 19.07.61/12
Panel Minutes 29.11.61/14
Panel Minutes 14.03.62/16
Panel Minutes 18.07.62/18
Panel Minutes 28.11.62/20
Panel Minutes 13.03.63/22
Panel Minutes 27.11.63/26
Panel Minutes 22.07.64/30
Panel Minutes 14.10.64/32
Panel Minutes 17.03.65/35
Panel Minutes 21.07.65/37

268
Panel Minutes 20.07.66/43
Panel Minutes 05.10.66/44
Panel Minutes 30.11.66/45
Panel Minutes 11.01.67/46
Panel Minutes 09.03.67/48
Panel Minutes 24.05.67/50
Panel Minutes 27.09.67/52
Panel Minutes 29.11.67/53
Panel Minutes 07.02.68/54
Panel Minutes 22.05.68/56
Panel Minutes 17.07.68/57
Panel Minutes 25.09.68/58
Panel Minutes 27.11.68/59
Panel Minutes 05.02.69/60
Panel Minutes 12.03.69/61
Panel Minutes 25.05.69/62
Panel Minutes 16.07.69/63
Panel Minutes 26.11.69/65
Panel Minutes 11.03.70/67
Panel Minutes 23.09.70/70

Panel Papers

Panel Paper ACTDN/PA(65)2
Press Notice
July 1965

Panel Paper ACTDN/PA(67)
52nd Meeting
Note on Training Centres
reported upon by Miss Heaney
September 1967
Panel Paper ACTDN/PA(68)8
Local Health Authorities
Approval of Training
May 1968

Panel Paper ACTDN/PA
56th Meeting
Details of Candidates for
24th Examination
May 1968

Panel Paper ACTDN/PA68(20)
Approval of Training Centres
in Scotland
November 1968

Panel Paper ACTDN/PA(69)13
Approval of Practical
Training Areas in Scotland
February 1969

Panel Paper ACTDN/PA(69)19
Approval of Practical
Training Areas in Scotland
July 1969

Panel Paper ACTDN/PA(69)26
Approval of Practical
Training Areas in Scotland
July 1969

Queen's Institute of
District Nursing (QIDN)

QIDN Minutes of Meetings

QIDN 1961 QIDN Education Sub-Committee
18.1.61

QIDN 1966 QIDN Council Meeting Minutes
8.12.66

QIDN 1967 QIDN Council Meeting Minutes
4.5.66

QIDN 1967 QIDN Council Meeting Minutes
14.11.67

Papers/Memorandum/Reports

QIDN 1954 Evidence Submitted to
Working Party on the
Training of District Nurses
QIDN:London
<table>
<thead>
<tr>
<th>QIDN</th>
<th>1961</th>
<th>Paper entitled Meeting of Local Health Services Executive Committee dated 27.7.61</th>
</tr>
</thead>
<tbody>
<tr>
<td>QIDN</td>
<td>1961</td>
<td>Memorandum of Centenary of District Nursing Appeal letter from Miss Anslow, General Secretary of QIDN to Sir Allen Daley dated 20.9.61</td>
</tr>
<tr>
<td>QIDN</td>
<td>1966</td>
<td>Paper entitled Proposals submitted by General Director for future policy of Queen's Institute</td>
</tr>
<tr>
<td>QIDN</td>
<td>1966</td>
<td>Paper entitled Nursing in the Community and Appendix I District Training for State Registered Nurses and Appendix II In-Service Course of Instruction in District Nursing for State Enrolled Nurses</td>
</tr>
<tr>
<td>QIDN</td>
<td>1968</td>
<td>Report for the Year 1968</td>
</tr>
<tr>
<td>Rathbone W</td>
<td>1968</td>
<td>Final Report given by Mr William Rathbone Vice Chairman of the General Executive Committee, at the QI Council Meeting 14th May 1968</td>
</tr>
<tr>
<td>Royal College of Nursing</td>
<td>1968 (probable date of Pub)</td>
<td>RCN Paper entitled &quot;The Future of District Nurse Training</td>
</tr>
<tr>
<td>Wedderburn</td>
<td>1947</td>
<td>Report of Public Meeting held in Town Hall, Durham Weds 5th February 1947 MAHM Wedderburn, Chairman of QIDN Executive Committee</td>
</tr>
</tbody>
</table>
White R 1984 The Effects of the National Health Service on the Nursing Profession King Edward's Hospital Fund for Nursing:London
CHAPTER FIVE

DISTRICT NURSE TRAINING 1969 - 83 WITHIN THE CONTEXT OF DEVELOPMENTS IN PRIMARY HEALTH CARE

SECTION 1: INTRODUCTION:

In the preceding chapter reference was made to the way in which the Hospital Plan (MoH 1962) and the Gillie Report (1963) resulted in the development of primary health care services and primary health care teams. The Harding Report (1981) provides a succinct account of the development of professional and government support for these developments during the 1960's and 1970's. In 1974 the DHSS specified:

The aim is to create primary health care teams in which general medical practitioners, home nurses, health visitors and in some cases social workers and dentists work together as an inter-disciplinary team, thus facilitating coordination and mutual support for the delivery of care.

(DHSS Annual Report 1974:36)

The Harding Report (1981) had a slightly different view of membership of the "core team" when it explained that:

the primary health care team is an interdependent group of general medical practitioners and secretaries and/or receptionists, health visitors, district nurses and midwives who share a common purpose and responsibility, each member
clearly understanding his or her own function and those of other members, so that they all pool skills and knowledge to provide an effective primary health care service.

(Harding Report 1981:2)

Although other nursing staff, including practice nurses, were omitted from the above definition the Harding Report (1981:2) acknowledged them as members of the core team.

Health Centres, initiated by Aneurin Bevan, were developed to provide a setting in which a number of health workers could practise from the same premises. Despite financial incentives, they were slow to develop (Allsop 1984:69). But as mentioned earlier the demand for health centres increased dramatically in the mid 1960's (see pages 171 and 172). However, "by the end of 1973 about 1 in 7 general practitioners in the United Kingdom" were working for at least part of their time from health centres (Roy Report 1974:1). By March 1977, in England and Wales alone, "there were 731 centres in use providing practice premises for 17 per cent of all GP's" (Allsop 1984:69).

The Roy Report pointed out that the change in the grouping of doctors and their working environment was "being accompanied by changing roles and responsibilities of each member of the primary health care team" (Roy Report 1974:1). However, as independent contractors, general practitioners were free to negotiate their working location and to determine their own mode of operation. Therefore, some continued to operate from a single handed practice and others elected to operate as a group, from group practice surgery premises. Irrespective of the way in which doctors organised their practice, local health authorities were encouraged to develop attachment schemes whereby nurses employed by them might work closely with general practitioners and so improve the service to individual patients and their families (DHSS 1969:Circular 13/69 and
DHSS CNO Report 1974-1976:12). By 1976, eighty per cent of district nurses in England and Wales were working in attachment schemes (DHSS CNO Report 1974-1976:12). This compared favourably with the figure of twenty five per cent in 1969 (see page 171).

In Scotland, the Hockey Report, published in 1978, noted the advantages of a primary health care team working from a common base. It saw no reason why all nursing needs for a general practice population should not be met by Scotland's Health Board's nursing staff, thereby obviating the need for the employment of practice nurses. In addition, it acknowledged that "The district nurse's principal function to provide skilled nursing care was no longer restricted to 'nursing in the home' but was extended to working also in the doctor's surgery or the health centre" (Hockey Report 1978:8).

In theory, attachment schemes should have enabled primary care staff to integrate into multidisciplinary teams. However, in 1977 the Royal College of Nursing's evidence to the Royal Commission on the Health Service noted that in many cases the health visitor and district nurse had too heavy a work load to allow them time to integrate in a satisfactory way (RCN 1977:15), but lack of time was not the only barrier to effective team work. The fact that the team came together in a haphazard manner by 'attaching' various health workers to group practice was not necessarily conducive to teamwork. Another problem was that the various disciplines of the team generally received their professional preparation and continuing education in isolation from each other and therefore had little understanding of the role or statutory obligations of other members of the team (RCN 1977:13).

Yet another important factor militating against cohesion was the variety of ways in which team members were
employed. The general practitioners, as independent contractors could employ their own practice nurses and claim seventy per cent reimbursement from the relevant Family Practitioner Committee. The practice nurse was then directly accountable to the general practitioner. By contrast the attached district nursing staff, health visitors and midwives were employed by the relevant health authority and accountable to a Nursing Officer. The district nurses were often organised in a 'skill mix' team with a qualified district nurse as team leader. In cases where social workers were attached they were accountable to the Director of Social Services of the relevant local authority. This divided command and differing lines of accountability had a number of legal, practical and human consequences (RCN 1977:13). The situation was further complicated by the fact "Nursing and other staff and doctors tended to operate in different social, professional and organisational worlds, so there were difficulties in establishing efficient ways of working" (Allsop 1984:70).

Some (eg Hockey 1978:21) saw the change of the district nurse's role as the opportunity for the development of specialist skills in areas such as terminal illness and diabetes. However, increasingly specialist nurses who were hospital based, but lacking in post-registration community nursing experience or training, were visiting specific categories of patients in the community. Community psychiatric nurses for instance, were expected, when appropriate, to liaise closely with members of the primary health care team regarding the care of individual patients (DHSS 1971:7 Hospital Services for the Mentally Ill). The team members often sought the advice of the community psychiatric nurse linked with the practice.

With attachment schemes continuity of district nursing care could be disrupted if general practitioners decided that they no longer wished to retain the patient on their list
or if the patient decided to re-register elsewhere in the locality. General practitioners were not required to practise in a specified zone meant that they drew their patients from a wide area, which often resulted in attached district nursing staff travelling considerable distances to visit patients and this had financial implications for the health authorities who both paid the staff and met their travelling expenses. The Harding Report (1981:38) noted that in order to reduce their financial overheads some authorities were reverting entirely to a system of geographical allocation whereas others were using a combination of geographical allocation and alignment to general practice.

Inner city areas tended to have more single-handed practices. The Primary Health Care on Inner London Report (Acheson Report 1981:36) highlighted the fact that comparatively few general practitioners were working in group practice. It argued that the population of London required effective co-ordination of general practitioner and other primary care services ideally from a primary health care team.

The advantages and disadvantages of the primary health care team were widely debated throughout the period 1969-1983. The Panel was involved in this debate, commenting on the various reports which were issued and giving evidence to working parties and commissions (eg Panel Paper PA(76)33). In 1976, the Panel acknowledged, to the Royal Commission on the National Health Service, the need to equip district nurses for their role and function within Primary Health Care Teams (Panel Papers PA(76)28 and PA(76)33).

In Chapter Four it was noted that despite the developments in primary health care and primary health care teams which occurred in the early 1960's the Panel saw no need to revise the district nurse syllabus until 1967 (see page
Then the need for revision was overlooked in the light of the events which lead to the Panel assuming the status of a United Kingdom training body. Towards the end of 1969 the Panel again acknowledged the need to update the syllabus. However, this time the reason for change was the introduction of the new syllabus for general nurse training (GNC 1969), which included experience in community nursing (see Chapter Six for more detail). Even so, the Sub-Committee established by the Panel to review the district nurse syllabus noted that the district nurse's role had changed because of the policy of early discharge of patients from hospital and because of the development of a closer working relationship between district nurses and general practitioners (Panel Paper ACTDN/PA(70)5).

Two years elapsed before the Department issued the revised syllabus (DHSS 1972:Circular 25/72 Appendix). This stressed the need for preparation for membership of a multidisciplinary community health team, emphasising the need for close liaison between hospital and community staff because of the tendency towards a shorter length of hospital in-patient treatment. In addition, the Circular acknowledged that the care of the elderly was an important part of the district nurse's role. The document "A Happier Old Age" (DHSS 1971) had emphasised the importance of caring for the elderly in the community.

In the early 1970's the Government sought to safeguard the position of the community health services in order to ensure that they would be in a strong position when absorbed into the integrated health service in 1974. The Area Health Authorities were charged with the responsibility for district nurse training, which remained their responsibility until their demise in 1981 (DHSS 1974 Circular HRC (74)11) when the responsibility passed to District Health Authorities, although it had diminished considerably by then because the majority of district nurse
courses were located in Institutions of Higher Education. This move was to facilitate interdisciplinary training with other health and social service students, in particular health visitors, who were also being prepared for membership of the primary health care team (PADNT 1976:6 Report).

In 1981 the new district nurse curriculum was introduced on a national scale, it originated from the Panel's "Report on the Education of District Nurses" (PADNT 1976 Report) which in turn originated from the recommendations of a Committee set up in 1974 to devise an improved syllabus. The district nurse's role was changing and extending at this time because of the Department's increasing emphasis on nursing patients in the community as opposed to hospital and, also the development of health centres and attachment of district nurses to general practice (PADNT 1976:1 Report).

The introduction of the 1972 syllabus and new curriculum acted as triggers for research into district nurse education and training. Various projects were funded by the Department of Health and Social Security including the evaluation of practical assessment procedures, and evaluation of the new curriculum and a study into the district nurse's changing role. The latter (Battle et al 1985) confirmed the complex nature of the district nurse's role, previously highlighted by others (eg Hockey 1978). The study also revealed that, in the District Health Authorities surveyed, the district nurses' caseload comprised mainly patients in the sixty plus age group.

The Panel's function as a district nurse training body resulted in it being approached about the training needs of practice nurses, community psychiatric nurses and qualified practising district nurses and interprofessional education for members of the primary health care team.
According to Martin (1987), practice nurses have been employed by general practitioners since 1911 onwards but initially only in small numbers. However, from 1966, they were employed in ever increasing numbers. The commencement of this trend is linked to changes in the general practitioners terms of service which allowed them to be reimbursed for the majority of the cost of employing up to two ancillary staff, including nurses.

By 1975 the number of practice nurses in England was "about 650 WTE compared with a total field force of 10,200 (WTE) home nurses" (DHSS 1975:STM (75)13). However, at this stage the Department was unable to project future employment trends, and it was uncertain about the effects that the development of primary health care teams would have on the role of the practice nurse. It stressed that until the role developed there were problems in envisaging the long term training needs of this group of nurses. Therefore, as an interim measure Area Health Authorities providing in-service education for their own community based nurses were asked to consider allowing practice nurses to participate free of charge (DHSS 1975:STM (75)13). The Panel first considered the training of practice nurses in 1968 when it referred the matter to the Department. Little progress was made until 1980 when the Royal College of Nursing issued a Report which concluded that practice nurses required training and that the Panel and CETHV should be involved in its development (RCN 1980:Report). The initiative led to the formation of a Steering Group set up by the RCN, which eventually produced a curriculum for practice nurses (RCN 1984). This was adopted by the National Boards as the basis for their outline curriculum for practice nurse training.

Community Psychiatric Nurses were first introduced in the 1950's but, like practice nurses, initially they had no special preparation for their role. The Panel, when
approached about allowing them to undergo district nurse training refused on the grounds that they were not practising as district nurses. The Department advised that where nurses with specialist expertise, such as psychiatric nursing, worked with patients and families in the community, and liaised with and advised members of the primary health care team, it was essential that they maintain their expertise, therefore it was desirable that they should be hospital based in their specialist field (DHSS 1977:CNO (77)8). The Joint Board of Clinical Nursing Studies (JBCNS) which was established to rationalise and co-ordinate post-basic clinical training for nurses and midwives in England and Wales (JBCNS 1980) eventually assumed responsibility for their training.

Later the JBCNS established a panel to explore the need for additional training for nurses working in or moving into primary health care teams, an action which was not altogether appreciated by the Panel. Both bodies were concerned lest the other usurp its role with regard to the continuing education of district nurses, but the Department intervened to bring about a reconciliation.

In Scotland this type of contention was avoided: firstly, because when the Scottish Home and Health Department set up a Working Group to review district nursing in the light of developments in primary health care it deliberately omitted training from the remit (Hockey Report 1978:8); secondly, when a Working Party was established to consider continuing education for the nursing profession in Scotland (Auld Report 1981:ii) the Panel and the Committee for Clinical Nursing were represented. (The latter was Scotland's equivalent of the Joint Board of Clinical Nursing Studies.)

In the 1970's joint training was increasingly seen as essential to the effective functioning of the primary health care team. The need for multidisciplinary training
during initial professional preparation, and for established practitioners previously denied this opportunity was acknowledged. This led to a number of initiatives at local and national level (Reedy 1979 and CETHV et al 1983).

From this introduction it will be apparent that developments in primary health care had repercussions for district nursing. Consequently, the training of district nurses had to be developed and as a result some aspects were the subject of research studies. Students and practising district nurses required preparation to equip them to function as effective members of the primary health care team. District nurse training was not deemed suitable as a means of preparation for practice nurses and community psychiatric nurses but both of these occupational groups required post-basic training for their respective roles. The continuing education needs of district nurses and other members of the primary health care team had to be addressed. However, many of these developments were overshadowed by the work and recommendations of the Briggs Committee and its subsequent outcomes (see Chapter Eleven).

The remainder of this chapter traces the part the Panel played in the aforementioned developments. It is presented in the following six sections. These are entitled: the revised syllabus for state registered nurses in district nursing; the development and approval of the new curriculum; the implementation of the new curriculum; research in district nurse training and education; the identification and fulfilment of the educational needs of district nurses and others involved in primary health care; concluding discussion.
SECTION 2: THE REVISED SYLLABUS OF TRAINING OF THE STATE REGISTERED NURSE IN DISTRICT NURSING:

Preface:

The time from when the Panel first considered the need for a revision of the syllabus until the time when it was implemented spans five years. Despite the wide consultations which took place during the preparation of the revised 1972 syllabus some problems were encountered during the implementation phase. However, there was a steady increase in the numbers of district nurses undertaking training, mostly on an inservice basis, between 1972 and 1974, with a slight decline in 1975 following reorganisation of the National Health Service and an upturn in 1976. This section traces the process of this development through the six sub-sections which focus upon: the background to the development; the development of the syllabus; the problems encountered during the implementation of the syllabus; the expansion of training; district nurse training within the reorganised health service. It concludes with a brief summary.

Background to the development:

During its second review of district nurse training in May 1967, the Panel began to question the need for possible amendments to the syllabus (Panel Minutes 25.7.67/50). However, its rapid transition to a United Kingdom training body resulted in the need for a revision of the syllabus being put into abeyance, but a few modifications to other aspects of the training arrangements were made at this time (see page 248).

In 1968 and 1969 nurse managers pressed for the syllabus to be updated (see pages 649 and 650), and they eventually succeeded in obtaining a positive response from the Panel,
despite the fact that it had already ignored the same request from the Queen's Institute and London Borough's Training Committee (see page 259). By 1969 the Panel had appreciated the need to review the 1959 District Nurse Syllabus in the light of the changes which would occur from the introduction of a new syllabus of general nurse training (GNC 1969). Therefore, in November 1969, the Panel set up a Sub-Committee comprising four of its members, (two were doctors and two nurses) and it was serviced by the Panel's Secretary and a Nursing Officer from the Department. The Sub-Committee was required to collect the views of Panel members on the development of district nurse training (Panel Minutes 26.11.69/65) and to take account of these before making recommendations to the Panel. It recommended that district nursing should: not be inservice but that students should be supernumerary and entitled to education grants; be college based to allow liaison with the training of other disciplines; be post-basic only, but that community experience during basic nurse training should qualify for a reduction in the length of district nurse training (see Chapter Six for details regarding community experience). It also stressed the need for trained district nurse tutors. Regarding the syllabus the Sub-Committee:

took the view that the work of the district nurse had changed much in recent years and that there was now much more responsibility. The policy of early discharge particularly in the provinces has resulted in the district nurse being concerned at a much earlier stage in patient care.

(Panel Paper ACTDN/PA(70)5)

Therefore, the Sub-Committee considered that the existing syllabus and, to some extent, the examination did not reflect the current situation "of a professional partnership in which the general practitioner is a member" (Panel Paper ACTDN/PA(70)5). Consequently the Sub-Committee saw the need for the syllabus to contain more
lectures by general practitioners, discussion with nurses working in attachment to general practice and opportunity to spend time in a group practice. It also stressed the need for a regular review of the syllabus to take account of the continually changing situation (Panel Paper ACTDN/PA(70)5). In addition, the Sub-Committee recommended that: there were no items in the existing syllabus which should be excluded, greater emphasis should be placed on theoretical training by increasing the allocation of time to lectures and tutorials from one to one and half days every week throughout the four months course. The extended time would allow additional items to be included in the syllabus namely:

i) an introduction to administration and management (small group management);

ii) group practice attachment, even in areas where attachment schemes were not in operation;

iii) rehabilitation, both mental and physical - a greater emphasis;

iv) the district nurses teaching role;

v) adaptation of highly technical nursing to the community (renal dialysis, blood sampling etc);

vi) diagnostic screening procedures, eg venepuncture, cytology, electrocardiography;

vii) prophylaxis procedures;

viii) the care of the handicapped eg spina bifida and thalidomide.

(Panel Minutes 4.2.70/66)

The Sub-Committee requested that this recommendation be issued as advice to training authorities, which raised problems for the Panel because it had become aware that the "Secretary of State did not intend to issue advice at this point in time" (Panel Minutes 4.2.70/66). Therefore, the Panel decided to let the Department have the
recommendations informally. By using this approach the Panel could benefit from the Department’s views before making formal recommendations to the Secretary of State. The Panel were apprised of the fact that a number of issues mentioned by the Sub-Committee were "currently the subject of expert consideration in the Department" (Panel Minutes 4.2.70/66) and that it was usual for advice on training requirements to follow policy decisions on service needs. At this stage the Department advised the Panel that it would probably be asked to undertake a general review of district nurse training in about six months time. The Panel members had reservations about this approach because they saw the need for immediate action regarding the updating of the syllabus, therefore they decided to indicate this view to the Department (Panel Minutes 4.2.70/66).

The development of the 1972 syllabus:

Eleven months passed before the Panel received an indication that the Department was ready to seek a review of the syllabus, which occurred while the Panel was discussing a proposed seminar for district nurse tutors. An administrator, from the Department:

put forward the view of the Department that an early priority of the Panel appeared to be a review of the district nursing syllabus to establish what revision was required to bring it up to date.

(Panel Minutes 10.3.71/73)

He felt that "the forthcoming seminar would provide a valuable opportunity to obtain the views of officers responsible for the theoretical instruction on the extent of the revision required" (Panel Minutes 10.3.71/73). In addition, he made reference to the fact that whatever the outcome of the proposed reorganisation of the health service it was clear that the responsibilities of the
community nursing service would continue to grow. He also stressed that "it could be 3 to 4 years before the recommendations of the Committee in Nursing took effect" (Panel Minutes 10.3.71/73 and Briggs Report 1972). Therefore, he suggested that the updating of the syllabus might be in the nature of an interim revision based broadly on the existing period of the training course (Panel Minutes 10.3.71/73).

Whilst the Panel welcomed the Department's initiative it considered that the review should "not be subject to limits on the content of the syllabus or duration of the course" (Panel Minutes 10.3.71/73). Therefore the Panel decided to present the conclusion of the review it had already conducted to the Department for whatever action was considered necessary. The Panel asked its Secretary to prepare a paper presenting the conclusions (Panel Minutes 10.3.71/73), which he did after the original Sub-Committee had reconvened on 21st June 1971 (Panel Paper PA(71)28). The Sub-Committee's Chairman presented the paper to the Panel on the 14th July 1971 this had four main headings: definitions of district nursing sister; function of the district nursing sister; purpose of district nurse training; syllabus of training (Panel Paper PA(71)28). The first two headings totally disregarded male district nurses, thereby marginalising them. The Panel amended the Paper before submitting it to the Department, but the amendments only resulted in changes in nomenclature and layout (Panel Paper PA(71)28 and PA(71)32). However, the title of district nursing sister was not changed at this stage.

When the Panel met on the 9th February 1972, concern was expressed at the delay in issuing the revised syllabus and the Secretary advised that "the Department had subsequently sent a draft circular to local authority associations and professional organisations for comment on a recommended
revised district nursing syllabus" (Panel Minutes 22.3.72/79 and Panel Paper PA(72)12). The Panel was also advised that if consultations were completed in time it was hoped to issue the circular to local health authorities prior to the commencement date of courses leading to the examination on 7th September 1972 (Panel Paper PA(72)12). However, it is evident that this time schedule was not met because in September 1972 Panel members were issued with a copy of the draft circular and syllabus together with the proposed amendments resulting from the feedback received from:

a) Local Authority Associations:
- County Council Association
- Association of Municipal Corporations
- Association of County Councils (Scotland)

b) Professional Organisations:
- Royal College of Nursing (including Scottish Board)
- Society of Chief Nursing Officers (Public Health)
- Scottish Public Health Nurse Administrators and Tutors Group
- Queen's Institute of District Nursing
- Queen's Institute of District Nursing (Scottish Branch)

c) Statutory Bodies:
- Council for the Education and Training of Health Visitors
- Northern Ireland Council for Nurses and Midwives

d) Miscellaneous:
- London Borough's Training Committee
  (Panel Paper PA(72)33)

The Welsh Office, Scottish Home and Health Department and Ministry of Northern Ireland were also consulted (Panel Paper PA(72)33). Apparently many useful comments and suggestions on the syllabus had been received especially
from the Royal College of Nursing (RCN) and the Society of Chief Nursing Officers (Panel Paper PA(72)33). The RCN would have been in a good position to comment as about two years previously it had issued its own report entitled "The Future of District Nurse Training" (RCN 1969:Occasional Papers pages 45-48).

The only major criticism contained in the feedback from all concerned related to two items contained in the syllabus under the section entitled "Special Responsibilities of the District Nurse". One of which was "visits to patients at the request of a general practitioner for the purpose of assessment and report" because, "although not specifically mentioned the term was taken to include a primary visit for the purpose of diagnosis and report" (Panel Paper PA(72)33) and was therefore, considered highly controversial. The other was to do with Nursing Procedures, this sub-section stated "A knowledge of and proficiency in those technical procedures which a nurse may be expected to carry out in the home, general practice surgery or health centre" (Panel Paper PA(72)33) and then proceeded to list ten techniques. Concern ranged from doubt about the inclusion of the whole subject, to criticism about the inclusion of individual techniques. Some thought it improbable that all the techniques listed could be taught within the time constraint of a sixteen week course. In addition, they considered that some of the techniques should only be carried out under medical supervision. Some authorities made the point that they did not require their practising district nurses to carry out all procedures listed and were therefore concerned that students from their area might be disadvantaged in the district nursing examination. However, the County Council, Association and Society of Chief Nursing Officers had anticipated some kind of guidance on technical procedures commonly carried out in the community. Therefore, a compromise was reached, and the amended list of techniques did not include intravenous
therapy, cervical smears and the insertion and removal of sutures.

The revised syllabus which made no reference to district nursing sister, only to the district nurse, was issued on the 26th July 1972 as an appendix to DHSS Circular 25/72 (see Appendix 5.1). This immediately replaced MoH Circular 23/67 which contained the 1959 syllabus (see Appendix 4.6). A comparison of the 1959 and 1972 syllabi reveals differences in their structure and content. Regarding structure 1959 syllabus is in two main parts namely: Part I Health, Welfare and Social Services; Part II Nursing in the Home. The parts are presented in a total of fourteen subsections. In contrast the main headings of the 1972 syllabus are: (i) statutory and voluntary services and (ii) special responsibilities of the district nurse. The latter includes the list of nursing procedures which had caused controversy. Although much of the content of the two syllabi is identical or similar, the 1972 one is more detailed and contains additional topic areas. These include: promotion of health, drug misuse and addiction; first aid; emergency midwifery; nursing procedures; use of library facilities and the importance of keeping up-to-date with professional developments.

The minimum length of training remained unchanged at sixteen weeks. However, the time devoted to theoretical instruction was increased from sixteen to twenty days but this soon proved to be inadequate. Therefore some training centres gradually increased the time devoted to theory. The Panel eventually legitimised this increase when, in 1977, it "recommended that a minimum of 30 days be allocated to theoretical studies" (PADNT 1977:3 Handbook).

DHSS Circular 25/72, unlike its predecessor, made no reference to a remission in the length of training for health visitors, midwives and those with eighteen months

The 1959 syllabus prescribed the number of lectures to be given on the various topic areas but this was not the case for the revised syllabus. Therefore training centres were allowed more flexibility in the way they interpreted the syllabus into a course programme and in the methods of tuition employed. In fact the DHSS Circular 25/72 explained that "the syllabus by intention was not detailed since it was based on the assumption that full use would be made of modern teaching methods and formal lectures kept to a minimum".

Regarding practical instruction the revised syllabus specified that this "should be given by adequately prepared instructors in the community setting and not solely during lectures and tutorial sessions" (DHSS Circular 25/72 Appendix). The development of the training of these instructors is the subject of Chapter Nine.

The new syllabus emphasised the need for practical training to reflect experience of a twenty-four hour day, seven day a week service. In addition, training was required to reflect the fact that the care of the elderly formed an important part of the work of the district nurse. Emphasis was also to be placed on the need for close liaison between hospital and community nursing services in view of "the growing trend towards shorter lengths of hospital inpatient treatment" (DHSS 1972:Circular 25/72 Appendix).

The 1959 syllabus had required three days rural experience which, became optional in 1967 (MoH 1967:Circular 23/67) (see page 248). The 1972 syllabus omitted this experience but stressed the need for "at least 5 consecutive days work in a general practice attachment scheme wherever possible".

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and "opportunity to visit and observe procedures in a group practice and a health centre" (DHSS 1972: Circular 25/72 Appendix). The Circular also stressed the need for the district nurse to be prepared for membership of a multidisciplinary community health team. However, five years were to elapse before the Panel stressed that where possible district nurse students "should participate in joint training sessions with general practitioner trainees, health visitor students and social work students" (PADNT 1977:3 Handbook).

Assessment of the 1972 Syllabus:

Immediately prior to the issue of the 1972 syllabus the Panel produced the findings of its review of examination standards. As part of this review 63 training authorities had completed questionnaires. The survey showed that between 1968 and 1972, less than fifty per cent of all the examiners on the Panel's List of Examiners had been used by training authorities. Only 57 of the 125 medical examiners and 105 of the 240 nursing examiners had participated. The findings also revealed the extent to which officers of the Queen's Institute, active and retired, were still being used as examiners. They had been responsible for marking twenty per cent of the total scripts submitted since September 1968, the date when the first national examination took place (Panel Paper PA(72)22). One outcome of the review was that the Panel decided to prune the Examiner's List by restricting it to persons actively engaged in the National Health Service, this in effect ruled out the Queen's Institute's Officers. Later inclusion in the list was restricted to those currently involved in district nurse training (PADNT 1976:2 Information and Examination Bulletin No 5). Another outcome of the review was that the Panel advised training centres to make more use of general practitioners on the revised list. Centres who were in the habit of using one
examiner were reminded that, in fairness to candidates, they should use a minimum of two (Panel Minutes 19.7.72/81).

The Panel had previously resisted pressure to do away with the two parts of the examination paper (see page 243). However, once the syllabus was no longer divided neither was the examination paper. DHSS Circular 25/72 stated that students were required to answer six out of eight questions in the three hour written paper which was assessed out of 150 marks. Apart from this change the arrangements for the examination remained in accordance with the requirements of MoH Circular 23/67. Later, as a result of representation from tutors, nursing officers and examiners (Panel Minutes 21.3.73/85) the Panel reduced the questions to seven and required answers to five (PADNT 1977:Appendix 5, Handbook).

In order to help standardise marking the Panel asked its Examinations Sub-Committee to prepare model answers for the questions set (Panel Minutes 19.7.72/81). This was an idea the Panel had discussed and rejected twelve years earlier, but a practice which had been operated by the Queen's Institute (see page 205 and Appendix 4.12). Outline answers for the national district nursing examination were first provided in January 1975. The majority of training authorities considered that outline answers were useful in principle but there was some criticism that in practice some were unrealistic and difficult to apply (PADNT 1975:Summary of Comments).

Since DHSS Circular 25/72 made no reference to the way in which the district nurse student's practice was to be assessed, the recommendation contained in Circular MoH 23/67 that continuous assessment should, in general, be substituted for the practical examination remained, but that the latter might be retained if training authorities preferred it. Whatever the approach adopted, students had
to be graded out of a possible fifty marks. An overall pass mark of fifty per cent was required for both theory and practice but each component had to be passed at a minimum of forty per cent. However, in 1974 the Panel insisted that "assessment rounds" must be replaced by continuous assessment. The results of this had to be graded on a scale A to D, an A grade counted in the candidate's favour if their written paper was at a borderline standard, whereas a C grade required students to gain a higher standard in the written examination. Any student awarded a D grade was not allowed to sit the written examination (PADNT 1974:3 Handbook). In theory, this meant that only those deemed to be competent in practice could enter the examination. In practice it meant practical work instructors and nursing officers were reluctant to award a D grade.

The first examination to be based on the revised syllabus was held on 3rd May 1973, some details of this are contained in Table 5.1.

Table 5.1 First examination to be based on 1972 syllabus held on 3rd May 1973

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of training centres participating</td>
<td>36</td>
</tr>
<tr>
<td>No of candidates entered for the examination</td>
<td>565</td>
</tr>
<tr>
<td>No of candidates who took the examination</td>
<td>546</td>
</tr>
<tr>
<td>No of successful candidates</td>
<td>534</td>
</tr>
<tr>
<td>Pass rate as a percentage</td>
<td>97</td>
</tr>
</tbody>
</table>

(Source: PADNT 1973:1 Examination Bulletin No 15)

Comments received from the training centres revealed that they considered that the standard of knowledge required to answer the questions was higher than in previous examinations. However, there was criticism of the wording.
of the first question. All the questions can be found in Appendix 5.2.

Problems encountered during the implementation of the 1972 syllabus:

Despite the Department's wide consultation on the draft syllabus and the compromise reached on the nursing procedures training was barely underway when the Panel received a number of queries (Panel Paper PA(72)55). Nurse managers and tutors expressed concern regarding:

the depth of knowledge to be explored, queries on specific procedures, the fact that not all authorities expected their nurses to perform all or any of the procedures listed and the effects of this on examination questions, the implications for hospital nurses.

(Panel Minutes 22.11.72/83)

After full consideration of the matter the Panel agreed that:

no amendment to the section of the syllabus dealing with technical procedures was necessary, but there appeared to be a need for the Department to explain to training authorities the reasons for including this section in the syllabus.

(Panel Minutes 23.11.72/83)

However, no reference to the Department having taken such action has been identified by the writer.

Another concern arose from the fact that the number of subjects to be covered had been increased but the length of training had not. Then, by increasing the number of days devoted to theory, the time for practical training was reduced. During a conference for Examiners on 12th June 1973, there was general agreement amongst the participants that the revised syllabus was adequate but
several speakers thought that training should be increased from four to six months to allow more time for discussion and practical experience. The Panel "agreed with this in principle, especially in view of the recommendations of the Briggs Committee that the future equivalent of the district nurse would hold a Higher Certificate after 6 months training" (Panel Minutes 25.7.73/87). There were however, practical difficulties in considering such a change at this time "in view of the forthcoming re-organisation of the health service and local government and the impending changes arising from the recommendations of the Briggs Committee on Nursing" (Panel Minutes 25.7.73/87).

Some teaching centres, keen to employ modern teaching methods, placed considerable emphasis on individual assignments and required students to produce case studies, extended essays and projects, some of which were published (Gibson and Jarvis 1978:235).

The fact that the grades awarded for assignments played no part in determining the results of the national examination led to discontent amongst some students. To overcome this problem some training centres obtained money from charitable organisations to purchase prizes for students producing the best work. Surrey District Nursing Association Trust is an example of a charity providing prize money (Gibson and Jarvis 1978:235). The Panel supported this development and allowed its Nursing Officer to participate in the prize giving ceremonies.

Expansion of Training:

Prior to the publication of the revised syllabus the Secretary of State urged authorities to expand district nurse training, refresher training and secondment of community nursing staff for specialist and management courses (DHSS 1972:5 Circular 13/72). The extent to which
this advice was heeded in relation to district nurse training can be seen in Table 5.2.

<table>
<thead>
<tr>
<th></th>
<th>England</th>
<th>Scotland</th>
<th>Wales</th>
<th>N Ireland</th>
<th>UK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1971</td>
<td>890</td>
<td>63</td>
<td>43</td>
<td>28</td>
<td>1,024</td>
</tr>
<tr>
<td>1972</td>
<td>1,138</td>
<td>168</td>
<td>57</td>
<td>32</td>
<td>1,395</td>
</tr>
<tr>
<td>1973</td>
<td>1,304</td>
<td>149</td>
<td>97</td>
<td>35</td>
<td>1,585</td>
</tr>
<tr>
<td>1974</td>
<td>1,326</td>
<td>159</td>
<td>117</td>
<td>48</td>
<td>1,650</td>
</tr>
<tr>
<td>1975</td>
<td>1,255</td>
<td>174</td>
<td>60</td>
<td>68</td>
<td>1,557</td>
</tr>
<tr>
<td>1976</td>
<td>1,319</td>
<td>208</td>
<td>51</td>
<td>59</td>
<td>1,637</td>
</tr>
<tr>
<td>TOTAL</td>
<td>7,232</td>
<td>921</td>
<td>425</td>
<td>270</td>
<td>8,848</td>
</tr>
</tbody>
</table>

(Source: PADNT 1976: Information and Examination Bulletin No 7, December)

The downward trend in England and Wales in 1975 occurred the year after the re-organisation and integration of the National Health Service. Later, the efforts to safeguard district nursing at this time will be discussed.

The ratio of trained to untrained practising district nurses increased. In England, by September 1975, seventy six per cent possessed a district nursing qualification, a figure which compared favourably with fifty per cent in 1953 and 1967 (see page 166). However, the position was even better in Northern Ireland (eighty three per cent) but not quite as good in Scotland (sixty nine per cent) and Wales (sixty seven per cent) making the mean figure seventy five per cent for the United Kingdom (PADNT 1977: Information and Examination Bulletin No 9, August).

By 1977, there were fifty seven teaching centres in the
United Kingdom of which fourteen were sited in institutions of further/higher education (PADNT 1977:Handbook, Appendix 7) see Appendix 5.3 for location of the training centres.

District Nurse Training within the re-organised and integrated National Health Service:

In the early 1970's substantial financial allocations, within the overall public expenditure for England and Wales were provided for the maintenance and development of community health and social services. This was to ensure that local health services were absorbed into a re-organised National Health Service in a strong and viable form (DHSS 1972:1 Circular 13/72).

In February 1974, the Department of Health and Social Security issued a circular (DHSS 1974:HRC(74)11) which described "the arrangements to be made for the management of nurse, midwife and health visitor education and training in April 1974 and following the re-organisation of the National Health Service". The principle objective of the circular was to preserve the continuity of existing programmes until they could be replaced with planned alternatives which fitted in more appropriately with the integration of the health services. All education and training facilities other than those for health visitor and district nurse training were to be grouped together in Nurse Education Divisions based in District or Area Health Authorities. The latter only had these Divisions if they were too small to be sub-divided into District Health Authorities. The Education Divisions were given the responsibility for basic and post-basic education and training and inservice training.

Regarding district nurse training the circular explained that:
Theoretical teaching centres now based in Local Health Authorities will become the responsibility of Area Health Authorities and the head of such a centre will be directly responsible to the Area Nursing Officer for this aspect of her duties. Five theoretical centres are in Polytechnics and it is intended that these should continue. The Area Nursing Officer of those Area Health Authorities served by the centres will be responsible for liaising with these Polytechnics for the provision of future courses.

(DHSS 1974: Circular HRC(74)11 paragraph 2.6)

However, the circular stressed the need for links to be established with Nurse Education Divisions both for sharing facilities where appropriate and for co-operation in the teaching of community nursing to pre-registration students (see Chapter Six for a full discussion).

The Circular made it clear that no additional district nurse teaching centres should be established simply to make an Area self-sufficient, but they could be if training needs could not be met by secondment. It also explained that the approval of the Panel of Assessors for District Nurse Training would be needed for the establishment of new centres (DHSS 1974: Circular HRC(74)11).

In March 1974, the Panel Secretary sent additional information to Area Nursing Officers in charge of areas which contained approved theoretical centres, since he was aware that many were new to community nursing (Panel Minutes 20.3.74/91). The information provided details of approved theoretical and practical training centres, integrated schemes of district nurse training (see Chapter Six) and schemes of community care experience under the GNC syllabus approved by the Panel (PADNT 1974: Letter from Mr Matthew, Panel Secretary dated March).

Then on the 6th May 1974 Miss Friend, the Chief Nursing Officer for England, issued a document to Regional, Area and District Nursing Officers describing the present scope
and possible future direction of the home nursing and health visiting services within the re-organised Health Service. This made detailed references to the role and responsibility of the district nurse and listed various circulars relevant to district nursing and district nurse training (DHSS 1974: letter from Miss Friend, CNO to RNO's, ANO's, DNO's). The fact that these circulars were issued helped to safeguard the position of district nurse training at a time of considerable administrative upheaval in the National Health Service.

The Area Nursing Officer of Surrey Area Health Authority was the first to submit an application for district nurse training following the integration of the Health Service. The Director of the Centre for Adult Education at the University of Surrey agreed to provide training on the authority's behalf (Panel Minutes 24.7.74/93 and Panel Paper PA(74)32). The fact that this became the first post-basic district nurse course to be located in a University made it the focus of a considerable amount of interest. Later when the course was developed in accordance with the Panel's recommendations (PADNT 1976: Report) it became the subject of a number of major research projects. Other area health authorities beside Surrey were allowed to transfer courses, previously in local authority control, to educational establishments, details of these can be found in Table 5.3.
Table 5.3 Area Health Authorities who negotiated a transfer of district nurse training centres to educational establishments between 1974-1979

<table>
<thead>
<tr>
<th>Area Health Authority</th>
<th>Educational Establishment</th>
<th>Date PPQNT approved transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surrey</td>
<td>University of Surrey</td>
<td>24.07.74</td>
</tr>
<tr>
<td>Nottingham*</td>
<td>Trent Polytechnic</td>
<td>24.07.74</td>
</tr>
<tr>
<td>Norfolk</td>
<td>Norfolk City College</td>
<td>20.10.74</td>
</tr>
<tr>
<td>Suffolk</td>
<td>Ipswich Civic College</td>
<td>19.03.75</td>
</tr>
<tr>
<td>Dyfed</td>
<td>Ammanford Technical College</td>
<td>19.03.75</td>
</tr>
</tbody>
</table>

Key: * = City of Nottingham and Nottingham CC submitted the scheme which was later endorsed by Nottingham AHA

(Source: Panel Minutes 24.7.74/93, 20.11.74/95, 19.3.75/97)

Other Area Health Authorities gained approval to set up training centres, eg Somerset (Panel Minutes 23.7.75/99) and Dorset (Panel Minutes 27.11.76/106) in Area or District Health Authority premises, but some of these were isolated from educational facilities such as libraries and shared student activities.

In Scotland, the Chief Area Nursing Officers were responsible for co-ordinating basic and post-basic nurse education. This was achieved by means of co-ordinating committees whose brief included district nursing training (Panel Minutes 20.3.74/91). Therefore, it is not surprising that when Dundee College of Technology made a direct application to the Panel to establish a district nurse training course the Scottish Home and Health Department representative intervened (Panel Minutes 6.7.77/110). Later the application was successful when submitted in conjunction with the Tayside Health Board which first had to be approved by the Scottish Home and Health Department as a practical training area (Panel Minutes 21.7.76/105 and 27.10.76/106). At this time the approval of practical areas was peculiar to Scotland, this
commendable practice appears to have been a legacy from the time when the Queen's Institute was responsible for training.

The States of Jersey were not affected by the reorganisation of the Health Service but at this time the Director of the Jersey District Nursing Association enquired about the possibility of training her nurses for the National District Nursing Certificate. There were several problems to be overcome, such as the lack of a suitably qualified tutor and practical work instructors (Panel Minutes 24.7.74/93) but once a compromise on staffing had been reached the course was approved (Panel Minutes 23.7.75/99). The Jersey training centre appears on a list of centres which the Panel published in June 1977 (see Appendix 5.3). However, in 1980 the course could not be re-approved because of the lack of suitable teachers (Panel Minutes 12.3.80/NP5).

By the end of 1974 experience showed that the current national training course was extremely intensive and that it no longer properly reflected the work undertaken by district nurses (PADNT 1975:2 Information and Examination Bulletin No 3). Therefore, in November 1974 the Departments of Health asked the Panel to devise an improved syllabus (PADNT 1976). The outcome of this request was to have far reaching ramifications for district nurse training.

Summary:

Initially the Panel decided not to heed the advice to update the syllabus in the light of developments in primary health care and district nursing because it considered there was a need for a period of stability for local health authorities joining the national training scheme. Later, when the Panel acknowledged the need for change, more
pressing issues, resulting from its newly acquired United Kingdom status, required its attention. It appears that it was the combination of pressure from nurse managers and the introduction of the 1969 GNC Syllabus that caused the Panel to undertake a further review of district nurse training at the turn of the decade. But according to the Department, this review was premature and the Panel had acted outside its remit in conducting it. Therefore, the Panel had no choice but to await the Department's bidding in this matter. The fact that the Department chose to go out to consultation on the Panel's solicited advice resulted in delay in implementing change, which when it came, in 1972, proved problematic mainly because the syllabus had been extended without any accompanying lengthening of the training period. Whilst the Panel publicly acknowledged the need for training to be extended to six months it felt constrained about proposing this increase at a time when the Health Service was being re-organised and the outcome of the Briggs Report's (1972) recommendations was awaited. However, in November 1974, the four Health Departments of the United Kingdom asked the Panel to undertake a further review of district nurse training which no longer adequately reflected the current role of the district nurse. This development is the subject of the next section.
SECTION 3: THE DEVELOPMENT AND APPROVAL OF THE NEW CURRICULUM:

Preface:

Seven years elapsed between the Panel concluding that a review of the 1972 syllabus was needed and the implementation of the new curriculum in 1981. This section provides insight into the reason for this delay. It is presented in six sub-sections which cover: the background to the 1974 review of district nurse training; the confidential nature of the Panel's Working Party Report; the process of curriculum development adopted by the Working Party; ministerial approval for the new curriculum which became mandatory for practice; the implementation of mandatory training. It then concludes with a summary.

The 1974 Review of District Nurse Training:

In November 1974, the Panel considered a paper entitled "Review of District Nurse Course" (Panel Paper PA(74)54) which "set out the circumstances in which the Departments were seeking the advice of the Panel on an improved syllabus . . . " (Panel Minutes 20.11.74/95). In addition, Panel members received a verbal report from a representative from the Department of Health and Social Security who explained that: there was evidence that the existing course was too compressed; the Department's policy was to place increasing emphasis on nursing patients in the community as opposed to hospital and that district nurses must be adequately prepared for this; an improved syllabus would need to take account of the Briggs proposals in particular the proposed pre-certificate training and higher certificate. The Department's representative said that:

Within these limits it should be possible to devise a course as a foundation on which the Panel's successors could build and in this way it
would be taking a step towards Briggs.

For various reasons the Departments could not indicate at present a possible date for the implementation of the new syllabus. However, the task of preparing a new syllabus including any necessary consultation, plus the need to give adequate notice to training authorities would preclude the introduction of such a course before 1976/77 at the earliest.

(Panel Minutes 20.11.74/95)

He also predicted that if the Department's policy developed as expected it was likely that the "demand for nurses in the community with a higher certificate would be similar to the numbers of registered nurses with district training being produced at present" (Panel Minutes 20.11.74/95) (see Table 5.2 for figures).

The establishment of the Working Party:

The Panel welcomed the opportunity to develop a new syllabus within the context of current and future developments, it decided to set up a working party to consider the matter and report within twelve months. Secretarial and professional support were provided by the Department. Six Panel members were among those nominated to serve on the Working Party which was given the powers of co-option in order to ensure outside interests, especially tutors (Panel Minutes 20.11.74/95). However, the Working Party refrained from co-opting other members (Panel Minutes 11.2.76/102).

The Working Party ultimately comprised twelve members of whom five were district nurse tutors, three nurse managers, one a senior nurse research fellow, two general medical practitioners and an area medical officer. The Panel's records fail to indicate how the non-Panel members came to be appointed, but full details of the membership can be found in Appendix 5.4. The membership did not reflect the
Panel's status as a United Kingdom training body, since there was no representative from Northern Ireland, nor did it represent district nursing practice since there was no district nurse or practical work teacher member.

The Working Party's terms of reference, as supplied by the four health Departments were:

To devise an improved syllabus based on the existing district nursing syllabus without prejudice to the implementation of the Briggs recommendations.

(PADNT 1976:Preface)

Publicity about the developments of training:

The members of the Working Party were united on the need for a public announcement to alert district nurses to the development of training but divided about the method and timing of the publicity, so that this was referred to the Panel. Whilst the Panel acknowledged the need for an announcement it was concerned that publicity could raise hopes unjustifiably that a major change was imminent (Panel Paper PA(75)7). Because the Panel was anxious to avoid subsequent embarrassment both for itself or the Department it decided the press announcement should be low key and limited to the fact that the Working Party had been established, its terms of reference and membership and a statement explaining that at present there could be no indication of a timetable for the implementation of the Working Party's recommendations (Panel Paper PA(75)10 and Panel Minutes 12.2.75/96 and 19.3.75/97).

The confidential nature of the Working Party's Report:

At this juncture it is important to point out that when published the Working Party's Report was confidential to the Panel and Departmental Representatives. It was never
made more generally available even though the Panel's Chairman is reported to have said that it could be "if the profession pushed hard enough" (Lightowlers 1977:20). The reasons why the Report was not published will become apparent later, but the Panel published its own Report on the Education and Training of District Nurses (SRN/RGN) in October 1976 which was based almost entirely on the findings of the Working Party's Report. However, the Panel's Report was only half the length of the Working Party's (Panel Minutes 17.3.76/103 and Lightowlers 1977:20). Because of the lack of accessibility to the confidential Working Party Report, the Panel's Report (1976) has been used as the source to determine the way in which the Working Party functioned in order to develop the new curriculum.

The process of curriculum development adopted by the Working Party:

Discussion and Consultation:

In order to develop the curriculum the Working Party worked as a team with members sharing their special skills and knowledge. "In addition, they discussed their views and opinions with other colleagues involved in teaching, education training and administration" (PADNT 1976:Preface Report). The Working Party's members also consulted local groups of nurses and details of those involved can be seen in Table 5.4.
Table 5.4 Grades and numbers of nurses consulted by members of PADNT Working Group on the New Curriculum

<table>
<thead>
<tr>
<th>Grades</th>
<th>No's</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Nursing Officer</td>
<td>1</td>
</tr>
<tr>
<td>Divisional Nursing Officer</td>
<td>1</td>
</tr>
<tr>
<td>Principal Nursing Officer</td>
<td>3</td>
</tr>
<tr>
<td>Senior Nursing Officer</td>
<td>15</td>
</tr>
<tr>
<td>Nursing Officer</td>
<td>27</td>
</tr>
<tr>
<td>Director of Nurse Education</td>
<td>1</td>
</tr>
<tr>
<td>Lecturer in Nursing</td>
<td>1</td>
</tr>
<tr>
<td>Nursing Research Fellow</td>
<td>2</td>
</tr>
<tr>
<td>District Nurse Tutor</td>
<td>5</td>
</tr>
<tr>
<td>Practical Work Teacher</td>
<td>59</td>
</tr>
<tr>
<td>TOTAL</td>
<td>116</td>
</tr>
</tbody>
</table>

(Source: PADNT 1976:Appendix 5 Report)

From this table it will be noted that fifty nine of those consulted were practical work teachers. This might have helped redress the problem of the lack of presentation of this grade on the Working Party. The Panel’s Report (1976) fails to stipulate how many of the nurse managers were actively involved in the management of the district nursing service.

The Working Party sought written evidence from organisations with interest in district nurse training and 132 responded. In addition, eight individuals submitted evidence. The names of the organisations and individuals concerned can be found in PADNT Report 1976:Appendix 3.
General Strategy for Curriculum Development:

The Working Party (PADNT 1976:1 Report) decided to employ "the general strategy for planning a course used by many educational, industrial and commercial training centres". This comprised:

a) deciding the aim of the course
b) analysing the job
c) setting objectives of the course in terms of skills, knowledge and attitudes required
d) selecting appropriate educational methods
e) designing the course
f) determining suitable means of assessment
g) laying down criteria for evaluating the course

(PADNT 1976:1 Report)

The Working Party acknowledged that it "faced a difficulty in that the terms of reference entailed a revision of the existing syllabus" (PADNT 1976:2 Report), because they defined the word "syllabus" as a list of subjects but curriculum "was more related to their view, namely a course of study" (PADNT 1976:2 Report). The Panel endorsed this view and made the assumption that the Department would accept the substitution of terms (PADNT 1976:2 Report).

The Course aims and objectives:

The Working Party decided the aims of the course should be:

that at the end of the course a district nurse will be competent to undertake nursing duties within the community and to be held individually accountable for professional standards of her own performance.

(PADNT 1976:2 Report)
Once the aims were agreed an analysis of the job of the district nurse was undertaken. Since there was neither time nor income to commission research, the individual members of the Working Party submitted papers which were discussed by all members. At various stages in the process reference was made to evidence submitted by the organisations and individuals. Eventually twelve key tasks were identified, details of these are provided in the Panel's Report. Later these tasks were refined into the four main objectives of the course:

1) To assess and meet the nursing needs of patients in the community
2) To impart skills and knowledge acquired
3) To be skilled in communications, establishing and maintaining good relationships. Co-ordination of appropriate services
4) To have understanding of management and organisational principles. Contributing towards future developments

(PADNT 1976:3 Report)

Course Content:

The four objectives are incorporated into the outline curriculum and elaborated upon in the detailed guide, both list the content under the heading of skills, knowledge and attitudes.

The Working Party had (Nursing Times 1976:1944 Dec 16) "moved on from the old syllabus - a list of subjects, - and devised a curriculum". This resembled the Joint Board of Clinical Nursing Studies course structure (JBCNS 1982:Handbook to Courses). An advantage of this approach was that teaching centres would be able to update their detailed course proposals on their own initiative or in response to a request from the Panel, so long as such
changes remained within the broad outline of the proposed curriculum (PADNT 1976:2 Report). Whilst providing greater flexibility in allowing the course content to respond to the changes in district nursing practice, this inevitably resulted in less standardisation of training throughout the United Kingdom. This potential variation in course content may have been one reason why the Working Party recommended a move away from a national external examination paper to an internal one (PADNT 1976:Appendix 1 and 2 Report).

In the outline curriculum and detailed guide great emphasis was placed on the first objective. Apparently this emphasis resulted from the fact that when the Working Party:

analyzed the nursing skills required by district nurses using a problem solving approach to their work, commonly referred to as the nursing process... it became apparent that seemingly simple tasks contributing to total patient care were in fact highly complex.

(PADNT 1976:4 paragraph 3.3 Report)

The Working Party, unlike its predecessor responsible for the 1972 syllabus, refrained from making a recommendation about the duties and techniques previously considered exclusively the doctor's area of responsibility. Instead it suggested that teaching centres "discuss with the appropriate doctors and nurses in their own area which techniques should be taught at that time and the policies underlying these decisions" (PADNT 1976:3 Report). The need for constant revision of this area was stressed. In addition, the point was made that "Health Authorities should already have a policy and mechanism for dealing with the extension of clinical techniques and for arranging the necessary inservice training" (PADNT 1976:3 Report). By taking this approach the Working Party had avoided the Panel becoming involved in a controversial area of nursing practice. The Working Party also drew attention to the
BMA/RCN Statement "The duties and position of the nurse" (1970). Later, in June 1977, the Chief Medical Officer and Chief Nursing Officer issued a Circular letter (DHSS 1977:CM0(77)10 and CNO(77)9) providing advice about the extended role of the clinical nurse and its legal implications and training requirements.

Recommendations which fell outside the terms of reference:

When preparing the outline curriculum and taking cognizance of the evidence received, the Working Party decided to include in their report a number of recommendations which were outside their terms of reference. These included:

a) New entrants to district nurse training should hold 5 'O' Level GCE's or equivalent

b) The course should last 6 months followed by 3 months supervised practice

c) The Departments should prohibit the employment of untrained district nurses after 5 years

d) The district training of enrolled nurses should be reviewed

e) The introduction of a staff nurse grade into the community nursing service should be considered

f) The Nurses and Midwives Whitley Council should be asked to consider the grading of nurses taking the proposed course

(Panel Minutes 11.2.76/102)

Plan of Course:

The Working Party had adhered to the requirement of a six months course but had then extended this, with a period of supervised practice, to nine months. This was to prove a contentious issue. During the first six months theory and practice were to be correlated throughout the course and the time allotted in a ratio of two thirds theory and one
third practice. This meant one month less would be spent in practice than in the 1972 syllabus, which was why supervised practice was seen as crucial and integral to the overall training programme.

**Examination Procedure:**

The Working Party's recommendations on assessment were less contentious:

a) A three hour written paper on the principles and practice of district nursing and related subjects

b) Assessment of four course work assignments the nature of which could be determined by the teaching centre

c) Assessment of practical work by means of continuous assessment through the first six months of the course

The proposal for an internal examination was not acceptable until 1983. Students were required to obtain a pass in a, b, and c, and to gain a satisfactory report at the end of supervised practice.

**The Presentation of the Working Party's Report:**

The Working Party's Report was presented by its Chairman, to the Panel on the 11th February 1976. During the ensuing discussion a representative from the Department of Health and Social Security expressed concern about the fact that the Working Party had exceeded its terms of reference because of the financial implications of the recommendations. It said "it would be helpful if the recommendations within the remit could be identified when
presenting the Report to the Departments" (Panel Minutes 11.2.76/102). The Panel's Chairman then enquired "if it would be possible to isolate the curriculum from the rest of the report" (Panel Minutes 11.2.76/102). In response the Working Party's Chairman advised caution because the curriculum needed to be viewed in the context of the Report (Panel Minutes 11.2.76/102).

Eventually, at this stage, the Panel decided to recommend the Report to the Department, with comments on a number of issues. The Panel acknowledged that the financial situation had changed during the twelve months of the Working Party's existence, thereby indicating that the Report was being issued in a less favourable climate. It noted that the Working Party lacked sufficient financial and statistical information to estimate accurately the cost of the proposals, but recognised the fact that the Department would have the necessary facilities to undertake this exercise. Even though many district nurses still worked in isolation, the Panel viewed the partnership between the general practitioner and district nurse to be the pivot of the community nursing service. It considered the reference to management training and renumeration within the Report should be referred to the appropriate authorities for consideration.

The Panel also considered six months to be the minimum length of training necessary for district nurses on the new course. Whilst the Report proposed that eventually centres should set their own examinations the Panel stressed that it would not, at present wish to devolve the National Examinations since it considered that the single national paper had contributed so much to raising the standard of district nursing. The Panel supported the Report's suggestion of employing staff nurses in the community and recommended to the other three Health Departments, the Scottish Home and Health Department's policy of appointing
registered nurses working under supervision until they had undertaken district nurse training. Finally, the Panel endorsed the Working Party's recommendation that the district training of enrolled nurses should be reviewed (Panel Minutes 11.2.76/102).

To summarise the position the Departments only wanted the parts of the Report which were within the terms of reference. The Working Party wanted the outline curriculum to be viewed within the context of the entire Report. The Panel tried to compromise by deciding to send the entire Report to the Department with its own comments.

**The Panel's amendments to the Working Party Report:**

The Working Party's Report does not appear to have been officially sent to the Departments because when the Panel met on the 17th March 1975 it reconsidered its approach. It was presented with a Paper that explained that:

As the Report deals with matters outside of the terms of reference the Departments might be reluctant to publish it or take action on it as it stands. In order to facilitate the issue of something quickly which would deal with the main task of the Working Party and would be acceptable to the Departments the Panel may wish to consider preparing a paper or report for Departments which would incorporate, 1) The Working Party's recommendations on a curriculum and associated matters. 2) The Panel's comments on these, and of 3) Proposals as to how they might be fairly quickly implemented eg on an experimental basis.

(Paper PA(76)9)

Consequently the Panel decided "to prepare a report to the Department based on that of the Working Party's incorporating items within or directly related to the terms of reference, together with the Panel's comments and recommendations" (Panel minutes 17.3.76/103). The Chairman of the Working Party was informed of the Panel's intentions.
On the 9th June 1976, the Panel was presented with the revised report and advised that it had been presented to the four Health Departments (Panel Minutes 9.6.76/104). Then one month later the Panel members endorsed their recommendation that the Panel's Report should be published as soon as possible (Panel Minutes 21.7.76/105).

In October 1976, the Panel was advised that the Health Departments had agreed that:

the Panel should distribute their report to health authorities and other relevant bodies for information and comment without prejudice and without commitment by the Departments to any of its recommendations. They also suggested the deletion of the reference to the possible introduction of a staff nurse grade in the district nursing service. (Panel Minutes 27.10.76/106)

The Panel agreed to act on this advice and planned to distribute the Report mid-November (Panel Minutes 27.10.76/106). In addition to the "initial issue of some 1,400 copies to official bodies" the Panel also responded to spontaneous requests (Panel Paper PA(77)21).

The publication of the Panel's Report (1976) was announced in the December edition of the Panel's Information and Examination Bulletin (No 7) and in the Nursing Press (eg Nursing Times 1976:1944 16th December, News Section). Comments on the Report were requested before the 31st March 1978.

Dr Charlotte Kratz, a member of the Working Party, was reported in the nursing press as saying that:

the report lacked teeth. She felt that a date should have been set for its implementation and that linked to that there should be a clause which makes the training mandatory for all nurses
in the community. If it were voluntary, she felt, no-one would bother to give it any money. It was cheaper for AHA's to employ untrained district nurses.

(Nursing Times 1976:1944 16th December, News)

By June 1977, the Panel had received comments from 123 sources which are classified in Table 5.5.

<table>
<thead>
<tr>
<th>Comments received from:</th>
<th>Number of respondents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Authorities</td>
<td>51</td>
</tr>
<tr>
<td>Nurse Training Bodies</td>
<td>6</td>
</tr>
<tr>
<td>Professional Organisations</td>
<td>12</td>
</tr>
<tr>
<td>Educational Establishments</td>
<td>7</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>47</td>
</tr>
<tr>
<td>TOTAL</td>
<td>123</td>
</tr>
</tbody>
</table>

(Source: Panel Paper PA(77)21)

When collated the comments revealed that the great majority of respondents welcomed the main recommendations of the report. This applied particularly to the statement of objectives and the outline curriculum. Despite the fact that the Panel's Report made no reference to mandatory training one third of the respondents, including fifty per cent of health authorities, thought that training should be mandatory for practice and controlled by a statutory body. Only twenty five per cent of respondents agreed that the length of the course should be six months followed by three months supervised practice. Only twenty three per cent agreed with the Panel's recommendation on five GCE 'O' Levels as the minimum academic entry requirement. Other training bodies were divided on this issue, for example the CETHV and JBCNS supported the recommendation, whereas the
GNC (England and Wales) and Northern Ireland Council for Nurses and Midwives were against the proposal.

The Panel's Paper (PA(77)34) which summarised the comments for the Health Departments reveals a lack of objectivity in the reporting of some aspects of the feedback from the consultations. For example regarding mandatory training the Paper (PA(77)34) states "... the support of the service for such a requirement is evident from the large number of comments received", yet only one third of all respondents had supported this proposition and only fifty per cent of area health authorities (Panel Paper PA(77)21 - collated comments).

The Panel's Paper for the Health Departments sought support for the trend to locate district nurse training within institutions of further and higher education. By 1976, the thirty two per cent of district nurse students in Great Britain were trained in the further/higher education sector. The percentage and number for each country can be seen in Table 5.6 below.

**Table 5.6 Numbers and percentages of District Nurses trained in FE/HE sector in Britain**

<table>
<thead>
<tr>
<th></th>
<th>Total entries for Examinations</th>
<th>Entered from FE/HE Sector:–</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No's</td>
<td>%</td>
</tr>
<tr>
<td>Scotland</td>
<td>213</td>
<td>141 (66)</td>
</tr>
<tr>
<td>England</td>
<td>1,394</td>
<td>388 (28)</td>
</tr>
<tr>
<td>Wales</td>
<td>52</td>
<td>13 (25)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1,659</strong></td>
<td><strong>542 (32)</strong></td>
</tr>
</tbody>
</table>

(Source: Panel Paper PA(77)34)

The Panel's Paper concluded that the degree of unanimity in
the comments submitted on the Report on the Education and Training of District Nurses SRN/RGN confirmed the Panel's view that the Report's recommendations accurately reflected the way in which district nurse training should be developed for the future (Panel Paper PA(77)34).

The new curriculum receives ministerial approval:

When the Panel's Chairman met Mr Moyle, Minister of Health, on the 14th June 1977, to discuss a number of issues pertinent to district nurse training, he stressed the importance of the new form of training being mandatory for practice (Robson 1977:Letter to Mr Moyle dated 13th July). In August 1977 Mr Moyle indicated that the Department was "not unsympathetic in principle to the proposal" (Moyle 1977:Letter to Mr Robson dated 9th August), it may well have been influenced by the findings of its Job Evaluation Report (DHSS 1977) which highlighted the inadequacies of a training which was not a pre-requisite for employment as a district nurse (Panel Paper PA(77)44). However, the Secretary of State (Health) stressed that the matter would require careful study and that the Panel would need to justify the reasons why mandatory training was now necessary (Panel Paper PA(77)35). The Panel's Chairman set out the reasons in a letter to Mr Moyle:

The recommendation is aimed essentially at ensuring the provision of a comprehensive qualified nursing service in the community together with a high standard of patient care within that service. Community nursing calls for an expertise different from and in many ways going beyond that required in institutional nursing; the community nurse is involved in the provision of a wide range of services; there are important preventative aspects of her work; and she usually works alone (although being at the same time an important member of the primary health care team).

(Robson 1977:Letter to Mr Moyle dated 24th September)
He also said that the time seemed propitious to achieve the objective of a fully qualified district nursing service as the latest available statistics for the United Kingdom (September 1975) showed that seventy five per cent of district nurses (WTE) already held the NDN Certificate (Robson 1977:Letter to Mr Moyle dated 24th September and Panel Paper PA(77)45).

On the 31st October 1977 Mr Moyle responded saying:

I am very grateful to you and the other members of the Panel of Assessors for setting out your views so clearly. I accept in principle that it is desirable to make the NDN Certificate mandatory for practice as a district nurse - with adequate safeguards for those already in practice subject to the agreement of my colleagues in the other Health Departments. I therefore propose in the near future to consult the health authorities about the practical implications of your proposal, at the same time as I consult them about the Panel's report recommending improvements in the district nurse training syllabus.

(Mr Moyle's letter to Mr Robson dated 31st October 1977 and Panel Paper PA(77)45)

This encouraging news was conveyed to the Panel on the 9th November 1977 (Panel Minutes 9.11.77/112). The following January the Panel was apprised of the fact that the four United Kingdom Health Departments had written to health authorities inviting their views on the recommendations in the Panel's Report. In addition, the Panel was advised that the Department of Health and Social Security appreciated that if the recommendations were accepted they would probably give rise to certain additional staff cost. Therefore, the Panel was asked to consider the staffing implications (Panel Minutes 18.1.78/113). In March 1978, the Panel's Secretary advised Panel members that he had sought the views of the individual Health Departments on this matter. The Welsh Office considered any extra work entailed for them would be...
marginal. The SHHD were of the opinion that any extra work required could be undertaken by the Departmental Nursing Officer responsible for district nurse training in Scotland. Whereas the Panel's staff saw the need for three or four more permanent Professional Advisers and some additional temporary administrative and secretarial support to launch the new curriculum (Panel Paper PA(78)10). The Panel decided to submit these various views to the Department and to ask for consideration to be given to increasing the size of the Panel to deal with the additional workload (Panel Minutes 15.3.78/114 and Panel Paper PA(7810). The fact that the Panel was reconstituted and its membership increased in 1979 was discussed in Chapter Three.

In March 1978, the Departments were made aware of the frustration of tutors and district nurses at the delay in implementing the new curriculum (Robson 1978:Letter to Miss Walker, DHSS dated 23rd March and Panel Paper PA(78)13). By April 1978, the Department of Health and Social Security had received a co-ordinated reply from each of the regions in England on the new curriculum which placed it in a position to consult with the other three Health Departments on this matter. At this stage the Panel members were advised that its request for additional professional advice was being given careful consideration (Panel Minutes 26.4.78/115).

When the Panel met in September 1978 it was advised "that the proposals for the new curriculum etc were now with the Minister who was expected to write to the Chairman very soon" (Panel Minutes 20.9.78/118). Therefore, in anticipation of the Minister's approval of the introduction of the new curriculum, the members agreed an action plan. This included the establishment of a Planning Committee which was to comprise five nurse Panel members and co-opted members to reflect United Kingdom representation (Panel
The long awaited letter of response was issued early in October 1978. To summarise briefly, the Ministers advised:

1) that they agree to a six months training course based on the curriculum proposed in the Panel's Report, aimed to be introduced in Autumn 1981;

2) that they are not prepared to agree an obligatory three month's period of supervised practice, although they propose to recommend to health authorities that, while candidates are awaiting the result of the examination, they should continue to be employed in district nursing under supervision;

3) that they agree that district nurse students should have supernumerary status;

4) they agree that, subject to Whitley Council discussion, the possession of the Panel's Certificate in district nursing should be mandatory for employment as a district nurse in the NHS.

(Panel Paper PA(78)51 and Letter from Mr Moyle dated 2nd October 1978)

Whilst Ministers accepted that the possession of five GCE 'O' Levels was a useful indicator of a candidate's ability to cope with the theoretical aspect of the course they hoped that there would be an alternative criteria for selection, since they did not wish to see people with the right qualities excluded from training because they lacked the required five GCE 'O' Levels.

Whilst the Minister was confident that the proposals outlined above would "give district nurses a proper grounding for their vital role in the community" (Moyle 1978:Letter to Mr Robson dated 2nd October) he appreciated the fact that the Panel would be disappointed that all of its recommendations had not been accepted. However, he
felt that a significant step forward had been made in improving training and conveyed his appreciation to all involved in producing the 1976 Report (Moyle 1978:Letter to Mr Robson dated 2nd October).

Mr Carr, the Chairman of the Working Party which produced the original Report, wrote a letter to the Nursing Times (1978:1767 26th October) which expressed his disquiet regarding the rejection of supervised practice:

... the rejection of the three month supervisory period following formal training, I believe many authorities have misunderstood the purpose of such a proposal. . . .

The aim of the period of supervision was meant to benefit the student district nurse, the patient, the nursing officer and the . . . During the 3 months, proper opportunity was to be given to train the nurse in those techniques required by the authority but not undertaken during the course, yet part of the extending role of the district nurse. In our report we proposed that an approved nursing officer (district nursing) give at least 8 one-hour sessions of a counselling/assessment nature to the student. The nursing officer was to assess how well the student applied the course material while under pressure of a day by day commitment. This was seen as an important part of the course. It also gave opportunity for the nursing officer to set standards of care at a satisfactory level and influence the student accordingly. . . .

On the 6th October the Panel's Chairman wrote to Mr Moyle expressing the Panel's delight that the new proposals for district nurse training based on a six month course were to be implemented, that students were to have supernumerary status and that training was to be mandatory for practice. He also commented on the possession of five 'O' Levels and drew attention to the fact that the Panel's Report allowed for alternative selection criteria but gave assurance that further guidance would be issued on this matter. Then he proceeded to say:
Our only point of regret is that you have not seen your way to accepting the need for an obligatory period of three months supervised practice for newly trained staff. We had set considerable store by this recommendation which we saw as an important additional guarantee of the standard and quality of the care which will be provided in the community, and we are very sorry to see it go. We do however, as second best, welcome your proposal to recommend strongly to health authorities that they should make adequate arrangements for the supervision of district nurses who have taken the examination but are still awaiting their examination results.

(Robson 1978: Letter to Mr Moyle dated 6th October)

Mr Robson's letter also said he agreed that the timing of the introduction, Autumn 1981, was "exactly right, giving enough time for the preliminary work but at the same time making the introduction of the new curriculum a matter of the really foreseeable future". In addition, it stressed the need for additional professional and administrative staff (Robson 1978: Letter to Mr Moyle dated 6th October and Panel Paper PA(78)58). Mr Moyle's letter and Mr Robson's reply were released for publication (DHSS No 78/323).

District Nurse Training becomes mandatory for practice:

The DHSS put the submission on mandatory training to the Nurses and Midwives Whitley Council at the beginning of 1980, but apparently the "staff side had been tardy in giving the matter consideration" (Panel Minutes 16.1.80/NP4). Therefore, in January 1981, the Panel agreed that its Secretary should write to both Management and Staff Side expressing concern over "the delay in the consideration of the proposal for mandatory training" (Panel Minutes 16.1.80/NP4). In April 1980, the Panel accepted an invitation to meet representatives of the Whitley Council, it decided to be represented by five of its members (Panel Minutes 30.4.80/NP6). The various parties approached the meeting on the 7th July from differing positions (Panel Paper PA(80)7) which meant that
in order to reach agreement there had to be compromises. On the 14th October 1980, the Nurses and Whitley Council concluded its consideration of the Panel's proposals to introduce mandatory training and jointly agreed the criteria for the protection of staff already in post as an "unqualified" district nurse. These were:

a) Exemption from holding a recognised qualification in district nursing* should apply to SRNs/RGNs who have worked in the district nursing service for 3 years (full-time equivalent) immediately prior to the operative date from which it became a requirement that a person employed as a District Nurse§ must hold a recognised qualification in district nursing; . . .

b) Those nurses employed in the district nursing services prior to the operative date who do not meet the requirements of (a) above must commence training for the recognised qualification preferably within 2 years but in no case later than within 5 years of the operative date, in order to continue to be employed as a District Nurse.

(Nurse and Midwives Whitley Council 1980:Letter from Mrs Balderson for Management and Staff Side and Panel Paper PA(81)5)

The letter, as referenced above, also said that agreement had been reached on a complementary revised definition of a "District Nurse". This was:

§A District Nurse is a Registered Nurse holding a District Nursing Certificate who is employed to provide skilled nursing care for patients in the community. She/he is the nurse qualified and accountable for assessing, prescribing and evaluating nursing care for such patients.

In addition, it specified the recognised qualification:
as being the Panel's National Certificate in District Nursing, (NDN Cert) issued prior to or after the operative date, the Certificate of the Queen's Nursing Institute (QN Cert), the Certificate of the Ranyard Nursing Association and any Certificate of competence issued by the Secretary of State (for Scotland).

In November 1980, the Panel's Secretary wrote to the relevant nurse managers and teaching centres informing them of the agreement reached and advising them that the operative date had yet to be agreed (PADNT 1980:Letter from Mr Godfrey, Secretary dated 28th November and Panel Paper PA(81)5). The Panel recommended 1st September 1981 as the date for implementation (Panel Minutes 21.1.81/10) and this was agreed.

Summary:

The development of primary health care services meant that district nurses needed to be adequately prepared for an enlarged role within the primary health care team and also as the leader of the district nursing team. Therefore, in 1974 the four Health Departments decided that the current syllabus needed to be improved. The long delay between the review of the syllabus and the implementation of the new curriculum on a national scale in 1981 can be contributed to a number of factors.

Firstly the Working Party, established by the Panel, to devise an improved syllabus went way beyond its remit. It undertook a full review of training and made recommendations which eventually resulted in radical changes in district nurse training. However, the Working Party did not attempt to estimate the cost of its proposals so this exercise fell to the Department.

Whilst the Panel was prepared to accept the Working Party's Report in its entirety, the Department was not. Therefore
time had to be spent on negotiations and these eventually resulted in the Panel modifying the Report and adopting it as its own. Then it was circulated to the four Health Departments and later more widely for information and comments. After a prolonged period of consultation the Panel’s Report finally received Ministerial approval apart from the need for an obligatory three month period of supervised practice. Although as the result of a compromise reached by the four Health Departments some supervision was considered necessary for students awaiting examination results.

Whilst the Minister eventually accepted that possession of a district nurse certificate should be mandatory for practice the proposal had to be discussed by the Whitley Council. This was to safeguard the position of practising district nurses who did not hold a district nurse qualification. Because the Management Side of the Council were slow to respond negotiations were protracted, however, agreement was finally reached and the scene was then set for the implementation of the new curriculum.
SECTION 4: THE IMPLEMENTATION OF THE NEW CURRICULUM:

Preface:

The period 1981-83 saw the implementation of the new curriculum. This major development resulted in a great deal of work for the reconstituted and enlarged Panel of Assessors. To aid the transition of district nurse training from the 1972 syllabus to the new curriculum the Panel supported premature and experimental schemes. It established various committees and working parties to undertake the work necessary to implement the curriculum on a national scale, some of these were more successful than others in achieving the desired outcomes. The Planning Committee identified the need for a district nurse badge and logo. Review Groups were introduced as an interim measure to aid the changeover from a central to locally controlled examination system. The Panel used the change to internal examinations as the means to formalise supervised practice.

This section contains ten sub-sections which discuss: experimental schemes; the New Curriculum Planning Committee; the implementation of the new curriculum on a national scale; the introduction of a badge and a logo; amendments to the certificate; the Education Committee and Examinations Sub-Committee; the failed quest to identify the principles of district nursing; the function of the examination review groups; the change over to internal examinations; formalisation of supervised practice. It then draws to a close with a summary.

Experimental Schemes:

Kent and Surrey Area Health Authorities decided to implement the new type of district nurse training, in accordance with the recommendations of the 1976 Report,
ahead of schedule (see Appendix 5.5 for details of the outline curriculum). Kent was in a favourable position to run an experimental scheme because it had an established practice of training thirty six students per annum, all direct entrants with supernumerary status. Since 1974, Kent had also used an educational standard of five GCE 'O' Levels or their equivalent as part of its selection criteria for district nurse training (Harstedt 1979:26-29). By contrast the majority of applicants for the experimental scheme at the University of Surrey were previously employed as "untrained" district nurses. However, all had to meet the selection criteria specified by the Department of Adult Education at the University, and all were granted supernumery status during training.

The Kent course commenced in 1977 and the Surrey one a year later. The Panel had no power to recommend these courses to the Department for approval until the time when the new training received Ministerial approval, but the Panel's Professional Adviser gave considerable support to the tutors responsible for pioneering these ventures. Kent's course was of ten months duration and Surrey's nine months both included three months supervised practice. The Kent course was subjected to inhouse evaluation by the senior course tutor (Harstedt 1979 in Nursing Mirror pages 26-29) and the Surrey course by means of a DHSS funded project (Jarvis and Gibson 1980 and Battle and Salter 1981, 1982 and 1983).

Since the new curriculum contained all aspects of the 1972 syllabus and because Kent and Surrey incorporated the national district nursing examination and continuous assessment of practical work their successful students were eligible for the award of the National District Nursing Certificate. Before mounting the new training both Kent and Surrey sought assurance from the Panel that their students, who followed and successfully completed all the
assessment procedures as specified in the 1976 Report, would be considered for recognition if and when the new training was implemented on a national scale. They were advised that "as far as it was within the Panel's powers retrospective recognition would be given to successful students" (Panel Minutes 27.4.77/109, 24.7.78/116, 4.7.79/NP1 and Panel Papers PA(77)23 and PA(79)35). Retrospective recognition was granted in 1982, by means of an endorsement to the original National District Nursing Certificate (Panel Minutes 28.4.82/NP18 and Panel's Education Committee Minutes 16.4.82).

**The New Curriculum Planning Committee:**

Once the Minister of State (Health) had approved the implementation of the new curriculum the Panel issued a letter to the senior nursing personnel with overall responsibility for district nurse training, specifying most of the terms under which approval had been given. But it failed to mention that all students would need to have supernumerary status. It advised that the Panel intended, shortly, to issue "a Note of Guidance on the arrangements for the introduction of the new training course and on the basic criteria for applications for initial approval of centres wishing to teach the new curriculum" (PADNT 1978:Letter from Mr Godfrey, Secretary dated 13th October to RNO's et al). The Panel agreed that visits to centres making initial applications should be undertaken by its professional nursing adviser and not members (Panel Minutes 20.9.78/118).

The Panel created a new Curriculum Planning Committee comprising ten members, all qualified district nurses of whom eight were qualified district nurse tutors and two experienced senior nurse managers of the community nursing services (see Appendix 5.6 for full details). This was the first time that the Panel had established a committee.
without medical representatives. The Planning Committee was required to prepare detailed criteria for final approval of teaching centres and courses. It was also "left to decide on the work to be done and whether further committees or working groups should be set up" (Panel Minutes 20.9.78/118), to aid the process of curriculum implementation. However, the Panel retained responsibility for determining the timetable for the introduction of the new curriculum. The timetable can be seen in 5.7 below.

Table 5.7 The Panel's Timetable for the implementation of the New Curriculum

<table>
<thead>
<tr>
<th>Stage</th>
<th>Requirement</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Submission of initial application for preliminary approval</td>
<td>by 31st March 1979</td>
</tr>
<tr>
<td>2</td>
<td>Submission of detailed application for final approval</td>
<td>by 31st March 1980</td>
</tr>
<tr>
<td>3</td>
<td>Start of first new course</td>
<td>In September 1981</td>
</tr>
<tr>
<td>4</td>
<td>Date of first examination</td>
<td>March 1982</td>
</tr>
</tbody>
</table>

(Source: Panel Minutes 4.10.78/119)

The timetable reveals a tight schedule for Panel members and staff. Even so, it was decided that the courses would not be considered for final approval until the reconstituted Panel of Assessors was operational (Panel Minutes 4.10.78/119). This decision meant that the Panel rather than the Departments would grant approval (see page 122).

Matters which required the immediate attention of the Planning Committee were the production of a definitive document to replace the 1976 Report, and the formulation of
more detailed advice on selection criteria in order to meet the Panel's Chairman's pledge to the Minister of State that more guidance on this matter would be issued.

The definitive document contained information about the aims and objectives of the course, entry requirements, length and plan of course, examination procedure, approval of centres and the outline curriculum. The aims and objectives of the course were based on those in the 1976 Report but developed further in order to place them in the context of district nursing practice. The entry requirements stressed that candidates should preferably possess five 'O' Levels of the General Certificate of Education, but left teaching centres free to devise their own assessment procedure to select candidates, who lacked academic qualifications, but had the competence and ability to undertake the course. Yet despite this stance, almost four years later the Queen's Institute produced and financed a publicity leaflet on district nursing training, it inaccurately stated that recruits must have obtained GCE 'O' Level in a minimum of five subjects*. The Panel requested that when the leaflet was reprinted the word "must" should be replaced by "preferably" (Panel Minutes 7.7.82/NP19). The definitive document stressed the need for the student to be on the General Part of the Register of either the GNC (England and Wales), GNC (Scotland), Northern Ireland Council for Nurses and Midwives, whereas the Panel's Report (1976) had merely stated the student should be a general registered nurse. Additionally, it considered further experience since registration as desirable. The definitive document made no mention of supervised practice. Its outline curriculum was identical to that contained in the Panel's Report (1976).

The definitive document was issued in the form of a booklet entitled "Curriculum in District Nursing for State Registered Nurses and Registered General Nurses" and
published in December 1978. In England, Wales and Northern Ireland it was issued under the cover of a letter from Mr Godfrey, the Panel's Secretary (PADNT 1978:Letter dated 1st December) together with Notes of Guidance. However, the SHHD decided to issue its own version of the covering letter (Panel Minutes 14.3.79/79). The Notes detailed the arrangements for the introduction of the new course and provided the basic criteria for applications for preliminary approval of centres wishing to teach the new curriculum.

The Implementation of the Curriculum on a National Scale:

By April 1980, the Panel had received over fifty applications for preliminary approval from teaching centres. At this stage the Panel reversed its original decision and decided that all applicant centres should be visited by Panel members as well as by one of the Panel's Professional Advisers (PADNT 1979:Bulletin No 14, April). This was the Panel members' first involvement in routine visits to centres and it enabled them to gain considerable insight into the variation of training facilities. Once preliminary approval was granted the teaching centres were sent the Panel's formal letter of preliminary approval together with further Notes of Guidance. These contained the Panel's requirements for final approval (PADNT 1979:Bulletin No 14, April). However, there is evidence to show that some centres failed to gain preliminary approval and at least one made an unsuccessful appeal against the Panel's decision (Panel's New Curriculum Planning Committee Minutes 18.10.79). Later the Panel developed an appeals procedure for "failure to gain final approval". However, acting on legal advice, it decided not to publish this but to look at each appeal as an individual situation (Panel's Planning Committee Paper PAPC (80)71 - Appeals Procedure).
The procedure adopted for final approval was for all members of the Planning Committee to scrutinise each submission, prior to discussion of the applications in full committee. Following this appraisal the teaching centres were visited by two Panel members and a Professional Adviser to discuss the submission in depth with tutors, lecturers and administrators involved with the course proposals (PADNT 1980:Bulletin No 17, May and Bulletin No 18, September). The visiting team reported to and met with the Planning Committee to discuss the application and visit. The Planning Committee then made its recommendation to the Panel, which was usually ratified.

The initial programme of visits to the fifty teaching centres was almost completed by December 1979. The applications showed a "very marked swing towards the establishment of courses within colleges of general education" (PADNT 1979:3 Bulletin No 16, December). This trend conformed with the Panel's policy that ultimately "all district nurse courses should be sited within colleges of further and higher education preferably alongside health visitor and social work courses" (PADNT 1979:3 Bulletin No 16, December). But this policy was opposed, on financial grounds, by some Senior Nurse Managers and some Regional Health Authorities (Panel Minutes 12.3.80/NP5 and 5.11.80/NP9). Initially, the salaries of many district nurse tutors located in the further and higher sector of education were paid by the Area Health Authority eg Surrey, Derby. Some even remained on the health authority payroll and retained their original terms and conditions of service, but gradually the Local Education Authorities, or Higher Education Institutions assumed the role of employer. These changes created anxieties for many district nurse tutors concerned about their long term career prospects outside of the National Health Service. Whilst the Panel monitored these developments it had no power to intervene apart from ensuring that tutor student ratios were of a
satisfactory level. But even this proved difficult to monitor as many district nurse tutors had teaching commitments beyond the district nurse course. By May 1980, of the thirty five courses that had received preliminary approval twenty seven were in the further or higher education sector (full details of their location are given in PADNT 1980:9-10 Bulletin No 17, May).

The first courses to be fully approved by the Panel on 10th September 1980, were located at Stevenage College, Brighton Polytechnic, Derby Lonsdale College of Higher Education, Suffolk College of Further Education and Devon Area Health Authority. The latter was given three years approval instead of the five years given to the rest, and advised of "the need for shared learning and to work towards a transfer into the educational sector" (Panel Minutes 10.9.80/NP8). By July 1982, full approval had been granted to forty nine courses throughout the United Kingdom (PADNT 1982:2 Bulletin No 20, July) and six months later an additional course was being planned at Bolton College of Higher Education (PADNT 1983:3 Bulletin No 21, January).

Because the new training was two months longer than the previous one and the tutor student ratio fixed at 1:15 some authorities were concerned that this would result in a shortage of qualified district nurses. Therefore, in 1979, the Panel decided that in addition to the March and July national district nursing examination there should be another in October and that the examination arrangements should be reviewed after three years (PADNT 1979:2 Revised Curriculum). Despite the concern of some managers regarding the extended length of the course this was increased still further when supervised practice became officially recognised as an integral part of the training programme.
In the 1960's the Panel first discussed the need for a district nurse badge to signify success in the national district nursing examination, but the Department did not accept this, a position that the Panel appears to have accepted until the late 1970's when it was reconstituted (see pages 222 and 224).

In the Autumn of 1979, the Panel's Planning Committee "considered the need for a district nurse badge to be introduced which could also serve as an emblem on the new certificates" (Panel Minutes 7.11.79/NP3). Therefore, the Panel's Secretary proposed "that the design of such an emblem should be made the subject of a competition and it was agreed that nursing journals should be approached to see what interest they would have in the idea" (Panel Minutes 7.11.79/NP3). In January 1980, the Panel was advised that since the Queen's Institute was reconsidering its role, this was a reorientation back solely to district nursing, it might be prepared to sponsor a badge (Panel Minutes 16.1.80/NP4). The Panel was also informed that "the Journal of Community Nursing was willing to run a competition in line with the Panel's specifications and ... that the Nursing Mirror was prepared to offer prizes and market the badge at cost price" (Panel Minutes 16.1.80/NP4). One of the Department's representatives advised "that it was unlikely that any emblem selected now would be acceptable to the new nurse training bodies" (Panel Minutes 16.1.80/NP4). Even so, undeterred by this advice the Panel decided to pursue the idea of a badge and the possibility of a joint competition by the relevant journals (Panel Minutes 16.1.80/NP4).

In April 1980, the Panel was presented with proposals for this joint competition. However, it objected to the wording in the draft proposals which indicated that "the
competition would be for a badge which will be awarded on successful completion of the course" (Panel Minutes 30.4.80/NP6). The Panel considered that it alone must be free to accept or reject the winning entry as a design for the badge (Panel Minutes 30.4.80/NP6).

Details of the announcement of the competition appeared in the Nursing Mirror issued on 18th September 1980 and the Journal of Community Nursing, September 1980 issue. Entries had to be submitted by 31st December. Although the competition was acknowledged to mark the implementation of the new curriculum it was made clear that the design would be "considered by the Panel for use as an emblem to be worn by nurses awarded the NDN or NDN(E) Certificate" (Panel Paper PA(80)52). The main designated colour for the SRN/RGN district nursing badge was blue whereas the one for the district enrolled nurse badge was green. The competition judges were:

- Mark Allen, Editor of Nursing Mirror
- Siân Dulfer, Editor of Journal of Community Nursing
- Tony Carr, Area Nursing Officer, Newcastle Area Health Authority (Teaching) and member of PADNT
- Barbara Robottom, Lecturer in Nursing, Manchester University and member of PADNT
- John E Blake, Head of Information, The Design Council

(Panel Paper PA(80)52)

The prize money for the winning design was £250 (Panel Minutes 10.9.80/NP8 and Panel Paper PA(80)52 and Nursing Mirror 1981:23 13th March). The award was won by Sonia Louindeer, an enrolled nurse. Her design is depicted below.
The Panel, despite the fact that two of its members were involved in judging the competition, considered the design unsuitable (Panel Minutes 28.4.81/NP12), a conclusion with which some district nurses agreed (Panel Paper F and GP (81)7 Appendix 4). The Nursing Mirror 1981, 9th April, page 20) incorrectly stated that "the Panel has accepted as its new emblem the winning design . . . ."

Therefore, the Panel decided to test informally the feasibility of having a logo designed professionally as a joint commission by itself and the Queen's Institute (Panel
Minutes 28.4.81/NP12). Apparently the Queen's Institute welcomed the Panel's approach with enthusiasm. Draft designs, based on the original QNI pattern were drawn up for submission to the Council of the Queen's Institute on the 13th October 1981. The Panel was advised that "the design might also be appropriate for use as a badge" (Panel Minutes 1.7.81/NP13).

In November 1981, the Panel considered a paper, portraying the Queen's Institute's suggestions for two badges, one for registered and one for enrolled nurses. These are shown in Figure 5.2 below:

Figure 5.2  Queen's Institute's Badge designs

<table>
<thead>
<tr>
<th>Registered Nurse</th>
<th>Enrolled Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1" alt="Registered Nurse Badge" /></td>
<td><img src="image2" alt="Enrolled Nurse Badge" /></td>
</tr>
</tbody>
</table>

(Source: Panel Paper un-numbered but tabled at Panel Meeting held in November 1981)

While the Panel expressed concern at the wording "Issued by the Queen's Nursing Institute" which appeared around the perimeter of the badges it agreed that nothing could be done to prevent the Institute issuing a badge if it so chose. "The design of the badge was accepted (but with suggested slight changes enabling the letters D and N to be seen more clearly) as a logo for the Panel" (Panel Minutes 4.11.81/NP15). The Panel's adopted logo can be seen in Figure 5.3.
The final outcome of the commission was that the Queen's Institute successfully developed and marketed the district nurse badges. Therefore, some twenty years after the Panel had unsuccessfully tried to get the Queen's Institute to cease awarding its own badge, it was instrumental in the Queen's Institute issuing badges to nurses successful in gaining the national District Nursing Certificate for registered and enrolled nurses.

Changes in the Certificate:

In 1979 the Chief Nursing Officers of the four Health Departments of the United Kingdom "agreed to the proposed changes in the NDN Certificate" (Panel Minutes 4.7.79/NP1). The signature of the appropriate Chief Nursing Officer was no longer required, neither was the signature of the Nursing Officer of the relevant training authority (Panel Paper PA(79)34). This meant that as an interim measure the Certificates were signed only by the Panel's Chairman and Secretary. At the time these changes were made the Panel required that "United Kingdom" be added to its title on the Certificate (Panel Minutes 4.7.79/NP1). This particular addition occurred almost eleven years after the Panel became a United Kingdom training body (see page 256). The Panel saw the amended version as an interim measure because it envisaged the need for further amendments to the Certificate when the new curriculum was implemented and asked its Planning Committee to attend to this matter.
In April 1981, the Panel agreed "that all certificates issued after 1st September 1981 should include the new logo and bear the signature of the Chairman and the Principal Professional Officer" (Panel Minutes 28.4.81/NP12). In addition, the new certificate was to include the words "in accordance with the 1981 Curriculum" (Panel Minutes 28.4.81/NP12). At this stage the new logo had not been developed and the current certificate still bore the signature of the Chairman and the Panel's former Secretary. In theory new certificates should have been printed to provide for the signature of the new temporary Secretary (see page 145). But the Panel agreed her six months tenure did not justify the expense of new certificates and that the alternative over-printing looked messy (Panel Minutes 28.4.81/NP12 and Panel Paper PA(81)25). In the interest of economy therefore, students entering the May 1981 examination were awarded an outdated certificate which gave misinformation about the Panel Secretary. The Panel does not appear to have informed the teaching centres about this, neither is there any record of whether it received any complaints about these certificates.

The Education and Examinations Sub-Committee:

Having completed its work the new Curriculum Planning Committee was dissolved on 14th April 1981 and replaced with an Education Committee which had a much broader remit (see page 154). It became operational in May 1981 (Panel Minutes 28.4.81/NP12). The new Committee contained half the members of the Planning Committee so that there was a continuity in its work. It also became responsible for the Examinations, so that the Examinations Sub-Committee reported to it.

Before this change of accountability occurred the Panel
allowed the Examinations Sub-Committee to establish an Examinations and Assessment Working Group "to review the various methods of assessment and to make recommendations for the new curriculum, including the written examination, the assessment of course work and practical experience" (PADNT 1979:6 Bulletin No 15, August). Mr Anthony Carr, who had chaired the Working Party which produced the new curriculum (PADNT 1976:Report), was appointed as Chairman of the Examinations Working Group. Its recommendations (Panel Paper PA(80)32) were agreed by the Panel, subject to minor amendments (Panel Minutes 30.4.80/NP6). After legal clearance these were circulated to teaching centres in the form of detailed guidelines (PADNT 1980:4-10 Guide to Curriculum). However, the section on the national examination was acknowledged to be incomplete.

In April 1981, the Examinations Sub-Committee presented its proposals for the format of the new three hour national paper to the Panel (Panel Minutes 28.4.81/NP12). These were accompanied by a specimen paper (Panel Paper PA(81)34 and Appendices). The Panel considered that the specimen paper was an admirable attempt to do something different. The paper comprised three sections: Part A Short Answer Questions; Part B Case Studies with context dependent questions; Part C Essay questions. However, the Panel felt that the questions contained in Part A were too obscure, demanding and lacked application to district nursing practice. Before adopting the new type of examination paper the "Panel of Assessors circulated the specimen paper in order to elicit the reactions from district nurse tutors to the new format. Overall the paper was well received" (Gibson and Jarvis 1982:5-8).

The Principles of District Nursing:

The Panel decided it would be easier for the Examinations Sub-Committee to achieve a better slant to the questions in
Part A of the examination paper if the Education Committee defined the principles of district nursing (Panel Minutes 28.4.81/NP12). The Education Committee set up a Working Group to undertake this task (Panel's Education Committee Minutes 21.5.81). However, in September 1981, the Working Group's Chairman advised the Panel that when the Group next met in October it would decide if there was sufficient information available to carry out an indepth study by December 1981, and if so this would be undertaken, and if not the future of the group would be reviewed in the light of other pressing issues which the Education Committee was required to consider (Panel Minutes 9.9.81/NP14 and Panel Paper PA(81)58). In November 1981, the Working Group's Chairman advised the Panel "that the Working Group on the Principles of District Nursing had completed its work, although the outcome of its deliberations were not available yet" (Panel Minutes 4.11.81/NP15). No further reference to the principles appears in the Panel's records but according to Spicer (oral evidence, 28th September 1992) the task was abandoned because of the enormity of the work and nothing was ever done with the material generated by the Working Group.

Examination Review Groups:

In 1980, the Panel decided to set up Examination Review Groups as interim measures until local examinations were introduced (PADNT 1980:Guide, December and Jarvis 1981:1). There were to be approximately five groups for the United Kingdom each responsible for monitoring the written examination work of candidates from six to twelve Teaching Centres. Each Teaching Centre was invited to make nominations for the membership of its Group. Membership comprised:

An examination Sub-Committee member, appointed by the panel as Chairman
2 District Nurse Tutors
1 Course Lecturer involved regularly in teaching district nursing
1 Nursing Officer (district nursing)


A Professional Adviser had the right to attend the meetings. The function of the Review Groups was "to adjudicate on borderline cases and to monitor the standard of work and marking in the written examination" (PADNT 1980:6 Guide, December). Each group had to submit a report to the Panel after each examination. Once the membership of the Groups was finalised a meeting was arranged by the Panel. This was hosted by the Queen's Nursing Institute on 24th November 1981 and it enabled Review Group Members to meet the Education Committee and Examinations Committee to discuss the functions of the groups (Panel Minutes 4.11.81/NP15). The intention behind the establishment of the Review Groups was to decentralise, from the Sub-Examinations Committee, the monitoring of the national examinations (Jarvis 1981:4). Once the internal examinations were implemented nationally the groups were disbanded.

**The Changeover to Internal Examinations:**

In July 1981, the Panel's Education Committee became aware that several institutions of higher education were putting forward a case for internal examinations to replace the national one, a demand that it anticipated would increase. However, it accepted that, at this point in time, the Panel did not have the facilities to monitor internal examination arrangements of individual colleges (Panel Education Committee Minutes 17.7.81). Even so, the Education Committee asked the Examinations Sub-Committee to "report as a matter of urgency on the question of a change over to a wholly college based internal examination system"
(Panel's Education Committee Minutes 25.8.81). However, the Education Committee accepted that first of all, the Panel would need to approve the proposed change in policy (Panel's Education Committee Minutes 25.8.81). When the Panel discussed the matter it acknowledged that the teaching centres' responses to the new national examination paper placed it under pressure to change to a wholly college based examination policy. Whilst it supported this change of policy in principle, it wanted the Education Committee to examine the implications and practicalities and to report back to the Panel before a final decision was taken. The target date of March 1983 was identified for the possible introduction of internal examinations (Panel Minutes 9.9.81/NP14). The Education Committee decided that all its members and two from the Sub-Examination Committee should undertake this work (Panel's Education Committee Minutes 23.10.81). This Working Group produced a timetable for the change over to the internal examination system and notes of guidance entitled "Teaching Centre Based Examinations", both were approved by the Panel (PADNT Working Group Paper WGE(82)6).

In January 1982 the Panel advised teaching centres of its intention to change to an internal examination and that this topic would be a subject for discussion at the forthcoming district nurse tutors conference scheduled for March. In April 1982 the timetable, notes of guidance and nomination forms for external examiners were issued to teaching centres.
### Table 5.8 Timetable for receipt of submissions

<table>
<thead>
<tr>
<th>To commence teaching centre based examinations</th>
<th>Submissions to be received by</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 1983</td>
<td>Monday, 7th June 1982</td>
</tr>
<tr>
<td>June 1983</td>
<td>Monday, 6th September 1982</td>
</tr>
<tr>
<td>October 1983 (Last Panel Examinations except for resits)</td>
<td>Monday, 7th February 1983</td>
</tr>
<tr>
<td>March 1984 (Final date for change over)</td>
<td>Monday, 6th June 1983</td>
</tr>
<tr>
<td></td>
<td>FINAL DATE</td>
</tr>
</tbody>
</table>

The Notes of Guidance set out the requirements of the Panel for the introduction of a teaching centre based examination and outlined the information which had to be included in all submissions (PADNT 1983: Letter from Miss Robottom, PPO dated 2nd July 1983 and PADNT 1982: Guide to Curriculum). By January 1983, over fifty per cent of teaching centres had changed to internal examinations. The Panel appealed to the remainder to make their submissions by 31st March 1983 so that decisions about approval could be made before the end of June. When the Panel held its final meeting on the 22nd June 1983, the members were advised that "all courses had been approved to conduct internal examinations" (Panel Minutes 22.6.83/NP25). This included one teaching centre whose students had not been entered for the March 1983 National Examination as the Polytechnic of North London was intending to set its own, although it had not been authorised, at this stage, to do so. Once the Panel learned about this unfortunate administrative oversight it insisted that the students either sat the national examination in June or the Polytechnic should immediately submit an internal examination procedure for approval (Panel Minutes 16.3.83/NP23). The latter was done with
alacrity. Fortunately because the period of supervised practice was included in the student's contracts they were able to sit an internal examination just before their contracts terminated (Panel Minutes 27.4.83/NP24).

In addition to considering the individual submissions, the Panel held meetings for the external examiners and chairman of the Examination Boards to prepare them for their roles and to provide them with the opportunity to share their experiences of participating in an internal examination process. The Panel acknowledged that the change from external to internal examinations, which had been completed by September 1982, had been a much bigger exercise than originally anticipated (PADNT 1983: Bulletins No 21, January and No 22, June and Panel Minutes 22.6.83/NP25). The Panel appreciated that from this time onwards examinations would be held on different dates according to each Teaching Centre's requirements, so that problems would arise in relation to supervised practice and the point at which the National District Nursing Certificate should be awarded.

**Supervised Practice:**

In January 1982, at the request of the Working Group on Internal Examinations, the Panel "agreed to write to the Department of Health and Social Security asking for the arrangements of supervised practice to be formalised" (Panel Minutes 6.1.82/NP16). Since no reply had been received by March 1982 the Panel decided to write again "requesting a reply in time for the next Panel meeting as members felt the matter required urgent resolution" (Panel Minutes 9.3.82/NP17). Meanwhile the Panel asked the Education Committee to provide guidelines on what should occur during supervised practice. The Department had not replied by July 1982 but the Panel was advised that "the matter was still under consideration by the Health
Departments" (Panel Minutes 7.7.82/NP19). However, the lack of a decision placed the Panel in a difficult position since it was receiving numerous enquiries from nurse managers and professional associations about supervised practice to which it was unable to respond. Therefore, the Panel wrote, yet again, informing the Health Departments of the problem and requesting an early answer (Panel Minutes 7.7.82/NP19). In November, there was still no formal reply but the Panel was apprised of the fact "that there was considerable division between the Health Departments on this matter" (Panel Minutes 10.11.82/21). Therefore the Panel decided that the Chairman should write yet again but this time he should suggest a meeting between representatives of the Departments and Panel (Panel Minutes 10.11.82/21). In January 1983, the Panel members discussed the Health Department's recent reply to its Chairman's letter of 27th July 1981. It concluded:

that from this letter whilst a fixed period of supervised practice was not to be formalised by the Health Departments the Panel was to be given authority to decide when to award its NDN Certificate, and so could ensure that supervised practice would be part of every course.  

(Panel Minutes 12.1.82/21)

Whilst the Panel agreed to write to the DHSS accepting this proposition it decided to indicate its concern that the "Health Departments would be proposing to the Nurses and Midwives Whitley Council that payment as a District Nurse should commence from the date of qualification but that back-dating to the date of commencement of supervised practice might be appropriate" (Panel Minutes 12.1.83/NP20). This in effect meant that the DHSS did not view supervised practice as an integral part of the training course.

The Panel lost no time in determining and implementing its policy regarding supervised practice. It decided to issue its "certificate after the student had satisfactorily
completed supervised practice in compliance with recommendation 6.7 contained in the Report on the Education and Training of District Nurses" (PADNT 1983:Letter PAC(83)1 from Miss Robottom, PPO, dated 2nd February). This recommendation stated that at the end of the period of supervised practice "a satisfactory report from the nursing officer will be required before the award of the NDN Certificate" (PADNT 1976 Report:9 paragraph 6.7) which, in effect, formalised supervised practice and made it an integral and essential part of the district nurse course and assessment procedures. However, the Panel still lacked the authority to stipulate the length of supervised practice but unofficially teaching centres were advised to make the period between the end of the course and the issuing of results as long as possible.

The Guidelines on Supervised Practice, which the Panel had agreed a Working Group should prepare, were issued in February 1983. They provided the aim and objectives, guidance about the selection of a placement and the negotiation of the programme. In addition, the responsibilities of the Supervisor, a Nursing Officer (district nursing), were specified (PADNT 1983:Guide to Supervised Practice and PADNT 1983:Letter from Miss B Robottom, PPO, dated 9th February). Eight months later, when the National Boards for the four countries of the United Kingdom issued a revised curriculum the only two amendments were statements that:

1) the district nurse course of at least 26 weeks . . . "must be followed by supervised practice, the recommended length of which is twelve weeks"

2) a written examination in the principles and practice and related subjects is taken at the end of the course. "Training institutions have discretion in the way this is planned"

(ENB, WNB, NBNI, NBS 1983:2-3 Curriculum in District Nursing).
Therefore exactly seven years after the Panel had issued its 1976 Report all its recommendations were finally implemented.

**Summary:**

The new curriculum brought about radical changes, to the education and training of district nurses. Changes which were initially introduced by two self selected teaching centres, and later on a national scale. In order to manage the change the Panel established new committees and working parties. In theory these should have been responsible for helping the Panel implement its policies. In practice their recommendations sometimes drove the Panel to formulate policy on a range of diverse issues. On other occasions some refused to comply with the Panel's request to undertake specific duties because they considered them to be unrealistic with regard to their limited resources. However, collectively the Panel, its committees and working groups contributed to the development of the new form of district nurse training during the period 1981-1983.
SECTION 5: RESEARCH IN DISTRICT NURSE EDUCATION AND TRAINING:

Preface:

The Panel's interest in research appears to have been first aroused in 1977 through information about research projects received from the DHSS. It then became proactive in initiating a research proposal on the assessment of the practice of district nurse students. The project received funding from the DHSS and was based at Brunel University. The research was carried out on the 1972 District Nurse and 1970 District Enrolled Nurse syllabi assessment procedures. Since its findings and recommendations were published a year after the publication of the Carr Report (1980) and immediately prior to the implementation, on a national scale, of the new district nurse curriculum they were received too late to influence the development of the new assessment procedures.

The next impetus for research in the area of district nurse education came from the University of Surrey which gained DHSS funding to evaluate its district nurse course. Then as a direct consequence of the need to re-appraise the staffing of the project the DHSS decided to appoint two research officers to work part-time on the University of Surrey project and part-time for the Panel of Assessors. The fact that the Panel now had its own Research Officers meant that in theory it could take the initiative to determine its research priorities. However, this did not prove to be the case since most of the direction came from the Senior Research Officer and the Panel's Committees and Working Groups.

This section discusses the above events in more detail and three research projects which were initiated and supervised under the auspices of the Panel's Research Officers.
addition, it explains how the Panel's Senior Research Officer came to be a member of the Panel's Education Committee and describes how the Panel lobbied the DHSS in order to retain the services of the Senior Research Officer beyond the time limit imposed by his original contract and the subsequent outcomes. It also explains how the need for co-ordination of Research projects was highlighted and dealt with. Next it describes the resources which were made available to aid research undertaken by district nurse practitioners and tutors. Finally, it explains how the Panel sort to make known its research priorities to the DHSS and new training bodies at the time of its demise in order to try to safeguard the position of research in district nurse education and training.

Research into the procedures used to assess the practical work of district nurse trainees:

In March 1977, the Panel received information about research projects in district nursing sponsored by the DHSS (Panel Minutes 9.3.77/108). However, since none related to district nurse training the Panel's Secretary asked members to put forward their suggestions for ideas about suitable projects for consideration by the Panel. In addition, the Panel decided "that an item should be included in the next Bulletin asking teaching centres for their views on research into district nursing" (Panel Minutes 9.3.77/108). Presumably their views were really required on district nurse training but since no item on this matter appeared in the April 1977 Bulletin or indeed any subsequent ones the desired response never occurred.

When the Panel met in April 1977, the Secretary advised members "that the DHSS would look favourably on requests to sponsor research into district nurse training" (Panel Minutes 27.4.77/109). The Panel decided that arising from previous business "a subject of particular relevance would
be research into problems of examinations procedure" (Panel Minutes 24.4.77/109). Therefore, the Panel invited Dr Frank Potter a member of the Examinations Sub-Committee, who was a senior academic at the University of Surrey, "to consider the matter and advise them on the possible terms and presentation of such a research project" (Panel Minutes 27.4.77/109). Dr Potter suggested several areas of research. The one selected by the Panel for submission to the DHSS Research Division for consideration was:

A behavioural analysis of the work of district nurses leading to the development of a profile of assessment that would be used in the practical assessment of district nurses.

(Panel Minutes 6.7.77/110)

The choice of subject was not surprising since two years earlier the Panel had discussed the problems associated with the practical assessment part of the examination for the National Certificate in District Nursing (Panel Minutes 19.3.75/97 and Panel Paper PA(75)18).

In November 1978, the Panel was informed by one of its Professional Advisers, that the Department's Research Liaison Group had agreed to fund a research project at Brunel University for "An evaluation of the Procedures used for the Assessment of Training leading to the award of the NDN Certificate" (Panel Minutes 6.7.77/110). It was hoped that the outcome of the project might result in a more systematic way of assessing practical work, thereby avoiding some of the existing variables caused by each centre setting its own criteria for evaluation. The DHSS Research Liaison Group considered that a Steering Committee should be established "to ensure satisfactory liaison and communications between the Panel and the Group" (Panel Minutes 8.11.78/120). A district nurse tutor Panel member and a nurse manager member of the Examinations Sub-Committee were appointed to represent the Panel on the
In March 1980, John Dobby, DHSS Research Fellow, Brunel University, discussed the progress of the project at the Annual Conference for District Nurse Tutors (see page 549). The two year project was completed in August 1981 and eight months later the Panel received a Report and its members a summary of the main findings and recommendations (Panel Minutes 28.4.82/NP18 and Panel Paper PA(82)19). The Report made no reference to the contributions of the Steering Committee but it did acknowledge the helpful advice of Miss Pam Miller, Professional Adviser to the Panel, during the first year of the project. In addition, it made reference to the fact that a full Advisory Group was formed at the beginning of the second year (Dobby 1981:1). Miss Miller was the Panel's only representative on the Group.

The Report's findings revealed the complexity of assessing a trainee and the fact that many Practical Work Teachers and District Nurse Tutors "were not always completely clear about what they were trying to do, or about precisely why they were going about it in the way that they were" (Panel Paper PA(82)19 page 5 and 6). The Report suggested that "one important step in the right direction would be to clarify the question of what the practical assessment procedures are intended to achieve" (Panel Paper PA(82)19 page 7). It proposed that "until further progress is made with assessment, centres might like to consider the possibility of using a peripatetic moderating PWT" (Panel Paper PA(82)19 page 9). The Panel never implemented this proposal.

An evaluation of the implementation of the 1976 Curriculum in Surrey:

In 1978, the University of Surrey received funding from the
DHSS for "An evaluation of the implementation of the 1976 Curriculum in Surrey" (Jarvis and Gibson 1980). The project was intended to run continuously for a period of two and a half years in order to enable the evaluation of two courses to be undertaken. When the evaluation of the first course was completed the Research Officer resigned. Therefore, the remainder of the research team met with representatives of the DHSS to discuss the future staffing arrangements. The Department's officers agreed to fund the appointment of two Research Officers who would be engaged half-time on the research project on the new curriculum at Surrey and half-time on research on behalf of the Panel (Panel Minutes 16.1.80/NP4). Dr Brian Salter was appointed as Senior Research Officer and Mrs Sandra Battle as Research Officer. Their work eventually resulted in three more reports, two interim and one final, on the Surrey Course (Battle and Salter 1981, 1982, 1983). All the Reports on the course evaluation were eventually circulated widely, by the DHSS, to district nurse tutors and nurse managers at divisional, district, area and regional health authority level. However, as a means of circumventing the delay caused by the Department holding up publication of the reports a series of short articles were produced. The Department could only hold such articles for twenty eight days (Panel Minutes 4.11.81/NP15).

The Panel's research needs:

In January 1980, the Panel was advised by the Chairman of the Working Group on Examinations and Assessment that "it would be of value to obtain information on a centralised marking system" (Panel Minutes 16.1.80/NP4). Dr Peter Jarvis a member of the group, who was a senior lecturer at the University of Surrey had prepared a project proposal on this subject for the Panel's consideration (Panel Paper PA(80)11). Having considered the proposal the Panel concluded that it would be open to the Senior Research
Officer to obtain information on any studies already undertaken on this subject. However, it agreed the project should be carried out but it never was, despite the fact that the Queen's Institute considered the possibility of funding the project (Panel Minutes 16.1.80/NP4) and Panel Paper PA(80)11).

Once in post, the Senior Research Officer endeavoured to get to know the Panel's needs. He therefore reviewed lists of research undertaken in the area of district nursing and interviewed people who had undertaken research in this area (Panel Minutes 10.9.80/NP8). When attending his second Panel meeting the Senior Research Officer "proposed that he prepare and submit to the Panel a paper for discussion at the next meeting setting out areas of future research in district nursing. This was agreed" (Panel Minutes 10.9.80/NP8). Once the paper had been discussed and amended by the Panel it was submitted to the DHSS (Panel Minutes 5.11.80/NP9). In order to speed up negotiations with the DHSS the Panel appointed the Department's Nursing Officer who had responsibility for district nurse training as a liaison officer between the Panel's Research Officer and the Department (Panel Minutes 21.1.80/NP10).

In addition to identifying research projects which required external funding the Panel's Research Officer monitored a small inhouse research project at Hull University.

**Hull University's District Nurse Course Internal Examination:**

The Panel had given Hull University approval to proceed with the introduction of an internal examination with the proviso that it was the subject of a research project. The Panel's Senior Research Officer was required to monitor the pilot study course which led to the first internal examination. It was anticipated that Hull University's
procedure might "serve as a model for the long term" (Panel Minutes 28.4.81/NP12). The findings were the subject of a Workshop conducted by the Panel's Research Officer at the Panel's headquarters. In addition to the representatives from Hull other participants were drawn from the University of Surrey and Kent College of Further and Higher Education since both institutions already had experience of district nurse courses based on the new curriculum. However, their students sat the national written examination. The outcome of the Workshop was very successful (Panel Minutes 4.11.81/NP15, 6.1.82/NP16 and 9.2.82/NP17) and Hull University was allowed to continue with an internal examination for district nurses.

The Curriculum Implications of the District Nurse's Changing Role:

In April 1981, the Panel was apprised of a research application to the DHSS entitled "The Curriculum Implications of the District Nurse's Changing Role". This research proposal, prepared by the Senior Research Officer, was for a project of thirty six months duration which would be located at the University of Surrey. The objective of the project was to provide information about the district nurse's changing role for the training body in order to enable it to monitor and update the curriculum (Panel Paper PA(81)35 and Panel Minutes 28.4.81/NP12). Initially the DHSS agreed to fund the project for a two year period. However, in July 1981, the Panel was made aware of the fact "that the DHSS, faced with a 5% ceiling imposed by the Treasury on research projects, had ordered a cut back in current research and a freeze on future projects. They were also trying to reclaim money already allocated to ongoing projects" (Panel Minutes 1.7.81/NP13). The Panel's Senior Research Officer therefore considered that the recent submission on "The Curriculum Implications of the District Nurses Changing Role" was precarious and he
advised the Panel that he would not know until the Autumn whether it was frozen or lost (Panel Minutes 1.7.81/13). Therefore, at this stage alternative means of funding and possibilities for new projects were considered. However, the Panel agreed that every effort should be made to conserve the latest submission and to this end asked its Secretary to write to the Chief Scientist at the DHSS "urging most strongly that priority should be given to this project" (Panel Minutes 1.7.81/NP13). The letter was sent and a reply requested by 28th August 1981 (Panel Paper PA(81)55 App). This deadline was not met, but the Panel, at its September meeting, was advised that a reply would be forthcoming within a week or so (Panel Minutes 9.9.81/NP14). Eventually, the Department reaffirmed its original commitment to fund the project for a two year period. When the work was completed the project team acknowledged that during the initial stages of the research their ability to engage in dialogue with the district nursing profession was considerably helped by its formal attachment to the Panel of Assessors (Battle et al 1985:1).

Health Education as carried out by district nurses and health visitors:

In July 1981, the Panel's Research Officer advised the Panel that he was considering putting a project proposal to the Health Education Council (HEC) on the district nurse curriculum (Panel Minutes 1.7.81/NP13). Later the proposal was developed as a joint Panel/CETHV project (Panel Minutes 6.1.82/NP16, 7.7.82/19, 10.11.82/NP21, 16.3.83/NP23). It was submitted to the HEC in May 1983. Its aim was to study the practice of health education by district nurses and health visitors and to consider ways in which they could make better use of their resources as health educators in the community (DNJC Paper (84)10). The HEC considered the proposal in September 1983, this was after the demise of the Panel and CETHV. Later it awarded the University of
Surrey a research grant of £105,300 to conduct a three year project in this area. Dr Brian Salter was the Senior Research Officer for the project (University of Surrey 1987:50).

Central Collection of Routine Data:

During the early part of 1981 the Panel and its Education Committee separately discussed the need for central collection of routine data (Panel Paper PA(81)55). Two members of the Education Committee were asked to advise the Senior Research Officer on the nature of information required (Panel's Education Committee Minutes 17.7.81). Then once the Panel had confirmed the need for a pilot study to collect the information, the Senior Research Officer agreed to oversee the design of a questionnaire for the Panel's consideration (Panel Minutes 9.9.81/NP14). He also visited a number of teaching centres and discovered "that the information likely to be required was readily available" (Panel Minutes 4.11.81/NP15). There was insufficient time for the Panel to discuss the draft at its January 1982 meeting, so that Panel members agreed to submit their comments to the Senior Research Officer by 31st January 1982 (Panel Minutes 6.1.82/NP16). The pilot survey was conducted in March 1982.

Subsequently, a one year project proposal was submitted to the DHSS's Small Grants Committee and it received approval. The project commenced at the time of the Panel's demise. It was conducted by Lopez and Radford (1984) at the University of Surrey.

The project provided baseline data on United Kingdom district nurse training provision, supplying a profile of training resources and of the student cohort for the academic year 1983-84. In addition, the data quantified demand for district nurse courses and the flow of new
recruits into the profession. The resulting data were available for immediate input into policy making decisions. Later the survey material was presented as a self-contained package to be readily administered in subsequent years by the ENB (DNJC Paper (84)10).

The Senior Research Officer's Co-option to the Education Committee:

In July 1981, the Panel recommended that its Education Committee should consider setting up a small working group to discuss with the Research Officer his reports on existing projects and recommendations for further research. The working party would be responsible for evaluating his proposals in depth and making recommendations to the Panel on the most appropriate methods of implementation and dissemination (Panel Minutes 1.7.81/NP13). Apparently the recommendation had arisen from the Senior Research Officer's concern "about situations where Researchers were not involved in decisions made on the basis of their research" (Panel's Education Committee Minutes 17.7.81). He considered that such situations could result in misunderstandings and misuse of their findings. The appointment of a working group was deferred by the Education Committee but the Committee's Chairman agreed to discuss with the Senior Research Officer the possibility of his co-option to the Education Committee (Panel's Education Committee Minutes 17.7.81). His co-option was cleared by the action of the Panel's Chairman (Panel Minutes 9.9.81/NP14) so that the need for the proposed working group disappeared.

The extension of the Senior Research Officer's contract:

During its initial discussions on the need for the central collection of data, the Education Committee expressed appreciation of the fact that the development of a full-
scale monitoring exercise could be inhibited by the expiry of the Senior Research Officer's contract. Therefore it asked the Panel to inform the Chief Scientist, DHSS, of its intentions regarding the central collection of routine information and request that its Senior Research Officer's contract should be extended (Panel Paper PA(81)55). The Panel supported the Education Committee's recommendation. It decided that the Principal Professional Officer would refer to the terms of the Senior Research Officer's appointment before writing and that the letter should press for an early reply (Panel Minutes 9.9.81/NP14).

In January 1982, the Senior Research Officer informed the Panel that his post would not be funded after June 1982. The Panel considered, with him, possible ways of retaining his services. Meanwhile the Chairman agreed to write to the DHSS and the Chairmen of the National Boards and UKCC for Nursing, Midwifery and Health Visiting "stressing the urgency of reviewing means of retaining the services" of the Senior Research Officer (Panel minutes 6.1.82/NP16). In March 1982, Panel members were advised that there had been no reply to the letter its Chairman had sent to the Chief Scientist regarding the cessation of funding for the post. The Panel also heard that other possible sources of funding were being pursued for a variety of projects (Panel Minutes 9.3.82/NP17). However, a year was to pass before the Panel received the news that the DHSS were to fund the work of its Senior Research Officer and Research Officer for a further two years with a grant of £84,000 (Panel Minutes 16.3.83/NP23).

The need for co-ordination of Research Projects:

In April 1983, the Panel received the correspondence which had taken place between its Chairman and the Chief Scientist of the DHSS. This addressed the Panel's concern about possible overlap between its own research and that
funded by the Department at the University of Kent. The Chief Scientist advised that the Department had "already taken the first steps in setting up a Primary Health Care Research Group with a view to improving the planning and co-ordination of work in this field" (DHSS 1983:Letter from Private Secretary to the Chief Scientist dated 14th April). The Panel was also assured that community nursing interests would figure largely in the Group's deliberations. The Panel was invited, by the Chief Scientist's Private Secretary, to submit suggestions for ways in which researchers in the field of primary care nursing might be brought together (DHSS 1983:Letter from Private Secretary to Chief Scientist dated 14th April). The Panel "decided to accept the offer of discussions on co-ordinating research into primary health care, especially as overall planning and co-ordination left something to be desired" (Panel Minutes 27.4.83 and Panel Paper PA(83)31).

**Resources for District Nurse Tutors and Practitioners:**

During the summer of 1981 a number of teaching centres sought the advice of the Panel's Senior Research Officer on how to evaluate the implementation of the new curriculum. He therefore asked and was granted the Panel's permission to investigate the demand "for a forum where problems arising from evaluation could be explored with those immediately involved and any other district nurse course tutors who would wish to attend (Panel Minutes 9.9.81/NP14 and Panel Paper PA(81)55). The Panel asked him to report back on the demand and financial implications of his proposal. The Panel also discussed the possibility of approaching the Queen's Institute and King's Fund for assistance in establishing a forum (Panel Minutes 9.9.81/NP14). The outcome was two successful study days on "District Nursing and Research" which were held at the Queen's Institute on the 24th February and the 24th November 1982 (Panel Minutes 6.1.82/NP16, 9.3.82/NP17 and 8.9.82/NP20).
In addition, the Panel's Senior Research Officer and Research Officer acted as a resource for district nurse practitioners and tutors undertaking research in various areas of district nursing practice and training (DNJC Paper (83)11). Then just prior to the Panel's demise the Research Officer prepared an extensive district nursing bibliography as a resource (Panel Minutes 16.3.83/NP23).

In July 1982, the Panel learned of discussions with the Queen's Institute "regarding a resource centre possibly based at Surrey University" (Panel Minutes 7.7.82/NP19). Whilst the Panel approved the idea in principle it requested that a paper on the topic be submitted to the Education Committee, at its next meeting, but this does not appear to have occurred. However, later arrangements were made for the Panel's Senior Research Officer and Professor David James, from the University of Surrey, to visit the Queen's Institute "to discuss the establishment of a district nursing resource centre" (Panel Minutes 12.1.83/NP22). The outcome was that the Queen's Institute agreed to fund the resource centre for three years in the first instance (Panel Minutes 27.4.83/NP24), with an initial grant of £11,000 (Baly 1987:134). Mrs Pamela Nash was appointed to the newly created part-time post of Information Officer for the Queen's Institute Resource Centre which was based at the University of Surrey. She assembled and made available a variety of support and information services for district nurse students, practitioners and tutors undertaking a wide variety of projects (Nash 1984:6-8). The Queen's Institute monitored the development between 1984 and 1987 but could not see its way to extending the period of funding, and since no alternative sources of funding could be located the centre had to be closed.
The Panel's Vision for the Future:

The Panel, at its final meeting, discussed and agreed a paper on research priorities for the post Panel era (Panel Paper PA(83)40). This was forwarded to the Chief Scientist at the DHSS and the Chief Executive Officers of the United Kingdom Central Council and National Boards for Nursing, Midwifery and Health Visiting (DNJC Paper (83)14 Appendix 1). Next the Panel decided to produce a positive statement on its research activity, which could be passed to the District Nursing Joint Committee as a starting point (Panel Minutes 22.6.83/NP25).

The Panel's final set of minutes record its appreciation to the Senior Research Officer and Research Officer for their invaluable contribution to the Panel's work and the hope "that they would enjoy a relationship with the Joint Committee similar to that with the Panel" (Panel Minutes 22.6.83/NP25).

Summary:

The fact that the Department provided the Panel with unsolicited information about the research projects it was sponsoring appears to have caused the Panel to identify the need for research into district nurse education. However, it needed the assistance of a University academic to identify areas for research into district nurse training. This eventually led to the setting up of a University based research project into the practical assessment of district nurse students, although the outcome did not appear to inform Panel policy. Later the Panel, without any effort on its behalf, obtained the part-time services of a Senior Research Officer and Research Officer. Initially the Senior Research Officer appeared to guide the Panel into specific areas of research but he was also requested to act on some ideas initiated by the Panel's Committee.
Throughout his term of office the Senior Research Officer appears to have liaised closely with the Panel and its Education Committee. In response to the Panel's criticism regarding the overall co-ordination of research into primary health care, the Department offered the Panel the opportunity to suggest ways to improve the situation. The fact that district nurse training became the focus of funded research projects helped raise its profile through the ensuing publications.
SECTION 6: THE IDENTIFICATION AND FULFILMENT OF THE EDUCATIONAL NEEDS OF DISTRICT NURSES AND OTHERS INVOLVED IN PRIMARY HEALTH CARE:

Preface:

This section presented in a total of seven sub-sections demonstrates the fact that the Panel's involvement in training extended beyond district nursing. However, it was its involvement in district nurse training which led to it being involved in the identification and fulfilment of the educational needs of others involved in primary health care. It traces the Panel's involvement in the training of practice nurses, a grade sometimes referred to as a surgery nurse; highlights the Panel's reaction to the training of community psychiatric nurses; considers the Panel's initial reaction to the JBCN's decision to establish a Panel on Primary Care Team and the subsequent outcome. It then proceeds to consider the Panel's response to developments in continuing education for district nurses in Scotland and, finally, it focuses on developments in Inter-professional Education for members of the primary health care team and how this led to shared learning for district nurses and health visitors. A summary of the above draws the section to a close.

The development of training for the Surgery/Practice Nurse:

In 1968, the Panel received a request "to provide district nurse training for a nurse employed in a doctor's surgery" (Panel Minutes 25.9.68/58). However, because the training authority could not readily exchange the surgery nurse with a district nurse there was little prospect of full practical training being provided. In this context the training authority probably refers to the local health authority which employed and trained district nurses. This un-met request caused the Panel to consider the training
needs of the surgery nurse grade. Two general practitioner Panel members were asked to identify the training requirement of a surgery nurse (Panel Minutes 27.11.68/59). They later linked up with a nurse Panel member to form a Working Party. This identified three specific roles:

a) The Surgery Nurse - employed by the general practitioner, working solely in the surgery and undertaking duties comparable with those of the clinic or outpatient nurse.

b) Surgery Nurse/Practice Nurse - employed by the general practitioner in the surgery but who would also go out into the community to do follow up visits and assess patient needs.

c) Practice Nurse - employed by the Local Health Authority - working in the surgery and community as home nurse assessing and delegating.

(Panel Minutes 12.3.69/61)

The Working Party therefore concluded that there was a need for different forms of training for each of the three specific roles. The surgery nurse only required in-service training in special diagnostic techniques by the general practitioner; the surgery/practice nurse would require a certain amount of district nurse training in community care; the practice nurse would need the full district nurse training (Panel Minutes 12.3.69/61). The Panel, having discussed the Working Party's conclusions, considered whether it was "straying into fields outside its realm" (Panel Minutes 12.3.69/61). Therefore, the Panel decided to seek advice from the Department on the question of district training for surgery nurses (Panel Minutes 12.3.69/61). In May 1969, the Panel's Chairman reported "that the question of training for a surgery nurse had not been considered in the Department but if they were persuaded such training was necessary, they would need to consider whether district nurse training would be appropriate. In that event they would seek the Panel's
In September 1970, the nurse Panel member who had been on the Working Party expressed concern about the increasing numbers of practice nurses being employed by general practitioners since she felt that this could have strong implications for district nurses and district nurse training. Whilst a general practitioner member agreed he felt there were other view points and that "these would no doubt be expressed at the forthcoming conference on the practice nurse to be held at the Royal College of Nursing (Panel Minutes 23.9.70/70). The Panel members who attended the conference advised colleagues that "There was widespread concern over the duties which the practice nurse was undertaking; some were already going into the community to assess the needs of patients" (Panel Minutes 25.11.70/71). At this stage the Panel asked the Department to consider a follow-up to Circular 13/69 on the attachment of local authority nursing staff to general practice (Panel Minutes 25.11.70/71). No subsequent circular materialised.

However, later the RCN's Society of Primary Health Care Nursing Report (1980) revealed that a survey of job descriptions, conducted in 1978, found that ninety two per cent of district nursing staff SRN and eighty two per cent of district nursing staff SEN within ninety two per cent of all Area Health Authorities in England had responsibilities for nursing in the health centre or surgery treatment room written into their job descriptions. Even so, the RCN Report 1980 considered that it was increasingly obvious that Area Health Authorities could not or would not meet all the nursing needs identified by general practitioners who sought to fill the gap by employing their own nurses, despite the financial implications of so doing.

By 1980, there were over 3,000 general practice nurses in England and Wales, most employed on a part-time basis.
Even so, this figure suggests a marked increase when compared to the whole time equivalent of 244 in 1968 and 567 in 1973 (RCN Report 1980).

The Harding Report (1981:26) also noted a rapid increase in the number of practice nurses and suggested that this might be due, in part, to the health authorities' inability to provide primary care nursing on the scale required. However, this Report also noted that it was not always appropriate for district nurses to perform the full range of treatment room duties. Some were too menial for a qualified district nurse and others too technical unless additional training had been undertaken. On the other hand the Report reiterated the concern that practice nurses were paying the initial home visit to assess a patient without the benefit of district nurse training.

The RCN Report (1980) reached a number of conclusions the last of which stressed:

*Practice nurses required to be prepared for their role. The Council for the Education and Training of Health Visitors and the Panel of Assessors should be asked to consider a training programme.*

(RCN Report 1980:9)

When the Panel considered the RCN's Report (1980) in September 1980 "It was agreed that an approach should be made to the CETHV as soon as possible suggesting that the training of practice nurses be discussed at the next Panel/CETHV liaison meeting" (Panel Minutes 10.9.80/NP8).

Following this approach a meeting was held between the representatives of five organisations, with an interest in practice nurses, to consider ways in which the training needs of this particular group could best be met. The organisations involved were:

- British Medical Association (BMA)
- Council for the Education and Training of Health Visitors (CETHV)

- Panel of Assessors for District Nursing Training (PADNT)

- Royal College of General Practitioners (RCGP)

- Royal College of Nursing (RCN)

Apparently "The RCGP were quite prepared to take on responsibility for organising the training of practice nurses but the RCN preferred any training to be under the control of the nurse training bodies" (Panel Paper PA(81)8). Whilst the CETHV affirmed interest and willingness to participate in any proposals for practice nurse training it felt such training to be more aptly within the remit of the PADNT. Following the meeting the representatives reported back to their respective organisations on the proposal that a steering group, comprising two members from each organisation, be set up to consider the appropriate training of practice nurses (Panel Minutes 21.1.81/NP10).

The Panel decided to be represented by a Nursing Officer from the Department and its practical work teacher member (Panel Minutes 21.1.81/NP10). The latter was appointed to the Steering Group's Working Party which was charged with the responsibility of preparing the draft proposals for a curriculum (Panel Minutes 28.4.81/NP12). The King's Fund granted £500 to the Steering Group to cover expenses involved in the publication of the group's final report (Panel Minutes 1.7.81/NP13). The Steering Group was chaired by Mrs Y Davidson of the RCN Practice Nurse forum. In September 1981, Mrs Tofield the Panel's practical work teacher member of the Steering Group was replaced by Miss Dancer a district nurse tutor Panel member. It was
the latter who presented the Steering Group's Report (1983) to the Panel on 27th April 1983. "She drew attention to the difficulties under which the group had operated but stressed that there was much interest in the training of practice nurses and that there had been a strong desire for a report of this nature" (Panel Minutes 27.4.83/NP24). The Panel members were advised that the CETHV "had recently approved in principle the matter of linking courses for practice nurses alongside those for health visitors and district nurses" (Panel Minutes 27.4.83/NP24). Whilst the Panel welcomed the Report some of its members felt the duration of the training was too short for the prescribed course content. The Panel considered the course would help overcome the isolation experienced by practice nurses and supported the linking of practice nurse and district nurse courses (Panel Minutes 27.4.83/NP24).

Some fifteen years after the Panel first sought advice from the Department on the training needs of surgery nurses, the Department showed full commitment to practice nurse training by actively encouraging the development of courses and providing the necessary funding (DHSS 1988:Press Release 88/120, 21st April and ENB 1988:Letter from Miss Robottom dated 21st April).

While the RCN's Society of Primary Care Nursing must be given credit for issuing a Report which highlighted the training needs of practice nurses the Panel certainly showed commitment to and involvement with this particular area of curriculum development. The Panel's successor, the District Nursing Joint Committee of the UKCC and National Boards, assumed responsibility for the validation of practice nurse courses (UKCC Annual Report 1985-86:20) based on the 1984 Practice Nurse Training Outline Curriculum (RCN 1984:Report of Steering Group and The National Boards 1984:Outline Curriculum).
The development of Training for the Community Psychiatric Nurse:

The first community psychiatric nursing service commenced in the late 1950's but it was not until the early 1970's that the development of this very specialised service gained momentum (DHSS CNO Circular (80)7 and HMSO 1975).

In July 1975, the Panel was told that enquiries were being received from several areas in England and Wales regarding the possibility of psychiatric nurses, both registered and enrolled, undertaking district nurse training. The Panel endorsed advice it had given in the past to occasional but similar enquiries, that these nurses should not be presented for district nurse training (Panel Minutes 23.7.75/99).

The Panel's response was not surprising since it had been made aware in July 1973 that the Joint Board of Clinical Nursing Studies for England and Wales (JBCNS) had established a Panel on community care for psychiatric patients and that this was in the process of preparing a syllabus of training for psychiatric community nursing. The Panel was assured that whilst the content of this new syllabus was extensive it was concerned with developing further the nurses' psychiatric skills and adapting them for work in the patients' home. In no way did the syllabus or role "appear to overlap the existing training and work of district nurses" (Panel Minutes 25.7.73/87).

In 1974, the JBCNS published the syllabus as Curriculum Course No 800, and in 1979 it split the course into No 805 for nurses working with the mentally handicapped and No 810 for nurses working with the mentally ill, but both courses shared a common module (DHSS CNO Circular (80)7:3 and JBCNS 1980). As the community psychiatric nursing services and training programmes expanded staff working in this area

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were increasingly available to provide specialist advice to professional colleagues working in primary care, including district nurses. By 1980, there were about 2,000 practising community psychiatric nurses in England. They worked in a variety of settings including the patient's home, health centres and general practitioners' surgeries (DHSS CNO Circular (80)7).

**JBCNS' Panel on Primary Care Team:**

In May 1974 Miss Gardener, the Principal Officer of the Joint Board of Clinical Nursing Studies (JBCNS) wrote to the Panel explaining that the JBCNS had been set up to rationalise and co-ordinate post-basic clinical training for nurses and midwives. She also advised the Panel that "the Board decided to set up a panel to explore the need for additional training for nurses working in or moving into a primary care team associated with general practice" (Gardener 1974 dated 7th May). Next she said that she would be very pleased to invite one of the Professional Advisers or a member of the Panel of Assessors to attend this panel as an observer. The JBCNS Panel was to comprise fourteen members and be advisory to the Board (Gardener 1974 dated 7th May and Panel Paper PA(74)22) when, in June 1974, the Panel considered the Board's invitation the Panel members expressed concern "about the confusion existing over the respective roles of the Panel of Assessors and the Joint Board in the training of district nurses" (Panel Paper PA(74)92). The Panel was made aware of the fact that, at a recent meeting between the Department and the Joint Board, it had "been suggested that the Joint Board and Panel should develop a close liaison on community aspects of clinical nurse training" (Panel Minutes 5.6.74/92). Therefore the Panel agreed that a formal liaison committee should be established. The Panel was to be represented by two of its members, a general practitioner and a nurse, its Secretary and designated
When the JBCNS Panel on Primary Care Team met for the first time, on the 16th July 1974, the Department's Nursing Officer for Primary Care Nursing attended as an observer for the Panel. Although the members of this new JBCNS Panel appreciated "that their work must not overlap that of the Panel of Assessors they had great difficulty in deciding what their objective should be" (Panel Minutes 24.7.74/93). Eventually the members agreed "that they would consider the role of the nurse in the primary care team and then prepare a syllabus of training (Panel Minutes 24.7.74/93). When the JBCNS Panel reconvened, in September 1974, to commence this task it was informed about the work of the Panel of Assessors. As a direct consequence it "decided to suspend its activities for the present" (Panel Minutes 9.10.74/94). Apparently the Department advised the Board to defer further action on its Primary Care Panel pending the completion of the Panel's Working Party Report (PADNT 1976 Report and Panel Minutes 11.2.76/102).

In February 1976, the Panel was advised that:

the Joint Board was responsible for clinical training in specialist aspects of the community nursing services in England and Wales. The Board sought to identify training needs not met by existing arrangements and proposed to reconvene their primary care team panel with revised terms of reference. One of these was to review and plan for the additional training needs of nurses already holding the NDN Certificate who were working as members of the primary health care team. They saw as one of the urgent needs the updating of large numbers of district nurses who trained under the old syllabus. They also considered that there was a need for refresher courses.

(Panel Minutes 11.2.76/102)

With the aim of avoiding duplication and to co-ordinate training in this field the Panel of Assessors and Joint
Board of Clinical Nursing Studies finally established a Liaison Committee (Panel Minutes 19.11.75/101 and 11.2.76/102). Initially this did not prove very successful since both bodies appeared concerned least the other usurped their span of control (Panel Minutes 19.11.75/101 and 11.2.76/102). Therefore the Department "suggested that it would be beneficial if the chairmen of the 2 bodies were to meet and discuss informally the training needs of nurses working in primary care, how these might be met, and by whom" (Panel Minutes 11.2.76/102). The Department hoped "that it would be possible for the 2 bodies to reach agreement on the scope of their respective responsibilities without the need for arbitration or direction by them" (Panel Minutes 11.2.76/102).

The Board wanted the meeting to be between the Chairmen of the two bodies plus three members from each of the organisations, but the Panel were unwilling to agree considering the the "Chairmen should meet accompanied only by their chief professional advisers" (Panel Minutes 11.2.76/102) and that future discussions should be conducted through the Liaison Committee. At this stage the Panel made it clear that the updating of district nurses formed part of its responsibilities (Panel Minutes 11.2.76/102).

The meeting between the Chairmen and Chief Professional Advisers of the two bodies took place on the 11th February 1976. The Panel's representatives advised the other Panel members that there had been a full and frank discussion and it was "hoped that the meeting had been useful in establishing a better relationship between the 2 bodies" (Panel Minutes 11.2.76/102). The extent to which this was the case cannot be established from the Panel's records as the only other entry which makes reference to the Joint Board is to do with the fact that when it was reconstituted in 1979, a senior district nurse
tutor, who was one of the four Panel's nominations was appointed by the Secretary of State (Panel Minutes 25.4.78/116). However, the Joint Board's Report (JBCNS 1978:14) refers to the fact that there had been discussions between the Board and the Panel to explore ways in which the Joint Board could fulfil its obligation to district nurses working in the community by enabling them to take further training in specialised aspects of their work. It also made mention of the fact that increasing numbers of district nurses were undertaking Joint Board courses.

Continuing Education for District Nurses in Scotland:

In November 1975, the Scottish Home and Health Department (SHHD) appointed a Working Group, under the chairmanship of Miss L Hockey, Director of Nursing Research Unit, University of Edinburgh to:

review the function of district nurses and the development of district nursing in relation to primary health care teams and health centres within an integrated service.

(Hockey Report 1978:1)

All nine members of the Working Group possessed a Queen's Nurse qualification and one, Miss R Brooks, was also a member of the Panel, although she was not a Panel representative and the Panel was not invited to give evidence. The Working Party's recommendations stressed that the acquisition of the National District Nursing Certificate was merely the beginning of professional district nursing practice. They also made the case for ongoing professional development including attendance at refresher courses as a condition of service. Amongst other things the Report stressed the need for specialisation within district nursing and "increased opportunities for district nursing staff to develop a research based approach to their work" (Hockey Report 1978:33).
Whilst members of the Panel were given the opportunity to receive a copy of the Hockey Report from the SHHD, the Panel never discussed it (Panel Minutes 15.3.78/114). But in July 1979 the Panel was advised by the SHHD of a series of questions which had been addressed to the Chief Nursing Officers in Scotland in order to elicit their views about the Report (Panel Minutes 4.7.79/1).

Two months later, in August 1979, the SHHD decided to set up a Working Group to consider the continuing education for all nurses in the clinical field. It approached the:

- Central Midwives Board (Scotland)
- Chief Area Nursing Officers (Scotland)
- Committee for Clinical Nursing Studies (Scotland)
- Council for the Education and Training of Health Visitors (United Kingdom)
- General Nursing Council for Scotland
- Management Education and Training Division of the Common Services Agency (Scotland)
- Panel of Assessors for District Nurse Training (United Kingdom)

regarding their willingness to participate in the Working Group (Auld 1979:Letter dated 2nd August). The Panel nominated one of its members who was a Divisional Nursing Officer (Community) in Scotland.

The Report (Auld 1981) made the case for the rationalisation of the level of award attached to various professional courses. It suggested that district nursing
along with health visiting, midwifery and community psychiatric nursing (mental handicap and illness) should be recognised as equivalent of diploma level studies. When the Working Group's Report was published (Auld Report 1981) the Panel commended the SHHD on this excellent document and expressed appreciation for its clear guidelines on ongoing education (Panel Minutes 28.4.82/18).

**Inter-professional Education for members of Primary Health Care Teams:**

In the introduction to the chapter reference was made to the Government's policy which encouraged the development of the primary health care team. In addition, it was stressed that district nurse students needed to be prepared, along with other potential team members for their multi-disciplinary approach to community health care. Joint training was seen as essential for mutual understanding between different professions, upon which the success of health teams depended (Reedy 1979). To further this aim the CETHV organised multidisciplinary seminars between 1972 and 1977 (Harding Report 1981:5).

In April 1978, Miss Batley, the Director of the CETHV wrote to the Panel of Assessors about the considerable concern being expressed about "the need for better inter-professional collaboration, especially between members of the primary health care team" (Batley 1978:Letter dated 5th April and Panel Paper PA(78)14). Her letter also highlighted the fact that whilst a number of local groups had been formed and short courses had taken place to encourage such collaboration the major bodies concerned had not formulated any proposals or acted in collaboration with each other to further exploration of joint education exercises. The letter then went on to say that it was felt the time might be ripe for the national organisations to give a lead in this matter. This conclusion had been
reached because:

some initial discussions had indicated that these organisations were all involved in consideration of issues related to inter-professional collaboration, and it was agreed that a formal approach should be made to see whether backing could be obtained for a conference jointly sponsored by the four bodies to consider in some depths aspects of inter-professional learning.

(Batley 1978: dated 5th April)

The four organisations, namely the Central Council for Education and Training of Social Workers (CCETSW); Council for the Education and Training of Health Visitors (CETHV); Royal College of General Practitioners (RCGP) and Panel of Assessors for District Nurses (PADNT) were each invited to nominate two people to join a planning group to organise the conference (Panel Paper PA(78)14). The Panel supported the proposal and nominated a district nurse tutor Panel member as one of its representatives. The Panel also decided that the other nominee should be representative of nurse management and asked the Departmental Nursing Officers to submit the name of a suitable nurse manager on its behalf (Panel Minutes 26.4.78/115).

The symposium on Interprofessional Learning was held at the University of Nottingham in July 1979. It was a sequel to a series of joint workshops at local and regional levels, and demonstrated publicly for the first time the policy of the CCETSW, CETHV, RCGP and PADNT in encouraging inter-professional learning (CETHV et al 1983: Statement). The Department of Health showed its commitment to inter-professional learning by funding the symposium and the publication of its papers (Panel Paper PA(80)10). District Nursing was the only discipline un-represented by the presence of a guest speaker. The Report (England 1979) of the symposium highlighted the difference between joint training and 'training for joint operations' (CETHV et al 1983: Statement).
After the symposium the Steering Committee and Planning Group proposed that a permanent Inter-professional Working Group be set up to aid inter-professional collaboration in training (Panel Paper PA(80)10).

The Panel supported the proposal and nominated Mrs Damant to serve as its representative on the Working Group. This was later developed into a Standing Group representing the professions of District Nursing, General Medical Practice, Health Visiting and Social Work. The Standing Group "concentrated on developing a base for inter-professional learning in an attempt to make some inherent factors explicit" (CETHV et al 1983:Statement). The Standing Group accepted the difference between 'joint training' and 'joint operations' as a realistic one. It also acknowledged that professional differences were inevitable but that collaboration and co-operation were possible and better achieved by adequate preparation and training (CETHV et al 1983:Statement). The Standing Group produced a Statement on Development of Inter-professional Education and Training for members of Primary Health Care Teams which was:

intended to provide a further stimulus to local and national efforts and to give a framework for the development of programmes of education and to encourage further study of unresolved issues.

(CETHV et al 1983:Statement)

Later, in 1987, "The Centre for the Advancement of Inter-professional Education" was founded for practitioners in primary health care from general practice; nursing, including community nursing, midwifery and health visiting and social work. This development arose from a different initiative which involved teachers from these fields. Its activities were co-ordinated from the Department of Clinical Epidemiology and General Practice, at the Royal Free Hospital School of Medicine (The Centre for the Advancement of Inter-professional Education publicity
However, as a direct consequence of the symposium in Inter­
professional Learning the officers of the Panel and CETHV
met, early in 1979, to discuss shared learning between
health visitor and district nurse students. They agreed to
continue the discussions after enquiries had been made into
the extent to which shared learning was already taking
place. The group was widened to include members as well as
officers of the respective bodies (Panel Minutes
12.7.80/NP5). Soon after the demise of the Panel
initiatives for core modules for health visitors and
district nurses were developed by a teaching centre in
Scotland and other institutions in the United Kingdom soon
followed suit. These were approved by the District Nursing
Joint Committee and Health Visiting Joint Committee of the
UKCC and National Boards.

Summary:

The Panel appreciated the need for practice nurses to be
trained for their role, but it was constrained from taking
action to provide this because of the Department's apparent
lack of policy regarding this matter. Therefore
consideration of the training of this grade was left in
abeyance for over a decade, until the Royal College of
Nursing seized the initiative and identified the Panel as
one of the training bodies which should be involved in the
development of practice nurse training. While the Panel
appeared willing to be involved it did not take over the
venture, instead it worked in co-operation with other
interested parties. Once the new practice nurse curriculum
was published, the Panel although mindful of the
curriculum's limitations, was keen for practice nurse
training to be closely linked with district nurse training.

In contrast the Panel never saw a role for itself in the
provision of training for community psychiatric nurses but when the JBCNS developed the training for this grade the Panel was anxious to ensure it did not overlap with district nurse training.

When the JBCNS established a Panel on Primary Care Team the Panel challenged its function. This was because it felt its own remit overlapped with that of the newly created Panel. The Department, responsible for the work of the JBCNS and the Panel, intervened to bring about a better relationship between the two training bodies.

In Scotland the SHHD's and Chief Nursing Officer's approach to the development of continuing education for district nurses in Scotland led to a more co-ordinated approach. This was considered within the context of primary health care and the education of all qualified nurses within the integrated health service.

The Panel came late to developments in Inter-professional Education but as a result of its involvement in the Symposium on Inter-professional Learning developed a policy, in conjunction with the CETHV, which supported joint learning between district nurses and health visitors.
SECTION 7: CONCLUDING DISCUSSION:

The period 1969 to 1983 witnessed major developments in primary health care as a result of the Government's policies, which emphasised the need for health promotion, prevention of illness and a shift away from hospital care to care in the community. Increasingly, general practitioners functioned as group practices based in purpose built or adapted health centres or surgery premises, and they were encouraged, by financial incentives, to employ practice nurses and ancillary staff. In addition, they were encouraged to have community nursing staff employed by health authorities, attached to their practice. These developments led to the formation of primary health care teams, some being more effective than others. Team membership and the integration of the National Health Service resulted in the extension of the role of the district nurse and this had ramifications for training.

However, even when the Panel acknowledged the need to update training, to keep abreast of developments in district nursing practice, it had to await the approval of the Department before it could officially review training. Then the Panel was only in a position to make recommendations to the Department about the way training should be developed. As the Department relied upon health authorities to fund training from its service budget it needed to secure their good will regarding possible future developments. It therefore ensured that proposals for change were the subject of consultation and negotiation with all concerned in the implementation of change and this proved to be a lengthy process.

The Panel demonstrated persistence in lobbying the Minister of Health and Departments' representatives to implement its recommendations, sometimes this led to a successful outcome.
and sometimes to a rejection of its proposals. The reviews and developments had to take place under the shadow of the work and consideration of the recommendations of the Committee on Nursing (Briggs Report 1972). This caused the Department to impose limitations on the development of district nurse training. Initially, the Panel appeared to be shackled by these restrictions but later it disregarded them, inevitably compromises had to be reached. Once given approval by the Department the Panel was quick to implement change. However, before it could introduce the new curriculum it had to establish an infrastructure of committees and working groups to assist in the management of change. The Panel's proposal for the new curriculum to be piloted at a few select centres was never implemented by the Department (PADNT 1976:7). Therefore the Panel supported the teaching centres which acted on their own initiative and mounted experimental schemes.

Developments in district nurse training and the movement of teaching centres into the higher education sector resulted in funded research being conducted into areas of district nurse training and education. However, the word "serendipity" aptly describes the way in which the Panel first became involved in research and the manner in which it acquired its Research Officers. Nevertheless, having acquired their services the Panel appreciated the benefits to be gained from their work and fought to have the Senior Research Officer's original contract extended. However, there is little evidence to suggest that the Panel utilised the research findings to develop training.

Although district nurse training and the subsequent qualification were not mandatory for practice until 1981, it did have an established tradition which went back to the end of the nineteenth century. This was not the case for practice nurses and community psychiatric nurses. For a considerable period of time these practitioners had to rely
solely on their hospital orientated registered nurse training for their specialist roles in primary health care. Some saw district nurse training as a means of enhancing their practice. But the Panel prevented this development and eventually both grades acquired their own specialist forms of training.

Up until the early 1970's there was no national framework for the provision of inservice or continuing education for nurses in clinical practice in hospital or community settings. The JBCNS and the Committee for Clinical Nursing Studies in Scotland were set up to rectify this situation, yet their existence diversified still further the control of post-basic education of community nurses. There were occasions when this diversified control led to confusion amongst the national training bodies as to who should be responsible for what. In England the Department had to intervene in order to clarify the position.

In the late 1970's Scotland took the lead in establishing firstly a Working Party to review the role of the district nurse in the light of current developments (Hockey Report 1978); and secondly one to review the continuing education of nurses, midwives and health visitors (Auld Report 1981). Both reports had implications for district nurse training but the Panel does not appear to have given them serious consideration, maybe because it had no official brief for the continuing education of district nurses. In addition both Reports were published at a time when the Panel was fully occupied with issues relating to the new district nurse curriculum.

While the Panel acknowledged the need for interdisciplinary education (PADNT 1976:Report) it only became actively involved in this area when invited by the CETHV to do so. The Panel, together with other relevant training bodies, helped formulate a policy to actively encourage inter-
professional education. This in turn resulted in the Panel and CETHV reaching agreement on the principle of shared learning for district nurses and health visitors.

By the early 1980's district nurse practice and training had become less isolated. The majority of district nurses were members of a primary health care team, some were also leaders of a skill mix district nursing team. The training had been extended and upgraded to provide an educational experience which was now seen as essential to enter the gateway of professional practice. It took place alongside that of other health related disciplines within institutions of further and higher education. However, the implications of these developments on the funding of training and the management of the service had been underestimated. They resulted in a much greater use of the staff nurse grade in the community. According to Hawkins (1986:8):

The people promoting these changes failed the profession on several counts. They did not listen to the warnings about cost, neither did they carry out adequate feasibility studies. They grossly underestimated the costs of moving courses to colleges of higher education and they did not look at the possibility of core training with health visitors followed by specialist modules for each discipline.

However, if all the above factors had been taken into account it is debatable as to whether or not the new district nurse curriculum would have been introduced.

Allsop J 1984 Health Policy and the National Health Service Longman:London and New York

Auld M 1979 Letter from Margaret G Auld CNO, SHHD to Mr Godfrey, Secretary PADNT dated 2nd August headed Continuing Nurse Education


Baly M 1987 A History of the Queen's Nursing Institute 100 years 1887-1987 Croom Helm:London

Batley N 1978 Letter from Norma B Batley Director, CETHV to Mr Matthew, Secretary PADNT dated 5th April ref 2385

Battle S and Salter B 1981 Evaluation of the District Nurse Course (SRN/RGN) University of Surrey Second Interim Report, September University of Surrey: Guildford

Battle S and Salter B 1982 The Role of the PWT. Hopes and Realities in Journal of Community Nursing March, pp 4-6
<table>
<thead>
<tr>
<th>Authors</th>
<th>Year</th>
<th>Title</th>
<th>Publisher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Battle S and Salter B</td>
<td>1982</td>
<td>Supervised Practice and the Nursing Officer in Journal of District Nursing July, pp 14, 16 and 17</td>
<td></td>
</tr>
<tr>
<td>Battle S and Salter B</td>
<td>1983</td>
<td>Who are you District Nurse? in Journal of District Nursing October, pp 26, 28 and 31</td>
<td></td>
</tr>
<tr>
<td>Battle S, Moran-Ellis J and Salter B</td>
<td>1985</td>
<td>The District Nurse's Changing Role University of Surrey: Guildford</td>
<td></td>
</tr>
<tr>
<td>Briggs A (Chairman)</td>
<td>1972</td>
<td>Report of the Committee on Nursing Cmd 5115 HMSO:London</td>
<td></td>
</tr>
<tr>
<td>CETHV, PADNT, RCGPS, CCETSW</td>
<td>1983</td>
<td>Statement of Development of Interprofessional Education and Training for Members of Primary Health Care Teams</td>
<td></td>
</tr>
<tr>
<td>DHSS</td>
<td>Year</td>
<td>Document Description</td>
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<td></td>
</tr>
<tr>
<td>DHSS</td>
<td>1969</td>
<td>Circular 13/69 entitled Attachment of Local Health Authority Nursing Staff to General Practices dated 17th September signed by E L Mayston</td>
<td></td>
</tr>
<tr>
<td>DHSS</td>
<td>1971</td>
<td>A Happier Old Age DHSS:London</td>
<td></td>
</tr>
<tr>
<td>DHSS</td>
<td>1971</td>
<td>Hospital Services for the Mentally Ill, December DHSS:London</td>
<td></td>
</tr>
<tr>
<td>DHSS</td>
<td>1972</td>
<td>DHSS Circular 13/72 entitled Aids to Improved Efficiency in the Local Health Services Deployment of Nursing Team signed A J Collier dated 18th February Ref E/L68/28</td>
<td></td>
</tr>
<tr>
<td>DHSS</td>
<td>1972</td>
<td>DHSS Circular 25/72 entitled Training of District Nurses dated 26th July and Appendix Recommended syllabus for the training of the state registered nurse in district nursing DHSS:London</td>
<td></td>
</tr>
<tr>
<td>DHSS</td>
<td>1974</td>
<td>Letter from P M Friend, CNO entitled Home Nursing and Health Visiting Service dated 6th May Ref E/C232/4</td>
<td></td>
</tr>
<tr>
<td>DHSS</td>
<td>1975</td>
<td>Staff Training Memorandum STM (75)13 entitled Nurses Employed Privately by General Medical Practitioners (Practice Nurses) dated March DHSS:London</td>
<td></td>
</tr>
<tr>
<td>DHSS</td>
<td>No date of publication</td>
<td>Nursing 1974-76. Report of the Chief Nursing Officer of the DHSS DHSS:London</td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>DHSS</td>
<td>1975</td>
<td>Better Services for the Mentally Ill Cmd 6233 HMSO:London</td>
<td></td>
</tr>
<tr>
<td>DHSS</td>
<td>1977</td>
<td>Job Evaluation NHS Nurses and Midwives Job Evaluation Unit August DHSS:London</td>
<td></td>
</tr>
<tr>
<td>DHSS</td>
<td>1977</td>
<td>Circular Letter CNO (77)8 from Phyllis Friend, CNO entitled Nursing in Primary Health Care to RNO's, ANO's and DNO's dated 14th June DHSS:London</td>
<td></td>
</tr>
<tr>
<td>DHSS</td>
<td>1977</td>
<td>Circular Letter CMO (77)10 and CNO (77)9 entitled The Extended Role of the Clinical Nurse - Legal Implications and Training Requirements dated 30th June to AMO's and ANO's DHSS:London</td>
<td></td>
</tr>
<tr>
<td>DHSS</td>
<td>1980</td>
<td>Circular CNO (80)7 entitled The Development of the Community Psychiatric Nursing Service dated 4th August to RNO's, ANO's and DNO's DHSS:London</td>
<td></td>
</tr>
<tr>
<td>DHSS</td>
<td>1983</td>
<td>Letter from Private Secretary to Chief Scientist DHSS dated 14th April to Mr Robson, Chairman PADNT</td>
<td></td>
</tr>
<tr>
<td>DHSS</td>
<td>1988</td>
<td>DHSS Press Release No 88/120 dated 14th April entitled Edwina Currie Announces Practice Nurse Training Initiative</td>
<td></td>
</tr>
</tbody>
</table>

390
<table>
<thead>
<tr>
<th>Author</th>
<th>Year</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Devlin R</td>
<td>1981</td>
<td>Health Care Team training plan hits some problems in Nursing Mirror, Vol 153, No 20, 11th November, p5</td>
</tr>
<tr>
<td>DNJC</td>
<td>1983</td>
<td>District Nursing Joint Committee Paper DNJC (83)11 entitled The Work and Activities of the former Panel of Assessors for District Nurse Training</td>
</tr>
<tr>
<td>DNJC</td>
<td>1983</td>
<td>District Nursing Joint Committee Paper DNJC (83)14 Appendix 1. Research in District Nurse Education and Training Position Paper</td>
</tr>
<tr>
<td>DNJC</td>
<td>1984</td>
<td>District Nursing Joint Committee Paper DNJC (84)10 District Nursing Research Department of Educational Studies, University of Surrey</td>
</tr>
<tr>
<td>Dobby J</td>
<td>1981</td>
<td>An Evaluation of the Procedures used to Assess the Practical Work of District Nurse Trainees Brunel University:Uxbridge</td>
</tr>
<tr>
<td>ENB, WNB, NBS and NBS</td>
<td>1983</td>
<td>Curriculum in District Nursing for Registered General Nurses (revised edition) National Boards for Nursing, Midwifery and Health Visiting</td>
</tr>
<tr>
<td>ENB</td>
<td>1988</td>
<td>Letter from Miss Robottom, Professional Officer, District Nursing (ENB/DNJC) to District Nurse Course Leaders dated 21st April ENB:London</td>
</tr>
</tbody>
</table>
Fry J (Editor) 1979 Trends in General Practice 2nd Edition British Medical Journal for the Royal College of General Practitioners:London

Gardener M 1974 Letter from M G Gardener, Principal Officer, JBCNS to T W Matthews, Secretary PADNT dated 7th May

GNC 1969 General Nursing Council Circular Letter entitled 1969 Syllabus of Subjects for Examination and Record of practical Instruction and Experience for Certificate of General Nursing and Changes proposed in Final Examination dated April

Gibson S and Jarvis P 1978 Training for Practice in Nursing Times Community Outlook 10th August, pp 233, 235 and 237

Gibson S and Jarvis P 1981 Practice Makes Perfect District Nurse Training Series No 1 in Nursing Mirror 9th April, pp 20-22

Gibson S and Jarvis P 1981 How to Catch and Keep your District Nurse District Nurse Training Series No 2 in Nursing Mirror 16th April, pp 20-21

Gibson S and Jarvis P 1981 A Matter of Practice District Nurse Training Series No 3 in Nursing Mirror 23rd April, pp 22-23

Gibson S and Jarvis P 1981 Supervised Practice in Journal of Community Nursing August, pp 20-23 and 28

Gibson S and Jarvis P 1982 2: The Format and Procedure of the written examinations in district nursing in Quest, pp 5-7, Nursing Times, 20th January
Gillie A (Chairman) 1963 The Field of Work of the Family Doctor Report of the Sub-Committee of the Standing Medical Advisory Committee HMSO:London

Halsbury the Earl of (Chairman) 1974 Report of the Committee of Inquiry into Pay and Related Conditions of Service of Nurses and Midwives HMSO:London


Harstedt L and Jemmott A 1976 Direct Entrants to District Nurse Training in Kent in Queen's Nursing Journal December, pp 249-250

Harstedt L 1979 Community Nursing: Kent's blueprint for the 1980's in Nursing Mirror 5th July, pp 26-29

Hawkins C 1986 Comment: The cost of the Battle Won in Community Outlook June, p8

HMSO 1979 Nurses, Midwives and Health Visitors Act 4th April HMSO:London

Hockey L 1978 District Nursing in Scotland SHHD HMSO:Edinburgh


393
<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Year</th>
<th>Title</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jarvis P</td>
<td>1981</td>
<td>Functions of the Review Groups in the national Examination in District Nursing. Paper presented at a meeting with members of the Examination Review Groups on Tuesday 24th November</td>
<td></td>
</tr>
<tr>
<td>Jarvis P and Gibson S</td>
<td>1981</td>
<td>An investigation into the validity of specifying 5 'O' Levels in GCE as an entry requirement for the education and training of district nurses in Journal of Advanced Nursing Vol 5, pp 471-482</td>
<td></td>
</tr>
<tr>
<td>JBCNS</td>
<td>1974</td>
<td>Outline Curriculum Course 800:Community Psychiatric Nursing for Registered Mental Nurses and Registered Nurses for the Mentally Subnormal JBCNS:London</td>
<td></td>
</tr>
<tr>
<td>JBCNS</td>
<td>1975</td>
<td>Third Report September JBCNS:London</td>
<td></td>
</tr>
<tr>
<td>JBCNS</td>
<td>1979</td>
<td>Outline Curriculum Course 805:The Nursing Care of the Mentally Handicapped in the Community for Registered Nurses of the Mentally Subnormal JBCNS:London</td>
<td></td>
</tr>
<tr>
<td>JBCNS</td>
<td>1979</td>
<td>Outline Curriculum 810:The Nursing Care of the Mentally Ill in the Community for Registered Mental Nurses JBCNS:London</td>
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<td>JBCNS</td>
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<td>Handbook to Courses JBCNS:London</td>
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<td>Lightowlers J</td>
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<td>The Report that is still top secret in Journal of Community Nursing July, p20</td>
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Lopez M and Radford N 1984 District Nurse Education and Training in the United Kingdom Baseline Data Project University of Surrey: Guildford

Martin C 1987 Practice Makes Perfect in Nursing Times 29th April, pp 28-31

Mayston E L (Chairman) 1969 Report of Working Party on Management Structure in the Local Authority Nursing Services DHSS SHHD WO


MoH 1967 Ministry of Health Circular entitled Training of District Nurses dated 8th December signed E L Mayston to Clerk of the County Council et al Ref E/DIO5/17

Moyle R 1977 Letter from Mr Moyle, Minister of State (Health), to Mr J S Robson, OBE, MA, Chairman PADNT dated 9th August

Moyle R 1977 Letter from Mr Moyle, Minister of State (Health), to Mr J S Robson, OBE, MA, Chairman PADNT dated 31st October

Moyle R 1978 Letter from Mr Moyle, Minister of State (Health), to Mr J S Robson, OBE, MA, Chairman PADNT dated 2nd October

Nash P 1984 Be Resourceful in Journal of District Nursing October, pp 6 and 8

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<td>News:District Nurse Training Re-designed in Nursing Times 16th December, p1944</td>
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<td>Nursing Times</td>
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<td>Nursing Times</td>
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<td>Letters:Letter from Mr A Carr 26th October, p1767</td>
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<td>The winning badge design redrawn in simplified version 9th April, p22</td>
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<td>1973</td>
<td>PADNT Examination Bulletin No 15, July PADNT:London</td>
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<td>Letter from T W Matthew, Secretary PADNT headed District Nurse Training to ANO's of an area with an approved theoretical centre dated March</td>
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<td>PADNT</td>
<td>1975</td>
<td>PADNT:Summary of Comments received from Authorities on Outline Answers provided for examinations 9th January PADNT:London</td>
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<td>1975</td>
<td>PADNT Information and Examination Bulletin No 3 August PADNT:London</td>
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PADNT 1976
PADNT Information and Examination Bulletin No 5
May
PADNT:London

PADNT 1976
PADNT Information and Examination Bulletin No 9
December
PADNT:London

PADNT 1976
Report on the Education and Training of District Nurses (SRN/RGN)
PADNT:London

PADNT 1977
PADNT Handbook on the Education and Training of District Nurses
June
PADNT:London

PADNT 1977
PADNT Information and Examination Bulletin No 9
August
PADNT:London

PADNT 1978
Letter from Mr Godfrey Secretary PADNT headed
District Nurse Training: Introduction of the new
Curriculum in District Nursing for State Registered
Nurses and Registered General Nurses to RNO's,
CANO's et al dated 13th October

PADNT 1978
Letter from L W Godfrey, Secretary PADNT headed
District Nurse Training: Introduction of the New
Curriculum in District Nursing for State Registered
Nurses and Registered General Nurses, to RNO's,
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PADNT 1979
PADNT Bulletin No 14
April
PADNT:London

PADNT 1979
PADNT Bulletin No 15
August
PADNT:London

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<td>Guide to the Curriculum in District Nursing for State Registered and Registered General Nurses and Rules on Conduct of Courses and Examinations December</td>
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PADNT Guide to Supervised Practice 1983
PADNT: London

Panel Minutes
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tutor and district nurse
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PA(71)32
Revised District Nursing
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Panel Paper
PA(72)12
Draft Circular on Revised
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PA(72)22
Examination Standards and
Review of the List of
Examiners
June 1972

Panel Paper
PA(72)33
Revised District Nursing
Syllabus (SRN)
July 1972

Panel Paper
PA(72)55
DHSS Circular 25/72 -
Revised District Nursing
Syllabus (Nursing Pro-
cedures)
November 1972

Panel Paper
PA(74)22
Panel on the Primary Care
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June 1974

Panel Paper
PA(74)32
District Nurse Training in
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Review of district nurse training course
November 1974

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Working Party on new Syllabus - Publicity
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Working Party on New Syllabus - Publicity
February 1975

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A Practical Assessment
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PADNT Working Party Report - Consideration by the Panel
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PA(76)28
PADNT:Royal Commission on National Health Service
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The Royal Commission on the National Health Service
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Comments Received on the Report of the Education and Training of District Nurses (SRN/RGN)
June 1977

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Draft Outline of Experimental Scheme in Extended District Nurse Training Kent AHA
June 1977

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Further Report on the Education and Training of District Nurses (SRN/RGN)
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Correspondence between Mr Robson and Minister of State (Health)  
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Copy of letter from Mr Robson to Miss Walker about proposed new curriculum and copy of letter from Mr Robson to Mr Moyle about delay of proposed Bill on Nurse Education and Training  
April 1978

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Conference between organisations involved in inter-professional collaboration  
April 1978

Panel Paper  
PA(78)40  
Preparation for the Introduction of the New Curriculum in District Nursing - Secretariat Discussion Paper  
September 1978

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PA(78)51  
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District Nurse Training - NDN Certificates July 1979

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PA(79)35
"Extended" Course of Education and Training for District Nurses July 1979

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PA(79)45
Continuing Nurse Education (Scotland) September 1979

Panel Paper
PA(80)10
National Inter-Professional Symposium 11th - 13th July 1979. Report of a Meeting of the Steering Committee and Planning Group held at CETHV on 18th October 1979 by Patricia Duff and Margaret Damant December 1979

Panel Paper
PA(80)11
Working Group on Examinations and Assessment January 1980

Panel Paper
PA(80)32
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PA(80)37
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INTRODUCTION:

Between 1959 and 1981 the main route to a district nurse qualification was by means of a post-registration inservice district nurse training course, but there were alternative routes. For example, earlier (see page 196) reference was made to the fact that the Nurses Act 1957 permitted experimental schemes in England and Wales which led to registration and that a small number of these led to the triple qualifications of State Registered Nurse (SRN), National District Nursing Certificate (NDN) and the Health Visitor Certificate (HV). Similar legislation (Section 21 of the Nurses (Scotland) Act 1951) also allowed experimental programmes in Scotland.

Prior to the establishment of the triple qualification schemes there were a few combined post-registration courses which date back to 1943 and were initiated by the Queen's Institute (Gibson 1981:41). In the late 1960's one of these courses was developed into a post-registration integrated course. By 1970, the first triple qualification course was developed into a degree programme and later two other similar degree programmes were launched. In contrast, in 1972, a well established Social Science and
Nursing degree programme was adapted to enable students to gain the NDN and HV qualifications.

The ultimate demise of district nurse training within the triple integrated courses and degree programmes occurred with the widescale introduction, in 1980, of the new district nurse curriculum (PADNT Report 1976). This required all entrants to district nurse training to be registered nurses.

Between 1966 and 1971 several dual qualification integrated courses were developed which led to SRN and NDN awards. The General Nursing Council's (England and Wales) (GNC) 1969 revised syllabus sought to encourage the wider availability of these courses through an elective programme of twelve weeks district nursing experience during basic nurse training (GNC 1970: letter from Miss Henry, Registrar, to MoHs). But an evaluation of all these courses revealed that they were not a satisfactory means of training district nurses and they were phased out. The twelve weeks district nursing experience was therefore abandoned in favour of the GNC's alternative elective entitled "Experience in Community Care" (GNC 1971:11 Circular Letter from Registrar, Miss Henry). Initially, in instances where this elective included four weeks continuous district nursing experience it could lead to a remission in the length of post-registration district nurse training. This option was phased out when the GNC accepted the Panel's reservations about the value of district nursing experience during basic nurse training. After this community care experience was reduced in length to a module of six to eight weeks. Later it was integrated into the various units of experience in basic nurse training and then adapted yet again to meet EEC Directives (GNC 1978: Annual Report 1977-78 and GNC 1979: Circular 79/24).

Each of the above developments are now discussed in turn in

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specific sections, with particular reference to the Panel's role in the approval and review of the various schemes which contained a district nursing component. Conclusions are then drawn in the final section of the chapter.

POST-REGISTRATION INTEGRATED DISTRICT NURSE AND HEALTH VISITOR TRAINING:

The original combined post-registration courses were established in places as far afield as Bolton, Brighton and Edinburgh. The Queen's Institute was responsible for the inauguration of these courses. In England district nurse training was followed by health visitor training and in Scotland the reverse sequence occurred (Gibson 1981:41-43 and Panel Minutes 16.7.69/63).

In September 1968, the Panel considered a proposal from Brighton College of Technology to upgrade the combined course into a post-registration integrated one for district nurse and health visitor training (Panel Minutes 25.9.68/58 and Panel Paper ACTDN/PA(68)13). The Nursing Officer, from the Ministry of Health, who had visited the college, advised the Panel that the proposal was very similar to the existing combined course (Panel Minutes 25.9.68/58) although it was entitled "A scheme of education for a group practice health visitor (incorporating health visitor and district nurse training)" (Panel Paper ACTDN/PA(68)13). The new scheme was "designed to produce a leader of a Public Health Nursing Team in urban areas" (Panel Minutes 25.9.68/58). Initially, the proposed course was of fifty-five weeks duration. By integrating the course throughout overlapping and un-necessary repetition of the content of the health visitor and district nurse course were to be avoided (Brighton College of Technology 1969:2). The students were required to sit one examination comprising four papers which included questions on health visiting and district nursing (Panel Paper ACTDN/PA(68)13). It was
planned to restrict the intake to six students per annum and it was hoped to attract mature applicants with good organising ability (Brighton College of Technology 1969:1). Presumably this attribute was seen as an asset for team leadership.

The Panel appears to have been ambivalent about the scheme for at least two reasons, a post basic integrated course went against the view it held at the time that district nurse training should be absorbed into basic nurse training, although some members considered that district nurses should be trained to become leaders of nursing teams (see page 260). However, the Department's representative directed the Panel merely to consider the adequacy of the district nursing component of the integrated scheme (Panel Minutes 25.9.68/58). The Department may have wanted the scheme approved as it was about this time that the Government launched its Policy of encouraging the attachment of health visiting and district nursing staff to general practices (DHSS 1969:Circular 13/69).

The Panel objected to the balance of the course content being too heavily weighted towards the health visitor syllabus but the Council for the Training of Health Visitors (CTHV) was not prepared for the health visiting content to be reduced to redress the balance (Panel Minutes 27.11.68/59). The problem was resolved by the College's offer to extend the course by two weeks in order to allow more time for the district nursing component. However, even when the College had met most of the Panel's requirements, two nurse Panel members objected to the scheme as a whole considering it was far more applicable to health visitor training, therefore the recommendation for course approval was consequently not unanimous. The course as approved was scheduled to devote 40 hours to district nursing theory and 228 to district nursing practice (Panel Minutes 13.3.69/61).
Although the course was jointly validated by the Panel and CTHV the Annual Report of the Department of Health and Social Security for the year 1969 (DHSS 1970:54-55) only refers to the course being approved by the CTHV, thereby failing to acknowledge the role the Panel had played in the validation process. Nevertheless, it is appreciated that it was the Department, acting on the Panel's recommendation, which actually approved the district nursing component. The Department's letter of approval to the College failed to specify the length of time for the approval of the district nursing component. This was in contrast to the CTHV which approved the health visiting aspect for two years or two courses (Panel Minutes 1.7.70/69 and Panel Paper PA(71)11).

At the time of approval there was thought to be a demand for this type of training (Panel Minutes 1.7.70/69). However, recruitment proved difficult. The first two intakes comprised two and five students respectively. The lack of recruits concerned the Panel which stressed the need for a minimum intake of six to make the district nurse course a viable proposition (Panel Paper PA(71)11). However, the course was still operating in March 1971 as the Panel approved it for a further period of two years, by which time the College had been upgraded to a Polytechnic (Panel Minutes 10.3.71/73). This is the last reference to the course in the Panel's Minutes.

INTEGRATED TRIPLE QUALIFICATION COURSES:

The first five educational establishments to offer a course leading to the triple qualifications of SRN, HV and NDN were briefly discussed in Chapter Four (see page 197). During the period 1959-1968 the length of courses varied from three years and nine months to four years.

No new triple qualification schemes were approved between
1967 and 1975, but two of the courses were academically upgraded. By 1970, the integrated course at Manchester University had been developed into a Bachelor of Nursing programme (GNC Report 1971:47). It was at this stage in this course's evolution that the Panel finally agreed to the University's internal assessment procedures being suitable for the district nursing component (Panel Minutes 11.3.70/67) (see page 211). The other scheme to be upgraded was the one at Newcastle Polytechnic (formerly the Municipal College of Commerce) which was developed into a Diploma in Hospital and Community Nursing.

In 1970, the Panel asked the Department's Nursing Officer to visit four of the triple qualification schemes: Chiswick Polytechnic, Croydon Technical College, the Universities of Surrey and Manchester. The visits were part of a review which also included visits to two dual qualification courses, therefore the general observations of the review are provided later in this chapter when these six courses are discussed (Panel Paper ACTDN/PA(70)47).

Another review of integrated courses was undertaken in 1973, but at this time the only triple scheme to be included was the one based at Newcastle Polytechnic. This course was allowed to continue but the Panel decided to undertake a further review of this scheme along with all other triple qualification programmes (Panel Minutes 21.11.73/89). This took place in 1974, by which time seven hundred nurses had followed a triple qualification course. Recruitment to these courses was very good even though students were normally expected to possess at least two 'A' Levels in the General Certificate in Education. Wastage during the course was low and failure in the National District Nursing Examination extremely rare (Panel Paper PA(74)47). At this stage all schemes were of four years duration but the length and distribution of the district nursing content varied, the differences being shown in Table 6.1.
Table 6.1 Distribution and length of District Nursing content in the integrated SRN, HV and NDN Courses in 1974

<table>
<thead>
<tr>
<th>Course Location</th>
<th>Allocation of time in:</th>
<th>Total Amount of Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Year 1</td>
<td>Year 2</td>
</tr>
<tr>
<td>Chiswick Polytechnic</td>
<td>-</td>
<td>2 weeks</td>
</tr>
<tr>
<td>•Croydon College of Design and Technology</td>
<td>2 weeks</td>
<td>-</td>
</tr>
<tr>
<td>Manchester University</td>
<td>3 weeks</td>
<td>2 weeks</td>
</tr>
<tr>
<td>•Newcastle Polytechnic</td>
<td>2 weeks</td>
<td>1 week</td>
</tr>
<tr>
<td>University of Surrey</td>
<td>* 3 days</td>
<td># 5 weeks</td>
</tr>
</tbody>
</table>

Key: + = formerly Croydon Technical College
++ = formerly Municipal College of Commerce
* = observation only
# = Geriatric experience in the Community
** = After state registration

Source: Panel Paper PA(74)47

The district nursing and health visiting content enabled students to gain "a good knowledge of the work of the primary care team, preventative health care, and statutory and voluntary services available in the community" (Panel Paper PA(74)47). Whilst students found the course stimulating it was noted that they "did not always integrate well with other pre and post registration students and some conflict arose" (Panel Paper PA(74)47). The review failed to provide reasons for the lack of integration and conflict but this might have been the different educational and professional experiences of the various groups. All the authorities involved in the schemes considered the courses valuable including the district nursing component. One commented "that a period of consolidation was necessary after qualifying in any field of nursing" (Panel Paper PA(74)47). Once qualified however, very few nurse practitioners subsequently entered district nursing, the number varying from five to ten per
annum. The Panel's Review Paper stressed the need for courses to be flexible in order to meet changing circumstances and the need for proper monitoring of development (Panel Paper PA(74)47).

In August 1974, the GNC (England and Wales) announced that it would continue to support the small number of experimental integrated courses leading to the triple qualifications of SRN/HV/NDN (GNC 1974:Circular 74/8/18 August). In March 1975, the Panel approved a scheme to be run by the University of Leeds and Leeds Area Health Authority (AHA) subject to the appointment of a second district nurse tutor by the AHA (Panel Minutes 19.5.75/97). However, by the Autumn of 1976, Newcastle Polytechnic and the University of Surrey had, on their own initiative, terminated their courses. The final intake for both was September 1975 (Panel Minutes 23.7.75/99). Newcastle Polytechnic had already established a BA (CNAA) Nursing degree leading to SRN, HV and NDN qualifications and wanted to concentrate its resources on this venture (Panel Paper PA(75)34). At this stage, of the six triple integrated courses available three also led to a degree (GNC/Panel Liaison Committee Minutes 3.11.75). One of these was based at the Welsh National School of Medicine, Cardiff, University of Wales and lead to a Bachelor of Nursing qualification. It was validated by the Panel in November 1974 (Panel Minutes 20.11.74). The course at Chiswick Polytechnic had been phased out by 1976 (GNC 1977:Annual Report 1st April 1976 - 31st March 1977) but the one at Croydon continued until 1980 (GNC 1981:Annual Report 1st April 1980 - 31st March 1981).

In 1972, Edinburgh University developed its well established degree in social sciences and nursing (The Times 2.1.62) to include district nurse training (Panel Minutes 22.11.72/83). In 1979, it approached the Panel about the possibility of continuing to operate the district
nurse component of the scheme. The Panel advised against this, but at the time was reluctant to make a general statement about the discontinuation of district nurse training in degree programmes (Panel Minutes 16.1.80/4 and Panel Paper PA(80)8). Around this time the Universities of Manchester and Leeds themselves decided to replace district nurse training with district nurse experience in their nursing degree programmes (Panel Minutes 16.1.80/NP4 and Panel Paper PA(80)8).

By May 1980, all triple integrated schemes containing a district nurse component had been or were in the process of being phased out. This was due to the fact that the Panel finally decided to publicise its views on withdrawal of support for the inclusion of district nurse training in triple qualification and degree programmes. It explained that continuing this form of district nurse training "would not be in accordance with the principles of the new curriculum which was designed specifically as a post-registration course" (Panel Bulletin 1980:8 May, No 17). Even though the Panel recognised the value of district nursing experience in enabling triple qualification integrated and degree course students to gain insights into community care it considered "that those wishing to qualify as a district nurse should first obtain the SRN/RGN and consolidate this with a period of experience before undertaking a district nursing course (Panel Bulletin 1980:8 May, No 17).

INTEGRATED DUAL QUALIFICATION COURSES:

In November 1966, the Panel approved the district nursing component of the first integrated course leading to the dual qualifications of SRN and NDN. This was organised by Reading Combined Hospitals in conjunction with Berkshire County Council. The district nurse component was of twelve weeks duration, making it one month shorter than the
standard length of the post-basic district nurse training (Panel Minutes 30.11.66/45). The content of the course was identical with Berkshire County Council's post-registration district nurse course.

During the November meeting the Panel also considered a similar scheme prepared by the Medway School of Nursing and Brighton District Nursing Association (DNA) (Panel Minutes 30.11.66/45). This provided students with four weeks district nursing in their second year and eight in their third year of training. The Panel obviously approved the scheme because the first course commenced in July 1967 (Panel Paper PA(71)24). On completion of the first course the Department's Nursing Officer visited the Brighton DNA and Medway Hospitals and reported that:

> the distance between the two training authorities made it impossible to have satisfactory close integration of community experience and lectures/tutorials, in other respects the scheme was found to have operated well.

(Panel Paper PA(71)24)

However, prior to this course starting the Panel had queried why Kent County Council was not providing the practical experience. Apparently this local authority's original offer to be involved had been rejected. However, unperturbed by this information the Panel decided to discuss the scheme with the Medway Hospital Authorities (Panel Minutes 9.3.67/48). The outcome was co-operation between the Medway School of Nursing and Kent County Council and the exclusion of the Brighton District Nursing Association (Lovett 1972:Personal Notes).

The next scheme to gain approval was the one mounted by West Suffolk General Hospital and West Suffolk County Council, but only after it had been modified to meet the Panel's requirements (Panel Minutes 12.3.69/61 and 29.5.69/62).
Six months later, in November 1969, the Panel while considering a proposal from the Isle of Wight Hospital and Portsmouth County Borough discussed whether "existing integrated schemes provided adequate training for district nurses" (Panel Minutes 26.11.69/65). The Panel was also concerned "that local health authorities might not have sufficient control over the selection of students for integrated courses" (Panel Minutes 26.11.69/65). However, despite these reservations it was decided that since the Isle of Wight/Portsmouth scheme met the Panel's requirements it should be recommended for approval. But the Panel decided to inform the Department of Health and Social Security that no more schemes should be approved until the Panel received reports about the value of all the integrated schemes in existence, and until the Department had reached a decision about the implementation of the GNC's (England and Wales) 1969 Revised Syllabus (Panel Minutes 26.11.69/68).

By November 1970, when the "Report of the Review of Integrated Courses" was presented to the Panel there were eleven courses in existence (Panel Paper PA(70)47), but only four of the triple qualification and two of the dual triple qualification schemes had been involved in the review (see page 415). This had been conducted in response to a request from the Panel for more information about integrated courses (Panel Minutes 1.7.70/69 and Panel Paper PA(70)47). General observations by tutors and others connected with the courses revealed that tutors considered the courses to be worthwhile and that they would aid integration of the nursing services: hospital tutors considered that the training improved the quality of nursing in the wards because students became more aware of patient and nursing needs and nursing administrators considered it more profitable to concentrate on training good quality students in integrated courses rather than to dissipate their resources on taking large numbers of
student nurses for observation in the community. Twelve weeks training was considered adequate providing there was opportunity for a period of re-orientation after registration but before taking up full duties as a district nurse. The review stressed that students were generally well received by patients in their homes and that students valued the possession of a district nursing certificate. Once again the point was made that local authority nursing officers should be consulted about the selection of students for the course. It was seen as advisable for students to visit the district periodically, outside of the district nursing training periods, in order to ensure continuity and maintenance of contact (Panel Paper PA(70)47).

The Department's Nursing Officer acknowledged that she had not interviewed any of the students during the six visits undertaken for the review (Panel Paper PA(70)47). Even so, she advised the Panel that she "was generally satisfied with the existing courses" (Panel Minutes 25.11.70/71), but the Panel "was not clear why local authorities wanted integrated courses as generally speaking few of the students expressed a desire to work on the district after qualification" (Panel Minutes 25.11.70/71). In addition, there were considerable cost and staff implications for this type of district nursing training. The former were known to be rising although the General Nursing Council allowed £15 a head for community care and district nursing within student nurse training via the Area Nurse Training Committees (GNC 1972:11, Annual Report 71-72).

Following receipt of the 1970 Review the Panel decided to reserve its position on integrated courses but that it would give them further consideration as part of its evidence to the Committee on Nursing (Panel Minutes 25.11.70/71). At the time of its Review the Panel was aware that the General Nursing Council (England and Wales)
was conducting a long term evaluation of experimental programmes of nurse education (Panel Minutes 25.11.70/71). The schemes being studied included graduate, undergraduate diploma, five integrated schemes of which four had a district nursing content (Panel Minutes 10.3.71/73). In March 1971 Dr MacGuire, from the General Nursing Council Research Unit, talked to the Panel about this research. She explained that:

so far it had been possible to look in detail at the pattern of applications and admissions to these courses and of the characteristics of the entrance to the courses. Those admitted in 1969 and 1970 would be followed through to the end of their training and, it was hoped, into the work situation. This was necessarily a long term project and the final results would not be known for some years.

(Panel Minutes 10.3.71/73)

After its 1970 Review the Panel continued to approve new integrated courses (Panel Minutes 14.7.71/75), even though this action went against the view it had expressed in evidence to the Briggs Committee (see page 676), that district nurse training should be post-basic.

In November 1973, the Panel discussed the problems which were being experienced by the integrated SRN/NDN Course held by Warwickshire County Council and Rugby Hospitals. A report from the Director of Nursing Services and Principal Tutor, who were responsible for the scheme, concluded:

the course had not proved a success and they were disturbed that the nurses who had so far qualified as a district nurse were not, in their view capable of taking responsibility for a district. The majority of students were aware of their inadequacies and realised that they were not properly equipped to undertake district nursing without supervision.

(Panel Minutes 21.3.73/85)

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The Department's Nursing Officer suggested that the problems might be overcome if authorities substituted a ten week course of community care experience under the GNC 1969 Syllabus. Since other similar SRN/NDN courses were known to be having similar problems training authorities running this type of scheme were asked to submit evaluations of the courses they had conducted. This was the review which was briefly mentioned earlier, and also included Newcastle Polytechnic's triple qualification course (Panel Minutes 21.11.73/89). The SRN/NDN schemes involved in this evaluation are detailed in Table 6.2 below.

Table 6.2 Integrated SRN/NDN Schemes Approved by the Panel between 1966 - 1971

<table>
<thead>
<tr>
<th>Joint Providers</th>
<th>Date of first Approval</th>
<th>Total Numbers Involved:</th>
<th>Passed NDN Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berkshire CC/Reading Hospitals</td>
<td>May 1968**</td>
<td>45</td>
<td>2</td>
</tr>
<tr>
<td>Kent CC/Medway School of Nursing</td>
<td>Sept 1971</td>
<td>18</td>
<td>-</td>
</tr>
<tr>
<td>Portsmouth CBC/IOH Hospital</td>
<td>Oct 1968</td>
<td>10</td>
<td>1#</td>
</tr>
<tr>
<td>Surrey CC/Frimley Hospital</td>
<td>Sept 1971</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Warwickshire CC/Rugby Hospital</td>
<td>Mar 1969</td>
<td>29</td>
<td>-</td>
</tr>
<tr>
<td>West Suffolk CC/West Suffolk General Hospital</td>
<td>May 1969</td>
<td>(14)</td>
<td>(33**)</td>
</tr>
<tr>
<td>**TOTALS</td>
<td></td>
<td>156</td>
<td>7</td>
</tr>
</tbody>
</table>

Key:  
* = 1 at 2nd attempt  
++ = Course discontinued Sept 1971  
# = 1 withdrew from DN component as unsuitable  
+ = 2 failed SRN so not eligible for NDN Cert  
** = 36 yet to complete DN Training

(Source: Panel Paper PA(73)45)

As indicated above one scheme had been discontinued. Another two considered that they should do likewise. Three thought the period of district nursing should be increased.
One was unable to comment as its students had not yet completed training (Panel Paper 73/45). Having studied the evaluation reports the Panel recommended to the Department, withdrawal of all SRN/NDN integrated schemes "on the grounds that they were not a satisfactory method of training district nurses (SRN)" (Panel Minutes 21.11.73/89). Whilst the Panel wanted the course phased out as quickly as possible it appreciated the need for due regard to be given to existing commitments (Panel Minutes 21.11.73/89). It also asked all the training authorities to consider substituting schemes of community care under the GNC 1969 Syllabus (GNC/Panel Liaison Committee Minutes 29.7.74 and Panel Paper PA(74)12).

In January 1974, the General Nursing Council (England and Wales) accepted the Panel's advice to the Department of Health and Social Security that approval should be withdrawn from Integrated SRN/NDN Courses "as they were not a satisfactory method of training district nurses" (GNC Panel Liaison Committee 27.7.74 and Panel Paper (74)12). The GNC also supported the proposition that the district nursing component should be replaced with community experience and in August 1974 it announced cessation of these schemes (GNC 1974:Circular 74/8/18). In this chapter there have been a number of references to the GNC Syllabus, and in particular its relationship with district nurse training. The next section explains how the "Experience in Community Care" component of the syllabus was developed, implemented and adapted to meet the changing circumstances of the 1970's.

THE GNC's 1969 SYLLABUS: EXPERIENCE IN COMMUNITY CARE:

The introduction of the syllabus:

In the introduction of this chapter mention was made of the fact that the GNC (England and Wales) introduced a revised
syllabus in 1969. The previous syllabus, issued in 1962, was experimental for a period of five years. Fawkes (1970:90-91) describes this development in a succinct manner. By 1969, all hospitals were approved to conduct training based on the 1962 syllabus. However, in 1968, the GNC set up a sub-committee to review the syllabus, following which it approved changes to: the syllabus and record of training; the required clinical experience; the final state examination (GNC:1969 Circular Letter dated April).

The GNC considered that the training should reflect the rising accident rate, the high number of beds needed for patients requiring psychiatric and geriatric care, and that with the increasingly early discharge rate a period of community care should be included.

(GNC 1969:Circular Letter from Registrar dated April - Appended Paper B)

Therefore, in addition to the compulsory nursing experience, student nurses entering training on or after the 1st January 1971, had to include one of the following:

- psychiatric, or geriatric or community or obstetric nursing, whilst those entering training on or after 1st January 1975, must include two of these ie, either psychiatric or geriatric, and either community or obstetric nursing.

(GNC 1969:Circular Letter from Registrar dated April - Appended Paper B)

Regarding the "Aspects of Community Care" elective programme the GNC advised that:

where possible a 12 weeks course for the District Nursing Certificate should be arranged; alternatively, outpatients clinics combined with allocation to health centres and/or a group practice and visits to see the various services in the community.

(GNC 1969:Circular Letter from Registrar - Appended Paper B)
According to the GNC's Registrar "a great deal of careful consideration was given, prior to the publication of the 1969 syllabus, to the practical nursing which should be included in the three year training" (Fawkes 1970:90-91). However, the GNC does not appear to have discussed the implications of the above elective with either the Panel or the local health authorities prior to the announcement of the revised syllabus, but both were quick to appreciate the implications for them.

The Panel's staff calculated that if only one quarter of student nurses opted for the community elective and all were on courses leading to the NDN Certificate this could result in an additional 4,600 candidates annually for the national examination, which would be four times as many as were currently examined (Panel Paper ACTDN/PA(69)20).

Whilst the Society of Medical Officers of Health, whose members had the overall responsibility for their local health authority district nursing and health visiting services, welcomed the GNC's recognition of the importance of community experience in basic nurse training it regretted that "decisions were taken on the new syllabus without prior consultation with those involved in the problems of providing the new training" (The Society MoH's:1970 Paper dated May).

In January 1970, the GNC's Registrar issued a letter which acknowledged the concerns expressed by some medical officers and local health authorities. It stressed that the courses would require joint planning by local authority staff and tutors in the training school, and that the agreement of the local health authority would be required before a scheme could be submitted to the GNC for approval. Additionally, the letter explained that it was likely that only a small proportion of student nurses would be released to gain experience in community care until 1976 or later.
When the Panel considered the GNC's proposals in July 1969, "members were generally agreed that the principle behind the revised syllabus was right but thought the practical implications had not been given sufficient consideration" (Panel Minutes 16.7.69/63). Members discussed whether every student nurse would be suitable for district nurse training and agreed that district nurse training authorities should be involved in the selection of students for the community nursing elective.

In the light of the Panel's experience in considering proposals for integrated schemes which, had all required some amendments, it felt that it would not be able to "recommend blanket approval of all schemes of integrated training ensuing from the GNC revised syllabus" (Panel Minutes 16.7.69/63). The Panel expressed concern regarding the lack of information about the staffing, financial and legal implications of the introduction of the revised syllabus. Some Panel members took the view that if a shortened (twelve week) course of training became the norm this would inevitably result in a down grading of training and the status of district nurses (Panel Minutes 16.7.69/63). The Panel agreed that its concerns should be transmitted to the Department and also its willingness to hold a special meeting to give further consideration to the GNC's proposals (Panel Minutes 16.7.69/63). Representatives of the Department and GNC met during January 1970 and agreed "that wider consultations should be undertaken to establish the implications of the new syllabus and the practicalities of its implementation" (Panel Paper ACTDN/PA(70)6).

The first stage in this process involved a meeting, on the 27th February 1970, with two invited representatives from the Panel, Royal College of Nursing (Public Health Nursing
Administrators Sub-Committee and Public Health Tutors Group), the CTHV, the Society of Chief Nursing Officers, the Health Visitors Association, Association of Hospital Matrons and the Department's representatives (Panel Paper ACTDN/PA(70)6 and Panel Minutes 11.3.70/67). The Panel's representatives reported that:

most of those present were in agreement with the principle of providing community care experience during basic training but those concerned with community aspects were firm in their view that district nurse training should remain post-registration.

... .

There were discussions on the point that "some integrated" 12 week schemes were in existence and the General Nursing Council were told these were under review.

(Panel Minutes 11.03.70/67)

The GNC had asked the various representatives if extended community experience might lead to a reduction in the length or content of post-registration district nurse training, but no conclusion had been reached on this point (Panel Minutes 11.3.70/67). The various organisations resumed discussions with the GNC on 18th March 1970. On this occasion they were joined by representatives from the Society of Medical Officers of Health and local health authorities (Panel Minutes 27.5.70/68).

Whilst the Society of medical Officers appreciated the opportunity of being involved in the discussions it stressed that:

its representatives came away by no means clear as to the thinking behind the original proposals. Nor did they feel the General Nursing Council had differentiated in their mind between a) community experience . . . and b) district nurse training which can only be given under the tuition of selected district nurses and nurse tutors.

(The Society MoH 1970:Paper dated May)
The Society suggested that, all students should receive a minimum of five days observation in community health and social services; the Panel should be asked to consider the adequacy of twelve weeks training within the combined SRN/NDN course; the GNC should reconsider and clarify their proposals for a "community care" option, and then arrange a further meeting with the relevant bodies (The Society MoH's 1970:Paper dated May).

One proposal emanating from the meeting on the 18th March 1970 was that:

where students desired it, part of community experience should consist of a period (possibly 6-8 weeks) including both observation and actual training leading to a remission of say, 4 weeks from the existing 16 weeks post-basic training in district nursing.

(Panel Minutes 27.5.70/68)

Following the March meeting the Department sought the Panel's advice "on whether by selecting from the existing district nurse training syllabus it would be practical to provide such training within basic training and whether they would support students undertaking practical nursing duties under supervision" (Panel Minutes 27.5.70/68). The Panel advised the Department that this was a practical proposition and that such training could lead to a remission of four weeks from the post-basic district nurse training. It stressed that "The syllabus for this training would need to be approved by the Department on the recommendation of the Panel" (Panel Minutes 7.5.70/68). It advised that implementation could be by local arrangement with pilot schemes and that "the Panel would need to be satisfied that the training facilities provided were adequate" (Panel Minutes 27.5.70/68). A nurse Panel member presented a proposed syllabus for the community option which the Panel members agreed "should be used as a basis for discussions between the professional officers of the
Later the author of the syllabus discussed her proposals with the professional officers of the three training bodies and it received approval from the GNC, CTHV and Panel (Panel Minutes 23.9.70/70). The approved syllabus was issued by the GNC (GNC 1971:Circular Letter from Miss M Henry, Registrar dated January and GNC Circular 71/1/61 see Appendix 6.1 for details of these).

At this time Scotland was already providing three weeks public health experience in the basic training syllabus for student nurses and consideration was being given to a revision of the syllabus which would extend this period, eventually to eight weeks. But it was not intended that this provision should replace district nurse training (Panel Minutes 27.5.70/68 and 1.7.70/69).

However, from the above discussion it appears that the GNC (England and Wales) had revised its syllabus without due regard as to the implications which it would have for those who would be involved in the provision of the community nursing experiences.

Once discussions and negotiations had taken place to resolve the concerns and potential problems the Department of Health and Social Security issued Circular 18/70 in December 1970 (see Appendix 6.2) in order to clarify matters. The Circular mentioned that as the experimental integrated SRN/NDN course of twelve weeks duration were under review and remained subject to individual approval by the Secretaries of State "no general reduction from sixteen weeks to twelve weeks in the duration of district nurse training which is undertaken for the Register will be approved" (DHSS Circular 18/70). But it made it clear that where students completed ten weeks community experience which included four weeks whole time district nursing experience "the whole period of ten weeks would count for
remission of four weeks from the standard sixteen weeks training course" (DHSS Circular 18/70). Training schemes leading to remission of district nurse training were to be scrutinised by the Panel and the remainder by the GNC (DHSS Circular 10/70).

**The establishment and evaluation of community care courses:**

In November 1971, prior to the issue of the Circular, the Panel considered the first two applications seeking approval for schemes of community experience incorporating an additional four weeks whole-time district nursing experience. The proposals were from Worcester Royal Infirmary, Worcester City and West Midlands Post-Registration Nurse Training Centre/Wolverhampton LBC. The former was recommended for approval subject to modification of content, whilst the later was recommended, as submitted, for approval (see Appendix 6.3 for details of this scheme) (Panel Minutes 24.11.71/77).

By December 1973, twelve schemes had been approved by the Secretary of State on the Panel's recommendation. For details of these see Table 6.3.
Table 6.3 Schemes of Community Care Experience which led to remission of four weeks district nurse training approved between December 1971 and 1973

<table>
<thead>
<tr>
<th>Scheme</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birmingham CBC (Birmingham AHA)</td>
<td>School of Nursing in the Birmingham area</td>
</tr>
<tr>
<td>Bristol CBC (Avon AHA)</td>
<td>Schools of Nursing in the Bristol area</td>
</tr>
<tr>
<td>Croydon LB (Croydon AHA)</td>
<td>Warlingham Park School of Nursing</td>
</tr>
<tr>
<td>Durham CBC (Durham AHA)</td>
<td>Durham School of Nursing</td>
</tr>
<tr>
<td>Exeter CBC (Devon AHA)</td>
<td>Exeter School of Nursing</td>
</tr>
<tr>
<td>Hillingdon LB (Hillingdon AHA)</td>
<td>Mount Vernon School of Nursing</td>
</tr>
<tr>
<td>Kent CC (Kent AHA)</td>
<td>West Kent School of Nursing</td>
</tr>
<tr>
<td>Leicester CBC (Leicester AHA)</td>
<td>Leicester Royal Infirmary</td>
</tr>
<tr>
<td>Newham LB (City &amp; East London AHA)</td>
<td>Forest Gate School of Nursing</td>
</tr>
<tr>
<td>Teeside CBC (Cleveland AHA)</td>
<td>North and South Tees Schools of Nursing</td>
</tr>
<tr>
<td>Wolverhampton CBC (Wolverhampton AHA)</td>
<td>Schools of Nursing in the Wolverhampton area</td>
</tr>
<tr>
<td>Worcester CBC (Hereford &amp; Worcester AHA)</td>
<td>Worcester Royal Infirmary</td>
</tr>
</tbody>
</table>

(Source: Panel Paper PA(74)28)

Key: AHA = Area Health Authority  
CC = County Council  
CBC = County Borough Council  
LB = London Borough

NB With the 1974 Integration of the Health Service the Area Health Authorities assumed overall responsibility for hospital and community health services.
By June 1974, at the Panel's request, nine of the schemes in Table 6.3 had submitted an evaluation of their first two or three courses. The remaining three schemes had not been in operation long enough to provide a reasonable evaluation, these were at Croydon, Leicester and Teeside (Panel Paper PA(74)28). The most outstanding feature of the evaluations was the lack of comment upon the students' experience in district nursing although courses were considered to be worthwhile as part of the general training of nurses. The advantages for the students were considered to be: a change in attitudes; a shift of emphasis from task orientated to total nursing care; an increased understanding about work in the community and rehabilitation, an appreciation of the problems of patient and family on discharge from hospital; improvement in their standard of nursing care. The disadvantages included: the considerable administrative problems encountered in initiating and maintaining these courses; competition between training and service needs for staff engaged on the courses; too many students having to be accommodated causing clinics to be overcrowded; students experiencing problems in adjusting to a true student role and the informal approach common in the community; students' anxiety about the break in the continuity of their hospital life; students in the early part of their nurse training lacking insight into the problems met in the community; transport difficulties limiting the students' district nursing experience; inadequate outdoor uniform; the demand of students and field staff for support and reassurance from tutors organising the course. The Authorities made the following recommendations:

a) Care should be taken when selecting students for this option

b) Students should not be sent into the community until at least the middle of their second year of training
c) Close liaison should be encouraged between hospital and community
d) In-service training in teaching methods should be provided for staff participating in the scheme
e) Adequate outdoor uniform should be provided (Panel Paper PA(74)28)

When the Liaison Committee of the GNC and Panel met, in January 1974, it decided the six weeks community care experience scheme had not been in operation long enough to be fully evaluated. Although some tutors were evaluating the schemes for which they were responsible (Jackson 1974:59). However, it was felt that a six to eight week secondment was "probably the longest period which could be devoted to the course if large numbers of learners were to benefit from experience in the community" (GNC/Panel Liaison Committee Minutes 29.1.74).

The demise of the elective programme:

The Committee was informed that the Department was providing funding, via the GNC, for Community Liaison Officer posts. The post holders were to be responsible for planning, teaching, allocating and organising the practical work in the community (GNC/Panel Liaison Committee 29.1.74).

The DHSS and Chief Education Officer of the GNC met the Liaison Committee to discuss the expense of community care experience and particularly the cost of travel (GNC/Panel Liaison Committee 29.1.74).

It was also at the January 1974 Liaison Committee Meeting that the Panel expressed its doubts about the value of the four weeks district nursing experience during basic training. In May 1974, the Panel received a letter from the GNC's Chief Executive Officer which said that the
Education Committee of the GNC supported the recommendation of the Liaison Committee that:

experience gained in district nursing during a period of secondment as part of general nurse training should no longer lead to a reduction in the period of post-registration District Nurse Training.

(GNC 1974:Letter from Miss Fawkes, CEO to Mr Matthews, Sec PADNT dated 1st March)

The GNC's Education Committee agreed to advise schools of nursing in June 1974 that community care experience should normally be planned for a six to eight week period. At the same time the period of obstetric training was reduced to eight weeks but mainly because of the falling birthrate. The dissemination of the GNC's advice was delayed until August 1974 when it was issued in the form of GNC Circular 74/8/18. This Circular also announced the cessation of schemes of training allowing four weeks reduction in district nurse training. The Panel appreciated the GNC's action on this matter (GNC/Panel Liaison Committee 16.12.74).

The cost implications of the community experience courses continued to give the GNC cause for concern. Even when the district nursing experience was removed some district nurse tutors continued to be involved in the organisation of the courses and the Department were "anxious to avoid the creation of a specific grade of tutor in this field" (GNC/Panel Liaison Committee 16.12.74). Where courses were held in Colleges of Further Education some local education authorities were having doubts about subsidising them. Apparently this problem was pronounced in the London area due to the tremendous increase in student fees. The GNC had reservations regarding the quality of the practical experience of students attending such courses, therefore it wanted to consider alternative methods of organisation. The GNC wanted to identify the cost of existing courses.
before the numbers of students requiring this experience increased. The increase was inevitable as a consequence of the reduced availability of obstetric experience. The use of Open University resources was seen as one possibility of informing students about working in the Community (GNC Panel Liaison Committee Minutes 3.11.75).

During 1976, the courses continued to develop in a haphazard way with district nurse and health visitor tutors often having to retain the responsibility for the course in addition to their other duties. The GNC established forty-one posts for community care co-ordinators in schools of nursing but by the summer of 1976 only nine had been taken up (GNC/Panel Liaison Committee Minutes 27.7.76). By January 1977, twenty five co-ordinators were in post, but district nurse tutors were still involved and the Panel feared that this commitment might prevent them from giving priority to district nurse training (GNC/Panel Liaison Committee Minutes 20.1.77). The tutors were certainly concerned to ensure that students undertaking community experience were adequately prepared for the Final State Examination, since a high proportion of the questions included some aspect of community care (Dancer et al 1976:Letter to Register GNC and GNC (England and Wales) 1976 Final State Examination for the 7th June). District nurses appointed to the Panel of Examiners for the GNC final examination had to attend a GNC Course for examiners (GNC/Panel Liaison Committee 15.9.72).

Once the district nurse experience was withdrawn from the community nursing experience the Panel's responsibility for the community nursing experience scheme ceased.

In November 1975, the GNC's training Committees, "considered the urgent need to review the context of basic nursing education" (GNC 1976:Annual Report 1975-76). The review included the range of practical experiences and was
conducted by a joint working party of members of the GNC's two training committees (GNC 1976:44 Annual Report 1975-76). In July 1977 the GNC issued a Statement of Educational Policy and a revised syllabus (GNC Circulars 77/19 A and B).

When the GNC commented on the Court Report (1976) it stressed the need to examine the way in which community/home nursing could most effectively be included in basic training. It "believed this should be integrated into various units of experience in preference to a module or number of consecutive weeks" (GNC 1978:Annual Report 1977-78). Integration proved to be the way forward, although further changes to community experience had to be made to accommodate the requirements of the EEC Directives (GNC 1979:Circular 79/24). However, the Panel's original fears about the drastic increase in its work load proved to be unfounded. But it was the Panel's conviction that district nurse training should be post-basic that brought about the withdrawal of support for the ten week course in community nursing experience which included the district nursing component.

CONCLUSION:

The Panel played no part in the formulation of the policy which allowed the development of integrated courses. These were part of a wider programme of experimental schemes which were accommodated under the current legislation governing nurse training.

The high status, triple integrated schemes aimed to attract students of considerable academic ability into the nursing profession, by offering them the opportunity to gain several qualifications within a shorter time span than had they trained for each in a sequential manner. The schemes certainly proved popular and were successful in so far as
they enabled students to gain knowledge and experience applicable to hospital and community nursing. However, they were not successful in supplying practising district nurses. Despite this fact, for a decade, the Panel continued to support these courses. The siting of the courses certainly gave district nursing a foothold in the higher education sector and as a direct consequence increased its credibility within the profession. Eventually the Panel's own policy that the new district nurse curriculum was only suitable as a post-registration course brought about the demise of the triple qualification courses and the district nurse training within integrated nursing degree programmes.

The launching of the integrated post-registration course seemed ahead of service developments, since attachment of local health authority nursing staff to general practices had only just become Government Policy. The aim of the original scheme at Brighton was to produce a Group Practice Health Visitor, the morality of using district nurse training as part of the process is debatable. It certainly reinforced the view that district nurse training was of a lower status than health visiting training. However, at the time the course was launched the possession of both NDN and HV qualifications enhanced career prospects for nurse managers in the community and the Group Practice Health Visitor post was on the bottom rung of the community nursing management ladder.

The dual integrated courses did not have the high status of the triple ones, maybe because they were shorter and organised by health authorities. Before the Panel had a chance to evaluate the first two courses the GNC had issued its revised syllabus which encouraged the proliferation of the dual qualification schemes. However, the Panel, in the light of the feedback it obtained from its review of the courses, could not support this move and asked the
Department to withdraw support from all existing schemes which it agreed to do. The GNC had little choice but to accept this decision. It was during the period when the dual qualification courses were being developed that the GNC in 1971, invited the Panel's Nursing officer to attend liaison meetings between the professional advisers of the GNC (England and Wales), CMB (England and Wales), CETHV whenever district nursing interest were involved (Panel Paper PA(72)14).

The introduction of the GNC's 1969 syllabus appears to have occurred without adequate consultation with all those concerned with putting it into operation. This created problems for the Panel and local health authorities. However, with the aid of the Department the GNC quickly engaged itself in a "damage limitation exercise". This enabled the Panel to play a key role in developing the syllabus for the community experience elective. The Panel also took the initiative in proposing the establishment of a liaison committee between members and officers of the Panel and GNC enabling formal lines of communication to be created to consider the problems associated with the community elective (Panel Paper PA(72)14). The Panel showed inconsistency in supporting the use of a basic nurse training elective to allow remission of post-registration district nurse training, but this development was shortlived.

The cost of the community experience elective and the administrative problems encountered in running the schemes seem to have contributed to its demise. However, the new approach to integrate community experience into the various units of training resulted in all students gaining some insight into community nursing, and this was more in line with the recommendation of the Society of Medical Officer of Health.
### SOURCES OF REFERENCE

<table>
<thead>
<tr>
<th>Source</th>
<th>Date</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brighton College of Technology</td>
<td>1969</td>
<td>A scheme of Education for a Group Practice Health Visitor Incorporating Health Visitor and District Nurse Training Brighton College of Technology: Brighton</td>
</tr>
<tr>
<td>Court Professor (Chairman)</td>
<td>1976</td>
<td>Fit for the Future Report of the Committee on Child Health Services HMSO:London</td>
</tr>
<tr>
<td>Dancer</td>
<td>1976</td>
<td>Letter to Registrar GNC entitled Final State Examination dated 21st June</td>
</tr>
<tr>
<td>DHSS</td>
<td>1969</td>
<td>Circular 13/69 Letter from DHSS signed by E L Mayston addressed to Town Clerk and Clerk of Council entitled Attachment of local health authority nursing staff to general practices dated 17th September</td>
</tr>
<tr>
<td>DHSS</td>
<td>1970</td>
<td>Circular 18/70 entitled General Nursing Council Syllabus addressed to Clerk of Council and of County and Borough Councils etc dated 11th December DHSS:London</td>
</tr>
<tr>
<td>Fawkes B N</td>
<td>1970</td>
<td>The 1969 Syllabus of General Nurse Training in District Nursing, August, pages 90-91</td>
</tr>
</tbody>
</table>
GNC 1969 General Nursing Council Circular Letter entitled 1969 Syllabus of Subjects for Examination and Record of Practical Instruction and Experience for Certificate of General Nursing and changes proposed in the Final Examination dated April Appended Papers Ref 69/413 Paper A, April 1969 Explanatory Memorandum on proposed changes in the syllabus of subjects for Examination and Record of Practical Instruction Ref 69/4/3 Paper B, April 1969 Explanatory Memorandum on changes proposed in the practical nursing experience to be included in the training for the part of the Register for General Nurses GNC:London

GNC 1970 General Nursing Council Letter from Miss M Henry to Medical Officers of Health dated January

GNC 1971 General Nursing Council Circular Letter 71/1/6 entitled Community Experiences in the training of Nurses for the part of the Register for General Nurses signed by Miss M Henry with syllabus attached GNC:London


GNC 1974 Letter from GNC (England and Wales) CEO Miss B N Fawkes to Secretary PADNT Mr Matthews dated 1st May

441
<table>
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<tr>
<th>Year</th>
<th>Document Title</th>
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<tr>
<td>1974</td>
<td>General Nursing Council for England and Wales Circular 74/8/18 dated August</td>
<td>Clinical Experience for student nurses in Training for the General</td>
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<td></td>
<td>entitled Clinical Experience for student nurses in Training for the General</td>
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<td>Part of the Register for the Sick Children's Nurse Requirements for Student</td>
<td>Nurses entering training on or after 1st January 1975</td>
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<tr>
<td></td>
<td>Nurses entering training on or after 1st January 1975</td>
<td>GNC:London</td>
</tr>
<tr>
<td>1976</td>
<td>Final State Examination for the General Part of the Register Monday 7th June</td>
<td>- afternoon paper</td>
</tr>
<tr>
<td></td>
<td>GNC:London</td>
<td></td>
</tr>
<tr>
<td>1977</td>
<td>General Nursing Council Circular 77/19/A entitled Statement of Educational</td>
<td>Policy dated July</td>
</tr>
<tr>
<td></td>
<td>Policy dated July</td>
<td>GNC:London</td>
</tr>
<tr>
<td>1977</td>
<td>General Nursing Council 77/19/B entitled Syllabus of Subjects for Examination</td>
<td>for the Certificate of General Nursing dated July</td>
</tr>
<tr>
<td></td>
<td>for the Certificate of General Nursing dated July</td>
<td>GNC:London</td>
</tr>
<tr>
<td>1979</td>
<td>General Nursing Council Circular 79/24 entitled Training for General Part of</td>
<td>the Register of Nurses. Implementation of the EEC Directives on training</td>
</tr>
<tr>
<td></td>
<td>the Register of Nurses. Implementation of the EEC Directives on training</td>
<td>GNC:London</td>
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<tr>
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<td>GNC:London</td>
<td></td>
</tr>
</tbody>
</table>
GNC/PADNT Liaison Committee Minutes

The General Nursing Council (England and Wales)/Panel of Assessors for District Nurse Training Liaison Committee Minutes for meetings held on

15.09.72
29.01.74
29.07.74
16.12.74
03.11.75
27.07.76
22.11.77

Gibson S 1981
MSc Dissertation

Jackson B 1974
Camden's Community Care Course Option in Nursing Mirror, 2nd August, pp 59-60

Lovett R 1972
Personal Notes of Member of PADNT

PADNT 1976

PADNT 1980
PADNT Bulletin No 17, May PADNT:London

Panel Minutes

Panel Minutes 30.11.66/45
Panel Minutes 25.09.68/58
Panel Minutes 27.11.68/59
Panel Minutes 13.03.69/61
Panel Minutes 29.05.69/62
Panel Minutes 16.07.69/63
Panel Minutes 26.11.69/65
Panel Minutes 11.03.70/67
<table>
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<tr>
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<td>19.05.75/97</td>
<td></td>
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<tr>
<td>23.07.75/99</td>
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<td>16.01.80/NP4</td>
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**Panel Papers**

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<th>Panel Paper</th>
<th>Title</th>
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<tbody>
<tr>
<td>ACTDN/PA(68)13</td>
<td>Integrated Health Visitor and District Nurse Training       Brighton College of Technology September 1968</td>
</tr>
<tr>
<td>ACTDN/PA(70)6</td>
<td>General Nursing Council Syllabus                               January 1970</td>
</tr>
<tr>
<td>PA(70)47</td>
<td>Review of Integrated Courses Report of Visits                 November 1970</td>
</tr>
</tbody>
</table>
Panel Paper

PA(71)11
Brighton Polytechnic - Department of General and Social Studies: Combined Health Visitor and District Nurse Course
March 1971

Panel Paper

PA(71)24
Medway School of Nursing (in conjunction with Brighton County Borough Council) - Integrated SRN/District Nursing Course
June 1971

Panel Paper

PA(72)14
Liaison with the GNC and other nurse training bodies
July 1972

Panel Paper

PA(73)45
Evaluation of Integrated SRN/District Nursing Courses
November 1973

Panel Paper

PA(74)12
Liaison Committee of GNC/Panel
March 1974

Panel Paper

PA(74)28
Evaluation of Community Care Experience under the GNC Syllabus
June 1974

Panel Paper

PA(74)47
Evaluation of Integrated SRN/Health Visitor/District Nurse Schemes
November 1974

Panel Paper

PA(75)34
Diploma in Hospital and Community Nursing
Newcastle-upon-Tyne Polytechnic
July 1975

Panel Paper

PA(80)8
Degree and Integrated Courses
January 1980
The Society of MoH 1970  
Paper by The Society of Medical Officers of Health entitled General Nursing Course Syllabus to GNC dated 15th May

The Times 1962  
Degree Course for Nurses in Training from Scottish Correspondent from The Times 02.01.62
CHAPTER SEVEN

DEVELOPMENTS IN DISTRICT NURSE TRAINING AND EDUCATION FOR THE STATE ENROLLED NURSE

INTRODUCTION:

The Armer Report (1955) stipulated that there was no need for special preparation in district nursing for the enrolled nurse working in the community. This was contrary to the views of the Queen's Institute which, in the early 1960's, developed courses for this grade. Therefore, a situation arose whereby some enrolled nurses received training and others did not.

During the 1960's it became increasingly apparent that enrolled nurses were required to assume varying levels of responsibility in the hospital and community nursing service. In addition, it was noted that some registered nurses, including district nurses (SRN/RGN) were undertaking basic nursing duties that were not commensurate with their qualifications. These two factors contributed to the Standing Nursing Advisory Committee, establishing, in 1966 a Sub-Committee to investigate various aspects of the training and deployment of the enrolled nurse in the National Health Service.

The Sub-Committee took over three years to accomplish this
task and publish its findings (White Report 1971). It delegated the community nursing aspect of its brief to the Panel of Assessors.

The Panel recognised the need for training in district nursing but considered that this could be met, at local level, by the provision of a short course of inservice training. It therefore deprecated the longer course offered by the Queen's Institute. Initially, the Minister accepted the Panel's recommendation's but later rejected these because they were unacceptable to the Institute and other interested bodies. They considered that the Panel's proposals would prevent the establishment of a national standard of training. Therefore the Panel had to reconsider the matter and formulate proposals for a national training scheme, which was eventually implemented in 1970 (DHSS 1970 Circular 8/70) under its auspices.

Eligibility for district nurse training was complicated by the lack of standardisation of enrolled nurse training in the countries of the United Kingdom. This issue involved the Panel in discussions with the relevant statutory nurse training bodies.

The Panel also had to liaise with the General Nursing Council (England and Wales) to validate the integrated courses developed by this organisation in conjunction with the Queen's Institute. Later, when the Panel considered that the integrated course was no longer appropriate it tried to negotiate the phasing out of all such courses but when this failed took unilateral action to discontinue this form of training.

Over the years the Panel showed an increasing commitment to preparation of enrolled nurses, and in the early 1980's it forged ahead, against considerable odds, to ensure the implementation of a new form of training (Carr Report

The remainder of this chapter, explains the above developments in considerable detail. Section two traces the development of the enrolled nurse grade and the preparation for work in an institutional setting. An understanding of this aspect is necessary as a basis for appreciating how the enrolled nurse came to be accepted as a member of the district nursing team and how training evolved for work in the community. Both these aspects are dealt with in section three. The fourth section explains the events surrounding the development and implementation of the 1980 curriculum. Section five, the conclusion, provides a résumé of the proceeding sections.

THE DEVELOPMENT OF THE GRADE OF ENROLLED NURSE AND THE VARIOUS FORMS OF BASIC NURSE TRAINING:

When the Nurses Act of 1919 was implemented many voluntary and municipal general hospitals were recognised as approved general nurse training schools, and others, mainly for long stay patients, were not. The former employed registered general nurses and trainee nurses preparing for registration whilst the latter employed trained nurses and auxiliary workers (Dan Mason Report 1962:11).

The Lancet Commission (1932) considered the advantages and disadvantages of introducing a second, less qualified, grade of nurse who would be eligible for registration, but failed to reach any conclusion. By way of contrast the Report of the Scottish Departmental Committee on Nursing (Alness Report 1938) rejected the idea of establishing a second grade of nurse. However, when the Interdepartmental Committee on Nursing Services, which was established by the Ministry of Health and Board of Education, received evidence it noted:
that a large body of women, varying greatly in age, skill and experience, who are not trained nurses or training for admission to the Register are engaged in nursing the sick and, in so far as they are employed in hospitals or institutions, are usually known as "Assistant Nurses".

(Athlone Report 1939:64)

The Interdepartmental Committee considered that if these Assistant Nurses always worked under trained supervision when employed in the hospital or institution setting then their employment would be a great asset to the community. But it was convinced that the perpetuation of their uncontrolled employment constituted a danger to patients and their care, and tended to lower the status of the whole nursing profession. It therefore concluded that the grade of nurse known as the "Assistant Nurse" should be given a recognised status and placed on a Roll maintained by the General Nursing Council. In addition, the Committee recommended that:

if it should be found that the powers conferred upon Council by the Nurses Registration Act, 1919, are too limited for this purpose, then these powers should be extended by suitable legislation.

(Athlone Report 1939:65)

The Committee stressed the need to determine what qualifications should be required for enrolment and what training in future assistant nurses should receive. It made reference to a two year scheme of training for assistant nurses inaugurated by the Public Assistance Committee of Essex County Council. The object of this scheme was to provide training in the care of chronic sick and senile patients in Public Assistance Institutions (Athlone Report 1939:65-66).

The second World War interrupted the work of the Interdepartmental Committee. Therefore, in 1941, the Royal
College of Nursing set up the Nursing Reconstruction Committee, under the chairmanship of Lord Horder to:

consider ways and means of implementing the recommendations of the Interim Report of the Interdepartmental Committee on Nursing Services and to recommend such further adjustments to the nursing services as the present situation and post-war reconstruction may demand.

(Horder Report 1942:4)

This comprehensive brief included "the control, qualifications, training and employment of the Assistant Nurse" (Horder Report 1942:6). The Committee recommended that the Assistant Nurse be enrolled under the control of the General Nursing Councils. It also proposed that:

nursing be made a "closed profession" its practice, with the exception of Student Nurses in Training, and Assistant Nurses under Instruction, to be limited to State Registered and State Enrolled Assistant Nurses.

(Horder Report 1942:10)

The Nurses Act (1943) empowered the General Nursing Councils to make rules regarding the prescribed training and experience, the approval of hospitals as training schools and the conditions for admission to the Roll of existing assistant nurses (HMSO 1943). By the end of 1946, 24,612 nurses had enrolled with the GNC (England and Wales) (Bendall and Raybould 1969:156). Originally it had been intended to discontinue enrolment by experience in 1948 (Bendall and Raybould 1969:156 and Wood Report 1947:75), but this deadline was only met in Scotland (White Report 1971:4). In Northern Ireland this occurred in 1953 (White Report 1971:5). And enrolment by experience gained prior to 1949 was still possible in England and Wales in 1971 (White Report 1971:11).

In Scotland the Roll was originally established as a
temporary measure to allow practising assistant nurses the opportunity to enrol. The temporary nature of the Roll resulted from the opposition to two grades of Nurse in the Alness Report (1938:15-16) and from elsewhere in the nursing profession. However, by the end of the second World War it became clear that due to the adverse staffing situation the grade of assistant nurse was likely to become a permanent feature of the hospital nursing service. Therefore the Roll was made permanent in 1948 (Dan Mason Report 1962:16 and UKCC 1985 - EPAC Project Paper No 4).

In England, the rules for training for the Roll were published in 1946. The training was of a practical nature, commencing with four weeks in a Preliminary Training School. This period was followed by a year in a hospital for the chronic sick where pupil nurses gained experience in nursing adults and children. Most of the second year was spent in a specialised hospital such as a sanatorium or fever hospital. The theoretical part was examined by short written answers and the practical examination was conducted on the ward where the nurse was already working (Bendall and Raybould 1969:156-157).

In the same year as the rules were issued, the Ministry of Health, Department of Health for Scotland and Ministry of Labour appointed a Working Party to review the position of the nursing profession, with Sir Robert Wood as Chairman. Whilst the Working Party's Report (Wood Report 1947:A2) acknowledged that the nursing services would have broken down in the war years if it were not for the work undertaken by the Assistant Nurse, it was not in favour of perpetuating the grade because it considered that a shorter training of three to six months would suffice without lowering the standard of attainment, and that a training of this length would "hardly justify statutory recognition and use of the title 'nurse'" (Wood Report 1947:78). Therefore the Working Party recommended that:
The Roll should be closed at a given date in the near future, and thereafter to fill the gap, the duties undertaken by Assistant Nurses would be allocated partly to trained staff and partly to the grade of nursing orderly, which we propose should replace the Assistant Nurse.

(Wood Report 1947:78)

In 1948, the whole subject of training for the Roll was discussed by the General Nursing Council (England and Wales). At one point closure of the Roll was considered, but eventually a compromise was reached. The GNC's rules were changed to allow the examinable syllabus of training to be completed in a year, in any type of hospital for the physically ill, provided it had GNC approval as a training establishment. The pupil nurse then had to work for one further year before being enrolled. This system came into operation on the 1st June 1950 (Bendall and Raybould 1969:155).

In 1954, the Report by the Standing Nursing Advisory Committee on the position of the Enrolled Assistant Nurse within the National Health Service, advised the Ministry of Health that there was a place for the assistant nurse in most fields of nursing. This recommendation was made with the proviso that her duties were clearly defined and she worked under the supervision of a registered nurse (Dan Mason Report 1962:14).

In 1956, the Royal College of Nursing issued a Policy Statement which affirmed support for the retention of the grade of assistant nurse. In addition, the document recommended that there should be "an equivalent grade especially trained for mental and mental deficiency hospitals" (RCN 1956:4 - A Statement on Nursing Policy).

In 1961, the term "assistant" was removed from the statutory title (Nurses Act 1961), and in 1964 a new syllabus of training was approved which extended the range
of experience to acute areas of nursing. It also placed emphasis on the promotion of Individual and Communal Health (White Report 1971:3). The examinable syllabus was once again extended to cover the two year period. These moves were intended to give a new impetus to training for enrolment, but the Platt Report (1964:6) considered that since "there was no minimum educational standard for admission to training for the register there was little chance of candidates presenting themselves for enrolment in any numbers".

The introduction of the grade of enrolled nurse into the psychiatric hospitals only occurred in 1964 as a result of a Private Members' Bill, which empowered the General Nursing Council to accept psychiatric experience as qualifying experience for admission to the Roll. By 1967, "there were about 1,200 pupil nurses training in psychiatric hospitals or units; 16,158 had been enrolled by experience and 300 by assessment" (White Report 1971:4). The Nurses Act (HMSO 1966 - Nurses Act) provided, for the first time, the opportunity for enrolment in three different parts of the Roll, namely general, mental illness and mental sub-normality, and the GNC (England and Wales) sub-divided its Roll in this way. The White Report (1971:4 para 3.10) inaccurately records the date of this Act as 1969). In England and Wales the abbreviated titles for the various field of nursing were:

- General - SEN
- Mental Illness - SEN(M)
- Mental Sub-normality - SEN(MS)

In Scotland all nurses, irrespective of their training area used the title SEN. These differing practices were later to create problems, for the Panel of Assessors in determining eligibility for district enrolled nurse training.
In 1964, the same year as the introduction of the grade of enrolled nurse in psychiatric hospitals occurred, the grade of Senior Enrolled Nurse was introduced in general hospitals. Designated posts were filled competitively by state enrolled nurses with a minimum of three years post-enrolment experience. By the 31st December 1968, about 3,100 were employed in this grade (White Report 1971:4).

In November 1966, the Sub-Committee of the Standing Nursing Advisory Committee on the State Enrolled Nurse was set up:

> to investigate the selection, function, training and deployment of State Enrolled Nurses and taking into account the likely manpower situation in the next decade to make recommendations.

(White Report 1971:1)

This remit embraced all enrolled nurses working in the National Health Service whether employed in hospitals or local health authorities' district nursing services.

THE DEVELOPMENT OF DISTRICT ENROLLED NURSE TRAINING DURING THE 1960'S AND 1970'S:

Events leading to the development and implementation of the 1970 Syllabus:

Whilst the vast majority of assistant nurses were employed in the hospital nursing service some worked in the community nursing service (White Report 1971:4). The Queen's Institute permitted the employment of this grade by its affiliated district nursing organisations in the 1940's, but the assistant nurse was always required to work under the supervision of the Queen's Superintendent or a Queen's Nurse and their duties were "confined to the care of the aged, chronic nursing or simple nursing duties" (QIDN 1948 letter from A McMaster General Secretary QIDN to The Secretary Ministry of Health dated 7.1.48). In
Britain, at 31st December 1953, 1,468 enrolled assistant nurses were employed in the home nursing service. However, out of this total only 361 worked full-time on home nursing duties since "the remainder were for the most part engaged as district nurse midwives in county areas" (Armer Report 1955:7).

The Working Party on the Training of District Nurses which was set up in 1953, was asked to consider the training needs of both registered and enrolled nurses prior to their employment on home nursing duties (see page 88). The Working Party's Report concluded that:

There appears to be little difference between the duties of the assistant nurse in hospital and the duties of the assistant nurse in the home. Both work always under the guidance of a registered nurse and for this reason special training for home nursing is unnecessary. But it is desirable that the assistant nurse should be guided in adapting herself to working in the home and we recommend that on entering district nursing she should work for a period under special supervision.

(Armer Report 1955:10)

Since the Queen's Institute had first issued guidelines for the preparation of state enrolled assistant nurses for district work, in 1951, it is not surprising that it chose to disregard the Working Party's viewpoint on training, (see page 80). In 1954, it issued a syllabus for a three month training course in district nursing for these enrolled assistant nurses. (See Gibson 1981:181, and 199 for copies of the 1951 Guidelines and 1954 Syllabus). Early in 1963 the Institute ran five pilot courses of only eight weeks duration. The main criticism of these was that the shortened training period did not allow sufficient time for students to assimilate the theoretical knowledge. Apart from this, the experiment was considered a success. Therefore, in September 1963, the Institute invited local health authorities to provide ten week courses based on its
revised syllabus (see Appendix 7.1), which would lead to a certificate issued by the Institute, rather than to a statement of proficiency as had previously been the case. The Institute was of the opinion that local courses would best suit the needs of the assistant nurse (QIDN 1963: Circular to Local Health Authorities in England and Wales dated September 1963). According to Hockey (1972:145) from 1965 onwards, the Institute approved integrated courses as a means of preparing the enrolled nurse for district nursing. But according to the Panel's records "the earliest of the schemes was approved by the Queen's Institute in 1966" (Panel Paper PA(74)31 Appendix page 2).

By 1970, there were eleven schemes in operation which were validated by the Institute (Panel Paper ACTDN/PA(70)38). Integrated courses were established as a result of GNC approved hospital pupil nurse training schools linking with specific district nurse training centres. Instruction and experience were then incorporated within the basic training programme for the Roll. But as a number of the lecture topics were common to both the GNC's and Institute's syllabus the recommended length of the course was only eight weeks. Even so, some courses allocated a longer period, the maximum being twelve weeks (Panel Paper (74)31). More details of the scheme will be found in Appendix 7.2. Many of the original integrated courses were later validated by the Panel of Assessors, although it eventually discontinued this form of training. In all, a total of 1,031 state enrolled nurses qualified for the Queen's Institute District Nursing Certificate by means of post-enrolment or integrated training (Hockey 1972:147).

In 1965, the Report of a Sub-Committee of the Standing Nursing Advisory Committee (SNAC) on "The use of Ancillary Help in the Local Health Authority Nursing Service" (page 12 paragraph 59) stipulated that "Perhaps as much as 50 per
cent of the home nurse work might be delegated to SEN's, nursing auxiliaries or lay assistants". The Report (SNAC - Sub Committee Report 1965:8 paragraph 31) also stressed that in rural areas which were often staffed by nurses combining the duties of more than one service, it might be possible for a group of such staff to be relieved by an SEN with her own transport. However, it saw the need for such a person to have instruction in district work. But the Report made no reference to other enrolled nurses, working in different contexts, requiring preparation for district work.

In June 1965, the Sub-Committee's Report (SNAC - Sub Committee Report 1965) was circulated to all local authorities in England under cover of Ministry of Health Circular 12/65. The Report and Circular were brought to the Panel's attention in the following March (Panel Minutes 16.3.66/41), but the Panel delayed consideration of these until the July 1966 Meeting when it intended to consider the grade of the enrolled nurse in the community in connection with its five year review of district nurse training. The Panel recognised the fact that the development of a supporting role in the district nursing service might result in the need for some modifications to the syllabus of training for registered nurses (Panel Minutes 20.7.66/43).

When the Panel met in July 1966, the Department's representative drew the members' attention to the fact that whilst the majority of enrolled nurses employed in the district service worked under supervision some "worked mainly or completely on their own" (Panel Minutes 20.7.66/43).

The Panel supported the use of the enrolled nurse in the community and it considered that a ratio of enrolled to registered nurses should be worked out. It also considered that increased use of enrolled nurses and auxiliaries would
be a more cost effective way of running the service. In addition, the use of a skill mix would ensure the specialist skills of the registered nurse were utilised in an appropriate manner (Panel Minutes 20.7.66/43).

The Panel, when considering the training needs of enrolled nurses, made it clear that "training such as the Queen's Institute's ten week State Enrolled Nurse Course was wholly unnecessary and the cost incurred unjustifiable" (Panel Minutes 20.7.66/43). Instead it recommended that "Authorities should provide a four week course of inservice training based on a model syllabus giving minimum training requirements prepared by the Panel" (Panel Minutes 20.7.66/43). Whilst the Panel did not consider an examination to be a necessary part of the course, it did see the need for the award of a local health authority certificate to indicate completion of an approved course of instruction (Panel Minutes 20.7.66/43).

The Panel recommended that the rate of pay for the enrolled nurse in the community should be higher than that for those working in the hospital sector, because the enrolled nurse had more responsibility and was required to use more initiative when working on the district (Panel Minutes 20.7.66/43). This view was at odds with the Armer Report (1955:10). However, in 1966, the Staff Side of the Nurses and Midwives Whitley Council were submitting a claim for financial recognition for enrolled nurses who had received district training (Panel Minutes 20.7.66/43).

The Panel's interim recommendations were conveyed to the Minister. In October 1966, the Panel was advised that these had been accepted, so that it made plans to consider the details regarding training needs of enrolled nurses together with those of registered nurses at its meeting scheduled for November 1966 (Panel Minutes 5.10.66/44). In the event, the second stage of the review had to be
postponed due to depleted Panel membership. This was rescheduled for the January 1967 meeting (Panel Minutes 30.11.66/45). But on this occasion the review had to take second place since the Queen's Institute's intention to withdraw from district nurse training (see page 238) had become known. However, the Panel members agreed it needed to devote time to considering the integration of state enrolled nurses into district nurse training (Panel Minutes 11.1.67/46). Yet there were further delays, for when the Panel met in May 1967, it decided to defer a decision on district nurse training for the enrolled nurse because it was "closely linked to the long term plans for district nursing generally" (Panel Minutes 24.5.67/50) (see page 250).

In February 1968 a Department representative, who had attended the January 1968 meeting of the Sub-Committee of the Standing Nursing Advisory Committee on the Enrolled Nurse (see page 455) advised the Panel that:

It was considered that there was an urgent necessity to formulate a view on training before the Queen's Institute stepped in to fill the vacuum.

(Panel Minutes 7.2.68/54)

Therefore the Sub-Committee requested the Panel "to take over that part of the remit which was concerned with district training of the enrolled nurse" (Panel Minutes 7.2.68/54), and to advise it of its proposals in due course (Panel Minutes 7.2.68/54).

The Panel immediately established a Working Group to undertake this task comprising three Panel members, two of whom were nurses and a medical officer of health who chaired the proceedings. The Panel wanted the Working Party's views transmitted to the Sub-Committee by early May 1967, and, if necessary, it was prepared to endorse
these retrospectively (Panel Minutes 7.2.68/54). In the event this proved unnecessary as the Working Group presented the Panel with its interim report on the 13th March 1968. This Report stressed:

(1) The enrolled nurse should be regarded as a professional colleague of the registered nurse, rather than as her subordinate. But since the enrolled nurse would be working as a member of the team there was no place for the Senior Enrolled Nurse grade on the district.

(2) That training could be accomplished in six weeks including twelve theoretical sessions.

(3) That it was inappropriate for the Panel, or any other national body, to set a national examination and issue a national certificate. Instead it would be for the authority to satisfy themselves, by project or examination, as to the ability of the enrolled nurse and her suitability for district work.

(Panel Minutes 13.3.68/55)

From the Minutes it is not clear if this task would fall to the employing or training authority for whilst some employers would elect to mount courses it was likely not all would choose to do so, preferring to second staff elsewhere for training.

The Panel agreed with and adopted the Working Group's recommendations. It then decided that "the syllabus should be derived from that recommended for the district nurse, adjusted to suit the enrolled nurse's qualifications" (Panel Minutes 13.3.68/55). At this stage it appeared that the Panel was prepared to accept all three enrolled nurse qualifications, ie SEN, SEN(M), SEN(MS) but later this proved not to be the case. The Panel considered that in-service district nurse training for enrolled and registered nurses should be combined where the content overlapped. In addition, whenever possible it should be co-ordinated with
the training of other disciplines. Although the Panel recommended that, when appropriate, the syllabus it was proposing to prepare enrolled nurses for district work "should be included in training for the Roll" (Panel Paper ACTDN/PA (68) 7 page 2).

The Panel's recommended syllabus (see Appendix 7.3) was almost a replica of that issued by the Queen's Institute (see Appendix 7.2). The Panel's syllabus, together with a job description, devised at the Sub-Committee's request, were included as appendices to the Panel's Report. This was presented to the Sub-Committee of the Standing Nursing Advisory Committee on the 14th May 1968. Despite the fact that the Sub-Committee members had reservations about the inclusion of district nurse training in basic training for the Roll they agreed that the Panel's Report "should form part of the basis of their own report in due course" (Panel Minutes 22.5.68/56).

The Sub-Committee's reservation about an integrated form of training being universally adopted sprung from its concern about the administrative problems of arranging this, especially in the London area (Panel Minutes 22.5.68/56). However, the Committee whilst generally satisfied with the 1964 GNC Enrolled Nurse Syllabus recommended an expansion of the section devoted to community care. Even though it foresaw problems in arranging even short periods of secondment for pupil enrolled nurses to the local authority nursing field, it considered such a development to be necessary due to the increasing inter-dependence of hospital and domiciliary services (White Report 1971:9).

Since it seemed likely that the Sub-Committee would not finalise its Report for some time, the Panel decided to make its recommendations about district enrolled nurse training to the Minister in advance of this (Panel Minutes 22.5.68/56). The Sub-Committee had no objections to this.
course of action (Panel Minutes 17.7.68/57). The Panel adopted this approach because it was anxious to avoid further delay in agreement being reached about a national syllabus. By this time a number of local authorities were introducing schemes of training for enrolled nurses and "there were many doubts as to the duration and type of training" required (Panel Minutes 22.5.68/56). It can therefore be concluded that some authorities had decided not to utilise the ten week courses organised by the Queen's Institute.

In May 1968, the Panel made a recommendation to the Minister that local authorities should be given advice on the new national syllabus and encouragement to implement it (Panel Minutes 22.5.68/56). In September 1968, the Panel was advised that the Minister agreed, in principle, with the Panel's recommendations regarding district nurse training for the enrolled nurse. Therefore, as a direct consequence, the Ministry would soon be issuing advice, along these lines, in the form of a Circular to Local Health Authorities (Panel Minutes 25.9.68/58).

Whilst the Circular was in the process of production the Department consulted outside bodies. The Panel Minutes (29.5.69/62) record the fact that:

consultations had commenced (initially with the Queen's Institute) and from this it had become clear that there was considerable support for some means of establishing a national standard. Indeed it would seem that any advice on the subject which did not provide for a national certificate would not be very well received. These were said to be the views of the nursing profession generally.

At this time the National Association for State Enrolled Nurses were pressing for a recognised form of training for district nursing (Panel Minutes 29.5.69/62).
As a direct result of the consultation process the Secretary of State asked the Panel to consider amending its views regarding the matters of a national examination and national certificate. In addition, he asked the Panel if it could take on the extra workload that such an arrangement, if implemented, would entail (Panel Minutes 29.5.69/62). Whilst considering the matter of workload, the Panel was advised that this would not be substantial since there were only "about one-tenth the number of SENs to SRNs employed on home nursing" (Panel Minutes 29.5.69/62). After much discussion, which included consideration of the possibility of SRN's and SEN's sitting the same examination paper but with a lower pass rate for enrolled nurses, the Panel agreed to a separate national examination for SEN's. In addition, it agreed to accept the additional responsibility involved in the administration of a national examination and national certification for enrolled nurses.

The Panel's Working Group on the Enrolled Nurses was reconvened and enlarged to include two district nurse tutor Panel Members. Henceforth it was known as a Sub-Committee and asked to consider the format of the examination (Panel Minutes 25.5.69/62). This Sub-Committee submitted its Report to the Panel in July 1969, and it contained proposals for a separate one and a half hour examination paper, requiring the candidates to answer three out of four essay type examination questions (Panel Minutes 16.7.69/63). This arrangement was considered to have been preferable to a common examination for both grades, since this would have confined the examination of registered nurses to the more limited scope of the enrolled nurse syllabus. The Report recommended that local health authorities be requested to submit questions for possible inclusion in the examination paper (Panel Minutes 16.7.69/63), which was in line with the procedure adopted for the registered nurse examination.
The Report stressed that the Panel should have access to practical assessment records as well as examination scripts. However, it saw no need for the Panel to issue separate advice on the practical assessment of enrolled nurses, since authorities could utilise the guidelines for the assessment of registered nurses which had been disseminated in 1969 (see page 215). The Sub-Committee also recommended that equal weighting should be given to the practical assessment and written examination, but with a lower pass mark of forty per cent for the written paper, compared with fifty per cent for the practical examination.

Another recommendation was that the length of the proposed course be extended from six to ten weeks with eight additional study sessions (Panel Minutes 16.7.69/63). This brought the total up to twenty. Two of these were for the inclusion of new topics namely "sick children" and "psychiatric manifestations". The remaining six allowed more time to be devoted to general principles of district nursing, health, welfare and social services. (See Appendices 7.3 and 7.4 for a comparison of the original and amended proposed syllabi).

The Panel endorsed its Sub-Committee's Report and in July 1969 the Panel was advised that the new proposals had been referred to the Department and Sub-Committee of the Standing Nursing Advisory Committee. But whilst the Sub-Committee had indicated its acceptance of the new proposals these were still under consideration by the Department. However, a Panel member, who also served on one of the Queen's Institute's Committees felt that the new proposals would alleviate the concern that had arisen as a result of the earlier ones (Panel Minutes 16.7.69/63) which, as previously mentioned, had been for a six week, inservice type training. By now the scope of the Panel's proposed syllabus was broader than that used by the Queen's Institute at this time (see Appendix 7.1 and 7.4 for scope
of each).

When the Panel met in November 1969 it was informed that the Department could not release details of the Panel's recommendations until a draft circular advising authorities of these had been the subject of consultation with local authority associations and other interested bodies (Panel Minutes 26.11.69/65). The Department's long awaited Circular (DHSS 1970:Circular 8/70) announcing the arrangements for the training of state enrolled nurses was eventually released on the 4th June 1970 (see Appendix 7.4), just over four years after the Panel had first made a recommendation to the Minister about the need for a national syllabus. The Circular stressed that the new arrangements were being introduced as an interim measure until the recommendations of the Committee on Nursing were available for consideration. It also noted the fact that the Secretary of State had "consulted the Queen's Institute of District Nurses (sic)" and that this organisation had indicated its support for the now temporary arrangements (DHSS 1970 Circular 8/70 paragraph 11). The guidance contained in the Circular together with the appended syllabus were in line with the Panel's recommendations. But the Job description section of the Panel's Working Party Report (Panel Paper ACTDN/PA 68(7) and Appendix 1) (see Appendix 7.3) was not incorporated into the White Report (1971) or DHSS 1970:Circular 8/70).

The Circular made clear the arrangements for in-service post-enrolment training, integrated courses and for retrospective recognition for nurses who had "undergone training under the local arrangements and have been awarded certificates by their employing authorities" (DHSS 1970:Circular 8/70:2). Because the Secretary of State recognised the certificate awarded by the Queen's Institute as equivalent to the proposed national certificate its holders did not require retrospective recognition in the
form of a national certificate (DHSS 1970: Circular 8/70:2 paragraph 11).

When the White Report was published in 1971 it gave support to the new training arrangements. But stressed that:

whilst the need for speedy action made the employment of the Panel appropriate on this occasion, in our view such training schemes should eventually come under control of a statutory body.

(White Report 1971:19)

However, for the meantime, the Panel was responsible for the validation of courses. It soon received a number of requests from local authorities for retrospective recognition for their employees. The Public Health Nursing Officer scrutinised the syllabus and assessment procedures of each scheme submitted and advised the Panel whether or not to grant the National Certificate. The Panel acted in accordance with the advice given and is known to have granted retrospective recognition to schemes organised by:

- Berkshire County Council
- Bristol Borough Council
- Kent County Council
- Leeds Borough Council
- Newham London Borough

(Panel Minutes 10.3.71/73 and 2.6.71/74

Local authorities already approved to provide training for district nurses (SRN/RGN) were not required to seek formal approval to mount courses for enrolled nurses but they were required to notify the Panel of this development. But where existing district nurse training centres were not meeting the needs of enrolled nurses the Secretary of State was prepared to consider alternative proposals. In addition, all local health authorities proposing to run an integrated scheme were required to "submit details of the
district nurse content of the course to the panel of assessors for approval" (DHSS 1970: Circular 8/70:2).

By the end of 1970, "34 theoretical centres and 21 practical training areas in England had notified their intention to proceed with this training" (DHSS Annual Report 1971 (for the year ending 1970:54). In Scotland "3 courses were providing theoretical training in association with 8 local authorities who were providing practical training" (SHHD Report 1971 (for 1970):52).

The Panel recommended that:

where possible appropriate lectures may be shared by the enrolled nurse and registered nurse but the different roles of each will require preparation through separate tutorials.

(PADNT Handbook 1974:4)

This was in accord with the Panel's previously declared policy of the integration of training for these two grades of staff. The Panel allowed integration to occur when there were insufficient numbers of enrolled nurses to justify a separate course. But in addition to separate tutorials, in this writer's experience, the two grades were required to undertake separate written assignments appropriate to their role and syllabus. However, by 1977 the Panel changed its policy and made it clear that the practice of integration must cease, stating that "separate district nurses courses must be planned for registered and enrolled students" (PADNT Handbook 1977:3). It was anticipated that a separation of training would help emphasise the different roles and this resulted in some teaching centres only running an enrolled nurse course at periodic intervals depending on whether the number being recruited was sufficient to make this a viable proposition (Writer's experience). Consequently, some enrolled nurses had to wait several years before they received training for
the role they were already performing.

By 1978, there were an increasing number of situations where the roles of the enrolled and registered nurse were interchangeable. Additionally, there were an increasing number of enrolled nurses with the NDN(E) Certificate who were granted Senior Enrolled Nurse Status under the Whitley Council terms and conditions of service. To qualify they had to have three years in post after gaining the district nursing certificate and to "be directly accountable to the Nursing Officer, rather than to a District Nurse (SRN)" (RCN 1978:1 - Report of Working Party).

The first national examination for enrolled nurses was held in January 1971. At this stage the Queen's Institute ceased its involvement in this area of training (Hockey 1972:149). Although by December 1970 a total of 37 centres had notified their intention to establish a course only 24 entered students for the first examination. A total of 166 candidates sat this on 14th January 1971 (see Appendix 7.5 for a copy of the paper and instructions to examiners). The pass rate was 99.4 per cent. Table 7.1 provides details of the numbers of candidates entering, sitting and passing the national examination for the period 1971 – 1980. From the table it will be seen that the number of centres participating in the examination varied from fifteen to thirty seven. The number of students notifying their intention to enter the examination varied from 89 to 335. On every occasion some did not sit the examination for a variety of reasons such as discontinued training, lack of academic progress, illness etc. The number actually sitting at any one time ranged from 87 to 319 and the pass rate varied from eighty to ninety nine per cent.

In March 1971, the Panel decided that enrolled nurses who were awarded the National Certificate in District Nursing should be eligible to use the abbreviated title NDN(E) and
that training authorities should be advised accordingly (Panel Minutes 10.3.71/73).

Integrated Courses:

The Panel, in assuming responsibility for enrolled nurse training, granted approval to all nineteen integrated schemes which were already operating under the auspices of the Queen's Institute. In order to aid continuity the Queen's Institute was allowed to continue the practical assessment of pupils already in training. However, the Institute was required to discontinue the practice of setting a final practical examination and allocate marks for practice solely on continuous assessment (Panel Minutes 23.9.70/70 and Panel Paper ACTDN/PA (70)38).

The combined method of preparation was obviously gaining in popularity because some local authorities were proposing a new integrated scheme for the Panel's approval (Panel Paper ACTDN/PA (70)38). Between 1971 and mid 1974 approximately one third of all state enrolled nurses who entered the national district nursing examination had followed an integrated course (Panel Paper PA (74)31). In November 1973 the Panel decided to call for an evaluation of all integrated courses. Centres were asked to complete and evaluation form. The results revealed that five of the original nineteen courses to be approved had been discontinued:

one because of administrative difficulties, one because of competition from students gaining community experience under the GNC 1969 syllabus of training for registration and three because of lack of suitable candidates.

(Panel Paper PA (74)31)

Another authority indicated its intention to discontinue training shortly as it considered the course to be
Table 7.1: National District Nurse Enrolled Examination Jan 1971-May 1980

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<th>4</th>
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<th>7</th>
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<td>95.9</td>
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Results of 16th - 29th Examination

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NB Table compiled from results as supplied in PADDN Examination Bulletins Nos 8-18 and PADDN Information and Examination Bulletins Nos 1-12 and PADDN Bulletin 13-18

Key * Inaccurately recorded as results of 10th instead of 11th examination in PADDN Bulletin No 18 page 3
** Precise dates not recorded
• These inaccurate figures are as presented in the 16th edition of the PADDN Information and Examination Bulletin
unsuccessful (Panel Paper PA (74)31). In all seventeen evaluations were received, some from authorities which had ceased training. As far as the district nurse component of the course was concerned ten authorities considered this to have been a success and four thought it a partial success. The length of the component varied from eight to twelve weeks and the majority of authorities arranged this in two parts, usually scheduled towards the end of the first and second years of training. The first period was generally considered to have been of little value because the theory taught was not retained until the final period. Eight authorities considered that once qualified, further supervised experience would be required before accepting full responsibilities in district nursing. However, since enrolled nurses were always meant to work under the supervision of a district nurse (SRN/RGN) this was not seen, by the Panel, to be a major problem (Panel Paper PA (74)31).

Between 1970 and mid 1973 only forty eight of some 800 nurses following these courses entered district nursing after qualification (ie six per cent) (Panel Paper PA (74)31). Therefore this outcome, together with the results of the evaluation exercise caused the Panel to conclude that:

while integrated courses provided valuable experience in community care for pupil nurses they were not a satisfactory method of training district nurses; this would be better provided as post basic training.

(Panel Minutes 24.7.74/93)

The Panel's views were made known to the GNC (England and Wales) through the Joint GNC/Panel Liaison Committee (Panel Minutes 24.7.74/93). When this Committee discussed the matter the GNC's Chief Education Officer said that integrated courses "provide a means of giving pupil nurses community experience which was not otherwise available" (GNC Panel/Liaison Committee Minutes 16.12.74) but as the
Liaison Committee had no executive powers, the Panel’s recommendations had to be put to the GNC’s Education Committee.

By July 1975 the Panel was obviously becoming impatient because a response from the GNC was not forthcoming and so it instructed its Secretary "to remind the Council about their recommendation with a view to early termination of the schemes" (Panel Minutes 23.7.75/99). By November 1975 the Panel was concerned that the GNC had not yet had an opportunity to take action on its recommendations regarding cessation of integrated courses, so the Panel decided to take unilateral action in making a recommendation to the Secretary of State that a definite date should be set for the termination of all such courses with due regard for those already in training (Panel Minutes 19.11.75/101).

When the GNC/Panel Liaison Committee met in July 1976, the members were advised that all but five courses had voluntarily taken steps to discontinue. But as phasing out would take two years the Panel wanted to see approval withdrawn from all courses as soon as possible, and to this end sought the GNC’s co-operation (GNC/Panel Liaison Committee Minutes and Notes for Chairman 29.7.76). In October 1976, the Panel was informed by the Department’s Public Health Nursing Officer that the majority of courses had been phased out. Even so "the GNC were reluctant to make decisions to withdraw approval from the remaining courses" (Panel Minutes 27.10.76/106). Therefore the Panel decided that the GNC should be informed that the awarding of the NDN(E) Certificate based on integrated courses would be withdrawn in two years time. However, in 1977 soon after this, the majority of pupil enrolled nurses were to gain first hand experience of the community nursing service because the GNC (England and Wales) revised the basic enrolled nurse syllabus. This stressed that whilst the majority of practical experiences "will be gained in
hospital... any opportunity should be taken to include some aspects of community care" (GNC (England and Wales) 1977:7 - Training Syllabus Roll of Nurses).

During the period 1971 - 1976 the total number of enrolled nurses who successfully completed either an integrated or post-enrolment course leading to the NDN(E) award was 3,458. The breakdown of this figure for each country in the United Kingdom can be seen in Table 7.2 below.

<table>
<thead>
<tr>
<th>Country</th>
<th>England</th>
<th>Scotland</th>
<th>Wales</th>
<th>NI</th>
<th>United Kingdom</th>
</tr>
</thead>
<tbody>
<tr>
<td>YEAR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1971</td>
<td>360</td>
<td>42</td>
<td>4</td>
<td>-</td>
<td>406</td>
</tr>
<tr>
<td>1972</td>
<td>416</td>
<td>44</td>
<td>15</td>
<td>-</td>
<td>475</td>
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<td>1973</td>
<td>509</td>
<td>56</td>
<td>33</td>
<td>-</td>
<td>598</td>
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<td>1974</td>
<td>590</td>
<td>65</td>
<td>44</td>
<td>-</td>
<td>699</td>
</tr>
<tr>
<td>1975</td>
<td>560</td>
<td>59</td>
<td>40</td>
<td>19</td>
<td>678</td>
</tr>
<tr>
<td>1976</td>
<td>494</td>
<td>71</td>
<td>25</td>
<td>12</td>
<td>602</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2,929</td>
<td>337</td>
<td>161</td>
<td>31</td>
<td>3,458</td>
</tr>
</tbody>
</table>

Source of statistics - PADNT (1976:10) Information and Examination Bulletin No 7, December

District nurse training for the enrolled nurse only commenced in Northern Ireland in 1975 (PADNT 1976:10 - Information and Examination Bulletin No 7 December). The
totals for 1973 and 1976 differ slightly from those in Appendix 3.3 which were obtained from a different source.

The Role of the District Enrolled Nurse:

In 1975, sixty four per cent of enrolled nurses practising in the community nursing service in the United Kingdom held the NDN(E) Certificate, but there was considerable regional variation. For example only twenty four per cent possessed the qualification in East Anglia Regional Health Authority (RHA) compared to eighty one per cent in the North Western RHA (PADNT 1977:9 - Examinations Bulletin No 9 August). Even so, the average percentage, for the United Kingdom showed an improvement when compared to the findings of Hockey's Study published three years earlier. This revealed that only fifty per cent of enrolled nurses, in a survey of 526 drawn from forty seven areas, had received district nurse training (Hockey 1972:x). In addition, this study concluded that:

The use and deployment of SEN's in the district nursing service appears to have little relationship to training and experience.

The responsibility given to SEN's varied considerably between areas and fluctuated with expediency. (Hockey 1972:x1)

As a result of her findings Hockey made a number of recommendations: one of these was that "if SEN's are employed they should undertake tasks for which they are trained"; and another, "that ways should be sought to reduce fluctuations in the responsibility entrusted to enrolled nurses by defining competence on the basis of training and experience" (Hockey 1972:140).

In May 1974, the Chief Nursing Officer for England issued a Circular letter (DHSS 1974:CNO (74)) to Regional, Area,
District Nursing Officers describing the roles of the various nurses in the primary health care service's. Three years later, she followed this up with another letter (DHSS 1977:CNO (77)8) which provided further clarification on roles. This made it clear that the district nurse was the leader of the nursing team. And that in this capacity:

the District Nurse delegates tasks as appropriate to SEN's who can then have their own caseload, but who remains wholly accountable to the District Nurse for the care they give to patients.

(DHSS:1977 - CNO Circular 77/8:2 para 4.3)

In a footnote to the Circular the point was made that whilst District Nurse was the Whitley Council title increasingly Authorities were using the term "District Nursing Sister" (DHSS 1977:CNO Circular 77/8:2).

In 1978 the SHHD published a report entitled "District Nursing in Scotland". This gave the titles of District Nursing Sister to the registered nurse with a district nurse qualification and District Nurse to the enrolled nurse with appropriate training in district nursing (SHHD Report 1978:9). Whilst this Report acknowledged the skills of the enrolled nurse in a wide range of procedures, it insisted that this grade should not carry independent responsibility for a caseload. In addition, it stressed that the enrolled nurse should not act up for a district nursing sister in being solely responsible for determining the total needs of the patient and family on initial or subsequent assessment. The Report also made it clear that the enrolled nurse's daily programme should "be selected by the district nursing sister who would retain ultimate responsibility for nursing care" (SHHD Report 1978:16). Both the above mentioned publications stressed the accountability of the enrolled nurse to the registered nurse, and the fact that it was the registered one who
assessed the need for nursing care. But in England it was acceptable for the enrolled nurse to have a delegated caseload of patients. This view was in line with the recommendations contained in the job description produced by the Panel's Working Party on Enrolled Nurse Training in 1968 (see Appendix 7.3). The conflict of opinion between two Government Departments regarding the role of the enrolled nurse has been highlighted since both supported the national syllabus which operated throughout the United Kingdom.

Eligibility for district nurse training:

Besides the difference of opinion which arose on what an enrolled nurse with a district nursing certificate could do, there were also problems regarding the type of experience required prior to commencing district nursing training. The DHSS Circular 8/70 made no reference to the type of experience an enrolled nurse needed to have prior to commencing district nurse training. Yet it will be recalled (page 454) that the GNC's (England and Wales) Roll was sub-divided into three parts.

In March 1971, the Panel considered whether:

a state enrolled nurse employed in the home nursing service who was on the mental part of the Roll only was eligible to take district nurse training.

(Panel Minutes 10.3.71/73)

It decided that "for the time being district nurse training should be restricted to SEN's on the general part of the Roll" (Panel Minutes 10.3.71/73). The Panel reached this conclusion on the grounds that "district training of state registered nurses was restricted to those on the general register" (Panel Minutes 10.3.71/73). But the Panel decided that the matter could be reconsidered as part of
the proposed review of the syllabus (Panel Minutes 10.3.71/73). No reference to the review appears in the Panel Minutes. However, just over three years later the Panel reinforced its earlier decision when it:

advised training authorities that the training of enrolled nurses should be restricted to those who had received training equivalent to that required for entry to the General Part of the Roll of the GNC for England and Wales.

(Panel Minutes 24.7.74/93)

The GNC (England and Wales) supported this position (Panel Minutes 24.7.74/93).

Around this time the Panel's first Handbook was probably in preparation because this was published in the Autumn of 1974. This explained that district nurse training was:

open to enrolled nurses employed in the home nursing service whose name appear on the General part of the Roll of the General Nursing Council for England and Wales, on the Roll of the General Nursing Council for Scotland and who have trained at a general hospital or on the Roll of the Northern Ireland Council for Nurses and Midwives.

(PADNT Handbook 1974:2)

In July 1974, the Panel first became aware of and considered a proposed circular letter which was to be issued by the SHHD to the Health Boards in Scotland. This explained that hitherto the enrolled nurses who had undertaken the major part of their training in fields other than the general field had not been eligible for district nurse training. But now all enrolled nurses were eligible because there had been a reduction in geriatric experience and increase in basic nursing experience (Panel Minutes 24.7.74/93). In addition, the proposed circular also confirmed that the registered fever nurses were eligible for district nurse training (Panel Minutes 24.7.74/93). Later, more will be said about the position of the
registered fever nurse. Panel members expressed concern about the proposals "which appeared to be in the nature of a fait accompli" (Panel Minutes 24.7.74/93).

Even though, at this stage, the Panel appeared to be coming round to its original view that if nurses trained in fields other than general received six months post-enrolment training in a general hospital they would then be eligible for district training, they did not communicate this view to the SHHD. Instead the Panel informed this Department that in connection with the proposed circular:

they were unable to express an opinion on these proposals without further information about the implications for district nurse training. They also wished to express their concern at what appeared to be unilateral actions by the Department on matters affecting district nurse training.

(Panel Minutes 24.7.74/93)

By way of response, in November 1974, the SHHD requested a meeting of their representatives and those of the Panel and GNC for Scotland. The Panel decided to be represented by two of its district nurse tutor members (Panel Minutes 20.11.74/95) who were advised that all enrolled nurses in Scotland now followed a common syllabus. And even though experience during training could be obtained in a range of different types of hospitals all pupils gained at least two months general nursing experience and a further two months in either geriatric or chronic sick nursing. Therefore, the General Nursing Council (Scotland) considered all enrolled nurses to be equally qualified to work in the general or psychiatric field. The representative of the SHHD pointed out that it was these developments that had led to the decision that all enrolled nurses trained in Scotland should be eligible for district nurse training (Panel Minutes 19.3.75/97).
The Panel, on receipt of the report of the above meeting agreed that:

a) Whilst wishing to maintain a common standard, the special needs of Scotland should be recognised and enrolled nurses trained under the new arrangements should be eligible for district nurse training

b) Selection should be made by the tutor in consultation with the appropriate nursing officer

c) Candidates should have gained at least six months general nursing experience (inclusive of experience gained during training)

d) All candidates would be required to satisfactorily complete a probationary period of one month as a pupil district nurse

(Panel Minutes 19.3.75/97)

The Panel had to deal with a range of enquiries from enrolled nurses regarding their eligibility to undertake the district enrolled nurse training and it decided to consider on an individual basis the cases of nurses who had enrolled by experience rather than assessment (Panel Minutes 24.7.74/93).

The situation regarding the Registered Fever Nurse (RFN) who wished to undertake district nurse training created problems for the Panel. Originally the Panel advised training authorities that nurses holding only the RFN qualification should not be accepted for the enrolled district nurse training. This decision had been based on the advice of the GNC (England and Wales) that RFNs could not be recognised as SENs since one course of training could not count for two different purposes (Panel Minutes 24.7.74/93).

Initially, the Panel adhered closely to this policy
because, in 1972, a RFN was inadvertently allowed to undertake the district nurse training course, but on successful completion the Panel refused to award her the NDN(E) Certificate. Instead they recommended that her employing local authority should issue one (Panel Paper PA(76)18).

The GNC (Scotland) and Scotland's Health Boards regretted that RFNs were not eligible for district nurse training upon what appeared to be a mere technicality. They made their views known to the Panel via the SHHD (Panel Minutes 19.3.75/97). The Panel having considered this viewpoint and taken cognisance of the fact that since the Register for Fever Nurses had been closed for seven years [2] there was only likely to be a small number of RFNs entering the district nursing service and requiring training agreed, in March 1975, that:

a) RFN's should be eligible for district nursing

b) Because of the small numbers involved, applications should be considered individually

c) Selection should be made by the tutor in consultation with the appropriate nursing officer and with reference to the Panel if necessary

d) If the experience was not considered adequate, the tutor should decide what further experience was required

e) The existing Whitley Council agreement would need amending to enable the district trained RFN to receive the qualification allowance payable to the district enrolled nurse and the Panel's recommendation on this matter should be passed on to the Whitley Council for their consideration

f) After success in the National Examination for enrolled nurse RFN's should be awarded NDN(E)

(Panel Minutes 19.3.75/97)
The writer had not been able to ascertain whether the Panel consulted the DHSS and GNC (England and Wales) before reversing its original decision. If it did not it too could have been open to the criticism of taking unilateral action in determining policy.

The Panel's decision was conveyed to training authorities as a recommendation which read:

the Panel now recommend that registered fever nurses employed as state enrolled nurses in the home nursing service should be eligible for district nurse training. Candidates whose post-registration experience is limited may be recommended to undertake additional supervised practice.

After success in the national examination for state enrolled nurses, registered fever nurses will be eligible for the award of the NDN(E) Certificate. A registered fever nurse who is employed in domiciliary nursing shall be paid an allowance of £66 per annum in addition to her salary on the scale for a state enrolled nurse.

(PADNT 1975:1 -Information and Examination Bulletin No 4 December)

It was left to the teaching centres to decide whether RFN's had sufficient experience in general nursing to proceed to district nurse training (PADNT Handbook 1977:2).

Soon after the above announcement was made the district nurse tutor who had been responsible for the training of the RFN who was denied a national certificate, requested that this be awarded retrospectively, and it was. Her certificate was dated 6th May 1976 as this was the date of the first occasions when RFNs were eligible to enter the national examination (Panel Minutes 21.7.76/105). Some holders of the NDN(E) qualification later undertook a shortened registered nurse course and then proceeded to undertake the district nurse course for registered nurses in order to gain the NDN Certificate. But before
commencing their second district nurse training they wanted to know if they would be eligible for a reduction in training time. The Panel decided against this on the grounds that it might not be in the best interest of the students and because time was needed to assess the outcome of the NDN(E) Courses (Panel Minutes 22.3.72/79).

In addition, there was one case of an enrolled nurse who proceeded to an integrated registered nurse/district nurse course. She failed the SRN examination but passed the NDN one. Under the circumstances the Panel decided to award her the NDN(E) certificate (Panel Minutes 23.7.75/99 and Panel Paper PA(75)32).

These various examples of enquiries regarding eligibility for district enrolled nurse training and certification serve to illustrate that it was the Panel, rather than its officers, that reached the decision on these matters.

THE DEVELOPMENT AND IMPLEMENTATION OF THE 1980 CURRICULUM:

The updating of the 1970 district enrolled nurse syllabus is closely linked with developments in district nurse training for registered nurses. When the Panel's Working Party on the Education and Training of District Nurses (SRN/RGN) presented its Report to the Panel in February 1976 it recommended that "The district training of enrolled nurses should be reviewed" (Panel Minutes 11.2.76/102). The Panel endorsed this recommendation (Panel Minutes 11.2.76/102) and incorporated it into the Report it prepared as a sequelae to the Working Party's Report. This read:

Many of our recommendations have implications for the education and training of the enrolled nurses in the community. There is an urgent need in our opinion for a working party to be established to consider the education and training of the enrolled nurse and we recommend accordingly.

(Panel Report 1976:7 paragraph 11.1)
In June 1977, the Panel's Secretary advised Panel members that he had referred the matter of the Working Party to the DHSS "with suggested terms of reference and their reaction had been favourable" (Panel Minutes 27.4.77/109). And that as a direct result of this positive response he had written to the other Health Departments along similar lines and requested an early reply. The members agreed that if favourable replies were forthcoming the Secretary should proceed with setting up the Working Party (Panel Minutes 27.4.77/109).

When the Panel met in July 1977 the Secretary reported that the four Health Departments had agreed to the establishment of a Working Party with the following terms of reference:

To devise an improved syllabus or curriculum for the district training of the enrolled nurse without prejudice to the implementation of the Briggs Report on Nursing.

(Panel Minutes 6.7.77/110)

The limitation regarding the Briggs Report (1972) was identical to that imposed on the Panel's Working Party which reviewed district nurse training (Panel Report 1976) (see page 306). This Report (1972:79) recommended a single route of entry leading to a Certificate of Nursing Practice after eighteen months with the possibility of proceeding to registration. And if such a system had been implemented it would have affected the arrangements for post-basic training for registered and enrolled nurses.

The Panel was advised that the review of enrolled nurse training would include a study of the method of student assessment (Panel Minutes 6.7.77/110).

The Working Party, set up by the Panel in July 1977, comprised eleven members, four of whom were drawn from the Panel. (See Appendix 7.6 for more details of membership).
Mr Anthony Carr chaired the Working Party. He had previously chaired the one on district nurse training (see Appendix 5.5).

The Panel expected the Working Party on District Nurse Training for the Enrolled Nurse to complete its task within twelve months (Panel Minutes 6.7.77/110). But the assignment took twenty months to complete and during this time the Working Party met on twelve occasions. It sought and analysed written evidence from 127 sources. These included professional associations, statutory nursing bodies, health authorities and the Health Departments (Carr Report 1980:1). Anyone interested in submitting written evidence was invited to do so through means of an advertisement in the nursing press (Panel Minutes 10.9.80/NP8). Later the Confederation of Health Service Employees (COHSE) wrote to the Panel expressing its concern at not having been invited to submit evidence. The Panel responded by drawing COHSE's attention to the advertisement (Panel Minutes 10.9.80/NP8). There were only three responses from individuals, of whom all were doctors (Carr Report 1980:33).

Initially the Working Party attempted to work within its terms of reference, but as the work progressed it realised that the training and education of enrolled nurse raised a number of important issues which were outside of these, so that it decided to deal with these as well. When the Working Party presented its Report (dated April 1979) to the Panel in September 1979 it was in two parts (Carr Report 1979), differentiating between the recommendations within and outside of the Working Party's terms of reference (Panel Minutes 19.9.79/NP2); Part I contained the former and Part II the latter.

On this occasion the Panel decided to confine discussion to the first part only. This was due to the time constraint
imposed by the many other pressing issues which were competing for its attention. Under the circumstances it was fortunate that only one of the recommendations in Part I proved to be contentious, which was that enrolled nurses holding the NDN(E) Certificate would be given the opportunity to obtain the new qualification by part-time day release or evening study (Carr Report 1979:12). The Panel considered that this proposal was unrealistic, on the grounds that if the idea was implemented it would establish a precedent within the nursing profession that whenever a new training was introduced existing qualified staff would be required to be retrained (Panel Paper PA(79)57).

Panel members were asked to submit written comments on Part II of the Report, in readiness for the discussion scheduled for November 1979 and six of the sixteen members did so (Panel Paper PA(79)57). The written comments highlighted the problems which might occur if a recommendation to demonstrate the difference in the academic level of the new courses for district nurse and district enrolled nurse was to be implemented. This proposed that:

(i) Registered Nurses qualifying from 1981 onwards be awarded a National District Nursing Diploma

(ii) Enrolled Nurses, if the new course were to be approved, be awarded a National District Enrolled Nurse Certificate (NDEN Certificate)  

(Carr Report 1979:13 paragraph 15.3)

The Panel rejected the idea of introducing the award of a Diploma for registered nurses on two counts. Firstly, that the Report which it issued in 1976 recommended a new course for registered nurses leading to the award of a National District Nursing Certificate (NDN Cert). Secondly, because
many qualified nurses were already concerned that the new form of training for registered nurses might cause their NDN certificate to be undervalued (Panel Paper PA(79)57). If the course was to lead to a diploma rather than a certificate it is might heighten their anxiety. However, the Panel did agree to the proposed nomenclature for the award for enrolled nurses (Panel Minutes 9.11.79/NP3).

Overall, the Working Party's Report came out of the Panel's discussion relatively unscathed and consequently only minor amendments were made to the text. Once this had been accomplished the Panel "agreed that the Report should be submitted to the four Health Departments advising them that the Panel would hope to publish the Report as soon as feasible" (Panel Minutes 7.11.79/NP3). Two months later, in January 1980, the Panel decided that:

rather than the SEN Report to read as a report of the Panel, as had been done with the SRN/RGN Report, the SEN Report should be issued as the work of the Working Party, fully endorsed by the Panel, in a Preface addressed to the Health Departments.

(Panel Minutes 16.1.80/NP4)

More will be said about the Preface later.

The Carr Report (1980) made it clear that the SEN/NDEN was not an independent practitioner and it defined the role and function thus:

The state enrolled nurse is a member of the district nursing team. She is accountable to the district nurse (SRN/RGN) for carrying out part or all of the nursing care programme for individual patients and their families, recording her findings and reporting back to the district nurse (SRN/RGN).

(Carr Report 1980:3)
This Report therefore re-emphasised the issue of accountability as stressed in previous publications issued by the DHSS and SHHD (see pages 475 and 476).

The Carr Report stressed that in order to be eligible for training:

All students should have their names currently on the General Roll of Nurses maintained by the General Nursing Councils or the Northern Ireland Council for Nurses and Midwives.

(Carr Report 1980:6)

The above statement was technically inaccurate because the Roll was not sub-divided in Scotland and Northern Ireland and neither country possessed a General Roll. In fact there was not a General Roll for England and Wales but one Roll sub-divided into three parts of which one was for general nursing. However, despite this oversight, confusion was avoided because the Report later explained that:

It should be noted that in Scotland and Northern Ireland, because the Roll of Nurses is not sub-divided, any nurse who has experience at basic training level in mental or mental subnormal nursing only (mental deficiency in Scotland) must in addition produce evidence of at least two years suitable experience in general nursing since qualification in order to be eligible for consideration.

(Carr Report 1980:7 paragraph 7.3)

However, this category of nurse was not being penalised because nurses whose names were on the general part of the GNC's (England and Wales) Roll and those in Scotland who had gained experience in basic training in the general field of nursing were also required to show evidence of two
years post-enrolment experience in general nursing (Carr Report 1980:7 paragraph 7.3). But, as with the 1970 district nurse training regulations for enrolled nurses, those nurses on the mental or mental deficiency part of the GNC's (England and Wales) Roll were still excluded from district nurse training.

The Carr Report (1980) recommended a sixteen week course based on an outline curriculum. Learning outcomes were to be assessed by means of:

- project work
- continuous assessment of Course Work
- Continuous assessment of Supervised Practical Work
- a two hour end of course examination paper, prepared by the Panel, on the principles and practice of district nursing

A summary of the Carr Report's recommendations and outline curriculum will be found in Appendices 7.7 and 7.8. Table 7.3 provides a summary of the main differences between the 1970 syllabus and the new proposals. From this it will be seen that the scope of new proposals increased the education provision for state enrolled nurses.

In March 1980 the Panel was advised that the four Health Departments had agreed to issue the Carr Report (1980) to the nursing profession and Health Authorities and that "it was hoped to send out the Report within the next few weeks" (Panel Minutes 12.3.80/NP5). At this stage the members of the DHSS Nursing Division asked for some amendments to be
made to the Report but the Panel made it clear that at this time only very minor ones could be permitted (Panel Minutes 12.3.80/NP5 and Panel Paper PA(80)19). Two of the proposed amendments had manpower implications. One was that in the absence of the district nurse (SRN/RGN) to whom the state enrolled nurse was accountable another district nurse (SRN/RGN) would be available. But the Panel adhered to the original text which was that "another district nurse will undertake the supervision of the state enrolled nurse" (Carr Report 1980:3 paragraph 3.3). The other requested change was that instead of "should normally be responsible for not more than two subordinate staff" (Carr Report 1980:11 paragraph 16) the district nurse (SRN/RGN) "should normally be responsible for not more than the whole-time equivalent of 2 subordinate staff" (Panel Paper PA(80)19). This is an example of the Department trying to influence staffing arrangements and the Panel refusing to be moved on this matter.
<table>
<thead>
<tr>
<th>Aspect</th>
<th>DHSS Circular 8/70</th>
<th>Carr Report 1980</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Length</td>
<td>10 weeks</td>
<td>16 weeks</td>
</tr>
<tr>
<td>2) Ratio of Theory/Practice</td>
<td>1/4:3/4</td>
<td>2/3:1/3 approximately</td>
</tr>
<tr>
<td>3) Course Content</td>
<td>Prescribed Syllabus</td>
<td>Outline Curriculum allowing for flexibility</td>
</tr>
<tr>
<td>4) Assessment</td>
<td>i) 1½ hour National Examination based on syllabus</td>
<td>i) 2 hour National Examination on Principles and Practice of District Nursing</td>
</tr>
<tr>
<td></td>
<td>ii) Continuous Assessment of Practice</td>
<td>ii) Care Study or Project - Internally assessed/externally moderated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>iii) Continuous assessment of Course Work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>iv) Continuous Assessment of Supervised Practical Work</td>
</tr>
<tr>
<td>5) Methods</td>
<td>Modern Methods recommended and advice that formal lectures be kept to a minimum</td>
<td>Teaching Centre free to propose teaching methods</td>
</tr>
<tr>
<td>6) Status</td>
<td>Inservice Training</td>
<td>Full-time Student</td>
</tr>
<tr>
<td>7) Training Arrangements</td>
<td>Temporary in nature</td>
<td>Permanent but to be reviewed three years after being implemented</td>
</tr>
</tbody>
</table>
The final version of the Report was circulated, with a covering letter from the Panel's Secretary (Panel Circular Letter Ref CP/4 11.6.80), to the Regional and Area Nursing Officers, District Nurse Training Centres and the Director of the Northern Ireland Council of Nurses and Midwives. The latter was responsible for district nurse training in the Province.

The covering letter and the Report's preface, written by the Panel's Chairman gave contradictory information. The letter said the Panel would not wish to undertake preparation to introduce the new training for enrolled nurses until the new courses for registered nurses were well established. But the preface explained that the Panel would like to see a start made in planning the proposed courses as soon as possible after the commencement of the District Nurse Courses for Registered Nurses in the Autumn of 1981. The preface made reference to the fact that the Panel recognised the need for wide consultation with health authorities and other interested bodies and that financial constraints within the National Health Service might inhibit many desirable developments. In contrast the letter said the Panel was not seeking comments on the Report which had been submitted to the four Health Departments for their consideration. The reasons for this conflicting advice was political expediency. Whilst the Panel records do not bear this out the writer, a Panel member at this time, knows this to be the case. Had comments been invited then time would have had to be allowed for receipt of these and inevitably this would have delayed implementation. As the Report was distributed for all concerned to consider its implications it was anticipated that some Teaching Centres might wish to
implement some, if not all, of its recommendations in the near future. This is exactly what happened.

The UKCC's Working Group Three Consultation Paper entitled "Education and Training" (UKCC 1981) proposed a single grade of nurse. In response the Panel expressed concern that the removal of the enrolled nurse grade would be detrimental on two counts: it could result in a reduction in the academic ability of those selected for nursing, because the entry gate for one grade would need to be widened to obtain sufficient recruits; it would result in the loss of a valuable asset to the service. The Panel made it clear that where enrolled nurses were used appropriately, as was the case with the district enrolled nurse, they had a useful role to play (Panel Minutes 9.3.82/NP17).

Understandably Working Group Three's Paper revoked considerable anxiety amongst practising enrolled nurses (see for example ENB 1983:Consultation publication "The End of the beginning" September 1980 - 1983 Section 2). As a direct consequence of the UKCC's paper the Panel received numerous enquiries "about the position of the enrolled nurses within the district nursing service and their future preparation and training" (Panel Circular Letter from PPO dated 8.6.82 ref PAC/82/4). By way of response in June 1982, the Panel issued a Circular Letter to all responsible for district nurse training which made reference to the role of the district enrolled nurse contained in the Carr Report (1980) and advised that:

Courses are planned to prepare the enrolled nurse to fit this role which the Panel envisage will continue for the foreseeable future.

(Panel's Circular letter from PPO dated 8.6.82 ref PAC/82/4)
The letter suggested that tutors and managers continue to plan on this basis, but stressed the arrangements were without prejudice to any long term decisions which might be made by the UKCC and National Boards. It went on to explain that:

with few exceptions courses for enrolled nurses are sited alongside those for district nurses and are planned by district nurse tutors in accordance with the guidelines contained in the report. This arrangement is endorsed by the Panel and it is expected that all teaching centres will develop in the same way. Such arrangements will ultimately facilitate changes in the examination system to one of locally, teaching centre based examinations planned and organised in a similar fashion to those for district nurses.

(Panel Circular Letter from PPO dated 8.6.82 ref PAC/82/4)

The Panel letter ended by indicating that in the light of current developments in training it planned to review all programmes for district enrolled nurses. In August 1982 the Panel asked its Education Committee to conduct the review which was considered necessary because the majority of district enrolled nurse courses were located in colleges of further or higher education rather than in health authority premises and because the content of many courses had already been developed, by tutors, in line with the guidelines contained in the Carr Report (1980). Consequently many colleges were requesting formal approval of courses by the Panel. Tutors were also requesting that courses for enrolled nurses should change from an external to an internal examination in order to be in line with the District Nurse (SRN/RGN) Examination procedures (Panel Paper PAE (82)29 and Panel's Education Committee Minutes
The Education Committee considered that "if teaching centres wished to change to the internal examinations there would need to be a review of the entire course" (Panel Education Committee Minutes 20.8.82). However, the Committee emphasised that the new arrangements should be without prejudice to those wishing to continue with external examinations (Panel Education Committee Minutes 20.8.82). The Panel concurred with the idea of changing to internal examinations despite the fact that just two years previously it had supported the recommendation, contained in the Carr Report (1980: 8 paragraph 10.1) for a national end of course examination.

The review (Panel Paper PAE (82)21) revealed that of the thirty-five teaching centres currently mounting courses all but two were organised alongside a district nurse (SRN/RGN) course. Seventeen of the courses were located in Institutions of Higher Education, of these three were in Universities namely Cardiff, Hull and Surrey and only three were in the further Education Sector. The duration of the enrolled nurse courses varied from ten to sixteen weeks, with fifty-four per cent at the upper limit. See Table 7.4 for precise details.

<table>
<thead>
<tr>
<th>Length of Course in weeks</th>
<th>No of Courses</th>
<th>Percentage of Courses</th>
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<tr>
<td>10</td>
<td>2</td>
<td>5.7</td>
</tr>
<tr>
<td>12</td>
<td>10</td>
<td>28.5</td>
</tr>
<tr>
<td>14</td>
<td>2</td>
<td>5.7</td>
</tr>
<tr>
<td>15</td>
<td>2</td>
<td>5.7</td>
</tr>
<tr>
<td>16</td>
<td>19</td>
<td>54.2</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>99.8</td>
</tr>
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</table>

Source of information - Panel Paper PAE (82)21

Whilst the academic level of courses based on the 1970
Enrolled Nurse Syllabus was not commensurate with the higher education sector most institutions had accepted the enrolled nurse course as part of the overall package relating to district nurse education and training because, in a number of instances, the enrolled nurse courses were part of a financial deal which had been agreed between an academic institution and one or more health authorities. It would not have been cost effective for health authorities to employ district nurse tutors for the sole purpose of running courses for enrolled nurses.

Queen Margaret's College in Edinburgh and Hull University were the first teaching centres to seek permission to hold internal examinations for enrolled nurses. They approached the Panel in the Spring of 1982 (Panel's Education Committee Minutes 11.6.82). By September 1982 the Panel had received similar requests from many other centres. But at this stage it was advised, by representatives of the Health Departments, that it would not be a feasible proposition to implement the recommendations of the Carr Report (1980) due to the impending change over to the new statutory bodies (see page 730). Nevertheless the Panel chose to disregard this advice and insisted that if Teaching Centres wished to change to internal examinations there would need to be a review of the entire course (Panel Minutes 8.9.82/NP20). Guidelines were prepared by the Panel's officer on the action teaching centres needed to take in readiness for the review of their course.

The Panel's Principal Professional Officer (PPO) sent a circular letter dated 15th November 1982 (ref PAC/82/8), to all Teaching Centres, Regional, District and Chief Nursing Officers. This explained that the letter was being issued in response to the request for guidance on enrolled nurse courses and, in particular on ways of introducing a local system of examinations. The letter advised Teaching Centres wishing to proceed in this way of the action they
needed to take (see Appendix 7.9 for full text). The action had three stages. Firstly to obtain guidelines from the Panel. Secondly to give notice of intention to submit a proposal, at least six months prior to the intended date of commencement of the course. Thirdly to ensure that the submission reached the Panel at least three months prior to the proposed starting time. The letter reiterated a point made in the previous PPO Circular (PPO Circular letter 8.6.82 ref PAC/82/4). This was that the invitation to submit proposals was made without prejudice to those centres wishing to continue with the external examination which would continue to be held three times a year.

The Panel decided to delegate the task of scrutinising the submissions for district enrolled nurse course to its Education Committee. This Committee asked the professional staff and individual committee members to prepare a paper on each submission. The paper was then considered by the whole Committee who then made recommendation to the Panel who retained ultimate responsibility for approval of courses. This system was operated in preference to conducting validation visits in order to speed up the process of approval prior to the Panel's demise in September 1983. Courses were to be approved for the duration of approval outstanding on the district nurse course (SRN/RGN). Since the dates of re-approval of both courses would then be brought in line they could, in the future, both be considered at one validation visit.

Preston Polytechnic was the first centre to gain approval to mount a course based on the 1980 Curriculum and this incorporated arrangements for an internal examination. This course commenced in January 1983 (PADNT 1983:4 - Bulletin No 21, January). By June 1983 nine courses had been submitted, all with internal examinations. The Panel's final bulletin noted the imaginative interpretation of the 1980 Curriculum by course planning teams (PADNT
When the Panel met for the last time, in June 1983, it approved six enrolled nurse courses (Panel Minutes 22.6.83/NP25). Details of these will be found in Table 6.5, which also compares the module headings, weighting of content and assessment procedure. This comparison serves to demonstrate that the course could be developed in a range of ways and still be acceptable to the Panel. Whilst none of these centres elected to have their students assessed by means of the national examination, it continued to be held for those centres who elected to continue to run courses based on the 1970 Syllabbus.

Over the twelve year period in which the national examination was used as one of the assessment tools for district enrolled nurse training it was modified at various intervals. The final part of this section explains the modifications and the reasons for them.

In March 1980, the writer who at the time was a district nurse tutor Panel member said that she considered it unjust that the enrolled nurses had a more limited choice of questions than the registered nurses. The Panel agreed to increase the number of questions from four to five, whilst the number to be answered remained three. This change took effect in 1980 (Panel Minutes 12.3.80/NP5).

In July 1982, the Education Committee asked for enrolled nurses to be given ten minutes reading time before being allowed to commence writing for the allotted one and a half hour period. At this time registered nurses were allowed reading time. Whilst the Panel's Examinations Sub-Committee supported this idea as an interim measure it considered that there was a need to extend the time of the examination from one and a half hours to two hours (Panel’s Education Sub-Committee Minutes 21.6.82). Initially the
Table 7.5 Details of the last six District Enrolled Nurse Courses to be Approved by the Panel

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Course Fee £'s</th>
<th>Length of Course</th>
<th>Days Theory</th>
<th>Days Practice</th>
<th>Theoretical Content and Module Titles</th>
<th>Hours Allocated</th>
<th>Type and Duration of Examination and Details of Assignments</th>
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<tbody>
<tr>
<td>1 Buckinghamshire College of H.E.</td>
<td>200</td>
<td>16 weeks</td>
<td>40 : 40</td>
<td></td>
<td>- Principles &amp; Practice of district nursing</td>
<td>110</td>
<td>Exam - 2 hours</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Behavioural Sciences</td>
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<td>Ten short answers</td>
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<td></td>
<td></td>
<td>- Current medical/nursing trends</td>
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<td>Five paragraph answers</td>
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<td></td>
<td></td>
<td>- Social Administration</td>
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<td>** ** Assignments</td>
</tr>
<tr>
<td>2 Chelmer Institute</td>
<td>250</td>
<td>16 weeks</td>
<td>40 : 40</td>
<td></td>
<td>- Principles &amp; Practice of district nursing</td>
<td>110</td>
<td>Exam - 2 hours + 10 mins reading</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Medical Care, applied physiology and psychiatry</td>
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<td>Essay x 3</td>
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<td></td>
<td></td>
<td>- Psychology</td>
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<td>- Sociology</td>
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<td>Project / Essay</td>
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<td>- Social Policy</td>
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<td>** ** Assignments</td>
</tr>
<tr>
<td>3 Queen Margaret's College</td>
<td>*</td>
<td>16 weeks</td>
<td>40 : 40</td>
<td></td>
<td>- Professional responsibility</td>
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<td>- The elderly in the Community</td>
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<td>- Teaching and learning</td>
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<td>- Promotion of health</td>
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<td>- Emergency situations &amp; crisis interventions</td>
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<td>- Management of patient care</td>
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<tr>
<td>4 Stevenage College</td>
<td>300</td>
<td>16 weeks</td>
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<td>- Principles &amp; Practice of district nursing</td>
<td>128</td>
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<td>- Social policy and administration</td>
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<td>- Sociology</td>
<td>21</td>
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<td>- Psychology</td>
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<td>- Spiritual care</td>
<td>2</td>
<td>Test / Quiz results</td>
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<td>5 University of Surrey</td>
<td>Not Fixed</td>
<td>17 weeks</td>
<td>50 : 35</td>
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<td>- Principles &amp; Practice of DEN role</td>
<td>123</td>
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<td>- Understanding and dealing with people</td>
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<td>- Working in the Welfare State</td>
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<td>Assignments - Care Study, Essay on Care Study</td>
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<td>6 Wolverhampton Polytechnic</td>
<td>135</td>
<td>16 weeks</td>
<td>45 : 35</td>
<td></td>
<td>- Principles &amp; Practice of district nursing</td>
<td>52</td>
<td>Exam - 2 hours</td>
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<td>- Care of the handicapped</td>
<td>42</td>
<td>Assignments - 2 Projects</td>
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Key * = Information not supplied

Source: Panel Papers PAE(83)18 and PAE(83)26
Panel would not concede to this request, on the grounds that the examination time could not be extended without a change in course content. However, the Education Committee came to the support of the Examinations Sub-Committee by presenting a paper to the Panel which argued that in 1977 the examination for registered nurses was altered by reducing the number of questions from six to five, so as to allow candidates more time to answer each question. And this change had occurred without any alteration to the course content (Panel Papers PA (77)15 and PA (82)43).

From 1974 onwards the Panel issued examiners with outline answers, prepared by the Examination Sub-Committee. This development was an attempt to standardise the assessment of examination scripts (Panel Minutes 10.10.73/88).

The national examination for enrolled nurses outlived the Panel because at the time the Panel handed over its functions to the UKCC and National Boards the 1980 Curriculum and the internal examination system had not been implemented at all teaching centres in the United Kingdom. Therefore, in 1983 the ENB assumed responsibility for the national examination for enrolled nurses. It acted on an agency basis for the other three National Boards. In order to fulfil this function the ENB established a District Nursing Examination Working Group, its membership was drawn mainly from its predecessor the Panel's Examination Sub-Committee. The Group was shortlived because in August 1984 an ENB Circular (ENB (84)24) made an announcement about district enrolled nurse courses explaining that:

The process of transferring the assessment of these courses is now almost completed. The final external examination organised by this Board will be held in May 1985. This allows for any possible resits from the January 1985 examination.

(ENB 1984: - Circular (84)24)
Therefore through a process of evolution it had taken exactly two years for all district nurse teaching centres involved in enrolled nurse training to change over to the 1980 curriculum with internal examinations as one of the methods of assessment.

CONCLUSION:

The need for a second grade of nurse has been a controversial issue for the past half century. The grade was introduced to alleviate a staffing crisis in nursing created by a lack of adequate numbers of registered and student nurses. As a result of legislation, the grade of assistant nurse became legitimised by enrolment with the relevant statutory nursing bodies. At first this was by experience and later by training and a qualifying examination. But there was a lack of standardisation of training and enrolment throughout the United Kingdom. Initially enrolled nurses were only employed in the non-acute hospital sector. However, they gradually came to be employed in acute hospitals and the community nursing service, but in some instances their role was abused.

The Armer Report (1955) considered that since there was little difference between the duties of the enrolled nurse working in the hospital or community setting further training for district nursing was unnecessary. However, the Queen's Institute choose to disregard this viewpoint. It established district nurse training courses specifically for the enrolled nurse grade which were of ten weeks duration. Whilst the Panel supported the use of the enrolled nurse grade in the district nursing service it did not support the position, regarding training, adopted by either the Armer Report (1955) or the Queen's Institute. Instead it considered that the enrolled nurse required a four week course of inservice training based on a model syllabus leading to a certificate awarded by the employing
local health authority. Initially the Minister agreed, in principle, with the Panel's recommendations. Consequently the Department consulted with the Queen's Institute and other interested parties about these. However, when the consultation process revealed that the Panel's recommendations were unacceptable to the nursing profession, because they did not include a national examination or national certificate, the Minister asked the Panel to amend its recommendations in the light of the views expressed. The Panel had no option but to comply with this request. However, it did have the choice of accepting or rejecting the Minister's request that it assume responsibility for the administration of the national examination and certificate in district nursing for enrolled nurses. In agreeing to take on this responsibility the Panel usurped the Queen's Institute's control over this area of training.

While the Panel cannot be given credit for the idea of a national training scheme it can be credited with developing a scheme which was acceptable to the Department and Sub-Committee of the Standing Advisory Committee on the Enrolled Nurse and for overseeing its implementation.

Once the scheme was implemented the Panel faced problems in determining eligibility for training. This was because of a lack of standardisation of training schemes and enrolment procedures in the United Kingdom. The lack of communication between the Health Departments and training bodies did not help the situation. But the Panel was not prepared to condone this and insisted that formal means of communication were established between itself, the SHHD and GNC for Scotland to discuss how changes in the basic training programmes would effect entry to district enrolled nurse training. The Panel demonstrated flexibility in reversing its decision to exclude Registered Fever Nurses from district training following discussion with the GNC
Whilst the Panel approved the integrated courses which had originally been validated by the Queen's Institute it took the initiative to review all the schemes, and on the basis of the findings decided to discontinue this type of training for district work. When it failed to obtain a negotiated agreement with the GNC (England and Wales) to close the courses it demonstrated confidence in taking unilateral action to achieve its desired goal.

The Panel increasingly took the initiative to determine policy regarding district enrolled nurse training, and in 1976 decided that there needed to be a full review of all aspects of the national training scheme in the light of developments in district nurse training for registered nurses. The four Departments agreed to the setting up of a Working Party and the publication of its recommendations (Carr Report 1980). But then the Departments' representatives advised that it was not a feasible proposition to try and implement a new type of training scheme for district enrolled nurses because of the impending change over to the new statutory bodies.

However, the Panel as a reconstituted and independent body was no longer obliged to heed the Departments' advice. On this occasion it elected not to do so. Instead it contrived a method to implement the new scheme. Some training centres had been asking for permission to conduct internal examinations leading to the national award. The Panel made it clear that it was prepared to consider this but only in conjunction with a review of the Centres's entire training programme. This opened up the opportunity for centres to base their revised course on the new curriculum and some chose to do so. Therefore, with alacrity, the Panel set up the administrative machinery to validate the new courses. However, by leaving Teaching
Centres with the option of continuing with the 1970 Syllabus leading to a national examination it could not be accused of forcing centres to implement the new and extended form of training before its demise. The impetus for a speedy changeover can also be attributed to the fact that responsibility for district nurse training (SRN/RCN) was being passed from health authorities to educational institutions. This separated the competing demands of service and educational provision, and left educational institutions free to determine educational policy.
SOURCES OF REFERENCE

Alness P C (Chairman) 1938 Report of the Scottish Departmental Committee of Nursing HMSO: Edinburgh


Athlone Earl of (Chairman) 1939 Interdepartmental Committee on Nursing Ministry of Health and Board of Education HMSO: London


Briggs A (Chairman) 1972 Report of the Committee on Nursing HMSO: London

Carr A (Chairman) 1979 Report on the Education and Training in District Nursing for the State Enrolled Nurse April PADNT Limited Circulation Panel Members


DHSS 1970 DHSS Circular 8/70 Ref E/D 172/2 dated 4th June 1970 entitled "Training of State Enrolled Nurses in District Nursing" Signed by E L Mayston Addressed to all Authorities exercising delegated health and welfare functions
Chief Nursing Officer letter CNO(74) entitled "Home Nursing and Health Visiting Services" Ref E/C 232/4 dated 6th May signed by P M Friend CNO and sent to RNO's, ANO's and DNO's DHSS:London

Chief Nursing Officer letter CNO(77)8 entitled "Nursing in Primary Health Care" sent to RNO's ANO's copies to DNO's DHSS:London


ENB Circular Letter (84)24 entitled "Examinations - District Enrolled Nurses" Dated August

GNC/Panel Liaison Committee Meeting 16.12.74

GNC/Panel Liaison Committee Minutes and Notes for Chairman 29.07.76

Training Syllabus Roll of Nurses General Nursing GNC:London


Nurses Act HMSO:London

Nurses Amendment Act HMSO:London

Nurses Act HMSO:London
Horder Lord 1942 (Chairman)

Lancet Commission 1932

Mason D 1962

MoH 1965

Panel of Assessors District Nurse Training PADNT 1974

PADNT 1975

PADNT 1976

PADNT 1976

PADNT 1977
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<td>Information and Examination Bulletin No 9, August</td>
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PADNT 1980 Panel Circular Letter from Mr L W Godfrey, Panel Secretary Ref CP/4 dated 11.06.80 (No heading)

PADNT 1982 Panel Circular Letter from PPO dated 8th June Ref PAC/82/4 entitled "Education and Training of the Enrolled Nurse"

PADNT 1982 Panel Circular Letter from PPO dated 15.11.82 Ref PAC/82/8 entitled "Education and Training of the District Enrolled Nurse"

Panel Minutes

Panel Minutes 16.03.66/41
Panel Minutes 20.07.66/43
Panel Minutes 05.10.66/44
Panel Minutes 30.11.66/45
Panel Minutes 11.01.67/46
Panel Minutes 24.05.67/50
Panel Minutes 07.02.68/54
Panel Minutes 13.03.68/55
Panel Minutes 22.05.68/56
Panel Minutes 17.07.68/57
Panel Minutes 25.09.68/58
Panel Minutes 29.05.69/62
Panel Minutes 16.07.69/63
Panel Minutes 26.11.69/65
Panel Minutes 23.09.70/70
Panel Minutes 10.03.71/73
Panel Minutes 02.06.71/74
Panel Minutes 22.03.72/79
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PAE(83)26 District Enrolled Nurse Course. Details of Submission August 1983

Panel's Education Committee Paper
PAE(82)29 Education and Training of the District Enrolled Nurse August 1983

Platt H 1964 A Reform of Nursing Education. First Report of a Special Committee on Nurse Education RCN:London

QIDN 1948 Letter from A McMaster, General Secretary QIDN to The Secretary, Ministry of Health dated 7.1.48 and entitled "Working Party on the Recruitment and Training of Nurses"

QIDN 1963 Circular letter to Local Health Authorities in England and Wales dated September and entitled "Employment and Preparation of State Enrolled Nurses for Work in the District" from Margery Mumford, General Secretary

RCN 1956 Observation and Objectives A Statement on Nursing Policy RCN:London

RCN 1978 Report of a Working Party on the RCN Society of Primary Care Nursing and the Associations of Nursing Management and Practice on the Senior State Enrolled Nurse in the Community


SHHD 1978 District Nursing in Scotland 17.1.78 HMSO:Edinburgh
SNAC Sub-Committee 1965 Report of the Sub-Committee of the Standing Nursing Advisory Committee on "The Use of Ancillary Help in the Local Authority Nursing Services Report undated but issued under MoH Circular 12/65 dated 25.6.65


White A M W (Chairman) 1971 The State Enrolled Nurse A Report by the Sub-Committee of the Standing Nursing Advisory Committee HMSO:London

CHAPTER EIGHT

INITIAL AND CONTINUING
EDUCATION OF DISTRICT NURSE TUTORS

INTRODUCTION:

Initially, the Superintendent of the district nursing service also managed the nurses home and taught the district nurses. For example Loane (1903:3) when specifying the duties of a Superintendent under six categories explained that one was "as mistress of the household", and another as "a teacher of probationers".

Eventually, the Queen's Institute provided short residential courses for Superintendents and Assistant Superintendents engaged in administrative, supervising and teaching duties. These courses concentrated on "Leadership and Personal Relationships applied to "Administration and Teaching" (QI Circular dated 15.1.58).

In 1956 the King Edward's Hospital Fund adapted an established course for Senior Ward Sisters so that it would also be appropriate for Queen's Nurses employed as Assistant Superintendents or contemplating promotion to this grade. The course aimed to equip them for work in Training Centres (QI Circular dated 2.11.56 - see Appendix 8.1).
By the 1960's a few district nurse training centres employed tutors full-time on teaching duties, but the majority still relied on the Superintendent grade to teach on a part-time basis. This was partly why the process of establishing a recognised Whitley grade of district nurse tutor and a relevant course of teacher preparation was a slow and laborious business. These two developments were influenced by similar ones which had occurred earlier on in the spheres of general nurse, health visitor and midwifery education. Therefore it is necessary to understand how the grade and training developed for all four disciplines in order to appreciate how teacher preparation in these areas eventually became inextricably linked. The next section of this chapter explains the factors which influenced these developments. It also demonstrates the way in which the preparation of district nurse tutors moved from a single discipline to an interdisciplinary and then to a multi-disciplinary type course. Additionally, it traces the movement of courses from monotechnics to institutions of further and higher education. Section three describes how the lack of adequate funding arrangements resulted in a persistent shortage of recruits for district nurse tutor preparation. Whilst this problem was not unique to district nursing it was the Panel who initiated a joint approach with the CETHV and CMB (England and Wales) to the DHSS for central funding for district nurse, health visitor and midwife tutors. Eventually this method of funding was secured. Once the grade and training were recognised the Panel assumed responsibility for the validation of district nurse tutor courses and the enrolment of district nurse tutors. When enrolled by the Panel many district nurse tutors were also eligible to register as a nurse teacher with the GNC. Section four discusses the Panel's arrangements for the supervision of teachers seeking enrolment as district nurse tutor by alternative routes to that of following an approved district nurse tutor course.
Once qualified, district nurse tutors needed to be kept abreast of developments in district nurse training. Section five explains the range of continuing education provision made available by the Department, Panel, Queen's Institute and the educational establishments providing initial preparation for district nurse tutors. District nurse tutors eventually realised the benefits to be derived from formalised arrangements for professional association. Therefore the events leading up to the establishment of the District Nurse Teachers' Representative Body (UK) are explained in the sixth section of this chapter.

**DEVELOPMENT OF APPROVED COURSES FOR THE PREPARATION OF DISTRICT NURSE TUTORS LEADING TO ENROLMENT AND REGISTRATION AND RELATED MATTERS:**

The development of approved courses for the preparation of district nurse tutors leading to a recognised district nurse teacher qualification spans a period of about twenty years. By the time the first course for district nurse tutors was approved similar ones for hospital nurse, health visitor and midwife tutors were well established. These courses had a considerable influence on the way in which district nurse tutor courses developed.

The first Sister Tutor was appointed by St Thomas's Hospital in 1914, and her sole function was teaching (Bendall and Raybould 1969:138), this set a precedent in nurse training. Gradually other hospitals also employed full-time nurse teachers.

By 1918, the first course for the preparation of Sister Tutors was established "under the aegis of the College of Nursing (later RCN) by the Kings College of Household and Social Science" (Wells 1984:21). Courses soon developed elsewhere and these led to a variety of teaching certificates and diplomas, and in 1942 the Secretary of the...
Nurses Salaries Committee (Rushcliffe Committee) wrote to the General Nursing Council for England and Wales (GNC) asking it to become the body responsible for regularising the status of nurse teachers and the conditions of training (Bendall and Raybould 1969:139). The GNC indicated its willingness to assume this responsibility, but before it could do so it had to formulate new rules. Bendall and Raybould (1969:139) explain this was possible under Part 3 (14) of the 1943 Nurses Act and indicate that the new rules were made public at the 1944 September Council meeting, and that the GNC was prepared to grant a certificate to nurse teachers if:

- a) Application was made in writing
- b) The candidate was either on the general register, or the part of the register for male nurses
- c) The candidate had four years post-registration experience (two as a sister in charge of a ward in an approved training school for student nurses)
- d) The candidate had completed a two year Sister Tutor course and provided that, until a date was announced by Council, a course of one year's duration be deemed sufficient
- e) The candidate held a Sister Tutor Certificate issued by a University approved by Council
- f) The candidate paid a fee of 3 guineas when the Council's Certificate was granted

(Bendall and Raybould 1969:139-140)

When the certificate was issued, a distinguishing mark was made beside the candidates entry on the Register (Bendall and Raybould 1969:140).

During the 1950's the Sister Tutor courses offered by many provincial universities had to be discontinued because of lack of suitable recruits. An RCN Report (1961:7) considered that "the necessarily scientific content of the Sister Tutor Diploma Course" was a deterrent to
recruitment. By 1960, London University was the only institution still offering this award. The three colleges approved, at this time, to run a course leading to a Sister Tutor Diploma of London University were Battersea Polytechnic, Queen Elizabeth College and the Royal College of Nursing. All were situated in London which was another reason which contributed to the shortage of tutors in England and Wales. Therefore, the GNC approached four technical teacher training colleges namely Garnett College in London and the colleges in Bolton, Huddersfield and Wolverhampton to see if they would be interested in establishing a course for nurse tutors (Bendall and Raybould 1969:202-203). All eventually did so and inevitably these led to different teaching certificates. For example, the course at Bolton College, which commenced in September 1965, led to the award of the Teacher's Certificate of the University of Manchester.

Initially, nurse teacher students entering these courses were required to have an additional year's post-registration nursing experience. The requirements regarding post-registration experience had been amended in 1953, 1958 and 1965. By 1965, candidates undertaking a two year Sister Tutor Diploma Course were required to have had two years in a position of responsibility in a hospital approved as a training school for the Register or Roll, of which one year had to be as a ward sister (Bendall and Raybould 1969:203).

In 1965, London University raised an objection to tutors using the letters STD after their name to indicate they possessed the Sister Tutor's Diploma since it had apparently never authorised the use of these letters. Therefore the GNC agreed that the letters RNT could be used to indicate that the individual was a Registered Nurse Teacher (Bendall and Raybould 1969:204). Technically however, this was not the case, since nurse teachers merely
had a distinguishing mark placed beside their name on the Register. The University of London's objection inadvertently helped overcome a problem because the GNC had, for a considerable period of time, realised that "an anomaly existed in that it could not recognise as registered nurse tutors those qualified teachers who were also nurses (Bendall and Raybould 1969:204). This position was rectified when the 1967 Teachers of Nursing Act was implemented (see Appendix 8.2 for relevant sections of the Act) in England, Wales and Scotland because it introduced three possible routes to achieving Registered Nurse Teacher status:

- successfully completed the prescribed training approved by the relevant GNC ie for England and Wales or Scotland;

- possess one of the alternative prescribed qualifications, (which required the passing of a rule for each one);

- be approved on an individual basis as qualified for teaching if suitable, but not falling within either of the first two categories.

A quarter of a century before the passing of the aforementioned Act the Horder Report (1942) had recommended alternative routes to qualification and registration as a nurse tutor. In particular it had stressed that there should be a specialised teaching course for public health nurses leading to registration as a nurse tutor (Horder Report 1942 Section 6, page 12). Public health nurse was a term used to describe the health visitor and district nurse. In the intervening years between the publication of the Horder Report (1942) and the passing of the 1967 Teachers of Nursing Act there were developments in the education of health visitor and district nurse tutors. In
1948, the first course for health visitor tutors was established by the Royal College of Nursing (RCN) in conjunction with the City of Birmingham Health Department (Wilkie 1979:42). But from the previous discussion it will be appreciated that this was at the time when the health visitor tutor certificate did not enable the holder, irrespective of previous experience, to obtain GNC registered nurse teacher status. Maybe this was why the RCN instituted a Roll of Health Visitor Tutors in 1953. Admission was open to holders of the appropriate RCN qualification and holders of other specific qualifications, providing persons in the latter category had three years experience as a health visitor (Wilkie 1979:42). In 1967, the CTHV assumed responsibility for the maintenance of the Roll which contained 108 names (Wilkie 1974:43).

In the 1950's the RCN offered a course for district nurse tutors (see Appendix 8.3 for further details) and scholarships were available from the Joint Committee of the Order of St John and the British Red Cross Society (QIDN 1956:Paper entitled Scholarships dated 19th November). But according to Sharman (1977:43) owing to the limited career structure then existing for prospective district nurse tutors, teacher training was discontinued. The reasons for the lack of career prospects will soon become apparent. In May 1968, Bolton Technical College sought the views of the DHSS on the status and training of district nurse tutors. In addition, it enquired about the probable demand for district nurse teacher training and the financial arrangements for training tutors. Apparently the College required this information in order to help it decide whether to initiate a training course. The College was aware that the RCN had discontinued its district nurse tutors course and wondered what the implications of this were (Panel Paper PA(71)48). In reply, in May 1968, the Department stated:
that there was no form of training or qualification for district nurse tutors. Some held the Midwife Teachers Diploma and others had taken the RCN Health Visitors Tutor Course adapted for district nursing. As the district nursing course was substantially a practical one, the Panel had not considered it essential to have academically qualified tutors nor had they made it a condition of registration of training centres that a trained tutor should be available. It was felt that the length of the course and number of students in any one centre would hardly justify a full-time tutor. The senior nurse concerned with training could be instructed in methods of teaching but it was not certain whether there would be enough support for this.

(Panel Paper PA(71)48 Appendix A:1)

Despite this situation the RCN made another attempt, in 1969, to meet the need of those wishing to undertake an appropriate course of preparation as a district nurse tutor. It broadened the then existing health visitor tutor course to include a district nurse teaching option. This new course was then known as the Community Health Nurse Teacher (CHNT) Course (Sharman 1977:43) (see Appendix 8.4 for course details). Bolton College of Education was the other main provider of preparation for health visitor tutors (Batley 1983:40). However, the availability of technical teacher courses at Garnett, Huddersfield and Wolverhampton Colleges, in addition to the one at Bolton, increased the variety of courses and qualifications available to health visitors interested in preparing to teach health visitor students (Wilkie 1979:42). In Scotland, Jordonhill College also provided additional health visitor tutor training facilities for small local demand (Batley 1983:40).

Gradually as all health visitor training was provided by Institutions of Higher or Further Education and the health visitor course tutors were appointed on the relevant teacher salary scale, eg Burnham, Pelham. Whilst a few practising Registered Nurse Teachers were employed in
Higher or Further Education, in connection with nursing related courses such as Pre-Nursing and Diploma in Nursing courses, the majority were employed in Schools of Nursing on the NHS Whitley Scale. Until 1973 however, there was no recognised grade or salary scale for district nurse tutors.

In the Spring of 1971, the Panel submitted its written and oral evidence to the Committee of Nursing, which was established in 1970 under the chairmanship of Asa Briggs (see Briggs Report 1972 for more information), pointing out that only nineteen qualified district nurse tutors were employed in district nurse training, although at this time "fifty-seven centres in the United Kingdom were approved to provide full district nurse training" (Panel Paper PA(71)14). Therefore the theoretical instruction was provided largely by Nursing Officers (DHSS 1973 Circular 11/73:1), the majority of whom had received no preparation for their teaching role. However, the Panel was aware of the shortcomings of this arrangement, because its evidence to the Committee of Nursing recommended that:

"to meet the needs of a unified health service adequate arrangements should be made for the education and training of nurses responsible for the theoretical instruction of nurses undertaking training in the community."

(Panel Paper PA(71)48)

In addition, the Panel advised the Committee that the absence of proper training facilities for training district nurse tutors and lack of financial recognition for this training resulted in a shortage of tutors (Panel Paper PA(71)48). This demonstrated a clear shift in the Panel's position because three years earlier it had not considered it essential for training centres to employ qualified district nurse tutors. It will also be recalled that when the Panel had reviewed the 1959 district nursing syllabus one of the recommendations was that "the Department should
consider referring to the Nurses and Midwives Whitley Council the question of a separate grade of district nurse tutor" (Panel Paper PA(71)48).

In the summer of 1971, the Panel was approached by the Director of the RCN seeking its views about the educational needs of district nurses and the part the College could play in meeting them. She also drew the Panel's attention to several courses which would be of particular interest to district nurses, including:

- Community Health Nurse Teachers Course
- Short appreciation course on teaching methods for senior nursing staff with teaching responsibilities
- Preparatory and refresher courses for practical work instructors

(Panel Paper PA(71)25)

The Panel agreed to accept the invitation from the RCN to discuss the educational requirements of district nurses and to "make proposals to them for a suitable course of training for tutors" (Panel Minutes 24.11.71/77).

In March 1972, the Panel agreed to set up a Sub-Committee to consider a one year course for future entrants to the district nurse tutor posts and also a short course for those already in post with suitable qualifications such as a Health Visitor's Certificate or a Midwife Tutor's Diploma. The Department of Education and Science (DES), CETHV, GNC and RCN were invited, and accepted the invitation to be represented on this Sub-Committee, which was chaired by Dr Leiper, a Panel Member (Panel Paper PA(72)57 - see Appendix 8.5 for details of membership).

The Committee first met on 15th November 1972 with extended terms of reference to consider the training needs of Practical Work Instructors. The Sub-Committee "concluded that the existing Royal College of Nursing 1 year course
leading to the award of the RCN Community Health Nurse Teacher Certificate with a District Nursing option could be recommended to the Panel as a suitable form of training for entrants to the grade" (Panel's Sub-Committee of Tutors and PWIs Notes of a meeting of 15.11.72). At this time the Panel and Sub-Committee were aware that the DHSS proposed the institution of a Whitley Council grade of District Nurse Tutor. The GNC representative on the Panel's Sub-Committee confirmed that "the proposed training programme, including conditions of entry, would meet the requirements of the GNC for approval as a course of training leading to qualifications as a nurse teacher under Rule 36(1) of the Nurses Rules (1969)" (Panel's Sub-Committee of Tutors and PWIs Notes of a meeting of 15.11.72). She also explained that one of the conditions of qualification was not less than one year's post-registration experience in charge of a ward, but that this requirement was being reviewed. Apparently the review was taking place because of the integration of the National Health Service and the emphasis on community experience in the Briggs Report (1972).

The Sub-Committee estimated the likely demand for training in England and Wales to be about fifteen to twenty places per annum. It considered district nurse tutor training should be financed from central funds in the same way as for hospital nurse tutors. It was however, almost a decade before the issue of the funding of district nurse tutor training was resolved. In addition, the Sub-Committee recommended that "the Panel of Assessors, as the body responsible for district nurse training should maintain a Roll of who would be entitled, either by examination, or by virtue of experience to be designated "District Nurse Tutor" (Panel's Sub-Committee of Tutors and PWIs Notes of a meeting of 15.11.72). The Panel endorsed the recommendations of the Sub-Committee and concluded that "Subject to any necessary amendments to the Nurses Rules 1969, the District Nurse Tutor Roll would form the basis of
The first Community Health Nurse Teachers (CHNT) Course, with the District Nursing option, to be validated by the Panel of Assessors, commenced in Autumn 1973. Fifteen district nurse tutor students successfully completed this course (DHSS 1975:75 Annual Report [for 1974]). The students attended the University of Surrey for a total of approximately eighteen days, in order to join health visitor and nurse tutor students from the RCN and midwife tutor students from the Royal College of Midwives and the Midwife Teacher Training College, to study the Principles and Practice of Education, Educational and Social Psychology. In addition, lecturers in adult education, from the University of Surrey, attended the RCN to teach the Education and Educational Psychology courses required by the Nurse Tutor students for the University of London Sister Tutor Diploma Course. (See Appendix 8.5 for details of the CHNT course). The RCN invited the Panel to be represented on the Committee which periodically reviewed the content of the CHNT course and this offer was accepted (Panel Minutes 22.11.72/83).

So far little has been said about the way in which the development of the preparation of midwife teachers occurred. Therefore, at this juncture this will be rectified in order to provide an appreciation of the events which led up to midwife tutor students' involvement in the interdisciplinary teaching preparation course at the University of Surrey, as a component of the Midwife Teacher Diploma Course. The formalised preparation of the midwife teacher dates back to 1924 when the Midwives Institute "initiated post-graduate instruction for midwives engaged in teaching". By 1926, special courses for selected candidates were held, followed by examinations, for the Midwife Teacher's Certificate and in 1930, "the first joint
course was arranged with the College of Nursing" (Towler and Bramhall 1986:227). The Midwives Act of 1936 saw the institution of the statutory Midwife Teacher's Diploma (MTD). Soon after this, a number of full-time residential and part-time non-residential courses were established (Towler and Bramhall 1986:227). From 1972, all courses leading to an MTD were full-time and extended over three academic terms (CMB Report 1972-1975:14 no date of publication). Between 1972 - 1975 there were six centres for the preparation of midwife teachers, some based in monotechnic establishments, others in institutions of further and higher education and one in the National Health Service. This latter course and the two based in monotechnics formed links with educational establishments (CMB Report 1972-1975:14 no date of publication). The two monotechnics, the Royal College of Midwives and Midwife Teacher Training College linked with the University of Surrey in the way described in the preceding paragraph. The module studied at the University was an integral part of the MTD Course. [1]

On the 15th March 1973, the DHSS issued Circular 11/73 which was entitled "District Nurse Training: Tutor Grade" (see Appendix 8.6). At the same time similar circulars were issued by the respective Departments in Wales (82/73) and Scotland (LHAS 7/1973). DHSS Circular 18/73 explained (on page 2) that "future entrants to the grade will be required to undertake an approved course of training in an approved institution for one academic year or to possess other approved qualifications and experience". The approved qualifications included RCN Community Health Nurse Teacher Certificate (District Nursing), Health Visitor Tutor, Registered Nurse Teacher and Qualified Teacher as defined in Rule 36/17(b) of the Nurses Rules -Statutory Instrument 1969 No 1675 cited DHSS Circular 11/73 (DHSS 1973). At this time all who sought to have their name entered in the District Nurse Tutor's Roll with one of
these qualifications, together with those who had successfully completed an approved course were required to have three years post-registration experience of which two had to be in full-time district nursing since certification as a district nurse (DHSS 1973:Appendix). In addition the Circular (DHSS 1973) also confirmed that "A Nurse who successfully completes the course will be presented with an appropriate certificate by the institution and will also become acceptable for registration as a Nurse Tutor by the General Nursing Council for England and Wales under Rule 36 of the Nurses Rules 1969 (SI No 1675)". At this time, Nurses who held a post as district nurse tutor and who could satisfy the criteria laid down in the circular (see Appendix 8.6) were also eligible for the grade without the need for further education or training (DHSS 1973:2). The Circular explained that:

The Panel of Assessors will maintain a Roll of District Nurse Tutors. This will contain initially the names of those tutors notified as being in post since before 31st July 1975 and fulfilling the criteria laid down in the Appendix to the Circular. All future entrants to the grade who qualify by virtue of paragraph 3a or 3b of the Appendix will also be eligible for entry in the Roll on the production of appropriate evidence in support of their application. The Panel intend to issue a suitable form of certificate to each nurse whose name is included in the Roll.

(DHSS 1973:2)

Miss Rosseta Lovett, a District Nurse Tutor at Newcastle-upon-Tyne Polytechnic, was the first person to be admitted to the Roll, which by November 1973 contained eleven names, including those of Miss Charlotte Kratz and Miss Barbara Robottom (Panel Paper PA(73)56 Appendix 1). All of the three named tutors were key people in the development of district nurse training in the 1970's and 1980's.
In July 1974, the Panel received an approach from the Director of Bolton College of Education (Technical) seeking "approval as a centre for training district nurse tutors" (Panel Minutes 24.7.74/93). "The Panel welcomed the application from Bolton and agreed to consider for approval a formal scheme of training when submitted" (Panel Minutes 24.4.74/93). In due course, the scheme was submitted and approved by the Secretary of State, subject to the appointment of a suitably qualified tutor (Panel Minutes 20.11.74/95). The Bolton course (see Appendix 8.7) differed from the CHNT Course at the RCN since the behavioural science component was specifically orientated towards education and the course was organised on a multidisciplinary, rather than interdisciplinary, basis. The Bolton course was also slightly longer and contained almost twice as much teaching practice as the CHNT course. This demonstrates that the Panel was not seeking conformity in the preparation of Tutors. Miss Ruth Sharman was the first tutor for the approved district nurse tutor component of the CHNT Course at the RCN, and Miss Betty McKerrow was appointed as Course Tutor for the district nurse tutor students at Bolton College. She took up the post six months before the course commenced in September 1975 (Panel Paper PA(74)56). Both institutions responsible for district nurse tutor courses were encouraged to ensure that applicants were professionally acceptable to the Panel prior to the consideration of educational competence by the College (Panel Minutes 20.11.74/95). This soon became an established practice, and eventually it became an obligatory requirement for students' professional experience to be verified by the Panel prior to the commencement of the course.

At the same time as the initial application from Bolton College was received the Panel received a letter from the Regional Nursing Officer from the West Midlands Health Authority, asking for its views on the provision of tutor
training at Wolverhampton Technical Training College. Since the Panel were aware that a similar request had been made to the GNC, in relation to the preparation of hospital nurse tutors, it decided that this was a matter which needed to be referred to the DHSS. Even so, the Panel "agreed that Wolverhampton would provide a national centre for the Midlands and subject to demand would be prepared to consider a formal application from the College at the appropriate time (Panel Minutes 24.7.74/93). However, later on, when the Panel considered establishing a third course at Wolverhampton it was advised that "the view of the Department was that two centres in England should be sufficient for training needs during the next 2 or 3 years" (Panel Minutes 12.3.76/103). In fact, at this time the two approved courses were having difficulty in attracting sufficient recruits. But the Panel was advised, by a representative of the DHSS, that local district nurse candidates who were accepted for the Registered Nurse Tutor Course at Wolverhampton could apply to the Panel for admission to the Roll of District Nurse Tutors after working in a district nurse training centre for one year but when the Wolverhampton College asked if candidates who had district nurse teaching prior to the nurse tutor course could be placed on the Roll of District Nurse Tutors immediately after qualification, the Panel were unable to give an immediate reply. This was because it had recently "reviewed certain aspects of the arrangements for district nurse tutor training set out in Circulars 11/73 (England), 82/73 (Wales), LHAS 7/1973 (Scotland)" (Panel Minutes 17.3.76/103). One of the recommendations arising from this review had been that "holders of a teacher's certificate other than in district nursing, should teach in an approved district nurse teaching centre for one year under supervision before entry on the Roll" (Panel Minutes 7.3.76/103). However, there were reservations about this proposal. In Wales such supervision would have to be under unqualified district nurse tutors and in Northern Ireland
it was considered that "one year's supervision to be unreasonable when the district nurse course only lasted four months" (Panel Minutes 17.3.76/103). The Panel, as a United Kingdom training body, had to compromise on this issue and amended the original proposition suggesting to the Departments that teachers in this category should have "one year under the guidance of a qualified nurse tutor before entry to the Roll". In addition, the Panel agreed to a waiver clause to allow exceptional cases to be brought before it for consideration (Panel Minutes 17.3.76/103). The Panel Minutes record the fact that this waiver clause was put into effect on several occasions.

In October 1978, the Panel issued a circular letter (reference TR/1) to health authorities and training centres, which explained the introduction of the revised rules for entry to the grade of District Nurse Tutor. The Appendix to the letter contained the new rules, which reduced the amount of post-registration experience in district nursing practice from three to two years, but it stipulated that the experience had to be gained within the five years preceding the date of entry to a district nurse tutors course, or for those holding an approved alternative teaching qualification in the five years prior to applying for entry to the Roll of District Nurse Tutors (see Appendix 8.8 for full details) (Panel Paper PA(78)52 and Appendix). The time lag which occurred between the Panel completing its review of the entry requirements for the Roll of District Nurse Tutors and the issue of the circular letter detailing these, may have resulted from the fact that the four Health Departments took a while to reach agreement on the Panel's proposals.

Wolverhampton Technical Teachers College persisted in its aim of trying to establish a district nurse tutor course component to its teacher's certificate course. In the Spring of 1977, the College sought permission from the
Department of Education and Science (DES) to admit two or three district nurses to the teacher's certificate course with a view to subsequent qualification as district nurse tutors. But before responding the DES sought the Panel's view about this request. The Panel confirmed that further courses for district nurse tutor preparation should not be approved whilst the two already established remained undersubscribed (Panel Minutes 27.4.77/109). In this instance, the Panel was obviously referring to the two courses in England since it had approved a third centre for the preparation of district nurse tutors, at Jordonhill College, Glasgow two years earlier in March 1975. This college ran a generic nurse teacher course and included two to four district nurse tutor students per annum which met Scotland's requirements for trained district nurse tutors. It also prepared health visitor tutors. The course was of sixty-two weeks duration, of which two terms were allocated for the students to gain experience at a district nurse teaching centre under the guidance of an experienced, qualified district nurse teacher (Panel Minutes 19.3.75/97 and PADNT Information and Examination Bulletin No 3, August 1975:4). The course relied on the services of a visiting district nurse tutor to teach areas of the course applied to district nurse education.

In November 1978, representatives of the Panel and RCN met to discuss the College's proposals for a course leading to the award of the University of London Diploma in Nursing Education. This course would include a district nursing option. The College had hoped to also include a Health Visitor option but the CETHV had not accepted this proposal (Panel Paper PA(79)1). An article by the Council's Director provides a clear explanation of the reasons why this Diploma route was not acceptable to the CETHV as a means of qualifying as a health visitor tutor (Batley 1980:1719-1722). It is worthy of note, that this was not the first time that representatives of the health visiting
profession had rejected a proposal for a course with a common core for hospital nurse tutors and health visitor tutors. A Sub-Committee of the Standing Conference of Health Visitor Training Centres had done so in 1946 (Wilkie 1979:71). However, the Panel's representatives made it quite clear that the Panel's policy was that district nurse training should be undertaken alongside health visitor training, and that this applied equally to tutor training as was the case with the RCN's Community Health Nurse Teachers Course. But the College representatives explained that the present contract with the University of Surrey for the CHNT course ended in 1980 and would not be renewed. Apparently this was mainly for geographical reasons, Guildford being rather far from the College for travel purposes. The Diploma in Nursing Education would replace the CHNT and Sister Tutor Diploma Courses and it was designed to bring hospital and district nurse tutors together for most of the time, but the course would also contain special method components. The Panel decided against approving this course for district nurse tutor training (Panel Minutes 25.4.79/122). This decision was surprising in the light of the fact that when, in January 1977, London University was revising the syllabus of its Sister Tutor's Diploma and changing the award to a Diploma in Nurse Education it sought the Panel's views on the suitability of the new course for the preparation of district nurse tutors (Panel Paper PA(77)1). And at this time the Panel "agreed to approve the course in principle subject to a satisfactory report by the Panel's Professional Adviser" (Panel Minutes 19.1.77/107). The report is assumed to have been satisfactory because the University regulations allowed district nurses to be admitted to the course (Panel Paper PA(78)29 and Appended letter dated 2.6.78, from the Director of Education at the RCN to the Panel's Secretary [RCN 1978]).

In the Spring of 1979, the Panel's representatives met
representatives of the University of Surrey to discuss proposals for a Postgraduate Certificate in the Education of Adults (PGCEA), with Specialist Application programmes in a range of areas including district nurse education. The proposed timing for the commencement of the course would directly follow the closure of the CHNT Course. The Panel's representatives considered that the University's past association with the RCN's Community Nurse Teacher Course would be of value in establishing this new venture. They considered that the weighting of time allocated to teaching practice ie 20%, was on the light side but accepted the fact there would be a great deal of peer group teaching. However, overall the Panel's representatives considered that the PGCEA Course had considerable merits (Panel Paper PA(79)25), and the Panel agreed in principle that discussions with the University should proceed on the understanding that there would be more detailed information on entry requirements (Panel Minutes 25.4.79/122).

In due course the PGCEA Course received validation, by the Panel, for district nurse tutor preparation. Later it was approved by the CETHV for health visitor tutors, the GNC for nurse tutors and the CMB for midwife tutors. The PGCEA Course commenced in September 1980 and the aforementioned groups of students joined with subject specialists, in a range of disciplines, preparing to teach in the fields of adult, further and higher education (University of Surrey 1979 PGCEA Course submission for course commencing September 1980).

Before its demise in June 1983, the Panel approved, in principle, that district nurse tutor training could also take place at Magee College, University of Ulster, Northern Ireland. But since there was only one district nurse training centre in Northern Ireland it was appreciated that district nurse tutor students would need to gain teaching/practical experience outside the Province (Panel
Minutes 22.6.83/NP25). However, Magee College did not proceed with its proposal to provide teacher preparation for district nurses for several years. In fact final approval was only sought and granted, by the DNJC, in 1987 (Robottom 1987:Oral Evidence obtained 1st June).

Between 1972 and 1983, a total of four courses were approved for the preparation of district nurse tutors and by 1983 three were operational, two in England, one in Scotland. The format and content of the courses varied but all were multidisciplinary. However, it will be appreciated that in most instances the Panel tended to follow the lead of the GNC and CETHV, locating courses in those institutions where nurse and health visitor tutors were prepared. The only exception was when it approved the Specialist Application in District Nurse Education component of the PGCEA before knowing, for certain, whether this course would be approved by the GNC and CETHV. There is no doubt that the RCN was the pioneer of district nurse tutor education and played an important role in initiating the Panel's involvement in this important aspect of district nurse education.

FUNDING ARRANGEMENTS FOR DISTRICT NURSE TUTOR TRAINING:

The pace at which the courses were developed was governed, to a considerable extent, by the availability of recruits. Even when a Whitley grade of district nurse tutor was introduced recruitment was still a problem. For example, in 1978, the Panel estimated that twenty-one newly qualified district nurse tutors were needed. Yet at this time only fifteen were in training, all but one of these in England. Only nine of the fourteen district nurse tutor students in England had been successful in obtaining secondment from their employing Area Health Authority. The remainder were being financed in a variety of ways, one was meeting her own expenses, another was on a Local Education
Authority grant and three were being financed from GNC funds via the Regional Nurse Training Committee. This meant that on completion of the course they would be teaching "only the community module in basic nurse training" (Panel Paper PA(78)62 and Appendix). The matter of funding by the GNC will be developed later.

In order to try and improve recruitment the Panel produced a publicity leaflet in 1979 (see Appendix 8.9) and these were distributed to Regional Nursing Officers in England, Chief Area Nursing Officers in Scotland, Area Nursing Officers in Wales and Directors of Educational Establishments, under cover of a letter, dated 17th July 1979, signed by the Panel's Secretary (PADNT 1979:letter dated 17th July). The letter stressed the fact that the Panel was "concerned that there should be sufficient qualified district tutors for the future, particularly in view of the introduction of the Panel's new Curriculum in District Nursing which is planned to start in the Autumn of 1981". But the main problem was the lack of standardised and equable funding arrangements throughout the UK for district nurse tutor students. The publicity leaflet (page 3) reveals that the range of financial provision was either in the nature of a discretionary award or a competitive scholarship. Even if district nurses were successful in obtaining one or other type of financial support, invariably they were considerably worse off financially than when employed on the District Nurse Whitley grade. Although in fact this should not have been the case for students receiving a discretionary award from their seconding health authority, because in 1973 and 1974 the DHSS had issued specific guidance to health authorities on the terms of sponsorship and secondment (DHSS 1973 Circular 11/73 and DHSS 1974:STM (74)44 - see Appendix 8.6 and 8.10).

In 1980, as an interim measure, the Queen's Institute
offered bursaries of up to £1,000 each in an attempt to try and lessen the financial hardship which some district nurse tutor students inevitably experienced (PADNT Bulletin No 18 September 1980:1). It will be recalled that the Sub-Committee on Tutors, set up in 1972, had stressed the need for central funding along the lines of the funding arrangements then in operation for hospital nurse tutors. In 1979, in the same month as the publicity leaflet was issued, the Panel once more discussed the fact that potential students were still finding it difficult to obtain secondment from their Authorities (Panel Minutes 4.7.79/NP1). Obviously employing authorities were reluctant to fund staff for a year's tutor preparation unless they could employ them, on qualification, as district nurse tutors. Yet less than one third of health authorities actually had a district nurse training centre within their boundaries and those authorities which had vacancies for district nurse tutors did not always have district nurses wanting to undertake district nurse tutor training.

However, the problem of lack of satisfactory funding arrangements was not unique to district nursing, since both health visiting and midwifery experienced similar difficulties. Therefore in April 1980, the Panel, CETHV and CMB for England and Wales decided to send a joint letter to the Minister of Health calling for urgent implementation of the Briggs Co-ordinating Committee's recommendation on central funding for tutor training" (Panel Paper PA(80)41 - Appendix 2). The Secretary of the Panel drafted the letter which was signed by the chairmen of the three training bodies. The letter reminded the Minister that the Department had written to the interested training bodies in August 1978 seeking their views on the recommendation of the Briggs Working Group No 3 that the training of health visitor tutors, district nurse tutors and midwife teachers should be centrally funded. The
letter stressed the fact that the CETHV, CMB and Panel gave their full support to the recommendation and were greatly concerned that nothing had been done to implement it. The letter also pointed out that the Minister, in post in 1977, had in principle accepted the proposal of Briggs Working Group 3. The letter stressed the anomaly that the training of Midwife Teachers, Health Visitor Tutors and District Nurse Tutors was funded from service budgets whilst that of teachers of general nursing were funded from a special allocation via the General Nursing Council. In addition, it pointed out that the numbers involved were too small for the responsibility for financing teacher training to fall on individual authorities who in a "period of financial stringency could not be expected to take an overall national view and to incur expenditure on the training of staff who may not return to them" (Panel Paper PA(80)41 Appendix 2).

At this time the situation regarding district nurse tutors had become critical and there was a distinct possibility that there would not be sufficient tutors to fill the posts that would be available when the courses based on the New Curriculum in District Nursing commenced in the Autumn of 1981 (Panel Paper PA(80)41 Appendix 2). The precise position is shown in Table 8.1. From the table it will be appreciated that the shortfall increased during the period 1978 - 1981 and therefore the shortage of district nurse tutors became a serious problem.
Table 8.1 Students recruited to Approved District Nurse Tutor Courses 1978 - 1981

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Bolton College of</td>
<td>3</td>
<td>4</td>
<td>6</td>
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<tr>
<td>Education (Technical)</td>
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<td>Jordonhill College</td>
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<td>of Education</td>
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<tr>
<td>RCN/University of Surrey</td>
<td>10</td>
<td>10</td>
<td>XXX</td>
</tr>
<tr>
<td>University of Surrey</td>
<td>XXX</td>
<td>XXX</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>14</td>
<td>15</td>
<td>12</td>
</tr>
<tr>
<td>Projected Need by Panel</td>
<td>21</td>
<td>23</td>
<td>24</td>
</tr>
<tr>
<td>Shortfall</td>
<td>7</td>
<td>8</td>
<td>12</td>
</tr>
</tbody>
</table>

NB  i)  xxx = not in existence

ii) Table compiled from figures supplied by ENB 1987 in a letter dated 8th June from Miss Robottom PPO

In May 1980, the Minister acknowledged the Chairmen's joint letter giving assurance that he understood their concern on the issue but that the matter would need careful consideration before he could give a substantive reply (Panel Paper PA(80)41 Appendix 3). But since no substantive reply was received by July 1980, the Panel agreed that the Chairman should write again to the Minister "pointing out the seriousness of the position and requesting central funding for District Nurse Tutor Training be dealt with as a matter of urgency" (Panel Minutes 2.7.80/NP7). When the Panel met in September 1980, the Chairman reported that he "had received a short reply which stated that the matter was still being considered and would be discussed at a meeting of the Regional Treasurers early in September but no further communication had been received" (Panel Minutes 10.9.80/NP8). However, in October 1980, the long awaited substantive reply arrived. The
Minister's letter, dated 21st October 1980, stated:

I am now glad to be able to tell you that, following discussions with the NHS, the DHSS, together with the Welsh Office, will be introducing central funding . . . to take effect from the academic year beginning in Autumn 1981. Our intention is that this should continue for the following two academic years, to cater for the period during which there will be an overlap with the new UK Central Council and National Boards.

The purpose of this letter is to inform you of our agreement to the principle of central funding. We intend to make provision for 100 places during these academic years, to be shared in the following way: 15 health visitor tutors; 15 district nurse tutors; and 70 midwife teachers. The details of how this arrangement will work in practice will need to be worked out in discussion with your officers and with NHS authorities . . .

(Panel Paper PA(80)62)

The letter went on to stress the fact that there was nothing to stop health authorities training additional tutors if they deemed this to be necessary.

The central funding scheme was administered in accordance with the guidelines laid down in a personnel memorandum (DHSS 1981:PM(81)11) issued to Health Authorities and Boards of Governors in February 1981. The memorandum made it clear that the system could be operated in a flexible manner, stating that:

If there is an excess of demand over supply for places for a particular group, and allowing for transfer between bodies of any unfilled places, it will be for the CMB, CETHV and the Panel to determine which candidates should receive priority, taking into account the needs of their group and the overall existing provision for teachers or tutors in that group.

(DHSS 1981:PM(81)11:1)
This meant that the three bodies could now become actively involved in the actual selection of recruits for teacher preparation, but the Panel never had to exercise its right since when it had applicants in excess of the allocated quota it was able to negotiate additional places from the CMB. It is worth noting that once the system of central funding was in operation the Panel made an "unwritten" agreement with Wolverhampton Polytechnic that "Central funding could be used for a person residing in the West Midlands, who was unable to leave home to undertake an approved district nurse tutors course, to complete the Certificate in Education course at Wolverhampton Polytechnic" (ENB 1987, Letter from Miss Robottom PPO dated 8th June).

In June 1983 the DHSS issued a memorandum (DHSS 1983:PM(83)17) which set out the changes in the administrative arrangements for central funding when the CMB, CETHV and PADNT were dissolved. This ensured continuity in the system of funding which the Panel and other bodies had negotiated.

Whilst the absence of central funding had been a major factor in the lack of recruitment of adequate numbers of district nurse tutor students the development of the community experience aspects of the basic nursing programmes were also having an adverse effect. District nurses and health visitors wishing to enter teaching had the choice of teaching district nursing or health visiting, as appropriate, or the community module of the basic nurse training programmes leading to the SRN, RMN, RMNS qualifications. The DHSS had certainly envisaged this two pronged career route, because the section on district nurse tutors in the Annual Report of the DHSS for 1972 (DHSS 1973:48) reads:

The tutors will be responsible for the theoretical instruction of nurses undertaking a
course of training leading to the award of the National Certificate of District Nursing. They may also have responsibility for the community experience of students under the General Nursing 1969 Syllabus (see paragraph 7.12) and for the inservice education and training of home nursing staff.

This certainly proved to be the case, but there were insufficient qualified district nurse and health visitor tutors to meet the demand of schools of nursing, because in May 1979 the GNC for England and Wales had issued a circular (No 79/16) which stated:

that nurses holding health visitor fieldwork or district nurse practical work teacher qualifications who have been appointed to schools of nursing to teach community aspects of care are eligible as members of the education division, for secondment to undertake an approved nurse tutor course, if supported by the Director of Nurse Education.

(GNC 1979:Circular 79/16)

The Panel wrote to the GNC (PADNT 1980:Letter to Miss Storey dated 10th April ref TR/4) expressing its concern that this arrangement was diverting applicants from district nurse tutor courses to nurse tutor courses. And that whilst the arrangements initiated by the GNC were acceptable and practicable for health visitors and district nurses wishing to continue to work within schools of nursing it would be detrimental for those who wished to prepare for the teaching of health visiting or district nursing. This development is worthy of note because only four years earlier the Panel did not object to district nurses in the Midlands using the approved Nurse Tutors Course at Wolverhampton Technical Training College as an alternative route to become qualified district nurse tutors. But the response from the GNC to the Panel's correspondence provides another perspective on the issue of preparation of nurse tutors for community aspects of care in basic training and for the post-basic training of health
visitors and district nurses. The GNC's letter, dated 30th April 1980, pointed out that:

It is likely for instance that more teacher hours are needed for basic education than for the post-basic courses while it may be argued that the preparation of teachers for post-basic work presents specific educational needs, these might be met by a special module in a course designed for all nurse teachers. It is conversely arguable that health visitor/district nurse tutors have inappropriate teaching practice in their course and without further education/training practice, are not the most suitably qualified for employment in basic courses.

(Panell Paper PA(80)33)

The letter went on to say that the GNC took the view that the only helpful way forward was reform of administrative procedures and the design of a basic teacher preparation which would be acceptable for all nurses who aspired to become teachers of nursing (Panel Paper PA(80)33). This was in line with the recommendations contained in the GNC's Working Party Report entitled Teachers of Nursing (GNC 1975 July).

SUPERVISION OF TEACHERS SEEKING ENROLMENT AS DISTRICT NURSE TUTORS:

As more people chose to qualify as district nurse tutors via routes other than by attending an approved District Nurse Tutor course the Panel decided to regularise and formalise the additional district nurse teaching experience they were required to gain before enrolment. It established a small working group in November 1981, to produce guidelines for the supervision of teachers seeking enrolment as district nurse tutors. This task was completed by the Spring of the following year. The Panel approved the guidelines, subject to some minor amendments, in April 1982, and these were issued to all district nurse teaching centres (Panel Minutes 28.4.82/NP18). Later they
were incorporated into the Panel's Regulations and Guidelines (PADNT 1983:48) (see Appendix 8.11). From these it will be realised there was considerable flexibility and encouragement for the adoption of a student centred approach. The scheme involved not only a designated supervisor at the teaching centre where the teacher gained the required experience but also an outside assessor. The recommended period of supervision was three academic terms but this could be altered at the discretion of the Panel on the recommendation of the supervisor and assessor.

Whilst the Health Departments had extended the Panel's responsibility to overseeing the educational arrangements for the preparation of district nurse tutors, and for maintaining the Roll of District Nurse Tutors, they placed no obligation upon the Panel to make provision for the continuing education of district nurse tutors. However, the Panel saw the need for such provision and took the initiative in attempting to meet this in a variety of ways.

CONTINUING EDUCATION PROVISION:

According to Jarvis (1983:19) "Continuing education in the professions may have a number of purposes". He explains that these include:

- giving practitioners the opportunity to update their knowledge of new developments in their profession

- to undertake an additional course so that the participants may move from one branch of the occupation to another

- to acquire additional specialist knowledge

The continuing education opportunities which the Panel was
able to provide for district nurse tutors falls into the first and last of the above categories. The Panel's efforts in this area of education were modest, but it is to this organisation's credit that it achieved what it did with such a small secretariat, few Nursing Officers and no defined budget until 1981.

The Panel began this particular aspect of its work by holding a one day conference for designated district nurse tutors. This was announced in a tentative way in the first issue of the Panel's Information and Examination Bulletin December No 1 (PADNT 1974:3). The entry states "The Panel of Assessors hope to hold a conference of district nurse tutors on 29 April 1975 at Alexander Fleming House. Authorities will be given details at a later date". Area Nursing Officers, who at this time had overall responsibility for district nurse training, were invited to nominate a tutor from each teaching centre (PADNT 1975:2:Information and Examination Bulletin No 2 April). The list of participants reveals that sixty-eight district nurse tutors attended, and that, seven authorities actually obtained places for two tutors (PADNT 1975 - 29th April).

This first conference, held as planned on the 29th April 1975, was a prestigious occasion for district nurse training. It was opened by the Panel's Chairman, and Miss Friend OBE, Chief Nursing Officer at the DHSS, welcomed the conference participants and provided an introduction to the day. In addition, among those attending the conference as observers were Professor Margaret Scott-Wright from the Department of Nursing Studies, University of Edinburgh, who was the first person to be appointed to a chair of nursing in the United Kingdom, and Miss Ivy Price, a Nursing Officer from the Queen's Institute (PADNT 1975:2 Information and Examination Bulletin No 3, August). The main purpose of the conference was:
to enable tutors to meet and discuss matters of common interest and concern about the education and training of district nurses and to afford them the opportunity to exchange ideas with members of the Panel, the Examination Sub-Committee and the Working Party. It was also intended as a working conference in which the Panel could give information and obtain the tutors' ideas on proposals relating to various aspects of their work including amendments to the examination procedures.

(PADNT 1975:2 Information and Examination Bulletin No 3, August)

This conference set the precedent for an Annual District Nurse Tutors Conference, although one was not held in 1976. The first conference proved so popular that from 1977 onwards each district nurse teaching centre were able to send two district nurse tutors, and an invitation was extended to all district nurse tutor students. Students from the first RCN's CHNT Course to be approved by the Panel, are known to have attended the Panel's first district nurse tutor conference.

The programmes for the Annual District Nurse Tutor's Conference, without exception, included subjects of topical interest and an open forum in order to allow time for discussion. But over a period of time there was an increasing tendency for district nurse tutors to be invited to take part as a conference speaker. The tutors usually spoke about a specific, and sometimes unique development, at their teaching centre. For instance, in 1980, the Senior District Nurse Tutor together with subject specialists from Mid Kent College of Higher Education, shared the way in which they had developed the behavioural science component of their pilot district nurse course which was based on the new curriculum. All the papers presented at the 1980 conference were later published in the form of a symposium (PADNT 1980 - Conference Papers). Table 8.2 provides a summary of all the subjects covered by speakers at the conference between 1975 and 1983. The
programmes for the later conferences reflect the opportunity for a greater degree of participation by all present. This was a deliberate attempt by the Panel to mirror the changing trends which were occurring in district nurse education, where tutors were gradually moving from a teacher to a learner centred approach to facilitate learning. The 1982 conference programme provides evidence of the use of workshops and the way in which Panel and Committee members and tutors were brought together in small groups to discuss specific issues.

Whilst the Panel's headquarters were based in the DHSS, the conferences were also located in the premises of this Government Department. The Department met the cost of the conference, including the catering arrangements, while employing authorities were required to pay travelling expenses and, if necessary, the cost of overnight accommodation. When the Panel gained its independence and moved its headquarters from the DHSS, it had to fund the conferences and find a place to hold them. The 1981 Conference was held at Church House, Westminster, and the last two, to be held by the Panel, in Baden Powell House, Queen's Gate. The Panel had to take cost into account and the hire charges for premises at the later venue were only £269 compared to £1,364 for the former, hence the change of location (Panel Paper (81)57).

The Panel's Minutes and Bulletins certainly contain many positive evaluations of the conferences, but the accounts were mainly from the Panel's perspective. But the writer is aware that the majority of district nurse tutors valued the opportunity to come together in order to update their knowledge in recent events in district nurse training and education and to meet district nurse tutors from other centres. The latter aspect was especially true for those from "single tutor centres".
With the impending demise of the Panel and the establishment of the four National Boards for Nursing, Midwifery and Health Visiting, some Panel members and district nurse tutors wondered if the Annual Conference for District Nurse Tutors in the United Kingdom would survive the changes. But the final issue of the Panel's Bulletin contained an entry which conveyed a note of optimism. This read:

Although the future patterns of working will be different we are confident that the close cooperation developed over the years will remain and that there will continue to be opportunities for those involved specifically in district nurse education and training to meet together and share expertise. To this end, a provisional booking has been made for a District Nurse Tutors Conference at Baden Powell House for March 14th 1984. Over the last few years these occasions have been of immense value to district nurse tutors throughout the UK. However, the provision of such activities in the future needs to be discussed with, and receive the agreement of the District Nursing Joint Committee and the four National Boards. (PADNT Bulletin No 22 June 1983:6)

The District Nursing Joint Committee (DNJC) gained the support of all four National Boards to mount a conference in March 1984, but the date had to be changed to the 21st March since the original one clashed with the set date of the Welsh National Board Meeting (DNJC Minutes 13.9.83). But the 1984 Conference was the last to be held by the new training bodies for district nurse tutors from all parts of the United Kingdom because some Boards were unable to meet the expenditure involved.

The Panel did not hold a Conference in 1976 because the Health Education Council (HEC) sought, and obtained, the Panel's support in mounting a seminar in health education for district nurse tutors between 6th-8th July 1976. This was held at Sidney Sussex College, Cambridge University
Table 8.2 Synopsis of topics included in The Annual Conferences for District Nurse Tutors mounted by the Panel during the period 1975-1983

<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
<th>Presenter/Speaker</th>
<th>Institution/Role</th>
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<tbody>
<tr>
<td>25.04.75</td>
<td>The Future Pattern of district nurse training - a personal view</td>
<td>Dr C Kratz</td>
<td>Research Co-ordinator, Department of Nursing Studies, University of Manchester</td>
</tr>
<tr>
<td></td>
<td>Working Party on the New Syllabus</td>
<td>Mr A J Carr</td>
<td>Area Nursing Officer, Newcastle Area Health Authority, Teaching</td>
</tr>
<tr>
<td></td>
<td>Changes in examination procedure</td>
<td>Mrs D Jones</td>
<td>Professional Adviser, PADNT</td>
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<tr>
<td></td>
<td>Practical Assessment</td>
<td>Miss M I Sankey</td>
<td>Professional Adviser, PADNT</td>
</tr>
<tr>
<td>08.03.77</td>
<td>Report on the Education and Training of District Nurses</td>
<td>Mr A J Carr</td>
<td>Area Nursing Officer, Newcastle Area Health Authority, Teaching</td>
</tr>
<tr>
<td></td>
<td>Implications and Implementation - Open discussion</td>
<td>Mr J S Robson</td>
<td>Chairman of PADNT</td>
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<tr>
<td></td>
<td>of the report between conference participants and members of the</td>
<td>Miss R M Brooks</td>
<td>Lecturer in District Nursing, Glasgow College of Technology, Member PADNT</td>
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<td></td>
<td>Panel of Assessors for District Nurse Training</td>
<td>Miss U J Haslam</td>
<td>Divisional Nursing Officer, Berkshire Area Health Authority, Member PADNT</td>
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<td></td>
<td>Current Developments in District Nurse Training</td>
<td>Miss R M Lovett</td>
<td>Senior Lecturer in District Nursing, Newcastle Polytechnic, Member PADNT</td>
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<td></td>
<td>a) Procedure for Selection</td>
<td>Miss G A Shadok</td>
<td>Senior Lecturer in District Nursing, Polytechnic of North London</td>
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<tr>
<td></td>
<td>b) Supernumerary Students: A Method of Direct Entry</td>
<td>Miss L M Harstadt</td>
<td>Senior Tutor, Community Education, Kent Area Health Authority</td>
</tr>
<tr>
<td></td>
<td>c) Interpreting the Curriculum: A Planned Course of Study</td>
<td>Miss M E G Dancer</td>
<td>Principal, Community Nurse Training School, Hampshire Area Health Authority</td>
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<td></td>
<td>Discussion in the Revised Examination Procedure</td>
<td>Dr J Owen</td>
<td>General Practitioner, Member PADNT</td>
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<td>14.01.78</td>
<td>Review of Current Activities within District Nurse Training:</td>
<td>Mr A J Carr</td>
<td>Chairman of Working Party, Area Nursing Officer, Newcastle Area Health Authority (Teaching)</td>
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<tr>
<td></td>
<td>a) Progress of the Working Party</td>
<td>Miss S Gibson</td>
<td>Senior District Nurse Tutor, University of Surrey</td>
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<td></td>
<td>b) Study days for Examiners' in District Nursing</td>
<td>Mr A Parsonage</td>
<td>District Nurse Tutor, Manchester Area Health Authority, Professional Adviser, PADNT</td>
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<td></td>
<td>c) District Nurse Tutor Groups</td>
<td>Miss A M Lamb, OBE</td>
<td>Deputy Chief Nursing Officer, DHSS</td>
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<td>d) Refresher Courses for District Nurses</td>
<td>Miss B M Robottom</td>
<td>Lecturer in Nursing, University of Manchester, Member PADNT</td>
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<td></td>
<td>Primary Health Nursing - The Future</td>
<td>Miss B M Robottom</td>
<td>Lecturer in Nursing, University of Manchester, Member PADNT</td>
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<td></td>
<td>The Nursing Process</td>
<td>Miss B M Robottom</td>
<td>Lecturer in Nursing, University of Manchester, Member PADNT</td>
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<td>A presentation on its Application to the Teaching and Practice of</td>
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<td>Senior Nursing Officer</td>
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<td>District Nursing</td>
<td>Miss J Grant</td>
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<td>Miss M Hunt</td>
<td>Practical Work Teacher</td>
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<td>Miss L Coles</td>
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<td>and students from the Bachelor of Nursing Course, University of Manchester</td>
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<td>Miss A Beckerlegge</td>
<td>Undergraduate Student</td>
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<td>Miss E Phillips</td>
<td>Undergraduate Student</td>
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### Table 8.2 (continued)

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<tr>
<td>13.03.79</td>
<td>Dr E Kuernsberg</td>
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<td>President of the Royal College of General Practitioners</td>
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<td>13.03.79 Review of Recent Developments in District Nurse Training</td>
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<td>Pre-Course Preparation</td>
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<td>Miss B M Robottom</td>
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<td>Miss E B McKerrow</td>
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<td>Lecturer in Nursing, University of Manchester, Member PADNT</td>
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<td>Senior Lecturer in District Nursing, Bolton College of Education (Technical), Member PADNT</td>
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<td>Student Selection - Methods and Procedure</td>
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<td></td>
<td>Mc C Cunningham</td>
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<td>Senior Lecturer, Portsmouth Management Centre</td>
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<td>Your Questions Answered</td>
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<td>Panel:</td>
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<td>Miss B M Robottom</td>
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<td>Miss E B McKerrow</td>
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<td>Mr L Godfrey</td>
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<td>11.03.80 Review of District Nurse Training 1979/80</td>
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<td></td>
<td>Assessment Professional Competence - Research Project. Discussion of progress in the project</td>
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<tr>
<td></td>
<td>Mr J Dobby</td>
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<td></td>
<td>DHSS Research Fellow, Brunel University</td>
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<td>Behavioural Sciences and the New Curriculum</td>
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<td>- Implementation of the Behavioural Science in the New Curriculum at Mid Kent College of Further and Higher Education</td>
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<td></td>
<td>Miss L M Harstedt</td>
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<td></td>
<td>Senior District Nurse Tutor</td>
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<td>- Social Psychology</td>
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<td>Ms J Coppage</td>
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<td>Lecturer in Social Psychology</td>
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<td>- Psychology</td>
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<td>Ms A Parnell</td>
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<td>Senior Lecturer in Health Visiting</td>
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<td>Mr R Childe</td>
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<td>Lecturer in Sociology</td>
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<td>20.04.81 Review of the Panel's Work 1980/81</td>
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<td>Miss P J Miller</td>
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<td>Professional Adviser</td>
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<td>The New Order: A presentation by district nurse members of the New Statutory education bodies on the work of the UKCC and National Boards for Nursing, Midwifery and Health</td>
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<td>a) UKCC for Nursing, Midwifery and Health Visiting</td>
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<td></td>
<td>Mrs M Damant</td>
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<td></td>
<td>Senior Community Nurse Tutor Member of UKCC/ENB/PADNT</td>
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<td>b) English National Board for Nursing, Midwifery and Health Visitors</td>
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<td>Miss B M Robottom</td>
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<td>Lecturer in Nursing, University of Manchester, Member of ENB and PADNT</td>
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<td>c) National Board for Scotland for Nursing, Midwifery and Health Visitors</td>
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<td>Miss E Swann</td>
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<td>District Nurse Tutor, Glasgow Member UKCC/SNB/PADNT</td>
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<td>d) Welsh National Board for Nursing, Midwifery and Health Visiting</td>
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<td></td>
<td>Mrs M Frater</td>
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<td></td>
<td>Nurse Tutor (Community Services) Member WNB/Member of Panel's New Curriculum Planning Committee</td>
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<td>e) Northern Ireland Board for Nursing, Midwifery and Health Visiting</td>
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<td>Miss M Nelson</td>
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<td></td>
<td>Senior District Nurse Tutor Member WNB and PADNT</td>
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<td>The Research Programme into District Nursing</td>
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<td>Dr B Salter</td>
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<td>Senior Research Officer, University of Surrey/PADNT</td>
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<td>A Question of Shared Learning</td>
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<td>Dr Owen (Chairman)</td>
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<td></td>
<td>General Medical Practitioner, Porthcawl</td>
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<td>Miss K Hopkinson</td>
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<td></td>
<td>Lecturer in District Nursing, Sheffield Polytechnic</td>
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<td>Miss J Morrison</td>
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<td></td>
<td>Principal Lecturer in Health Visiting, Sheffield Polytechnic</td>
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Table 8.2 (continued)

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<tr>
<th>Date</th>
<th>Title</th>
<th>Speaker/Chairman</th>
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<tbody>
<tr>
<td>08.03.82</td>
<td>Developments in District Nurse Education and Training</td>
<td>Miss B M Robottom Principal Professional Officer PADNT</td>
</tr>
<tr>
<td></td>
<td>Collection of information from Teaching Centres</td>
<td>Dr B Salter Senior Research Officer PADNT/University of Surrey</td>
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<td>Assessment in District Nurse Education and Training: The present and future</td>
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<td></td>
<td>a) Current examination procedure</td>
<td>Miss P J Miller Professional Adviser PADNT</td>
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<td>b) Implementations of changing to internal examinations</td>
<td>Dr C Kratz Journalist and freelance Lecturer, Member PADNT and Chairman of Panel's Education Committee</td>
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<td></td>
<td>Workshops: Internal Examinations Methods and Mechanisms</td>
<td>Dr C Kratz (Chairman) Journalist and freelance Lecturer, Member PADNT and Chairman of Panel's Education Committee</td>
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<td>Comments and Questions</td>
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<td>Summing Up</td>
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<tr>
<td>15.03.83</td>
<td>The Past Year and the Way Forward</td>
<td>Miss B M Robottom Principal Professional Officer PADNT</td>
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<td>'The Panel's Research Activities'</td>
<td>Dr B Salter Senior Research Officer PADNT/University of Surrey</td>
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<td></td>
<td>Course Evaluation within Curriculum Development</td>
<td>Mrs M Janes Senior Research Associate University of Cambridge</td>
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<td></td>
<td>Discussion Groups - Using the results of Evaluation</td>
<td>Dr C Kratz (Chairman) Journalist and freelance Lecturer, Member PADNT</td>
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<td></td>
<td>Comments and Questions</td>
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<td>Summing Up</td>
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Notes:-

(i) There was no conference in 1976 due to the HEC Seminars for District Nurse Tutors at Sidney College, Cambridge University.

(ii) The Panel's Chairman Mr J S Robson acted as Chairman for all the Annual Conferences. In addition he always made the Opening and Closing Remarks.

(iii) Miss P M Friend, CBE, Chief Nursing Officer, DHSS welcomed district nurse tutors to the Conferences in 1975-1977.

(iv) * Name of Speaker/Chairman not given on programme.

(v) Most contributions from invited speakers were followed by a time of questions and open discussion.
Sixty tutors were invited to attend, and the cost of the seminar was borne by the HEC but, as with the Annual Conference, employing authorities were required to meet travelling expenses.

A total of forty-five delegates actually attended the seminar, the aims of which were:

a) To provide a forum for the interchange of information and ideas about health education

b) To enable district nurse tutors to talk with experts concerning health education and examine the needs for this in relation to district nurses and their training

Details of the programme and speakers will be found in Appendix 8.12. From this it will be noted that five of the speakers were from the Health Education Council, including the Director General and Director.

According to the December 1976 edition of the PADNT Information and Examination Bulletin No 7 (page 1) the "seminar was voted a great success". A letter of appreciation from the Panel's Secretary addressed to the Director of the HEC records the fact that:

The seminar was stimulating and instructive and covered a wide range of aspects of district nursing relating to health education. The knowledge gained by the tutors was of great value and will be passed onto the students at teaching centres. In addition the seminar provided a welcome opportunity for district nurse tutors from all parts of the country to come together, to discuss matters of mutual interest.

The Panel feel sure that the seminar fulfilled a real need and hope your Council think likewise. Health Education is now an established part of the Panel's curriculum and we appreciate the interest and efforts of your Council in this
One of the successful outcomes of this seminar was that the Scottish Council for Health Education held "a health education course for nurse teachers in Perth in November 1977" (Panel Minutes 6.7.77/110). The Panel's Minutes (9.11.77/112) record the fact "that the course for nursing officers (district nursing) organised by the Scottish Council for Health Education had been successful and it was hoped to repeat this for district sisters". Presumably, the term nursing officer was used as an umbrella term to include district nurse tutors, because there would have been insufficient numbers of district nurse tutors in Scotland to warrant a course for them alone.

Whilst the Health Education seminars had focused upon a specific area of the content of the 1972 District Nurse Course Syllabus, the next seminars to be made available to district nurse tutors were to prepare them for a major curriculum development, which was about to take place in district nurse education. Therefore, the events leading up to these seminars and the preparation, programme and outcome are now discussed.

In February 1976, the Panel received the Report of the Working Party on the Education and Training of District Nurses (see page 313) and by September 1978 the Panel was anticipating the Minister's approval of the introduction of the new curriculum (Panel Minutes 20.9.78/118). Therefore, in readiness for this event the Panel's Secretariat had prepared a discussion paper which focused on the action which would need to be taken (Panel Paper PA(78)40). This paper "suggested that 2-5 day courses should be run next year to introduce tutors to the new curriculum"; and it also advised that "provisional dates have been booked at
the NHS Training Centre at Harrogate for 25-29 June and 23-27 July, 1979" (Panel Paper PA(78)40:4). The Panel concurred with the suggestion and agreed the arrangements which had been made (Panel Minutes 20.9.78/118). Soon after the long awaited approval was received the Panel held a special meeting to continue its discussion on the arrangements for the implementation, on a United Kingdom basis, of the new curriculum (Panel Minutes 4.10.78/119). During this meeting the Panel "agreed that a small group should organise the seminars" (Panel Minutes 4.10.78/119).

Miss Barbara Robottom, as the Panel's representative and Miss Betty McKerrow, the Senior Lecturer in charge of district nurse tutor training at Bolton College, played key roles in organising the seminars. The main contributors to the courses were Dr Roy Hallam and Mr Roy Smith, educationalists from the College of Ripon and York St John, who also helped to prepare the seminars (McKerrow and Robottom in PADNT Bulletin No 15, 1979:4). The overall course objective, for both seminars was "To give district nurse tutors opportunity to examine the new curriculum in depth and consider methods of implementation". The specific objectives can be found in Appendix 8.13.

Approximately seventy-five district nurse tutors attended the seminars, including at least one from each district nurse training centre in the United Kingdom. The precise number attending the seminars cannot be given with accuracy, since one source gives this as seventy-eight (PADNT Bulletin No 15, August 1979:4) and another a Panel Paper (PA(79)52) as seventy-five. The content of the core part of each seminar which district nurse tutors were expected to attend was identical, but the optional sessions differed (see Appendix 8.13 for full details of the content included in both seminars). The objectives for the seminars were specified in behavioural terms and the programme devoted several sessions to the subject of...
behavioural objectives which suggested that there was an inherent assumption that the district nurse tutors attending supported this particular approach to curriculum development. This is perhaps not surprising since the content of the 1976 District Nurse Curriculum was specified in the form of behavioural objectives. Whilst the majority were in favour of using a behavioural objective type of approach some were not and the objections they put forward were along the lines explained by Gibson (1980). However, the conference did provide tutors with the opportunity to reconsider the Classical and Romantic Type of Curriculum as depicted by Davies (1976:32). During both seminars the district nurse tutors accomplished a great deal of work but "By the end of each week tutors were left in no doubt about the amount of work to be completed before September 1981" (McKerrow and Robottom in PADNT Bulletin No 15, August 1979:4). But when the seminars were over the course organisers declared that "If the enthusiasm and commitment of district nurse tutors is any measure of success there is little to fear for the future of district nurse education and training" (McKerrow and Robottom in PADNT Bulletin No 15, 1979:4).

The seminars were the subject of a two stage evaluation exercise. The first stage took place immediately following the conference, when seventy-three tutors completed and returned questionnaires. Whereas the second phase was approximately five months later when fifty-one forms were returned. The first stage revealed that sixty-seven tutors considered that the seminars has met their needs, and that the district nurse tutors' general comments were mostly "of an appreciative nature and indicated that the conference had been, if exhausting, of great personal value to tutors" (Panel Paper (79)52). The second phase also provided a considerable amount of positive feedback, but in addition, it helped to identify areas for further study. High on the list of priorities were: assessment of theory and practice;
course work assignments; selection of students; interviewing and counselling; examination format and procedures (Panel Paper PA(80)18). Therefore whilst the Harrogate Seminar had addressed a number of important issues it also helped to identify areas of educational need.

The Panel agreed that there was a need for further courses for district nurse tutors but were of the opinion that the feasibility and financial implication of running these needed to be explored (Panel Minutes 12.9.79/NP2). The outcome was that a series of courses were mounted by Bolton College of Education (Technical) and the University of Surrey to meet some of the needs identified. Whilst the Panel was unable to provide direct financial assistance for such ventures it took an active interest in the way such courses were developed and marketed. These short courses were discussed by the Panel on several occasions (eg Panel Minutes 12.3.80/NP5). In addition, the Panel helped to publicise the courses by announcing them in Bulletins and allowing course brochures and application forms to be included in the routine mail out to teaching centres (see for example Panel Bulletin No 19, January 1982:10).

The range of courses mounted by the aforementioned institutions included a five day District Nurse Refresher Course at Bolton College of Education (Technical) in June 1980. The theme of this course was "Selection for District Nurse Education and Practice" (PADNT Bulletin No 17, May 1980:3); whilst the University of Surrey ran two residential courses on the "Principles and Practices of Examining and Assessing". One of these was held in September 1979 on the University campus at Guildford, and the other in April 1982 at the Department of Continuing Education, Newcastle General Hospital, Newcastle-upon-Tyne. The two courses on examining were also open to examiners on the Panel's List, which enabled district nurse tutors and
examiners to "come together to study the processes of examining and assessing students" (University of Surrey: Brochure for September 1979 Course).

One month later, because of the demand from district nurse tutors the course organisers from the University, Dr Peter Jarvis and Miss Sheila Gibson, mounted a two-day workshop for district nurse tutors on "Developments in the Examination of District Nurse Students", but the focus of this course differed in that it was intended to "provide participants with the opportunity to prepare for the change from the national external written examination paper to a locally set internal written paper" (PADNT Bulletin No 19, January 1982). This course was mounted in conjunction with the Queen's Institute and run at its headquarters. In addition, the Queen's Institute generously provided the accommodation and meals free of charge, and the Institute made bursaries available to district nurse tutors who could not obtain funding from their employing authorities for expenses in connection with the modest course fee, travelling and overnight accommodation expenses.

The courses on examining and assessing which were held in 1979 and 1982 built on the programmes of earlier courses which had been organised by the University of Surrey. These courses took place in 1977 at the RCN, and in 1978 at the University of Surrey (PADNT Information and Examination Bulletin No 11, April 1978). These earlier courses had helped to highlight the subjective nature of assessment in district nurse training (Jarvis 1978: 68-69). In contrast to the later courses however, these earlier ones were not initiated by the Panel.

This discussion about the annual conference and short course provision, during the period 1975 - 1983, has sought to demonstrate the way in which the Panel, despite its limited resources, endeavoured to meet some of the
educational needs of district nurse tutors, thereby giving
them the opportunity to update their knowledge in new
developments in district nurse education and also to
acquire specialist knowledge of subjects related to
district nursing practice and education. When it could the
Panel made the educational provision, but when it lacked
the resources to do so it co-operated with and aided others
to make the provision on its behalf. In addition, it will
have become apparent that the district nurse tutors were
not passive participants in this educational process. They
appreciated the opportunity to come together to share
ideas, knowledge and expertise, and during the period under
review many were willing to make a formal contribution at
conferences and seminars.

PROFESSIONAL ASSOCIATION:

Professional association whether informal or formal can be
a means of continuing education through the sharing of
ideas and expertise. But in order for professionals to
come together in a formally constituted association a
catalyst is often necessary to set the process in motion.
In March 1977, a talk given at the Annual District Nurse
Tutors Conference by Mr Alan Parsonage, who at the time was
a district nurse tutor in Manchester, acted as a catalyst
amongst district nurse tutors. His talk, which was on the
subject "Criteria for Establishing District Nurse Tutor
Groups" engendered a considerable amount of interest
amongst tutors who were keen to ensure that the activities
of individual tutor groups were co-ordinated. In addition,
one district nurse tutor had submitted a proposal to the
Panel's Professional Nursing Officer for "the collection of
a central pool of information supplied by district nurse
tutor groups on such issues as assessment, selection and
teaching methods" (Panel Minutes 26.4.78/115). This
proposition was put to the Panel members and there was
general agreement on the need to co-ordinate the
circulation, on a national basis, of the views of tutor groups, possibly through an information bulletin (Panel Minutes 26.4.78/115). The members discussed the fact that general medical practitioners co-ordinated the pooling of information through Postgraduate Medical Centres and the Standing Conference of Health Visitor Tutors also served this purpose. The latter was established in 1946 and consisted of two delegates from each training centre who came together "to consider from time to time, questions relating to training of health visitors . . ., and to make recommendations to the Minister on any such matters on which he may seek their advice or on which they wish to offer representations" (Wilkie 1979:4-5). The Panel accepted that "there was a need for guidance from the Panel in the setting up of District Nurse Tutor groups and the dissemination of information on a national basis, possibly through a small working party" (Panel Minutes 26.4.78/115). But the Department's representative considered that the organisation of tutor groups "could be done under the auspices of the Director of Nurse Education as part of the in-service training funded by health authorities" (Panel Minutes 26.4.78/115). Maybe the individual concerned overlooked the fact that, at this time, overall responsibility for district nurse training was vested in the Area Nursing Officers not the Directors of Nurse Education. However, the Panel agreed that the way forward was for the Secretariat to make enquiries "on what was being done regionally to foster tutor groups, how these were funded and what facilities were available"; and to report back in due course (Panel Minutes 26.4.78/115). But at a subsequent meeting the Panel was asked to reconsider the appropriateness of seeking such information at a time when health authorities were overburdened with demands for information. Instead the Panel agreed to try and obtain this information from the nursing officers (Panel Minutes 24.5.78/116). The grade or level of nursing officer was not specified, but what in fact appears to have happened is
that the Panel's Secretary wrote to the Secretaries of established District Nurse Tutor groups, requesting information about their membership and activities. In addition, the idea of a Tutor's Newsletter was suggested "as a means of providing links between groups" (PADNT Information and Examination Bulletin No 12, August 1978:2). The twelfth issue of the Bulletin encouraged tutors who were not members of a group to think about getting together to form one, and the next edition of the Bulletin (PADNT Bulletin No 13, December 1978:8-12) carried reports from seven District Nurse Tutor groups. The names of the groups and the date of their initial meetings can be found in Table 8.3. The majority of groups rotated the venue of their meetings.
Table 8.3 District Nurse Tutors Groups known to be in operation in 1978

<table>
<thead>
<tr>
<th>No</th>
<th>Name of Group</th>
<th>Date of Inauguration</th>
<th>Catchment area as described by group</th>
<th>Approx No of meetings per annum</th>
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<tbody>
<tr>
<td>1</td>
<td>East of England</td>
<td>August 1978</td>
<td>Contains 7 centres from Cambridge Derbyshire, Leicestershire, Norfolk Northamptonshire, Sheffield and Trent Polytechnic</td>
<td>2</td>
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<tr>
<td>2</td>
<td>London Region</td>
<td>*October 1978</td>
<td>The London centres but membership would not be limited to members from the London area</td>
<td>3</td>
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<tr>
<td>3</td>
<td>North West and Mersey group</td>
<td>*September 1977</td>
<td>Teaching centres in Northwest, Mersey and Adjacent Regions</td>
<td>6</td>
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<tr>
<td>4</td>
<td>Northern Group</td>
<td>June 1977</td>
<td>Contains 8 AHAs and 3 district nurse training centres. It extends from the Scottish border in the North, to Yorkshire in the South, and from East to West Coasts</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>Scottish Group</td>
<td>+Not given</td>
<td>The 4 training centres in Scotland</td>
<td>6</td>
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<tr>
<td>6</td>
<td>Southern Counties</td>
<td>June 1978</td>
<td>Cornwall, Bristol, Devon, Dorset, Gloucester, Somerset, Wiltshire</td>
<td>4</td>
</tr>
<tr>
<td>7</td>
<td>West Midlands</td>
<td>July 1977</td>
<td>Centres in West Midlands</td>
<td>4</td>
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Key:  * Group met informally prior to date given  
+ Group report stated that the district nurse teachers had always held meetings  
NB Table compiled from information from Tutor Group Reports in PADNT Bulletin No 13 Dec 1978:8-12
From this table it will be noted that three of the seven groups were established after March 1978, when Mr Parsonage gave his talk on Tutor Groups, at the Annual District Nurse Tutors Conference. All the groups in England were established during the period when the Panel was deliberating on how to facilitate the establishment of a network of tutor groups. Therefore, it would appear that the district nurse tutors had taken the initiative in establishing local groups, but it is known that they received active encouragement to do so from the Panel's Professional Nursing Advisers.

A study of the reports from the District Nurse Tutor Groups, which appeared in the Panel's Bulletins, reveals that they sought to provide a forum for discussion on matters relating to district nurse training. The discussions were initiated in a variety of ways, by talks from visiting speakers who included the Panel's Professional Advisers, by the presentation of papers by members of the group and by the use of a workshop approach (PADNT Bulletin No 13, December 1978:8-12). But however effective these groups were as a means of engendering and sharing ideas they had no provision for a formal and collective means of representation. Therefore, sometime prior to the 1983 Annual District Nurse Tutors Conference an attempt was made to redress this situation. Representatives of the District Nurse Tutor groups held two exploratory meetings and discussed the possibility of setting up a representative body of district nurse education and training centres. At these meetings the rationale for setting up such a body was discussed and agreement reached, in principle to form such a body. In order to achieve the desired goal the representatives of the Tutor Groups agreed to establish a Working Party to draw up the constitution and clarify the terms of reference. Initially, the working party was not well supported and comprised only four members, which meant
several Tutor Groups were not represented. Therefore, a circular letter (PADNT undated letter from Mr D G Longmuir) and discussion document dated February 1983, prepared by the Working Party, was circulated under cover of an undated letter from the Panel's Administrative Officer together with the programme for the 1983 Conference, to all district nurse tutors. This paper restated the rationale for setting up such a body. This was explained in the following way:

a) 1983 District Nurse Tutors Conference will be the last under the aegis of the Panel of Assessors. We feel that it is essential that representatives of district nurse tutors from the four countries should have the opportunity to meet and discuss matters pertinent to district nursing and exchange ideas.

b) There is a need to co-ordinate the views of the Regional District Nurse Tutor groups and to disseminate their information in order to promote the interest of district nursing.

c) It is felt that an independent body as is proposed in this discussion paper could act as a valuable advisory and supportive resource for the National Boards and the District Nursing Joint Committee.

d) Such a body could encourage appropriate investigations and/or research and make any findings known.

(Messinger et al 1983)

In addition, the position paper sought greater representation of the tutor groups on the Working Party, and explained that the date and time of its next meeting would be arranged at the 1983 District Nurse Tutors' Conference.

This form of appeal obviously proved effective, because following the Conference a Working Party comprising thirteen district nurse tutors, representing all the eight Tutor groups then in existence, was established. Its remit was to consider the feasibility of establishing a National...
Representative Body for District Nurse Training Centres. The District Nurse Tutor Group Working Party appointed a chairman and secretary from amongst its membership (details below). Apparently these officers met with Mrs Dorothy Jones, in her capacity as the DHSS Nursing Officer responsible for advising on matters relating to district nurse training. She "offered a great deal of advise (sic) and help on the practicalities of the venture and the Terms of Reference" (District Nurse Tutor Group Working Party March 1984 Paper entitled District Nurse Teacher Representative Body (UK)). A paper distributed at the 1984 Annual Conference of District Nurse Tutors explained that the Working Party had decided "that such an organization, at the present time, should be representative of District Nurse Teachers, rather than teaching centres" (District Nurse Tutor Group Working Party March 1984 Paper entitled District Nurse Representative Body (UK)).

Once the Working Party had prepared a draft constitution it decided to use the medium of the nursing press to publish this as widely as possible and to test the climate of support for establishing the Representative Body. A brief article entitled "Strength is Unity" appeared in the "Round Up" section of the December 1983 edition of the District Nursing Journal (page 34). This read:

A working party of district nurse tutors, under the chairmanship of Mrs Jackie Mansfield of Trent Polytechnic, has been preparing to set up the District Nurse Tutor Representative Body UK (DNTRB).

The draft constitution has been referred to tutor groups throughout the country, and all district nurse tutors have been asked to pledge their support and to contribute an annual subscription of £5.00. Membership of the DNTRB is open to district nurse tutors through tutor groups; representatives on the DNTRB will be nominated from the groups. It is therefore essential that every district nurse tutor joins a tutor group to ensure representation on a UK front. "The Body will have no teeth, but will have an effective
bark", commented Dorothy King of Chelmer Institute who is secretary of DNTRB.

The article concluded with the aims and objectives of the DNTRB, these were in fact the terms of reference (DNTRB (UK) (1984) Terms of Reference) as set out in a paper appended to a letter to Miss Storey (CEO UKCC) (dated 8.8.84). The final version of the Constitution can be found in Appendix 8.14. In addition to press publicity, a circular letter and questionnaire were sent to every tutor whose name was on the Roll of District Nurse Tutors. Apparently "Response to this was 75% in favour of supporting and contributing financially to a Representative Body" (District Nurse Tutor Group Working Party March 1984 Paper entitled District Nurse Teacher Representative Body).

It was fortunate that the National Boards supported an Annual District Nurse Tutors United Kingdom Conference in 1984 because this conference provided the Working Party with an opportunity to report on the progress it had made since the previous one. In addition, it enabled district nurse tutors to agree a provisional date for an inaugural meeting of the proposed DNTRB. This took place on the 22nd June 1984. Although some of the preceding and following events fall outside of the declared timescale of this study they are included in order to complete the picture. During the inaugural meeting of the DNTRB a representative committee was organised with Mrs Jackie Mansfield as the elected chairman (DNTRB (UK) Minutes of AGM 19.6.85). The Journal of District Nursing, August, 1984 edition (page 30) reported that:

In June this year the DNTRB (UK) became a reality. It will provide opportunities for district nurse tutors from the four UK countries to meet to exchange views and to discuss issues. Membership consists of representatives from regional tutor groups, and meetings will be held three times a year. The DNTRB (UK) will concern itself with national and international issues
concerned with district nursing, will prepare and submit relevant comments and evidence to appropriate bodies and will advise upon and actively encourage research in district nursing.

During the first year of the DNTRB's existence the Queen's Institute provided facilities for the thrice yearly meetings (DNTRB (UK) Minutes of AGM 19.6.85). The first Annual General Meeting (AGM) of the DNTRB was held at Birmingham Polytechnic, on the 19th June 1985. The first Annual Conference of the DNTRB was held on the same day and at the same venue. The Health Visitor Standing Conference sent its good wishes to the DNTRB on the occasion of its first AGM, and one of its members represented it at the first DNTRB Annual Conference (DNTRB (UK) Minutes of AGM 19.6.85). The programme for the conference reveals the fact that three commercial companies provided financial support for this venture.

By now the reader will have appreciated that a whole saga of inter-related events finally resulted in the establishment of the DNTRB and that its Annual Conference served to replace the gap left by the National Boards which could no longer see their way to providing one. The DNTRB's first conference followed the tradition of the Panel's conferences in that of the five speakers, three were practising district nurse tutors. The DNTRB set some very ambitious goals and the extent to which it is able to achieve these is debatable. However, whilst district nurse tutors received various types of support from the Panel's officers, Mrs Jones from the DHSS, the Queen's Institute and commercial companies to establish this Body, the initiative to establish Tutor Groups and the DNTRB appears to have come from the district nurse tutors.

CONCLUSION:

For almost a century the Superintendents had no formal
preparation for their multifaceted role. In the 1950's the Queen's Institute and King Edward's Hospital Fund sought to meet the educational needs of the Superintendent and Assistant Superintendent grades by the provision of courses which included aspects of administration and teaching. During this period the Royal College of Nursing developed a teacher training course for potential district nurse tutor students. This venture was premature and shortlived because of the lack of career opportunities for qualified district nurse tutors.

In the 1960's a few district nurse teaching centres elected to employ tutors full-time on teaching duties but this trend was slow to gain momentum. This might be attributable to the fact that at this time, the Department saw no need for a full-time tutor post because of the short duration of the district nurse course and the small number of students training at any one centre, and the Panel saw no need for academically qualified tutors because of the practical nature of district nurse training. However, the situation began to change in the 1970's when the Panel recognised the shortcomings of the theoretical instruction of district nurses being provided mainly by nursing officers. Therefore, the Panel's evidence to the Briggs Committee included a recommendation that adequate arrangements be made for the education and training of nurses responsible for the theoretical aspect of district nurse training.

The Royal College of Nursing's offer, in 1971, to the Panel to help meet the educational needs of various grades of district nursing staff resulted in the Panel establishing the Sub-Committee to consider the preparation of district nurse tutors. Consequently, the Panel went on to approve three courses for the preparation of district nurse tutors. While the range and type of course approved demonstrates the Panel's flexibility, the diversity of provision can be
partly attributable to the lack of standardisation of teacher preparation for nurses, health visitors and midwives. The Panel's choice of location was influenced by the fact that it wanted district nurse tutors to be trained alongside health visitor tutors.

The formal recognition of the district nurse tutor grade led to the requirement for all district nurse teaching centres to employ a qualified district nurse tutor. However, the improved career structure did not lead to the anticipated increase in the number of district nurse tutor students partly because changes in the GNC's secondment policy resulted in potential district nurse tutor students being diverted to nurse teacher courses. However, the main barrier to recruiting adequate numbers of district nurse tutor students was the lack of adequate funding arrangements. Since recruitment and funding of tutor students was also a problem in health visiting and midwifery, the Panel, CETHV and CMB (England and Wales) collectively pressured the Minister of State to take action to rectify the situation.

At the same time as the Department recognised the grade of district nurse tutor it required the Panel to open and maintain a roll of district nurse tutors. The Department's regulations permitted alternative routes to qualification and enrolment, specifying teaching qualifications and experience in district nursing practice. However, when the Panel gained its independence it stipulated that tutors who sought to qualify as a district nurse tutor, other than by means of the successful completion of an approved course, must gain supervised district nurse teaching experience.

Once the grade of district nurse tutor was established the Panel endeavoured to ensure that there was some continuing education provision for practising district nurse tutors in order to enable them to keep abreast of developments in
district nurse education and training.

Because district nurse tutors were employed solely for teaching duties they inevitably became detached from the district nursing service. This was in marked contrast to the Superintendents who taught students, managed the service and the district nurses home. However both grades had overall responsibility for the theoretical and practical tuition of students. But from a very early stage the Superintendents are known to have delegated responsibility for some of the practical tuition of new recruits to senior district nurses. By the 1960's such personnel were known as practical work instructors. Later a designated grade of Practical Work Teacher emerged and the next chapter explains developments regarding this particular type of teachers.

NOTE:

[1] In 1980 the CMB issued the revised edition of its Rules ie Statutory Instrument 1980 No 1468. These rules became operative on the 1st November 1980, and they brought about fundamental changes in the courses leading to the award of the Advanced Diploma in Midwifery (ADM and the Midwife Teachers Diploma (CMB Report 1981:1). These arrangements required midwives, prior to entering a course in the theory and practice of teaching leading to the MTD award, to meet three specific criteria. One of these was the need to have "obtained the Advanced Diploma in Midwifery or such qualification as may be approved by the Board, within the preceding five years" (HMSO 1980 Statutory Instrument No 1468:11 paragraph 53b).

By September 1981, the new form of midwife teacher preparation could be undertaken at the University of Surrey in conjunction with the Royal College of Midwives (RCM) and at Wolverhampton Polytechnic (CMB Report 1981:13). These courses led to the teaching award of the relevant academic institution and the MTD award of the CMB. One year later the course at the University of Surrey was also approved to run the teacher's course in conjunction with the Midwife Teacher Training College. In 1983 another course for midwife teachers was established, this was at Bolton College of Education (Technical) (CMB Report 1983:16). Therefore gradually over a period of time courses for
the preparation of midwife teachers became located alongside those for nurse, district nurse and health visitor tutors.
<table>
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<th>Source</th>
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<th>Publisher</th>
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<tbody>
<tr>
<td>Batley N</td>
<td>1980</td>
<td>An Alternative View in Nursing Times 25th September, 1719-1720</td>
<td></td>
</tr>
<tr>
<td>Briggs A (Chairman)</td>
<td>1972</td>
<td>Report of the Committee on Nursing Cmnd 5115</td>
<td>HMSO:London</td>
</tr>
</tbody>
</table>
DHSS 1974
DHSS Staff Training Memorandum STM (74)44. Issued December 1974 entitled Health Visitor Tutor Training: District Nurse and District Nurse Tutor Training

DHSS 1975

DHSS 1981
Personnel Memorandum PM(81)11 entitled Central Funding for Training of Midwife Teachers, Health Visitor Tutors and District Nurse Tutors DHSS:London

DHSS 1983
Personnel Memorandum entitled Personnel Funding for Training of Midwife Teachers, Health Visitor Tutors and District Nurse Tutors DHSS:London

District Nurse Tutor Group Working Party 1984
Paper entitled District Nurse Teacher Representative Body UK March 1984 produced by Working Party comprising representatives of District Nurse Tutor Group

DNJC 1983
District Nursing Joint Committee Minutes 13.9.83

District Nursing Journal 1983
Round Up: Strength in Unity District Nursing Journal, August, page 30

District Nursing Journal 1984
Round Up: District Nurse in Journal of District Nursing, December, page 30

DNTRB 1984
Terms of Reference of District Nurse Teacher Representative Body (UK) in a paper appended to a letter to Miss Storey (CEO of UKCC) dated 8.8.84 from Mrs D King Secretary to DNTRB

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<th>Year</th>
<th>Title/Details</th>
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<td>1985</td>
<td>District Teacher Representative Body (UK) Minutes of AGM 19th June</td>
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<tr>
<td>ENB</td>
<td>1987</td>
<td>Letter from Miss Robottom Principal Professional Officer District Nursing at ENB addressed to Miss S J Gibson dated 8th June</td>
</tr>
<tr>
<td>GNC</td>
<td>1979</td>
<td>General Nursing Council (England and Wales) Circular 79/16</td>
</tr>
<tr>
<td>Gibson S</td>
<td>1980</td>
<td>A Critique of the &quot;objectives model of curriculum design&quot; applied to the education and training of district nurses in Journal of Advanced Nursing Vol 5, pp 161-167</td>
</tr>
<tr>
<td>Horder Lord (Chairman)</td>
<td>1942</td>
<td>Nursing Reconstruction Committee Report. Section 6 supplements to the Report on the Education and Training RCN:London</td>
</tr>
<tr>
<td>Jarvis P</td>
<td>1978</td>
<td>District Nurse Examiners - how do they score? in Nursing Times Community Outlook 9th March, pages 68-69</td>
</tr>
<tr>
<td>Author(s)</td>
<td>Year</td>
<td>Title</td>
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<td>-------------------------------</td>
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</tr>
<tr>
<td>Jarvis P</td>
<td>1983</td>
<td>Professional Education Croom Helm:London</td>
</tr>
<tr>
<td>Loane M</td>
<td>1903</td>
<td>The Duties of a Superintendent in a Small Home for District Nurses Women's Printing Society Ltd, 65-68 Whitcomb Street, London W1</td>
</tr>
<tr>
<td>QIDN</td>
<td>1955</td>
<td>Circular Letter Ref AB/SHT 14.1.55 entitled Residential Courses for Nursing Staff Engaged in Administrative, Supervisory and/or Teaching Duties from Miss A Black, Education Officer, dated 15th January QIDN:London</td>
</tr>
<tr>
<td>QIDN</td>
<td>1956</td>
<td>Circular Letter Ref AB/JH 2.11.56 to MoHs Superintendents and County Nursing Officers from Miss A Black, Education Officer dated 2nd November QIDN:London</td>
</tr>
<tr>
<td>QIDN</td>
<td>1956</td>
<td>Paper entitled Scholarships by Miss E J Merry Superintendent, dated 19th November QIDN:London</td>
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<tr>
<td>PADNT Bulletins</td>
<td></td>
<td>PADNT Information and Examination Bulletin No 1, December PADNT:London</td>
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<td>1975</td>
<td>PADNT Information and Examination Bulletin No 3, August 1975, PADNT:London</td>
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<td>1978</td>
<td>PADNT Information and Examination Bulletin No 11, April 1978, PADNT:London</td>
</tr>
<tr>
<td>1978</td>
<td>PADNT Information and Examination Bulletin No 12, August 1978, PADNT:London</td>
</tr>
<tr>
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<td>PADNT Bulletin No 15, August 1979, PADNT:London</td>
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**PADNT Conference details**

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<td>1975</td>
<td>District Nurse Tutors attending Conference 29th April 1975, PADNT:London</td>
</tr>
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</table>
PADNT
1980
Conference Papers
Annual Conference of
District Nurse Tutors
11th March 1980
PADNT:London

PADNT Letters

PADNT
undated
PADNT Circular Letters from
Mr D G Longmuir, Panel's
Administrative Officer to
District Nurse Tutors headed
District Nurse Training -
Conference of Tutors

PADNT
1976
Letter from Mr T W Matthews,
Secretary PADNT to
Mr Ian Sutherland, Director
HEC, headed Seminar "Health
Education and the District
Nursing Sister"
PADNT:London

PADNT
1979
Letter from Panel's
Secretary to Regional, Area
and Chief Nursing Officers
and Directors of Educational
establishments with District
Nurse Training Courses dated
17th July
PADNT:London

PADNT
1980
Letter from Mr H W Godfrey,
Panel's Secretary Ref TR/14
to Miss M Storey, Registrar,
GNC (England and Wales)
headed Central Funding for
the Training of District
Nurse Tutors dated April
PADNT:London

PADNT Minutes

Panel Minutes
24.11.71/77
Panel Minutes
22.11.72/83
Panel Minutes
24.07.74/93
Panel Minutes
20.11.74/95
Panel Minutes
19.03.75/97
Panel Minutes
11.02.76/102
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<td>28.04.82</td>
<td>NP18</td>
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<tr>
<td>22.06.83</td>
<td>NP25</td>
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**Panel Papers**

*Panel Paper*

PA(71)14
Written and Oral Evidence to the Committee on Nursing
April 1971

*Panel Paper*

PA(71)25
Royal College of Nursing - Courses for District Nursing
June 1971

*Panel Paper*

PA(71)48
District Nurse Training Theoretical Instruction
November 1971
Panel Paper  
PA(72)57  
Sub-Committee of the Training of Tutors and Practical Work Instructors. Note of a Meeting held on 15th November 1972 at Alexander Fleming House November 1972

Panel Paper  
PA(73)56  
District Nurse Tutor - Roll and Certification November 1973

Panel Paper  
PA(74)56  
Bolton College of Education (Technical) Application for Approval of District Nurse Tutor Course November 1974

Panel Paper  
PA(77)1  
Item 9 of Agenda - University of London - Diploma in Nurse Education January 1977

Panel Paper  
PA(78)29  
University of London - Diploma in Nurse Education and Appended letter dated 2nd June 1978 from Director of Education RCN to PADNT Secretary July 1978

Panel Paper  
PA(78)40  
Preparation for the Introduction of the New Curriculum in District Nursing - Secretariat Discussion Paper September 1978

Panel Paper  
PA(78)52  
Roll of District Nurse Tutors and Appendix Revised rules of entry to the Roll of District Nurse Tutors November 1978

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Panel Paper
PA(78)62
Central Funding of District Nurse Tutor Training and Appendix
Letter giving Panel's views to DHSS on Central Funding November 1978

Panel Paper
PA(79)1
Note of Meeting with the Royal College of Nursing on November 1978

Panel Paper
PA(79)25
Note of Meeting between Panel of Assessors and University of Surrey - Development of Adult Education held 11th April 1979

Panel Paper
PA(79)52
PADNT Study Conferences for District Nurse Tutors 1979: Conference Evaluation signed by Betty McKerrow and Barbara Robottom August 1979

Panel Paper
PA(80)18

Panel Paper
PA(80)33
GNC's response in the preparation of nurse tutors for community aspects of care June 1980

Panel Paper
PA(80)41
Central Funding for District Nurse Tutor Training June 1980

Panel Paper
PA(80)62
Central Funding of Training for Health Visitor Tutors, District Nurse Tutors and Midwife Teachers October 1980

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<td>PA(81)57 Conference on District Nurse Tutors September 1981</td>
</tr>
<tr>
<td>PADNT Regulations</td>
<td></td>
<td>Regulations and Guidelines for District Nurse Education Training and Related Matters PADNT:London</td>
</tr>
<tr>
<td>RCN</td>
<td>1978</td>
<td>Letter from Miss M D Green, Director of Education RCN to Mr H W Godfrey, Secretary PADNT headed University of London, Diploma in Nursing Education</td>
</tr>
<tr>
<td>Robottom B</td>
<td>1987</td>
<td>Oral Evidence given to Miss S J Gibson on 1st June</td>
</tr>
<tr>
<td>Sharman R</td>
<td>1977</td>
<td>District Nurse Tutors - Selection and preparation in Nursing Mirror, 29th September, pages 43-44</td>
</tr>
<tr>
<td>Towler J and Bramhall J</td>
<td>1986</td>
<td>Midwives in History and Society Croom Helm:London</td>
</tr>
<tr>
<td>University of Surrey</td>
<td>1979</td>
<td>Brochure for Course in Principles and Practice of Examining and Assessing for District Nurse Tutors and Examiners 4th-7th September 1979 at University of Surrey</td>
</tr>
<tr>
<td>University of Surrey</td>
<td>1979</td>
<td>Postgraduate Certificate in the Education of Adults (PGCEA) Course Submission for Course commencing 1980</td>
</tr>
<tr>
<td>Wells J</td>
<td>1984</td>
<td>Muddling Through in Senior Nurse, Vol No 27, 3rd October</td>
</tr>
</tbody>
</table>

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CHAPTER NINE

THE DEVELOPMENT OF THE GRADE AND PREPARATION OF PRACTICAL WORK TEACHERS AND THE FORMATION OF THEIR ASSOCIATIONS

INTRODUCTION:

The Ingall Report (1959:4) recommended that during the early stages of training district nurse students should work under the guidance of an experienced district nurse and that as training progressed the degree of supervision should gradually be reduced. The experienced district nurse providing this guidance, soon became known as a Practical Work Instructor (PWI).

The need for preparation for this role soon became apparent to all concerned. Therefore the Queen's Institute and some local health authorities responded by establishing specially designed short courses and, consequently, the role being formalised. At this stage the Panel became involved in the quest for achieving official recognition for the grade of Practical Work Instructor and for a national training scheme. However the Panel, due to its limited remit took many years to achieve these goals.

When in 1974, the DHSS, Welsh Office and SHHD issued circulars containing the first national syllabus the Panel decided this should lead to the award of a Practical Work
Teacher's, rather than Practical Work Instructor's, Certificate. The introduction of this new title served to differentiate between those teachers trained by independent local schemes and those prepared by courses based on the national syllabus. Although many of those in the former category were eventually, as a result of outside pressure, granted retrospective letters of recognition by the Panel.

Once the national syllabus was issued many local health authorities and some institutions of further and higher education sought approval from the Secretaries of State, as advised by the Panel, to mount a nationally recognised course. However, there was no attempt by the Panel or the Departments to predetermine the location of courses for practical work teachers. Even so, in Scotland the SHHD in conjunction with the Queen's Institute (Scottish Branch) encouraged local health authorities, seeking recognition as practical training areas, to identify potential recruits for practical work teacher training.

The Panel sanctioned the City and Guilds 730 Further Education Teacher's Certificate and the Diploma in Nursing of London University as alternative routes to qualification and certification as a practical work teacher because it considered these to be appropriate and because it recognised that Practical Work Teacher Courses were not readily accessible to all aspiring practical work teachers.

Despite the introduction of a recognised and national syllabus and the approval of alternative routes to qualification there was a persistent shortage of practical work teachers. This was partly due to the high staff turnover of recently qualified district nurses who lacked experience to proceed to practical work teaching. But the main factor was the implementation of the Halsbury (1974) pay award in 1975. For whilst this resulted in an increase in the salary scale of all nurses many special allowances
were abolished, including the one previously paid to practising Practical Work Teachers who felt aggrieved at this loss and even more so when fieldwork teachers eventually regained their allowance.

The developments relating to the role and preparation of practical work teachers had tended to mimic those of the fieldwork teacher, their counterpart in health visiting. Local initiatives resulted in the development of some combined fieldwork teacher/practical work teacher courses, a movement which was supported by the Panel and CETHV.

The implementation of the extended district nurse course, in 1981, resulted in the need to update practising practical work teachers and ultimately to the revision of the Practical Work Teacher Syllabus. Courses based on the new 1982 syllabus then became the only route to qualification as a Practical Work Teacher.

When the role and training of the Practical Work Teacher had become well established local Practical Work Teacher Associations were constituted to provide a forum for the exchange of ideas and the provision of peer support networks. From the Essex Practical Work Teacher Association came the impetus for the formation of a National Association, which later merged with the District Nursing Association.Whilst the Panel members were not directly involved in the formation of these Associations its Nursing Officers encouraged the process.

As the remainder of this chapter unfolds in the following nine sections, each of the above developments will be discussed in some detail. The extent of the Panel's involvement in furthering the course of the Practical Work Teacher prior to and after it became officially responsible for this aspect of district nurse education will then become apparent.
INIITIATIVES BY TRAINING AUTHORITIES TO ESTABLISH PRACTICAL WORK TEACHER COURSES:

In 1961 the Queen's Institute held the first course for practical work instructors, (QIDN 1961 letter dated May), although an article in the Queen's Nursing Journal incorrectly states that such courses commenced in 1966 (Queen's Nursing Journal March 1974:275). From then onwards, until the mid 1970's courses for practical work instructors were a regular feature of the Institute's educational programme (Queen's Nursing Journal July 1974:86). The Institute held several courses each year and during the period 1972 to Spring 1973 six ten day non-residential courses and one five day residential course were attended by a total of 155 participants (Queen's Nursing Journal 1974 March page 274).

By the late 1960's some local health authorities were providing practical work instructor courses for their own staff; Berkshire being one of the first to do so (Panel Minutes 17.7.68/57). In July 1968 this authority's scheme was brought to the attention of the Panel of Assessors when the Department's Nursing Officer said "it was hoped that other authorities would run similar courses" (Panel Minutes 17.7.68/57). But the "Chairman said he did not think the Panel could issue general advice on this at the moment but asked whether the PHNO's could report to the Panel on what arrangements were being made up and down the county (sic - country)" (Panel Minutes 17.7.68/57). In 1969, the Panel noted that both local and Queen's Institute courses were being organised (Panel Minutes 26.11.69/65). One advantage of local schemes over those provided by the Queen's Institute was the fact that the district nurse's employing authority was less likely to incur the cost of residential accommodation. For instance, the Practical Work Instructors Course mounted by the Queen's Institute during the period 12th - 16th May 1969, and held at its London
headquarters, drew nurses from as far afield as Birmingham, Leicester, Cardiff, Stockport and Newcastle-upon-Tyne (QIDN 1969:10 - PWI's Course Programme 12th-16th May 1969 - see Appendix 9.1). But in some instances it is likely that even where local courses existed, eg Newcastle-upon-Tyne, they could not accommodate all applicants (Panel Minutes 16.7.69/63). The way in which one local health authority, namely Cumberland County Council, came to establish a training programme for practical work instructors in 1968, is of particular interest. According to Byatt (1970:28), this was the result of a response to a request for a short instructor's course from "the experienced teaching district nurses, who felt and expressed their need for help in participation of the new training".

By way of contrast, in some areas practical work instructor courses were being established in institutions of higher and further education, and when the Panel met in November 1969 its attention was drawn to a two week PWI Course which had been mounted at the North Western Polytechnic, London. The question was again raised as to whether the Panel should give guidance on PWI Courses. The members considered that "someone should be responsible for giving guidance" (Panel Minutes 26.11.69/65). However, the Department's Public Health Nursing Officer made it quite clear "that it was outside the Panel's terms of reference" (Panel Minutes 26.11.69/65). Therefore, the Panel asked its Secretary to draw the Department's attention to the need for guidance on such courses (Panel Minutes 26.11.69/65). Lack of guidance from the Panel regarding the preparation of practical work instructors resulted in courses in England developing in a piecemeal and uncoordinated manner.

In Scotland developments occurred in a more co-ordinated way because, when in December 1968 the Scottish Branch of the Queen's Institute discontinued district nurse training,
district nurse students were still able to attend one of the four district nurse training centres on a day release basis for the duration of their training. The centres were run by the Cities of Aberdeen, Edinburgh, Glasgow and County of Lanarkshire. The only exception were the nurses from the inaccessible parts of the Highlands and Islands who attended a specially arranged three week theoretical block (Campbell and Kennedy 1969:121). However, as elsewhere in the United Kingdom, the responsibility for the practical component of the district nurse training course of all the students rested with their employing authority. Therefore, in January 1969, representatives of the Scottish Home and Health Department, the Queen's Institute of District Nursing (Scottish Branch) met the tutors and administrators for the four training centres. Those present at this meeting recognised that:

local health authorities who wished to be considered as practical work training areas should be asked to select experienced and competent district nursing sisters who would have particular interest in teaching, and the ability to carry out the stimulating and responsible duties of a practical work instructor.

(Campbell and Kennedy 1969:121)

They also decided "that it would be helpful, indeed essential, to provide a course to prepare practical work instructors for their new responsibilities (Campbell and Kennedy 1969:121). The first course for practical work instructors in Scotland was held at the district nurse training centre in Edinburgh during the period 7th - 11th April 1969. The twenty-four participants were drawn from sixteen different local health authorities in Scotland. Accommodation was provided at the Edinburgh University halls of residence. The course members evaluation revealed the length of the course to be adequate but that "there would be a need for further study days inservice training provided by their own authorities" (Campbell and Kennedy 1969:121).
THE PANEL’S INVOLVEMENT IN ESTABLISHING A GRADE AND COURSE
FOR PRACTICAL WORK TEACHERS:

In March 1970, the Panel again focused upon the need for properly trained instructors and "it was suggested that the question of a practical work instructor grade was one for the Staff Side of the Whitley Council or the Department to consider in the first place" (Panel Paper PA(71)49:1).

A year later, when the Panel was considering the acute shortage of district nurse tutors it asked the Secretary to "prepare a factual paper on district nurse tutors and practical work instructors for the Panel's consideration" (Panel Minutes 10.3.71/73). This paper (Panel Paper PA(71)49) made reference to the fact that the Ingall Report (1959) stressed the practical nature of the district nurse course and the importance of practical training in the home. Designated senior district nurses were responsible for providing this aspect of training. However, the Secretary's Paper (Panel Paper PA(71)49) pointed out that "whilst there was no Whitley grade for nurses who undertook this instruction, they were usually referred to as Practical Work Instructors" (PWI). But the Panel still lacked authority to provide guidance on the training of PWI's and so referred the matter not only to the Department but also to the Committee on Nursing, because in its evidence to this Committee the Panel had recommended that:

to meet the needs of a unified health service, adequate arrangements should be made for the education and training of nurses responsible for the practical instruction of nurses undertaking training in the community.

(Panel Paper PA(71)49)

In July 1971, when the Panel had reviewed the District Nurse Syllabus, one of its recommendations was that "the Department should consider referring to the Whitley Council the question of a separate grade of practical work
instructor" (Panel Paper PA(71)49). Another testimony to the Panel's continuing concern about the training needs of practical work instructors was the fact that when the RCN approached the Panel in the summer of 1971 to enquire how it could help meet the educational needs of district nurses (see page 523) the Panel had "suggested the need for preparatory and refresher courses for practical work instructors" (Panel Paper PA(71)49). But despite the Panel's attempts to further the cause of achieving a recognised grade for the practical work instructor and guidance for PWI Courses it was debatable as to whether the time was right for such developments, especially in view of the impending release of the Committee on Nursing's Report (Briggs Report 1972). The Panel's Secretary certainly questioned whether "the Panel may think it inappropriate to consider, at this stage, the content of a training course for practical instructors for general application to district nurse training as it exists at present (Panel Paper PA(71)49:1). The Secretary also advised that in the Department's view it would not be a practical proposition to pursue the possibility of a separate Whitley grade for practical work instructors or the provision of facilities for training them during the period before the Committee on Nursing reported (Panel Paper PA(71)49:2). But the Department's view did not deter the Secretary from pointing out that because of the demand for training and the lack of uniformity of length and content of PWI Courses which were being mounted the Panel might consider there to be merit in considering a suitable programme for a short course of training and discussing it with the RCN, and that the agreed programme "could with advantage be offered to other professional organisations and educational institutions which wished to put on practical work instructor courses for interested local authorities in the interim period before the implementation of the recommendations of the Committee on Nursing" (Panel Paper PA(71)49:2).
Because, at this stage, courses did not have to be approved by the Panel, it was possibly only aware of those which were drawn to its attention. Table 9.1 lists those courses, known by the Panel, to be held during the period April 1969 - September 1971.

Table 9.1 Practical Work Instructor Courses known by the Panel to have been held between April 1969 - September 1971

<table>
<thead>
<tr>
<th>No</th>
<th>Organised by</th>
<th>Dates held</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aberdeen District Nursing Association</td>
<td>7-11 April 1969, 24-28 November 1969</td>
<td>5 days, 5 days</td>
</tr>
<tr>
<td>2</td>
<td>Berkshire County Council</td>
<td>September 1970</td>
<td>7 days</td>
</tr>
<tr>
<td>3</td>
<td>Bradford County Borough Council/Bradford Technical College</td>
<td>Between January and March 1971</td>
<td>9 days</td>
</tr>
<tr>
<td>4</td>
<td>Newcastle-upon-Tyne Polytechnic</td>
<td>16-27 June 1969</td>
<td>10 days</td>
</tr>
<tr>
<td>5</td>
<td>Polytechnic of North London</td>
<td>15-26 September 1969, 14-26 June 1971</td>
<td>10 days, 10 days</td>
</tr>
<tr>
<td>6</td>
<td>Queen's Institute of District Nursing</td>
<td>12-16 May 1969, 5-7 May 1970</td>
<td>5 days, 3 days</td>
</tr>
<tr>
<td>7</td>
<td>West Midland Post-Registration Nursing School/Wolverhampton CBC</td>
<td>September 1971</td>
<td>15 days</td>
</tr>
</tbody>
</table>

Main Source of Information Panel Paper PA(71)49 Appendix A

Despite the fact that the courses in the table were detailed in a Panel Paper the information regarding the entry for Aberdeen is suspect, because, it will be recalled, during the period 7th - 11th April 1969 a national PWI course for Scotland was being held in Edinburgh. But it is possible that Scotland's second
national course was the one held in Aberdeen between 24th - 28th November 1969. Whilst the Panel Paper made it clear that other courses, of which the Panel was not aware may well have been held between the specified period, it omitted any mention of the course at the North Western Polytechnic, London. This is surprising because this course was held between 15th - 26th September 1969, and as already mentioned was known to have been brought to the Panel's attention in November 1969. Even so, despite possible inaccuracies in the entry regarding the first Aberdeen course, Table 9.1 serves to demonstrate the fact that during the period under consideration courses varied in length from three to fifteen days, and that courses were mounted by health authorities, educational establishments, as a joint venture and by a voluntary organisation.

A comparison of the Queen's Institute Course (Appendix 9.1) and that offered by the North Western Polytechnic (1969) (Appendix 9.2) reveals that the former course focused mainly on 'teaching topics' whilst the latter placed considerable emphasis on management. From the available evidence there certainly seemed a need to standardise courses, and with this in mind, a district nurse tutor member of the Panel agreed to formulate proposals for a PWI Course. The paper she produced highlighted the multifaceted role of the PWI stressing her "administrative, teaching and nursing function" (Panel Paper PA(71)49 Appendix B). In addition, the Paper suggested criteria for selection of applicants for the PWI Course, which it proposed should be of thirty days duration. It also outlined the course content and made recommendations regarding teaching methods/learning experiences and assessment procedures (Panel Paper PA(71)49 Appendix B).

The Secretary's paper referred to earlier (Panel Paper PA(71)49) and the member's proposals for a PWI Course engendered a considerable amount of discussion when the
Panel met in November 1971. It concluded that there was "a need to establish a recognised course of training for practical work instructors which could be used as a basis for financial recognition" (Panel Minutes 24.11.71/77). But it was agreed that before considering such a course the Panel should:

inform the Department about the situation, including an estimate of the number of instructors required, and suggest that they might arrange for consultations with interested educational establishments, professional organisations and the local authority associations.

(Panel Minutes 24.11.71/77)

At the time when the Panel discussed the need for a recognised course, the members were made aware that the matter of financial recognition for practical work instructors had been discussed informally within the Department and that there was a likelihood "that the Whitley Council would consider sympathetically representations for an allowance to be paid similar to that received by clinical teachers and field work teachers" (Panel Minutes 24.11.71/77). The former taught student nurses in the clinical setting in hospitals and the latter student health visitors in the community. On the 14th March 1972:

the Whitley Council agreed to a claim by the Staff Side for a teaching allowance for district nurses who accepted full responsibility for the practical work instruction of nurses undertaking district nurse training leading to the award of the National Certificate.

(Panel Paper PA(72)24)

This came into effect in April 1972 and under the terms of the NMC Circular 136 the practical work instructors received £36 per annum in addition to their district nurse salary. Payment of the allowance was not dependent upon
completion of an approved course of training and/or a minimum period of teaching experience (Panel Paper PA(72)24). Therefore, the issues of financial recognition and a course for practical work teachers were no longer interlinked, and inevitably this left the Panel in a dilemma as to how to proceed with its case regarding the need to establish a standardised form of preparation for practical work instructors.

The Panel's Secretary proposed that a possible way forward might be to:

recommend a suitable programme for a short course along the lines of those already provided by local health authorities, polytechnics and other organisations. This could be brought to the notice of local authorities and other bodies wishing to organise such a course.

(Panel Paper PA(72)24:1)

He considered that "this type of course could be arranged fairly quickly and economically and might go a long way towards satisfying the demand for some form of uniform and nationally recognised training of practical work instructors" (Panel Paper PA(72)24:1). The same Paper (PA(72)24:1) suggested that the employing authorities should assume responsibility for selection of district nurses for practical work instructor preparation and that the minimum qualification should be SRN/RGN and NDN Certificate or equivalent. It also suggested that the Panel might consider it desirable to make recommendations regarding entry requirements, the minimum length of experience, interest in teaching etc, and that the Panel might wish to offer advice "on the number of nurses to be assigned to the practical work instructor at any one time and an appropriate reduction in case load while instructing, as in the case of fieldwork instructors" (Panel Paper PA(72)24:1). This is another example of district nursing following procedures already established
in health visiting. The Panel Secretary's paper also addressed the issue of the need for individual health authorities to determine whether practical work instructors who had already undergone a course of instruction needed to undertake further preparation for their role.

In addition to making proposals which obviously built upon ideas which had previously been considered, the Panel Secretary's Paper made a somewhat revolutionary suggestion:

An alternative might be the consideration of a course suitable for approval by the General Nursing Council for England and Wales for registration as a clinical teacher course under Part VI of the Nurses Rules 1969.

(Panel Paper PA(72)24:2) [1]

However, the Panel's Secretary could obviously foresee a number of difficulties in attempting to implement this type of preparation for PWI's, such as the cost of a course of six months duration and the problems of releasing staff for this amount of time. He also doubted whether this form of training was essential for "the task of imparting knowledge of nursing skills and procedures on the job to a qualified nurse" (Panel Paper PA(72)24).

When the Panel met in July 1972, it considered the various proposals contained in the Secretary's paper and concluded that:

The main consideration appeared to be the issue of guidance to training authorities on arrangements for uniform and nationally recognised training for practical work instructors which was capable of implementation during the interim period before the recommendations of the Briggs Committee took effect.

(Panel Minutes 19.2.72/81)

The Panel agreed that as it already had a Sub-Committee
considering the content of a proposed district nurse tutor course its remit should be extended to cover the training of practical work instructors (Panel Minutes 19.7.72/81). The Sub-Committee established a small Working Group to consider the training requirements of practical work instructors including the content of the syllabus, length of training and associated matters. The Working Group comprised two Panel members, (one a nurse manager and a district nurse tutor), a Nursing Officer from the DHSS and Miss Wilkie, Director of the CTHV (see Appendix 8.5). The reason for Miss Wilkie's involvement was probably the fact that the CTHV had already formalised training arrangements for fieldwork instructors. In the 1960's the CTHV had initiated special ten day courses for fieldwork teachers as part of the established programme of refresher courses which health visitors were eligible to attend at five yearly intervals. This had been achieved by inviting those organisations providing the majority of refresher course places, along with health visitor training schools willing to co-operate, to establish ten day courses with special programmes to meet the needs of fieldwork teachers. Apparently the CTHV had adopted this approach because of the lack of designated funding to establish separate educational provision for the preparation of fieldwork teachers (Wilkie 1979:44). By 1967 the CETHV had recommended the extension of courses for such teachers and proposed that they be increased to thirty days, presented in a series of blocks or study days to be completed within a year. The newly developed courses required the Council's approval if they were to lead to this statutory body's "letter of attendance" (Dean 1985:15).

The Panel's Working Group met on the 4th January 1973 when it defined the functions of the practical work instructor and outlined the programme for a fifteen day course of training. The length was only half that proposed by the Panel's district nurses tutor member in 1971 (see page 593.
589). In addition, the Working Group made recommendations regarding the selection of students for the course and approval of courses by the Panel. The members of the Working Group recommended that the Panel should issue a "certificate to practical work instructors successfully completing the course" (Panel Paper PA(73)11 - Appendix).

On the 21st March 1973, the Working Group's conclusions and recommendations were put to the Panel by the Sub-Committee considering the preparation of district nurse tutors and practical work teachers. The Panel endorsed these, subject to minor amendments, and agreed that "Practical work instructors who had already completed a course of a minimum of 10 days, within the last 2 years, should be accepted for recognition without the need for further tuition" (Panel Minutes 21.3.73/85). However, it was agreed that the issue of a certificate by the Panel "should be restricted to persons who had completed an approved course of instruction" (Panel Minutes 21.3.73/85).

THE APPROVAL OF PRACTICAL WORK TEACHER COURSES BASED ON THE 1974 SYLLABUS:

All the recommendations regarding the preparation and certification of practical work teachers, as approved by the Panel, were incorporated into Health Service Circulars HSC (1S)38 (England and Northern Ireland), WHSC (1S)3 (Wales) and NHS 1974 (GEN)23 Scotland (Panel Paper PA(75)8). These circulars, which were issued in June 1974 (for a copy of DHSS 1974 HSC (1S)38 and WHSC (1S)3 see Appendix 9.3), made it clear that district nurses who had already completed a course of instruction for practical work instructors under local arrangements would be eligible to continue to fulfil the teaching role for which they had been prepared. One recommendation which came to be incorporated into this circular resulted from the concern expressed by practical work instructors in Northern Ireland.
who had already undertaken a course of fifteen days duration but under the Panel's original proposals would not have been eligible for the its certificate. Their concern over this matter was brought to the Panel's attention in November 1973 by a representative of the Ministry of Health and Social Services, Northern Ireland. "While sympathising with the nurses, and appreciating their concern, the Panel re-affirmed that only those who completed an approved course would be entitled to the relevant certificate" (Panel Minutes 21.11.73/89). But the Panel asked the Secretary "to consider whether some form of letter of recognition could be issued by the Panel to those who had taken in good faith a comparable course of instruction" (Panel Minutes 21.11.73/89). This was put into effect because the circular goes on to explain that:

any authority seeking recognition of instruction provided under local arrangements as being comparable to that proposed under the terms of this Circular should submit full details to the Panel of Assessors by the 31st December 1974. If the Panel are satisfied that the instruction is comparable they will be prepared to issue a suitable letter of recognition to nurses concerned.

(DHSS 1974:Health Circulars HSC (1S)38 and WHSC (1S)3)


By October 1974, several authorities had submitted courses for retrospective recognition, but not all of these were comparable in length and content to the specifications laid down in the Appendices of the aforementioned Circulars. But some of those authorities whose courses did not meet the requirements indicated their willingness to offer supplementary conversion courses (Panel Paper PA(74)45). However the Panel agreed that:
i) Supplementary conversion courses should not be approved

ii) Retrospective recognition would not be given to courses of less than 2 weeks duration

iii) Authorities offering supplementary conversion courses for practical work instructors courses of less than 2 weeks duration should be informed of these decisions without delay so that they might plan accordingly.

(Panel Minutes 9.10.74/94)

The Panel agreed criteria for approval of courses based on the national syllabus (Panel Minutes 9.10.74/94 and Panel Paper PA(74)51 - Appendix 3) and these can be found in Appendix 9.4. In November 1974, the Panel approved the following courses:

Table 9.2 The first five Practical Work Instructor Courses to be approved by the Panel in November 1974

<table>
<thead>
<tr>
<th>Name of Course</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Croydon Technical College</td>
<td>6 week block</td>
</tr>
<tr>
<td>Hertfordshire AHA</td>
<td>3 week block</td>
</tr>
<tr>
<td>Kent AHA</td>
<td>3 week block</td>
</tr>
<tr>
<td>Polytechnic of North London</td>
<td>4 weeks in two equal blocks</td>
</tr>
<tr>
<td>Queen's Institute</td>
<td>3 week block</td>
</tr>
</tbody>
</table>

(Source of Information Panel Paper PA(74)51 Appendix 2 and Panel Minutes 20.11.74/95)

It is interesting to note from Table 9.2 that the two educational institutions both submitted courses of a length well in excess of the Panel's minimum requirement of fifteen days. The practical work teacher course at Croydon Technical College was to be held in conjunction with the
fieldwork teachers course. The Queen's Institute had four courses planned for 1975. Two other courses, which were considered by the Panel at the same time as those above, were deferred pending the receipt of further information. Both courses were criticised on account of the content which placed too much emphasis on clinical as opposed to educational subjects (Panel Paper PA(74)51 Appendix 2).

In November 1974 the Panel also dealt with eleven course proposals submitted for retrospective recognition. Courses submitted by Newcastle and North London Polytechnics, and Berkshire, Cumbria, Hertfordshire and Leicester Area Health Authorities all received retrospective recognition. But this was not the case for four other Area Health Authorities and the Queen's Institute whose courses were rejected on the grounds of inappropriate content or inadequate length, demonstrating that retrospective recognition was not automatically granted (Panel Paper PA(74)51 Appendix 1).

Over 250 district nurses are known to have attended the courses at North London Polytechnic for which retrospective recognition was granted. Apparently the District Nurse Tutor at this college "was one of the first to appreciate the importance of Practical Work Teacher courses" (Panel Paper PA(74)51) and the courses she organised were acknowledged to be of a consistently high standard. Teaching was by discursive methods and the students were required to take a very active part in the course, including pre-course preparation and the completion of course work. The course had always been oversubscribed due to the fact that many health authorities from various parts of the country had seconded members of their district nursing staff to this centre.

In Northern Ireland, from 1971 - 1976 the Practical Work Teachers' Course was run at the Royal College of Nursing in
Belfast, and staff attending between 1972- and 1974 were deemed eligible for the Letter of Recognition and from 1975 onwards for the Certificate (Letter to Panel's Secretary from CNO N Ireland 2.7.79 – appended to Panel Paper PA(79)43).

Once the Panel had dealt with the first batch of submissions for new and previous courses it agreed that:

future applications for approval of courses, both retrospective and prospective, should be dealt with at officer level with subsequent report to the Panel. Applications from authorities in Scotland, Wales and Northern Ireland would be examined by Mrs Jones, as the Panel's professional adviser, in consultation with the appropriate Departmental nursing officers.

(Panel Paper PA(74)51)

The practice of one Nursing Officer assuming overall responsibility in this matter obviously helped to standardise the training of practical work instructors in the United Kingdom. In cases of doubt, applications were to be referred to the Panel. But, the approval of the Secretary of State as advised by the Panel of Assessors was ultimately required (DHSS 1975:75 - Annual Report of DHSS for 1974). No time limit appears to have been set for the period of approval.

One of the centres which the Panel approved in 1975, to run special PWT courses up to December 1976, was at Foresterhill College of Nursing, Aberdeen. This centre offered an intensive four week course designed specifically for district nurses who were already practising as practical work teachers, although district nurses without such experience were not debarred from applying (PADNT Information and Examination Bulletin No 3, August 1975:5).

Obviously there was the possibility of too many courses being established, because by the end of 1975 twenty-four
centres were approved to run courses based on the national syllabus and 336 district nurses had been awarded the PWT Certificate (Annual Report of DHSS (For 1975) 1976:60). Therefore, the Panel agreed that after the 31st January 1975, the Department would be asked to issue a list of all approved centres since this "would help to discourage authorities from submitting courses where needs were already being met" (Panel Minutes 20.11.74/95).

Four years and five months had elapsed between the time that the Department's attention was first drawn to the need for guidance on the preparation of practical work instructors and its issuing a circular detailing arrangements. During this period the Panel demonstrated that it had the tenacity to pursue its goal of establishing officially recognised courses despite the many obstacles which it encountered.

Having approved new courses and given retrospective recognition to ones previously mounted the Panel had to consider the design of the Certificate to be issued to practical work instructors successfully completing a course based on the newly introduced syllabus; and also the wording of the letter to those who had already completed a course approved retrospectively. In March 1975, the Panel was presented with a draft certificate and draft letter for its consideration (Panel Paper PA(75)8 Appendix 1 and 2). The wording on both made reference to "a course of instruction for practical work instructors". After discussion the Panel agreed on the acceptability of the draft letter and the general format of the certificate, but it required the wording on the certificate to be amended to read "has successfully completed a course of instruction as a practical work teacher". This appears to be the first time the word practical work teacher was used (Panel Minutes 19.3.75/97). But by taking this action, the Panel had in effect introduced two different titles for one grade
of staff already recognised by the Whitley Council as a Practical Work Instructor. Another explicit gesture of the value which appeared to be placed upon the manner in which the qualification was obtained, was the fact that the Panel agreed that the certificate should be signed by the Chairman and Secretary to the Panel but the letter by the Secretary only (Panel Minutes 19.3.75/97). The August 1975 issue of the Information and Examination Bulletin (No 3) carried an apology for the delay in the issue of certificates and letters of recognition. This was attributed to technical reasons. A later Bulletin (PADNT 1976:1 paragraph 1:Information and Examination Bulletin No 6, August) explained that "after consulting the appropriate and professional organisations it was agreed that for the purposes of the certificates the term practical work teacher was more in keeping with the duties they perform". By this time 530 district nurses had successfully completed an approved course and been awarded a Practical Work Teachers Certificate (PADNT 1976:paragraph 1 Information and Examination Bulletin No 6, August).

ALTERNATIVE ROUTES TO QUALIFICATION AS A PRACTICAL WORK TEACHER:

On the 23rd July 1975, the Panel considered two alternative routes to qualification and certification as a practical work teacher (Panel Minutes 23.7.75/99). Each of these is now discussed in turn. The first relates to the Diploma in Nursing of the University of London and the second relates to the City and Guilds 730 Teacher's Certificate.

The Diploma of Nursing was in two parts namely A and B. The subjects in Part A were studied by all students enrolled on the Diploma Course and comprised Physiology, Psychology and the Development of Nursing as a Profession. Students proceeding to Part B studied one common subject; the Causes and Effects of Disease, and in addition an
optional subject in their particular speciality. For district nurses this subject was Domiciliary Nursing. For a number of years it had been possible for nurses who obtained Part A and B of the Diploma and who had an interest in teaching, to continue their studies in order to take a supplementary subject in Clinical Teaching. "This section of the Diploma was opened to health visitors who wished to qualify as fieldwork teachers" (Panel Paper PA(75)39 Paper 1). In 1973 a Working Group, established by a Committee of London University, was set up to review the regulations for the Diploma of Nursing (Perry 1980:1715). When, in 1975, it came to examine the syllabuses it considered that the teaching options should be extended to district nurses wanting to qualify as practical work teachers. According to a Panel Paper, in order to do so the district nurse would have to study the supplementary course "based on the Diploma of Nursing syllabus which offers clinical teachers an introduction to the teaching and learning process, this to be followed by a specialist teaching course on the role and function of the Practical Work Teacher" (Panel Paper PA(75)39 Paper 1); to qualify students had to pass a 3 hour written examination and an oral examination on the supplementary subject (Panel Paper PA(75)39 Paper 1). The Working Party sought the Panel's approval for this method of qualification. Although the Panel's Public Health Nursing Officer had already agreed that a proposal along these lines could be included with the other submissions for the revision of syllabuses, she took this unilateral course of action only because all proposals for change had to be lodged with the University by the beginning of July 1975. However, she had stipulated that the proposal was "subject to the approval from the Panel and any conditions they would wish to make" (Panel Paper PA(75)39 Paper 1). Whilst the Panel Minutes only record the fact that "district nurses in England and Wales who held the Diploma in Nursing, London University should be eligible for the award of the PWI Certificate provided
that Domiciliary Nursing formed Part B of the Diploma" (Panel Minutes 23.7.75/99), the PADNT (1977:1) Information and Examination Bulletin No 8, April, made it clear that in order to be eligible the person had to have the "optional additional subject - Clinical Teaching (Section IIC)". [2]

Immediately following the discussion about the Diploma in Nursing the Panel were advised that:

Several enquiries have been received from district nurses who have taken a part-time course leading to the award of the City and Guilds Certificate 730. They asked if this might be comparable to a Practical Work Teachers Course and thus qualify them for the Panel of Assessors Practical Work Teacher Certificate.

(Panel Paper PA(75)39 - Paper 2)

The Panel Paper (PA(75)39 - Paper 2) which presented the nurses' case made the point that "Generally nurses who have taken such courses live in areas where facilities for Practical Work Teachers Courses are unavailable and they have sought to equip themselves with teaching skills in an alternative way". The Paper also stressed the fact that the City and Guilds 730 Certificate required the study of teaching principles and practice to a much greater depth than that required of the Practical Work Teacher Syllabus. The assessment of the 730 Course comprised:

a) A 3 hour written paper on Principles and Methods of Teaching

b) An assessment of course work

c) An assessment of teaching practice

At the time the district nurses' request was put to the Panel, the City and Guilds 730 Certificate was acceptable to the General Nursing Council for registration as a
Clinical Nurse Teacher (Panel Paper PA(75)39 Paper 2). The Paper suggested that it seemed reasonable to accept the teaching content of the course as comparable with that of a Practical Work Teacher Course, providing the following requirements were met by each individual applicant:

a) 2 years' full-time experience as a district nurse since obtaining the District Nursing Qualification

b) the nurse is currently employed as a practising district nurse

c) the appropriate nursing officer or/and tutor concerned is satisfied that the applicant is familiar with the present pattern of district nurse training and competent to act as a practical work teacher

(Panel Paper PA(75)39 Paper 2)

Having considered the matter the Panel decided to defer a decision on the eligibility of district nurses who held the City and Guilds No 730 for the award of a Practical Work Teacher's Certificate, pending clarification of professional requirements by officers. In October 1975, the Panel reconsidered the matter and agreed that the "responsibility for assessing suitability to act as a practical work teacher should rest jointly with the applicant's Nursing Officer (district nursing) and the local district nurse tutor" (Panel Paper PA(75)48 - Appended Report and Panel Minutes 8.10.75/100). In addition the Panel agreed a procedure for the processing of suitable applicants (Panel Paper PA(75)48 - Appended Report and Panel Minutes 8.10.75/100). These were incorporated in a Circular which included the professional requirements and arrangements for qualification as a Practical Work Teacher by possession of either City and Guilds Certificate No 730 or Diploma in Nursing. This was circulated to all the official correspondents on the Panel's mailing list under cover of a letter from the Secretary (PADNT 1977:letter dated February 1977 ref E/D 105/44). For details of the
According to Robottom (1987 in a letter dated 10th April addressed to Miss S J Gibson) between 1977 and 1983 eighty-four Practical Work Teacher Certificates were issued to holders to the City and Guilds 730 Certificate and Diploma in Nursing. Whilst the breakdown of the figures for the two qualifications was not given, apparently most were issued to holders of the City and Guilds 730 Certificate, but some would have been issued to district nurses in Northern Ireland, because from 1977 the Practical Work Teachers' Course in the province was run in conjunction with the College of Technology in Belfast and the students were prepared for the City and Guilds Certificate (in letter to Panel's Secretary Miss D McCullough (CNO NI dated 2.7.79). In July 1982 the Panel, on the advice of its Education Committee, decided to withdraw recognition of the City and Guilds Course as a means of obtaining the Practical Work Teacher Certificate. According to the Panel's Education Committee Minutes this decision was reached because the course was specifically designed for part-time teachers in further education and not inclined towards teaching in the practical situation away from the teaching centre (Panel's Education Committee Minutes 11.6.82). But the Principal Professional Officer's letter, dated 27.7.82 and referenced PAC/82/5, which announced the Panel's decision gave the following explanation for the change in policy:

Since 1977 the Panel of Assessors for District Nurse Training had recognised successful completion of City and Guilds No 730 as a means of qualifying as a Practical Work Teacher. With the introduction of the new Guidelines for the Education and Training of Practical Work Teachers and the new curriculum in district nursing this arrangement has been reviewed. The Panel of Assessors have decided to withdraw recognition of City and Guilds No 730 as a means of qualifying as a Practical Work Teacher from the end of the academic year 1982/83.

(PADNT 1982:Letter from Miss B M Robottom (PPO) - dated 27th July)
The letter went on to explain that in future district nurses wishing to obtain a Practical Work Teacher's Certificate must complete a recognised course of training at an approved centre. The new Guidelines referred to in the letter will be discussed later. This letter in effect ruled out holders of the Diploma in Nursing from using this award to qualify as a practical work teacher, but in any case the Diploma course underwent a substantial revision in 1979 and the new syllabus, which comprised six units, was vastly different from the one it had replaced (Perry 1980:1715-1717).

PROBLEMS OF RECRUITMENT:

The criterion for recruiting practical work teachers specified a minimum length of experience in practice before commencing the Practical Work Teacher Course, but this proved difficult to meet in some parts of the country. For example in November 1975 the senior district nurse tutor from Oxford AHA proposed that young district nurses in Oxford City be allowed to train as practical work teachers once they had gained one year's post-registration experience as a district nurse. But the Panel rejected this request (Panel Minutes 19.11.75/101). However, undeterred by the outcome of her initial request this tutor persisted. Therefore, the Panel asked its Nursing Officer from the Department to "use her professional judgement as to their suitability for Practical Work Teacher training" (Panel Minutes 17.3.76/103). Whilst the tutor in Oxfordshire openly challenged the criterion others did so in a more covert manner, because the May 1976 edition of the Panel's Bulletin stated:

On scrutinizing applications for the practical work teacher certificate the Panel of Assessors' Secretariat have found that some candidates do not have the experience before admission to the course. Any tutor experiencing difficulty in obtaining suitably qualified applicants for the
course are advised to write for advice to the Panel of Assessors or the relevant Health Department.

(PADNT (1976:1) Information and Examination Bulletin No 5, May)

Such situations were brought to the Panel's attention. For example, when in 1978 Gwent Area Health Authority in Wales experienced a shortage of suitably qualified candidates for training as practical work teachers it asked:

for an exception to be made in the case of four nurses who had not yet completed 2 years post-certification experience. The Panel agreed that in this instance it would waive the post-certificate entry requirements for the course.

(Panel Minutes 8.10.78/100)

At the same time the Panel decided that further requests of this nature would be considered on their merits by Professional Advisers with reference to the Panel if necessary (Panel Minutes 8.10.78/100).

While there were Teaching Centres in England and Wales which sought to place pressure on the Panel to lower the entry requirements for Practical Work Teachers in order to overcome the problem of the shortage of suitable recruits, Scotland tackled the problem in a different way. In 1975 the Scottish Home and Health Department, in conjunction with the Scottish Information Office produced and distributed a publicity leaflet to make the role of the practical work teacher more widely known (see Appendix 9.6). This portrayed the role in a positive way, emphasising that the practical work teacher was a key member of the nursing and primary health care teams, and also stressed the desirability of the Practical Work Teacher attending a first line management course (Letter SHHD 1975:letter signed by Miss Morris dated 14th August and Information leaflet entitled District Nursing).

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But the position regarding the shortage of practical work teachers worsened with the implementation of the Halsbury pay award in 1975 (Halsbury Report 1974) because, although the Report resulted in a substantial pay award for all members of the nursing profession, Practical Work and Fieldwork Teachers lost their special teaching allowance (Halsbury Report 1974:28 paragraph 67 and Nursing Mirror June 1975:480). Whilst many Practical Work Teachers felt sorely aggrieved over this matter some, on principle, refused from then onwards to accept responsibility for the practical training of district nurses. One wrote to the Panel complaining "that the Halsbury Report had omitted to include practical work instructors within the grade of Clinical Instructor" (Panel Minutes 9.10.74/94). Whilst the Panel was aware that the omission had distressed practical work teachers who felt their teaching role was not being recognised it did not feel it was in a position to comment on this matter (Panel Minutes 9.10.74/94).

THE DEVELOPMENT OF COMBINED FIELDWORK TEACHER/PRACTICAL WORK TEACHER COURSES:

Over the years there was a gradual movement to combine fieldwork teacher and practical work teacher courses. It will be recalled that the first combined course to be approved by the Panel, in 1974, was located at Croydon Technical College (page 596). Other examples of such courses are the ones at the University of Surrey which started to operate in 1975 (PADNT 1975:Information and Examination Bulletin No 2, April) and one at Cartrefle College Wrexham approved by the Panel in October 1978 (Panel Minutes 20.9.78/118). In 1977 the CETHV took the initiative in suggesting a meeting of its own and the Panel's Professional Advisers in order to discuss future joint courses. At this time the CETHV had just published a Report on a "Revised Curriculum for a Certificate for Fieldwork Teaching" (CETHV 1977:Report of Working Party)
which recommended that a new, two part course should be established to comprise two or three theoretical blocks (Part I), followed by one academic year of supervised practical fieldwork teaching (Part II). Despite the fact that the practical work teacher course was never extended to a second year the Panel continued to support the development of joint courses. By 1983, the Panel's position regarding mergers was clearly stated in its guidelines which recommended that "whenever possible, that courses for practical work teachers are planned alongside and in conjunction with those of fieldwork teachers" (PADNT Regulations and Guidelines 1983:31).

THE EFFECT OF THE NEW DISTRICT NURSE CURRICULUM ON THE PREPARATION OF PRACTICAL WORK TEACHERS:

In December 1978 a letter and paper were sent out by the Panel's Secretary, to all correspondents on the Panel's list, explaining the arrangements for the introduction of the new curriculum (Panel Paper PA(78)68). The Paper set out the pre-requirements regarding practical experience:

1 No Practical Work Teacher should have more than 2 students at any one time;
2 Practical Work Teachers should have a reduced case load whilst training students;
3 Practical placements and experience should be planned in consultation with the Nursing Officer responsible for district nursing services.

At this stage no differentiation was made between practical work teachers who held the certificate and those who held the letter of recognition. But in April 1979, when the Panel discussed the draft version of the "Guidelines to Criteria for Approval of Training Centres and Courses" (Panel Paper PA(79)21) the paper differentiated between the two categories because the notes of guidance read:
Practical Work Teachers should hold a current certificate issue by the Panel of Assessors. Practical Work Teachers holding a letter of recognition are deemed not qualified to teach the new curriculum.

(Panel Paper PA(79)21 and Panel Minutes 25.4.79/122)

It is presumed that the Nursing Officer, from the Department of Health and Social Services in Northern Ireland, who was present as an observer at the Panel meeting when this matter was discussed, alerted her Department to this proposal, because on the 2nd July 1979, the Chief Nursing Officer from Northern Ireland wrote to the Panel's Secretary explaining that:

The matter causing concern to our Department is the suggestion that only staff who are in receipt of a certificate will be allowed to teach District Nurses when the new curriculum is implemented. As we have at the present time over 40 PWTs holding a Letter of Recognition and a smaller number holding the certificate, we are somewhat concerned.

(Panel Paper PA(79)43 - attached Letter from CNO Northern Ireland to Panel Secretary dated 2.7.79)

The letter proceeded to ask the Panel to permit those staff holding the Letter to teach students following the new curriculum. In addition, it asked the Panel "to consider and make proposals that will ensure no salary differential for those holding the Letter of Recognition from those holding the Certificate who are undertaking the same task" (Panel Paper PA(79)43).

The letter from the Chief Nursing Officer was discussed by the Panel at its meeting in July 1979 and it was suggested that:

many changes had taken place since January 1975, when courses leading to the issue of the Panel's PWT Certificate were introduced, and the training taken prior to that date was inadequate for the
new Curriculum without the additional experience of a refresher course. It was pointed out that all Teaching Centres had the responsibility for ensuring that PWTs took an updating course, on the recommended lines, and that it was the tutor's and nursing officer's responsibility for ensuring that PWTs were competent to teach student district nurses.

(Panel Minutes 4.7.79/NP1)

The Guidelines for ten day updating courses (Panel Paper PA(79)12), which had been prepared by the Panel's New Curriculum Planning Committee, had been agreed by the Panel the previous March, and immediately issued to the people concerned (Panel Minutes 14.3.79/121 – see Appendix 9.7). However, the Panel finally concluded that "Letters of Recognition should be accepted as equating to the PWT qualification" (Panel Minutes 4.7.79/NP1). In addition, the Panel stipulated that Practical Work Teachers should be expected to take an updating course before participating in teaching the New Curriculum (Panel Minutes 4.7.79/NP1), but these were not obligatory.

Therefore, it is concluded that events in Northern Ireland not only influenced the issue of the Letter of Recognition, but also ensured that it continued to have the same credibility as the Practical Work Teacher Certificate for official recognition anywhere in the United Kingdom. But the request made by the Chief Nursing Officer from Northern Ireland regarding the matter of equality of remuneration was outside the Panel's remit, since this was a matter for the Nurses and Midwives Whitley Council to consider (Panel Minutes 4.7.79/NP1).

Despite the fact that the Panel demonstrated an awareness of the inadequacies of the 1974 PWT Syllabus as a means of preparing practical work teachers to teach the new curriculum, it did not immediately reach the conclusion that there was a need to revise the syllabus. Instead, several months were to elapse before such a decision was
reached and credit for the proposal must be given to the Panel's New Curriculum Planning Committee, because one of this Committee's Progress Reports to the Panel (Panel Paper PA(80)31) contained the proposition that:

The Committee considers that a new and longer PWT Course needs to be introduced and RECOMMENDED to the Panel that a small working party should be set up, consisting of 2 tutors, 2 PWTs, an educationalist and a nursing officer.

The Panel agreed with this recommendation and referred the matter back to the Planning Committee to select the membership with the recommendation that the Practical Work Teacher member and a named Nurse Manager member of the Panel should be included. The Panel also named another member for consideration as Chairman but the Committee chose to disregard this last suggestion.

The eighteenth edition of the Panel's Bulletin (PADNT 1980:2 Bulletin No 18, September) explained this development:

With the introduction of the new district nursing courses for SRNs and RGNs in the autumn of 1981, the Panel considers that there is now an urgent need to bring the training of Practical Work Teachers into line with the philosophy of the new curriculum. The Panel has therefore decided to set up a Working Party to draft a new training programme for Practical Work Teachers. [3]

In April 1981, the Chairman, Mr Mills, reported to the Panel that the Working Group had held five meetings and was making good progress and that its Report would be ready towards the end of the year (Panel Minutes 28.4.81/NP12).

During the period when the Working Party was preparing its Report the Panel's attention was once again focused on the need to try to regain financial recognition for the Practical Work Teacher (Panel Paper PA(81)45). One of the
Panel members drew the Panel's attention to the DHSS 1981 Advanced Letter (NM 3/81 dated 3rd April page 2 paragraph 6) which explained that:

In the course of negotiations on the 1980 pay settlement and related matters, there has been further discussions of the claim for an allowance to be paid to the Health Visitor Fieldwork Teacher, Practical Work Teacher and Approved Midwifery Teachers in the community for the practical teaching responsibilities which they undertake. No agreement has been reached for the payment of an allowance, but the Whitley Council has agreed that the workloads of Health Visitor Fieldwork Teachers, Practical Work Teachers and Approved Midwife Teachers are so arranged as to take due account of the practical teaching responsibilities of the staff concerned.

In the light of this disappointing situation the Panel agreed to "place a strong plea before the management and staff sides of the Whitley Council for the recognition of the crucial part played by Practical Work Teachers in preparing the student district nurse" (Panel Minutes 1.7.81/NP13). At the same time it was agreed that the next edition of the Panel's Bulletin should also express concern over the delay in recognising the work of the Practical Work Teacher and the need to reduce case loads (Panel Minutes 1.7.81/NP13). But this decision appears to have been overlooked, probably due to the many changes which the Panel and its staff were experiencing at this time (PADNT (1982:1) Bulletin No 19, January). Later, in January 1982, the Panel agreed "it might be helpful, as an initial stage in the recognition of the Practical Work Teacher, if a definition of a Practical Work Teacher was put in the Nurses and Midwives Whitley Handbooks". The Principal Professional Officer was asked to take the necessary action to put this into effect (Panel Minutes 6.1.82/NP16). But the Panel never had the satisfaction of seeing the Practical Work Teachers regain financial recognition for their work.
The Report of the Working Party on the Training of Practical Work Teachers was presented to the Panel in January 1982, but the discussion was deferred at the members' request, in order to allow them more time to study the Report (Panel Minutes 16.1.82/NP16). However, in order to speed up the publication of the Report the members were denied the opportunity of discussing it at a later meeting. Instead they were asked to submit their comments to the Principal Professional Officer. These were then incorporated into the Report's recommendations. In the meantime the January 1982 edition of the Bulletin (PADNT (1982:4) Bulletin No 19, January) advised readers that the Working Party had submitted its Report and it was hoped that details would be made available by the end of February 1982. This deadline was met and the Course Requirements and Contents were circulated under cover of a letter from the Principal Professional Officer to the official correspondents of District Nurse Courses and the appropriate nurse management personnel (see Appendix 9.8).

The Report set out the course requirements and content. The length of the course had to "be a minimum of six weeks duration, preferably arranged in three units each of two weeks, and completed within a period of nine months" (PADNT (1982) Guide to the Education and Training of Practical Work Teachers, issued in 1982 but undated). The fact that the course had to be completed within a specific period proved to be a stumbling block to the development of some combined Practical Work Teacher/Fieldwork Teacher Courses because by this time the fieldwork teacher course extended over two years (see page 608). The PADNT Guide (1982:2) also stressed that Practical Work Teacher Courses "should be located within educational establishments responsible for the preparation of district nurse courses", and as previously stated, whenever possible planned to run alongside and in conjunction with Fieldwork Teacher Courses. In order to aid the development of combined
Practical Work/Fieldwork Teacher Courses the Panel and CETHV planned two workshops for tutors to Practical Work and Fieldwork Teacher Courses. These were held on 23rd November 1982 and 25th January 1983. The prime objective was "to consider areas where shared learning can take place" (PADNT (1982) Bulletin No 20, July and PADNT (1983) Bulletin No 21, January).

To gain approval for a Practical Work Teacher Course Teaching Centres had to submit copies of their submission, on the standard application form, to the Panel. Each Course was then considered by a member of the Panel's Education Committee and a member of the Panel's professional staff who made a recommendation to the Education Committee regarding the acceptability of the course (Panel's Education Committee Minutes 12.2.82). If the course was deemed to be satisfactory the Education Committee made a recommendation to the Panel that it be approved. This was a far more rigorous process than that adopted in 1974, when it will be recalled applications for approval were mainly dealt with at officer level (see page 598).
### Table 9.3 Location of Practical Work Teacher Courses based on the 1982 Syllabus

<table>
<thead>
<tr>
<th>Course Approval recorded in Panel Minutes</th>
<th>Institutions of Higher Education</th>
<th>Institutions of Further Education</th>
<th>Health Authority Courses</th>
<th>Area Health Authorities working in conjunction with Educational Establishments</th>
</tr>
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<tbody>
<tr>
<td>28.04.82/NP18</td>
<td></td>
<td>Stevenage College</td>
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<tr>
<td>15.07.82/NP19</td>
<td>Queen Margaret's College, Edinburgh</td>
<td></td>
<td></td>
<td>Exeter Health Authority, Community Nurse Teaching Centre/Exeter College</td>
</tr>
<tr>
<td>08.09.82/NP20</td>
<td>Mid Kent College of Higher and Further Education</td>
<td>Croydon College</td>
<td>Combined Training Institute University Hospital of Wales Cardiff</td>
<td></td>
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<tr>
<td>08.09.82/NP20</td>
<td>West London Institute of Higher Education</td>
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<td>08.09.82/NP20</td>
<td>Nene College of Higher Education</td>
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<td>08.09.82/NP20</td>
<td>Preston Polytechnic</td>
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<td>08.09.82/NP20</td>
<td>Sheffield City Polytechnic</td>
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<tr>
<td>10.11.82/NP21</td>
<td>City of Birmingham Polytechnic</td>
<td>Gloucester College of Arts and Technology</td>
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<td>10.11.82/NP21</td>
<td>Ulster Polytechnic</td>
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<tr>
<td>12.01.83/NP22</td>
<td>Buckinghamshire College of Higher Education</td>
<td>Bell College of Technology</td>
<td>Hampshire Health Authority</td>
<td>Warwickshire Authority/Lancaster Polytechnic</td>
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<td>University of Surrey</td>
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<td>16.03.83/NP23</td>
<td>Bristol Polytechnic</td>
<td>Carlisle Technical College</td>
<td>North Staffordshire Health Authority</td>
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<tr>
<td>16.03.83/NP23</td>
<td>Suffolk College of Higher and Further Education</td>
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<td>16.03.83/NP23</td>
<td>North East London Polytechnic</td>
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<tr>
<td>27.04.83/NP24</td>
<td>Teeside Polytechnic</td>
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<td>Leicester Health Authority</td>
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<tr>
<td>27.04.83/NP24</td>
<td>Trent Polytechnic</td>
<td></td>
<td>Liverpool Community Nurse Education Centre</td>
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<td>27.04.83/NP24</td>
<td>Wolverhampton Polytechnic</td>
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<tr>
<td>22.06.83/NP25</td>
<td>Polytechnic of North London</td>
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<td>Bradford Health Authority</td>
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<td>22.06.83/NP25</td>
<td>Manchester Polytechnic</td>
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<td><strong>TOTALS</strong></td>
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<td><strong>6</strong></td>
<td><strong>2</strong></td>
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THE IMPLEMENTATION OF THE 1982 PRACTICAL WORK TEACHER SYLLABUS:

By the Spring of 1982 the applications began to flow into the Panel's headquarters. In April 1982, the first course to be approved under the new arrangements was located at Stevenage College (Panel Minutes 28.4.82/NP18). All the courses which, according to the Panel's Minutes, were eventually approved can be found in Table 9.3; these total thirty-four, but the June 1983 edition of the Panel Bulletin (PADNT (1983:5) Bulletin No 22, June) records the number of approved courses as thirty-five. The writer has not been able to account for this discrepancy. From Table 9.3 it will be noted that twenty-one courses were sited in the higher education sector, five in technical colleges, six in health authority centres and two were combined ventures between Educational Institutions and Health Authorities. This clearly demonstrates a trend for Practical Work Teachers to be in the mainstream of the higher/further education sector. The length of approval granted for courses was variable, one to four years, depending upon the remaining period of approval granted to the district nurse course, as attempts were being made to co-ordinate approval of courses at individual centres. But in some instances only two years approval was granted in order to review the possibility of shared learning with other disciplines, especially fieldwork teachers (Panel Minutes 8.9.82/NP20).

The Panel does not appear to have had any policy for determining the geographical siting of courses. But through the medium of the Bulletin (PADNT (1983:5) Bulletin No 22, June) it reminded tutors that when submitting proposals "it is important to justify there will be sufficient numbers to produce viable courses". Practical Work Teacher Courses with less than ten participants were not considered viable (PADNT (1983:4) Bulletin No 21,
January). In the many cases where courses were closely integrated with Fieldwork Teacher Courses, the Panel’s and CETHV requirements insisted that the minority group could not be less than one third of the total course membership (PADNT (1983:4) Bulletin no 21, January). By February 1983, twelve of the Practical Work Teacher courses had joint/shared learning with Fieldwork Teachers (Panel’s Education Committee Minutes 11.2.83 and Panel Paper PAE 83/7).

It was noted above that the Panel's requirement for the six week Practical Work Teacher course to be completed within nine months, created problems in the development of some joint Practical Work/Fieldwork Teacher Courses. This was so in the case of proposals for combined courses submitted by Trent and Teeside Polytechnics, and Leicester Area Health Authority. These authorities wanted to extend the course into a second year, and to allow second year student practical work teachers to accept responsibility for teaching a student district nurse, whilst themselves under supervision (Panel Minutes 12.1.83/NP22). This would have been in line with the CETHV requirements for fieldwork teachers, (CETHV (1979:11) Syllabus and Guidelines for the Certificate Course in Fieldwork Teaching) but the Panel was not prepared to allow district nursing education to follow the precedent of health visitor education because of the educational, legal, manpower and financial implications. During the Panel’s Education Committee’s discussion on the three deviant course proposals the following points were enunciated:

i) The Panel’s guidelines stated that practical work teacher courses should be of six weeks theory, preferably in three fortnightly blocks interspersed with practice, and completed within a period of nine months

ii) The position of the district nurse student needed to be safeguarded: she had a right to be taught by a properly qualified practical work teacher

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iii) Extending the course into a second year might have cost and manpower implications

iv) There might also be legal implications if an unsuccessful district nurse student attributed her failure to having an unqualified practical work teacher

(Panel Minutes 16.3.83/NP23)

The Panel endorsed the position taken by the Education Committee and its recommendation to reject the courses as originally submitted. In the light of this verdict all three centres modified their proposals which were then approved.

In some parts of the country the distance practical work teacher students had to travel to a Teaching Centre necessitated the use of overnight accommodation. This obviously involved the seconding health authority in considerable additional expenditure, and it proved to be a very real problem for those authorities needing to train considerable numbers of practical work teachers to meet the demands of the new district nurse training course. Gwynedd Health Authority, in Wales, fell into this category and it tried to overcome the problem by asking the Panel to allow the Health Authority to make arrangements with the North East Wales Institute at Wrexham to base a "one off" Practical Work Teacher Courses within its geographical boundaries (Panel Paper PAE(82)9); but the Panel is known to have rejected this request on the grounds that practical work teacher courses needed to be based alongside district nurse courses.

Despite the problems experienced by some, possibly the more avant-garde centres and training authorities, it is a tribute to the district nurse tutors and Panel that so many courses, based on the new 1982 syllabus, were established in such a short space of time. However, it is recognised that the Panel was re-active rather than pro-active in
Introducing a new form of preparation for practical work teachers in order to equip them for the demands of teaching students being prepared by the new curriculum.

But in Kent and Surrey, where pilot district nurse courses based on the new curriculum had been introduced in 1977 and 1978 respectively (see page 329), the Teaching Centres had to undertake the necessary preparation to equip the Practical Work Teachers for playing their role in developing and teaching the new curriculum. An article by the Senior District Nurse Tutor at the University of Surrey, (Graham in PADNT (1980:5) Bulletin No 18, September) explained that:

Practical Work Teachers in Surrey and neighbouring Area Health Authorities responsible for the practical aspects of student learning have worked closely with course tutors in the formulation of the new training programme. In particular, their expertise has been invaluable in evolving a course structure where theoretical and clinical aspects are inter-related and developing appropriate teaching/assessment tools.

As a result of the changed dimension this training programme has given their role, PWTs expressed interest in forming an independent association geared to promoting discussion of relevant educational issues, and the recognition of the professional practice of Practical Work Teaching.

The development of this and another active local association and the formation of the National Association of Practical Work Teachers is now elaborated upon.

PRACTICAL WORK TEACHERS' ASSOCIATION:

Following permission and encouragement from Professor James, Director of the Department of Adult Education (now Educational Studies) at the University of Surrey where the pilot courses was based, and also from Mrs Anne Poole, who at the time was the Area Nursing
Officer for Surrey Area Health Authority, the Practical Work Teachers planned a meeting to consider the formation of a local association. The first meeting took place on the 6th February 1980. This was attended by twenty-four Practical Work Teachers from Surrey and the nearby health authorities of Kingston, Richmond and Croydon. Since students were seconded to the District Nurse Course at the University of Surrey by all the aforementioned authorities, the Practical Work Teachers from these areas also had close links with the University. Those present at the meeting decided to establish the Surrey Practical Work Teachers' Association. In addition, they appointed officers and began the work of drawing up a constitution. Mrs Poole accepted the invitation to become the Association's first President and Professor James did likewise for the position of Vice-President. The Association's first Chairman was Mrs Valerie Sheene, a Practical Work Teacher from Mid-Surrey Health District. The Association soon involved the Panel in its activities by inviting Miss P Miller, one of the Professional Advisers, to address those present at the fourth meeting (Graham in PADNT (1980:5) Bulletin No 18, September). The 18th issue of the Panel's Bulletin recorded the fact that:

This Association is an exciting extension from the stimulus for continuing education generated by the new curriculum. The interest shown has been exceptional and those involved have worked hard in a relatively short time to meet the growing professional awareness of the need for a forum specifically representing the Practical Work Teacher.

(Graham in PADNT (1980:5-6) Bulletin No 18, September)

Nine months after the Surrey Association was formed the Essex Practical Work Teachers' Association was founded, in November 1980 as a result of ideas discussed during an Updating Course for Practical Work Teachers. During the Course the need for Practical Work Teachers to be able to meet on a regular basis and to discuss matters of mutual
concern was acknowledged. Like its Surrey counterpart the Essex Association formulated a constitution and appointed officers. Its first chairman was Mrs Ann Mackenzie, who at this time was a District Nurse Tutor from the Essex Institute of Higher Education, and according to her the Association's declared aims were:

a) To engage in activities which will promote the role of the Practical Work Teacher

b) To provide a forum for the exchange of views and ideas of mutual interest to the group

(Mackenzie 1982:1-4)

The aims of the Essex and Surrey Associations were very similar but the vision of the former included national as well as local development (Mackenzie 1982:1-4). As a result of correspondence with other associations, and discussions with members of their association and letters in the nursing journals, the officers of the Essex Association became aware "that Practical Work Teachers were concerned about many aspects of their role, the constraints of heavy workloads and lack of professional recognition" (Mackenzie 1982:1-4), and that these concerns would best be debated at a national meeting (Mackenzie 1982:1-4). Right from the start the Essex Association ensured that the Panel was aware of its existence by inviting Mrs D Jones, Professional Adviser, to speak at its first meeting. Her talk was on the topic of "The role of the Practical Work Teacher" and apparently the content only served to reinforce the officers idea to organise a national meeting (Mackenzie 1982:1-4).

The date of the national meeting was fixed for the 12th September 1981 and the venue was to have been the Queen's Institute. It is not surprising that the Queen's Institute, as the first organisation to offer preparatory courses for Practical Work Teachers, was prepared to host the meeting, but such was the response from Practical Work
Teachers from all over the country to attend the meeting that the venue had to be switched to larger accommodation at the Nightingale School of Nursing, St Thomas' Hospital. Dr Charlotte Kratz, a well known journalist, freelance lecturer and Panel member, chaired the proceedings. The programme set out the aim of the meeting:

To provide the opportunity for practical work teachers to discuss items of mutual concern including the possibility of forming a national association.

(Anon:Programme of National meeting of Practical Work Teachers 12.9.81)

Like the chairman, the three guest speakers were all well known and respected figures in district nursing circles. These were: Miss Robottom (misspelt Rowbottom on the programme), Principal Professional Officer of the Panel; Mr Parsonage, Chairman of the Royal College of Nursing's Community Health Tutors forum whose membership included district nurse tutors and practical work teachers; Mr R Mills, Panel member and member of the Executive Committee of the District Nursing Association (Anon:Programme of National Meeting of Practical Work Teachers 12.9.81). The organisers of the meeting appear to have been politically astute in inviting speakers from the three main organisations involved with district nurse education. In addition to the lecture inputs, the programme provided time for Workshop Groups. The outcome of the Workshops was "the overwhelming decision that a National Association of Practical Work Teachers be formed" (Mackenzie 1981:4).

A leading article in the Journal of Community Nursing (November 1981:18-19) carried a full account of the meeting. The introduction stated:

History is in the making - that's how the chairman Charlotte Kratz described the first
national meeting of PWTs held in London in September. The meeting was organised by the Essex PWT Association and their initiative brought together over 150 PWTs from around the country, many of them giving up a precious day off.

(Journal of Community Nursing, November 1981:18)

The aforementioned article also pointed out that Miss Robottom considered the Practical Work Teacher to be the key person in the implementation of the new curriculum as both the clinician and the teacher, and she concluded her talk by proposing four lines of action:

1) Better preparation of PWTs
2) More liaison between PWTs and tutors
3) More support of PWTs by managers with a look at the preparation of district nurse managers
4) A greater commitment and understanding of the PWT by all the members of the team with the PWT selling herself to the team as a teacher

(Journal of Community Nursing, November 1981:18)

Besides resolving to establish a National Association to be run by a National Executive Committee, the Practical Work Teachers present at the meeting resolved to concentrate on organising local groups throughout the country. At the conclusion of the meeting everyone was encouraged to attend the next annual national meeting to be organised jointly by the West Midlands and Birmingham Practical Work Teachers Associations (Journal of Community Nursing, November 1981:19).

Three months after the first national meeting Mr Anthony Carr, a member of the Panel but in his capacity as President of the District Nursing Association (UK), wrote to Mrs Ann Mackenzie, Chairman of the National Practical Work Teachers Association, with a formal
proposition that the National Practical Work Teacher's Association become part of the District Nursing Association. If accepted the District Nursing Association was prepared to offer two additional places on its Committee to the Practical Work Teachers' Association, and to "establish through these two members a Practical Work Teacher UK Group to be run entirely by qualified Practical Work Teachers" (Letter from Mr Carr to Mrs Mackenzie dated 15.12.81).

Representatives of the Practical Work Teachers Association attended the eleventh annual meeting of the District Nursing Association, and the meeting endorsed the suggestion that the two organisations should maintain liaison in the interests of district nursing (Journal of District Nursing (1982:17) in Round Up). However, the negotiations to effect this merger obviously took some time, because a meeting between representatives of the District Nursing and Practical Work Teachers' Associations was held, at the Queen's Institute, on the 7th August 1984. This took place in order to discuss greater co-operation and "both sides agreed that steps should be taken to give effect to presenting a co-ordinated front in the interests of District Nursing generally" (DNA and PWT Association 7.8.84:Notes of meeting between Representatives). The outcome of the discussion was that the Secretary of the District Nursing Association was asked to prepare a discussion paper showing how a merger might be effected. A follow up meeting was planned for October 1985 and a target date for the merger set for January 1985 (DNA and PWT Association 7.8.84:Notes of a meeting between Representatives), but this deadline was not met because the merger became effective from the 1st April 1985 (DNA Executive Minutes 24.1.85). During the final meeting of the National Association of Practical Work Teachers on the 16th March 1985, the members gave approval to this union. The necessary changes to the District Nursing Association
rules were agreed at its 15th Annual Meeting held in Liverpool on 17th May 1986. These were set out in the April 1986 edition of the District Nursing Association newsletter.

Whilst the Panel was not directly involved with the development of either the local or national Practical Work Teachers Associations it will have become clear that its own developments acted as a catalyst to their formation. In the case of the Surrey Association the development was the new district nurse curriculum and with the Essex Association the Updating Courses. However, there is no doubt that the Panel's Professional Officers actively encouraged these developments by their contributions to the programmes of the Association's meetings. Likewise Panel members, albeit in various different capacities, were also actively engaged in promoting this particular aspect of district nurse education. It is therefore surprising that no mention appears of any aspects of the aforementioned developments in the Panel Minutes. However, the regular Bulletins of the Essex Practical Work Teachers Association provide a useful and interesting record of the development of one local association and this is still issued on a regular basis. These together with the Associations Correspondence serve to demonstrate that this organisation acted as a pressure group to further the cause of district nurse education.

It will be recalled that at the first national meeting of Practical Work Teachers' Association one of the points made by Miss Barbara Robottom was the need for more support of practical work teachers by district nurse managers. Besides supporting practical work teachers this grade of staff had a crucial role to play in district nurse training in the support and assessment of district nurse students during their period of supervised practice. The way in which the special preparation for this responsibility
developed is described in the next chapter.

NOTES:

[1] The Paper acknowledged that this "would require a course (approved by the GNC) lasting 6 months or appropriate qualification and teaching experience" (Panel Paper PA(72)24). Courses for Clinical Instructors developed in the 1960's as a result of the recognition of a need for trained instructors to carry out practical teaching in the ward situation at a time when ward sisters and nurses had insufficient time to devote to this activity. These courses were run by institutions such as the RCN and King Edward Hospital Fund for London. The Ministry of Health allocated a limited amount of money to the General Nursing Council to finance nurses taking these courses and their subsequent employment (Bendall and Raybould 1969:204-205).

[2] The person producing the Minutes for the July 1975 meeting had obviously overlooked the agreement reached, at the previous meeting, to change the title from instructor to teacher. Even so the Minutes were not subsequently amended to take account of this oversight.


Mr A R Mills (Chairman) Divisional Nursing Officer (Community) and Member of the Panel

Mrs E Dadd Practical Work Teacher

Miss E M Hall District Nurse Tutor

Dr R N Hallam Lecturer in Education

Mr S Steels Nursing Officer (Community)

Mrs B E Tofield Practical Work Teacher

Mrs W M Wells Senior Community Nurse Tutor

Mr Mills and Mrs Tofield were the Panel members. Dr Hallam was one of the main contributors to the District Nurse Tutor Conferences on the New Curriculum which had been held at Harrogate; therefore he was well aware of the training requirements of practical work teachers being prepared to teach the new curriculum.

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<td>Anon</td>
<td>1981</td>
<td>Programme of National Meeting of Practical Work Teachers held on 12th September</td>
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<td>Briggs A</td>
<td>1972</td>
<td>Report of the Committee on Nursing</td>
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<tr>
<td>Byatt J</td>
<td>1970</td>
<td>Practical Work Instructor's Course for district nurses in Nursing Mirror, 18th December</td>
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<tr>
<td>Campbell I and Kennedy E A</td>
<td>1969</td>
<td>The Role of the Practical Work Instructor in District Nurse Training in Occasional Papers</td>
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<td>Carr A J</td>
<td>1981</td>
<td>Letter dated 15th December from Mr A J Carr President of District Nursing Association to Mrs Ann Mackenzie, Honorary President of Essex Practical Work Teachers Association and Chairman of the Practical Work Teachers Association</td>
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<tr>
<td>CETHV</td>
<td>1979</td>
<td>Syllabus - Guidance and Regulations for the Certificate in Fieldwork Teaching CETHV:London</td>
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<td>Dean A</td>
<td>1985</td>
<td>Prelude to Practice RCN:London</td>
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<tr>
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<td>DHSS and Welsh Office</td>
<td>1974</td>
<td>Health Service.Circular HSC(1S)38 and WHSC(1S)3 District Nurse Training: Training of Practical Work Instructors. June DHSS and Welsh Office</td>
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<td>DHSS</td>
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<td>Department of Health and Social Security Advance Letter (NM)3/81 dated 3rd April to Administrators of: RHA's and AHA's, Secretaries of Board of Governors</td>
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<td>Notes of a Meeting held on 7th August 1984 between Representatives of DNA and PWT Association</td>
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<td>DNA Executive Minutes of Meeting held on 11th May 1985</td>
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<td>Graham E W</td>
<td>1980</td>
<td>Surrey Practical Work Teacher Association in PADNT Bulletin No 18, September, pages 5-6 PADNT:London</td>
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<td>Halsbury The Earl of Chairman</td>
<td>1974</td>
<td>Report of the Committee of Inquiry into the Pay and Related Conditions of Service of Nurses and Midwives HMSO:London</td>
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<td>Journal of Community Nursing</td>
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<td>PWTs galvanised and ready for action in Journal of Community Nursing, November, pages 18-19</td>
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<td>Letter from Miss D. McCullough to Panel's Secretary dated 2nd July headed Practical Work Teachers for District Nurse Training in Northern Ireland appended to Panel Paper PA(79)43</td>
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<td>Nursing Mirror</td>
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<td>Salary Scales for 1975 in Nursing Mirror, 5th June, pp 48-49</td>
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<td>North Western Polytechnic</td>
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<td>Programme: Practical Work Instructor's Courses for Senior District Nurses 15th-26th September</td>
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<td>PADNT</td>
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<td>Letter from Miss B. M. Robottom PPO PADNT to Official Correspondents, DNT's, DNO's, Chief ANO's, dated 27th July headed District Nurse Training - Practical Work Teachers</td>
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**Panel's Education Committee Minutes**

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Panel Papers

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District Nurse Training
November 1971

Panel Paper
PA(72)24
Practical Work Instructors
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Panel Paper
PA(73)11
Training of Practical Work Instructors and Appendix - Notes of Meeting of Subcommittee on the Training of Tutors and Practical Work Instructors held on 4.1.73
February 1973

Panel Paper
PA(74)45
Approval of Practical Work Instructor's Course - Retrospective Recognition
October 1974

Panel Paper
PA(74)51
Approval of Practical Work Instructors Course
November 1974

Panel Paper
PA(75)8
Training for Practical Work Instructors Certificate and letter of Retrospective Recognition
March 1975

Panel Paper
PA(75)39 Paper 1
Diploma in Nursing - University of London
July 1975

Panel Paper
PA(75)39 Paper 2
Further Education Teacher's Certificate Number 730
7th July 1975
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CHAPTER TEN

THE PANEL'S ROLE IN COMMUNICATING WITH NURSE MANAGERS AND MEETING THEIR EDUCATIONAL NEEDS

INTRODUCTION:

From the outset nurse managers played a key role in district nurse training, for the reader will recall that originally the Superintendent of the District Nurse Training Home was responsible for the theoretical and practical tuition of the district nurse probationers. But inevitably with the emergence of the designated grades of district nurse tutor and practical work instructor the nurse manager's involvement in district nurse training changed.

However, in parallel to these events major changes were occurring in nurse management structures which also affected the roles of the various grades of Nurse Managers. The Salmon Report (1966) resulted in a clearly defined and improved career structure for nurse managers in the hospital sector. Its principles were later applied to the local health authority nursing service and this resulted in the publication of the Mayston Report (1969). When this Report was implemented the Superintendent grades were abolished and replaced by various grades of Nursing Officer. The Nursing Officer (District Nursing) grade was the one responsible for the day to day running of the
district nursing service and the occupant usually possessed a district nurse qualification and district nursing experience. But when this was not the case it created problems for the Panel since the post-holder was responsible for the assessment of the district nurse student's suitability for practice. Some, who possessed the qualification also participated in the district nurse course lecture programme and the assessment of the examination scripts.

Barely had the recommendations of the Salmon and Mayston Reports been fully implemented when the 1974 reorganisation of the National Health Service occurred. This resulted in major changes in the overall management structure which included the integration of hospital and community nursing services. At this stage the district nursing service became the responsibility of the Health Districts whilst the overall responsibility for ensuring adequate provision of district nurse education was vested in the Area Health Authority (AHA). The Chief Nursing Officers at Health District and AHA level were not necessarily qualified and experienced in district nursing but it was these that the Panel had to influence in its work for district nursing, since they had overall responsibility for policy formulation. In 1982 the Area Health Authority tier was dismantled and the responsibility for financing district nurse training passed to the newly created District Health Authorities. By this time virtually all district nurse courses were sited in Colleges of Further and Higher Education. Soon afterwards, in 1983, Supervised Practice became an integrated and obligatory part of the district nurse course. The Panel stipulated that all district nurse students must have a named Supervisor during this phase of the course, and that the Supervisor must have completed a Course for Supervisors of Supervised Practice.
In the following five sections the above developments will be discussed more fully. Then it will become apparent that the Panel sought to maintain a dialogue with the various grades of nurse managers in the interest of achieving a degree of uniformity in district nurse training. In addition, the Panel used various means to ensure that the nurse managers were kept abreast of new developments in district nurse education. Nevertheless the fact that the Panel lacked consistency in making this provision will also be evident.

THE NURSE MANAGER'S CHANGING ROLE IN RELATION TO DISTRICT NURSE TRAINING:

When the Panel was first established to oversee district nurse training the Superintendents of Training Homes were still responsible for teaching the theory and practice of district nursing. But, they were supported by senior district nurses in the practical tuition, and other superintendents who, in some instances, organised lecture programmes in a central location which students from several homes attended.

In addition to teaching, those Superintendents whose names were on the Panel's List of Examiners were responsible for marking the district nurse students' answers to the centrally moderated examination question papers. Initially they were eligible to mark the scripts of their own and other authorities' students, but fifty per cent of the examiners had to be from outside the area (Panel Minutes 29.11.61/14). Superintendents employed by local authorities running their own independent Ministerial approved scheme also conducted the practical examination. But in those authorities affiliated to the Queen's Institute the Queen's Visitor conducted this aspect of the examination. This state of affairs persisted until the Queen's Institute withdrew from district nurse training in
the late 1960's.

Inevitably, with the gradual introduction and eventual formalisation of the Practical Work Instructor and District Nurse Tutor grades the Superintendent/Nursing Officer was relieved of the greater part of her teaching role, and according to Green (1979:102) some confusion arose in the minds of Nursing Officers as to how they could participate in the training of district nurses; although it is known by the writer that during the 1960's and 1970's many nurse managers did regular teaching rounds with the district nurse students. Additionally, some accepted invitations to make either an occasional or a regular contribution to the lecture programme organised by tutorial staff at the Teaching Centres, and some were members of the Examination Review Groups (PADNT (1980:6) Guide to the Curriculum).

From 1969 until 1981 all Nursing Officers were actively involved with assessment of practice, but with the introduction of continuous assessment in the late 1960's and early 1970's Practical Work Instructors assumed the major role in the appraisal of students' performance. Even so, according to the Panel's requirements (PADNT (1980:5) Guide to Syllabus and Rules), the decision regarding the student's competence to practice was made "after joint consultation between the tutor, practical work teacher and nursing officer in the area in which the student is taking her training". This was why some Nursing Officers considered it essential to undertake teaching rounds with the students.

Even though Nursing Officers gradually became less involved with the teaching and assessment of district nurse students, the Mayston job description for first line managers (Mayston Report:Appendix 4:II page 7) highlighted other areas of responsibility connected with the training of students. This stressed the role of the manager in
helping to organise observation visits and for liaising with staff engaged in practical training. In addition, it was the Nursing Officer's responsibility to ensure that the Practical Work Teacher's cases and workload enabled her/him to fulfil her/his teaching function effectively. In some health authorities the Nursing Officer was involved in the selection of district nurses including those who needed to undertake training for the role.

When the Panel's 1976 Report on the Education and Training of Nurses was published (PADNT Report 1976) it envisaged a six month course followed by three months supervised practice. The Report (1976:9) stipulated that "the practical work teacher should continually assess the student's progress throughout the 6 months course and report on the student's competence to practise as a district nurse". It then proceeded to explain that the award of the national District Nursing Certificate was dependent upon the student having achieved a pass grade in course work, the written examination and practical component and "a satisfactory report from the nursing officer supervising the 3 months continuous practice which follows the course" (PADNT Report 1976:9). But because initially the four Health Ministries could not agree on the need for supervised practice the Panel could not include it as an integral part of the district nurse course. Nursing Officers were denied any role in the assessment of practice for the National District Nursing Certificate from 1981, when the new curriculum was implemented, until 1983 when supervised practice was officially incorporated into the course of preparation. The way in which Nursing Officers were prepared for the supervisory role will be discussed later.

The next section provides a brief overview of the changes in the grading of the posts of senior nurse managers, explaining the background to these developments. This
information is included because some insight into the grading is necessary to appreciate why the Panel and Department directed its attention to making educational provision for specific grades of staff.

THE CHANGES IN THE GRADING OF NURSE MANAGERS AND IN HEALTH SERVICE STRUCTURES:

In the early 1960's it was increasingly recognised that nursing occupied a secondary position in the administration of the health services because of "the incoherence of the nursing administration itself and a seeming inability on the part of nurses to assert the right of their emergent profession" (Salmon Report A66:4 paragraph 1). Therefore a committee was appointed in 1963, under the chairmanship of Mr Brian Salmon, to consider the place of nurses in management. It had the following terms of reference:

To advise on the senior nurses management staff structure in the hospital service (Ward Sister and above), the administrative functions of the respective grades and methods of preparing staff to occupy them.

(Salmon Report 1966:1 paragraph 1)

Nursing procedures and pay and conditions of service were outside the Committee's remit. When the Committee reported it stressed the need for nurses to be involved in deciding, programming and executing policy. In order to achieve this three levels of management were deemed necessary. In top management nurses would be involved in the formation of policy whereas at middle management level nurses would be concerned in programming tasks and setting the limits within which those who were to execute the policy could act. The first line managers would then be free to execute the policy within the clearly defined limits. Each level would need various grades of staff and these were numbered 10 to 1. The way the higher grades were allocated can be seen in Table 10.1. The lower number 4 - 1 were applicable
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(Source: Salmon Report 1966:26)
to grades below staff nurse. Management training was considered to essential for grades 10 - 5.

The Committee published its findings in 1966, and the National Board for Prices and Incomes in their 60th Report (Pay of Nurses and Midwives in the National Health Service, March 1968) recommended the acceleration of the introduction of Salmon schemes throughout the country (Nursing Times Reprint (undated) entitled - Report of the Committee on Senior Staff Structure - Structure according to Salmon).

Obviously the introduction of the Salmon upgrading system in the hospital nursing service had ramifications for nurse managers in the local health authority service, because they were left outside of these management and pay conditions. Therefore, in the autumn of 1968 a Working Party, under the chairmanship of Mr E L Mayston was appointed to:

consider the extent to which the principles of the Salmon Report on senior nursing staff structure in the hospital are applicable to the local authority nursing service and what changes in structure of senior posts and changes in definitions of post may be required.

(Mayston Report 1969:1 paragraph 1)

There is no doubt that the management structure in the community needed streamlining because the Working Party discovered sixteen Whitley grades which appeared to be exercising first line management functions in the local health authority nursing services, including the Superintendent of the District Nursing Home (Mayston Report 1969:28). The Committee reported in October 1969 and stressed the need for three levels of management. These were in line with the recommendations of the Salmon Report regarding levels and responsibilities, but the titles of the posts were different and they were not numbered, as can
be seen in Table 10.2 below.

**Table 10.2 Mayston Report Management Structure**

<table>
<thead>
<tr>
<th>Level</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top</td>
<td>Chief Nursing Officer</td>
</tr>
<tr>
<td></td>
<td>Principal Nursing Officer</td>
</tr>
<tr>
<td>Middle</td>
<td>Area Nursing Officer</td>
</tr>
<tr>
<td>First line</td>
<td>Senior Health Visitor</td>
</tr>
<tr>
<td></td>
<td>Senior Home Nurse</td>
</tr>
<tr>
<td></td>
<td>Senior Midwife</td>
</tr>
</tbody>
</table>

According to the Mayston Report (1969:19-20) the Principal and Area Nursing Officers grades could either be responsible for all community nursing services within a given geographical area or for a single discipline, eg home nursing within a specific geographical area. When the recommendations of the Report were implemented these variations occurred (DHSS 1970:Circular 13/70). However, in some authorities the first line manager, generally known as Nursing Officer, was responsible for a single discipline (see Table 10.2) but in others for all the community nursing services within a given area. In the latter instance, the person appointed to the post did not always hold the qualification or indeed have experience in all the areas supervised. In some instances where the designated Nursing Officer did not possess a district nursing qualification this is known by the writer to have caused grievance amongst some district nursing staff, because they questioned the professional ability of the Nursing Officer concerned to provide the necessary supervision of trained staff and students for a service in which s/he had neither qualifications or experience.

Initially, the Panel's guidelines regarding assessment of practice (see Appendix 4.18) did not stipulate the need for the Nursing Officer involved in the assessment of practice...
to hold a district nurse qualification, but sometime after the introduction of the Mayston structure the Panel made it explicit that "Nurse Managers who participate in practical assessment should hold the NDN Certificate or equivalent and have had a minimum of 2 years full-time district nursing experience (PADNT Handbook 1974:2 paragraph 7.1).

Whilst the Mayston Report (1969) accepted the considerable level of responsibility assumed by health visitors, home nurses and community midwives it did not consider that they should be designated as first-line managers. This was because they were mainly seen as independent practitioners rather than having, as ward sisters did, to manage a team; although some were acknowledged "to allocate work and co-ordinate the functions of supporting qualified nurses, students and ancillary staff in deploying teams of nurses for example in group practice schemes" (Mayston Report 1969:25-26).

Since there were no Whitley grades for the District Nurse Tutor or Practical Work Teacher at the time of the Mayston enquiry no special arrangements were deemed necessary for the grading of these posts.

With the integration of the health service in 1974 the hospital and community services were united within the framework of the new management structure. It was at this stage that the nurses took over the control of the district nursing service and district nurse training from the now defunct grade of Medical Officer of Health. The health service was managed in three tiers with downward delegation and upward accountability to the DHSS. In England these were:
Table 10.3  Management Tiers in NHS following the 1974 Re-organisation

<table>
<thead>
<tr>
<th>DHSS</th>
<th>Regional Health Authorities</th>
<th>Area Health Authorities</th>
<th>Health Districts</th>
</tr>
</thead>
</table>

The DHSS allocated resources and directives to Regions. Each Region did likewise to the Area Health Authorities in its ambit. Whilst the majority of Area Health Authorities were divided into between two and six operational Health Districts, a few were single Districts. Whilst the nomenclature in the other countries of the United Kingdom differed and Wales was the equivalent of a Region the tiers were the same. The nurse management structure for the nursing service still operated at three levels, as before, but some of the titles in the line management structure changed.

Table 10.4  Titles of Nurse Managers following 1974 Re-organisation of NHS

<table>
<thead>
<tr>
<th>Level</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top level Management</td>
<td>- Regional Nursing Officer</td>
</tr>
<tr>
<td></td>
<td>- Area Nursing Officer</td>
</tr>
<tr>
<td></td>
<td>- District Nursing Officer, sometimes called Chief Nursing Officer</td>
</tr>
<tr>
<td>Middle Management</td>
<td>- Divisional Nursing Officer</td>
</tr>
<tr>
<td></td>
<td>- Senior Nursing Officer</td>
</tr>
<tr>
<td>First-line Management</td>
<td>- Nursing Officer</td>
</tr>
</tbody>
</table>
The top level managers need not necessarily have any previous experience of the community nursing services. This could also be the case for a Divisional Nursing Officer in charge of a mixed Division, embracing community nursing and some other aspect of nursing. However, in all instances the Area Nursing Officer was responsible for district nurse training, and theoretically, if not always in practice, owing to local arrangements, the senior District Nurse Tutor and District Nurse Tutors were accountable to the Area Nursing Officer. That is until the Area tier was dismantled.

Area Health Authorities disappeared when the NHS was re-organised, yet again, in 1982. Indirectly this resulted from the implementation of the recommendations of the Royal Commission on the NHS (Merrison Report 1979). Some of the Commission's recommendations were incorporated into a consultation document entitled "Patients First" (DHSS and WO 1979) and the subsequent handbook on Policies and Priorities "Care in Action" (DHSS 1981). District Health Authorities, the new tier, were directly accountable to the Regional Health Authority. By this time the majority of both grades of district nurse tutors were employed within Institutions of Higher and Further Education, albeit by a variety of funding arrangements. The few who were not, were usually employed by one District who then negotiated terms with neighbouring Districts for the provision of district nurse training.

The next change in management occurred in 1984 with the implementation of the NHS Management Inquiry Report (DHSS 1984:Health Circular HC(84)13). This resulted in the introduction of a grade of General Manager at Region, District and Unit level, of whom only a very small percentage were nurses.

Whilst this latter development occurred after the Panel was
disbanded, the rest of the developments which have been outlined resulted in the need for the Panel and Departments to try to ensure that the appropriate grades of nurse managers were kept abreast of developments in district nurse training, and whilst the issue of Circulars and the Bulletins went some way to achieving this goal the Panel also saw the need for a situation where Panel members and officers could enter into dialogue with nurse managers. Additionally, it was a useful educational exercise to bring nurse managers together into a situation where they could discuss matters of mutual interest and concern relating to district nurse training. The way the Panel sought to provide for the educational needs of nurse managers is described next.

EDUCATIONAL PROVISION FOR NURSE MANAGERS:

In 1968 "a series of regional conferences with training personnel" took place (Panel Minutes 13.3.68/55), organised by the Ministry of Health, for senior nursing staff from local health authorities and scheduled as follows:

<table>
<thead>
<tr>
<th>Date</th>
<th>Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.05.68</td>
<td>London</td>
</tr>
<tr>
<td>30.05.68</td>
<td>Birmingham</td>
</tr>
<tr>
<td>13.06.68</td>
<td>Manchester</td>
</tr>
<tr>
<td>10.07.68</td>
<td>Cardiff</td>
</tr>
<tr>
<td>10.10.68</td>
<td>London</td>
</tr>
</tbody>
</table>

(Panel Minutes 22.5.68/56 and Panel Paper ACTDN/PA(68)19).

According to the Panel Minutes "All authorities were represented at the conferences" (Panel Minutes 27.11.68/59), whereas a Panel Paper (ACTDN/PA(68)19) states that "Representatives from almost every local health authority have attended one or other of the conferences". Irrespective of which source was accurate, participation
had been excellent. In addition, there were representatives "from the Colleges of Further Education concerned with district nurse training in London, the Queen's Institute and the Royal College of Nursing" (Panel Paper ACTDN/PA(68)19). Nursing Officers from the Department had also been in attendance (Panel Paper ACTDN/PA(68)19).

The main theme of each conference was the new training and examination arrangements and each commenced with a short talk by a member of a team which comprised the Panel's Secretary, a Public Health Nursing Officer and two administrators connected with the Panel's work. The conferences were organised because of the changes resulting from the demise of the Queen's Institute, the Panel's new status as a United Kingdom body and the introduction of a national examination paper. Following the introductory talk, the conference programme allowed time for open discussion and questions from the audience with answers from the team. Apparently the response from the nursing personnel was very enthusiastic and the Department was satisfied that the conferences "provided a most useful means of communication during the period of transition" (Panel Paper ACTDN/PA(68)19). The questions posed from the floor of the meetings were wide ranging in nature and some extended well beyond the scope of district nurse training. A summary of the Questions and Answers will be found in Appendix 10.1. These demonstrate the many concerns that were occupying the minds of senior Nursing Staff at this time. The fact that the conferences provided a useful forum for the clarification of certain issues is also borne out by the following example. As a direct result of one of the points made at the conference (Panel Minutes 27.11.68/59) an entry appeared in the second edition of the Panel's Information Bulletin regarding the principles to be adopted in the selection of examiners (PADNT 1969:2) Examination Bulletin No 2 - 26th Examination:16th January).
In the same year as the Regional Conferences were held the London Borough's Training Committee held a Study Day for supervisory District Nursing Staff. This was held sometime before the Panel met on the 17th July 1968 since it was reported upon at this meeting. The Panel's Public Health Nursing Officer was one of the three nurse speakers. Those present indicated their approval of the Panel's policy to implement continuous assessment in place of the practical examination, but they pressed the need for practical work instructors to receive training for this aspect of their role. In addition, those attending the meeting shared their dislike of the two part examination paper, and they stressed the need for a change in the syllabus so that it reflected the changing role and work of the district nurse. Additionally, the importance of close liaison between tutors and superintendents was emphasised (Panel Minutes 17.7.68/57). Since the Public Health Nursing Officer who attended the Study Day conveyed the opinions of those present to the Panel, the nursing personnel who attended the conference had inadvertently acted as a pressure group, and the Panel's Minutes certainly indicate that the Public Health Nursing Officer's Report of the Study Day acted as a catalyst in engendering discussion amongst Panel members on a number of issues raised at the conference (Panel Minutes 17.7.68/57).

Another round of Regional Nursing Conferences was held in 1969. The venues for these meetings were Birmingham, Bristol, Durham, London and Wales (Panel Minutes 26.11.69/65). The two conferences which were held in Wales were organised by the Welsh Office and the ones in England were organised by the Department of Health and Social Security. Whereas the 1968 conferences had been devoted entirely to district nurse training, those held in 1969 considered a number of developments in the home nursing service. The programme for each conference comprised the following subjects:
i) Group attachments and community health teams

ii) The use of ancillary help

iii) District training for SRNs and SENs

iv) In-service training for all staff including auxiliaries

(Panel Minutes 26.11.69/65)

Understandably the last two items were of particular interest to the Panel.

The Nursing Officers present at the Conferences expressed a number of concerns, including the ability of local health authorities to provide community experience for student and pupil nurses (Panel Minutes 26.11.69/65). It will be recalled that while it was the responsibility of the General Nursing Councils to ensure the availability of such experience, eventually liaison was necessary between the GNC, Panel and CETHV to ensure the success of this component of the basic nurse training programmes (see pages 429 and 430).

Concerns about the inadequacies of the district nurse training syllabus raised at the 1968 conferences were re-echoed at the 1969 ones. The syllabus was criticised for not being related to present needs and in particular because "district nurses were untrained for the leadership, human relations and psychiatric aspects of their work" (Panel Minutes 26.11.69/65). Whilst the Panel agreed a review of training was necessary, it was considered that continuity was desirable until a review could be undertaken but that this should be delayed until the future was clearer (Panel Minutes 26.11.69/65). There was certainly concern expressed at some of the conferences about the future of district nurse training and clarification was sought regarding the Panel's and Departments' future role in this provision. Nursing Officers sought assurance that future arrangements would safeguard local health authority
interests (Panel Minutes 26.11.69/65). The general air of insecurity around at this time was understandable since the Queen's Institute had only recently withdrawn from training and the Panel lacked the status of an independent training body. The very fact that the Department, rather than the Panel, had organised the conferences only served to reinforce this fact.

The discussion at the conferences demonstrated the ambivalence felt about integrated courses. Some Nursing Officers supported this development as they considered "they were most useful in promoting LHA/hospital understanding and liaison" (Panel Minutes 26.11.69/65), whereas others did not consider them to be effective in achieving the desired aims (Panel Minutes 26.11.69/65).

The subject of examinations was aired at the conferences. A suggestion made at one conference was that "nursing officers and tutors might be allowed to submit draft examination questions" (Panel Minutes 26.11.69/65). The regulations (MoH 1967: Ministry of Health Circular 23/67 page 2 paragraph 9a - see Appendix 4.8) made it clear that each authority was required to submit questions, but they did not state who was eligible to do so, and at further conferences Nursing Officers were to be advised that:

the Panel would welcome the submission of draft questions; requests were addressed to the Medical Officer of Health as a matter of protocol but it was certainly intended that nursing officers should submit questions.4

(Panel Minutes 26.11.69/65)

This round of conferences was in the pre-Mayston era and the procedure regarding the request for the submission of questions certainly demonstrates the dominant role played by the Medical Officer of Health in district nurse training. At several meetings criticisms were received regarding the fact that the multiple choice question set
for the September 1969 National District Nursing examination was much too easy (Panel Minutes 26.11.69/65).

District nurse training for enrolled nurses was discussed despite the fact that the Panel's recommendations were still in camera, not yet having been agreed by the Departments, although several authorities were already running local courses. A suggestion was put forward for an integrated State Enrolled/District Nurse Course (Panel Minute 26.11.69/65), something which was eventually established but later discontinued.

The discussion at the conferences made it clear that most authorities were providing inservice training for their staff, including the auxiliary grade, and that refresher courses were considered to be a desirable feature of the educational provision. In addition, many local authority representatives indicated that they seconded staff to the refresher courses organised by the Queen's Institute (Panel Minutes 26.11.69/65).

Following the 1969 round of conferences many Nursing Officers had expressed their appreciation regarding the usefulness of the meetings. At that time it seemed the regional conferences would become an annual feature (Panel Minutes 26.11.69/65), but this was not to prove the case, despite the fact that the Panel had found both rounds of conferences useful in obtaining the climate of opinion on a number of issues pertinent to district nurse training.

In November 1971, the Panel discussed the idea of a series of one day seminars "to aid the establishment and maintenance of satisfactory national standards for theoretical instruction" (Panel Minutes 25.11.70/71). It was proposed that all persons in charge of approved training centres be invited to attend a seminar. A paper prepared by the Panel's Secretary which related to the
seminars clarified the staffing situation of the centres at this time. It explained:

Theoretical instruction in district nursing is the responsibility of the persons in charge of the approved training centres. Normally these are senior nursing officer of the local health authorities concerned (usually the superintendents of home nursing) or in some cases tutors specially appointed to conduct the courses. Tutors are also appointed by those educational institutions which provide training courses on behalf of local authorities.

(Panel Paper ACTDN/PA(70)44)

The Paper went on to suggest that if the Panel members considered the seminars to be a worthwhile undertaking they may wish to "consider whether they could assist by speaking at the initial seminar on various aspects of district nurse training and/or acting as a "panel of experts ready to answer relevant questions from the floor" (Panel Paper ACTDN/PA(70)44). The Panel agreed to the proposal, in principle, and asked the Secretary to "explore ways and means in consultation with the Panel's Nursing Adviser and the Department, of organising the initial seminar" (Panel Minutes 25.11.70/71 and Panel Paper ACTDN/PA(70)44). When the Panel met in March 1971 the programme for the seminar was agreed: the Chairman was to give the opening address and six members were to comprise the panel of experts. Time was to be allocated for discussion groups and those invited to the seminar were to be given notice of the questions which would be used as a focus for the group discussion. The letter of invitation to attend the seminar, together with the programme and questions can be found in Appendix 10.2.

Having agreed the programme for the seminar the Panel went onto discuss other agenda items, one of which was the review of the district nursing syllabus. Therefore an administrator from the Department suggested that:
The forthcoming seminar would provide a valuable opportunity to obtain the views of officers responsible for theoretical instruction and the extent of the revision required.

(Panel Minutes 10.3.71/73)

Whether or not this actually happened is not known, because the Panel Minutes make no reference to the outcome of the seminar. Neither is there any mention of any other seminars being held in the proposed series. The Panel may have had to shelve these in the light of more pressing issues requiring its attention, including the review of district nurse training and the preparation of evidence for submission to the Committee on Nursing (Panel Minutes 2.6.71/74).

Before the revised syllabus was approved by the Departments for issue to the training authorities, the Panel received an invitation to nominate one of its members to talk to a proposed meeting of nursing officers, scheduled for 26th April 1972 in North Wales, "about future trends in training and examinations for the National Certificate in District Nursing" (Panel Minutes 9.2.72/78). Two Panel members, a general practitioner and a district nurse tutor, agreed to speak at the meeting, but the Secretary was asked to supply any briefing or background information considered necessary. However, when the Panel's Secretary contacted the Chief Nursing Officer of Flintshire County Council, who had originally extended the invitation to the Panel, to advise her of the names of the speakers he was to learn that the meeting had been postponed to 4th May 1972, and that it would deal largely with health visitor training. Under the circumstances the Panel considered it inappropriate for their members to attend the proposed meeting (Panel Minutes 22.3.72/79). At face value this could appear as a slight to the Panel but maybe the issues relating to health visitor training were of a more urgent nature. However, later the Panel was again invited to send
a speaker to North Wales, and the members agreed the Nurse Adviser should attend (Panel Minutes 19.7.72/81). This could be interpreted as a rebuff but may have been because the Nurse Adviser had spoken, on the same type of subject, at a similar meeting in South Wales a few months earlier (Panel Minutes 9.2.72/78).

In the late 1960's and early 1970's the Nursing Officer's combined role of manager and teacher came under close scrutiny. The Mayston Committee concluded that because the number of nurse tutors employed directly by local health authorities was small, and a high proportion of tutorial staff had managerial jobs few local health authorities would require a separate staff structure for training alone (Mayston Report 1969:45-46). However, the Panel took an altogether different viewpoint, because the Panel's evidence to the Committee on Nursing and its recommendations arising from the review it had undertaken of district nurse training stressed the need for adequate teacher preparation and a separate grade of district nurse tutor (Panel Paper PA(71)48 and Appendix A).

During the period 1971 - 1975 the Panel expended a considerable amount of time and effort in establishing the grades of Practical Work Teacher and District Nurse Tutor, and in ensuring that there were adequate arrangements for the preparation of both grades. Once this was accomplished the Panel held an annual conference for tutors. Maybe this was why the training needs of nursing officers appear to have been overlooked, by the Panel between 1972 and 1979. But with the introduction of the New District Nurse Curriculum (PADNT Report 1976) this situation changed. The Panel's New Curriculum Planning Committee was charged with the responsibility of making the necessary arrangements to implement the new curriculum. As part of its strategy the Committee identified the need for an Updating Course for Nursing Officers. The Committee produced a paper detailing
the arrangements for and requirements of, such courses, and this was approved by the Panel in March 1979 (Panel Paper PA(79)13 and Panel Minutes 14.3.79/121). The aim of the course was to:

ensure that the Nursing Officer (District Nursing) is fully conversant with the curriculum and understands her role in respect of its implementation, assessment and evaluation.

(Panel Paper PA(79)13)

The Paper also specified course objectives and content. Additionally, it stressed the desirability of holding combined updating courses for Practical Work Teachers and Nursing Officers but with opportunities for special method work (see Appendix 10.3 for a copy of the Paper containing the guidelines for the Updating Course for Nursing Officers). Due to pressure of work on the Secretariat a delay occurred in issuing the Guidelines to Teaching Centres (Panel Minutes 25.4.79/122), but soon after these were received Teaching Centres made the necessary arrangements to mount the Courses. However, not all Teaching Centres heeded the advice to offer a combined updating course for Nursing Officers and Practical Work Teachers: Suffolk College of Higher and Further Education being one such example, offering separate updating courses for each of the grades (PADNT (1980:3) Bulletin No 17, May).

Until the Panel gained its independence from the Department it had no budget, so that it had to rely on it to fund national and regional conferences, workshops and seminars which were held in connection with developments in district nurse training. In some instances the Panel's request for such support was not granted, and when this occurred the Panel frequently looked to the Queen's Institute for financial assistance, with whom it had developed a good working relationship. When the Panel saw the need to mount
a series of conferences for Senior Nurse managers to introduce them to the philosophy of the New Curriculum one of its members made an informal approach to the Institute in order to see if a request for support would be considered sympathetically (Jones 1987: Oral Evidence, August). This obviously was the case as the Queen's Institute wrote to the Panel with a proposition which was put to the members when they met in March 1980. On this occasion the Panel was advised that the letter stated that:

it was probable that the Institute might have sufficient funds to give limited support to conferences for Divisional Nursing Officers and District Nursing Officers to help them understand and appreciate the implications of the new curriculum.

(Panel Minutes 12.3.80/NP5)

The Panel were asked to consider whether the conferences proposed by the Institute "would serve a useful purpose, and if so whether the Panel would be prepared to undertake the organisation of such conferences" (Panel Minutes 12.3.80/NP5). The Panel agreed to be involved and the Secretary wrote to the Queen's Institute making a formal application for financial support and indicating that the Panel would be prepared to organise such conferences and would set up a small sub-committee for this purpose (Panel Minutes 12.3.80/NP5). At its next meeting, held on 13th April 1980, the Panel was informed that:

the Queen's Institute intended to concentrate more on district nursing in future and had agreed to fund conferences for Nursing Officers organised by the Panel for which a sum of approximately £1,000 had been agreed.

(Panel Minutes 30.4.80/NP6)

Therefore the Panel decided to mount several one day courses throughout the United Kingdom and that a small working group of three should be set up with full executive
powers to organise them. The group was given the power to co-opt additional members if necessary. The Department identified itself with the venture by offering to provide secretarial services (Panel Minutes 13.4.80/NP6).

Area Nursing Officers were advised (by letter) about the conferences (Appendix 10.4). The first one for Senior Nurse Managers was held at the Queen's Institute headquarters on the 11th September 1980 (see Appendix 10.5 for programme). Over 299 Senior nursing staff from England and Wales applied but because it was oversubscribed another one had to be organised. This took place at the same venue on the 7th October 1980 (Panel Minutes 10.9.80/NP8). Other conferences were held in various venues e.g. Bolton, Wolverhampton, Exeter, East Anglia, Scotland and Northern Ireland (Jones Oral Evidence, August 1987). Precise details of all the venues and the exact number of conferences is not known because the September 1980 edition of the Bulletin, which should according to the Secretary's Report have provided details of the conferences failed to do so (PADNT (1980:1) Bulletin No 18, September). Mrs D Jones, the Panel's Nurse Adviser chaired all the conferences in England and a team of different Panel members spoke at the conferences; whereas the conference in Scotland was chaired by a Chief Area Nursing Officer, and just one Panel member addressed the conference in Northern Ireland which took place on 26th February 1981 (Panel Minutes 5.11.80/NP9 and 21.1.81/NP10).

The chairman of the working group which organised the conferences advised the Panel that "Attendances at the conferences had been very good and although the budget had been overspent the conferences had proved a very worthwhile exercise". The Queen's Institute is known to have met the full cost of the conferences (Kratz 1987:Oral Evidence, August). The writer, in her capacity as a Panel member, spoke at the first two conferences and can testify to the
fact that the discussion which followed each talk allowed senior nurse managers to air positive and negative viewpoints regarding the implementation of the New Curriculum. The increased cost resulting from the longer training and the fact that the district nursing qualification was to become mandatory for practice were posing considerable problems for nurse managers who were having to implement the new arrangements within their allocated budgets.

If the introduction of the new curriculum posed problems for senior nurse managers it certainly did likewise for the Panel. One of the most difficult problems which faced the Panel was the lack of standardised arrangements for supervised practice (see page 322).

THE PREPARATION OF SUPERVISORS OF SUPERVISED PRACTICE:

The fact that the role of a Supervisor is a complex one has been highlighted by writers such as Jarvis (1985) and Hawkins and Shohet (1989:4) and their appraisal of the role leaves little doubt there is benefit to be derived from preparation for the role. Whilst the ideas of incorporating a period of supervised practice into the district nurse course, and designating Nursing Officers to organise and assess this component of the training programme, were new to district nursing, this was not the case in health visiting, which included a period of supervision from 1966 (CTHV [no date of publication] First Report 1962-1964:10 and CETHV Handbook 1971:13). However, it was not until 1980 that the CETHV required Assessors of Supervised Practice to complete a special course approved by Council, and at the same time the CETHV opened a Roll of Assessors of Supervised Practice. Initially entry to this was not confined to those who completed an approved course because Assessors who had completed a structured course of at least five days duration, were also eligible to have
their name recorded on the Roll (CETHV 1980: Letter from Dr Turner PAO CETHV ref 4403 dated 6.6.80 plus Regulations).

Therefore when the Panel came to consider the preparation of guidelines for Supervised Practice and Courses for Supervisors it was able to draw upon knowledge from health visitor education and training. Additionally, it was able to utilise the literature which had been published about the way supervised practice had been developed in the pilot courses in Kent and Surrey [see Harstedt (1979), Gibson and Jarvis (1981) and Battle and Salter (1982)]. The last of these was circulated to Panel members as Panel Paper (PA(82)39). The Panel also tapped another resource by inviting Teaching Centres which had developed guidelines for use locally, to submit these to the Panel's Secretary (Panel Minutes 24.4.82/NP18). The various sources of information were gathered together in readiness for when the Panel's Working Group on Internal Examinations completed its work and was terminated. When this occurred the members of this Working Group, which was of comprised members of the Panel's Education Committee, were immediately asked to reconvene to consider the Guidelines for Supervised Practice (Panel Minutes 28.4.82/NP18).

The Working Group on Supervised Practice (Panel's WGSP) held its first meeting on the 20th August 1982 (Panel's WGSP Minutes 20.8.82). The fact that this was held in the height of the summer holiday period, and because the Group was established prior to receipt of the Department's approval for Supervised Practice demonstrates the urgency of the situation. The Panel kept up pressure on the Departments for a positive response (Panel Minutes 28.4.82/NP18) and 8.9.82/NP20), because it wanted to publish the Guidelines before its demise in 1983. The Working Group's terms of reference were:
i) to prepare guidelines for supervised practice for use by tutors, students and nurse managers

ii) to recommend criteria for courses for assessors of supervised practice

(Panels' WGSP 1982:Paper WGSP (82)1)

At the first meeting of the Working Group the members were presented with a Paper (Panels' WGSP 1982:WGSP (82)2) which provided guidelines for courses. This had been prepared by the Panel's staff following an analysis of the guidelines sent in by the tutors. This suggested that the Panel valued the work being currently undertaken, by tutors, in the area of supervised practice and that it wanted to build upon the foundations which had already been laid. The urgency of the situation was such that members were asked to take the Paper away and submit their comments upon it by September 1982. In addition, arrangements were made for each member of the Working Group to receive a copy of the Third Interim Report of the research into the supervised practice element of district nurse education being undertaken at the University of Surrey (Panels' WGSP Minutes 20.8.82 and Panel Minutes 8.9.82/NP20). Fortuitously, this had just been released for circulation by the research funding agency, the DHSS. The Report (Battle and Salter 1982:25) concluded that:

It is therefore important that the maximum use should be made of opportunities offered by supervised practice. The implementation of the new curriculum during this 3 month period needs to be reinforced by a training course for nursing officers which takes full account of the complexity of the role they are being asked to play as well as the resource and staffing constraints to which nursing officers are inevitably subject. Unless this is done, the supervised practice of district nurses will more easily fall victim to the shifting priorities of individual nurse managers.

When the Panel met in November 1982, it was to learn that
whilst the final draft paper on the Guidelines would be presented to the Working Group on Supervised Practice in December, no formal reply had yet been received from the Departments regarding the implementation of supervised practice (Panel Minutes 10.11.82/NP21). But in January 1983, the suspense ended when the Panel learned that Supervised Practice was to become a component of every course, but that there would be no official regulations to stipulate the length (see page 348). Even so, this compromise situation meant that the Working Group's effort had not been in vain. The guidelines it produced were slightly amended by the Education Committee and approved by the Panel (Panel Minutes 12.1.83/NP22). The Panel then agreed to circulate them as soon and as widely as possible, but not before the circular letter (PADNT 1983:PAC (83)1) explaining the new arrangements for supervised practice had been distributed. This was referred to in Chapter Five (see page 349). This made it quite clear that:

from September 1983 the award of the NDN certificate will be dependent upon the student achieving a pass in:-

a) the written examination;

b) assessment of specified course work;

c) assessment of practical work;

d) satisfactory completion of a period of supervised practice

(PADNT 1983:Panel Circular PAC (83)1)

Both sets of guidelines relating to supervised practice were circulated under cover of a letter from the Panel's Principal Professional Officer dated 9th February 1983 (ref BMR/EH - see Appendix 10.6). This letter asked the recipients to note that whilst the term Nursing Officer was used in the guidelines, the terminology was being changed in the current restructuring of the NHS and that the equivalent grading should be substituted as appropriate. But even if the Guidelines to Supervised Practice (PADNT 1983) and Guide to Courses for Supervisors of Supervised
Practice (PADNT 1983) (see Appendix 10.6) had to be amended as soon as they were received, they did provide some guideline which was what tutors and nursing officers had been pressing for ever since the news of the implementation of the new curriculum had been announced.

The final issue of the Panel's Bulletin (PADNT 1983:5 No 22, June) records the fact that many Teaching Centres were holding courses for supervisors, and that whilst the Panel's professional staff would be pleased to receive course programmes official approval of courses would not take place until Teaching Centres were due for re-approval. The Guide to Courses for Supervisors (1983:3) made it clear that a district nurse tutor must be involved in organising and running the course, and that the courses must be of five days duration and could be run in conjunction with courses for Assessors of Supervised Practice in health visiting. The Panel did not make any arrangements to record the names of those who completed an approved course, but eventually the successor bodies, the National Boards for Nursing Midwifery and Health Visiting made arrangements to issue a Statement of Attendance to each person completing a course (see for example ENB (1987:12) Regulations and Guidelines for District Nurse Education.

CONCLUSION:

During the period 1959 - 1983 the Panel was faced with the need to implement several major changes in the area of district nurse education. These included the introduction of the grades of district nurse tutor and practical work teacher. Inevitably nurse managers became less involved in the theoretical and practical tuition of district nurse students. Even so, the Panel sought to prepare Nursing Officers for the aspects of their role which involved supervision and assessment in the area of district nurse training. In addition, the Panel sought the views of
Nursing Officers about current trends and future developments appertaining to training.

The introduction of the Mayston Nurse Management Structure and the integration of the Health Service provided senior nurse managers with more influence in policy formulation and implementation and the Panel sought to keep senior nurse managers abreast of changes in district nurse education, being mindful of the extent to which the measure of their support would influence the pace at which change was introduced.
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<tr>
<th>Source</th>
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<td>DHSS Circular 13/70 entitled Management Structure of the Local Authority Nursing Services sent to Clerk of Council/Town Clerk dated 5th August</td>
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<td>1984</td>
<td>Health Services Management Implementation of NHS Management Inquiry Report Health Circular (84)13 June</td>
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Regulations and Guidelines for District Nursing Education and Training and Related Matters
May 1987 Revised
ENB: London

Supervised Practice in
Journal of Community Nursing
August, pp 20, 23 and 28

The role of the nursing officer in district nurse training in Nursing Times
Community Outlook 12th April
pp 102, 104 and 106

Kent's blueprint for the 1980's in Nursing Mirror
5th July, pp 26-29

Supervision in the helping professions
Open University Press:
Milton Keynes

The Role of the Supervisor in Nurse Education Today

Oral Evidence August

Oral Evidence August

Report of Working Party on Management Structure in the Local Authority Nursing Services
DHSS SHHD WO

Report of the Royal Commission on the National Health Service
HMSO: London

Ministry of Health Circular Training of District Nurses

Report of the Committee on Senior Nursing Staff Structure - Structure according to Salmon

666
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<th>Year</th>
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<td>1980</td>
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Panel Minutes 22.05.68/56  
Panel Minutes 17.07.68/57  
Panel Minutes 27.11.68/59  
Panel Minutes 26.11.69/65  
Panel Minutes 25.11.70/71  
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Panel Minutes 02.06.71/74  
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Panel Minutes 19.07.72/81  
Panel Minutes 14.03.79/121  
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**Panel Papers**

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<td>ACTDN/PA(70)44</td>
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<td>Theoretical Instruction - Setting and Maintaining Standards</td>
<td>November 1970</td>
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<td>PA(71)48 plus Appendix A</td>
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<td>District Nurse Training: Theoretical Instruction</td>
<td>November 1971</td>
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<td>PA(79)13</td>
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<td>Updating of Nursing Officers Responsible for District Nursing Services</td>
<td>March 1979</td>
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<td>PA(82)39</td>
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<td>Copy of Supervised Practice and the Nursing Officer by Battle S and Salter B in Journal of District Nursing July 1982, pp 14, 16 and 17</td>
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**Panel's WGSP**

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| WGSP Paper (82)1 |            |
| Working Group on Supervised Practice: Terms of Reference |

<p>| WGSP Paper (82)2 |            |
| Working Group on Supervised Practice - Guidelines for Courses |</p>
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<td>1982</td>
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<td>Salmon B</td>
<td>1966</td>
<td>Report of the Committee on Senior Nursing Staff Structure</td>
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INTRODUCTION:

During the twentieth century five major reports (Lancet 1932, Athlone 1939, Horder 1942, Wood 1945, Platt 1964) recommended the need for major reforms in nurse training. However, radical change was avoided "by government, the profession or both in favour of cosmetic stop gap measures to keep the system working" (Bradshaw 1989:2). Even so, the debate continued "between those wishing to improve the educational experience and those who required students to maintain the nursing service" (Bradshaw 1989:3). This led the Government to commission an official enquiry, the Committee on Nursing, which commenced in March 1970 (Briggs Report 1972:v).

The Committee, set up by the then Secretaries of State for Social Services, Scotland and Wales, was chaired by Professor Asa Briggs who, at the time, was Vice Chancellor of Sussex University. Its terms of reference were:

To review the role of nurse and midwife in the hospital and community and the education and training required for that role, so that the best
use is made of available manpower to meet present needs and the needs of an integrated health service.

( Briggs Report 1972:v)

The Committee and its Report, which was published in October 1972, became known by the Chairman's surname. The Briggs Report contained recommendations for radical reforms, including the need for a new statutory framework for nursing and midwifery standards, education and discipline.

On the 6th May 1974, the Government announced its acceptance of the main recommendations of the Briggs Report (DHSS 1974:CNO Memorandum 18th September). In order to establish a new statutory framework enabling legislation was necessary and so in November 1978, a Government sponsored Bill was presented to Parliament, which resulted in the Nurses, Midwives and Health Visitors Act being passed in April 1979. This Act led to the creation of five new statutory bodies which, when fully operational, resulted in the demise, in September 1983, of the nine extant statutory and non statutory training bodies including the Panel of Assessors (see Table 11.1).

The members of the three professional groups were to elect representatives to the National Boards, but since this could not be accomplished until the UKCC had prepared a single professional register, from which the electorate could be identified, an appointed shadow Council and National Boards were established in 1980. They worked in parallel with the extant bodies in order to ensure a smooth handover of functions to the elected Boards and subsequent Council in 1983.

During the thirteen years between the establishment of the
Table 11.1   Titles of New and Extant Bodies

<table>
<thead>
<tr>
<th>New Statutory Bodies</th>
<th>Extant Statutory Bodies</th>
<th>Non-Statutory Extant Bodies</th>
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<tr>
<td>- United Kingdom Central Council for Nursing, Midwifery, and Health Visiting (UKCC)</td>
<td>- General Nursing Council for England and Wales (GNC England and Wales)</td>
<td>- Joint Board of Clinical Nursing Studies for England and Wales (JBCNS)</td>
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<td>- English National Board for Nursing, Midwifery and Health Visiting (ENB)</td>
<td>- General Nursing Council for Scotland (GNC Scotland)</td>
<td>- Committee for Clinical Nursing Studies for Scotland (CCNS)</td>
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<td>- National Board for Scotland for Nursing, Midwifery and Health Visiting (NBS)</td>
<td>- Central Midwives Board for England and Wales (CMB England and Wales)</td>
<td>- Panel of Assessors for for District Nurse Training UK (PADNT or Panel)</td>
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<td>- Welsh National Board for Nursing, Midwifery and Health Visiting (WNB)</td>
<td>- Central Midwives Board for Scotland (CMB Scotland)</td>
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<td>- Northern Ireland National Board for Nursing, Midwifery and Health Visiting (NINB)</td>
<td>- Northern Ireland Council for Nurses and Midwives</td>
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<td></td>
<td>- Council for the Education and Training of Health Visitors UK (CETHV) - (former CTHV)</td>
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Source of information: (UKCC 1981)
Committee on Nursing and the UKCC and Boards becoming fully operational there was extensive consultation of the nursing, midwifery and health visiting professions, initially by Government and later by the new "shadow" statutory bodies resulting in modification of some of the main recommendations of the Briggs Report. But gaining consensus between the differing interests was not easy. Nursing comprised many occupational groups, so that it could not speak with one voice, each was concerned to preserve its own individuality and autonomy - especially midwifery, health visiting, psychiatric and district nursing.

The Panel of Assessors, together with other interested parties, sought to safeguard the position of district nursing in a time of change and to achieve three specific goals namely:

1) the establishment of a statutory District Nursing Joint Committee of the UKCC and National Boards

2) a mandatory district nurse qualification for practice

3) the district nurse qualification to be eligible for registration

Only the first two goals were achieved (see page 324, for discussion about the second of these). The remainder of the chapter is presented in five sections. The next, section two, discusses the way in which the Panel prepared and presented evidence to the Briggs Committee, its recommendations and the Panel's reception of these are summarised in section three. Section four focuses on the Government's acceptance of the main recommendations and the subsequent course of events which lead up to the passing of the Nurses, Midwives and Health Visitors Act (HMSO 1979).
THE PANEL OF ASSESSORS' WRITTEN AND ORAL EVIDENCE TO THE BRIGGS COMMITTEE:

In order to define objectives and chart policies the Briggs Committee conducted research, commissioned research surveys, visited hospitals and community health services and obtained written and oral evidence.

Written Evidence:

On the 25th November 1970 the Panel agreed "to accept the invitation to submit evidence on district nurse training through the Department to the Committee on Nursing" (Panel Minutes 25.11.70/71) within specified parameters (Briggs Committee on Nursing Letter from Secretary dated September 1970 Ref M/N45/140 and Panel Paper ACTDN/PA(70)43). The Panel established a sub-committee to consider the propositions and to determine the form that the evidence should take. It produced a draft paper for the Panel's consideration (Panel Minutes 25.11.70/71 and 10.2.71/72), and this was discussed and amended on the 10th March 1971 (Panel Minutes 10.3.71/73).

The Panel's evidence was submitted in the form of a nine page memorandum, which was not for publication (PADNT 1971 Memorandum). The quantity of written evidence was much less than that submitted by some other training bodies, eg the Council for the Training of Health Visitors (CTHV) published its evidence in the form of a sixty-four page book in December 1970. The Panel would have been aware of this publication but it was not unduly influenced by the CTHV evidence when producing its own.

The Panel's memorandum contained eleven main conclusions all of which are outlined below. The ones relating to
practice stressed the increasing emphasis being placed on
the community nursing services; the need for members of the
community health care team to work in partnership to
provide health care in the community; the need to extend
the scope of nursing care provided by a clinical nursing
team, which would comprise a skill mix of the nurse with
post-basic training, nurses under supervision and lay
assistants.

With regard to training the Panel proposed that:

there should be a single independent statutory
training body in the future responsible for basic
and post basic training. Community nursing
should be delegated to a special committee with
adequate representation of community nursing
interest. The Committee should have its own
professional officers who are qualified and
experienced in community nursing.

(PADNT Memorandum 1971:8 paragraph v)

The memorandum also stressed the need for different modes
of entry to basic nurse training, which should include a
three month module of experience in community nursing, so
that on qualification "the nurse should be able to work in
either the community or hospital at a first level post
under supervision" (PADNT Memorandum 1971:8 paragraph vi).
It went on to state that:

Nurses who wish to specialise in community
nursing in the future should receive in addition
post basic training on this aspect of work. Such
training should be linked where possible with
that of nurses wishing to specialise as ward
sisters . . . and health visitors. A common core
of training should be provided whenever possible
to ensure a degree of interchange ability between
nurses in the hospital and community services.

(PADNT Memorandum 1971:8 paragraph vii)

The Panel proposed that this additional training should be
of twelve months duration and include preparation for
management (PADNT Memorandum 1971:7 paragraph 28.8 summary viii). Yet another requirement was that inservice training be built into any training pattern (PADNT Memorandum 1971:9 paragraph x). Another aspect of training being stressed was the need for adequate preparation of those responsible for the theoretical and practical instruction of nurses undertaking training in community nursing (PADNT Memorandum 1971:9 paragraph ix).

In contrast to the Panel, the CTHV proposed the creation of two new statutory bodies for nurse training in Great Britain:

i) A Registering Council controlling entry to all branches of the profession and responsible for professional standards of the members. It would approve courses of training, maintain appropriate registers and have a disciplinary function in relation to the profession

ii) A Statutory and Independent Council for Advanced Nursing Education and Research, responsible for the developing policy in general for the further education of the nurse and its relationship to the mainstream of higher education . . . It would be concerned in the accreditation of courses of further study and this would include the award of qualifications eg those related to health visiting

(CTHV 1970:5)

While the CTHV evidence stressed the need to continue the present pattern of health visitor training it emphasised the need for an improvement in the provision of field work facilities. It also saw the need to explore the possibility of establishing a common core of study for all members of the caring professions eg nursing, medicine, social work and teaching (CTHV 1970:4).
Oral Evidence:

The Briggs Committee invited the Panel to submit oral evidence at a hearing on the 6th May 1971 in Alexander Fleming House, DHSS, the Panel's Headquarters. In the unavoidable absence of the Panel's Chairman, the Vice Chairman, a doctor, agreed to lead the Panel's team. This comprised four other Panel members of whom one was a doctor and the others nurses, plus the Panel's Secretary (Panel Paper PA(71)4).

In preparation for the hearing the Panel's secretary prepared a briefing paper which included the Briggs Committee's reasons for seeking oral evidence:

a) To expand written evidence where necessary;

b) To obtain opinions on matters not dealt with in the written evidence;

c) To make the report generally acceptable

(PADNT 1971:Paper by Panel Secretary, May)

The Paper identified possible questions which might be asked in relation to the written evidence and other issues not covered in the Memorandum and, as it turned out, many were correctly identified. It then proceeded to advise members that Professor Briggs, or in his absence Professor Batchelor a Briggs Committee member, would ask the main questions, before inviting other members of the Committee to put their questions in an interview which would probably last no more than twenty minutes (PADNT 1971:Paper by Panel Secretary, May).

The Briggs Committee was represented by six of its members at the hearing, which Professor Batchelor chaired, and it was conducted in the way suggested in the Panel's Secretary's briefing paper. Ten questions only were asked, four of which sought an expansion of points raised in the
written evidence. The first of these related to the future training of the district nurse. The Panel replied that:

initial basic training should last for two years. The student must have genuine student status, and theory should be learned in an educational establishment. She should receive controlled clinical experience in either hospital or community, and the course should include, general and psychiatric nursing. The two year course should be followed by a year spent consolidating experience both in hospital and in the community. Further training would be taken in a chosen speciality in either hospital or community. The course like that for the health visitor would cover one year and should have a high theoretical content, with controlled clinical content, since the present combination of work and study was a very heavy load for the student. Certain aspects should be shared with health visitors. The course should include specialist techniques and investigations as well as screening procedures.

(Briggs Committee on Nursing 1971:Notes of Meeting 6th May)

Unlike the written evidence the oral evidence made no mention of shared learning with ward sisters.

The Committee asked the Panel to expand its views on the categories of support staff required in the community nursing team. The Panel's response was that it foresaw a shift in the balance of the team "with fewer skilled team leaders supported by more practical nurses and ancillary staff" (Briggs Committee on Nursing 1971:Notes of Meeting 6th May).

The Panel, in a reply to a request to elaborate on its view that there should be a single statutory body stressed that this should be an independent body with United Kingdom responsibility. In the written evidence the Panel had made no mention of the span of control of the new body, despite itself having a United Kingdom wide responsibility. By contrast the CTHV, a United Kingdom body, had confined the scope of the two new bodies it proposed to Great Britain.
However, by this stage the Panel was proposing that the new body should have two sections, one for basic and another for post basic training. It also advised that membership should be representative of the countries involved and include among others educationalists as well as nurses.

The fourth area of elaboration was on the Panel's initial recommendation that the nurse should undertake primary visits to patients. The Committee questioned whether the Panel envisaged the nurse as having a diagnostic role, and queried what other new skills and functions were envisaged (Briggs Committee on Nursing 1971:Notes of Meeting 6th May). The Panel responded that it would not expect the nurse to be responsible for making diagnosis, but for reporting back to the general practitioner. The Panel stressed that the hospital sister was increasingly involved in the initial screening of patients and this role should be extended to nurses in the community (Briggs Committee on Nursing 1971:Notes of Meeting 6th May).

From the six areas not covered in the written evidence one focused on the preventative role of the district nurse and possible overlap with the role of different workers in the community, another on the future problems in employing district nurses in the joint capacity as district nurse midwives with the decrease in home confinements. The Panel did not see either problem as insurmountable and proposed ways of dealing with them.

When the future role of the health visitor was raised the Panel replied "that while the function of the health visitor, like that of other nurses, was bound to change in response to patient needs, they did not think the grade would disappear" (Briggs Committee on Nursing 1971:Notes of Meeting 6th May).

The Committee asked the Panel to what extent they
considered the district nurse needed psychiatric skills. The Panel replied that the community nursing service should provide care for psychiatric patients living in the community but stressed the need for support from the hospital and other services. Current district nurse training lacked psychiatric nursing and the Panel explained that it was seeking to rectify this.

When asked to comment on the availability of community experience for trainees and the provision of teaching staff to meet future teaching requirements, the Panel said that with careful planning and the inclusion of a wide range of experience trainees' needs could be met without undue invasion of patients' homes. However, the matter of teaching staff was more problematic as there were "only 29 qualified district nurse tutors of whom 18 were practising" (Briggs Committee on Nursing 1971:Notes of Meeting 6th May). The Panel went on to explain that there was a place for both a tutor and practical work instructor, for whom training should be six months, but that there was lack of financial recognition of these grades.

The Panel was also asked about the management training requirements of the community nurse. It replied that "first line management training was necessary for field staff, whose work had some management content" (Briggs Committee on Nursing Notes 6.7.71). In addition, middle and top management courses would be essential to prepare senior community nursing staff for their management role in an integrated health service. But the Panel considered that the Mayston proposals would meet these needs (Briggs Committee on Nursing 1971:Notes of Meeting 6th May and Mayston Report 1969).

Finally, the Committee asked the Panel the apparently standard question as to how its evidence had been collected. The Panel explained its procedure and stressed
that all eleven Panel members who were administrators, teachers and practitioners had agreed the evidence. However, the Panel's Vice Chairman acknowledged they had not held any external consultations during the process of preparation of evidence (Briggs Committee on Nursing 1971:Notes of Meeting 6th May). This lack of consultation was not as serious as it might seem, because of the 517 other organisations and individuals submitting evidence, seven organisations can be readily identified as having the potential to represent a district nursing viewpoint. These include Association of District Nurses, Association of Integrated and Degree Courses, Queen's Institute of District Nursing, Royal College of Nursing, Royal County of Berkshire's Health Department Nursing Staff, Scottish Public Health Nursing Administrators and Tutors Group and the Society of Chief Nursing Officer Public Health (Briggs Report 1972:274-285).

Before the meeting closed the Panel was asked if it had any further points it wished to make. In response it drew attention to the lack of suitability of the current district nurse courses for overseas nurses wishing to return to practice in their home country. It wondered whether special health visiting and district nursing courses might be provided for such students (Briggs Committee on Nursing 1971:Notes of Meeting 6th May).

At the close of the meeting Professor Batchelor thanked the Panel's team for a full and helpful discussion and the Panel's representatives expressed their gratitude to the Committee for the hearing they had received (Briggs Committee on Nursing 1971:Notes of Meeting 6th May).

According to Collins (1991:Oral Evidence) the meeting with the Panel lasted over an hour. The Briggs Committee representatives then considered the evidence and prepared a report for the full Briggs Committee. Only the statutory
training bodies were eligible to present their evidence to the entire Briggs Committee.

The Panel's team gave a detailed account of the hearing to the Panel Meeting of June 1971. On this occasion the Vice Chairman "was also congratulated for the skilful way in which he had acted as spokesman for the Panel and handled the questions put by the Committee" (Panel Minutes 2.6.71/74).

It was eighteen months before the Panel could ascertain the extent to which the Briggs Committee's recommendations reflected the views it had expressed in its oral and written evidence.

THE BRIGGS REPORT'S RECOMMENDATIONS AND THEIR RECEPTION:

Recommendations:

The Briggs Report (1972) runs to 327 pages and contains seventy-five main recommendations. These are listed in six main categories as can be seen in Table 11.2.

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<td>b) Education</td>
<td>6 - 37</td>
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<td>c) Manpower</td>
<td>38 - 51</td>
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<tr>
<td>d) Conditions of Work</td>
<td>52 - 64</td>
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<tr>
<td>e) Organisation of Nursing and Midwifery Career Structures</td>
<td>65 - 74</td>
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<tr>
<td>f) Assimilation</td>
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A brief summary of the relevant recommendations follows.
a) **The Statutory Framework:**

Responsibility for professional standards, education and discipline in nursing and midwifery should be vested in the Central Nursing and Midwifery Council. Three Nursing and Midwifery Education Boards, one for England, Scotland and Wales should be responsible to the Council. Below these should be Area Committees for Nursing and Midwifery Education. A statutory Standing Midwifery Committee of Council would advise the Council and Boards on midwifery education and have direct control of midwifery practice (Briggs Report 1972:212 paragraphs 1-5).

b) **Education:**

Education should be regarded as a continuing process under unified control.

Colleges of Nursing and Midwifery should be established throughout the country, financed through the Area Committees for Nursing and Midwifery Education, each with a governing body with similar powers to those governing bodies in institutions for which local education authorities are responsible.

The age of entry to nursing should be reduced in two stages to seventeen and a half in 1973, and seventeen in 1975. At the point of entry applicants should be drawn from a wide range of intelligence from average to the highest; suitability not being determined by 'O' Levels alone.

One basic course of eighteen months for all entrants was proposed that would lead to a statutory qualification, entitled "Certificate in Nursing Practice". Courses would be planned on a modular
basis and include general and psychiatric nursing of the various age groups in both hospital and community. Night duty would be limited to its educational value only and uncertified nursing students would not be left in charge of a ward at night.

Opportunity to take an additional eighteen month course leading to a secondary statutory qualification "Registration" would be open to those holding the Certificate in Nursing Practice. For more able students courses leading to Registration could include or be followed by courses leading to the award of a Higher Certificate (non-statutory) in a particular branch of nursing or midwifery, including community clinical nursing. Nursing and Midwifery Education should include an introduction to the work of related professions. The new Register would not be divided into parts.

Special training provisions for mature entrants, orientation courses for overseas students, more pre-nursing courses with nursing cadet schemes continuing as part of the range, planned in-service training for nursing aides, and more "back to nursing" courses for qualified returners were also proposed.

Another recommendation was that students should continue to receive a training allowance, in preference to a student grant, channelled through Area Education Committees. Yet another one stressed the need for educational and financial provision to ensure that nursing and midwifery became more research based.

Other recommendations in this category emphasised that there should be improved continuity and co-ordination in the classroom and service with more involvement of teachers in the service and clinical practitioners in
the colleges. In addition, it should be possible for teaching staff of colleges to hold honorary appointments in the service setting and vice versa. Teachers of nursing and midwifery must be adequately prepared and no longer required to teach all subjects in the syllabus. The qualification for teachers should be a one year course for the Diploma in Nursing and Midwifery Education. There should be a major drive to produce more nursing and midwifery teachers with a ten year plan to increase the number of those holding the Diploma. Refresher courses for teaching staff should take account of newly identified needs as they arise (Briggs Report 1972:212-214 paragraphs 6-36).

c) **Manpower:**

Efforts should be made to increase male, 'A' Level, graduate and undergraduate entrants. Steps should be taken to encourage nurses and midwives whose careers are interrupted to return to the profession. Methods should be devised to keep in touch with qualified nurses and midwives who cease to practice.

A comprehensive information system should be developed by the Health Departments in co-operation with the central training bodies and regional and area authorities and should include data on rejected applicants (Briggs Report 1972:214-215 paragraphs 38-51).

d) **Conditions of Work:**

Where possible the long twelve hour day should be discontinued and serious consideration given to arranging permanent night shifts in suitable areas in preference to rotation. On call systems should be
reviewed and national agreement reached on a definition of the working week for community nurses and midwives.

All nursing and midwifery staff should have access to an occupational health service and a network of comprehensive counselling services incorporating academic advice, career guidance and personal counselling should be set up.

Better accommodation, with minimal supervision of nurses homes, was recommended. The need for health authorities to provide day nurseries and play facilities was pointed out.

The need for workable procedures for dealing with individual grievances and the principle of representation should be accepted with the availability of some form of industrial relations training.

Assisted travel schemes for staff within a fixed salary maximum should be extended to cover all grades. There should also be an extension of the assistance already given to nurses and midwives wishing to be seconded to a university for under and postgraduate courses (Briggs Report 1972:215-216 paragraphs 52-64).

e) Organisation of Nursing and Midwifery Career Structures:

Improved liaison between hospital and community services should be pursued. Ward organisation should, like the organisation of field work in the community, be "patient" rather than "task" orientated.

Differences in degrees of responsibility and expertise
among ward sisters and their counterparts in the community nursing and midwifery service should be recognised by increased status and reward. There should be a continuing distinction of functions and qualifications between nurses engaged in family clinical (home nursing) and family health (health visiting) services. There was an increased part to be played by nurses and midwives acting in a staff capacity outside line management eg clinical, operational research.

The Colleges of Nursing and Midwifery should be separate from the service structure and the Principal responsible, through the governing body to the Area Education Committee (Briggs Report 1972:216-217 paragraphs 65-74).

f) Assimilation:

Assimilation arrangements should be negotiated in the light of detailed education plans drawn up by the new statutory bodies (Briggs Report 1970:217 paragraph 75).

Reception:

The members of the Panel were immediately sent a copy of the Report when it was published (Panel Paper PA(72)51). Conferences were held to facilitate public debate about the proposals, eg the Royal College of Nursing held one at Church House, Westminster on the 12th and 13th December 1972 (RCN 1972:17th October) and the Queen's Institute (Scottish Branch) did likewise on the 12th April 1972 in Edinburgh. The Panel received an invitation to the latter (Panel Paper PA(73)18).

In November 1972, the Department of Health and Social
Security invited the Panel's response by January 1973, so that the Panel had little time to gather information from the Profession's reaction to the Report (Panel Minutes 22.11.72/83). The structure of the reply was laid down by the Department in accordance with recommendations of the Report (Panel Paper PA(72)51).

The Panel's comments were contained in a brief paper which opened:

The Panel welcome the opportunity to comment on the recommendations of the Report. They are pleased to see that most of the points made by them in their written evidence to the Committee have been taken into account and believe that the proposals contained in the Report are, in general, of benefit to community nurse training. In particular the Panel welcome the Report's recognition of the increasing importance of care in the community and the developing role of the family clinical sister in the provision of that role.

(Panel Paper PA(73)2)

The Panel's Paper went on to welcome the proposal for a single central body with responsibility for professional standards, education and discipline. However, the Panel in noting that midwifery interest would be safeguarded by a statutory standing midwifery committee of the council, repeated its call for a Committee to safeguard the interest of community clinical nursing. It reiterated the need for this Committee to "be provided with its own professional advisors with appropriate qualifications and experience in community clinical nursing" (Panel Paper PA(73)2).

With reference to the colleges of Nursing and Midwifery the Paper went on to state that:

So far as the interests of community nurse training are concerned, the decision to separate nursing and midwifery education from the main stream of further education is a retrograde step.
and earnestly request the Department to consider the matter further. In particular the decision appears to reverse the developing trend of providing theoretical instruction of community nurses within Polytechnics and other educational institutions. Under the proposals for Colleges of Nursing and Midwifery there is a danger that the predominance of hospital teaching facilities might adversely affect the developing interests of community nursing; the organisation of nurse education and training within the general structure of further education would help to counteract this possibility.

(Panel Paper PA(73)2)

The Panel welcomed the Brigg's Committee's conclusion that there was a continuing demand in community nursing for:

the qualification of the present Health Visitor and the Home Nurse and for higher levels of skill in both disciplines . . . recognised by the proposal for a family clinical sister who would be Registered and hold a Higher Certificate in community clinical nursing.

(Panel Paper PA(73)2)

Having commented on just four aspects of the main recommendations the Panel's Paper closed with the assumption that all existing district nurses (SRN) holding a National Certificate in district nursing, or equivalent, would be assimilated to the grade of family clinical sister. In this instance the Panel appears to have overlooked the RGN qualification awarded in Scotland and the district enrolled nurse grade.

The Panel was not alone in its criticism of separating nursing and midwifery education from the main stream of further education, for example Donald Leach, Head of Department, Napier College of Science and Technology and a member of the South Eastern Regional Hospital Board (Scotland) criticised the Briggs Report on:

its lack of discussion about why nursing, alone
of major professions, should conduct education and training in the same establishments, nor about why the health service should wish to do its own education for nurses - but not doctors.

(Leach 1973:939)

He went on to stress Britain's rich structure in both the higher and further education sectors which could offer a full range of courses (eg Certificate, Diploma, Degree) geared to meet a very wide range of entry qualifications envisaged by the Briggs Report as applicable to Nursing. He concluded that "Briggs has passed up an opportunity to bring nursing into the mainstream of further and higher education, or alternatively to justify its exceptional position" (Leach 1973:940).

The Panel was just one of a large number of organisations and individuals who submitted solicited and unsolicited written comments on the Briggs Report's recommendations to the Department. But only twelve representative bodies were invited to arranged meetings to enlarge on their written comments (DHSS 1974a:108 paragraph 11.36:Annual Report for 1973). The Panel's Minutes make no reference to it being included in this select group.

At this stage a Steering Committee was formed. Four feasibility studies and an operational research study of cost implications were carried out in order to supply factual information to the Secretary of State (DHSS 1974a:108 paragraph 11.36:Annual Report for 1973).

When Miss Phyllis Friend, Chief Nursing Officer at the Department of Health and Social Security, gave the address at the annual open meeting of the Queen's Institute on 15th November 1973 she said that she knew that the nursing profession was anxiously awaiting the Government's decision on the Briggs Report recommendations which she confidently expected to "be announced in the very near future" (Friend
1973:214). She reassured the audience by saying in her opinion "the future holds bright promise for district nursing and health visiting" (Friend 1973:214).

THE GOVERNMENT'S ACCEPTANCE OF THE MAIN RECOMMENDATIONS AND SUBSEQUENT COURSE OF EVENTS WHICH CULMINATED IN THE PASSING OF THE 1979 NURSES, MIDWIVES AND HEALTH VISITORS ACT:

Announcements and Consultations:

On the 6th May 1974, the Secretary of State for Social Services announced the Government's acceptance of the main recommendations of the Briggs Committee (DHSS 1974b:paragraph 2). The following September a consultative document was published which set out the Government's proposals in greater detail and explained how they differed from those of the Briggs Committee (DHSS 1974c). These differences were:

i) the addition of a statutory committee for health visitors

ii) modifications of the arrangement for local control of nursing and midwifery education

iii) alternative proposals for financing student allowances


The Government's proposals stressed that because certain fields of post-registration training were administered on a United Kingdom basis:

It would seem reasonable that the United Kingdom approach should be retained within the new framework by making the Central Council responsible generally for post-registration courses and granting certificates in these fields.

(DHSS 1974c:9 paragraph 35)
This proposal left Northern Ireland with a choice. The Northern Ireland Council could continue in the same format but work in close liaison with the proposed Central Council and Education Boards in Great Britain. "Alternatively, the remit of the Central Council could be extended to the whole of the United Kingdom, with a fourth Education Board being established for Northern Ireland" (DHSS 1974c:9-10 paragraph 36).

When the Government's proposals were presented to the Panel in November 1974 (Panel Paper PA(74)43) a member drew attention to the fact that the Department had not consulted the Panel about the proposals. In addition, she regretted "that there was no reference to a statutory committee for district nurse training" (Panel Minutes 20.11.74/95). The Panel "agreed to inform the Department of its views on these omissions" (Panel Minutes 20.11.74/95).

In order to speed up the implementation of the Briggs Report recommendations Dr Owen, the Minister of Health at this time, hoped to squeeze a Bill into the 1974-1975 session of Parliament. He explained that he did not anticipate problems in the passage of this uncontentious Bill. He therefore envisaged that the new statutory bodies would be able to commence work in the Spring of 1976 (Bosanquet 1974:1799 citing Owen). But he was to be proved wrong on the nature of the Bill and the time scale for implementation.

To facilitate the establishment of the new statutory bodies "the Health Departments had suggested that as much preparatory work as possible should be carried out by the staff of the existing nurse training bodies in the United Kingdom" (Panel Minutes 19.11.75/101). Following a meeting of the Department and the statutory training bodies, on the 16th October 1974, agreement had been reached to form a Joint Liaison Committee (Panel Minutes 19.11.75/101)
consisting of representatives of the statutory and non statutory training bodies and the Health Departments of the four countries of the United Kingdom (DHSS 1977:33 paragraph 11.4). The Panel was represented by its Secretary (Panel Minutes 19.11.75/101).

The first meeting of the Joint Liaison Committee was held on the 24th February 1976 (Panel Minutes 17.3.76/103) to discuss matters which would arise from the transfer of work from the old to new statutory bodies and from the proposals for devolution of powers for Scotland and Wales [1] (DHSS 1977:33 paragraph 11.4).

In May 1976, the Department issued two consultative papers entitled "Relationship between Service and Education" and "The Statutory Framework" (DHSS 1976a). The former reaffirmed the Government's proposals issued in September 1974 (DHSS 1974a), which included the establishment of Area Education Committees (see page 684) which were to employ the teaching staff and, also, that Area Health Authorities would employ and pay students. In addition, arrangements were not mentioned for co-ordinating recruitment and manpower activities between these Committees and Area Health Authorities (Friend 1976).

The Statutory Framework Paper (see Appendix 11.1) set out the conclusions reached by the Government after consultations with existing statutory bodies on the statutory framework (DHSS 1976a). It explained that modifications of "the Briggs recommendations on the respective functions of the Central Council and National Boards is desirable as a result of which the Boards' functions would not be restricted to education" (DHSS 1976a). The proposed titles of the new statutory bodies were:

1) The Central Council for Nurses, Midwives and Health Visitors
ii) The National Boards for Nurses, Midwives and Health Visitors for (England) (Scotland) (Wales) (and Northern Ireland)

The Paper sets out the functions of the Central Council and the constitution of Council and Boards. Of the thirty-six Board members two were to be district nurses, while none of the thirty-three places for Central Council were specified for district nurses (DHSS 1976a).

In addition, the Paper indicated that there would be a Statutory Midwives Committee and a Statutory Health Visitors Committee at Council level. Both of these Committees would exercise delegated powers in relation to any functions of the Central Council in their respective disciplines. The need for National Boards to establish statutory midwifery and health visitor committees was also stipulated and membership detailed (DHSS 1976a).

The consultative papers were sent to the Panel under cover of a letter from Miss Friend (1976), dated 17th May 1976, which said:

> It is hoped that these proposals will be broadly acceptable to the profession. If you have any comments on the proposals particularly on membership of the new bodies, I should like to receive them by 31st July 1976.

(Friend 1976:1)

It went on to explain that:

> Although full implementation of the Briggs recommendations will take several years, the then Secretary of State, Mrs Castle, announced in the House of Commons in November 1975 that she hoped enabling legislation would be included in the legislative programme for the next session - 1976/77.

(Friend 1976:2)
On the 21st July 1976 the Panel first discussed Miss Friend's letter, (Friend 1976) and the Consultative Papers (DHSS 1976a) together with the comments it had received about the Papers (Panel Paper PA(76)24 and Panel Minutes 21.7.76/105). The comments were from a Panel district nurse tutor member, twenty-two district nurse tutors and the Secretary of the Scottish District Nursing Association (Panel Paper 1976 July [un-numbered] Compilation of Comments).

The Panel's response to Miss Friend comprised a two part paper (Panel Paper PA(76)35). The first focussing on the statutory framework, reiterated the need for a Statutory Committee for District Nurses "to safeguard the work of the Panel of Assessors and to protect the status of the district nurse and her training" (Panel Paper (76)35). It also stressed that one of the five elected places on the membership of the National Board should be reserved for a district nurse teacher. The Panel also requested that one of the nine appointed registered nurses on Council should be a district nurse. At Central Council and Board level the Panel proposed that in both instances one of the appointed medical members should be engaged in or have had recent experience of general practice (Panel Paper (76)35). The Panel also sought clarification on the role of the Clinical Nursing Studies Advisory Committee which would be appointed by Central Council. It assumed this would be responsible for district nurse training for registered nurses but that other areas of district nursing, eg enrolled nurses and practical work teachers, would be governed by the National Boards and Council (Panel Paper (76)35). It noted that this would divide the responsibility for district nurse education and training between several committees.

The second part of the Panel's Paper deplored the fact that students and teachers were to be employed and paid by
different authorities because "Tutors would suffer professional isolation and students would be subject to even greater pressure from the conflict of service and educational needs" (Panel Paper PA(76)35). Dr Eve Bendall, the registrar of the General Nursing Council for England and Wales was equally critical of students and teachers being employed by separate authorities (Bendall in Nursing Times 1976, 3rd June pages 838-839). The Panel also pointed out that the Department's paper:

makes no mention of the control of the tutors at present employed by educational establishments for which the Department of Education and Science is responsible. Nor is it clear what the relationship is between educational institutions providing nurse education and Area Education Committees.

(Panel Paper PA(76)35)

On the 30th November 1976, Mr David Ennals the Secretary of State held a meeting with representatives of nursing, midwifery and health visiting training bodies and staff organisations (including trade unions) in the United Kingdom. The Department's press release (DHSS 1976b - 30th November) only refers to representatives of the statutory bodies being present. However, this was not the complete picture because the Secretary of the Panel, a non statutory training body, attended the meeting (Panel Minutes 19.1.77/107). Mr Ennals "reaffirmed the Government's firm commitment to introduce legislation implementing the main recommendations of the Briggs Committee on Nursing as soon as parliamentary time allows" (DHSS 1976b). Since he doubted that time could be found in the 1976/77 parliamentary session he emphasised the need to make progress where possible within the existing legislation and available resources. To this end he proposed the establishment of a Briggs Steering Committee for the United Kingdom with members drawn from the nursing interest concerned. The Committee would advise on
immediate action and on the longer term transition (DHSS 1976b).

Following the meeting held on the 30th November the Chief Nursing Officer wrote to the Panel's Secretary reiterating the areas listed by Mr Ennals where progress might be made in advance of legislation. In addition, she repeated his invitation to those present to let the Department have suggestions to add to this list. The first item on the Minister's list was of particular interest to the Panel as this concerned "fresh consideration of the possibility of central funding for training of district nurse tutors and perhaps midwifery tutors and health visiting tutors" (DHSS 1976b). This system of funding was actually implemented (see page 539).

The Panel's Secretary was invited to attend the follow up meeting to the one held on the 30th November (Panel Minutes 19.1.77/107). This took place on the 20th January 1977 and was chaired by Mr Roland Moyle, Minister of State for Health and its purpose was to consider:

1) The composition and terms of reference of the Steering Committee
2) Progress so far and suggested areas for advance pending legislation
3) The content of future legislation

(DHSS 1976b)

The Panel welcomed the opportunity to participate in the proposed Steering Committee (Panel Minutes 19.1.77/107).

The Briggs Co-ordinating Committee:

The first meeting of the Briggs Co-ordinating Committee (ie the Steering Committee) was held on the 10th March 1977 (Panel Minutes 27.4.77/109). According to Miss Friend (CNO
at DHSS) Mr Moyle, Minister of Health, was persuaded to chair the Briggs Co-ordinating Committee and advised that it would "be a nice easy job" (Friend 1982 in Nursing Times 29th September page 1631). Although this proved not to be the case it did ensure ministerial support during what proved to be a divisive stage of the Briggs' developments. The Panel's representative on this Committee was Miss Robottom, District Nurse Tutor Panel Member (Panel Minutes 27.4.77/109 and Wilson 1977:23)).

Initially the Briggs Co-ordinating Committee established three Working Groups; details of these and the Panel's Nursing representatives can be seen in Table 11.3.

<table>
<thead>
<tr>
<th>Title of Working Group</th>
<th>Panel's Representative</th>
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<tbody>
<tr>
<td>1) Preparation for Legislation</td>
<td>Miss Robottom (Panel Member)</td>
</tr>
<tr>
<td>2) Re-examination of the status of the learner</td>
<td>Mrs Damant (Professional Adviser - secondee)</td>
</tr>
<tr>
<td>3) Funding arrangements for training</td>
<td>Miss Lovett (Panel Member)</td>
</tr>
</tbody>
</table>

Source: Panel Minutes 27.4.77/109

NB (i) All the Panel's representatives were qualified district nurse tutors in senior teaching positions

It is interesting to note that although well represented on these working groups Wilson (1977:23) claimed that there was no district nurse representation.

When the Briggs Co-ordinating Committee met on the 6th May it was made clear:
that although the Panel of Assessors and the CETHV might consider the suggestion of a joint HV/DN statutory committee at Central Council level, it would be totally opposed by the Health Visitor Association. The question of a separate statutory committee for district nurses was then raised, and rejected, by amongst others the RCN, on the grounds that other groups of nurses would also demand a statutory committee.


On this occasion, agreement was finally reached to "included within legislation, powers for the new Central Council to establish statutory or standing committees at its discretion" (Panel Paper: Briggs Co-ordinating Meeting 6th May 1977).

The Panel's Concerns and Actions:

The Panel was very dissatisfied with this conclusion and requested a meeting with Mr Moyle. This occurred on the 14th June 1977 and the Panel was represented by its Chairman, Professional Advisor and one nurse member. They asked the Minister "to reconsider the rejection by the Briggs Co-ordinating Committee of the Panel's request, on behalf of District Nurses, for either a statutory committee for district nurses or a joint statutory committee for district nurses and health visitors" (Panel Minutes 6.7.77/110). Whilst Mr Moyle sympathised with the Panel's concern about the future of district nurse training he "explained that the aim of the Co-ordinating Committee was to reconcile nursing interests so that an agreed Bill might be implemented as soon as possible" (Panel Minutes 6.7.77/110). He stressed that the main purpose of the Bill was to unify the nursing profession and that if each section had its own statutory committee "it would impose an intolerably rigid constitution on the new bodies which would defeat the aims of the Briggs Report" (Panel Minutes 6.7.77/110). Mr Moyle assured the Panel's representatives
that the interests of district nurses would be properly recognised and safeguarded and the Bill would provide for the constitution of standing committees to be subject to the agreement of Health Ministers and embodied in Statutory Instruments. Mr Moyle agreed to consider setting out his views in a letter which the Panel would be free to make public and this occurred (Panel Minutes 6.7.77/110 and Nursing Times 1977:1096 21st July). The Minister's letter, dated 1st July 1977, reiterated the views he had expressed at the meeting.

Mr Robson, the Panel's Chairman, reported back to the Panel on the 6th July 1977, when the outcome of the meeting and contents of Mr Moyle's letter were discussed (Panel Minutes 6.7.77/110). The members unanimously asked the chairman to express their disappointment at this outcome to the Minister, which he did in a letter dated 13th July 1977. This also explained the Panel's concerns about the proposals for the Briggs legislation by stating that:

It would have been a forward looking and logical development for the terms of reference of the proposed Statutory Committee for Health Visitors to have been extended to cover district nurses: current developments with primary care teams have reinforced the traditional association of health visitors and district nurses, whilst there are differences in their respective roles there are increasing areas of common interest and function which points to the need at least to examine the possibility of providing a common core of experience within their respective training programmes, a development which could be best explored by a joint committee for health visitors and district nurses. We strongly urge that this possibility should be kept open for the future. There is a strong backing in the medical and particularly the nursing professions for such a development; the Royal College of Nursing are in favour; the only objector, the Health Visitors Association are in fact very divided on the issue and may well in time come to see the logic of such a development which is also supported by the CETHV, given further discussion of the pros and cons.

(Robson 1977 13th July letter to Mr Moyle and Panel Paper PA(77)35)
Mr Moyle's reply to Mr Robson's letter of the 13th July merely reinforced the points he had made at the meeting on the 14th June and in his letter of the 1st July. But it did seek to give re-assurance by stating that:

Power will be taken in the Bill to appoint a statutory committee of the Central Council (or National Board) for any group of nurses (including district nurses) if this should prove necessary.

(Moyle 1977 9th August letter to Mr Robson)

Mr Robson responded immediately by saying that the confirmation of the Minister's views "will be a great disappointment to district nursing and several others in the profession" (Robson 1977: letter to Mr Moyle 12th August).

Action by the Royal College of Nursing and District Nurses National Action Campaign:

The support of the nursing profession, for a statutory committee for district nursing, soon became apparent to Mr Moyle on receipt of a letter from the General Secretary of the Royal College of Nursing. This explained that she has written on the instructions of her Council to advise the Minister of the content of a resolution which was carried overwhelmingly at the RCN Representative Body in May 1977. This urged the Council:

to take whatever action is necessary to meet the demand of district nurses that the role and function of the Panel of Assessors . . . be safeguarded by a statutory committee within the new statutory framework of the Central Council and National Boards.

(Hall 1977: letter to Mr Moyle 10th August)

The General Secretary's letter also contained a reminder to Mr Moyle by stating that:
You will recall that at a meeting of the Briggs Co-ordinating Committee I spoke of the intensity of the feeling on the part of district nurses in favour of a statutory committee, and of a statutory qualification. As a result of these and other representation, made not only in respect of district nursing but also psychiatric nursing, you undertook that the legislation to set up a new statutory structure should empower Health Ministers to recognise statutory committees, in addition to those specified in legislation and also to introduce new statutory qualifications if they were satisfied as to the need. I am concerned that this undertaking does not come through as clearly as I would have hoped in your letter of the 1st July addressed to Mr Robson to which, as you know, publicity has been given. As a result, the strong feeling amongst district nurses has been considerably exacerbated.

(Hall 1977: letter to Mr Moyle 10th August)

When an RCN "grass roots" member, Mrs Mary Jones, read Mr Moyle's letter of the 1st July addressed to Mr Robson in the nursing press she decided to organise a meeting of district nurses in London, for the 7th September 1977. The response was amazing "About 1,120 nurses attended some as far away as Birmingham and Worcester" (Nursing Times 1977:1416 15th September). The venue had to be switched from the Cowdray Hall at the RCN to the Royal Society of Medicine premises next door where:

Angry nurses crowded into the Barnes Hall, packed the aisles, sat on the platform and even stood on the window sills. An overflow hall - connected to the main hall by Tannoy - was similarly crammed full, so was the hallway in between the doorway and street outside.

(Nursing Times 1977b:1416 15th September)

It was a popular political action which was not stage managed in any way. The meeting was chaired by Miss Esme Few, Chairman of the RCN Society of Primary Health Care. However, it was not an all RCN affair because speakers from the floor included members of COHSE, NUPE,
the District Nursing and Health Visitors' Associations. The mood of the meeting was jubilant but militant. One district nurse summed it up when she said "I'm fed up listening and writing - we've got to do something" (Nursing Times 1977:1416 15th September). Action, in various forms, was called for by all the speakers from the floor. But the meeting's immediate solution was to appoint a "Steering Committee" to get on with the job. Apparently the RCN "was flabbergasted at the response and the DHSS which had eyes and ears there in the form of nursing officer Dorothy Jones . . . was staggered" (Nursing Times 1977:1416 15th September). The nursing press gave full coverage of the meeting and the Nursing Times even devoted its editorial to the event (Nursing Times 1977:1415 15th September). Mrs Mary Jones, the convenor of the Meeting, the Chairman, Dr Kratz a key speaker and Mr Mitchell of the District Nursing Association were appointed by the meeting as the nucleus of the National District Nurses Action Campaign Steering Committee. Later additional members were selected from nominations received from district nurses throughout the United Kingdom to represent geographical regions and relevant trade unions. Initially the Committee was chaired by Miss Esme Few. Although Damant (1983:10 September) incorrectly states that Mr Mills was the first chairman, he was in fact Miss Few's successor. Secretarial support was provided by Mrs Mary Chappie, the RCN officer for Primary Care Nursing. If the Royal College of Nursing had not backed the Action Campaign Mrs Mary Jones intended to get RCN District Nurse Members to defect to the District Nurses Association (Dunn 1979:910 31st May).

The Committee's Constitution (see Appendix 11.2) specified objectives that reiterated the goals the Panel had been striving for during the past seven years.

The first edition of the National District Nurses Action Campaign (NDNAC) Information and News Sheet was published
on 22nd November 1977 and thereafter published at regular intervals in order to keep district nurses abreast of developments and to advise them how to become politically active (NDNAC 1977a 22nd November). In addition, Dr Kratz, a member of the editorial board of the Nursing Times, ensured this journal was used for the same purpose (see for example Nursing Times 1977:1421-1422, 15th September).

The follow up rallies which were held all over the United Kingdom also attracted large audiences (Nursing Times 1977:1572 13th October). As a direct result of the National Action Campaign meetings and activities, Miss Catherine Hall, the General Secretary of the RCN wrote again to Mr Moyle explaining that the activity amongst district nurses could not be ignored especially the unity they had achieved in pressing for the reforms which they considered to be essential. She advised that if their objectives could be realised within the framework of the proposed legislation no time should be lost in introducing it (Panel Paper PA(77)14). However, she stressed that:

it is recognised that district nurses will not be satisfied with anything less than a firm assurance that their claims for a statutory committee and statutory qualification will not go by default if specific provision is not made within the legislation.

(Hall 1977b 26th September)

Miss Hall's letter went on to urge Mr Moyle to give district nurses a clear undertaking of his willingness to:

examine their case carefully and speedily with a view to taking the necessary action, under the powers which will be accorded to the Health Ministers if the proposed legislation is enacted, to accord statutory recognition to district nurses.

(Hall 1977:letter to Mr Moyle 26th September)

Miss Hall also explained that the RCN Council saw merit in
establishing one statutory committee for health visitors and district nurses. But that it was concerned that if district nurses did not get firm assurances that their interests would be safeguarded:

the legislation to establish the new statutory framework could become highly controversial when under consideration in the House of Commons. The extent to which district nurses, and others promoting their interests, are lobbying Members of Parliament, and will doubtless continue to do so, would seem to make this inevitable. My Council is satisfied that it would be contrary to the interests of district nurses, and the profession as a whole, for the situation to remain un-resolved, which could lead to this Bill, so long sought and so greatly needed by the nursing profession being placed in jeopardy.

(Hall 1977:letter to Mr Moyle 26th September)

Miss Hall ended her letter by saying that the RCN Council earnestly hoped Mr Moyle would take expeditious and meaningful action to re-assure the many thousands of district nurses who were giving such a clear demonstration of their grave disquiet "which reflects their concerns and frustrations which have built up over many years" (Hall September 1977:letter to Mr Moyle 26th September).

At this stage the Panel was still pressing for a Primary Care Committee for health visitors and district nurses but if this proved impossible was prepared to settle for a Statutory District Nursing Committee (Panel Minutes 14.9.77/111).

When the Convenors of the District Nurses National Action Campaign met Mr Moyle on the 11th October 1977, they showed him the signatures so far received in support of the campaign. He responded by saying that the DHSS were committed "to planning for a Statutory Committee for district nursing within the proposed Brigg's legislation" (NDNAC 1977b:Notes of Meeting 26th October).
According to the RCN Miss Hall's initiative resulted in the Briggs Co-ordinating Committee establishing a fourth Working Group (RCN News 1977 3rd October).

Briggs Co-ordinating Committee Working Group 4:

The terms of reference of Working Group 4 were:

- to consider any additional committee structure for the proposed UK Central Council and National Boards in relation to particular fields of nursing, for example, district nursing and psychiatric nursing; and to make recommendations as to the functions and the membership of any such committees.

(Panel Paper PA(77)51)

Therefore, in considering submissions the Working Group had to assess the scope of any proposed new committees in relation to the statutory framework which had already been agreed (Panel Paper PA(77)51).


The term Statutory Committee which has gained widespread currency, is significant only in that it indicates a committee established under statutory powers. The method of operation of such committees can vary, but normally provision for such committees is made where it is thought desirable for public purposes eg the control of public monies, to ensure that a particular committee is brought into being. Functions and membership may be specified in the Bill though this approach has disadvantages in requiring another Act to make any - even minor amendments
to either functions or membership.  
(BCC Working Group 4 - 1977 December)

The Working Group's paper went onto specify the statutory committees to be named in the Bill. These were Finance, Discipline, Health Visiting, Midwifery and Advisory Clinical Nursing Studies for post-basic clinical education. The Statutory Framework Paper published the previous year, and mentioned earlier, had made no reference to this latter committee.

The Panel accepted the Working Group's invitation to submit written evidence by the 6th January 1978. In order to meet this deadline Panel members had to submit their comments to the Panel's Secretary who then compiled the paper which was submitted. The Panel's written evidence stressed that District Nurses were the largest group of nurses in the primary health care service. It made the point that "the need for specialist control of district nursing was accepted in 1887 and a committee responsible for training had existed since that date" (PADNT 1978 January - written evidence to BCC Working Group 4). However, once more the Panel referred to its unsatisfactory status as a non-statutory training body. It said that "a statutory committee with a strong voice is essential to safeguard the future standards of district nurse training and practice" (PADNT 1978 - written evidence to BCC Working Group 4). Whilst the Panel appreciated and understood the definition of a statutory committee as outlined in the Working Group's "Notes of Guidance" it reaffirmed its "conviction that a Standing Committee, set up only at the discretion of the Central Council, would lack the necessary authority to speak and act on behalf of district nursing" (PADNT 1978 January - written evidence to BCC Working Group 4). The Panel's written evidence concluded by saying that the deliberations of Working Group 4 appeared to have been preempted explaining that:
In his letter of the 1st July 1977 to Mr Robson . . . Mr Moyle stated that where statutory committees were concerned, "The only exceptions proposed are for midwives and health visitors who at present have quite separate controlling bodies". The Panel understood this to be an interim position pending the recommendations of Working Group 4. It was therefore somewhat surprised to learn from an article in the Nursing Times December 8th 1977, "Proposed New Statutory Framework, that the work of the Panel of Assessors would be undertaken in the new structure by the Advisory Committee for Clinical Nursing which had apparently been granted statutory status. This was confirmed by the Notes of Guidance issued by the Secretariat of Working Group 4 . . .

(PADNT 1978 - written evidence BCC Working Group 4)

The Panel sought clarification of the way in which the Advisory Committee had been agreed (PADNT 1978 - written evidence BCC Working Group 4). The Panel was invited to present oral evidence on the 26th January 1978. This was given by two members (a doctor and nurse) and Miss Miller Professional Adviser (Panel Minutes 18.1.78/113). The Panel Minutes (15.3.78/114) merely state that oral evidence had been given.

The District Nursing Association's evidence also stressed the need for a Statutory Committee for District Nurses (District Nursing Association 1977:Evidence to BCC Working Group 4, 22nd December 1977).

Whilst the Royal College of Nursing evidence reaffirmed its recent support for a Statutory Committee for District Nurses it made a new proposition that there should also be statutory committees for occupational health nursing and psychiatric nursing. However, whilst the Royal College of Nursing was obviously changing its position in response to representation from the various specialist groups within its membership it warned that:

Developments in nursing should be facilitated by,
and not obstructed by, the statutory structure, indeed, structure should reflect function and not be the determinant of function.

(RCN 1977: Evidence to BCC Working Group 4, 29th December - page 3 paragraph 13)

The Royal College of Nursing also stressed the need for the greatest possible degree of flexibility under the terms of the new legislation. Therefore it hoped that the Ministers, in addition to their powers to establish additional statutory committees, would also be able to:

- take powers to put statutory committees into abeyance if the profession makes representation that this should be done or, alternatively, to merge established statutory committees.

(RCN 1977: Evidence to BCC Working Group 4, 29th December page 3 paragraph 14)

It was also concerned that the statutory structure established to safeguard the public should not obstruct the development of nursing in the future (RCN 1977: Evidence to BCC Working Group 4, 29th December page 3 paragraph 14).

Having received forty-five written submissions, and heard further oral evidence from eleven organisations, Briggs Working Group 4 presented its report to the Briggs Co-ordinating Committee on the 3rd February 1978. This Committee recommended:

1) That statutory committees be established for district nursing, mental nursing (mental illness and mental sub-normality) and occupational health nursing. Statutory Committees are justified in the interests of protecting the public where nurses work in professional isolation and standards of practice are largely dependent on the adequacy and control of training; in respect of mental nursing its orientation is very different from general nursing
Although outside its immediate terms of reference Working Group 4 recommended the setting up of Statutory Education Committees at Central and Board levels to develop educational policy (RCN News Release 1978 6th February). On the 22nd February 1978, at short notice, four members of the Panel met to discuss Briggs Co-ordinating Committee Paper Number 13 (BCC 1978:Paper 13). Other Panel members had been given the opportunity to send in their comments for the sub-group's consideration (Panel Paper PA(78)8). The Paper summarised the intended functions and powers of the Central Council and National Boards together with the recommendations of Working Group 4 on the need for additional statutory committees. Paragraph 7 of the Paper set out four options for consideration namely:

1) The Bill could require the Council and National Boards to set up (initially) all the committees recommended by the working group and those agreed previously, mentioning these by name; it could further enable Health Ministers to approve the abolition, amalgamation or reconstitution of any of the committees through changes in the statutory rules.

2) The Bill could enable the establishment under statutory rules approved by the Health Ministers of all of the committees recommended by the Working Group and those already agreed mentioning these by name.

3) The Bill could require, as at present, the committees already agreed to be set up. In relation to the additional committees recommended by the Working Group it could:

   a) require the Council and Boards to set them up initially mentioning them by name, but enable the Health Ministers
to approve their abolition, amalgamation or reconstitution by statutory rules or

b) enable the Health Ministers to approve their being set up, mentioning them by name

(Briggs Co-ordinating Committee 1978:Paper 13)

The Panel members agreed "that subject to clarification option No 1 would be more consistent with the Panel's longstanding view of the subject" (Panel Minutes 15.3.78/114). The Panel was advised that at the next Briggs Co-ordinating Committee meeting on 27th February "each member will be asked to give the views of his or her organisation on the paper, particularly paragraph 7" (Panel Paper PA(78)8). Therefore, it fell to Miss Robottom to put the Panel's view to the Brigg's Co-ordinating Committee (Panel Minutes 15.3.78/114), this must have been a minority one because following the meeting on the 27th February a DHSS press release stated that:

A majority of members agreed to a comprehensive solution - that there should be enabling powers in the Bill which certain new committees will be named specifically . . . There would be a general enabling power for Health Ministers to set up additional new committees at Central Council level. The following new committees would be named. An education committee; committees for district nursing and mental nursing; an advisory committee for clinical nursing studies and committees for finance and discipline. The Minister proposes to give an undertaking in Parliament to set up these committees during the passage of the Bill.

(DHSS 1978:Press Release 27th February)

The Press Release also explained that under the legislation the National Boards would be able to set up further specialist committees (DHSS 1978:Press Release 27th February).

When the nursing, midwifery and health visiting professions

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had finally reached a compromise on the way forward there was no parliamentary time for the Nursing Bill (DHSS 1978 - 15th March Press Release No 78/85). The Government decided the Medical Council Bill should supersede the Nursing one "because the doctors were ready to go, were united and knew what they wanted" (Moyle 1979 in Nursing Times 1979:991 14th June). The Panel learned the news from Mr Moyle's letter, of 13th March 1978, addressed to Miss Robottom the Panel's representative on the Co-ordinating Committee (Moyle 1978:letter to Miss Robottom), Mr Robson, Panel Chairman, wrote to Mr Moyle (Robson 1978: letter to Mr Moyle dated 23rd March and Panel Paper PA(78)13) to express district nurse tutors' and Panel members' deep disappointment that this necessary legislation should be still further delayed. The letter expressed the view that compromise reached by the Briggs Co-ordinating Committee on the 27th February fell short of the Panel's request for a district nursing committee on the same terms as health visitors and midwives. However, the letter went on to say that the Panel "understood the need for flexibility and for provision for making changes in the future without the need for further legislation (Robson 1978:letter to Mr Moyle dated 23rd March).

When the Briggs Co-ordinating Committee Working Group 1, which was responsible for the preparation of legislation, met on the 16th May 1978, the members reaffirmed agreement reached by the Co-ordinating Committee regarding the committee structure of the new bodies (Panel Minutes 4.7.78/117). On the 31st August 1978, it agreed the constitution of the District Nursing Committee (Panel Minutes 20.9.78/118). The constitution of statutory committees were not laid down in the Nurses, Midwives and Health Visitors Bill or Act, but by the Secretaries of State, in the exercise of powers conferred by the Act and issued in the form of standing orders (HMSO 1983:Statutory Instrument No 724).
The Nurses, Midwives and Health Visitors Bill and Act:

The Nurses, Midwives and Health Visitors Bill was given its first reading in the House of Commons on 2nd November 1978 (HMSO 1978 2nd November). The importance of this occasion was marked by a circular letter from the Chief Nursing Officer and press notice from the DHSS (DHSS 1978: Letter from Miss Friend CNO (78)14 and Press Release both dated 2nd November - see Appendix 11.3). The Press Release contains a brief résumé of the Bill's content. The Panel considered various aspects of the Bill when it met on the 8th November (Panel Minutes 8.11.78/120) including Clause 3(4) which read:

The Secretary of State may by order constitute other standing committees of the Council and (to the extent prescribed by the order) require the Council to consult them on, or empower them to discharge functions of Council with respect to other matters including in particular:

a) training
b) clinical nursing studies
c) district nursing and
d) mental nursing

(HMSO 1978:2-3 Nurses, Midwives and Health Visitor Bill)

The Panel asked its Secretary to write to the Department seeking re-assurance that:

the standing committee for District Nursing would be given a similar title to that of the Health Visiting Joint Committee in order to establish that it had a UK function in relation to the Central Council and National Boards.

(Panel Minutes 8.11.78/120)

The second reading of the Bill occurred on the 13th November. A Special Report in the Nursing Times (1978:1921-1923, 23rd November) summarised, from Hansard, the main points of the four hour debate. David Ennals, Secretary of State, opened the debate by explaining that
the Bill "is a relatively modest one . . . of only twenty three clauses and seven schedules. But to nurses, midwives and health visitors its introduction is an event of great significance" (Nursing Times 1978:1921 23rd November). However, he acknowledged that they did not all condone it. Having explained the purpose of the Bill, Mr Ennals said:

he wanted to see it on the statute book as soon as possible. It would pave the way for the professions themselves to initiate a new system of integrated training on the lines recommended by the Briggs report when the necessary resources were available.

(Nursing Times 1978:1921 23rd November)

Dr Gerard Vaughan, opposition spokesman on health, voiced his misgivings about the Bill. He was concerned that the smaller groups would become submerged and that a vast bureaucratic structure would emerge. He continued:

why is there so little of Briggs in the Bill? The Briggs report makes 75 recommendations. We have less than a handful of them in the Bill. The Bill is rather like the Cheshire Cat; it is all brains, but there is no body to it - and the body is the education proposals that were intended.

(Nursing Times 1978:1921, 23rd November)

Dr Vaughan concluded by saying he welcomed the Bill and that whilst the opposition would help it on its way they "would look very carefully at its provisions . . . ." (Nursing Times 1978:1921 23rd November). The article in the Nursing Times gave details of the members of the Commons Committee examining the Briggs Bill. This proved useful to members of the professions who wanted to lobby members of the House of Commons. But gaining amendments during the committee stage was difficult (Nursing Times 1978:2002 7th December).

In response to the continuing political action of district
nurses Dr Vaughan agreed to try and seek an amendment for the establishment of a District Nursing Joint Committee to be written into the Act (Houses of Parliament 1978:62 Notices of Amendments given on Thursday 7th December and Correspondence from Dr Vaughan 1978 to Mrs Chapple, RCN Primary Care Adviser, dated 26th November 1978), but this failed (Nursing Times 1979:262 15th February). Therefore, the National District Nurses Action Campaign pressed for this amendment in the House of Lords, because it claimed Mr Moyle had failed to honour the pledge made during the Commons Committee stage, which he was alleged to have said "the district nurses standing committee would be in the form of a joint committee and undertook to write this into the Bill" (Nursing Times 1979:262 15th February).

The writer of this thesis was just one of many who lobbied MP's and members of the House of Lords, in person and by correspondence. A reply from Lord Lovell-Davis (1979) to Miss Gibson dated 2nd March said:

You all seem to have lobbied your cause very energetically and I am sure that you will find supporters for your amendments when the Bill comes to its Committee Stage, in the House of Lords.

(Lord Lovell-Davis 1979:letter dated 2nd March)

The Panel's Secretary, with the Chairman's agreement wrote a standard letter to eleven members of the House of Lords. Due to lack of time the Panel members were not consulted (PADNT 1979:Letter from Panel's Secretary to members dated 16th February). The Secretary's letter to the selected members of the upper chamber asked for their support:

for the introduction of a relatively minor amendment to Clause 8 of the Bill, the effect of which would be to allay the fears of district nurses about the future of district nurse training.

(PADNT 1979:Letter from Secretary PADNT to the Right Hon Lady Kinloss dated 14th February)
The Secretary's letter went on to explain that the Panel was concerned that the Bill did not clearly state that the district nursing standing committee should be constituted as a Joint Committee of the Central Council and National Boards. It also added that:

When the Bill was debated by Standing Committee B in the House of Commons on 12th December, 1979, the Minister of Health, Mr Moyle, gave an undertaking that a District Nursing Standing Committee of the Central Council would be set up, which would take the form of a joint committee. He did not however, accept that this should be written into the face of the Bill.

(PADNT 1979:Letter from Secretary PADNT to the Right Hon Lady Kinloss dated 14th February)

Finally, the Secretary's letter asked the Lords and Ladies to put forward the following amendment to the Bill:

Page 3, line 1 (Clause 3) leave out district nursing;  
Page 6, line 24 (Clause 8) after "The National Board's insert "in particular a" District Nursing Joint Committee".

It only took the House of Lords two hours and forty-four minutes to examine the Bill clause by clause in committee, with Lord Aberdare in the chair. During this time health visitors and midwives obtained hard fought for amendments and district nurses were promised an amendment at a later stage making it clear that there would be a joint committee for district nursing. Baroness Young, Conservative, said:

that district nurses wanted a similar status to that of health visitors and midwives in the Bill. The Panel of Assessors gave uniformity to district nurse training, and district nurses were keen to maintain this arrangement.

(Nursing Times 1979:470 22nd March)

Lord Wells-Pestell said that the amendments put forward on behalf of district nurses were acceptable in principle and
he personally undertook to bring forward amendments worded by parliamentary draftsmen (Nursing Times 1979, 22nd March page 470). This occurred for when the Nurses, Midwives and Health Visitors Act 1979 reached the statute book, on 4th April, Section 8 (5) on Joint Committees of Council and Boards stated:

There may in particular be constituted under subsection (4) a joint committee to be concerned with district nursing.

(HMSO:1979)

Sub-section 4 refers to the fact that "The Secretary of State may by order constitute other joint committees . . ." (HMSO 1979).

When the Panel of Assessors met on the 25th April 1979 "The Chairman reported that Royal Assent had been given to the Bill and the much sought after amendment to Section 8(5) . . . went through" (Panel Minutes 25.5.79/122). The members expressed their appreciation to the District Nurses Action Campaign and other groups for their help in arriving at this outcome (Panel Minutes 25.5.79/122). The Panel's Bulletin announced the good news to a wide audience stating that:

The "Briggs" Bill completed its troubled course and received the Royal Assent just before the dissolution of Parliament. The much sought after amendment on district nursing squeezed in on the last lap and Section 8(5) of the new Act states "There may in particular be constituted . . . a joint committee to be concerned with district nursing". Ministers have given an assurance that such a joint committee will be set up and this should ensure the continuation of district nurse training on a UK basis.

(PADNT 1979:2 Bulletin No 14, April)

Mr David Rye, Director of Professional Activities at the Royal College of Nursing publicly stated that he was
impressed by the district nurses campaign and by the fact that they waged a long battle and never let up. He explained that district nurses "managed to get what they wanted in the Lords because by that time the Minister was persuaded it was the right thing to do, perhaps because he did not want another fight" (Dunn 1979:909 in Nursing Times 31st May).

CONCLUSION:

This chapter has shown that the establishment of the Briggs Committee and the publication of its Report had far reaching ramifications for district nurse education. Throughout the various stages of the consultation process the Panel and others representing district nursing sought to safeguard its interest, but compromise was inevitable. However, understandably, once the Nurses, Midwives and Health Visitors Act was passed all concerned with district nursing congratulated themselves on partly achieving their goals and were confident that their hard fought for Committee would be established. At this stage they thought the battle was over and it was merely a procedure matter for the establishment of the Committee. However, the next chapter will reveal that this was by no means the case and that the battle was far from over.

Footnote:

[1] This was the Government proposal for devolution to elected Assemblies in Scotland and Wales (DHSS 1976:Statutory Framework page 5 and White Paper "Our Changing Democracy:Devolution to Scotland and Wales Cmnd 6348)
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<tr>
<td>Athlone - Earl of (Chairman) 1939</td>
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<td>Bendall E 1976</td>
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<td>Bosanquet N 1974</td>
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<tr>
<td>Bradshaw P L 1989</td>
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<tr>
<td>Briggs A (Chairman) 1972</td>
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<td>BCC 1978</td>
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<td>BCC 1970</td>
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<tr>
<td>Briggs Committee on Nursing 1971</td>
</tr>
<tr>
<td>Collins S, OBE 1991</td>
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Council for Training of Health Visitors' evidence to the Committee on Nursing December
CTHV:London

Your Very Own Committee in Journal of District Nursing, September, page 10
Damant M

HMSO:London

Memorandum entitled "Briggs Report on Nursing from Miss P M Friend, OBE, Chief Nursing Officer
DHSS:London

Briggs Committee on Nursing - The Governments' Proposals
DHSS:London

Relationship between Service and Education and the Statutory Framework (HC(76)22)
DHSS:London

DHSS Press Release Briggs Report: David Ennals' Assurance to Nurses No 76/286 30th November
DHSS:London

Nursing 1974-1976, Report of the Chief Nursing Officer of the Department of Health and Social Security
DHSS:London

DHSS Press Release Nursing Bill - Progress is Made Today No 78/71 27th February
DHSS:London
DHSS 1978
DHSS Press Release
No Parliamentary Time for Nursing Bill No 78/85
15th March
DHSS:London

DHSS 1978
Letter from Miss P M Friend, Chief Nursing Officer to RNO's, ANO's, DNO's et al
Ref CNO(78)14
2nd November
DHSS:London

DHSS 1978
DHSS Press Release
Publication of Nurses, Midwives and Health Visitors Bill
2nd November
DHSS:London

District Nursing Association 1977
Briggs Co-ordinating Committee - Working Group IV
Evidence on behalf of the District Nursing Association
22nd December
DNA

Dunn A 1979
Tales of Mystery and Suspense or How the Briggs Bill Reached the Statute Book: I Personalities in Nursing Times
31st May, pages 908-909

Friend P M, CBE 1973
Nursing within Primary Health Care and its Future Development in Queen's Nursing Journal, December pages 210, 213-214

Friend P M 1976
Letter from Miss Friend, CBE, CNO DHSS to Mr T W Matthew, Secretary PADNT dated 17th May

Friend P M 1982
Looking Back:I in Nursing Times, September page 1631

Hall C M 1977
Letter from Miss C M Hall, General Secretary RCN to Mr R Moyle, Minister of State (Health) dated 10th August

722
Hall C M 1977 Letter from Miss C M Hall, General Secretary RCN to Mr R Moyle, Minister of State (Health) dated 26th September

HMSO 1978 Nurses, Midwives and Health Visitors Bill 2nd November HMSO:London

HMSO 1979 Nurses, Midwives and Health Visitors Act 4th April HMSO:London

HMSO 1983 Statutory Instrument No 724 entitled Nurses, Midwives and Health Visitors (District Nursing Joint Committee Order) HMSO:London

Horder Lord (Chairman) 1942 Nursing Reconstruction Committee Report RCN:London


Leach D 1973 Why Educate Nurses? How Briggs Missed the Point in Nursing Times, 19th July, pages 939-940

Lovell-Davis Lord 1979 Letter from Lord Lovell-Davis to Miss Sheila Gibson dated 2nd March

Moyle R 1977 Letter from Mr Moyle, Secretary of State (Health) to Mr Robson, Chairman of PADNT dated 9th August

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<tr>
<th>Author</th>
<th>Year</th>
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<td>Moyle R</td>
<td>1978</td>
<td>Letter from Mr Moyle, Secretary of State (Health) to Miss Robottom as Panel's Representative on Briggs Coordinating Committee dated 13th March</td>
</tr>
<tr>
<td>Moyle R</td>
<td>1979</td>
<td>Tales of Mystery and Suspense or How the Briggs Bill reached the Statute Book:3 The Minister's tale in Nursing Times 14th June</td>
</tr>
<tr>
<td>NDNAC</td>
<td>1977</td>
<td>National District Nurses Action Campaign Notes of Meeting 26th October</td>
</tr>
<tr>
<td>Nursing Times</td>
<td>1977</td>
<td>News: District Nurses Show they mean business on Briggs Nursing Times 15th September, page 1416</td>
</tr>
<tr>
<td>Nursing Times</td>
<td>1977</td>
<td>Editorial: District Nurses last stand Nursing Times 15th September, page 1415</td>
</tr>
<tr>
<td>Nursing Times</td>
<td>1977</td>
<td>Community Outlook - What can you do in Nursing Times 15th September, pages 1420-1421</td>
</tr>
<tr>
<td>Nursing Times</td>
<td>1978</td>
<td>Special Report: An event of great significance Nursing Times 23rd November, pages 1921-1923</td>
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<td>1978</td>
<td>Nursing Times</td>
<td>News: Briggs Bill unamended so far</td>
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<td>1979</td>
<td>Nursing Times</td>
<td>News: Lords left to deal with Briggs impasse</td>
</tr>
<tr>
<td>1979</td>
<td>Nursing Times</td>
<td>News: Briggs Bill speeds through Lords</td>
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<tr>
<td>1964</td>
<td>Platt H (Chairman)</td>
<td>A Reform of Nurse Education Report</td>
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<tr>
<td>1971</td>
<td>PADNT</td>
<td>Memorandum of Evidence to the Committee on Nursing on the Training of District Nurses by PADNT</td>
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<td>1971</td>
<td>PADNT</td>
<td>Paper by Secretary PADNT Committee on Nursing - Hearing of Oral Evidence May, Ref E/D105/47</td>
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<tr>
<td>1978</td>
<td>PADNT</td>
<td>Written Evidence to the Briggs Co-ordinating Committee Working Group 4, January</td>
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<tr>
<td>1979</td>
<td>PADNT</td>
<td>Letter from Panel's Secretary to Rt Hon Lady Kinloss dated 14th February</td>
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<tr>
<td>1979</td>
<td>PADNT</td>
<td>Letter from Secretary PADNT to Members dated 16th February</td>
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<td>1979</td>
<td>PADNT</td>
<td>PADNT Bulletin No 14, April</td>
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<td>Panel Minutes</td>
<td>25.11.70/71</td>
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<td>November 1970</td>
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<td>Written and Oral Evidence to</td>
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<td>the Committee on Nursing</td>
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<td>April 1971</td>
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<td>Report of the Committee on Nursing - Comments invited</td>
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<td>November 1972</td>
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<td>PA(73)2</td>
<td>Comments on the Report of the Committee on Nursing</td>
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<td>January 1973</td>
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<td>Copy of a letter from Mr Robson to Miss Walker about proposed new curriculum and copy of a letter to Mr Moyle about the delay of the proposed Bill on Nurse Education and Training April 1978</td>
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<th>Robson J S</th>
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<td>Briggs:Recommendations on additional Committee Structure 6th February</td>
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<td>The UKCC: The First Twelve Months</td>
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<tr>
<th>Name</th>
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<td>Vaughan G</td>
<td>1978</td>
<td>Letter to Mr G Vaughan Opposition spokesman on Health (Conservatives) to Mrs Chappie RCN Primary Care Adviser dated 26th November</td>
</tr>
<tr>
<td>Wilson D</td>
<td>1977</td>
<td>The district nursing voice on Briggs in Journal of Community Nursing August, Vol 1, Pt 2, page 23</td>
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CHAPTER TWELVE


INTRODUCTION:

This chapter covers the transition of power and control from the extant to the new statutory bodies, mainly from the perspective of the Panel of Assessors.

The Shadow Boards and Council were set up in the Autumn of 1980, the UKCC assuming its full functions on 1st July 1983 and the first "mainly elected" Boards becoming fully operational on the 15th September (UKCC 1984:Preface Annual Report 1983-84). The period during which the transition took place was an extremely busy and demanding one for the members and staff of the new extant bodies. This was especially so for those who had commitments to both the former and new bodies.

The fact that the Panel was reconstituted just prior to the transition was both an advantage and disadvantage. For whilst the Panel was freed from the Department's constraints when formulating policy and expressing views, it incurred additional extensive responsibilities. It had to cope with the upheaval of moving its headquarters twice between 1979 and 1983. In addition, during this period the
Panel members and staff had to divide their attention between the competing demands of implementing the new curricula for district nurses, district enrolled nurses, practical work teachers and supervisors, and using every conceivable opportunity to safeguard the future position of all aspects of district nurse education.

The Panel continued to pursue the three goals outlined in the previous chapter: the establishment of a District Nursing Joint Committee (DNJC), and for the district nurse qualification to become mandatory for practice and eligible for registration. In order to achieve its ambitions the Panel was politically active throughout the transition period, communicating directly with Ministers, the Department, Members of Parliament, Chairmen and Chief Executive officers of the new bodies. In pursuing its goals, Panel members and staff continued to use their connections with the nursing press to ensure that issues pertinent to district nurse education were given a high profile in the media. This was in order to engender interest and debate amongst district nurses and their supporters. Panel members and staff continued to act as catalysts to encourage district nurses to remain or become politically active in order to fight their own causes. The National District Nurses Action Campaign remained active into the early 1980's and was ready to resume its activity at a later date if this proved necessary.

The Panel could not always rely on the Royal College of Nursing to champion the cause of district nurses because the College had to formulate policy that took into account the diversity of its membership. However, during the transition period the College did not waiver from supporting the need for a DNJC, but it weakened the district nurses case by pressing for a specialist committees for other occupational groups.
Initially, the Minister of Health decided to delay the implementation of the 1979 Act (HMSO 1979). The reasons for this approach are outlined in the next section of this chapter, so to is the Panel's immediate reaction to the Minister's decision to proceed with the process of implementation. Section three considers the ways in which the Panel sought to influence the composition of the membership of the new bodies in order to ensure adequate representation for district nursing. Section four focuses on the Panel's response to the proposals and recommendations of the UKCC's Working Groups established to deal with various aspects of the handover of functions. The fifth section outlines the meetings of Panel representatives with members of the Shadow Boards. The sixth section provides the conclusion.

THE MINISTER'S DECISION TO IMPLEMENT THE ACT AND THE PANEL'S IMMEDIATE RESPONSE:

In 1979, there was a change of Government. Initially the new Minister of Health, Dr Vaughan, adopted a restrained approach to the implementation of the Act, to allow time for wide consultation on matters such as membership of the new statutory bodies and for the basic groundwork to be undertaken (Panel Minutes 12.9.79/NP2 and GNC 1980:Annual Report 1979-80). On the 12th August, he wrote to the members of the Briggs Co-ordinating Committee explaining that he intended to defer a decision about the timing of the implementation of the Act for a year. But the members reactions left him in no doubt about their disappointment to this delay and he changed his mind (DHSS 1979:letter from Dr Vaughan dated 12th October appended to Panel Paper PA(79)61). When writing to the members he said:

I clearly understand the importance which the professions attach to making an early start to setting up the Central Council and National Boards quickly. No one is more conscious than I am of the length of time which has elapsed since
the Briggs Committee reported and the Government of the day accepted their main recommendations in principle. Some progress has already been made but further and major developments in nurse education and training are likely to have significant implications for public expenditure and must be kept in keeping with the circumstances of the national economy.

Setting up the new bodies, however, will be an important first step in this process. As it is clearly the profession's wish that they should be established even although resources for further major changes in the pattern of nurse education may not be available at the moment, I have decided in consultation with colleagues in other UK Health Departments to arrange for an order to be laid in Parliament which will allow the National Boards to be set up in the Summer next year and the Central Council to follow by the Autumn.

(DHSS 1979:Letter from Dr Vaughan dated 12th October appended to Panel Paper PA(79)61)

In November 1979, the Panel along with the other relevant training bodies in the United Kingdom, received a letter advising it of the Minister's decision to proceed immediately with the setting up of the new statutory bodies which would replace the existing statutory and non-statutory training and regulation bodies for nurses, midwives and health visitors (DHSS 1979:Letter from Mr Mayoh to Mr Godfrey dated November appended to Panel Paper PA(79)62). A paper appended to the letter explained that:

Section 5(10) of the Act lays down a maximum period of three years from the coming into operation of the provisions setting up the National Boards to the appointed day for the full handover of functions to the National Boards. Therefore for a period, which is likely to be up to two or three years, the new Council and Boards will co-exist with the present training bodies using the early part of that period to prepare the groundwork for the handover of
responsibilities eg arranging accommodation and appointing senior staff.

(DHSS Paper 1979 entitled Implementation of the Nurses, Midwives and Health Visitors Act: The first steps paragraph 1 - appended to Panel Paper PA(79)62)

The paper outlined the main tasks of the Council and Boards during the handover period as:

- preparing an electoral scheme and submitting it to the Ministers for approval;
- the preparing of a single professional register of all nurses, midwives and health visitors;
- devising rules about the provision of training after the handover;
- considering how they will handle their business after the handover.

(DHSS Paper 1979 - appended to Panel Paper PA(79)62)

The DHSS Paper explained that until their dissolution the existing training bodies would be required to continue their present training and registration functions. No major change was envisaged in the existing arrangements, as a direct consequence of the setting up of the new bodies, until towards the end of the handover period which was, at this stage, envisaged to take place towards the end of 1982. The paper stated that:

Because of this it would seem unnecessary to set up the various standing and joint committees during the early stages of the transitional period since the National Boards and Central Council can look to the existing bodies for specialist advice and there would be no specific functions for the Committees to perform.

(DHSS Paper undated but issued 1979 - appended to PA(79)62)

The paper (see Appendix 12.1) also set out membership arrangements for the National Boards and Central Council.
The proposed initial constitution was thirty-three Board members and twenty Council members, including the Chairmen. The Boards were to include two district nurses, one of whom would be a district nurse tutor. No such concession for district nursing applied to the Council membership.

On the 7th November, the Panel discussed the Department's letter and paper. The Panel did not agree with delay in setting up standing and joint Committees since it thought "that there would be great merit in setting up "shadow" committees at the earliest feasible stage . . . to work alongside existing training bodies" (Panel Minutes 7.11.79/NP3).

In order to ensure that the setting up of the District Nursing Joint Committee was not overlooked the Panel's Chairman wrote to Dr Vaughan on the 7th November 1979 expressing the Panel's appreciation of the Minister's decision to go ahead with the implementation of the Act. He then proceeded to explain:

The Panel has, in particular, asked me to mention the undertaking given by the former Minister, Mr Moyle, that a district nursing joint committee of the Central Council and National Boards will be set up at the appropriate time under the powers invested in the Secretary of State under Section 8(4) of the Act and that due provision will be made for this in the arrangements for setting up the new bodies.

(PADNT:1979 Bulletin No 16 December)

The Minister's reply said that:

I well remember the debate on what is now Section 8 of the Act. I fully appreciate the Panel's concern about the future of district nurse training in the context of the setting up of the Central Council and National Boards. Whilst I do not wish to pre-empt decisions which will properly be for these new bodies, my firm intention is that a District Nursing Joint Committee will be set up under Section 8(5) of
the Act at the appropriate time before the handover of responsibilities to the new bodies. The exact timing of the setting up of particular committees is something which the new bodies must decide for themselves. I expect this will vary from committee to committee but my present view is that the District Nursing Joint Committee should be set up towards the end of the handover period, as the work of the Panel, in common with other training bodies, will continue until that time. The Panel of Assessors will, of course, be consulted fully in any discussions about the timing and constitution of the joint committee.

I hope this will give the Panel the reassurance it seeks.

(PADNT 1979: Bulletin No 16 December)

On the 30th January 1980, an administrator, acting on behalf of the United Kingdom Health Departments, wrote to the bodies whose future was to be affected by the Act in order to keep their members of staff abreast of developments. The letter explained:

The UK Health Ministers have decided that the new Central Council and National Boards should be set up in the second half of this year. Before this can be achieved, the relevant parts of the Act must be brought into force and this will be done by laying commencement order before Parliament. In addition, orders will be laid to specify the size and composition of the new bodies.

(DHSS: 1980 Letter from Mr Cunningham dated 30th January to Mr Godfrey appended to Panel Paper PA(80)25)

NOMINATIONS AND APPOINTMENTS TO THE NEW STATUTORY BODIES:

In March 1980, the Panel was advised that letters had been received from the Health Departments of the United Kingdom inviting nominations for the four Boards and Central Council. In addition, that in making appointments, the Health Ministers wished to achieve a wide range of experience in the fields of nursing, midwifery and health visiting and a reasonable geographical spread of membership. Preference would be given to those expected to
continue in active work in their professional field during their term of office. Nominations were also being sought for medical practitioners, educationalists and personnel with expertise in finance or administration (Panel Paper PA(80)30). The Panel put forward twenty eight nominations of whom eight were Panel Members (Panel Minutes 30.4.80/NP6).

The Panel's nominations were considered by the Departments, alongside those put forward by other organisations (Panel Minutes 10.9.80/NP8 and UKCC 1984:Annex 1 Annual Report 1983-84). Table 12.1 indicates the representation gained by the Panel.

<table>
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<tr>
<th>Statutory Body</th>
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<td>1</td>
<td>Miss Robottom+</td>
<td>Nurse</td>
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<tr>
<td>Scottish National Board</td>
<td>2</td>
<td>Miss McHattie+</td>
<td>Nurse</td>
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<td></td>
<td></td>
<td>Miss Swann+</td>
<td>Nurse</td>
</tr>
<tr>
<td>Welsh National Board</td>
<td>1</td>
<td>Mrs Frater*</td>
<td>Nurse</td>
</tr>
<tr>
<td>N Ireland National Board</td>
<td>Nil</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UKCC</td>
<td>1</td>
<td>Mrs Damant+</td>
<td>Nurse</td>
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Key * = Member of the Panel
+ = Member of the New Curriculum Planning Committee
(PADNT 1980:2 Bulletin No 18 September)

This meant that the Panel had cross membership with the UKCC, English and Scottish Board. In addition it had close links with Wales through Mrs Frater, a member of its New Curriculum Planning Committee. Channels of communication between the Panel and Northern Ireland Board were advantaged by the fact that Nursing Officer from Northern
Ireland was an observer on both bodies.

THE UKCC WORKING GROUPS:

The Central Council was mindful of the vast amount of work which it had to complete to enable the handover of functions to proceed smoothly. Therefore, it set up seven working groups to consider a specific aspect of the 1979 Act and the related responsibilities which the Council would inherit. The work was delegated:

a) Working Group 1: Elections to the National Boards  
b) Working Group 2: The Single Professional Register  
c) Working Group 3: Education and Training  
d) Working Group 4: Professional Conduct  
e) Working Group 5: Standing and Joint Committees  
f) Working Group 6: Handover of functions  
g) Working Group 7: Accommodation and Property  

(UKCC 1984:11, Annual Report 1983-84)

Working Groups 1 to 5 worked in a broadly comparable way, initially preparing proposals and then circulating these to the National Boards for their consideration and comments. Once the Boards' views had been taken into account the Working Group amended the proposals and set these out in a consultation paper. The consultation papers, issued by the UKCC between September 1981 - April 1982, were widely circulated to professional organisations, trade unions and other interested parties. Press briefings helped generate articles in the media and a consultation period after the publication of each document allowed time for comments to be sent in. The comments were then taken into consideration by the Working Group and proposals further amended in order to present the final proposals for the Council's consideration. The Boards received a copy of the
final report at the same time as the UKCC so that they could review the final recommendations and if they choose, to comment on them to Central Council. "Once the Council had made its decision those issues which were then the subject of legislation were presented to Ministers" (UKCC 1984:Annual Report 1983-84 pages 13-14).

The Panel received the consultation papers issued by Working Groups 1-5 and its reactions to these are discussed in the next five sub-sections.

Proposals for an Election Scheme and Elections to the National Boards:

Working Group 1 proposed:

that the electorate be composed of those nurses, midwives and health visitors who choose to opt for inclusion in an electoral roll for the purposes of participating in a direct election of nurses, midwives and health visitors to membership of the National Boards, whose eligibility to participate can be confirmed from existing records . . .

. . . that the individual should be urged to opt into one electoral category which coincides with the professional field in which he or she is practising or last practised, but we accept that for some (e.g. managers) it is not a clear cut decision and must depend on individual choice . . .

An electoral roll will then be created in parts for each electoral category for each National Board

(UKCC 1981:11-12 Working Group 1 Consultation Paper)

The Panel supported the proposal about opting in, but members expressed concern about the proposals that voters could vote only as a nurse, midwife or health visitor and then only for candidates in the same category. The Panel considered "that every member of the electorate should be allowed a say in the election of anyone who would influence
The Panel considered that "an assembly whereby about a sixth of the electorate are represented by a third of the elected members could hardly be deemed representative" (PADNT 1982:Bulletin No 19 January). In addition it considered the "ratio of one midwife to one health visitor to four nurses on the National Boards to be grossly unfair" (PADNT 1982:6 Bulletin No 19 January). The Royal College of Nursing and COHSE were also opposed to this ratio (UKCC 1982:UKCC Review No 2 April).

The main factors in the UKCC's decision that there should be no automatic reservation of places for other groups or disciplines of nursing were the difficulties of deciding "from the large number of specialist groups, which of these and in which proportion might legitimately claim to be automatically represented" (UKCC 1982:UKCC Review No 2 April). The Panel regretted the decision to disregard the option of reserving places for specified categories of occupational groups, as it "felt this decision totally ignored the wishes of minority occupational groups so firmly expressed during the passage of the Act" (PADNT 1982:Bulletin No 19 January). The Panel was worried about "the lack of guaranteed representation for district nurses - or any other specialised type of nurse" (Panel Minutes 4.11.81/NP15).

The Panel was also concerned about the proposed use of a single transferable vote, since this was felt to distract from fair representation of each professional interest (Panel Minutes 4.11.81/NP15 and UKCC 1982:UKCC Review No 2 April and Newland 1975). Such was the Panel's concern, that in November 1981, a copy of the consultation document was circulated to each member so that they could comment in more detail (Panel Minutes 4.11.81/NP15). When received, the comments were forwarded to the UKCC (Panel Minutes
6.1.82/NP16). The UKCC's final document did not reflect the Panel's views. However, Annex 3 did contain a summary of all comments received on Working Group 1 Consultation Paper (UKCC 1982:A Report by Working Group 1 January). Whilst the Panel was dissatisfied with the outcome, it decided to withhold any further comment at this stage despite the fact that it feared district nursing might receive a raw deal in the future (Panel Minutes 9.3.82/17). Later the Panel realised that the only way to ensure adequate representation of district nurses on the first elected National Boards was to make certain that the votes cast in the first election were used to maximum advantage (Panel Minutes 8.9.82/NP20).

The UKCC considered "that every encouragement should be given to people to publicise their candidature and to prepare election manifestos" (UKCC 1982:17 A Report by Working Group 1 January). Therefore, the UKCC sent candidates a list of addresses of the professional journals which they may wish to approach "for the purpose of using any space they are making available for candidates to publish election addresses" (UKCC 1983 letter from Mr Pyne, to Miss Gibson dated 18th February). The Journal of District Nursing was not on this list. However, the Panel's Principal Professional Officer was an editorial advisor on this journal which was circulated free to all practising district nurses. The Journal ran a feature article entitled "Your Life in their Hands" (Journal of District Nursing 1983 April, pages 30-31). This advised readers that ballot papers for the National Boards would be issued on 18th April 1983 and that polls would close on 20th May 1983. It also explained that the adopted voting method was for the voter to indicate an order of preference, for the candidates in their particular category ie nurse, midwife or health visitor and for their particular Board. The article stressed that:
it is important that district nurses are not too liberal with their votes. It is advisable to vote for a select few candidates so that the district nurse voting strength is not diluted or siphoned off by other specialist groups. It is also essential that candidates receive votes in order of preference.

(Journal of District Nursing 1983 April, page 30)

 Whilst the Journal gave details of all twenty six candidates it published fuller details of the twelve it considered to be of outstanding merit and with "the political experience to take on the rough battle ahead for district nursing" (Journal of District Nursing 1983:30 April). Only two of the twelve recommended candidates were practising district nurses. Clearly it was lobbying of district nurses to vote for members of their own professional group.

In February 1983, Mr Anthony Carr, a Panel Member, wrote to seven of the twelve candidates given a high profile in the Journal article. He explained that following discussion with the Panel's Principal Officer and another Panel member it had been agreed that he should approach them because of their connections with the Panel and because they were making a major contribution to the work of district nursing. He asked if they would be willing for their professional details and photograph to be part of an advertisement which would be placed in the Nursing Times on a strategic date. There were no financial implications for the candidates since the cost of the advertisement was raised from a private source (Carr 1983 letter to Miss Gibson dated 28th February). This source is now known to have been the Queen's Institute. There was a possibility that the advertisement would contravene the General Nursing Council's rule which prohibited nurses from advertising their professional services (Gibson 1983 letter to Mr Carr dated 3rd March). Mr Carr checked out the legitimacy of advertising in this way with the UKCC and was
advised that it would not offend the regulations (Carr 1983 letter to Miss Gibson dated 22nd March 1983). The advertisement which appeared in the Nursing Times on the 13th April 1983 actually contained photographs and details of nine candidates, six of whom were elected. The three elected to the English Board were Panel members, of these Dr Kratz recorded the highest and Mr Carr the next highest score for the first preference vote in the nurse category. Of the remaining three one was elected to each of the other Boards (UKCC 1983:Election Results 16th June).

The UKCC issued 700,000 opting in forms (UKCC 1982:UKCC Review October) and received back 118,000 completed ones by the time the Electoral Roll closed on 31st January (UKCC 1983:UKCC Review March). The response rate for the nursing category varied from 50-54% throughout the four countries of the United Kingdom (RCN Nursing Standard 1983:No 302, 30th June). The Panel had through various means, including its Bulletins, urged every district nurse to exercise his/her right to vote (PADNT 1982:Bulletin No 20 July and PADNT 1983 No 21 January). No survey was conducted to establish how many district nurses actually opted in or voted in this election but many appeared to have used their vote in order to gain such a good representation on the Boards for their nursing speciality.

The Single Professional Register:

The 1979 Nurses, Midwives and Health Visitors Act placed upon the UKCC the duty to prepare a register of all qualified nurses, midwives and health visitors. It was to replace the existing arrangements for the registration/enrolment of nurses and midwives. In addition, it was to give a statutory right, for the first time, for health visitors to be registered as health visitors (UKCC 1981 Question and Answer Brief). Compiling the Single Professional Register (SPR) was to prove to be a mammoth
task since, in the early 1980's, there was "something between a million and a million and a quarter records held by the existing statutory and training bodies" (UKCC 1981 Question and Answer Brief on SPR).

Initially, the UKCC Working Group on the SPR asked Miss Storey (CEO, UKCC) to meet representatives of all existing bodies in order to enlist their support in preparing the register (UKCC 1981: Note of Meeting of existing statutory and training bodies with CEO UKCC on 15th June 1981 appended to Panel Paper PA(81)43). The Panel was represented by an administrative officer (Panel Minutes 1.7.81/NP13).

The Working Group on SPR had to work within the terms of the 1979 Act which stated that:

The Central Council shall prepare and maintain a register of qualified nurses, midwives and health visitors.

The Register shall be divided into such parts as the Secretary of State may by order determine, the parts being indicative of different qualifications and different kinds and standards of training; . . .

(HMSO:1979)

In 1981, Working Group 2 issued a consultation paper entitled "The Single Professional Register". The paper explained that a distinction needed to be drawn between those qualifications essential for registration on the SPR and other qualifications and details (UKCC 1981:6 paragraph 3.5 Working Group 2 Consultation Paper November). It also explained that "the prime purpose of the SPR is to protect the public by providing a convenient and ready means to confirm that individuals hold certain qualifications" (UKCC 1981:7 paragraph 4.1 Working Group 2 Consultation Paper November).
At the time when the SPR was being formed only midwives had conditions, in addition to the possession of a relevant statutory qualification, which had to be met before they were eligible to practise. The Working Group Paper suggested that conditions to practise should be extended to all groups. It proposed that these include an upper age limit of sixty five years, re-orientation for those returning to practise after an absence of at least five years, mandatory attendance at refresher courses, evidence of professional development and payment of a periodic retention fee (UKCC 1981:9-10 Working Group 2 Consultation Paper November).

The Panel discussed the Consultation Paper and agreed to:

1) express concern that the paper made no reference whatsoever to district nursing, especially as since September 1981 the qualification was mandatory for practice

2) recommend that all qualifications relevant to the practising of the profession should be recorded

3) disagree with an upper age limit of sixty five years but to make the suggestion that seventy years would be more appropriate and thereafter persons be allowed to practise if medical fitness and professional competence could be proved on an annual basis

4) support mandatory updating for those returning to practise after a long absence

5) support mandatory updating for all practitioners but not by means of periodic mandatory refresher courses, since these might discourage continuous updating

6) support the payment of a recurrent fee as long as this
was for the purpose of registration only and funding from the Department did not diminish.

The Panel's Principal Professional Officer was asked to prepare a paper setting out these views for circulation to members (Panel Minutes 6.1.82/NP16). When finalised the Panel's views were forwarded to Working Group 2 (Panel Minutes 9.3.82/NP17). The final paper contained all the points raised in the Panel's discussion and also said that the Panel:

1) supported the establishment of a 'live' SPR as this would afford accuracy and ease of reference for all concerned

2) was prepared to do all it could to assist with the accurate transfer of records relating to district nursing

3) regretted the omission of the district nurse qualification from amongst the qualifications to be registered in view of the fact that it was a pre-requisite requirement for practice as a district nurse

(PADNT 1982:Comments to Working Group 2)

The UKCC (UKCC 1981 Question and Answer Brief) acknowledged that it would take some years to establish fully the Register. However, the first stage was to gather together the records of the bodies which would disappear once the 1979 Act was fully implemented. The information from manual and computerised records needed to be transferred onto one computer and thereafter an attempt made to refine that single register.

This work commenced early in 1982. Later that year, on the 28th May, the UKCC formally agreed to proceed with "the data capture exercise for district nurse records" (UKCC 1982:Letter from Miss Storey CEO, UKCC to Miss Robottom PPO, PADNT dated 23rd June 1982 appended to Panel Paper PA(82)35). It was at this stage the Panel was asked to
recommend to Council those district nursing qualifications which should be included within the SPR (UKCC 1982: Letter from Miss Storey CEO, UKCC to Miss Robottom PPO, PADNT dated 23rd June).

The district nursing qualifications in use (at this time) and about which information was available were:

QN - Queen's Nurse  
NDN Cert - National District Nursing Certificate  
Ranyard Nurses  
NDN(E) Cert - National District Enrolled Certificate  
PWT - Practical Work Teacher  
DNT - District Nurse Tutor  

(Panel Paper PA(82)35)

Initially the Panel was asked to decide which qualification to use for those district nurses who held both the QN and NDN of whom there were about 6,000 (Panel Paper PA(82)35). But instead of doing so it asked its Principal Professional Officer to explore the possibility of recording all district nursing qualifications (Panel Minutes 15.7.82/NP19). The outcome of this exploration, although not recorded in the Panel's records, was successful.

On the 18th June, Miss Storey wrote to all District Nursing Officers, Chief Nursing Officers and Chief Administrative Officers in the United Kingdom, explaining:

An important professional group who will need to be identified on the Single Professional Register are district nurses. For a variety of historical reasons existing records which relate to district nurses are not in a form which is readily transferable to the SPR. Some records, for example, whilst recording that individuals have achieved a district nursing qualification did not provide any means of cross reference with State Registration numbers or other records. It has therefore been agreed that in order to record district nurse qualifications on the Single Professional Register, it will be necessary to make contact with all district nurses in the UK to seek from them information to be incorporated
into the SPR. The Central Council would be most grateful for your help in this exercise.

In a few weeks time we propose to send to you, or to a person whom you might nominate for this, a set of forms. The Council would be grateful if you could arrange for these forms to be circulated to district nurses or other people who might hold district nursing qualifications so that they might complete the forms and return them directly to us.

(UKCC 1982:Letter from Miss Storey to DNO's et al 18th June appended to Panel Paper PA(82)35)

Miss Storey's letter went on to ask for an estimate of the number of forms required and to stress the importance of capturing the required information.

When it met in July 1982, the Panel were advised about the content of Miss Storey's letter. The members considered that the information it contained needed to be circulated more widely, in particular to educational establishments (Panel Minutes 15.7.82/NP19). When the Panel met on the 8th September 1982, the members expressed disappointment that the information which district nurses were required to submit to the UKCC was not to be returned by 'free post'. In addition, there was concern that no circulation of the forms had yet taken place, although members were advised that the UKCC hoped to make the forms available within the next week. In addition, "members expressed anxiety that the large numbers of district nurses working outside the NHS could be omitted by the envisaged circulation especially as advertising in the press was not as extensive as first thought" (Panel Minutes 8.9.82/NP20). The Panel used its Bulletin to urge all district nurse tutors and nurse managers to encourage anyone known to have a district nursing qualification to complete and return the form (PADNT 1982:7 Bulletin No 20, July). By January 1983, over 20,000 completed forms had been received from district nurses and district enrolled nurses. Therefore the UKCC was able to commence the work of checking district nurse
qualifications with the records held by the Panel, Queen's Institute and Ranyard Nurses (PADNT 1983:6 Bulletin No 21, January). The exercise took longer than originally anticipated because by March 1983, a further 5,000 forms had been returned (Panel Minutes 16.3.83/NP23).

At an open meeting of the UKCC, in May 1982, the members received a report from Working Group 2 which contained an annex which indicated that the district nurse qualification would be registered alongside the qualifications of registered nurse, enrolled nurse, midwife and health visitor. But when the UKCC met in July 1982, for its open meeting, it received the SPR Reconciliation Report which indicated the revised intention to record not register the district nurse qualification (Panel Paper PA(82)48 and Appendices 1 and 2). The reason given by the UKCC was:

that qualifications that are regarded as "registered qualifications" in the initial creation of the SPR are those which have that status at present with the sole addition of the health visitor qualification.

(Panel Paper PA(82)48)

When the Panel met in September 1982 the members expressed their disappointment that district nursing "having obtained a qualification mandatory to practice, the UKCC appeared to be taking a retrograde step of not registering the qualification" (Panel Minutes 8.9.82/NP20). The members therefore asked the Principal Professional Officer to write, as a matter of urgency, to the UKCC expressing their concern "that it is proposed not to register all qualifications mandatory to practice" (Panel Minutes 8.9.82/NP20).

Miss Robottom's (PPO) letter was addressed to Miss Storey (CEO) who referred it to Mr Pyne (PPO Professional Conduct and Registration UKCC) so that he could place it before Working Group 2 during their discussions on "Qualifications
and Registration". The Working Group noted the points in Miss Robottom's letter but found itself unable to agree with the submission (UKCC 1982:Letter from Mr Pyne PPO UKCC to Miss Robottom PPO PADNT dated 2nd November appended to Panel Paper PA(82)74). No reasons were given for the position adopted. However, in his reply Mr Pyne explained that:

At a meeting later this month the Working Group will be considering a paper prepared by myself and the Chief Executive Officers of the National Boards which will, within the framework they have prescribed for us, make recommendations in respect of the parts of the Register that will initially exist, the titles that will go with those parts, and the range of additional qualifications that will be recorded. It is our firm intention (not least because progress is necessary to allow progress to be made with the drafting of Registration rules) that the UKCC meeting on 26th November, 1982 will, in public session, consider a series of recommendations from Working Group 2 in respect of the various parts of the Register and associated terminology. This will provide the Council with its final opportunity before rules are made to endorse its earlier decision, on the basis of a series of specific recommendations that go into more precise detail than has previously been the case.

(UKCC 1982:Letter from Mr Pyne PPO, UKCC to Miss Robottom PPO, PADNT dated 2nd November)

Therefore, on the 15th November 1982, the Panel's Chairman wrote direct to Dame Catherine Hall, Chairman of the UKCC saying that the Panel members asked him to:

express the Panel's extreme disquiet at the suggestion that a District Nurse should be a recorded qualification rather than a registered one. It is the Panel's understanding that the purpose of the Register is to protect the public from unqualified practitioners. Since September 1981, it has been impossible for a nurse to practise as a District Nurse without holding an approved certificate and a logical conclusion to this requirement would be for the qualification to be registered. The reasoning behind the suggestion that a qualification that is essential
Mr Robson ended his letter by saying that it is hoped that members of the UKCC would reconsider the implications of registration as opposed to recording of the qualification 'District Nurse' before the final decision was made.

Mr Pyne responded to Mr Robson's letter. He explained that the members of Working Group 2 had given careful consideration to the points raised and as a result had made certain amendments to documents prepared for public discussion by the Council on the 26th November. However, details of these changes were not revealed to Mr Robson, but Mr Pyne did go on to explain that the Working Group Members were:

Made aware of the need to respond to a request for information urgently required on behalf of the Secretary of State, whose responsibility it is to generate an Order prescribing the parts of the register, but after consulting this Council.

In addition, Mr Pyne said that the members of the Working Group could not fully accept the Panel Chairman's point "that a qualification that is essential to practise but is only a permissive part of the register would seem to be ill conceived and inconsistent with the principles of registration", since they were of the opinion that if district nurses chose not to record their qualifications they would not be eligible to be employed in this capacity. Mr Pyne went on to reassure the Panel members that their views had not been ignored. He explained "it is a matter
of no great difficulty and (because of the design of the computer database) no great expense to open new parts of the register, close others or merge two or more" (UKCC 1982: Letter from Mr Pyne, PPO, UKCC to Mr Robson, PADNT dated 3rd December).

Additionally he stressed:

Although making a firm decision about the parts of the register that would initially apply, the Council also agreed that this would be one of the matters which could be referred for opinion to the District Nursing Joint Committee which is now to be established.

(UKCC 1982: Letter from Mr Pyne, PPO to Mr Robson, PADNT dated 3rd December)

In January 1983, the Panel accepted that initially the District Nurse qualification was to be recorded, but were pleased to note the UKCC's intention to consult the District Nursing Joint Committee as to whether, in the longer term, it should become a registered one. The Panel was also encouraged to learn that such a changeover would not be too difficult or expensive (Panel Minutes 12.1.83/NP21).

It was also in January 1983, that the Panel's PPO advised members that a further consultation paper was to be issued shortly by the UKCC and because the consultation period was to be restricted, the Panel members' views would be sought by post (Panel Minutes 12.1.83/NP21). The Paper (UKCC:1983 April) entitled Parts of the SPR and associated designations was issued in April 1983. Unlike previous Consultation Papers it presented the Council's not the Working Party's views. This paper stated that initially there were to be eleven parts to the Register and inevitably, district nursing was not one of these. The UKCC required comments by 16th June 1983 so that it could make definitive decisions when it met on the
17th June 1983. This was because the designations, as eventually agreed, must be used by persons admitted to the SPR from 1st July 1983.

In July 1983 the UKCC issued Circular REG/83/01 which was entitled Recorded Qualifications. The first part of the circular explained that:

1 The Nurses, Midwives and Health Visitors Act 1979 provides for entry to one or more of the 11 parts of the professional register; in addition it provides for qualifications to be recorded on the register following a person's initial registration.

2 To enable practices which existed before 1st July 1983 to continue after that date, Council decided that the qualifications which are currently mandatory for practice, and those required for grading and salary purposes should be recorded first. There are other qualifications which may be recorded in a further stage of the process.

3 The qualifications which will be recorded from 1st July are those obtained after completion of courses approved by the former General Nursing Council for England and Wales, General Nursing Council for Scotland, Northern Ireland Council for Nurses and Midwives, Central Midwives Board for England and Wales, Central Midwives Board for Scotland, Council for Education and Training of Health Visitors and Panel of Assessors for District Nurse Training for preparation as a nurse tutor, clinical nurse tutor, midwife tutor, midwife clinical teacher, lecturer in health visiting, district nurse tutor, field work teacher, practical work teacher, district nurse and district enrolled nurse.

4 Nurses, midwives and health visitors who have such qualifications listed by the former statutory and training bodies prior to 1st July will automatically have these transferred on to the new professional register, as recorded entries.

A news article in the Nursing press which had provided
The details of the UKCC's Consultation Paper ended by saying:

The new District Nursing Joint Committee, for instance, may press for an additional part to be included in the SPR enabling qualified district nurses to use the title registered district nurse.

(Morton 1983:8)

However, the District Nursing Joint Committee (DNJC) failed to get the UKCC to open a new part of the Register for district nurses, so that the district nurse qualification remains a recordable one.

Education and Training:

On the 25th January 1982, the UKCC released Working Group 3's paper on Education and Training entitled "The Development of Nurse Education". It was the first in a series of such papers but the only one to be issued before the demise of the extant bodies.

The paper aimed to stimulate debate and "to promote discussion of an integrated approach to care based on sound educational principles and a challenge for practitioners to keep abreast with sociological and technological techniques" (UKCC 1982:15 Working Group 3 Consultation Paper I, January).

The paper emphasised that although nearly ten years had elapsed since the publication of the Briggs Report (1972) the Working Group accepted many of the Report's recommendations. However, it rejected "the concept of a certificated nurse with a second tier of Registration" (UKCC 1982:2 Working Group 3 Consultation Paper I, January). It considered Registration to be the point of entry to the profession, but acknowledged the possibility of different routes and paces to achieving this entry point (UKCC 1982:7 Working Group 3 Consultation Paper I, January).
Basic preparation leading to Registration was the focal point of the Consultation Paper. The Group believed that:

all courses for Registration should encourage the promotion of health - in the home, at school and at work - the prevention of illness, as well as giving supportive nursing care in the home and in the hospital.

(UKCC 1982:7 Working Group 3 Consultation Paper I, January)

In addition, the Group considered that the "core" needed to provide "an appreciation of the difference between self care, nursing in the home, in the work place as well as of the patient in his hospital bed" (UKCC 1982:7 Working Group 3 Consultation Paper I, January).

The Group envisaged:

the nursing student as one who, undertaking a statutory training for Registration is in a controlled learning situation. In such a supervised position the student, while never being put in a position of professional accountability for patient care nevertheless is required to assume increasing responsibility.


The nursing student would have the legal status of protected employee.

The Group was convinced that "the art and science of nursing is best learned in the clinical setting, whether it be in the hospital, the health centre or the home" (UKCC 1982:9 Working Group 3 Consultation Paper I, January). The paper recommended the use of designated clinical areas which would have specially prepared staff and specified staffing ratios (UKCC 1982:9 Working Group 3 Consultation Paper I, January). However, the Group saw a need for Colleges of Nursing and Midwifery, and for an education budget which would include the salaries of teaching and

The Consultation Paper also considered the service implications of its various recommendations and the timescale and priorities for the transition period, together with the role of the National Boards in the process.

Whilst Working Group 3 recommended the cessation of enrolled nurse training, it did not wish to jeopardise the position of existing enrolled nurses. It believed:

that each National Board should make provision for courses to be made available for enrolled nurses wishing to proceed to Registration.

(UKCC 1982:6 Working Group 3 Consultation Paper I, January)

However, the Working Group acknowledged that "not every enrolled nurse who wishes to register might be able to qualify" but stressed "none should be denied the opportunity to test her entry to further training" (UKCC 1982:6 Working Group 3 Consultation Paper I, January).

The Group saw an essential difference in the preparation required by the professional registered nurse and those who will support the nurse. However, the Group was convinced of the necessity of some preparation for all involved in direct personal contact with patients and clients. But it considered there was merit in removing the term "nursing" from any title for a support worker and proposed the term Care Assistant.

In its concluding paragraph the Paper said:

The Working Group look forward to active debate on this paper highlighting the major issues; philosophy; timescale; priorities linked to this; and administrative structure within which nursing
education will be established.  
(UKCC 1982:16 Working Group 3 Consultation Paper I, January)

On the day of the release of the Consultation Paper the Panel's officers sent a copy to every member of the Panel and the Panel's Education Committee (Panel Papers PAE(82)2 and PAE(82)3). The Education Committee discussed the paper on the 12th February 1983, and identified several areas of concern. The members "felt that the underlying philosophy was unrealistic and might reflect a lessening of patient care" (Panel's Education Committee Minutes 12.2.82). In addition, the members were of the opinion "that a monopolistic situation with regard to nurse training might evolve, with lack of financial accountability and isolation of training from service (Panel's Education Committee Minutes 12.2.82). As a result of their concerns the members asked the Panel's Professional Advisor to prepare a paper incorporating their views for submission to the Panel (Panel's Education Committee Minutes 12.2.82).

When the Panel met in March 1982, the members used the Education Committee's paper as a basis for their discussion on the Consultation Paper. The Panel's Principal Professional Officer was then requested to put the Panel's views into a paper which could be submitted to Working Group 3. The Panel's Paper is summarised below under subheadings:

1 Philosophy:

The Panel said it had difficulty in identifying the philosophy underlying the proposals. However, it agreed that a "holistic approach" should be adopted for the new form of training (Panel Paper PA(82)12, page 1 paragraph 1).
Basic Nursing Education:

The Panel considered that the Consultation Paper was "built upon an unrealistic claim that a foundation course could prepare students to function in the settings quoted" (Panel Paper PA(82)12, page 1 paragraph 1.1). The Panel felt it would be more appropriate if the basic course aimed "to inculcate an understanding and appreciation of the work of these areas" (Panel Paper PA(82)12, page 1 paragraph 1.1).

The Panel's paper pointed to the problems experienced in the past of trying to implement "effective programmes of community experience on a large scale and, at the same time, protect patient privacy and standards of care" (Panel Paper PA(82)12, Page 2 paragraph 1.1). In addition, the Panel's paper said "Reference should be made to the Integrated Courses which attempt to prepare an all purpose nurse and which were not wholly satisfactory" (Panel Paper PA(82)12, page 2 paragraph 1.1).

The Panel was also concerned "that a foundation course as proposed could be inadequate to prepare the nurses to become competent in the specific skills necessary to nurse the sick in hospitals where the majority of nurses will work" (Panel Paper PA(82)12, page 2 paragraph 1.1). Because the Panel felt the foundation course would only be superficial it saw a need for sound post-basic courses at all levels (Panel Paper PA(82)12, page 2 paragraph 1.1).

The Panel suggested that there was a need for clarification of the objectives of education and training.
3 Routes to Registration:

The Panel agreed with the proposal that registration should mark the point of entry to the profession. However, it sought clarification on a number of issues. These included: routes to registration; the time scales for training; whether there would be a single or a variety of registered nurse qualifications (Panel Paper PA(82)12, page 2 paragraph 1.2).

4 Enrolled Nurse:

Whilst the Panel supported the concept of one grade of nurse it was concerned about the reaction of enrolled nurses to the Consultation Paper. The Panel questioned whether it would be possible to provide this grade with employment protection if the enrolled nurse establishment was reduced. In addition, the Panel questioned whether enabling the SEN to progress to registered nurse training was a realistic proposition. It acknowledged that whilst many may be of appropriate calibre others are SEN's for the very reason that they do not have the ability to qualify for registration. The Panel asked:

what is the position of the people who qualified as SEN on failing the SRN examination. it would seem inapt to offer such people a conversion course.

(Panel Paper PA(82)12, page 4 paragraph 1.3c)

The Panel's paper went onto say that when enrolled nurses where employed appropriately, as in district nursing, they were an asset to the services.

5 Care Assistant:

The Panel considered that there was merit in removing
the word nursing from any title used for the helper grade. However, it was not happy with the term care assistant as it was already used by the Social Services Department and could therefore result in confusion. The Panel said:

further thought needs to be given to the title, the role, the training and the supervision before the concept of increased numbers of personnel at this grade can be seriously considered.

(Panel Paper PA(82)12, page 4 paragraph 1.4)

6 The Nursing Student:

The Panel was concerned about the status of the student as a protected employee with a gradual increase of responsibility but at no time to be professionally accountable. It felt that because this could result in large numbers of people carrying out work for which they were not accountable, it would present employing authorities with enormous difficulties (Panel Paper PA(82)12, page 4 paragraph 1.5).

7 Learning Environment:

The Panel considered that there could be a possibility of overload in the designated teaching areas with consequent pressures for all concerned (Panel Paper PA(82)12, page 5 paragraph 1.6).

8 Timescale:

The Panel said that the timescale for any radical change should allow for:

a) feasibility studies and investigations of all resources with a subsequent
b) preparation of teachers who can themselves support and implement teaching methods aimed towards achieving desired learned behaviours

c) preparation of service personnel and staff in the teaching areas

d) time for joint planning by all concerned with the programme

(Panel Paper PA(82)12, page 5 paragraph 2)

9 Priorities:

Whilst the Panel supported the priorities as listed in the Consultation Paper, it considered the "review of the position of the enrolled nurse as urgent in view of the insecurity felt by this group" (Panel Paper PA(82)12, page 5 paragraph 3). In this connection it saw the need for a feasibility study on staffing, clarification about the nature and availability of conversion courses and opportunities for those now at post-basic level to re-train and/or find satisfaction in their role (Panel Paper PA(82)12, page 5 paragraph 3).

10 The Administrative Structure:

The Panel accepted the need for Colleges of Nursing and Midwifery to be independent, self governing bodies but questioned whether there was sufficient management expertise within the profession to run the Colleges (Panel Paper PA(82)12, page 5-6 paragraph 4).

11 Conclusion:

The Panel's Paper concluded by stating that "more detailed information is required before being able to comment fully on many of the subjects mentioned" (Panel Paper PA(82)12, page 6).
The consultation process created so much controversy, especially around the issue of the single grade of nurse, that the UKCC decided not to proceed any further until after the elections to the National Boards in July 1983 (UKCC 1985:11 EPAC Project Paper 4, September). Eventually, after extensive consultations and much publicity the UKCC introduced Project 2000. This is a form of training for nurse registration which incorporates many of Working Group 3 recommendations. It will eventually replace the apprenticeship style of training which currently operates in parallel to the new system.

Professional Conduct:

The UKCC Annual Report for 1983-84 (UKCC 1984:30) inaccurately states that Working Group 4 issued its first Consultation Paper in March 1982, since it was dated April 1982 and embargoed until 19th April (UKCC 1982:Working Group 4 Consultation Paper, April). A copy of the paper was immediately circulated to the Panel members who were advised that it would be considered at the Panel meeting on the 28th April (Panel Paper PA(82)18).

This Paper discussed the role of the new bodies with regard to professional conduct and discipline. The National Boards would be responsible for the investigation of all cases of alleged misconduct, but the Council's role was to consider cases referred with a view to the removal of nurses, midwives and health visitors from the register and also to consider applications for restoration to the register. In addition, the Paper proposed that special arrangements should be made to deal with persons whose fitness to practise might be seriously impaired by virtue of a physical or mental condition (UKCC 1982:Working Group 4 Consultation Paper, April).

The general principles, as outlined in the Paper, were
agreed by the Panel but "Some concern was expressed at the proposal to introduce a Health Committee to review fitness to practice" (Panel Minutes 28.4.82/18). Members were requested to submit their comments to the Principal Professional Officer by the 31st May 1982, so that they could be put together in the form of a draft paper to be discussed when the Panel met on 7th July 1982. During the discussion (Panel Paper PA(82)33) the members requested the inclusion of some additional responses in the areas of appeals, fitness to practice, qualifications mandatory to practice and student status (Panel Minutes 7.7.82/NP 19). Since there is no reference to the final version of the Panel's response to the Consultation Paper in subsequent Panel Minutes, the extent to which this fully reflected all the views expressed is not known.

Following consultation, Working Group 4 made recommendations to Central Council which were accepted. The drafting of the rules covering standards of conduct "proved to be a lengthy and complex operation" (UKCC 1984:30 Annual Report). The reasons for this are detailed in the UKCC Annual Report for the period 1983-84. This explains that:

the eventual text which now appears in Statutory Instrument 1983 No 887 was accepted on behalf of the Council in mid June 1983, not because it was seen as fully satisfying the Council's requirements in all respects, but because it did so in most respects and it was imperative that statutory rules existed so that Council could take up its responsibilities on 1st July 1983.

(UKCC 1984:31 Annual Report)

Whilst the Health Committee was established, rules were not allowed for it to make the ultimate sanction of suspension from the register when serious misconduct resulted from illness. This was because all cases of serious misconduct could only result in one outcome "removal from the register" as this was the only option laid down in the Act
Another important aspect of the Council's work relating to professional conduct was the preparation and publication of the first edition of the Code of Professional Conduct for Nurses, Midwives and Health Visitors (UKCC 1983 Code of Professional Conduct). By stating expected standards of conduct, the code provides the backdrop against which allegations of misconduct can be judged (UKCC 1984:31 Annual Report).

Standing and Joint Committees:

Towards the end of 1979 the Minister of Health had given the Panel a firm assurance that a District Nursing Joint Committee (DNJC) would be set up under Section 8(5) of the 1979 Nurses, Midwives and Health Visitors Act (see page 735). However, he had made the point that he did not wish to pre-empt the decision of the new statutory bodies. This part of the chapter discusses the dissent which occurred prior to the establishment of the DNJC and how it eventually came into existence.

Working Group 5's first Consultation Paper on Standing and Joint Committees concentrated on the establishment and composition of the Midwifery Committees and Health Visiting Joint Committee (UKCC 1982:Working Group 5 Consultation Paper I, January). The 1979 Act required that these Committees be established. Following publication of this Consultation Paper the Principal Professional Officer of the Panel prepared a draft paper based on members' postal comments, for discussion at the Panel's March meeting (Panel Paper PA(82)9 and Panel Minutes 6.1.81/NP16 and 9.3.82/NP17). The Panel decided that even though the Consultation Paper only related to midwifery and health visiting it should put forward comments "in the hope that district nursing would receive similar treatment" (Panel Minutes 9.3.82/NP17).
Although the Panel members had accepted the draft paper subject to minor amendments they agreed that "the Principal Professional Officer should liaise informally with the CETHV to ensure that the Panel did not put forward views which would be unhelpful to the CETHV" (Panel Minutes 9.3.82/NP17).

The Panel's paper concluded by stating that:

In commenting upon this consultation paper the Panel have been mindful throughout of the District Nursing Joint Committee. The anticipated work and function of such a committee are comparable to those of the HVJC, the model for which could be readily adopted. The Panel will, however, await the second consultation paper from Working Group 5 in the expectation that it will contain firm proposals for the establishment of a District Nursing Joint Committee.

(Panel Paper PA(82)9)


The Consultation Paper explained that since "The Act also gives powers which enable other Standing and Joint Committees to be established" the document put forward proposals about the establishment of other statutory committees under the 1979 Act (UKCC 1982:1 Working Group 5 Consultation Paper 2, May). It, therefore, proposed that:

a) the UKCC should establish, as a statutory, standing committee, an Educational Policy Advisory Committee;

b) there should be a District Nursing Joint Committee.

(UKCC 1982:5 Working Group 5 Consultation Paper 2, May)
The Working Group believed that these two committees:

Together with the Finance and Professional Conduct Committees and proposals for the Midwifery Committees and Health Visiting Joint Committee . . . should be the only statutory committees established by the UKCC in 1982/83.

(UKCC 1982:5 Working Group 5 Consultation Paper 2, May)

The reasons given by the Working Group for the establishment of the DNJC were:

a) in developing health care and social policies increasing emphasis is being given to primary health care and community provision, and this needs to be reflected;

b) training became mandatory for practice in September 1981. A critical point in the development of district nurse training has thus been reached. There is an increasing involvement by the further and higher education sectors. After years of some uncertainty and scarce resources headway is being made and it is imperative that this momentum should not be lost;

c) the expertise and knowledge in district nursing education is a scarce resource and needs to be preserved and even increased;

d) the Panel of Assessors for District Nurse Training has a specific remit to be concerned with mandatory training for a particular professional discipline on a UK basis and the structures of the new statutory bodies should reflect this, particularly during the period following the handover of functions and responsibilities to the new structure. The Joint Committees could be well placed to help ensure the maintenance of standards.

(UKCC 1982:8 Working Group 5 Consultation Paper 2, May)

The Working Group proposed that the working of the DNJC be evaluated along with that of other committees. It recommended that the review should not commence until the Committee had been functioning for three years and that it
should be completed within five years of the establishment of the Committee (UKCC 1982:8 Working Group 5 Consultation Paper 2, May).

In addition, the Working Group was of the opinion that:

each of the National Boards should delegate equally and fully such executive functions as will allow the Joint Committee to maintain the existing standards of training of the Panel of Assessors for District Nurse Training.

(UKCC 1982:8 Working Group 5 Consultation Paper 2, May)

The Working Group recommended the following composition and membership:

i) District Nurses - 18
   of whom 4 should be nominated by the UKCC
   4 should be nominated one from each National Board;
   10 appointed by the UKCC in consultation with the National Boards. These appointments should be so made to secure a balance to reflect the interests of district nurse managers, district nurse teachers and those involved directly in patient/client care. Nominations would be sought from appropriate professional bodies, staff associations and trade unions.

ii) Other members - 9
   to include
   4 representing further and higher education
   2 medical practitioners (a general practitioner and a community physician);
   3 (one local authority representative, one health authority representative and one other).

TOTAL 27

(UKCC 1982:9 Working Group 5 Consultation Paper 2, May)
The Working Group stressed the desirability of a measure of joint membership between the DNJC and HVJC (UKCC 1982:9 Working Group 5 Consultation Paper 2, May). In addition, the Working Group saw the need for the DNJC to have professional input by "professionally qualified staff employed by one of the new bodies to carry out any executive functions which might be delegated to this Committee" (UKCC 1982:9 Working Group 5 Consultation Paper 2, May).

While the Working Group considered that the DNJC should be established as soon as practically possible it could not envisage this occurring before 1983. Therefore, it considered that in the interim period the UKCC and National Boards "should be ready and able to look to the Panel of Assessors for District Nurse Training for guidance and advice on relevant matters" (UKCC 1982:10 Working Group 5 Consultation Paper 2, May).

In anticipation of the release of the second consultation paper the Panel agreed that a small group of five members, representative of the four countries of the United Kingdom should meet to discuss the paper and prepare comments for discussion in July 1982 (Panel Minutes 28.4.82/NP18). Prior to this, all Panel Members were invited to submit their views on paper to this group (Panel Paper PA(82)25). The group met on the 1st June 1982 and their views are reflected in Panel Paper PAE(82)35. This was discussed by the Panel on 7th July 1982 and "was accepted subject to slight amendments to include a further account of the Panel's research activity and some rewording" (Panel Minutes 7.7.82/NP19). Arrangements were made for a Panel member and the Panel's Principal Professional Officer to meet Working Group 5 on the 19th July 1982 and the Panel were apprised of the fact that further comments might be included in the paper as a result of this meeting (Panel Minutes 7.7.82/NP19).
The final version of the Panel's Paper (PAE(82)35) opened with an expression of gratitude for the care with which the case for a DNJC had been considered by the Working Group and welcomed its recommendations.

The Panel's Paper made the case for additional professional staff "to carry out the work of the current Panel and future DNJC" (Panel Paper PAE(82)35 paragraph 3.7c). The Panel stressed its "wish to see preserved an essential United Kingdom focal point for district nursing" (Panel Paper PAE(82)35 paragraph 3.7d). It accepted the need for the work of the DNJC to be evaluated (Panel Paper PAE(82)35 paragraph 3.8) and for the Committee to have an advisory role in its relationship with the UKCC and National Boards. However, it stressed the need that in order to retain the uniformity which existed throughout the United Kingdom agreement would need to be reached "between the four National Boards on functions that will fall to the Joint Committee so that the work and standards of training set by the Panel are maintained" (Panel Paper PAE(82)35 paragraph 3.10).

The Panel agreed with the proposed membership of the DNJC but felt the two medical practitioners should be from general practice, one of whom should be from a postgraduate teaching centre for general practice. The Working Group accepted this suggestion (UKCC 1982:paragraph 2.2.2 Working Group 5 Report, November). The Panel's Paper supported the idea of joint membership between the DNJC and HVJC (Panel Paper PAE(82)35 paragraph 3.11).

The Panel's document went beyond merely commenting on the Consultation Paper, it suggested ways in which district nurse education could be organised to prevent the isolation of relevant staff at the teaching centres and National Boards. It concluded with the Panel's assurance that its members and staff were ready and willing to assist in
anyway possible during the period of transition (Panel Paper PAE(82)35 paragraph 3.12).

Following the consultation period Working Group 5 prepared a Report (UKCC 1982: Working Group 5 Report, November), presenting a positive case for the formation of a DNJC (Panel Paper PA(82)63). The Report recommended that:

i) A statutory District Nursing Joint Committee should be established by Council as soon as possible;

ii) The Joint Committee will advise the Central Council and the National Boards on all matters relating to district nursing;

iii) The National Boards should delegate equally executive functions to the Joint Committee which will include the approval of courses, the approval of educational institutions, examinations and the initiation of courses, and the Joint Committee should be charged to ensure that the existing standards of the Panel of Assessors for District Nurse Training are retained.

(UKCC 1982:6 Working Group 5 Report, November)

The Report (Annex 2) gave details of the 101 responses that the Working Group had received to Consultation Paper 2. From the sixty-seven respondents who made mention of the DNJC, forty-seven supported its establishment and a further five agreed in principle, for a three year period. Outright support came from: Association of Nurse Administrators (Scotland); Central Midwives Boards (England and Wales) and (Scotland); Council for the Education and Training of Health Visitors (UK); Confederation of Health Service Employees; District Nursing Association; Health Visitors Associations; Panel of Assessors for District Nurse Training; Royal College of Nursing (UKCC 1982:5 Working Group 5 Report, November).

Mr Reader, Chairman of Working Group 5, introduced the Report (UKCC Paper CC(82)36) and presented the
recommendations to the open meeting of the UKCC on 22nd October 1982, which in the absence of the chairman Dame Catherine Hall was chaired by the vice chairman Miss Christine Chapman. The recommendation that a statutory DNJC should be established as soon as possible was proposed and seconded. There then followed considerable discussion on the proposal and Sir Ivor Batchelor, a Psychiatrist and UKCC member, expressed the opinion that the Working Group had not made out a sufficient case to recommend the setting up of this Committee. In particular, he felt it was wrong in concept and should have a wider remit, that the case for a Committee for District Nurses was no stronger than that for psychiatric nurses and that the setting up of the Educational Policy Advisory Committee weakened the case for a District Nurse Committee.

(UKCC Minutes Open Session 22.10.82, paragraph 79.6)

Four other UKCC members including Miss Jack, deputy chairman of the ENB and Mrs Damant member of the Panel of Assessors, spoke in favour of the establishment of the DNJC. However, two of the supporters stressed the need for a DNJC as an interim measure only. Dr Pembury, member of the ENB, considered that any committee structure which was created should not prohibit future developments. Mr Reader agreed with this sentiment and said that:

one possible future objective was the establishment of a Primary Health Care Committee. Given the necessity to establish the Health Visiting Joint Committee this was not immediately possible. It remained a future possibility however, but this might be frustrated if the District Nursing Joint Committee concept was to be abandoned.

(UKCC Minutes Open Session 22.10.82 paragraph 79.10)

In addition to Sir Ivor Batchelor, a nurse member Miss M Rooney was minuted as speaking against the formation of the DNJC. At the close of the discussion
Sir Ivor Batchelor reiterated his view and proposed the following motion, which was seconded:

That: Council does not accept the recommendation of the Working Group and remits the Working Group to consider further the advisability and practicability for the setting up of a Community Nursing Committee with wider concept, a smaller membership, and in an advisory capacity only.

(UKCC Minutes Open Session 22.10.82 page 9 paragraph 79.10)

This motion was agreed. Thirteen voted in favour, nine against and there were three abstentions. After the motion had been carried Sir Ivor Batchelor said:

he felt that the Working Group should be asked to look at a committee which would be more concerned with nursing in the community in its various aspects.

(UKCC Minutes Open Session 22.10.82 page 10 paragraph 79.10)

According to Dunn (1982c:1940) all, apart from Sir Ivor Batchelor, who voted for the counter-proposal remained silent but this was not so for Dr Pembrey had also spoken. Later when challenged by her fellow English National Board members to explain why she had voted for the counter-proposal she said "that integration of wider groups such as psychiatric nurses should be taken into account" (Nursing Times 1982:1834, 3rd November News Section). However, the Psychiatric Nursing Association considered that the chances of psychiatric nurses winning their own statutory committee had been harmed by the UKCC's decision (Nursing Times 1982:1834, 3rd November).

When the English National Board met on the 26th October 1982 Miss Collins, OBE, a member of the ENB and UKCC, reported on the UKCC's rejection of the recommendation for a DNJC and said this was very disappointing. Miss Jack, speaking as a member of the ENB,
UKCC and Working Group 5, said:

that she found it quite illogical that an existing UK mechanism (in fact the only mechanism other than for Health Visiting) which had been shown to work very well had been turned down: the recommendations had included the need for a review of the proposed committee three years after it was set up - as for the Health Visiting Committee.

(ENB Minutes Open Session 26.10.82 page 5)

Miss Jack warned Board members that the Working Group's new remit to look at a broader based community nursing committee "could be a 12 month exercise" (Nursing Times 1982:1834, 3rd November). Miss Gibson, an ENB and Panel member, said "the UKCC should be asked to reverse the decision" (Nursing Times 1982:1834, 3rd November). She considered that an expression of concern should be made by the ENB to the UKCC. The Board agreed that such an expression should be made in a letter to the UKCC "relating to the decision and its effect on district nurse education and training at this point in time" (ENB Minutes Open Session 26.10.82:5). The Board members voted in favour of a proposal which "stressed the ENB's requirement for access to an Advisory Committee on District Nursing Education and Training and that steps be taken to achieve this" (ENB Minutes Open Session 26.10.82:5). However, the form it would take was not agreed. For Dr Eve Bendall, Chief Executive Officer of the English National Board "told members it would be selfish of the Board to set up its own committee without consulting other National Boards (Nursing Times 1982:1834, 3rd November). One possible idea was for the ENB to consult other Boards to explore the possibility of establishing their own joint committee. The Scottish Board had indicated its willingness to co-operate in this venture but "Dr Bendall was not sure if such a committee was constitutionally possible under the 1979 Nurses, Midwives and Health Visitors Act" (Nursing Times 1982:1834, 3rd November). The editorial, in the 3rd November 1982
The news that district nursing will not after all have a joint committee under the new statutory framework comes as a devastating blow to those who have campaigned energetically for the past decade.

(Dunn 1982b:1831)

It went on to say that "This surprise decision throws up several interesting questions" (Dunn 1982b:1831). First the editorial questioned the point of the consultation exercise if the UKCC ignores the professions views. It pointed out that the Working Group Report made it clear that most responses to the Consultation Paper backed the setting up of a DNJC. The editorial then proceeded to question as to what happens when National Board members, sitting as UKCC members, vote against their Board's policy, since this had been the case with the DNJC vote (Dunn 1982b:1831). Thirdly, the editorial challenged the validity of the UKCC's decision by asking:

what kind of committee procedure is it that allows a new recommendation to be proposed, seconded and voted on before an original recommendation had been voted on? Surely there was some procedural hiccup here? If so the proposal should go back to Council without further delay.

(Dunn 1982b:1831)

Miss Robottom, the Panel's Principal Professional Officer told the Nursing Times that "she thought the UKCC had ignored the profession's opinion" (Nursing Times 1982:1834, 3rd November). She also told this journal that there must be a committee on district nursing and she believed this was the only way forward (Nursing Times 1982:1834, 3rd November).

The meeting of the Panel of Assessors on the 10th November offered the first opportunity for members to consider
collectively the astonishing events of the 22nd October 1982.

The Panel agreed that the Chairman should write to:

1) Dame Catherine Hall of the UKCC requesting a reconsideration of the issue

2) The Royal College of General Practitioners and the General Medical Services Committee requesting their support.

(Panel Minutes 10.11.82/21)

In addition, members asked "that a statement be made to the Press indicating the Panel's disappointment at the UKCC's decision" (Panel Minutes 10.11.82/21).

The Chairman's letter to the UKCC said:

We find it incomprehensible that such a decision could be reached in spite of the wide consultation which took place with the profession, the majority of whom supported the proposals, and in spite of an undertaking given in Parliament by ministers during the passage of the Nurses, Midwives and Health Visitors Act 1979 that a District Nursing Joint Committee would be established.

We are gravely concerned that the developments in district nurse education and training which we have initiated and which have now reached a crucial stage could be irrevocably damaged if a satisfactory arrangement is not reached for the work of this Panel to be transferred to a District Nursing Joint Committee.

All statements issuing from the UKCC imply there is to be no hiatus in the transfer of functions from the old bodies to the new and we can only believe that the adverse decision in respect of the District Nursing Joint Committee was reached in the wake of some misunderstanding . . .

(PADNT 1982:Letter from J S Robson, OBE, to Dame Catherine Hall, dated 15th November)

The Royal College of Nursing, accused the National Boards
of creating problems for its members over the district nursing committee structures. David Rye, the RCN Director of Professional Activities, argued that it was the National Boards that held the balance of power on the UKCC. Since three of the National Boards and an overwhelming percentage of the profession during consultation declared support for the establishment of a DNJC, the RCN was surprised the way the voting went. Mr Rye wrote to the UKCC requesting an urgent meeting and also asked it to rescind its decision (Nursing Standard 1982, 4th November page 8).

The letters section of the nursing journals contained many letters of protest about the rejection of the DNJC. See for example the 17th November 1982 edition of the Nursing Times (Letters pages 1940-1941) which devoted all its letter section to such correspondence and also the Journal of District Nursing 1983, Volume 1 (No 7, page 26, Pen to Paper) which did likewise.

At the closed meeting of the UKCC on 26th November, the members were advised that a procedural irregularity had in fact occurred when the recommendations of the Working Group had been considered on the 22nd October 1982. The Chairman, Dame Catherine Hall, informed Council that because the motion was out of order it had no standing and was therefore invalid. Miss Maud Storey, the Chief Executive Officer, acknowledged that she was largely to blame for this procedural error. This state of affairs meant that the UKCC had the chance to reconsider the recommendation bypassed by its previous decision. It did this, considering it along with an amendment, which was put forward in the form of an addendum, to the recommendation, that the work of the DNJC should be evaluated by the Council in conjunction with the Boards after it had been functioning for three years and that this evaluation should be completed within five years of the life of the Committee and especially in the light of a Primary Health Care
Nursing Committee. The substantive recommendation was carried. Twenty-eight members voted in favour, the only abstention was from Sir Ivor Batchelor who declared that he would not retreat from his previous position (Nursing Times 1982:2009, 1st December). The Nursing Times said that common sense had prevailed and whilst it commended the arguments put forward for a single committee for all primary health care nurses it considered "it was neither practical or politic in the short term" (Nursing Times 1982:2009, 1st December).

On the 26th November, the UKCC made an amendment to the wording of the recommendation on committee membership. Instead of eighteen district nurse members it read "This is to include 18 members engaged in district nursing" (Morton 1982:9). This was because the Whitley Council definition of a district nurse only allowed registered nurses, with a district nurse qualification, to hold the title. The amendment made it possible for state enrolled nurses with a district nursing qualification to serve on the DNJC (Morton 1982:9).

The editorial in the January 1983 edition of the Journal of District Nursing warned district nurses not to become apathetic now they had their statutory committee. It stressed the fact that:

There is still a long haul ahead; the composition and function of the Committee remains a matter for speculation and concern. The building up of relationships between the national boards, the joint committee and the UKCC will be a delicate operation requiring vigilance and acute perception by those at the political sharp end of district nursing.

(Journal of District Nursing 1983 January, Volume 1, No 7, page 1)

The editorial went on to warn district nurses of the importance of opting into the UKCC election, and "ensuring
that candidates who are nominated are politically shrewd, trustworthy and dedicated to the future of district nursing" (Journal of District Nursing 1983, January, Volume 1, No 7, page 1).

In April 1983, the Panel agreed that it should write to Dame Catherine Hall, Chairman of UKCC, stressing the need for member consultation and suggesting that this could take place regarding the servicing of, and appointment to the Committee (Panel Minutes 27.4.83/NP24). The Panel's Principal Professional Officer received a copy of the draft order to establish the DNJC from Miss Storey, Chief Executive Officer UKCC. The Panel was consulted about this and requested amendments in respect of the functions and membership of the DNJC. The Panel felt the functions of the DNJC should be detailed, these were eventually specified in the Statutory Instrument as terms of reference. The Panel requested that two of the four Council members should be engaged in district nursing and that members appointed by Boards should also be engaged in district nursing. In the event, the Board members had to be so engaged but this only applied to one of the four Council members appointed to the DNJC (PADNT 1983 Letter from Miss Robottom to Miss Storey dated 3rd May and HMSO 1983 SI No 724). The constitution of the DNJC was laid down in Statutory Instrument 1983 No 724 (HMSO 1983) which was made on 12th May, laid before Parliament on 13th May and came into operation on 17th June 1983. Therefore the legislation for a DNJC became a reality five days prior to the Panel's last meeting.

The first meeting of the DNJC was held on the 29th July 1983, its functions fell into two broad categories: advisory and executive. The UKCC and National Boards have a statutory requirement to consult the DNJC for advice on all matters related to district nursing. The Committee comprised twenty-seven members (UKCC 1984:8-10
The National Boards' commitment to the delegation of functions, as specified in Working Group 5 Report (paragraph 2.2) (UKCC 1982) meant that the DNJC became responsible for the approval of Educational Institutions and courses related to district nursing, examinations and the initiation of courses. Damant (1983:10-15) cautioned that:

The complexity of the quintuple relationship within this giant organisation governed by the principle of one voice for nursing, will indeed prove a challenge to members of the DNJC and require of the future members of the UKCC and National Boards a continuing commitment to the promotion and facilitation of its work.

The DNJC was not the Panel of Assessors in a different guise (Damant 1983:15) but, like the Panel, it was to provide a United Kingdom forum to further professional development in district nurse education and training. In addition, it was expected to make a "vital contribution to the work of the UKCC and National Boards and the mechanisms that exist to protect the public and promote the development of nursing" (Damant 1983:15). Its remit then was wider than that of the Panel which it replaced, yet it lacked the independence which the reconstituted Panel had enjoyed from 1979 to 1983.

The Handover of Functions:

During the period 1980 to 1983 the UKCC was necessarily concerned with the task of achieving the handover of functions from the former bodies by 1st July 1983.

According to the UKCC Annual Report for 1983-84 (UKCC 1984):
Working Group 6 was responsible for monitoring progress and for ensuring that the various targets and deadlines were met. Its chief concerns were ensuring that the subordinate legislation to give the Council its full powers was enacted on time; arrangements for the transfer and recruitment of staff; the mechanics for the creation of the single professional register and the associated developments. The 1979 Act was an enabling Act so there was a good deal of subordinate legislation needed to be enacted to give full effect to primary legislation.

(UKCC 1984:36-37)

Those aspects of the subordinate legislation which was pertinent to the Panel have already been discussed i.e. membership of the new bodies, parts of the register, standing and joint committees. Therefore, it will suffice here to note that the schedule for the twenty-three pieces of subordinate legislation which had to be passed between June 1980 to June 1983 was tight but because the Panel was not a statutory body it had no rules or regulations to be annulled by legislation.

The UKCC Annual Report (1984:37) explains that the process of handover was aided by a Joint Consultative Committee comprising staff of the new and extant bodies, and representatives of trade unions and professional organisations. The Report also states that the UKCC and National Boards were "supported in these discussions by a Management Policy Advisory Group made up of management representatives of both old and new bodies" (UKCC 1984:37). It appears these Committees were established following an expression of "considerable concern about the future structure, for both nurse education and jobs" by the London based extant bodies, to the new bodies and the DHSS (Panel Minutes 4.11.81/NP15).

At the end of 1981, the Chief Nursing Officer at the DHSS met the Chief Officers of the extant bodies. The Panel was
advised that concern was expressed about the lack of consultation between the Chief Officers of the extant and new bodies. In addition, the future needs of the profession could not easily be discussed when the staffing structure, for both professional and administrative staff remained unresolved (Panel Minutes 6.1.82/NP16).

Representatives of the UKCC, English and Welsh National Boards arranged to meet the Panel's staff on the 19th January 1982 to discuss future plans (Panel Minutes 6.1.82/NP16). In April 1982, the Panel were advised that consultations with the new bodies were continuing, that a further meeting of the Chief Officers of the old and new bodies had occurred, that the Management Policy Advisory Group had held its first meeting and that further meetings were planned (Panel Minutes 28.4.82/18). However, in September 1982, the Panel were advised that continuing consultations between the old and new bodies did not always seem to be achieving the desired goals (Panel Minutes 8.9.82/NP20).

During 1982, the Panel successfully negotiated with the DHSS to bring the salaries of its professional staff closer to those offered in other extant bodies and the proposed salaries for professional officers in the new bodies (Panel Minutes 9.3.82/NP17, 7.7.82/NP19, 8.9.82/NP20 and 16.3.83/NP23). This placed its staff in a more favourable position in readiness for their assimilation into the new bodies.

The five new statutory bodies lacked a co-ordinated approach to the development of their structures and staffing (Dunn 1982a:1335). The Boards decided on their staffing structures prior to the completion of the consultation period for Working Group 5's Report on Standing and Joint Committees, which ended on the 6th September 1982. Prior to this date the English
National Board began the process of trawling for its professional officer.

The English National Board's staffing also included two education officers for district nursing, which compared unfavourably with that of health visiting which was to have a professional officer and eight education officers, despite a lighter workload. At this time there were "forty one district nurse training centres for England as opposed to four in Scotland, four in Wales and one in Northern Ireland (Nursing Mirror 1982:10, 11th August and Panel Paper PA(82)49). The Professional Officer (District Nursing) to be appointed in England was to be the only full-time senior post specifically for district nursing in the United Kingdom, because in the other countries of the United Kingdom the professional officers were to be responsible for other areas besides district nursing (Nursing Mirror 1982:10, 11th August). The Editorial in the 4th August 1982 edition of the Nursing Times sums up the dilemma at this time:

The principal professional officer to the Panel of Assessors for District Nurse Training (a UK body) wonders whether she should apply for the English post. The job description mentions nothing about UK responsibility although it does say the officer would attend joint committee meetings if a joint committee were to be set up. There are no plans at the moment for a district nursing post at UKCC. Has anyone asked the other national boards if they would approve the English officer having UK responsibility?

This is far from being an esoteric debate among top people. Both the CETHV and the Panel - and the Joint Board of Clinical Nursing Studies too for that matter - have an impressive record of innovation in education and training which has had a direct bearing on the professional development of thousands of nurses, and that expertise must not be lost or dissipated. But unless the exact nature of the joint committee and the role of the professional officer is carefully defined this is exactly what could happen.

(Dunn 1982a:1335)
The UKCC and National Boards were accused yet again of making mockery of consultation by drawing up plans for staffing structures before the profession had agreed a framework for nursing education in the future (Nursing Times 1982:1337, 11th August). Barbara Robottom, the Panel's Principal Professional Officer, considered (Nursing Times 1982:1337, 11th August) that: "the bodies should wait till proposals are finalised before making new appointments; there was adequate time left before handover "to take stock, and to take an overall look at co-operation between the bodies"; an overview was necessary. The Panel was reported in the media as being "furious at the English National Board's decision to advertise on district nursing before confirmation was given on setting up a joint committee for them" (Nursing Mirror 1982, 11th August, page 10). The Panel feared the fragmentation of standards in training if the job of its Principal Professional Officer was dissipated amongst four officers located at the various Boards. Therefore it was pressing for a single joint appointment between the National Boards and UKCC (Nursing Mirror 1982, 11th August, page 10). Dr Bendall, Chief Executive Officer at the English National Board defended her Board's decision to advertise for the Professional Officer (district nursing) by explaining that "education and training were functions of the National Boards, not the UKCC, and it was inappropriate for the appointment to be made at that level" (Nursing Mirror 1982, 11th August, page 10).

Once again district nurses engaged in practice, management and education put pen to paper and wrote letters of protest, regarding the nature and timing of appointments, these filled the correspondence sections of the nursing journals (see for examples Nursing Times and Nursing Mirror, 25th August 1982 edition). Dr Bendall responded to the letters of criticism in the nursing press by saying she felt the anxiety was based, to some extent, on
misconception. She considered that "A major problem seems to be the hope that structures can wait until broad policy frameworks are developed" (Nursing Times 1982:1435, 25th August). Dr Bendall also explained that:

This is simply not possible. The UKCC and boards are currently over-extended in planning to take on the existing functions of the outgoing bodies in just 10 months' time.

The planned election has to be run; the single professional register has to be created; the present rules have to be scrutinised and in certain cases re-drafted; estimates and budgets are being considered; future committee structures are being determined; premises are being found, acquired and altered; consultative mechanisms are being agreed and set up with the staff of the outgoing bodies - a host of other urgent matters discussed and settled, which are simply concerned with the smoother handover of functions which are currently the responsibility of the outgoing bodies.

The present all appointed bodies were created to do these things; they were not appointed to decide on future change. This will be the function of the full-size, majority elected bodies, who will not come into being until several months after handover - the boards in September 1983 and the UKCC in November 1983. (Nursing Times 1982:1435, 25th August)

Dr Bendall said that the Boards' Chief Officers were in the process of discussing how to work together to co-ordinate functions which are organised on a United Kingdom basis (Nursing Times 1982:1435, 25th August).

When the Panel met on the 8th September 1982 the "Members noted the recent correspondence in the press, and the anxiety felt by district nurses regarding the proposed professional staffing of the new bodies" (Panel Minutes 8.9.82/NP20). The Chairman informed members that he had received a letter from the chairman of the English National Board requesting a meeting between themselves and representatives of their respective committees. This was
scheduled for later in the day (Panel Minutes 8.9.82/NP20). The Panel urged its representatives to express concern regarding the fact that most initiatives, including the professional officer post were emanating from the English Board and not the other new bodies. In addition, the Panel wished to convey the view "that nationalism was destroying the UK concept which had been won over many years, and could irrevocably damage district nursing in the future" (Panel Minutes 8.9.82/NP20). The Panel also discussed a copy of a letter written by the Chief Executive Officer of the English National Board and agreed by the Chief Executive Officers of the other three Boards which was due to be published shortly in the Nursing Times. The letter explained how the four Boards and UKCC, through its joint committees and officers, could help retain the United Kingdom overview which the district nursing and health visiting professions desired (Panel Paper PA(82)56).

The meeting between the chairman and representatives of the English Board and Panel allowed for a frank exchange of views on both sides. The English National Board made it quite clear that it "had no objections to district nursing being discussed on a UK basis, but did expect there to be areas where there would need to be a specific policy for England" (Panel Minutes 10.11.82/NP21). The Board whilst appreciating the Panel's view that it had been an inappropriate time to trawl for the professional officer post (district nursing) felt that shortage of time had made this action imperative. However, the Board and representatives assured the Panel of their willingness to consider professional officer participation on a United Kingdom basis if the opportunity arose (Panel Minutes 10.11.82/NP21). In the event the Panel's Principal Professional Officer was appointed to the post of Professional Officer (District Nursing) at the English National Board. Initially this designate post required her to work half a day a week for the Board (Panel Minutes 785
10.11.82/NP21).

The Panel, at its final meeting on the 22nd June 1983, considered a paper about the professional servicing of the DNJC. This set out recommendations which had been agreed by the four National Boards and the UKCC. One of these specified that:

the professional servicing of the District Nursing Joint Committee should be vested, on the establishment of the Committee, in the Principal Professional Officer (District Nursing) of the English National Board.

(Panel Paper PA(83)93)

In addition, the Panel received formal notification from the National Boards for Wales and Northern Ireland that they intended to seek Professional Officer (District Nursing) expertise, as required, from the English and Scottish National Boards (Panel Minutes 22.6.83/NP25).

The Panel was concerned for the future employment prospects of its professional officers, administrative and clerical staff. Two of those holding full-time professional officer posts were appointed as educational officers (district nursing) by the English National Board, and the other to a combined post at the Scottish Board (Panel Minutes 15.7.82/NP19). Whilst the Panel had been concerned by the haste with which the English Board had appointed professional staff it was critical of the delay in trawling for administrative staff (Panel Minutes 12.1.83/NP22). The Panel records reveal that it had to deal with problems regarding the transfer, terms and conditions of service and superannuation arrangements for its staff (Panel Minutes 10.11.82/NP21). The Management Policy Advisory Group and Joint Consultative Committee continued to meet up to the handover period in order to deal with such matters and appeals (Panel Minutes 10.11.82/NP21). By April 1983 "All of the Panel's staff had positions in one of the new
bodies" (Panel Minutes 27.4.83/NP24).

**Accommodation and Disposal of Assets:**

According to the UKCC 1983-84 Report:

Working Group 7 was concerned with the disposal of assets and liabilities of the former bodies. The accommodation requirements of the Central Council and National Boards were met reasonably easily. Whilst the Working Group discussed the possible disposal of assets of the former bodies, discussions were largely inconclusive; the issue disappeared as a concern for the Central Council and the National Boards when the former bodies exercised their rights to dispose of them directly.

(UKCC 1984:37)

The members of the Panel's Finance and General Purposes Committee were responsible for the "winding up" of the Panel's affairs (Panel Minutes 27.4.83/NP20). In June 1983, the chairman of this committee informed the Panel that:

the Committee had considered the financial and legal implications of the Panel's dissolution and had taken the necessary steps to clear up the Panel's finances and other business, although it was hoped that no subsequent difficulties would arise.

(Panel Minutes 22.6.83/NP25)

From the discussion so far it will be apparent that the chief officers and chairmen of the new and extant bodies played a key role in ensuring the smooth handover of functions, as did the members of the new and extant bodies who were also members of the UKCC's seven working groups. Occasionally representatives of the membership of the new and extant bodies met to exchange views on areas of common concern. However, one aspect which has not been mentioned so far is the meetings which were held between
representatives of the extant bodies and the full membership of the National Boards. Therefore the Panel's involvement in this aspect of handover will now be discussed.

MEETINGS OF REPRESENTATIVES OF THE PANEL AND EACH OF THE NATIONAL BOARDS:

Soon after they were established all the National Boards indicated their wish to meet representatives of the extant bodies. Whilst the Panel agreed that liaison between the new and existing bodies was essential for the eventual transfer of responsibilities it was reluctant to commit its staff and members to visiting the Scottish, Welsh and Northern Ireland Boards. This was because at the time, it was understaffed and heavily involved in the introduction of the new curriculum in district nursing. Instead, the Panel suggested that the Chairman of these Boards visited the Panel when in London on UKCC business (Panel Paper PA(81)6). The Scottish Board expressed disappointment at this suggestion and a Panel member from Scotland asked the Panel to reconsider the matter. Consequently the Panel agreed to send Panel representatives to all the Boards. In addition, it agreed on the need to discuss Panel policy for presentation to the Boards (Panel Minutes 21.1.81/NP10).

The Panel's representatives received a warm welcome from the Scottish Board on the 9th June 1981 and were commended on their comprehensive presentation (Panel Paper PA(81)42 Appendix 3). Whilst the Board's main concern had been about students in the community, one of the Panel's most important areas of concern had been the paper on the DNJC (Panel Minutes 1.9.81/NP13). Even though the National Board for Scotland supported, in principle, the establishment of a DNJC (UKCC 1982:Working Group 5 Report, Appendix 5, page 2) it decided to establish its own Primary Care Committee. The Panel was not consulted about this.
However, two of its members were appointed to this Committee, (Panel Minutes 12.1.83/NP22) which was set up prior to the establishment of the DNJC.

The Panel's representatives met the English National Board on the 22nd September 1981. The issue of Joint Committees was discussed and the Board made it clear that at this stage it did not have a definitive view on the matter. Even so, staffing of a Joint Committee was discussed. In conclusion Professor Baroness McFarlane of Llandaff, the Board's Chairman,

thanked the Panel for providing valuable insight into its work and for advice on specific issues. She hoped this meeting would be the beginning of discussion and co-operation between the Panel and Board.

(PADNT 1981:Notes of Meeting between ENB and PADNT representatives on 22 September)

Further discussions are known to have occurred (Panel Minutes 10.11.82/NP21).

On the 11th November, the Panel had a successful meeting with the National Board for Northern Ireland. However, Panel members "accepted that there was still a great deal to be accomplished" (Panel Minutes 4.11.81/NP15 and 6.1.82/NP16).

The Panel arranged a visit to the Welsh National Board for 20th January 1982 (Panel Minutes 4.11.81/NP15). But this had to be cancelled due to adverse weather conditions (Panel Minutes 9.3.82/NP17). When it finally occurred on 13th May 1982 the meeting allowed "an amicable exchange of views" (Panel Minutes 15.7.82/NP19).

CONCLUSION:

Once the Minister decided to proceed with the
implementation of the Nurses, Midwives and Health Visitors Act 1979, the Panel, together with the other eight extant training bodies, knew their demise would occur within the next three years and that they would be expected to function, as normal, until the end of the handover period. There can be little doubt that the transition period resulted in many additional demands on the Panel's members and staff. This occurred at a time when they were already fully stretched adjusting to developments which resulted from the Panel's newly acquired independent status and the introduction of new curricula.

Nevertheless, the Panel showed considerable concern about the future of district nursing and it appears to have taken up every opportunity to ensure its long term well-being. In particular pressing the case for the district nurse qualification to be mandatory for practice and eligible for registration on the UKCC Register, and for a Statutory DNJC.

During the transition period the Panel seems to have benefited from being an independent body. This status certainly made it easier for it to challenge Ministerial and UKCC decisions than would have been the case if it had still been functioning under the umbrella of the Department. It also placed it on a more equal footing with the other extant bodies, this proved advantageous during the process of consultation with the new statutory bodies.

The fact that the UKCC set up seven Working Groups to help prepare the way for a smooth handover of functions was beneficial because most consulted widely on their initial recommendations, thereby providing a clear mechanism for reaction. The Panel utilised the consultation process to make its views known. However, it had no such mechanism for influencing the UKCC's decision regarding its acceptance or rejection of the Working Parties'
recommendations. The Panel was understandably disappointed when the UKCC failed to be convinced of the need to register the district nurse qualification and utterly dismayed when it initially rejected the recommendation for a DNJC. The fact that the DNJC became a reality must be partly attributed to the error in the mismanagement of the UKCC's committee procedure and partly to the pressure which resulted from the Panel's and other interested parties' reactions to the UKCC's decision to reject the proposal to establish this particular committee.

The Panel was mindful that the DNJC would have to fulfil its advisory and executive functions within the complex framework of the five new statutory bodies. Nevertheless this new framework, established in accordance with the requirements of the 1979 Nurses, Midwives and Health Visitors Act provided, for the first time, the opportunity for the various branches of the profession to begin to work closely together. While the Panel appreciated the benefits to be derived from the new arrangements it had the satisfaction of knowing that the interests of district nurse training and education would be safeguarded on a United Kingdom basis, by the District Nursing Joint Committee.
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<th>Sources of Reference</th>
<th>Date(s)</th>
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<td>Carr A 1983</td>
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<td>Letter from Mr Carr (Panel member) to Miss Gibson (Panel member) dated 28th February</td>
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<td>Carr A 1983</td>
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<td>Letter from Mr Carr (Panel member) to Miss Gibson (Panel member) dated 22nd March</td>
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<td>Damant M 1983</td>
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<td>Your very own Committee in Journal of District Nursing, September</td>
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<td>DHSS 1979</td>
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<td>Letter from Mr G Vaughan, Minister of State (Health), to members of Briggs Coordinating Committee</td>
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<td>DHSS 1979</td>
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<td>Letter from Mr Mayoh to Mr Godfrey (Secretary to PADNT) dated November and headed Nurses, Midwives and Health Visitors Act. Proposals for the constitution of the Central Council and National Boards dated November</td>
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<td>DHSS 1979</td>
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<td>Paper on the Implementation of Nurses, Midwives and Health Visitors Act circulated under cover of letter signed by Mr Mayoh and dated November (Paper undated but issued 1979)</td>
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<td>Letter from Mr Cunningham to Mr Godfrey (Secretary PADNT) headed Implementation of the Nurses, Midwives and Health Visitor Act dated 30th January</td>
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<tr>
<td>Dunn A 1982a</td>
<td></td>
<td>First things first Editorial in Nursing Times 4th August, page 1335</td>
</tr>
<tr>
<td>Dunn A 1982b</td>
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<td>Save district nursing Editorial in Nursing Times 3rd November, page 1831</td>
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<tr>
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<td>Dunn A</td>
<td>1982c</td>
<td>Letter headed &quot;District Nursing:UKCC decision on Joint Committee is not in patients' interest&quot; in Nursing Times, 17th November, page 1940</td>
</tr>
<tr>
<td>ENB</td>
<td>1982</td>
<td>Minutes of ENB Open Meeting on 26th October</td>
</tr>
<tr>
<td>Gibson S</td>
<td>1983</td>
<td>Letter from Miss Gibson (Panel Member) to Mr Carr (Panel Member) dated 3rd March</td>
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<tr>
<td>HMSO</td>
<td>1979</td>
<td>Nurses, Midwives and Health Visitors Act, 4th April HMSO:London</td>
</tr>
<tr>
<td>HMSO</td>
<td>1983</td>
<td>Statutory Instruments No 724 Nurses, Midwives and Health Visitors (District Nursing Joint Committee Order 1983) came into operation 17th June</td>
</tr>
<tr>
<td>Morton A</td>
<td>1982</td>
<td>District Nurses will get their Committee in Nursing Mirror, 1st December, page 9</td>
</tr>
<tr>
<td>Morton A</td>
<td>1983</td>
<td>News:Registered and Enrolled titles may stay - Council awaits replies, in Nursing Mirror, 4th May, page 8</td>
</tr>
<tr>
<td>Title</td>
<td>Year</td>
<td>Source</td>
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<td>-----------------------------------</td>
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<td>------------------------------------------------------------------------</td>
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<tr>
<td>Letters: We must be represented at UKCC level</td>
<td>1982</td>
<td>Nursing Mirror, 25th August, page 15</td>
</tr>
<tr>
<td>Criticism of National Boards in wake of the UKCC's shock move. Left to pick up the pieces.</td>
<td>1982</td>
<td>Nursing Standard, 4th November</td>
</tr>
<tr>
<td>Full results of boards elections, 30th June</td>
<td>1983</td>
<td>Nursing Standard</td>
</tr>
<tr>
<td>UKCC in new row over consultation 11th August, page 1337</td>
<td>1982</td>
<td>Nursing Times</td>
</tr>
<tr>
<td>Letters: District Nursing and its future under the new statutory bodies: a depressing picture</td>
<td>1982</td>
<td>Nursing Times, 25th August, pages 1434-1435</td>
</tr>
<tr>
<td>News Section: English board backs DN Committee</td>
<td>1982</td>
<td>Nursing Times, 3rd November, page 1834</td>
</tr>
<tr>
<td>Letters Section</td>
<td>1982</td>
<td>Nursing Times, 17th November, pages 1940-1941</td>
</tr>
<tr>
<td>District Nurses win own committee</td>
<td>1982</td>
<td>Nursing Times, 1st December, page 2009</td>
</tr>
<tr>
<td>Nursing Times</td>
<td>1983</td>
<td>Advertisement. The Candidates Need your Votes. Nursing Times, 13th April in Advertisement Section</td>
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<tr>
<td>PADNT</td>
<td>1981</td>
<td>Notes of a Meeting between ENB and PADNT representatives on 22nd September</td>
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<td>PADNT</td>
<td>1982</td>
<td>Comments to Working Group 2 - UKCC Proposals SPR</td>
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<td>PADNT</td>
<td>1982</td>
<td>Letter from Mr Robson, Chairman PADNT to Dame Catherine Hall, Chairman UKCC dated 15th November</td>
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<tr>
<td>PADNT</td>
<td>1983</td>
<td>Letter from Miss B M Robottom, PPO PADNT to Miss M Storey, CEO UKCC dated 3rd May</td>
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<td><strong>PADNT Bulletins</strong></td>
<td></td>
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<tr>
<td>PADNT</td>
<td>1979</td>
<td>PADNT Bulletin No 16, December PADNT:London</td>
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<tr>
<td>PADNT</td>
<td>1980</td>
<td>PADNT Bulletin No 18, September PADNT:London</td>
</tr>
<tr>
<td>PADNT</td>
<td>1982</td>
<td>PADNT Bulletin No 19, January PADNT:London</td>
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<tr>
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<td>1982</td>
<td>PADNT Bulletin No 20, July PADNT:London</td>
</tr>
<tr>
<td>PADNT</td>
<td>1983</td>
<td>PADNT Bulletin No 21, January PADNT:London</td>
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<tr>
<td><strong>Panel Minutes</strong></td>
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<td>Panel Minutes</td>
<td>12.09.79/NP2</td>
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<td>07.11.79/NP3</td>
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Panel Minutes 10.09.80/NP8
Panel Minutes 21.01.81/NP10
Panel Minutes 01.07.81/NP13
Panel Minutes 04.11.81/NP15
Panel Minutes 06.01.82/NP16
Panel Minutes 09.03.82/NP17
Panel Minutes 28.04.82/NP18
Panel Minutes 15.07.82/NP19
Panel Minutes 08.09.82/NP20
Panel Minutes 10.11.82/NP21
Panel Minutes 12.01.83/NP22
Panel Minutes 16.03.83/NP23
Panel Minutes 27.04.83/NP24
Panel Minutes 22.06.83/NP25

Panel's Education Committee Minutes
Panel's Education Committee Minutes 12.02.82

Panel's Papers
Panel Paper PA(79)61
Implementation of the Nurses, Midwives and Health Visitors Act November 1979

Panel Paper PA(79)62
Implementation of the Nurses, Midwives and Health Visitors Act November 1979

Panel Paper PA(80)25
Implementation of the Nurses, Midwives and Health Visitors Act March 1980
Panel Paper
PA(80)30
United Kingdom Central Council for Nursing, Midwifery and Health Visiting: National Boards for Nursing, Midwifery and Health Visiting
April 1980

Panel Paper
PA(81)6
Correspondence with the National Boards for Nursing, Midwifery and Health Visiting for Scotland and Wales
January 1981

Panel Paper
PA(81)42 Appendix 3
Letter to Miss Diane Simpson Interim Secretary PADNT from R Mowat Interim Secretary National Board for Nursing, Midwifery and Health Visitors Scotland
June 1981

Panel Paper
PA(81)43
Report of Panel's Officers meeting with CEO of UKCC: Formation of Single Professional Register
June 1981

Panel Paper
PA(82)9
Working Group 5 - Consultation Paper Standing and Joint Committee
March 1982

Panel Paper
PA(82)12
Working Group 3 - Consultation Paper Education and Training
March 1982

Panel Paper
PA(82)18
UKCC Consultation Paper - Working Group 4 - Professional Conduct
April 1982
Panel Paper
PA(82)25
Working Group 5 - Second Consultation Paper Standing and Joint Committees by Barbara M Robottom PFO, PADNT
May 1982

Panel Paper
PA(82)33
United Kingdom Central Council Working Group 4 - Professional Conduct Draft Paper incorporating views of Panel Members
May 1982

Panel Paper
PA(82)35
Formation of Single Professional Register
June 1982

Panel Paper
PA(82)48 Appendices 1 and 2 Developing the Single Professional Register
Appendix 1 - Professional Content of the SPR
Appendix 2 - Content of SPR from SPR Reconciliation Report
September 1982

Panel Paper
PA(82)49
Staffing Structures, September 1982

Panel Paper
PA(82)56
Staffing and Joint Committees
September 1982

Panel Paper
PA(82)63
District Nursing Joint Committee
November 1982

Panel Paper
PA(82)74
Developing the Single Professional Register, November 1982

Panel Paper
PA(83)1
Developing the single Professional Register
January 1983

798
Panel Paper

PA(83)39
District Nursing Joint Committee
June 1983

Panel's Education Committee Papers

Panel Education Committee Paper

PAE(82)2
UKCC Working Group 3 - Consultation Paper I
Education and Training. The Development of Nurse Education
January 1982

Panel Education Committee Paper

PAE(82)3
The Development of Nurse Education. A Consultation Paper - Working Group 3 (PA(82)2
January 1982

Panel Education Committee Paper

PAE(82)35
Working Group 5 - UKCC Second Consultation Paper
Barbara Robottom, PPO, September 1982

Panel Education Committee Paper

PAE(82)35
Working Group 5 - UKCC Second Consultation Paper, September 1982

UKCC 1981 Question and Answers brief on Single Professional Register

UKCC 1981 Note of Meeting of existing statutory and training bodies with CEO UKCC on 15th June

UKCC 1981 Working Group I Consultation Paper - Proposals for an Election Scheme
UKCC:London

UKCC:London

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<tr>
<td>UKCC</td>
<td>1982</td>
<td>UKCC Review Election 4 Special, October</td>
<td>Here's your chance to stand up for your professions future. Opt In to the UKCC National Boards' Election Today. UKCC:London</td>
</tr>
<tr>
<td>UKCC</td>
<td>1982</td>
<td>UKCC Paper CC(82)36 Proposals for Standing and Joint Committees, October</td>
<td></td>
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<tr>
<td>UKCC</td>
<td>1982</td>
<td>UKCC Minutes, 22nd October - Open Meeting</td>
<td></td>
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<tr>
<td>UKCC</td>
<td>1982</td>
<td>Letter from Mr Pyne, PPO Professional Conduct and Registration to Miss Robottom, PPO PADNT dated 2nd November</td>
<td></td>
</tr>
<tr>
<td>UKCC</td>
<td>1982</td>
<td>Proposals for Standing and Joint Committees of the UKCC. A Report from Working Group 5, November</td>
<td></td>
</tr>
<tr>
<td>UKCC</td>
<td>1982</td>
<td>Letter from Mr Pyne, PPO Professional Conduct and Registration to Mr Robson, Chairman PADNT dated 3rd December</td>
<td></td>
</tr>
<tr>
<td>UKCC</td>
<td>1983</td>
<td>Letter from Mr Pyne, Deputy Returning Officer to Miss Gibson dated 18th February</td>
<td></td>
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<tr>
<td>UKCC</td>
<td>1983</td>
<td>Election Results: National Board Elections 1983, 16th June</td>
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<td>UKCC</td>
<td>1983</td>
<td>UKCC Review Election 5 Special, March 118,000 Opt In to Election</td>
<td></td>
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<tr>
<td>UKCC</td>
<td>1983</td>
<td>Parts of the Single Professional Register and Associated Designations A Consultation Paper from the UKCC, April</td>
<td></td>
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<tr>
<td>UKCC</td>
<td>1983</td>
<td>Code of Professional Conduct</td>
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<td>1983</td>
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CONCLUSION

INTRODUCTION:

At the outset of this thesis a number of questions about history were posed and addressed in an attempt to define history, consider the nature of historical knowledge and the approaches which can be used to write it. From the answers which emerged the writer concluded she would only be able to produce a history of the Panel which provided an incomplete representation of its pastness (see page 25). Nevertheless she appreciated the need to try and build up as complete and as accurate a picture of the Panel as possible from the available evidence at her disposal (see page 36).

However, the writer recognised that objective truth may not be within the realms of possibility for historical knowledge because it is built up from facts/events which inevitably comprise an element of disputable interpretation (see page 34). She appreciated that the historian's work is relation involving the fictio of events and that this process inevitably also resulted in interpretation. Accepting that the historian's facts are abstracted from the infinite indefinite totality of past experience (see page 36) she knew that she could only abstract a selection of facts from the sources located for this historical
study. In addition, she accepted that to be credible a historical fact has to be as close to what actually happened as can be learned from a critical examination of the best available sources, meaning verisimilar at a high level, but short of meaning accurately descriptive of past actuality. She noted that in this way the historian establishes verisimilitude rather than objective truth (see page 33). Therefore the writer makes no claim that what she has written about the Panel, its context and related activities, is objective truth. Rather, in Lukacs' terms (see page 34) what she has written in this thesis is her way of seeing and saying something she believes to be true.

By adopting the narrative approach, based on a chronological sequence, and by drawing heavily upon primary sources but also utilising secondary ones, the writer has built up a picture of the Panel. It is a picture that focuses on: the context of the Panel's origins; the development of the Panel as a training body; the Panel's involvement in the development of the education and training of district nurses, district enrolled nurses, practical work teachers, district nurse tutors, supervisors of supervised practice, students on integrated courses and those gaining community nursing experience during basic nurse training; other specific grades of staff involved in primary health care; the Panel's involvement in the Briggs' saga. What has emerged in the production of this picture is a major historical study which embraces a number of minor ones. The study provides a unique body of historical knowledge about the Panel and its related activities. It is the only recorded history of the Panel which traces its development from its origins to its demise. The writer hopes that the study will act as a resource for district nurses who wish to find out more about their educational inheritance (see page 52); and also for researchers interested in extending the boundaries of the Panel's history or any aspect of the history of district nurse
During the production of this study the writer has been asked whether district nursing would have been better or worse off without the Panel. She has refrained from attempting to answer this question, not on the grounds of its complexity, but because it could only be answered by resorting to the use of suppositions. Therefore, from a historical perspective any answer which emerged would be unsatisfactory because historians, unlike fictive artists, accept a primary obligation to check their assertions against evidence or data about the world that is, or once was 'out there' (see page 39). There are however, questions which could be asked and answered from a historical perspective some of which will be mentioned later in this chapter.

However, at this juncture in the thesis it is only legitimate to raise and answer questions which can be addressed by reference to the body of knowledge contained in the thesis which provides the reader with the opportunity to check out the assertions made in the responses to the questions. The next section, which utilises this approach, provides the writer's assessment of the Panel. Section three provides the writer's assessment of this historical study; section four identifies areas for further research which could be undertaken to extend the body of knowledge about the Panel. The final section provides a postscript to the Panel's history by making reference to its final gathering, a celebration luncheon, and the artefacts which serve as its memorials.

THE WRITER'S ASSESSMENT OF THE PANEL:

At the outset, it is important to recognise that a comprehensive assessment of the Panel is impossible within the context of this conclusion. This is because such an
assessment of the Panel would need to take into account: its relationship with the Minister of Health and Government Departments; its development as a training body; the development of its various activities, and their effect on training and education and the service provision; the changes which occurred within the health service, local government, the nursing service, and nurse training and education. All of the aforementioned aspects affected the development of the Panel and its work.

Because of the complexity of the situation, the writer's assessment of the Panel must, of necessity, be selective and focused. The focus comes from two questions which the writer hopes will stress some of the underlying implications of the study. These are framed and addressed in turn in the following two subsections.

What are the main factors which contributed to the development of the Panel and its related activities?

In a nutshell the response to this question is that Government policy brought the Panel into existence, Government Departments directed the way in which the Panel's work related activities developed, Government policies brought about the Panel's reconstitution, independence and demise. But however attractive the succinctness of the reply, it provides an over simplistic interpretation of the question.

The writer considers that the underlying implication of the development of the Panel and much of its work was the Briggs' saga. A saga comprising the Briggs Committee, the evidence submitted to this Committee, the Committee's recommendations and the Minister's acceptance of these, and the subsequent outcomes. The writer is of the opinion that Briggs acted as a catalyst in the Panel's development and the development of its work. The explanation which follows
seeks to justify this assertion.

Prior to the establishment of the Briggs Committee the Panel was frequently attempting to bring about its premature demise. However, once the Briggs Committee was established the Department insisted that the Panel remain in control of district nurse training until the Committee reported. Following receipt of the Committee's Report the Department required the Panel to continue its functions while the Government was considering the Report's recommendations. While this was occurring the Department appears to have been influenced by some of the recommendations in the Report which referred to the need for specific developments in community nurse training and education.

Subsequently the Department formulated policies which set off a train of events, which included, the upgrading of district nurse training, the development of district enrolled nurse training, the establishment of the grades of practical work teacher and district nurse tutor and the formalisation of the preparation of these grades, and the provision of Central Funding for district nurse tutors. But at this stage it must be noted that the Panel's evidence to the Briggs Committee had stressed the need for most of these developments. Additionally it is recognised that there were other contributory factors. However, the fact that the Panel had to assume responsibility for these developments resulted in an extension of its functions. This in turn resulted in a gradual increase in the Panel's membership and an improvement in its staffing position.

In due course the Government accepted the main recommendations of the Briggs Report including the proposals for a new statutory framework. Proposals which were subsequently amended in the light of negotiations and consultations with all interested parties including the
Panel. It was during this period that the Panel appears to have developed politically as it sought to safeguard the future of district nurse training at a time of radical change.

Reaching consensus over the committee structure for the UKCC and National Boards proved impossible, therefore compromise was needed. However, when it seemed unlikely that this would be reached the Panel made a bid to become an independent training body. The Panel was reconstituted, the compromise was reached and the 1979 Nurses, Midwives and Health Visitors Act became a reality. It was while the Act was being implemented that the Minister granted the Panel independence in order to place it in a better position, to negotiate the handover its function to the newly established statutory bodies. The Panel's new status meant that it was in a much better position to fight, against all odds, for the establishment of a District Nursing Joint Committee.

Just as the 'nutshell' answer was over simplistic so to is the case put forward by the writer to support her assertion that Briggs acted as a catalyst. This is because other factors also contributed towards the development of the Panel and its work. Nevertheless despite the assessment's shortcomings it does serve to highlight one of the main agents of change. It also serves to locate and describe the key events which resulted in turning points in the Panel's history (see page 48). The next question addresses change from a different perspective.

To what extent did the Panel initiate, enhance and inhibit the development of its training and education work related activities?

This question is addressed by reference to some examples drawn from the preceding chapters which provide plenty of
evidence to show that the Panel initiated, enhanced and inhibited developments.

In Chapter Three there is evidence to show that the Panel initiated the establishment of an Examinations Subcommittee. This Committee enhanced developments in various areas of assessment. For example it introduced multiple choice questions, although this development was shortlived because of the lack of resources to maintain the initiative. At the Panel's request it developed outline answers to standardise marking. It was responsible for the introduction of review groups and the format for the national examination for the new curriculum.

In Chapter Four, which covers the period 1959 - 1968, there is evidence that the Panel inhibited the development of the national district nurse syllabus because it considered continuity of training arrangements to be of paramount importance at a time when local health authorities were still establishing their training schemes for the national award. Consequently it prevented the Queen's Institute, the largest training authority, from developing its training. There is also evidence to support the contention that it lowered the Institute's standards by passing candidates the Institute considered should fail.

When it was obvious that there were problems with the practical examination which could be overcome by means of continuous assessment the Panel initially inhibited the changeover to this method. Later it encouraged the development.

Although the Panel conducted two major reviews of district nurse training, one in the mid 1960's and one towards the end of this decade, neither resulted in any major changes; even though the Panel's consultations revealed there was a need for change in the light of developments in the
Chapter Five shows that the Panel's intention to initiate a long overdue revision of the district nurse syllabus was blocked by the Department, which obviously felt its authority had been usurped. However, when it eventually gave the go ahead the Panel responded, and thereby enhanced the development of the extended syllabus, but inhibited teaching centres from implementing it in a satisfactory manner because there was no commensurate lengthening of the training period.

Shortly after this when the Departments invited the Panel to undertake a further revision of the syllabus it seized the initiative and produced a Report which addressed all aspects of district nurse training and education. It proposed a lengthening of training and a course based on an outline curriculum. Because the Department supported most of the Report's recommendations the Panel was able to enhance district nurse training in a number of ways, in particular by developing its own policy that courses should be located in the further and higher education sector. The links with higher education facilitated research into district nurse training.

By way of contrast the Panel may have inhibited the development of continuing education for qualified and practising district nurses by attempting to block the Joint Board of Clinical Nursing Studies from developing courses specifically designed to meet their needs.

In 1968, the Panel sought to initiate training for the surgery/practice nurse but failed to enhance the development because it did not see its way to convincing the Department of the need for this development, at this particular point in time. Later the Panel co-operated with other organisations to develop a syllabus and training
proposals for this category of nurse.

Chapter Six makes it quite clear that the Panel played no part in the initiatives to establish various forms of integrated courses. However, its involvement in the approval and monitoring of these schemes eventually led the Panel to take the initiative to bring about their demise on the grounds that they were not a satisfactory or cost-effective way of preparing district nurses. Chapter Six also contains evidence that while the Panel was critical of the unilateral way in which the General Nursing Council introduced community nursing experience the Panel co-operated to enhance this development. However, after a while the Panel reached the decision that it would no longer allow district nursing experience, gained during secondment to the community, to lead to a reduction in the period of post-registration district nurse training because it considered this did not provide a satisfactory method of preparation for district nursing. Therefore, it can be concluded that the Panel inhibited developments in integrated and pre-registration courses in order to enhance the preparation of district nurses.

Chapter Seven indicates that in the 1970's, the Panel sought to prevent the development of a nationally recognised district nurse training for enrolled nurses. Originally the Department was prepared to go along with the Panel's view that a very short course of inservice training, organised at local level, was all that was required. However, when the Queen's Institute advised the Department that a national scheme was needed the Panel was obliged to think again. Once committed to the idea of such a scheme, the Panel developed the national syllabus and did all it could to enhance the development of district enrolled nurse training. Indeed it was the Panel that proposed the review of the first national syllabus. The Department gave the go ahead and the outcome was a new
curriculum for district enrolled nurses. This was assessed by means of an internal examination which could take account of the local interpretation of curriculum. The Panel demonstrated political astuteness in ensuring the new form of preparation was implemented before its demise, thereby ensuring the enhancement of district enrolled nurse education and training.

Chapter Eight shows how the Panel initially inhibited the development of teacher training, and a specific qualification for tutors involved in district nurse training. This was because it saw no need for academically qualified personnel to be in charge of district nurse training, since this was considered to be substantially practical in nature. However, by the time the Panel gave evidence to the Briggs Committee its views had changed. Soon after this it became involved in validating the district nurse teacher special method component of approved courses. Once the Department introduced the district nurse tutor grade, the Panel tried to enhance recruitment of district nurse tutor students. However, the Panel realised that until satisfactory funding arrangements were in place, a need it had highlighted to the Briggs Committee, recruitment would not improve. Therefore it took the lead in pressing the Department for Central Funding. The Panel also took the initiative to increase the number of qualified district nurse tutors by formalising the arrangements for conversion courses.

Chapter Nine provides evidence that initially the Panel lacked the authority to provide guidance on the training of practical work instructors, even though it accepted the need for this and gave its support to the development of courses resulting from local initiatives. Training was further inhibited by the Department's reluctance to introduce practical work teacher training, and to recognise the role by establishing the grade of practical work
teacher, as it was awaiting the Briggs Committee recommendations. However, once the Department saw its way to giving the go ahead for both of these developments the Panel developed a syllabus and a system of course approval. Later it was slow to recognise the need to update the training in the light of the implementation of the new curriculum. But eventually the syllabus was revised and the period of preparation extended. The Panel did all it could to facilitate the combined training of practical work teachers and fieldwork teachers, but it inhibited local initiatives to develop practical work teacher training along the same lines as that for fieldwork teachers because this required the introduction of a probationary period of teaching. The Panel felt that probationary status might result in problems which could have legal implications.

In Chapter Ten it is evident that the Panel recognised the important role played by nurse managers in district nurse training. Until the new curriculum was introduced the Panel encouraged their involvement in the assessment of the district nurse student’s practice in order to maintain standards. However, as a direct consequence of changes in the management structure of the health service the Panel introduced a requirement that all nursing officers involved in this type of assessment must hold a district nurse qualification, this was to ensure standards were maintained.

The Panel pressed hard for the Departments to accept its recommendation that supervised practice should be an integral and formally recognised part of the district nurse course. The Panel was so committed to this goal that it developed guidelines for supervised practice, and a course for supervisors of supervised practice before the Departments finally agreed the recommendation in modified form. Therefore when the Departments signified their agreement the Panel was able to immediately initiate this
On the evidence contained in this brief summary it appears that on balance the Panel did more to initiate and enhance developments than to inhibit them. Even when it took the later course of action, this sometimes appears justifiable. However, the writer must stress that an indepth analysis of the Panel's performance as a training body might result in a different conclusion from that reached here. But while she suspects the Panel may have been more of an inhibitor between 1959 - 1968, she considers it to have been more of an initiator and enhancer between 1969 - 1983.

THE WRITER'S ASSESSMENT OF THE STUDY:

From the outset of the study the writer appreciated that the assessment of history poses problems for a number of reasons. Firstly, in history there is no pretence to an orthodoxy, whether in the problem to study, methods to employ, or standards to meet. Inevitably this highly valued freedom from norms results in a wide range of performance (see page 41). Secondly, she appreciated that since history was the work of professional, apprentice and amateur historians (see page 26) it was inevitable that there would be different levels of performance amongst each, and within each, of these categories. Thirdly since each historian, irrespective of their category, is a social phenomenon each will provide an individualistic interpretation of the subject studied (see page 26).

However, the writer was also aware of the fact that having achieved her ultimate goal of producing a comprehensive history of the Panel, she needed a criterion to assess the extent to which this meets the requirements of historical scholarship, as specified by professional historians. Therefore she decided to extract a checklist of criteria from the theory contained in the introductory chapter of
this thesis, since this should have informed the production of the study.

The checklist of criteria for the writer's assessment of the study:

The historian should ensure:

- that s/he is conscious of her/his own situation and attempt to transcend it

- the credibility of historical facts by a critical examination of the sources used

- that s/he goes to the events themselves for her/his understanding in order to be able to establish their relationship

- accuracy of factual detail

- s/he checks her/his assertions against the evidence or data

- that her/his evidence is open to public scrutiny and criticism by re-examination of sources

- that the most appropriate method of historiography is used

- that there is a chronological sequence

- that the work is not merely descriptive but leads to analysis, extension, interpretation and conclusion

- that her/his interpretation:

  - shows the connection between the events
interpreted or at least their significance in
relation to the context

- takes into account all the factors which are
  known or could be found out about the subject of
  the study

- that the historical study is presented in the concrete

- that s/he recreates the significant features of the
  past

- an imaginative reconstruction of the past in order to
  effect synthesis

- that s/he explains the becoming as well as the being
  or become

- that s/he shows how events mediate one circumstance to
  another, rather than attempting to deduce universal,
  necessary and sufficient conditions for their
  occurrence

- s/he has reasonable completeness of evidence

- s/he only discards what cannot add to or subtract from
  the intelligibility of the theme

- s/he locates and describes the key events
  conventionally called the turning points in history

- s/he builds up a picture as fully as possible and
  assembles its features into a consistent shape or
  physiognomy

- that the study preserves its appearance of a portrait;
  a recognisable likeness of what it portrays
- that s/he provides a patterned, intelligible and coherent account

- s/he arrives at an accurate and valid understanding of the past

- s/he appreciates the fact that the value of history lies in its impact

- a logical structure and polish of presentation

The writer's assessment of the study made against the checklist of the criteria:

The assessment was made at a time when the final submission date for the thesis was looming on the horizon. Therefore irrespective of the outcome the writer was not in a position to act upon her findings. However, she hoped it would inform her in a way that would be beneficial if she undertook another historical study. In addition it would make the reader aware of the writer's assessment of her work. The writer, in making the assessment, worked straight through the checklist and the conclusions reached are given below.

She felt that she had been conscious of her own situation throughout the various stages of the production of the study, but more acutely so when she had been writing about aspects of the Panel's history with which she was familiar as a witness. She attempted to transcend her own situation and considered that she was generally able to, but occasionally this was not the case. For example the writer's reference to the Examinations Sub-Committee feeling downgraded (see page 152) was the result of her personal experience, in the capacity of Chairman of the Committee, failing to get the Panel to reverse its decision.
In Chapter One (see pages 56 and 57) the writer undertook a critical examination of the categories of her sources which included archive material and witnesses. She also made it clear that there was no such thing as objective truth in history. She considers that the Panel's archive material used for the study provide an elitist and one-sided view of its history. However, she has in places used other sources to attempt to redress this balance. For example in Chapter Four (see page 241) the Panel's and Queen's Institute's minutes provide a different perspective on the Queen's withdrawal from district nurse training. Nevertheless she feels that the credibility of the Panel's archives as sources rests on the fact that they were the minutes and papers produced during the course of its work.

The writer spent many, many hours examining the events contained in primary sources and undertook a categorisation exercise in order to try and establish their relationship and to determine the structure for the thesis. While she accepts that the structure adopted is just one of many possibilities she considers it has served its purpose effectively in allowing the story to unfold in a logical manner.

The writer has striven to achieve accuracy of factual content. In accordance with recommended practice she knew that she should re-check all the quotes in the final draft. While she did this for chapter one, she did not consider this to be a feasible proposition for the remaining chapters, because of the numerous sources quoted.

The writer's assertions can be checked against the evidence or data which are now in the public domain. The fact that the study is very tightly referenced means it will enable this to be done with relative ease.

Regarding the need to select the most appropriate method of
historiography, with hindsight the writer considers that her choice of the narrative approach was most appropriate for this study. Firstly, because throughout the emphasis has been on the development of the Panel and its activities, revealing the direction of change through time (see page 48). Secondly, the subject has proved to be insufficiently monographic in nature to be developed by means of a unifying proposition or interrogative hypothesis. However, she accepts that a series of interrelated propositions or hypotheses would have overcome this problem but considers it would have resulted in a complex structure for writer and reader (see page 43). In addition, the reader feels that in the absence of a body of historical knowledge about the Panel it would have been difficult, from her limited perspective of the Panel, to have known whether or not she was formulating the most appropriate propositions and hypotheses. While the writer acknowledges that the hybrid approach utilises the strengths of both methods and goes some way to overcoming the disadvantages of each, she feels she has not been as successful as she would have liked to be in thickening the narrative by discussion of problems. Even so, there are examples of this occurring as for example the resolution of whether or not there should be a District Nursing Joint Committee (see Chapters Eleven and Twelve). Because the writer elected to use the narrative approach a chronological sequence has been used throughout, although confusion of sequence occasionally results when a thematic approach is used within a chapter (see for example Chapter Five).

Much of the study is descriptive in nature, telling what happened, when and where, and who took part this is partly attributable to the fact that primary sources were being used to build up a picture. However, the description leads to analysis, extension and interpretation, the latter explaining why and how things happened and were inter-
related (see page 42). The writer considers that she has been less successful in reaching strong conclusions and considers that the conclusions to the chapters are of variable quality. They might have been improved if there had been less emphasis on summarising.

The study is presented in the concrete. It recreates the significant features of the Panel and its work, but at times these are masked by what is now seen as insignificant detail.

The writer's reconstruction of the Panel's past was more pragmatic than imaginative. In Landes' terms (see page 42) the story is scrupulously careful rather than wildly imaginative. However, it does depict moments of intense drama, this for example is the case with the portrayal of the spontaneous political action of district nurses (see page 703) and the saga of the UKCC vote which went against the establishment of the District Nursing Joint Committee and the factors which resulted in the reversal of the decision (see pages 772-777). There are many instances where the writer has effected synthesis, but also situations where this has not occurred.

Throughout the study the writer has endeavoured to explain the becoming as well as the become, with the benefit of hindsight she considers too much emphasis has been placed on the former aspect. She attributes this to her desire to show how events mediate one circumstance to another. The writer has certainly not attempted to deduce, universal, necessary and sufficient conditions for the occurrence of the events.

While the writer considers she has utilised reasonable completeness of evidence she knows this could have been improved further by reference to other sources such as the minutes and papers of the Council for the Education and
Training of Health Visitors and the General Nursing Councils, circulars from the Scottish Home and Health Department, Welsh Office and Northern Ireland Department. The former would have provided a more balanced perspective and the latter a broader United Kingdom perspective. In addition, she might have been able to locate other data to enhance the quantitative information by making it more consistent throughout the Panel's life time, for example the ratio of trained to untrained district nurses.

The writer now appreciates that her desire not to discard what could add to the intelligibility of her theme has in places led to the inclusion of too much detail which in some instances subtracts from the intelligibility of the theme eg in Chapter Eight regarding the discussion of the development of the district nurse tutor grade and preparation might be a case in point.

While the writer considers that she has incorporated all the key events, of which she was aware, into the study, she is of the opinion that some of these have been masked by the detail and the thematic approach adopted for the period 1969 - 1983. The very fact that the writer felt the need to draw out the implications of the Briggs saga earlier in this chapter serves to reinforce this point.

The writer endeavoured to build up the study as a picture and present this as a portrait of the Panel and its work, she considers that it conveys a recognisable likeness of what it portrays. It is not as complete a picture as could have been built up from the sources available to the writer, but any study has to be contained within some framework or it would get completely out of hand.

Overall, the writer considers that she has provided a patterned, intelligible, coherent account of the past which provides an accurate and valid understanding of the Panel.
However, she feels that despite the study's logical structure, some of the impact of the Panel's history may be lost because of the length of the thesis. A more polished presentation might have been achieved with a more compact study. The writer is particularly critical of the length of Chapters Four and Five although she hopes that the sections in latter chapter help compensate for this weakness.

With the benefit of hindsight she feels she has incorporated too many aspects of the Panel and its work into one study. However, while it would have been attractive to have concentrated solely on the Panel's role in district nurse training, this would have been difficult because of the inter-related nature of the Panel's activities. But, despite the study's shortcomings the Panel now has a recorded history, the remembered past (see page 25).

SUGGESTIONS FOR FURTHER AREAS OF RESEARCH:

Since there is no such thing as a definitive work of historical scholarship (see page 24) the Panel's history could go on being developed by reference to archive materials and the testimony of living witnesses. Here the writer highlights four areas of potential research that could extend the body of knowledge produced by this study.

The first would be to study the Panel's development and the development of its training activities from the perspective of the: Council for the Education and Training of Health Visitors; General Nursing Councils; Northern Ireland Council for Nurses and Midwives; Joint Board of Clinical Nursing Studies and Committee for Clinical Nursing Studies for Scotland. This would require access to and use of their archives.
The second would be an examination of whether district nurse training and education has benefitted from being under the control of the five statutory bodies and their joint statutory District Nursing Joint Committee. This would enable the Queen's Institute's and Panel's assertion that it would be beneficial for district nurse training to be under the control of statutory body to be tested against the available evidence. This could be undertaken by means of a comparison of developments in district nurse training and education in the United Kingdom for the period 1969 - 1983 and from then onwards. It would require reference to the Panel's archives, and maybe this study, and also the records and reports of the UKCC and National Boards (including those of the District Nursing Joint Committee), and the Reports of the Health Departments.

The third area would be to gain the views of witnesses, who possessed knowledge of the Panel. These might include a selection of district nurses, district nurse tutors, practical work teachers, nursing officers (employed or retired). Their recollections could help to provide a more balanced picture of the Panel and its activities. They could be gathered by means of oral history or social survey techniques.

The fourth area could entail an examination of the relationship of the Panel and Queen's Institute, this could be undertaken by reference to their archives, witnesses and this thesis.

POSTSCRIPT TO THE PANEL'S HISTORY:

While the writer appreciates that it is not standard practice to incorporate new information into a conclusion, she also notes that there is no orthodoxy in the writing of history. Therefore she has decided to end the thesis with a postscript to the Panel's history, using herself as the
witness.

The Panel marked its demise with a luncheon to celebrate its achievements at the Grosvenor Hotel, Buckingham Palace Road, London on the 22nd June 1983. In the words of the Panel's Principal Professional Officer "It was a family affair". Current and former Panel members were invited, together with current members of the Education and Examinations Sub-Committee, current and former staff, relevant Department of Health and Social Security personnel. It was a relaxed occasion with speakers and presentations.

The Panel was invited, by the new bodies, to indicate if it wished to have a memorial and if so the form it should take. The Panel refused to consider the matter until a decision was reached to establish a District Nursing Joint Committee. This proved to be its living memorial. In the event the Panel did not request any other memorial. However, the Chairman did agree to have his portrait painted and copies of this, were displayed at the headquarters of the new statutory bodies, along with those of the chairmen of the other extant bodies. The English National Board (ENB) also utilised the Panel's logo as the basis for a crest, which is displayed along with the crests of other extant training bodies in the foyer of the ENB headquarters at Victory House, 170 Tottenham Court Road, London.

* * * * * * *
Appendix 1.1

Headings used for the Categorisation Exercise of the Content of the Panel's Minutes

The headings are listed in the sequence with which they were brought into use during the categorisation exercise. They serve to provide an indication of the range of issues with which the Panel dealt with.

Heads of categories used on more than one occasion during the exercise:

NB i) Many headings were used frequently.

NB ii) The sequence can be followed by reading down the left hand column of the page and then likewise for the right hand one. This applies to each of the subsequent pages.

<table>
<thead>
<tr>
<th>Applications and Approvals for District Nurse Training</th>
<th>Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal Approval for District Nurse Training Granted</td>
<td>Panel of Examiner's</td>
</tr>
<tr>
<td>Arrangement for Meetings</td>
<td>Badges</td>
</tr>
<tr>
<td>Examinations: Written and Practical</td>
<td>Surgery Nurse</td>
</tr>
<tr>
<td>Review of District Nurse Training</td>
<td>Certificates</td>
</tr>
<tr>
<td>Meetings with Representatives of Queen's Institute</td>
<td>Activities</td>
</tr>
<tr>
<td>Representations Received</td>
<td>Enrolled Nurse</td>
</tr>
<tr>
<td>Information Sought and Obtained</td>
<td>Northern Ireland</td>
</tr>
<tr>
<td>Ministry of Health Staff in Attendance</td>
<td>Scotland</td>
</tr>
<tr>
<td>Title for District Nurse</td>
<td>Information</td>
</tr>
<tr>
<td></td>
<td>Title and Certificate</td>
</tr>
<tr>
<td></td>
<td>Practical Work Teacher</td>
</tr>
<tr>
<td></td>
<td>List of Examiners</td>
</tr>
<tr>
<td></td>
<td>Practical Assessment</td>
</tr>
<tr>
<td></td>
<td>Applications and Approvals</td>
</tr>
</tbody>
</table>

825
<table>
<thead>
<tr>
<th>Topic</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Nursing Council Syllabus</td>
<td>Examinations Sub-Committee</td>
</tr>
<tr>
<td>Future of District Nurse Training</td>
<td>Briggs Joint Liaison Committee</td>
</tr>
<tr>
<td>Joint Working Party of Panel and CETHV</td>
<td>Royal Commission on NHS</td>
</tr>
<tr>
<td>Practice Nurse</td>
<td>Health Education Council Conference for Nursing Officer (District Nursing)</td>
</tr>
<tr>
<td>Articles</td>
<td>Advisory Group on Educational Technology</td>
</tr>
<tr>
<td>Briggs - Evidence</td>
<td>Briggs Report</td>
</tr>
<tr>
<td>Conferences for Tutors</td>
<td>Statutory Framework</td>
</tr>
<tr>
<td>Review of Syllabus</td>
<td>Research: District Nurse Training</td>
</tr>
<tr>
<td>District Nurse Tutors</td>
<td>New Curriculum: District Nursing SRN/RGN</td>
</tr>
<tr>
<td>Royal College of Nursing</td>
<td>EEC Directives</td>
</tr>
<tr>
<td>General Nursing Council: Integrated Courses</td>
<td>Reconstitution of Panel</td>
</tr>
<tr>
<td>Report of Standing Medical Advisory Committee</td>
<td>State Enrolled Nurse Working Party</td>
</tr>
<tr>
<td>Wales</td>
<td>Statutory Framework</td>
</tr>
<tr>
<td>Joint Board of Clinical Nursing Studies</td>
<td>- District Nursing Committee</td>
</tr>
<tr>
<td>General Nursing Council: Panel Liaison Committee</td>
<td>- Nurses, Midwives and Health Visitors Bill</td>
</tr>
<tr>
<td>Handbook of District Nurse Training</td>
<td>- Briggs Bill</td>
</tr>
<tr>
<td>NHS Re-organisation</td>
<td>- Royal Assent Reported</td>
</tr>
<tr>
<td>Reports of Nursing Advisors</td>
<td>- Nurses, Midwives and Health Visitors Act</td>
</tr>
<tr>
<td>Working Party on New Curriculum in District Nursing</td>
<td>State Enrolled Nurse: Integrated Course</td>
</tr>
<tr>
<td>Royal Garden Party</td>
<td>Function and Work of the Panel</td>
</tr>
<tr>
<td></td>
<td>- Accommodation</td>
</tr>
<tr>
<td></td>
<td>- Staffing</td>
</tr>
</tbody>
</table>
Research

- Mandatory Training
- Working Group on Examinations and Assessment
- Conferences for Nurse Managers
- Panel Committees:
  - New Curriculum Planning Committee
  - Finance and General Purposes Committee
  - Education Committee
- Meetings with National Board
- Practice Nurses: Training
- UKCC and National Boards
  - Consultation Papers
- Logo
- Report of Principal Professional Officer
- Special Meeting of Panel and ENB
- Supervised Practice: Working Group
- Chairman's Opening Remarks
- National Advisory Body
- Multidisciplinary Learning
- District Nursing Joint Committee
- Nurses and Midwives Whitley Council

Headings used on only one occasion during the categorisation exercise

- Mayston
- Report of Meeting with CTHV
- Chronically Sick and Disabled Persons Act
- Survey of Local Authority Nursing Services
- Textbook on District Nursing
- Registered Fever Nurse
- Disabled Living Foundation
- Teaching on Patients
- Learning Resources Unit
- Prevention and Health: Everybody's Business
- Priorities for Health and Personal Social Services in England
- Devolution - The English Dimension
- Court Report
- Job Evaluation
- Open University
- London University: Diploma in Nurse Education
- Scotland: Continuing Nurse Education
- National Staff Committee for Nursing and Midwifery inservice training
- Procurement, Storage and Custody of Medicine
- Proposed Course on Counselling in the Helping Profession
- National Symposium - Interprofessional
- Patients First: Structure and management of NHS
- Primary Health Care in Inner London
- Report of Joint Working Group on Primary Health Care Teams
- Specialist Nurses
- Common Core District Nurse and Health Visitor Course: Scotland
- Continuing Education
- Nurses and Midwives: Reduction of Working Week
- Report of Advisory Council - Misuse of Drugs
- Meeting with Regional Nursing Officers
- Community Psychiatric Services
- International Council of Nurses Congress
- Administration of Family Planning Services

Care in Action: Handbook of Policies and Priorities for the Health and Personal Social Services in England
Appendix 2.1

Members of the Working Party on the Training of District Nurses (1953 - 1955)

Sir Frederick Armer, KBE, CB, MC (Chairman)
(Deputy Secretary, Ministry of Health)
G Canty
(Member of Lincs (Lindsey) County Council)
Miss M F Carpenter, SRN, SCM
(Director in the Education Department, Royal College of Nursing)
T M Clayton, MD, BS, BHy, DPH
(Medical Officer of Health, Coventry)
Dame Elizabeth Cockayne, DBE, SRN, SCM
(Chief Nursing Officer, Ministry of Health)
Miss M H Cook, MBE, SRN SCM
(Public Health Nursing Officer, Ministry of Health)
A R Culley, BSc, MD, DPH
(Medical Member, Welsh Board of Health)
Mrs Dorothy Egan, MRCP, LRCP, DPH
(Principal Medical Officer of Maternity and Child Welfare, London County Council)
G Matthew Fyfe, MB, ChB, DPH, FRCP
(Medical Officer of Health, Fife County Council)
Miss E J Merry, SRN, SCM
(General Superintendent, Queen's Institute of District Nursing)
Miss M O Robinson, OBE, RGN, SCM
(Chief Nursing Officer, Department of Health for Scotland)
Mrs W Shutt
(Member of Leeds City Council)
T O Steventon*
(Member of Shropshire County Council)
J A Struthers, MD, MRCP, DPH
(Medical Officer of Health for Holborn and for Westminster - Chairman of the Training Sub-Committee of the Queen's Institute of District Nursing)
J Stanley Thomas, JP, MRCS, LRCP
(Vice-Chairman, East Ham Executive Council)
Miss J E Treleaven, SRN, SCM
(Senior Superintendent, Ranyard District Nurses)
W S Walton, GM, MD, BHy, DPH
(Medical Officer of Health, Newcastle-upon-Tyne)

Secretary - Miss J E Chappie
(Ministry of Health)

* Alderman Steventon was unable owing to illness to attend any meeting beyond the first meeting of the Working Party and therefore did not sign the Report

Source: Ingall Report 1955:2 and Minutes of Advisory Committee in the Training of District Nurses 10.11.57/1 and 28.11.57/2
## Appendix 2.2

The Views of Organizations Submitting Evidence to the Working Party on the Training of District Nurses, on the length of district nurse training

<table>
<thead>
<tr>
<th>Name of body</th>
<th>Recommended Length of District Nurse Training</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SRN/RGN Qualifications and Experience</td>
</tr>
<tr>
<td>The Association of Queen's Nurses</td>
<td>6 months</td>
</tr>
<tr>
<td>The Queen's Institute of District Nurses</td>
<td>4 months</td>
</tr>
<tr>
<td>The Society of Registered Male Nurses</td>
<td>6 months</td>
</tr>
<tr>
<td>The Association of Scottish Hospital Matrons</td>
<td>4 months</td>
</tr>
<tr>
<td>*Royal College of Nursing</td>
<td>6 months</td>
</tr>
<tr>
<td>The Association of Municipal Corporations</td>
<td>4 months</td>
</tr>
<tr>
<td>The National Advisory Council for the Nursing Profession</td>
<td>6 months</td>
</tr>
<tr>
<td>The Royal College of General Practitioners</td>
<td>4 months</td>
</tr>
<tr>
<td>**Ranyard Nurses</td>
<td>1 year</td>
</tr>
<tr>
<td>***The British Medical Association</td>
<td>5 months</td>
</tr>
<tr>
<td></td>
<td>4 months (minimum)</td>
</tr>
<tr>
<td>The Society of Medical Officers of Health</td>
<td>-</td>
</tr>
<tr>
<td>The Scottish Branch of Society of Medical Officers of Health</td>
<td>8-10 weeks</td>
</tr>
<tr>
<td>The London County Council</td>
<td>-</td>
</tr>
<tr>
<td>The Scottish Counties and Cities Association</td>
<td>3 months</td>
</tr>
<tr>
<td>The Association of County Councils in Scotland</td>
<td>10-12 weeks</td>
</tr>
<tr>
<td>County Councils Association</td>
<td>3 months</td>
</tr>
<tr>
<td>The Association of Hospital Matrons</td>
<td>2 months</td>
</tr>
<tr>
<td></td>
<td>2-3 months</td>
</tr>
</tbody>
</table>

**NB**
- Considered it might be possible to curtail training when effect of new general nurse training syllabus known
- The Ranyard Nurse training was 4 months and this organisation was therefore proposing an extension for state registered nurses without additional qualifications or experience
- Would prefer 6 months if sufficient womenpower available
- No comment

Table compiled from data contained in Armer Report 1955:Appendix II

(Source: Gibson 1981:67)
Appendix 2.3

Members of the Advisory Committee on District Nurse Training established in June 1957

<table>
<thead>
<tr>
<th>Name</th>
<th>Qualification</th>
<th>Representing</th>
</tr>
</thead>
<tbody>
<tr>
<td>D H Ingall Esq (Chairman)</td>
<td>DSc, FRIC, FInstE, Hon MIHVE</td>
<td>-</td>
</tr>
<tr>
<td>Mrs Dorothy F Egan</td>
<td>MRCS, LRCP, DPH</td>
<td>LCC</td>
</tr>
<tr>
<td>A Elliot Esq</td>
<td>MD, DPH</td>
<td>CCA</td>
</tr>
<tr>
<td>Miss Mary Esslemont</td>
<td>CBE, LLD, MA, BSc, MB, ChB, DPH</td>
<td>BMA</td>
</tr>
<tr>
<td>F L Freeman Esq</td>
<td>CBE, MA</td>
<td>AMC</td>
</tr>
<tr>
<td>Miss E Jackson</td>
<td>OBE, SRN, RSCN, SCM, HVCert</td>
<td>MOH</td>
</tr>
<tr>
<td>Miss V M King</td>
<td>SRN, SCM, HVCert, QN</td>
<td>CCA</td>
</tr>
<tr>
<td>Miss I H Morris</td>
<td>SRN, SCM, HVCert, QN</td>
<td>AMC</td>
</tr>
<tr>
<td>C W W Read Esq</td>
<td>PhD, BSc, AInstP</td>
<td>CCA</td>
</tr>
<tr>
<td>Prof A B Semple</td>
<td>VRD, MD, DPH</td>
<td>AMC</td>
</tr>
<tr>
<td>Miss E M Wearn</td>
<td>SRN, SCM, HVCert, QN</td>
<td>RCN</td>
</tr>
<tr>
<td>Miss Dora Williams</td>
<td>SRN, SCM, MTD, HVCert, QN</td>
<td>QIDN</td>
</tr>
</tbody>
</table>

Key: AMC - Association of Municipal Corporations
     BMA - British Medical Association
     CCA - County Councils Association
     LCC - London County Council
     MOH - Ministry of Health
     QIDN - Queen's Institute of District Nursing
     RCN - Royal College of Nursing

Source: Ingall Report 1955:2 and Minutes of Advisory Committee on the Training of District Nurses 10.11.57/1 and 28.11.57/2
Appendix 2.4

Report of the Advisory Committee on the Training of District Nurses

Summary of Main Conclusions and Recommendations of the Report of the Advisory Committee in District Nurse Training

1. We recommend the adoption of the four-months' model district nurse training syllabus which we have designed to meet the needs of general state registered nurses who take up district nursing (Paragraphs 4, 7, 8 and 11).

2. The syllabus is divided into two parts, viz. (1) health, welfare and social services and (2) nursing in the home (Paragraph 9).

3. The syllabus of training is intended to provide for the teaching of essential principles and serve as a foundation for the nurse's subsequent work in the field (Paragraph 10).

4. The importance of demonstrations and visual aids being used with lectures wherever possible is emphasised: visits should be arranged to clinics and centres catering for special types of patients and illnesses (Paragraphs 13 and 14).

5. Experience of work in rural district is desirable (Paragraph 15).

6. One study day a week or an equivalent total period of time in a block system is recommended (Paragraph 16).

7. Both the practical and theoretical training should be capable of adaptation to meet the needs of the individual nurse (Paragraph 17).

8. The student should be introduced to nursing on the district as early as possible in her training (Paragraphs 18 and 20).

9. A reduction in the period of training for nurses with special experience is recommended (Paragraph 19).

10. Local health authorities and other bodies who wish to organize schemes of training should submit their proposals to the Minister with the names and qualifications of persons who will be responsible for directing the training and a description of the training premises and facilities (Paragraphs 21 and 22).

11. The formation of a Panel of Assessors is recommended (Paragraphs 23 and 24).

12. Periodical visits by the Minister's Public Health Nursing Officers would ensure the maintenance of a proper standard of training (Paragraph 25).

13. We recognize that the examination is of secondary importance to the course itself, but a method of assessment is essential (Paragraph 26).

14. The course should include a written and a practical examination and all candidates should take the whole examination (Paragraph 27).
15. Our scheme provides for internal examinations, externally assessed, and for a maximum of three examinations a year (Paragraphs 28 and 19).

16. Each training authority should submit to the Minister the names of two or three competent persons prepared to act as examiners (Paragraph 30).

17. We recommend the formation of a Panel of Examiners from which the training authority would invite one or more examiners to assist with each examination (Paragraph 31).

18. The written examination should consist of one paper divided into two parts to cover the two parts of the syllabus (Paragraph 32).

19. The training authority should be responsible for holding the examination but the draft paper should be submitted beforehand for the Minister's approval (Paragraph 33).

20. A certain number of the candidates' marked scripts should be called for by the Minister for final assessment (Paragraph 34).

21. The practical examination should cover a normal half day's district work (Paragraph 35).

22. Interim reports on the students' progress during training should be made available to the Panel of Assessors (Paragraph 37).

23. The assessment of the marking of a certain number of candidates' scripts by the Panel of Assessors would ensure that all nurses who pass the examination have a uniform qualification (Paragraph 38).

24. The examination Pass List would be determined from the marks of the written and practical examinations (Paragraph 39).

25. Each candidate should be required to obtain 40 per cent. marks in each section of the written examination and also in the practical examination with a final average of not less than 50 per cent. (Paragraph 40).

26. Each successful candidate should be awarded a certificate (Paragraph 41).

27. Every candidate should have an identical certificate (Paragraph 42).

28. All nurses who pass the examination would have equivalent status and there should be no reference to the place of training or examination on the certificate (Paragraph 43).

29. Each training school should be given a code number which should be inserted on the certificate with the candidate's own number and the year of examination (Paragraph 44).

30. Each certificate should be signed by the Chairman of this Committee, the Minister's Chief Nursing Officer and a nursing officer of the training authority (Paragraph 45).

31. The Minister should keep a list of the names of successful candidates (Paragraph 46).

Source: Ingall Report (1959:5-9)
### Appendix 2.5

**Training of District Nurses:**
*Report of the Advisory Committee: Appendix A*

**Syllabus to prepare nurses for the nursing of the sick in their own home**

#### Part (1) Health, Welfare and Social Services

<table>
<thead>
<tr>
<th>Lectures</th>
<th>Lecturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Medical Officer of Health of Local Health Authority.</td>
</tr>
<tr>
<td>3</td>
<td>Superintendent Health Visitor or Health Visitor Tutor.</td>
</tr>
</tbody>
</table>

**(a)** Outline of Central and Local Government with special reference to the National Health Service.

**(b)** Services provided by Local Health Authorities...
- Care of mothers and young children; health visiting; ambulance services; care and after-care services; domestic help service; care of children during illness of mother; provision of loan equipment.
- Welfare and Social Services...
  - (i) National Insurance and National Assistance.
  - (ii) Welfare Services, including residential care of the Aged.
  - (iii) Voluntary Organisations such as British Red Cross Society and St. John Ambulance Brigade; national and local Old People's Welfare Committees; Women's Voluntary Services; Meals on Wheels and Clubs.

**(d)** Other Local Authority Services...
- Public Health Inspector; School Health Service; work of Children's Officer.

**(e)** Responsibilities in relation to:—
- (i) Records and record keeping;
- (ii) General practitioners and hospitals.

<table>
<thead>
<tr>
<th>Lectures</th>
<th>Lecturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Medical Officer of Health of Local Health Authority.</td>
</tr>
<tr>
<td>2</td>
<td>(i) Superintendent of District Nursing Service.</td>
</tr>
<tr>
<td></td>
<td>(ii) General practitioner.</td>
</tr>
</tbody>
</table>
PART (2) NURSING IN THE HOME

(a) Responsibilities to Patient and Family
   - The nurse’s approach to the family; the effect on the family of acute and chronic illnesses; techniques; use of household equipment; the teaching of home care to relatives.

(b) General Principles
   (i) District organisation. Planning the day’s work; priorities, use of other services.
   (ii) Barrier nursing of common infectious diseases. Preventive measures; immunisation and vaccination procedures.
   (iii) Nursing of sick children. Modern trends, regression during illness; social place of mother; importance of play.
   (iv) Chronic and progressive illnesses. Relief of pain; helping patients to live with their disabilities; creation of interests; adaptations and aids for the disabled.

(c) Posture and Lifting
   Lecture and demonstration.

(d) Drugs
   - Ethical and legal considerations; supply and storage. Drugs in common use.

(e) Nutrition, family budgeting and food storage
   Lecture and demonstration.

(f) Prevention of accidents in the home
   - Prevention of disability; incontinence, senility; diet; loneliness; keeping the aged at home; use of other social and voluntary services.

(g) Special Diseases
   (i) Cancer.
   (ii) Tuberculosis.
   (iii) Diabetes.
   (iv) Diseases of the Central Nervous System.
   (v) Cardiac disease.
   (vi) Common skin diseases, asthma and other allergic manifestations.
   (vii) Mental Deficiency and Mental Illness (2 lectures).

(h) Maternity nursing including cases of abortion

(i) Care of the Aged
   - Prevention of disability; incontinence, senility; diet; loneliness; keeping the aged at home; use of other social and voluntary services.

Lectures     Lecturer

1 Superintendant of District Nursing Service.

4 (i) and (ii) Superintendant of District Nursing Service.
   (iii) Paediatrician.
   (iv) Physician.

1 Superintendant of District Nursing Service.

2 Physician and General practitioner.

1 Superintendant of District Nursing Service or specialist lecturer.

1 Superintendant Health Visitor or specialist lecturer.

8 Physician or Surgeon, as appropriate.

1 Supervisor of Midwives.

3 Superintendant of District Nursing Service (2) Geriatrician (1).
Appendix 2.6

Training of District Nurses Report of the Advisory Committee 1959: Appendix B
Examination Procedure

Type of Examination
Internal, externally assessed

Scope of Examination
(i) Written paper, divided into two two parts to cover the two parts of the Syllabus. The candidates will be expected to answer two questions out of three in the first part and four questions out of five in the second part. There should be no compulsory questions and the candidate must be successful in both parts of the paper. Three hours should be allowed for the written examination.

(ii) Practical Examination

Number of Examinations
One to three per annum to be held in each of three fixed weeks for the written examination, the dates to be appropriate to allow for a maximum of three training courses each year.

Examiners
Each training authority will submit to the Minister the names of two or three competent persons prepared to act as Examiners. From these submissions, the Minister will compile a Panel of Examiners, from which the training authority will invite one or more examiners to assist with each examination.

Written Examination
The procedure will be as follows:
(1) By a given date (about five weeks before the date of the examination) the training authority will submit its draft examination paper to the Minister who will either approve the paper or if necessary, amend it, to ensure that the nationally recognized standard is achieved. The paper as finally approved will be returned to the training authority who will be responsible for holding the examination.

(2) When the examination has been held, the candidates' scripts, which should be numbered, should be marked by the training authority's examiners, after which a certain number will be called for by the Minister for final assessment.

Practical Examination
The practical examination will cover a normal half day's district work, including where possible a visit to a completely new patient.

Source: Ingall Report 1959:13
To Local Health Authorities (England)

Sir,

National Health Service
Training of District Nurses

1. I am directed by the Minister of Health to refer to Circular 3/57 dated 9th July, 1957, and to inform you that he has now received from the Advisory Committee on the Training of District Nurses a report embodying the Committee's advice on the preparation of schemes of district nurse training, on the procedure for securing approval of such schemes, and on the conduct of examinations.

2. The Report has been published and a copy is enclosed. Further copies may be obtained from H.M. Stationery Office, price 1/-.

The Minister has accepted the Committee's recommendations, and in accordance with paragraph 23 of the Report, is appointing a panel of assessors to advise him on individual schemes submitted for his approval.

3. Local health authorities who wish to set up their own training schemes on the lines recommended in the Report should submit their proposals to the Minister for approval and registration, together with the names and qualifications (a) of the persons who will be responsible for directing the course of training, and (b) of competent persons who are prepared to act as examiners (see paragraphs 22 and 30 of the Report). Forms for the purpose of making application for the approval of schemes will be supplied on request.

4. The approval and registration of training schemes carried out, by local health authorities or by district nursing associations, under the auspices of the Queen's Institute of District Nursing or the Ranyard Nurses will be considered on the application of the Institute or the Ranyard Nurses, as the case may be. Local health authorities concerned with such schemes need not, therefore, make separate applications for approval.

5. A copy of this circular, and of the Report, has been sent to the Medical Officer of Health.

I am, Sir,
Your obedient Servant,

Circular 15/59
MINISTRY OF HEALTH,
SAVILE ROW,
LONDON, W.1.
2nd June, 1959.

837
14/5/9/S
## APPENDIX 3.1

### Membership of Panel of Assessors for District Nurse Training 1959-1979

<table>
<thead>
<tr>
<th>NAME</th>
<th>DESIGNATION</th>
<th>No &amp; Date of first Meeting</th>
<th>Attended as Recorded in the Minutes</th>
<th>No &amp; Date of last Meeting</th>
<th>Attended as Recorded in the Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr D H Ingall</td>
<td>Engineer</td>
<td>2 08.12.59</td>
<td>46 11.01.67</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr T B Bryant</td>
<td>Medical Practitioner</td>
<td>2 08.12.59</td>
<td>48 09.03.67</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr F D Egan</td>
<td>Medical Officer of Health with GCC (replaced by GLC 1965)</td>
<td>2 08.12.59</td>
<td>52 27.09.67</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr F L Freeman</td>
<td>Hospital Administrator/Secretary, Birmingham</td>
<td>2 08.12.59</td>
<td>43 20.07.67</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miss E Jackson</td>
<td>Public Health Nursing Officer, Ministry of Health</td>
<td>2 08.12.59</td>
<td>46 11.01.67</td>
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</tr>
<tr>
<td>Miss J M Meen</td>
<td>Superintendent, Leytonstone District Nursing Association</td>
<td>3 26.01.60</td>
<td>54 07.02.68</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miss D Williams</td>
<td>Supervisor of District Nurses and District Midwives, Plymouth</td>
<td>2 08.12.59</td>
<td>81 19.02.72</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr J S Robson</td>
<td>Secretary of Schools Broadcasting for UK (previously Director of Education, City of Norwich)</td>
<td>48 09.03.67</td>
<td>122 25.04.79</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr J Leiper</td>
<td>County Medical Officer, Cumberland</td>
<td>48 09.03.67</td>
<td>107 19.01.77</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miss J McTrusty</td>
<td>Principal Nursing Officer, Berkshire County Council</td>
<td>48 09.03.67</td>
<td>63 22.11.72</td>
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<td></td>
</tr>
<tr>
<td>Dr J S Norrell</td>
<td>General Medical Practitioner, London</td>
<td>48 09.03.67</td>
<td>61 12.03.68</td>
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<td></td>
</tr>
<tr>
<td>Dr J H Heir</td>
<td>Medical Officer of Health, Royal Borough of Kingston and Chelsea</td>
<td>54 07.02.68</td>
<td>68 25.05.70</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr D P M Roberts</td>
<td>General Medical Practitioner, Radnorshire</td>
<td>55 13.03.68</td>
<td>57 17.07.68</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr J McA Taggart</td>
<td>Medical Officer of Health, Belfast</td>
<td>56 22.05.68</td>
<td>117 04.07.78</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miss R N Lovett</td>
<td>Lecturer in District Nursing, Municipal College of Commerce and then Newcastle-upon-Tyne Polytechnic, Newcastle-upon-Tyne</td>
<td>57 17.07.68</td>
<td>122 25.04.79</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miss H H Conner</td>
<td>Superintendent of the Scottish Branch of the Queen's Nursing Institute, Edinburgh</td>
<td>58 25.09.68</td>
<td>67 11.03.70</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr A Elliott</td>
<td>General Medical Practitioner, Essex</td>
<td>64 24.09.69</td>
<td>120 08.11.78</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr J H Gwenn</td>
<td>General Medical Practitioner, Pencaer, Glamorgan</td>
<td>64 24.09.69</td>
<td>122 25.04.79</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miss M D Wadley</td>
<td>Chief Nursing Officer, Lanarkshire County Council</td>
<td>66 27.05.70</td>
<td>86 06.03.73</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mrs H P Snars</td>
<td>Principal Nursing Officer, Surrey County Council</td>
<td>72 10.02.71</td>
<td>79 22.03.72</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr P W Wright</td>
<td>Area Medical Officer, Redbridge &amp; Waltham Forest Area Health Authority</td>
<td>74 06.02.71</td>
<td>122 25.04.79</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miss D Jones</td>
<td>Principal Nursing Officer, Surrey County Council</td>
<td>81 19.07.72</td>
<td>89 21.11.73</td>
<td></td>
<td></td>
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<tr>
<td>Miss P White</td>
<td>Senior Nursing Officer, Devon Health Authority</td>
<td>83 22.11.72</td>
<td>101 19.11.75</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miss B M Dobbin</td>
<td>Principal Community Nurse Tutor, Birmingham</td>
<td>85 21.03.73</td>
<td>122 25.04.79</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miss E J Heslen</td>
<td>Divisional Nursing Officer, Berkshire Health Authority</td>
<td>91 20.03.74</td>
<td>122 25.04.79</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miss R N Brooks</td>
<td>Senior Lecturer, Glasgow College of Technology</td>
<td>91 20.03.74</td>
<td>122 25.04.79</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miss M E Nisbet</td>
<td>Area Nursing Officer, Buckinghamshire Area Health Authority</td>
<td>104 09.06.76</td>
<td>122 25.04.79</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mrs M Danah</td>
<td>Senior Community Nurse Tutor, Leicestershire Health Authority</td>
<td>111 14.09.77</td>
<td>122 25.04.79</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miss E M Welsh</td>
<td>Director of Nursing and Midwives</td>
<td>115 26.04.78</td>
<td>115 26.04.78</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Key:
- * Held office as Chairman 1959 - 1967
- # Held office as Chairman 1967 - 1979
- May have attended first meeting but no Minutes available - Apart from Dr Bryant all members * were members of the original Advisory Committee on District Nurse Training.

NB Since the precise dates of all member's appointment and resignation are not known, the details of each member's first and last meeting is supplied.
## APPENDIX 3.2

### Membership of Reconstituted Panel of Assessors for District Nurse Training 1979-1983

<table>
<thead>
<tr>
<th>NAME</th>
<th>DESIGNATION</th>
<th>No &amp; Date of first Meeting Attended as Recorded in the Minutes</th>
<th>No &amp; Date of last Meeting Attended as Recorded in the Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr J S Robson, OBE</td>
<td>Chairman</td>
<td>1 04.07.79</td>
<td>25 22.06.83</td>
</tr>
<tr>
<td>Miss R M Brooks</td>
<td>Senior Lecturer, District Nursing</td>
<td>1 04.07.79</td>
<td>1 04.07.79</td>
</tr>
<tr>
<td>Mr A Carr</td>
<td>Area Nursing Officer</td>
<td>2 12.09.79</td>
<td>25 22.06.83</td>
</tr>
<tr>
<td>Mrs M Davenport</td>
<td>Senior Community Nurse Tutor</td>
<td>1 04.07.79</td>
<td>25 22.06.83</td>
</tr>
<tr>
<td>Dr H W S Francis</td>
<td>Area Medical Officer</td>
<td>1 04.07.79</td>
<td>25 22.06.83</td>
</tr>
<tr>
<td>Miss S J Gibson</td>
<td>Lecturer in Adult Education (Health Studies)</td>
<td>1 04.07.79</td>
<td>25 22.06.83</td>
</tr>
<tr>
<td>Dr C Kratz</td>
<td>Lecturer, Author, Journalist</td>
<td>2 19.09.79</td>
<td>25 26.06.83</td>
</tr>
<tr>
<td>Miss M Lester</td>
<td>Senior District Nurse Tutor, Belfast</td>
<td>1 04.07.79</td>
<td>13 01.07.81</td>
</tr>
<tr>
<td>Miss H M McHattie</td>
<td>Divisional Nursing Officer, Dundee</td>
<td>2 12.09.79</td>
<td>17 09.02.82</td>
</tr>
<tr>
<td>Miss E B McKerrow</td>
<td>Senior Lecturer in District Nursing</td>
<td>2 12.09.79</td>
<td>25 22.06.83</td>
</tr>
<tr>
<td>Mr A R Mills</td>
<td>Divisional Nursing Officer, Croydon AHA</td>
<td>1 04.07.79</td>
<td>25 22.06.83</td>
</tr>
<tr>
<td>Dr J Oven</td>
<td>General Medical Practitioner</td>
<td>1 04.07.79</td>
<td>25 22.06.83</td>
</tr>
<tr>
<td>Dr J F Richardson</td>
<td>Principal</td>
<td>2 12.09.79</td>
<td>25 22.06.83</td>
</tr>
<tr>
<td>Miss B M Robottom</td>
<td>Lecturer in Nursing, University of Manchester</td>
<td>1 04.07.79</td>
<td>13 01.07.81</td>
</tr>
<tr>
<td>Mrs B E Tofield</td>
<td>Practical Work Teacher, Basingstoke</td>
<td>1 04.07.79</td>
<td>15 04.11.81</td>
</tr>
<tr>
<td>Miss N I P Whatley, CBE</td>
<td>Area Nurse (Child Health) Gwent AHA</td>
<td>2 12.09.79</td>
<td>25 22.06.83</td>
</tr>
<tr>
<td>Miss F Shaw</td>
<td>District Nurse Tutor</td>
<td>9 02.07.80</td>
<td>24 27.04.83</td>
</tr>
<tr>
<td>Miss I Kane</td>
<td>Assistant Chief Administrative Nursing Officer</td>
<td>14 09.09.81</td>
<td>25 22.06.83</td>
</tr>
<tr>
<td>Miss H Nelson</td>
<td>Senior District Nurse Tutor, Ulster Polytechnic</td>
<td>14 09.09.81</td>
<td>25 22.06.83</td>
</tr>
<tr>
<td>Dr P H M Prichard</td>
<td>General Medical Practitioner (retired), Oxford</td>
<td>14 09.09.81</td>
<td>25 22.06.83</td>
</tr>
<tr>
<td>Mrs W M Wells</td>
<td>Senior Community Nurse Tutor, Stratford-upon-Avon</td>
<td>14 09.09.81</td>
<td>25 22.06.83</td>
</tr>
<tr>
<td>Prof J H Barber</td>
<td>Department of General Practice</td>
<td>15 04.11.81</td>
<td>15 04.11.81</td>
</tr>
<tr>
<td>Miss M E G Dancer</td>
<td>Principal, Community Nurse Training School</td>
<td>15 04.11.81</td>
<td>25 22.06.83</td>
</tr>
<tr>
<td>Mrs M K Hes</td>
<td>Practical Work Teacher, Dover</td>
<td>15 04.11.81</td>
<td>25 22.06.83</td>
</tr>
<tr>
<td>Mr S G Townend</td>
<td>Senior Lecturer in Psychology</td>
<td>21 10.11.82</td>
<td>25 22.06.83</td>
</tr>
<tr>
<td>Miss M E Young</td>
<td>Divisional Nursing Officer</td>
<td>21 10.11.82</td>
<td>25 22.06.83</td>
</tr>
</tbody>
</table>

**NB** Since the precise dates of all member's appointment and resignation are not known, the details of each member's first and last meeting is supplied.
APPENDIX 3.3

The Numbers of NDN, NDN(E), PWT and DNT Certificates issued by the Panel of Assessors for District Nurse Training between 1968 - 1983

<table>
<thead>
<tr>
<th>Year</th>
<th>NDN Certificate</th>
<th>NDN Enrolled Certificate</th>
<th>District Nurse Tutor Certificate</th>
<th>PWT Certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1968</td>
<td>849#</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1969</td>
<td>1,024</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1970</td>
<td>1,138</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1971</td>
<td>1,277</td>
<td>406*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1972</td>
<td>1,395</td>
<td>475</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1973</td>
<td>1,585</td>
<td>600</td>
<td>11*</td>
<td></td>
</tr>
<tr>
<td>1974</td>
<td>1,650</td>
<td>699</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>1975</td>
<td>1,557</td>
<td>678</td>
<td>31</td>
<td>417*</td>
</tr>
<tr>
<td>1976</td>
<td>1,637</td>
<td>604</td>
<td>20</td>
<td>428</td>
</tr>
<tr>
<td>1977</td>
<td>1,489</td>
<td>474</td>
<td>24</td>
<td>328</td>
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<td>1978</td>
<td>1,478</td>
<td>552</td>
<td>20</td>
<td>391</td>
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<tr>
<td>1979</td>
<td>1,620</td>
<td>502</td>
<td>17</td>
<td>325</td>
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<tr>
<td>1980</td>
<td>948</td>
<td>647</td>
<td>16</td>
<td>379</td>
</tr>
<tr>
<td>1981</td>
<td>1,885</td>
<td>559</td>
<td>15</td>
<td>293</td>
</tr>
<tr>
<td>1982</td>
<td>1,095</td>
<td>552</td>
<td>15</td>
<td>303</td>
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<tr>
<td>1983 (June)</td>
<td>384</td>
<td>381</td>
<td>19</td>
<td>296</td>
</tr>
<tr>
<td>TOTAL</td>
<td>21,011</td>
<td>7,129</td>
<td>216</td>
<td>3,160</td>
</tr>
</tbody>
</table>

Key:  # Year of Introduction of National Examination Paper
* Year of Commencement of scheme of training
+ Year when District Nurse Tutors’ Roll was opened

NB The figures in Appendix 3.3 for the period 1969 - 1983 were supplied by Miss Robottom (1987:Letter to Miss Gibson dated 10th April) and the source for 1968 was the DHSS 1969:61 Annual Report for 1968
Appendix 3.4

Details of holders of office of Secretary to Panel of Assessors for District Nurse Training 1959 - 1981

<table>
<thead>
<tr>
<th>No</th>
<th>Name</th>
<th>First Panel Meeting:</th>
<th>Last Panel Meeting:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>Date</td>
</tr>
<tr>
<td>1</td>
<td>Miss E M Reeve</td>
<td>1</td>
<td>09.10.59</td>
</tr>
<tr>
<td>2</td>
<td>Miss J A McFarlane</td>
<td>35</td>
<td>17.03.65</td>
</tr>
<tr>
<td>3</td>
<td>Mr L G Weir</td>
<td>54</td>
<td>07.02.68</td>
</tr>
<tr>
<td>4</td>
<td>Mr T W Matthews</td>
<td>68</td>
<td>27.05.70</td>
</tr>
<tr>
<td>5</td>
<td>Mr L W Godfrey</td>
<td>116</td>
<td>24.05.78</td>
</tr>
<tr>
<td>6</td>
<td>Miss D K Simpson</td>
<td>NP12</td>
<td>28.04.81</td>
</tr>
</tbody>
</table>

NB Precise dates of appointment and departure not known in all instances, therefore first and last date of attendance at Panel Meeting given for the sake of consistency
### APPENDIX 3.5

**Dates of Panel of Assessor for District Nurse Training Meetings**

1959 - 1983

<table>
<thead>
<tr>
<th>Date</th>
<th>Code</th>
<th>Panel Count</th>
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<tbody>
<tr>
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<td>2 08.12.59</td>
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<td>21.03.73</td>
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<td>5 08.06.60</td>
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<td>6 19.07.60</td>
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<tr>
<td>7 29.11.60</td>
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<td>30.04.80</td>
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<td>05.06.74</td>
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<td>10 25.05.61</td>
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<td>11 19.07.61</td>
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<tr>
<td>40 16.03.66</td>
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</table>

**Key:**

+ Minutes taken but missing

* No Minutes taken - meeting focussed solely on Examinations

# Minutes taken - meeting focussed solely on Examinations

842
Appendix 3.6

Membership of the Panel of Assessors for District Nurse Training and its Committees in 1981

PANEL OF ASSESSORS

Mr J S Robson OBE, MA
Chairman

Professor J H Barber MD, FRCGP, MRCP(G), DRCOG
Professor of General Practice
University of Glasgow

Mr A J Carr SRN, NDN, QN, FHA, FRSH, FBIM
Area Nursing Officer
Newcastle AHA

Mrs M Damant SRN, CMB Part 1, HV, QIDN, HV Tut
Cert, DNT Soc Studies Cert
Senior Community Nurse Tutor
Leicester

Miss M E G Dancer MSc, SRN, SCM, HV, NDN, HV Tut
Cert, DNT
Principal
Community Nurse Training School
Knowle Hospital
Fareham

Dr H W S Francis MA, MB, BChir, FFCM
Area Medical Officer
Camden & Islington AHA

Miss S J Gibson MSc, SRN, SCM, NDN, HV, DNT, HV
Tut Cert, RNT
Lecturer in Adult Education
University of Surrey

Miss I Kane SRN, SCM, HV
Assistant Chief Administrative Nursing Officer
Southern Health and Social Services Board
Co Armagh, Northern Ireland

Dr C R Kratz PhD, BSc(Soc), SRN, SCM, QN, HV,
RNT, DNT
Lecturer, Author and Journalist

Miss M H McHattie RGN, SCM, QN, HV
Divisional Nursing Officer
Tayside Health Board
Miss E B McKerrow
SRN, RSCN, NDN, HV, DNT, HV Tut Cert
Senior Lecturer in District Nursing
Bolton College of Education (Technical)

Mrs M K Mee
SRN, NDN, PWT
Practical Work Teacher
Dover

Mr A R Mills
BEM, SRN, QN Dip Soc Studies, MRIPHH
Divisional Nursing Officer
Croydon District Nursing Service

Miss M Nelson
SRN, SCM, QN, HV, RNT
Senior District Nurse Tutor
Ulster Polytechnic

Dr J H Owen
MB, BS, MRCS, LRCP, FRCGP
General Practitioner
South Wales

Dr P M M Pritchard
MB, FRCGP, DCH
General Practitioner (Retired)
Oxford

Dr J F Richardson
BA, PhD, F Inst P FBIM
Principal
Mid Kent College of Higher and Further Education

Miss F Swann
BA, SRN, NDN, SCM, HV, DNT
District Nurse Tutor
Bell College of Technology

Mrs W M Wells
SRN, NDN, CHNT, RNT
Senior Community Nurse Tutor
Stratford-upon-Avon

Miss N I P Whatley
OBE, SRN, SCM, HV, QN
Area Nurse (Child Health)
Gwent AHA

FINANCE AND GENERAL PURPOSES COMMITTEE

Mr J S Robson
Chairman
OBE, MA

DR H W S Francis
MA, MB Chir, FFCM
Area Medical Officer
Camden and Islington AHA
<table>
<thead>
<tr>
<th>Name</th>
<th>Qualifications and Positions</th>
</tr>
</thead>
</table>
| Mr A R Mills         | BEM, SRN, QN Dip Soc Studies, MRIPHH  
Divisional Nursing Officer  
Croydon District Nursing Services |
| Dr J F Richardson    | BA, PhD, F Inst P, FBIM  
Principal  
Mid Kent College of Higher and Further Education |
| Dr C R Kratz         | PhD, BSc(Soc), SRN, SCM, QN, HV, RNT, DNT  
Lecturer, Author and Journalist |
| Mr A J Carr          | SRN, NDN, QN, FHA, FRSH, FBIM  
Area Nursing Officer  
Newcastle AHA |
| *Miss J Challinor    | BEd, SRN, SCM, HV Cert  
Head of Department of Health Studies  
Sheffield City Polytechnic |
| *Mrs M R Frater      | SRN, QN, NDN, CHNT, RNT, DNT, FET  
Senior Community Tutor  
Mid Glamorgan Health Authority |
| Miss S J Gibson      | MSc, SRN, SCM, NDN, HV, DNT, HV Tut Cert, RNT  
Lecturer in Adult Education  
University of Surrey |
| *Miss C T Heymann    | SRN, SCM, HV, QN, NDN, DNT  
Senior Community Tutor  
Hertfordshire AHA |
| Miss M H McHattie    | RGN, SCM, QN, HV  
Divisional Nursing Officer  
Tayside Health Board |
| Miss E B McKerrow    | SRN, RSCN, NDN, HV, DNT, HV Tut Cert  
Senior Lecturer in District Nursing  
Bolton College of Education (Technical) |
| Dr J H Owen          | MB, BS, MRCS, LRCP, FRCGP  
General Practitioner  
Porthcawl, South Wales |
**Mrs J E Spicer**
SRN, SCM, NDN, MTD, CHNT, DNT
Senior Lecturer in District Nursing
West London Institute of Higher Education

**Mrs L Staddon**
SRN, RMN, NDN, PWT
Practical Work Teacher
Leicester

**Mrs W M Wells**
SRN, NDN, CHNT, RNT
Senior Community Nurse Tutor
Stratford-upon-Avon

**CO-OPTED MEMBER**

**Dr B Salter**
Senior Research Officer
Panel of Assessors

**EXAMINATIONS SUB-COMMITTEE**

**Miss S J Gibson**
Chairman
MSC, SRN, SCM, QN, HV, CHNT, RNT, DNT
Lecturer in Adult Education
University of Surrey

***Mrs C P Bowler***
SRN, NDN, DNT
District Nurse Tutor
Bradford College

***Mrs V M Clarke***
SRN, QN, CHNT
Senior Community Nurse Tutor
Brighton Polytechnic

***Miss C T Heymann***
SRN, SCM, HV, QN, NDN, DNT
Senior Community Tutor
Hertfordshire AHA

***Mrs M V Holloway***
SRN, NDN, CHNT, DNT
Divisional Nursing Officer
Merton/Sutton/Wandsworth AHA

***Dr P Jarvis***
BD, BA(Econ), M Soc Sc,
Lecturer in Adult Education
University of Surrey

***Dr P M M Pritchard***
MB, FRCGP, DCH
General Practitioner (retired), Oxford

***Mr G W Reid***
SRN, NDN, DNT
Senior Lecturer in District Nursing
Glasgow College of Technology
*Miss B Richell SRN, NDN, DNT, CHNT
Senior Community Tutor
Derby

*Mr G C Rumbold SRN, NDN, RNT, CHNT, DNT
District Nurse Tutor
Nene College, Northampton

*Mrs P D Stroud RGN, SCM, HV Tut Cert
Senior Community Tutor
Foresterhill College, Aberdeen

Key:- * Non-Panel Members

Source: Panel Bulletin No 19 January 1982
Appendix 3.7

Venues for Panel of Assessors for District Nurse Training Meetings 1959-1983

<table>
<thead>
<tr>
<th>Venue</th>
<th>For meetings held during period -</th>
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<tbody>
<tr>
<td>1 Ministry of Health, Chesham House, Regent Street, London W1</td>
<td>09.10.59 - 26.09.62</td>
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<tr>
<td>2a Ministry of Health Alexander Fleming House Elephant &amp; Castle, London SE1</td>
<td>28.11.62 - 25.09.68</td>
</tr>
<tr>
<td>2b Department of Health &amp; Social Security, Alexander Fleming House, Elephant &amp; Castle, London SE1</td>
<td>27.11.68 - 11.02.76</td>
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<tr>
<td>3 Department of Health &amp; Social Security, Hannibal House Elephant &amp; Castle, London SE1 6TE</td>
<td>17.03.77 - 09.09.81</td>
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<tr>
<td>4a Panel of Assessors for District Nurse Training, Clifton House 83-117 Euston Road London NW1 2RS</td>
<td>04.10.81 - 10.11.82</td>
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<tr>
<td>4b *Queen's Nursing Institute 57 Lower Belgrave Street London SW1</td>
<td>12.01.83</td>
</tr>
<tr>
<td>5a Panel of Assessors for District Nurse Training, Victory House 170 Tottenham Court Road London W1P 0HA</td>
<td>16.03.83 - 27.04.83</td>
</tr>
<tr>
<td>5b *Queen's Nursing Institute 57 Lower Belgrave Street London SW1</td>
<td>22.06.83</td>
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</table>

Key:- *Meetings held at Queen's Institute because they could not be accommodated by PADNT in shared Committee room accommodation
APPENDIX 4.1

LETTER NO.1 (FOR TRAINING AREAS)

Queen's Institute of District Nursing

TELEPHONE : SLOANE 0295 (4 LINES)
TELEGRAMS : "TALENTED KNIGHTS, LONDON"

57 LOWER BELGRAVIA STREET.
LONDON, S.W.1.

7th April, 1960.

To Training Areas:

Medical Officers of Health  ) Member Local
Superintendents  ) Health Authorities.

Honorary Secretaries/Secretaries  ) Affiliated Nursing
Superintendents  ) Associations.

District Nurse Training

Further to my letter of 22nd February, I am pleased to tell you that the Minister of Health has now confirmed approval of the Institute's training schemes for a four months course and for a six months course (reduced to three and four months respectively for S.R.N.s. with certain additional qualifications or experience).

I am enclosing herewith the two printed syllabuses, together with their appropriate Notes. Additional copies are available on request.

The main difference between these syllabuses and the syllabus of November 1956 is the addition of the following as separate lectures: Chronic bronchitis and other chest conditions; Diseases of the central nervous system; Common skin diseases and allergic conditions; Custody of drugs - ethical and legal considerations. A number of subjects such as Environmental hygiene, Health education in the home, Physiotherapy, and Posture and lifting, have been omitted as separate lectures and will be incorporated in lectures on allied subjects in tutorials or in demonstrations.

The six months course covers the syllabus of the four months course with six additional lectures. Students taking this course will also have additional tutorials, discussions and observation visits, and the remaining time will allow for extended practical experience, particularly in the management of the student's own district.

All centres training under the auspices of the Institute are required to adopt either the six months or the four months course.

For those adopting the four months course, the Institute has been informed that the Council of Assessors will require strict adherence to the 32 lectures as laid down in the syllabus enclosed. If it is felt that extra tuition is required in certain subjects this may be covered by tutorials according to the individual needs of the student.

The Minister has agreed to register provisionally all centres at present training under the auspices of the Institute on the understanding that the Institute will satisfy itself that the
Minister's requirements are met. Inspection of individual training centres by the Minister's Public Health Nursing Officers may take place at a later date.

All training centres who have not already done so should therefore submit details of their training schemes to the Institute as soon as possible so that they may be examined to see that they comply with the requirements both of the Minister and of the Institute, and so that appropriate information may be forwarded to the Ministry. The details should include:

1) Name of training centre.
2) Duration of the Course to be adopted (i.e. 4 or 6 months).
3) Date on which the Course is to begin.
4) Number of student places offered per course (it is essential that there shall be a minimum of six students at each lecture course).
5) Number of courses per year.
6) List of proposed observation visits.
7) List of teaching staff and the number of Queen's Nurses available to help with the practical training.
8) Schedule of lectures and designation of lecturers.

JOAN ANSLOW.
General Secretary.

Encl.
APPENDIX 4.2

Syllabus of the Six Months Course of District Nurse Training issued by Queen's Institute of District Nursing and approved by the Minister of Health - March 1960

SYLLABUS

PRACTICAL TRAINING

Great importance is attached to practical training. The student is given a gradual introduction to the nursing of patients in their own homes by experienced district nurses. Supervision is reduced until the student is able to take full responsibility for the management of a district.

The practical training will be related to the needs of the student, who will work with an assistant superintendent or senior district nurse on the district for two to three days before undertaking the care of a limited number of patients. During training, patients will be selected so that the student meets as wide a variety of cases and social conditions as possible.

Instruction will be given both in the classroom and on the district on:

- Use and care of bags and equipment: improvisation and use of domestic resources: sterilisation of equipment in patients' homes: adaptation of hospital nursing techniques to the home.
- District Nursing Techniques: adaptation of methods taught in hospital:
  (i) Total nursing care.
  (ii) Injection therapy: sterilisation of syringes and needles: safeguards in administration of antibiotics.
  (iii) Surgical dressings: methods used to achieve asepsis.
  (iv) Pre-operative and pre X-ray preparation.
  (v) Gynaecological treatments: douches, changing of pessaries.
  (vi) Communicable diseases: barrier nursing.
  (vii) Lavage: e.g. gastric, bladder and colonic.
  (viii) Posture and lifting.
- District Management:
  (i) Experience in all aspects of managing a district. Assessment of number and frequency of visits required. When to cease visiting. Recognition of priorities. Practice in planning the order of visits.
  (ii) The need for good human relationships with colleagues and all health, welfare and social workers in the patients' interests.
  (iii) The care of loans and district nursing equipment, cleanliness, storage and renewal.
- Relationship of District Nurse with:
  (i) General practitioners.
  (ii) Medical officers of health and the staff of the health and welfare departments.
  (iii) Hospital staff.
  (iv) Personnel of voluntary organisations.
  (v) Ministers of religion.

The student is encouraged to make contact with the above as the needs of patients arise.

Responsibility of the District Nurse as a Teacher:

(i) To the family:
   The care of the patient between her visits, including nursing care, diet and general hygiene; the prevention of accidents in the home, including the proper use and storage of the patient's drugs; the promotion of positive health as occasion offers.
(ii) To disabled patients in regard to rehabilitation, use of available services, and the acceptance of their own limitations.
(iii) To the home help and other ancillary workers regarding the needs of the patient and family.
(iv) To students who may be sent to her for observation visits during training.

Rural Experience:

Towards the end of training the student will spend a minimum of three whole days in a rural area with a district nurse who also undertakes midwifery and health visiting. In areas where this is not possible, two days will be spent with a district nurse/midwife undertaking combined duties and one day with a whole-time health visitor.
THEORETICAL TRAINING

Part I. Health, Welfare and Social Services

(a) General survey of central and local government: National Health Service Act.

(b) Services provided by local health authority: Health centres: care of mothers and young children (including the unmarried mother and her child); midwifery; health visiting; district nursing; ambulance services; care and after-care; domestic service.

(c) Welfare and social services: National Insurance (including industrial injuries); family allowances; National Assistance; voluntary organisations.

(d) Other local authority services: School health service; work of children's officer: Children's Act; work of public health inspector.

(e) Co-operation of district nurse with: General practitioner and functions of executive councils. Hospitals and hospital staffs and functions of regional hospital boards.

(f) Occupational therapy in the home; its place in rehabilitation.

(g) Occupational health: co-operation between district nurse and occupational health nurse (where possible to arrange visit to a factory).

Part II. Nursing in the Home

(a) General principles:

(i) History of district nursing; responsibilities to patient and family.

(ii) Planning the day's work; teaching the family home care; use of other services; keeping of records.

(iii) Responsibilities of district nurse working in a rural area.

(iv) Nursing of sick children.

(v) Barrier nursing of common infectious diseases; preventive measures; immunization and vaccination procedures.

(vi) Comprehensive nursing and home care for patients with prolonged and terminal illness and the effect on the family; rehabilitation including aids for disabled.

Number of Lectures

<table>
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<tr>
<th>Number of Lectures</th>
<th>Suggested Lecturer</th>
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<tr>
<td>1</td>
<td>Medical Officer of Health.</td>
</tr>
<tr>
<td>3</td>
<td>Medical Officer of Health. Superintendent of District Nursing or Public Health Tutor.</td>
</tr>
<tr>
<td>2</td>
<td>Medical Officer of Health. Superintendent of District Nursing or Public Health Tutor.</td>
</tr>
<tr>
<td>1</td>
<td>Occupational Therapist.</td>
</tr>
<tr>
<td>1</td>
<td>Occupational Health Nurse.</td>
</tr>
<tr>
<td>1</td>
<td>Superintendent or Tutor of District Nursing.</td>
</tr>
<tr>
<td>1</td>
<td>Superintendent or Tutor of District Nursing.</td>
</tr>
<tr>
<td>1</td>
<td>Superintendent or Tutor of District Nursing.</td>
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</tr>
<tr>
<td>2</td>
<td>Superintendent or Tutor of District Nursing.</td>
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</tbody>
</table>

(b) Custody of drugs: ethical and legal considerations.

(c) Nutrition and budgeting: food storage.

(d) Prevention of accidents in the home.

(e) Special Diseases:

Lectures will include mention of new drugs in common use.

(i) Cancer.
(ii) Tuberculosis.
(iii) Chronic bronchitis and other chest conditions.
(iv) Diabetes.
(v) Diseases of central nervous system.
(vi) Cardiac disease.
(vii) Common skin diseases and allergic conditions.
(viii) Mental deficiency and mental illness (including outline of Mental Health Act, 1959. 3 Lectures).

(f) Maternity nursing including abortion.

Number of Lectures

<table>
<thead>
<tr>
<th>Number of Lectures</th>
<th>Suggested Lecturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>General Practitioner or Physician.</td>
</tr>
<tr>
<td>1</td>
<td>Superintendent of District Nursing, or Public Health Tutor or Dietitian.</td>
</tr>
<tr>
<td>1</td>
<td>Specialist Lecturer or Public Health Tutor.</td>
</tr>
<tr>
<td>10</td>
<td>Physician, Surgeon or Psychiatrist.</td>
</tr>
<tr>
<td>1</td>
<td>Midwifery Tutor, or Supervisor of Midwives.</td>
</tr>
<tr>
<td>1</td>
<td>Paediatrician.</td>
</tr>
<tr>
<td>3</td>
<td>Geriatrician. General Practitioner. Supervisor of District Nursing.</td>
</tr>
</tbody>
</table>

Visits of Observation

Visits of observation according to individual need should be included in the training as follows:

1. Day nursery.
2. Child welfare clinic.
3. Health centre.
4. Mental hospital.
5. School health service.
7. Local health authority offices.
8. Factory health and welfare department.
9. Centres for the handicapped.
11. Geriatric unit.
12. Old people's homes.
13. Old people's workshops.
This course will follow the above syllabus, modified by

(i) the deletion of certain lectures, and visits of observation, which will already have been taken by those with additional qualifications;

(ii) the reduction of time spent on practical work by those with district nursing experience.
Syllabus of the four months course of District Nurse Training given by the Queen's Institute of District Nursing and approved by the Minister of Health

PRACTICAL TRAINING

Great importance is attached to practical training. The student is given a gradual introduction to the nursing of patients in their own homes by experienced district nurses. Supervision is reduced until the student is able to take full responsibility for the management of a district.

The practical training will be related to the needs of the student, who will work with an assistant superintendent or senior district nurse on the district for two to three days before undertaking the care of a limited number of patients. During training, patients will be selected so that the student meets as wide a variety of cases and social conditions as possible.

Instruction will be given both in the classroom and on the district on:
- Use and care of bags and equipment; improvisation and use of domestic resources; sterilisation of equipment in patients' homes; adaptation of hospital nursing techniques to the home.

DISTRICT NURSING TECHNIQUES

Adaptation of methods taught in hospital:

(i) Total nursing care.
(ii) Injection therapy: sterilisation of syringes and needles; safeguards in administration of antibiotics.
(iii) Surgical dressings: methods used to achieve asepsis.
(iv) Pre-operative and pre-X-ray preparation.
(v) Gynaecological treatments: douches, changing of pessaries.
(vi) Barrier nursing of communicable diseases.
(vii) Lavage: e.g. gastric, bladder and colonic.
(viii) Correct methods of lifting.

DISTRICT MANAGEMENT

(i) Experience in all aspects of managing a district. Assessment of number and frequency of visits required. When to cease visiting. Recognition of priorities. Practice in planning the order of visits.
(ii) The need for good human relationships with colleagues and all health, welfare and social workers in the patients' interests.
(iii) The care of loans and district nursing equipment, cleanliness, storage and renewal.

RELATIONSHIP OF DISTRICT NURSE WITH:

(i) General practitioners;
(ii) Medical officers of health and the staff of the health and welfare departments;
(iii) Hospital staff;
(iv) Personnel of voluntary organisations;
(v) Ministers of religion.

The student is encouraged to make contact with the above as the needs of patients arise.

RESPONSIBILITY OF THE DISTRICT NURSE AS A TEACHER

(i) To the family:
- The care of the patient between her visits, including nursing care, diet and general hygiene; the prevention of accidents in the home, including the proper use and storage of the patient's drugs; the promotion of positive health as occasion offers.
(ii) To disabled patients in regard to rehabilitation, use of available services, and the acceptance of their own limitations.
(iii) To the home help and other ancillary workers regarding the needs of the patient and family.
(iv) To students who may be sent to her for observation visits during training.

RURAL EXPERIENCE

Towards the end of training the student will spend a minimum of three whole days in a rural area with a district nurse who also undertakes midwifery and health visiting. In areas where this is not possible, two days will be spent with a district nurse/midwife undertaking combined duties and one day with a whole-time health visitor.
THEORETICAL TRAINING

PART I. HEALTH, WELFARE AND SOCIAL SERVICES

<table>
<thead>
<tr>
<th>Number of Lectures</th>
<th>Lecturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Medical officer of health.</td>
</tr>
<tr>
<td>3</td>
<td>Medical officer of health. Superintendnat of district nursing or public health tutor.</td>
</tr>
<tr>
<td>2</td>
<td>Medical officer of health. Superintendnat of district nursing or public health tutor.</td>
</tr>
<tr>
<td>3</td>
<td>Medical officer of health. Children's officer.</td>
</tr>
<tr>
<td>1</td>
<td>Superintendent of district nursing or general practitioner.</td>
</tr>
</tbody>
</table>

PART II. NURSING IN THE HOME

<table>
<thead>
<tr>
<th>Number of Lectures</th>
<th>Lecturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Superintendent or tutor of district nursing.</td>
</tr>
<tr>
<td>1</td>
<td>Midwifery tutor, or supervisor of midwives.</td>
</tr>
<tr>
<td>2</td>
<td>Superintendent or tutor of district nursing.</td>
</tr>
<tr>
<td>1</td>
<td>Paediatrician.</td>
</tr>
<tr>
<td>3</td>
<td>Geriatrician.</td>
</tr>
<tr>
<td>1</td>
<td>General practitioner.</td>
</tr>
<tr>
<td>1</td>
<td>Specialist lecturer or public health tutor.</td>
</tr>
<tr>
<td>9</td>
<td>Physician, surgeon or psychiatrist.</td>
</tr>
</tbody>
</table>

(a) General survey of central and local government. National Health Service Act.
(b) Services provided by local health authority: Health centres; care of mothers and young children (including the unmarried mother and her child); midwifery; health visiting; district nursing; vaccination and immunisation; ambulance services; care and after-care; domestic help service. Regional hospital boards and executive councils.
(c) Welfare and social services: National Insurance (including industrial injuries); family allowances; National Assistance; voluntary organisations.
(d) Other local authority services: School health service; work of children's officer; Children's Act; work of public health inspector.
(e) Co-operation of district nurse with general practitioner and hospital staff.
(f) Maternity nursing, including abortion.
(g) Nursing and treatment of sick children.
(h) Care of the aged; medical and social aspects of ageing; social and voluntary services available; recognition of acute illness in the elderly; senility; diet; prevention of loneliness.

(iii) Barier nursing of common infectious diseases; preventive measures; immunisation and vaccination procedures.
(iv) Comprehensive nursing and home care for patients with prolonged and terminal illness and the effect on the family; rehabilitation including aids for disabled.
(b) Custody of drugs; ethical and legal considerations.
(c) Nutrition and budgeting; food storage.
(d) Prevention of accidents in the home.
(e) Special diseases: (Lectures will include mention of new drugs in common use.)
   (i) Cancer.
   (ii) Tuberculosis.
   (iii) Chronic bronchitis and other chest conditions.
   (iv) Diabetes.
   (v) Diseases of central nervous system.
   (vi) Cardiac disease.
   (vii) Common skin diseases and allergic conditions.
   (viii) Mental deficiency and mental illness (including outline of Mental Health Act, 1939). (2 lectures.)
VISITS OF OBSERVATION

Visits of observation according to individual need should be included in the training as follows:

1. Day nursery
2. Child welfare clinic
3. Health centre
4. Mental hospital
5. School health service
6. Chest clinic
7. Local health authority offices
8. Factory health and welfare department
9. Centres for the handicapped
10. Radiotherapy centre
11. Geriatric unit
12. Old people's homes
13. Old people's workshops

REDUCED THREE MONTHS COURSE

See page 1, para. 3 (i) and (ii)

This course will follow the above syllabus, modified by

(i) the deletion of certain lectures, and visits of observation, which will already have been taken by those with additional qualifications;

(ii) the reduction of time spent on practical work by those with district nursing experience.
APPENDIX 4.4

NEWCASTLE UPON TYNE

TRAINING OF DISTRICT NURSES

General Information: -

The Course is four months for State Registered Nurses, reduced to three months for State Registered Nurses with eighteen months district nursing experience, or with the S.C.M. or H.V. Qualifications.

The training includes both practical and theoretical instructions on Health, Welfare and Social Services, and Nursing in the Home.

This is covered through lectures, tutorials, demonstrations, discussions, projects and visits of observation.

A short period of rural experience may be arranged.

Entry Dates: -

<table>
<thead>
<tr>
<th>Four Month Students</th>
<th>Three Month Students</th>
<th>Examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st week in September</td>
<td>1st week in October</td>
<td>2nd week in January</td>
</tr>
<tr>
<td>2nd week in January</td>
<td>1st week in February</td>
<td>1st week in May</td>
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</tbody>
</table>

Periods of absence may need to be made up.

During training the students are non-resident, and work from their own homes or suitable accommodation.

Practical assessment is by arrangement with the seconding authority. Written examination: - in Newcastle upon Tyne.

On successful completion of the training and examination, a Ministry of Health Certificate is awarded.

Application for training should be made through the Medical officer of Health of the County or County Borough in which the nurse wishes to work after training.

Course and examination fees are paid by the seconding authority.

Notes on Lectures in District Nurse Training: -

It should be noted that these lectures should where possible: -

1. Fit within the Central and Local Government and/or National Health Service framework.

2. Be slanted towards domiciliary care.

3. Include new drugs, treatment and contra-indications.

4. Contain local as well as general information e.g. of services available.

1 Lecture.

The outline of Central Regional and Local Government also Regional with special reference to the National Health Service, gives a general framework of governmental constitution and functions: - Legislation, administration and jurisdiction.

Central Government: -

The constitution and policymaking functions of the House of Lords and House of Commons.
Specific central departments:-

Treasurer
Department of Health & Social Security
Department of Science & Technology
Ministry of Housing and Local Government
The Home Office
Foreign Office
Department of Employment and Productivity

Local Government:-

Constitution and Types of Local Authorities
Local Health Authorities

1946 The National Health Service Act: Parts 1, 2, 4, 6.

Administration
Hospital and Specialist Services
Local Health Authority Services
General Medical and Dental Services etc.
Mental Health Services: Mental Health Act 1959; linking this with Part 5 National Health Service Act

1969 Health Service Act

Aims of this Lecture:-

1. To give a general outline of government in Britain
2. To place certain functions within this framework, which have a link with district nursing

3 Lectures

Specific functions under National Health Service Act 1946 Part 3
Sections 22, 23, 24, 25, 26, 28, 29

Services provided by the Local Health Authority:-

Personal services -

Care of mothers and young children
Ante-natal, natal and post-natal clinics
Midwifery Service
Provision for premature infants
Care of children during the illness of mother
Day Nurseries: Child Minders
Services for unmarried mothers
Vaccination and immunisation

Health Visiting:-

Training, Functions and Organisation

Domestic Help Service

Care and After-care Services

Aims of these lectures:-

To give wherever possible, the link between these services and district nursing.

To fit these services within the framework of Central and Local Government.
1 Lecture

Barrier Nursing of Common infectious diseases

Prevention of spread
" " recurrence
" " complications
" " occurrence

Vaccination and Immunisation

Aim:-
To indicate the methods of prevention of infection in the community

2 Lectures

Other Local Authority Services

1. The Medical Officer of Health
   Qualifications
   Duties
   Departmental set up
   Public Health Inspector
   The Children's Officer

2. School Health Services

   The Education Act: 1944 : Section 48
   The National Health Service Act: 1946
   Section 62 (Education in Hospital)
   School Medical Officer
   School Health Visitor (Nurse)

Clinics:-
Foot
Vision
Hearing
Dental

Treatment Centres
School Medical Record Card
Restrictions on employment

Handicapped children:-
Educationally subnormal
Epileptics
Maladjusted
Blind : Deaf : Dumb
Physically handicapped
Speech defects
(Delicate
(Diabetic
Child Guidance

Aims of Lectures:-

1. To give knowledge of qualifications and duties of colleagues within the Local Authority Service.

2. To link up with Central Government, e.g. Acts of Parliament.

3. To link up with Local Government and their functions.
2 Lectures

Welfare and Social Services

Ministry of Social Security Act: 1966

National Insurance -
Categories: contributions: benefits
Supplementary benefits
Non contributory pensions

Welfare Services -
- Residential accommodation
- Welfare services for the handicapped, e.g. blind, deaf, physically handicapped, epileptic, spastics.

Aim:-

To give the district nurse some indication of the help available nationally and locally.

1 Lecture

Voluntary Organisations

The National Council of Social Services

British Red Cross: St. John's Ambulance Brigade
National and Local Old Peoples Welfare Committees
Women's Voluntary Services
Meals on Wheels
Clubs, S.S.A.F.A.
Residential Accommodation provided by Voluntary Organisations

Their pioneer services:-

As complimentary to the statutory services
Their scope outwith the statutory provision

Aims of the Lectures:-

1. That the district nurse may know what assistance is available and where application is made.

2. To aid in co-operation and co-ordination between these services and district nursing.

3. To link central and local government functions and indicate the place of voluntary organisations.

1 Lecture

Responsibilities in regard to Records and Record Keeping

Reasons for record keeping:

- Factual information
- Statistical
- Future planning
- Legal protection

Types of records:

- Filing
- Reports

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1 Lecture
Responsibilities to patient and family

The nurses approach to the family
The effect on the family of acute and chronic illnesses
Techniques in nursing
Use of household equipment
The teaching of home care to relatives

1 Lecture
General Principles

District organisation
Planning the days work
Priorities
Use of other services

1 Lecture
Disease of the Central Nervous System
including degenerative changes

This should aid the nurse in caring for these patients in their own home and also help her to help the relatives.

New Drugs and treatments, prognosis, prevention.

1 Lecture
Mental illness

The Mental Health Act: 1959

Talk on:- Types of mental illness met at home: origins and symptoms, treatment, prognosis and new drugs.

Aim:-

To give some guidance to the district nurse as to how she may help patient and relatives at home and how certain conditions may be prevented.

1 Lecture
Arrested or incomplete development of mind

Mental Health Act
Examples of subnormality of intelligence
Treatment: prognosis
Care of mentally subnormal at home

Aim:-

To give the district nurse an overall view of diagnosis, treatment and care provided for the mentally subnormal and the part she may play in this sphere. It should be shown within the content of the National Health Service.

New drugs and contra indications.
Responsibilities in relation to General Practitioners and Hospitals

1 Lecture - Family Doctor

Points to be considered:

1. The place of General Practitioners and Hospitals in the National Health Service.
2. General Practitioners qualifications and work.
3. Hospital functions.
4. Aids in communication, co-operation and co-ordination between Hospitals, General Practitioners and District Nurses.
5. Loyalty and respect within the team.

1 Lecture - Physician

Chronic and Progressive Illness:

* e.g. disseminated sclerosis, arthritis, paralysis

Aim:

To show the part the doctor and/or district nurse can play in the relief of pain, helping patients to live with their disabilities, creation of interest, adaptation of aids for the disabled.

Drugs: contra-indications

1 Lecture - Paediatrician

Nursing of Sick Children:


The child's total reaction to illness, e.g. regression, anxiety, etc.

The child's needs and the place of father and mother. The importance of play.

Points in favour of nursing child in hospital/or home.

Points to aid the district nurse, in care of sick children at home.

Care of the Aged

Medical and social aspects of ageing

The recognition of acute illness in the elderly chronic sick

Prevention of disability, senility etc.

New drugs and contra-indications

The complementary aspects of home and institutional care

Diabetes

To outline the diagnoses and treatment of diabetes

New drugs, their effect and contra-indications

Indicate the importance of co-operation between patient, hospital, general practitioner and district nurse


1 Lecture

Cardiac Disease

This lecture should give types and prognosis of cardiac conditions found predominantly on the district and include points regarding domiciliary nursing in terminal care.

New drugs, treatment and prevention of these conditions.

1 Lecture

Common skin diseases, asthma and other allergic manifestation. This should indicate some causes and modern treatments, but the main emphasis should be on home care and the part the district nurse may take in relief, care and diagnosis of cause.

1 Lecture

Maternity nursing, including cases of abortions.

This should give nurses without midwifery experience:- some knowledge of pregnancy, labour and delivery, first aid in emergency, nursing care in puerperium, including prevention of infection and/or complications.

New Drugs

The emphasis should be on domiciliary care and the midwifery service should be shown within the National Health Service.

1 Lecture

Cancer

From the district nurses point of view:-

(a) Diagnosis (Signs and symptoms)
(b) Care of advanced cases
(c) Care of patients with reaction and radiotherapy

New treatments and drugs - effects and/or reactions: contra-indications

1 Lecture

Tuberculosis and other Infectious Diseases

Forms of tuberculosis
Preventive measures
Administration within the chest clinic
Treatment : Reaction - e.g. allergy
New Drugs - Contra-indications
Prevention of spread in an active case
Health education

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This lecture should:

1. Show the place of the tuberculosis service within the National Health Service
2. Inform regarding help available: monetary or care and after care
3. Indicate the part the district nurse can play in prevention and cure.

Other infectious diseases:
Modern methods of diagnosis, treatment, complications

1 Lecture and Demonstration

Posture and Lifting
Lecture should be beamed towards nursing the patient in his own home.

Reasons behind the techniques of lifting:
(a) Helpless or unconscious
(b) Crippled and hemiplegic patients

Aids:
Their use and abuse -
e.g. (a) in permanent disability
(b) in assisting re-education of muscular movement

Practical demonstration - each student taking part

1 Lecture

Drugs

Ethical and legal considerations:
Mishap while giving treatment, inevitable/avoidable e.g. broken needle
Doctors mistake (e.g. ordering ? wrong dosage)
Negligence
Truth and secrecy

Dangerous drugs: their custody and disposal

Legal position

Supply and storage
Drugs in common use

1 Lecture

Nutrition

family budgeting : food storage : hygiene

This lecture is given by someone who is running their own home and knows current prices, emphasizing the practical side within the patients home concerning:
1. Food budgeting
2. Food storage
3. Hygiene
4. Nutrition:
   Food requirements of all ages
   Diets for:
   Sick children
   Old People
   Invalids

Suggestions as to how the district nurse may assist in the planning of adequate nutrition - yet not making much extra work for the mother.

1 Lecture

Prevention of Accidents in the Home:

Types of Hazards

Means of safeguarding each member of the family

Legal points

Safety devices

NB According to Miss R Lovett (oral evidence 1983) this format of district nurse training was in use between 1962-1972, but with the necessary essential amendments to content to take account of current developments
THE RANYARD NURSES

The Ranyard District Nursing Examination will be held at Divisional Health Office (No.8) 128 Brook Drive, S.E.11. on Wednesday, 13th January, 1960 from 10 a.m. - 12 noon.

Part 1

PUBLIC HEALTH AND ENVIRONMENTAL HYGIENE

Three questions. Two to be answered.

1. A family, husband, wife and four young children, live in a damp basement in overcrowded conditions. The wife becomes acutely ill with pulmonary tuberculosis which the family doctor diagnoses. What is the next step? What do you think could be done to deal with this situation?

2. Some infectious diseases are said to be spread by 'carriers'
   a) What is a 'Carrier'?
   b) Give an example
   c) How do you think a 'carrier' could be dealt with?

3. In the ordinary house or flat the cold water tap over the kitchen sink usually supplies water at much greater pressure than taps over the bath and wash-hand basins -
   a) What is the reason for this?
   b) Where does the water come from anyway and how does it get there?

Part 2

SOCIAL SERVICES

Three questions. One to be answered.

1. a) Make brief notes on the functions and powers of the main Social Services which exist to help children indicating which services are statutory and which voluntary.
   b) Explain why it is that not all these services are statutorily provided.

2. Most people at some time in their lives need legal advice. Describe the main ways in which this may be obtained and what you would do to ensure that a patient of yours did, in fact, obtain the necessary advice.

3. Make notes on the scope and function of the National Assistance Board, illustrating your answer with examples of the circumstances in which the Board can assist people.
THE RANYARD NURSES

The Ranyard District Nursing Examination will be held at Divisional Health Office (No.8) 128 Brook Drive, S.E.11. on Wednesday, 13th January, 1960 from 1.30 - 3 p.m.

Part 3

GENERAL NURSING

Three questions out of four to be answered. One question from each section, A & B to be answered. The third question can be answered from either A or B.

A 1. Name as many of the 30 items contained in the District Nurse's Bag as you can.

Describe the use of the three most important items.

2. A course of Iron Injections are ordered for a Pregnant Patient. How does your technique differ from that of other intramuscular injections?

B 1. You are asked by the General Practitioner to visit a man aged 77 years, suffering from acute heart failure. He lives alone with his wife, aged 57 years. She has become extremely tired.

Describe in detail your nursing care.

What complications may arise?

How would you try to prevent these?

What advice would you give to his wife?

2. You are asked by the General Practitioner to visit the following two patients:—

a) A child of 6 years suffering from Pneumonia to give Penicillin injections.

Describe in detail your first visit and your procedure for giving the injection, mentioning the special precautions for handling antibiotics.

b) A woman who is nearly blind, for dressings to an extensive varicose ulcer.

Describe in detail your procedure for doing this dressing. What special help could be obtained if necessary for this patient?
To: County Councils and
County Borough Councils (England)
London Borough Councils
Common Council of the City of London
Greater London Council (for information)

Sir,

Training of District Nurses

1. I am directed by the Minister of Health to inform the Council that he has had consultations with the Queen's Institute of District Nursing and the local authority associations concerned on the decision of the Queen's Institute to cease awarding their Certificate after the May, 1968 examinations, and on the implications of this decision for district nurse training generally.

2. Circular 15/59, dated 2nd June, 1959, announced the Minister's acceptance of the recommendations of his Advisory Committee on the Training of District Nurses and gave guidance to local health authorities wishing to set up their own training schemes. The circular also announced the appointment by the Minister of a panel of assessors to advise him on individual training schemes submitted for approval. The panel has subsequently undertaken all the functions recommended by the Advisory Committee in their Report, from which the summary of main conclusions and recommendations are reproduced as Appendix I to this circular.

3. Until very recently the number of local health authorities seeking in practice to set up their own independent training schemes has been small, the majority of students having undertaken their training through courses organised by the Queen's Institute.

4. In consultation with the Queen's Institute and the local authority associations, and on the advice of his panel of assessors, the Minister has concluded that in the light of the Institute's decision to cease awarding their certificate from May, 1968, the time has come to establish unified arrangements for training and examination for a single national certificate. The Minister is advised that the training potential of local health authorities themselves is such that it should be possible for them to organise their own district nurse training. Although aware of the Queen's Institute's willingness to continue arranging the examination he considers that unification of training arrangements should be accompanied by similar arrangements for examination, and the Institute has accepted this. Accordingly, he has decided that with effect from the examinations following May, 1968 district nurse training and examinations should be conducted under arrangements to be made by local health authorities themselves.

5. The effect of this decision will be to require local health authorities to give urgent consideration, if they have not already done so, to their own training needs and to submit schemes of training to the Minister's panel for approval at an early date, if possible not later than 31st March, 1968. In order to avoid the planning of an undue number of small, uneconomic training schemes...
the Minister hopes that neighbouring local health authorities will consult on training needs and co-operate in the provision of training centres for both theoretical and practical training. As a rough guide the Minister would not regard centres for theoretical training as suitable for approval, save in exceptional circumstances, if the number of students per intake was likely to be less than ten.

6. The Minister recognises that there may be a few authorities with special problems who are unable to submit schemes in time, and that such authorities may exceptionally wish to continue temporarily to avail themselves of the services of the Queen's Institute, by agreement with the Institute. Transitional schemes of this kind will require the panel's approval, which will be given for a limited period only to enable the authority to make its own direct arrangements.

7. The Minister hopes that local health authorities, in considering their training needs, will have regard also to the large proportion of district nurses who do not at present hold the 'National,' Queen's or Ranyard Nurses' Certificate and that authorities will do all they can to encourage those nurses to undertake district training. The desired objective, in his view, is a fully trained district nursing service.

8. Where the district nursing service is provided through the agency of voluntary nursing associations and it is proposed that the associations should take part in a training scheme, it will nevertheless be necessary for the scheme to be submitted to the panel by the local health authority concerned. Similarly, approval by the panel of the district nurse training content of an integrated scheme which it is proposed to run in conjunction with a hospital must be sought by the participating local health authority.

9. The Council will wish to note that the Minister has approved recommendations of his panel of assessors for varying in certain respects the model syllabus and examination procedure contained in the appendices to the Advisory Committee's Report and reproduced as Appendix II to this circular. These recommendations are as follows and will have effect from the examination following May, 1968:

(a) A single examination paper, to be set by the panel of assessors from questions submitted by training authorities, should be taken by all candidates.

(b) Assessment of the student's performance throughout the course should in general be substituted for the practical examination; the latter might, however, be retained by training authorities who wished to do so.

(c) Rural experience should no longer be regarded as essential.

(d) Theoretical training should preferably be by way of day release. (It is, of course, recognised that the exigencies of the service may exceptionally require a nurse to work on the district on a day designated for day release).

10. For the guidance of local health authorities the rules of procedure approved by the panel of assessors for the training and examination of district nurses for the national certificate are set out in Appendix III to this circular. As indicated above, Appendices A and B of the Report of the Advisory Committee are reproduced as Appendix II to this circular. It is hoped that Appendices I, II and III will together provide authorities with sufficient guidance to enable them to consider and plan courses. Where an authority is in any doubt the Department will be ready to advise.
11. It should be noted that Appendix III incorporates, where appropriate, the panel's recommendations set out in para. 9 above, and applies only to courses leading to examination after May, 1968. Any authority wishing to commence training for an earlier examination should apply to the Department for guidance on current procedures.

12. While accepting the importance of further review in due course of long term training needs the Minister considers that the primary need in the immediate future is to maintain the existing basis of training (with the modifications proposed by his panel of advisers) with the minimum disruption of continuity. It would seem desirable accordingly to avoid radical changes in the content and conduct of district nurse training until some experience has been gained of the new arrangements to which this circular refers.

13. The Minister is conscious of the great debt which district nursing as a whole owes to the Queen's Institute, and wishes to take this opportunity of placing on record his appreciation of their valuable contribution to training and to the maintenance of high standards in the field of district nursing.

14. A copy of this circular has been sent separately to the Medical Officer of Health with one for the Principal Nursing Officer. Copies have also been sent to the Clerks and Medical Officers of Health of authorities exercising delegated health and welfare functions.

I am, Sir,
Your obedient Servant,

(S. L. Mayston)

1/12/67
Appendix I (to Circular 23/67)

Extract from Report of Minister's Advisory Committee on training of district nurses

VIII. SUMMARY OF MAIN CONCLUSIONS AND RECOMMENDATIONS

1. We recommend the adoption of the four-months' model district nurse training syllabus which we have designed to meet the needs of general state registered nurses who take up district nursing (Paragraphs 4, 7, 8 and 11).

2. The syllabus is divided into two parts, viz. (1) health, welfare and social services and (2) nursing in the home (Paragraph 9).

3. The syllabus of training is intended to provide for the teaching of essential principles and serve as a foundation for the nurse's subsequent work in the field (Paragraph 10).

4. The importance of demonstrations and visual aids being used with lectures whenever possible is emphasised: visits should be arranged to clinics and centres catering for special types of patients and illnesses (Paragraphs 13 and 14).

5. Experience of work in a rural district is desirable (Paragraph 15).

6. One study day a week or an equivalent total period of time in a block system is recommended (Paragraph 16).

7. Both the practical and theoretical training should be capable of adaptation to meet the needs of the individual nurse (Paragraph 17).

8. The student should be introduced to nursing on the district as early as possible in her training (Paragraphs 18 and 20).

9. A reduction in the period of training for nurses with special experience is recommended (Paragraph 19).

10. Local health authorities and other bodies who wish to organize schemes of training should submit their proposals to the Minister with the names and qualifications of persons who will be responsible for directing the training and a description of the training premises and facilities (Paragraphs 21 and 22).

11. The formation of a Panel of Assessors is recommended (Paragraphs 23 and 24).

12. Periodical visits by the Minister's Public Health Nursing Officers would ensure the maintenance of a proper standard of training (Paragraph 25).

13. We recognize that the examination is of secondary importance to the course itself, but a method of assessment is essential (Paragraph 26).

14. The course should include a written and a practical examination and all candidates should take the whole examination (Paragraph 27).

15. Our scheme provides for internal examinations, externally assessed, and for a maximum of three examinations a year (Paragraphs 28 and 29).

16. Each training authority should submit to the Minister the names of two or three competent persons prepared to act as examiners (Paragraph 30).

17. We recommend the formation of a Panel of Examiners from which the training authority would invite one or more examiners to assist with each examination (Paragraph 31).

18. The written examination should consist of one paper divided into two parts to cover the two parts of the syllabus (Paragraph 32).

19. The training authority should be responsible for holding the examination but the draft paper should be submitted beforehand for the Minister's approval (Paragraph 33).

20. A certain number of the candidates' marked scripts should be called for by the Minister for final assessment (Paragraph 34).

21. The practical examination should cover a normal half day's district work (Paragraph 35).

22. Interim reports on the students' progress during training should be made available to the Panel of Assessors (Paragraph 37).

23. The assessment of the marking of a certain number of candidates' scripts by the Panel of Assessors would ensure that all nurses who pass the examination have a uniform qualification (Paragraph 38).

24. The examination Pass List would be determined from the marks of the written and practical examinations (Paragraph 39).

25. Each candidate should be required to obtain 40 per cent. marks in each section of the written examination and also in the practical examination with a final average of not less than 50 per cent. (Paragraph 40).

26. Each successful candidate should be awarded a certificate (Paragraph 41).

27. Every candidate should have an identical certificate (Paragraph 42).

28. All nurses who pass the examination would have equivalent status and there should be no reference to the place of training or examination on the certificate (Paragraph 43).

29. Each training school should be given a code number which should be inserted on the certificate with the candidate's own number and the year of examination (Paragraph 44).

30. Each certificate should be signed by the Chairman of this Committee, the Minister's Chief Nursing Officer and a nursing officer of the training authority (Paragraph 45).

31. The Minister should keep a list of the names of successful candidates (Paragraph 46).
Appendix II (to Circular 23/67)

Extract from Appendices to Report of Minister's Advisory Committee on District Nurse Training

Syllabus

The following syllabus which is to be regarded as a minimum is designed to prepare nurses for the nursing of the sick in their own homes.

The present syllabus of the General Nursing Council provides instruction designed to meet the whole needs of a patient, physically, mentally and socially; the State Registered Nurse, taking up district nursing will, therefore, not only have been trained in the nursing of the sick but will also have some knowledge of the health and welfare services and their place in the care of the sick.

The purpose of this syllabus of district nursing is to enable the nurse to become efficient in district nursing, but no syllabus of training can cover every aspect of the field of work subsequently to be encountered, so that the aim should be the teaching of essential principles that will serve as a foundation for his, or her, subsequent experience in the field. It is considered that a period of 16 weeks' training would be appropriate.

Instruction should include the adaptation of hospital nursing techniques to nursing in the home, the nursing of illnesses met infrequently in hospital, sufficient knowledge of the social services to enable the nurse to recognize when one or more of these services might be necessary for the welfare of the patient, the teaching of home care to relatives and the use of opportunities for health education.

The syllabus, by intention, is not detailed, since it is based on the assumption that full use will be made of modern teaching methods with the number of formal lectures kept to a minimum. Demonstrations should have an established place in the course, as should discussions and such visual aids as films and film strips. It is recommended that two or three days experience in a rural area should, wherever possible, be included in all training schemes.

One study day a week or an equivalent total period of time in a block system is recommended. The adoption of one or the other will depend on the nature of the area in which the nurses undertake practical work, the premises and staff available for teaching and the number of students.

Since the course is intended to be of as practical a nature as possible, demonstrations should wherever possible be given with lectures, and visits covering a wide and varied field should be arranged, e.g. to child welfare clinics, factory health and welfare departments, old people's homes, and industrial rehabilitation centres. While every nurse may not be able to make all the visits that have been arranged, one or more of those under training should cover each of the items in the programme so that by pooling information through discussion group procedures all may learn something of the work of these establishments.

It is important that the content of both the practical and the theoretical training should be capable of adaptation to meet the needs of the individual nurse. For example, the nurse who has had special experience in the care of...
old people will clearly need less tuition in this aspect of home nursing than another student who has worked particularly with children. The content of the training course should, therefore, be adapted to the needs of individual students according to their experience and aptitude.

In its early stages training should include demonstrations at the training school and experience in the patient's home. The student should be introduced to nursing on the district as early as possible in her training, during the early stages of which she would work under the close guidance of an experienced district nurse, the degree of supervision gradually being reduced until she is able to take sole nursing charge of her patients. In this way the student would give some service to the training authority, but it is important that the training should be related to the needs of students rather than to the immediate needs of a local health authority's home nursing service.

A reduction in the length of training to 12 weeks for nurses who are health visitors or midwives and those with 18 months' experience of district nursing may be achieved in those sections where they have had previous training and experience. For all nurses, however, the course must be based on nursing in the home, first by demonstration, then by work under supervision leading by stages to the assumption of full responsibility.

PART (1) HEALTH, WELFARE AND SOCIAL SERVICES

<table>
<thead>
<tr>
<th>Lectures</th>
<th>Lecturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Medical Officer of Health of Local Health Authority.</td>
</tr>
<tr>
<td>2</td>
<td>(i) and (ii) Medical Officer of Health of Local Health Authority or officer of the organisations concerned.</td>
</tr>
<tr>
<td>3</td>
<td>Superintendent Health Visitor or Health Visitor Tutor.</td>
</tr>
<tr>
<td>4</td>
<td>(i) Superintendent of District Nursing Service.</td>
</tr>
<tr>
<td>5</td>
<td>(ii) General practitioner.</td>
</tr>
</tbody>
</table>

(a) Outline of Central and Local Government with special reference to the National Health Service.

(b) Services provided by Local Health Authorities...
- Care of mothers and young children; health visiting; ambulance services; care and after-care services; domestic help service; care of children during illness of mother; provision of loan equipment.

(c) Welfare and Social Services...
- (i) National Insurance and National Assistance.
- (ii) Welfare Services, including residential care of the Aged.
- (iii) Voluntary Organisations such as British Red Cross Society and St. John Ambulance Brigade; national and local Old People's Welfare Committees; Women's Voluntary Services; Meals on Wheels and Clubs.

(d) Other Local Authority Services...
- Public Health Inspector; School Health Service; work of Children's Officer.

(e) Responsibilities in relation to...
- (i) Records and record keeping;
- (ii) General practitioners and hospitals.
### PART (2) NURSING IN THE HOME

<table>
<thead>
<tr>
<th>Lectures</th>
<th>Lecturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Responsibilities to Patient and Family ...</td>
<td>1 Superintendent of District Nursing Service.</td>
</tr>
<tr>
<td>The nurse's approach to the family; the effect on the family of acute</td>
<td></td>
</tr>
<tr>
<td>and chronic illnesses; techniques: use of household equipment; the</td>
<td></td>
</tr>
<tr>
<td>teaching of home care to relatives.</td>
<td></td>
</tr>
<tr>
<td>(b) General Principles ...</td>
<td>4 (i) and (ii) Superintendent of District</td>
</tr>
<tr>
<td>District organisation. Planning the day's work; priorities, use of</td>
<td>Nursing Service.</td>
</tr>
<tr>
<td>other services.</td>
<td>(iii) Paediatrician.</td>
</tr>
<tr>
<td>(i) District organisation. Planning the day's work; priorities, use</td>
<td>(iv) Physician.</td>
</tr>
<tr>
<td>of other services.</td>
<td></td>
</tr>
<tr>
<td>(ii) Barrier nursing of common infectious diseases. Preventive</td>
<td></td>
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<tr>
<td>measures; immunisation and vaccination procedures.</td>
<td></td>
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<tr>
<td>(iii) Nursing of sick children. Modern trends, regression during</td>
<td></td>
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<tr>
<td>illness; social place of mother; importance of play.</td>
<td></td>
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<tr>
<td>(iv) Chronic and progressive illnesses. Relief of pain; helping</td>
<td></td>
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<tr>
<td>patients to live with their disabilities; creation of interests;</td>
<td></td>
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<tr>
<td>adaptations and aids for the disabled.</td>
<td></td>
</tr>
<tr>
<td>(c) Posture and Lifting ...</td>
<td>1 Superintendent of District Nursing Service.</td>
</tr>
<tr>
<td>Lecture and demonstration.</td>
<td></td>
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<tr>
<td>(d) Drugs ...</td>
<td>2 Physician and General practitioner.</td>
</tr>
<tr>
<td>Ethical and legal considerations; supply and storage. Drugs in common</td>
<td></td>
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<tr>
<td>use.</td>
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<tr>
<td>(e) Nutrition, family budgeting and food storage ...</td>
<td>1 Superintendent of District Nursing Service</td>
</tr>
<tr>
<td>or specialist lecturer.</td>
<td>of specialist lecturer.</td>
</tr>
<tr>
<td>(f) Prevention of accidents in the home ...</td>
<td>1 Superintendent Health Visitor or specialist</td>
</tr>
<tr>
<td>or specialist lecturer.</td>
<td></td>
</tr>
<tr>
<td>(g) Special Diseases ...</td>
<td>8 Physician or Surgeon, as appropriate.</td>
</tr>
<tr>
<td>(i) Cancer</td>
<td></td>
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<tr>
<td>(ii) Tuberculosis</td>
<td></td>
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<tr>
<td>(iii) Diabetes</td>
<td></td>
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<tr>
<td>(iv) Diseases of the Central Nervous System.</td>
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<tr>
<td>(v) Cardiac disease</td>
<td></td>
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<tr>
<td>(vi) Common skin diseases, asthma and other allergic manifestations.</td>
<td></td>
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<tr>
<td>(vii) Mental Deficiency and Mental Illness (2 lectures).</td>
<td></td>
</tr>
<tr>
<td>(h) Maternity nursing, including cases of abortion ...</td>
<td>1 Supervisor of Midwives.</td>
</tr>
<tr>
<td>(i) Care of the Aged ...</td>
<td>3 Superintendent of District Nursing Service (2)</td>
</tr>
<tr>
<td>Prevention of disability; incontinence, senility; diet; loneliness;</td>
<td>Geriatrician (1).</td>
</tr>
<tr>
<td>keeping the aged at home; use of other social and voluntary services.</td>
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</tbody>
</table>

### Examination Procedure

#### Type of Examination
Internal, externally assessed.

#### Scope of Examination
(i) Written paper, divided into two parts to cover the two parts of the Syllabus. The candidates will be expected to answer two questions out of three in the first part and four questions out of five in the second part. There should be no compulsory questions and the candidate must be successful in both parts of the paper. Three hours should be allowed for the written examination.

(ii) Practical Examination.

#### Number of Examinations
One to three per annum to be held in each of three fixed weeks for the written examination, the dates to be appropriate to allow for a maximum of three training courses each year.

#### Examiners
Each training authority will submit to the Minister the names of two or three competent persons prepared to act as Examiners. From these submissions, the Minister will compile a Panel of Examiners, from which the training authority will invite one or more examiners to assist with each examination.

#### Written Examination
The procedure will be as follows:
1. By a given date (about five weeks before the date of the examination) the training authority will submit its draft examination paper to the Minister who will either approve the paper or if necessary, amend it, to ensure that the nationally recognized standard is achieved. The paper as finally approved will be returned to the training authority who will be responsible for holding the examination.
2. When the examination has been held, the candidates’ scripts, which should be numbered, should be marked by the training authority’s examiners, after which a certain number will be called for by the Minister for final assessment.

#### Practical Examination
The practical examination will cover a normal half day’s district work, including where possible a visit to a completely new patient.
APPENDIX

MINISTRY OF HEALTH
Training and Examination of District Nurses: Rules of Procedure

Part I - General

Formal approval of schemes of training

Formal approval is given by the Minister on the recommendation of the Panel of Assessors who advise him on matters relating to training and examination procedure for the National Certificate in District Nursing.

Part II - Schemes of training

1. Form T.D.N.I. (revised)
   (i) T.D.N.I. (Revised) is the form on which a local health authority applies for recognition and registration as a training authority.

   (ii) The form is available on application to the Secretary, Panel of Assessors, (Training of District Nurses), Ministry of Health, Alexander Fleming House, Elephant and Castle, London, S.E.1. It should be completed and returned to the Secretary to the Panel.

   (iii) At paragraph 8 of T.D.N.I. (Revised) authorities are invited to nominate two or three suitably qualified persons (doctors and nurses) in their area for inclusion in the Minister's Panel of Examiners.

2. Visits by the Department's Public Health Nursing Officers
   (i) The completed form is referred to the Public Health Nursing Officer who advises on district nurse training.

   (ii) Arrangements are made with the authority for her to pay an initial visit normally accompanied by the Public Health Nursing Officer for the region in which the area of the authority is situated and she subsequently reports to the Panel. Arrangements are also made with the authority when the Public Health Nursing Officer thereafter makes periodical visits.

3. Consideration by the Panel of Assessors

   The Panel, at their meeting following receipt of the report, consider the application and the report and make their recommendations to the Minister.

4. Decision by the Minister

   When outstanding points (if any) have been resolved, the Minister approves the authority for the purposes of district nurse training and examination for the National Certificate.

Part III - Examination procedure

1. Schedule of examination, and related dates

   A schedule is issued by the Department to training authorities in December of each year giving the dates on which the written examination for the National Certificate will be held during the following two years, together with dates for submission to the Minister of nominal lists (see 6 below).

2. Training Courses

   Arrangements must be made for training courses to be started in time for the students to be ready to take the examination on the dates given in the schedule.

3. National question paper

   A national question paper for each examination is drafted by the Panel from questions (at least 3) submitted initially by authorities in paragraph 9 of T.D.N.I. (Revised) and thereafter from time to time as may be determined.
4. Selection of Examiners

(i) Every person invited to act as an examiner must be selected from the
Minister's Panel of Examiners.

(ii) Not less than 50 per cent of the examiners needed for each examination
should be selected from those Examiners on the Panel holding appointments
other than in the training authority's area and the Minister must be
notified of the persons chosen.

5. Marking of question papers, etc.

(i) 25 marks must be allocated to each question; this provides for a maximum
of 50 marks in Part 1 and 100 marks in Part 2. The practical assessment
is marked out of 50 marks.

(ii) The name of the examiner must be clearly entered on Form T.D.N.2.

6. Form T.D.N.2

(i) A numbered list of names of candidates sitting the examination should be
submitted in duplicate to the Minister ten weeks before the examination
on Form T.D.N.3. A copy of this form, with the candidates examination
numbers, will be returned to the authority five weeks before the
examination, together with examination material.

(ii) T.D.N.2 with marks attached by the training authority should be submitted
after the examination, not later than the dates indicated in the schedule,
addressed to the Secretary to the Panel of Assessors marked 'Immediate and
Confidential' in red.

(iii) The student's marks for the practical examination (if this has not been
replaced by an assessment) as well as for the written examination must be
submitted.

7. Selected scripts

The script of those students where marking has resulted in a failure, or is a
borderline case should be forwarded to The Secretary to the Panel of Assessors for
scrutiny by the Panel of Assessors. Where there are no failures or borderline
cases the scripts of the two candidates with the lowest marks must be forwarded.
The Secretary will call for other scripts as required.

8. Return of assessed scripts

When the Panel has completed its scrutiny, one of the forms T.D.N.2 referred to
at 6(i) above will be returned to the training authority with the addition of a
further column showing the marks as revised (or agreed) by the Panel.

9. Representations against assessment

A period of one week is allowed during which training authorities may make
representations against revised marking.

10. Notification of examination results to training authorities

After approval by the Chairman of the Panel of the list of successful
candidates, and the final acceptance of the list by the Minister copies of the
examination results will be forwarded to training authorities.

11. Issue of the National Certificate in District Nursing

Certificates, bearing the name, date and serial number of their successful
candidates will be sent by the Ministry to training authorities for issue to the
candidates concerned.

12. The Minister as ultimate authority

The Minister is the ultimate authority on marking and his decision is final.

NOTE

The pass mark in the examination is 40 per cent of the total marks allocated
to each part of the written paper and for the practical examination (where
assessment has not been substituted) with an overall pass mark of 50 per cent. A
borderline case is one where the marking is less than 45 per cent in any one Part,
or where the overall mark is just 50 per cent.
April 1968

Dear Sir,

Training of District Nurses

Circular 23/67 drew attention to the decision of the Queen's Institute of District Nursing to cease awarding their certificate from May 1968 and to the Minister's decision that local health authorities should themselves make arrangements for the training and examination of their nurses in accordance with the Advisory Committee's recommendations.

In paragraph 5 of the Circular the Minister asked authorities to submit their schemes of training by 31st March 1968. I understand that your authority has not yet made any proposals for a scheme of training and it would be appreciated if you could let me know in the near future what arrangements are to be made in your area.

It may be that some smaller authorities will be relying on neighbouring authorities to provide training facilities, or that for the time being your Council does not consider that arrangements are necessary. I should, nevertheless, be glad to hear from you to this effect.

Yours faithfully,

(R. L. Gordon)
## APPENDIX 4.8

### ADVISORY COMMITTEE ON THE TRAINING OF DISTRICT NURSES - PANEL OF ASSESSORS

### LOCAL HEALTH AUTHORITIES - APPROVAL OF TRAINING

<table>
<thead>
<tr>
<th>Local Health Authorities Formally Approved as Lecture Centres</th>
<th>Date</th>
<th>Local Health Authorities seconding students to Lecture Centres</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berkshire C.C.</td>
<td>(Established)</td>
<td></td>
</tr>
<tr>
<td>Cambridge and Isle of Ely C.C.</td>
<td>11. 4.68</td>
<td>Hunts. and Peterborough C.C.</td>
</tr>
<tr>
<td>Cheshire C.C.</td>
<td>2. 1.68</td>
<td></td>
</tr>
</tbody>
</table>
| Cumberland C. C.                                              | 23. 4.68  | Westmorelandshire C.C.  
|                                                            |           | Carlisle C.B.                                                 |
| Dorsetshire C. C.                                             |           |                                                               |
| Essex C.C.                                                    | 18. 4.68  |                                                               |
| Hampshire C.C.                                                | 15. 3.68  | Bournemouth C.B.                                               |
| Herts. C.C.                                                   | 16. 2.68  | Bedfordshire C.C.                                              |
|                                                            |           | Luton C.B.                                                    |
| Kent C.C.                                                     | Established | Canterbury C.B. (Complete Training)  
<p>|                                                            |           | Bexley L.B.C.                                                |
|                                                            |           | Bromley L.B.C.                                               |
| Lancashire C.C.                                               | 2. 1.68   | Barrow-in-Furness C.B.                                        |
|                                                            |           | Blackpool C.B.                                                |
|                                                            |           | Wigan C.B.                                                   |
|                                                            |           | Southport C.B.                                               |
| Lincolnshire (Holland) C.C.                                   | 6. 3.68   | Lincs. (Kesteven) C.C.                                        |
|                                                            |           | Great Yarmouth C.B.                                           |
| Lincolnshire (Lindsey)                                        | 2. 1.68   | Great Yarmouth C.B.                                           |
|                                                            |           | Grimsby C.B.                                                 |
| Norfolk C.C.                                                  | 2. 1.68   | Ipswich C.B.?                                                 |
|                                                            |           | Norwich C.S.                                                 |
| Northamptonshire C.C.                                         | 24. 4.68  | Bedfordshire C.C.                                             |</p>
<table>
<thead>
<tr>
<th>Lecture Centres</th>
<th>Date</th>
<th>Local Health Authorities seconding students to Lecture Centres</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yorkshire W.R.C.C.</td>
<td>22.1.68</td>
<td>Herefordshire C.C. Birmingham C.B. Coventry C.B.</td>
</tr>
<tr>
<td>Brighton C.B. (Dist. Nursing Association)</td>
<td>8.3.68</td>
<td>Sussex East C.C. Hastings C.B. Sussex West C.C. Eastbourne C.B.</td>
</tr>
<tr>
<td>Bristol C.B.</td>
<td>22.8.67</td>
<td>Somersetshire C.C. Bath C.B.</td>
</tr>
<tr>
<td>Dudley C.B. (West Midlands Group)</td>
<td>(Established)</td>
<td>Cornwall C.C. (Complete Training)</td>
</tr>
<tr>
<td>Exeter C.B.</td>
<td>8.7.68</td>
<td>Gloucestershire C.C. Worcestershire C.C.</td>
</tr>
<tr>
<td>Gloucester C.B. (Severn Valley Training Scheme)</td>
<td>(Established)</td>
<td>Yorkshire N.R. C.C. Yorkshire E.R. C.C.</td>
</tr>
<tr>
<td>Kingston-Upon-Hull C.B.</td>
<td>(Established)</td>
<td>Yorkshire N.R. C.C.</td>
</tr>
<tr>
<td>Leeds C.B.</td>
<td>(Established)</td>
<td>Northampton C.B. (seconded for complete training)</td>
</tr>
<tr>
<td>Leicester C.B.</td>
<td>3.5.68</td>
<td>Birkenhead C.B. Flintshire C.C. Blackpool C.B. St. Helens C.B.</td>
</tr>
<tr>
<td>Manchester C.B.</td>
<td>2.1.68</td>
<td>Derbyshire C.C. Stockport C.B.</td>
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<td></td>
<td></td>
<td>Bolton C.B. Bury C.B. Oldham C.B. Rochdale C.B. Salford C.B.</td>
</tr>
<tr>
<td>Lecture Centres</td>
<td>Date</td>
<td>Local Health Authorities seconding students to Lecture Centres</td>
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<td>-----------------------------------------------------</td>
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</tr>
<tr>
<td>Teeside C.B. (QIDN Temporarily)</td>
<td>23. 4.68</td>
<td>Darlington C.B.</td>
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<tr>
<td></td>
<td></td>
<td>Yorkshire N.R.</td>
</tr>
<tr>
<td>Nottingham C.B.</td>
<td>22. 2.68</td>
<td>Derby C.B.</td>
</tr>
<tr>
<td>Oxford C.B.</td>
<td>22. 4.68</td>
<td>Buckinghamshire C.C. Oxfordshire C.C.</td>
</tr>
<tr>
<td>Plymouth C.B.</td>
<td>29. 1.68</td>
<td>Isles of Scilly C.C. (Complete Training) Cornwall C.C. (Complete Training)</td>
</tr>
<tr>
<td>Portsmouth C.B.</td>
<td>22.12.68</td>
<td>Isle of Wight C.C.</td>
</tr>
<tr>
<td>Warley C.B. (West Midlands Group)</td>
<td>(Established)</td>
<td>Gloucestershire C.C. Worcestershire C.C.</td>
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<tr>
<td>Stoke-on-Trent C.B.</td>
<td>(Established)</td>
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<tr>
<td>Sunderland C.B.</td>
<td>5. 2.58</td>
<td>Gateshead C.B.</td>
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<tr>
<td>Walsall C.B.</td>
<td>(Established)</td>
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<tr>
<td>West Bromwich C.B. (West Midland Group)</td>
<td>(Established)</td>
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<tr>
<td>Wolverhampton C.B. (West Midland Group)</td>
<td>(Established)</td>
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<tr>
<td>Worcester C.B. (Severn Valley Scheme)</td>
<td>2. 1.68</td>
<td>Gloucestershire C.C. Worcestershire C.C.</td>
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<tr>
<td>Lecture Centres</td>
<td>Date</td>
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<tr>
<td>Croydon Tech. College</td>
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<tr>
<td>Chiswick Polytechnic</td>
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<tr>
<td>Newham Lecture Centre</td>
<td></td>
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<tr>
<td>North West Polytechnic</td>
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<tr>
<td>Cardiff C.B.</td>
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<tr>
<td>Q.I.D.N. (Application)</td>
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<thead>
<tr>
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<td>Lewisham L.B.C.</td>
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<td>Norton L.B.C.</td>
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<tr>
<td>Southwark L.B.C.</td>
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<td>Brent L.B.C.</td>
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<td>Richmond-Upon-Thames L.B.C.</td>
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<td>Ealing L.B.C.</td>
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<td>Hammersmith L.B.C.</td>
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<tr>
<td>Haringay L.B.C. (Complete Training)</td>
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<td>Harrow L.B.C.</td>
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<td>Southend-on-Sea C.B.</td>
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<td>Suffolk East C.C.</td>
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<td>City of Westminster L.B.C.</td>
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<td>Glamorgan C.C.</td>
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<td>Merthyr Tydfil C.B.</td>
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<td>Newport C.B.</td>
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<td>London Boroughs Training Committee</td>
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Notes:

- * Not formally approved for Practical Training.
- * Not formally approved for Theoretical Training.
Local Health Authorities (England) which have not yet replied to Circular 23/67

C.C.s.

Derbyshire C.C.
Devonshire C.C.
Leicestershire C.C.
Nottinghamshire C.C.
Staffordshire C.C.
Wiltshire C.C.

C.B.Cs.

Burnley C.B.
Burton-on-Trent C.B.
Lincoln C.B.
Salford C.B.
Solihull C.B.
Southampton C.B.
Southport C.B.

Wales
Carmarthenshire C.C.

Local Health Authority which have indicated they do not wish to undertake training, but second students when necessary, to other training authorities

England and Wales

C.C.s.

Cornwall C.C.
Durham C.C.
Isles of Scilly C.C.
Northumberland C.C.
Rutlandshire C.C.
Salop C.C.
Wiltshire C.C.
Anglesey C.C.
Kentonshire C.C.
Montgomeryshire C.C.
Radnorshire C.C.
Merioneth C.C.
Caernarvonshire C.C.
Cardiganshire C.C.

C.B.Cs.

Bootle C.B.
Doncaster C.B.
Northampton C.B.
Reading C.B.

Source: Panel Paper ACTDN/PA(68)8
APPENDIX 4.9

DRAFT

EXAMINATION FOR THE MINISTRY OF HEALTH
CERTIFICATE IN DISTRICT NURSING, held
in NEWCASTLE UPON TYNE on JANUARY 1965

PAPER I (TWO questions to be answered)

HEALTH, WELFARE AND SOCIAL SERVICES

1. Write a short account of the School Health Service mentioning the personnel involved.

2. Write short notes on three of the following:
   (a) Sheltered Workshops
   (b) Day Nursery
   (c) Infant mortality rate
   (d) Speech Therapist

3. What services are provided for the elderly under the National Assistance Act, 1948?

Reserve

What are the care and after care services that may be provided for mentally ill persons.

PAPER II (FOUR questions to be answered)

NURSING IN THE HOME

4. You are attending an old lady who suffers from chronic bronchitis with cardiac failure and requires nursing care and injections. State the nursing procedure you would adopt in looking after this patient.

5. What Voluntary Organisations are available to help you in your work? Describe the work of one in detail.

6. What advice would you give to a Mother whose 2-year old child is awaiting admission to hospital for tonsillectomy?

7. How may a district nurse suffer industrial injury and what measures can be taken to minimise the risk?

8. An elderly person has been discharged home from hospital and is suffering from anaemia. She lives in a two-roomed flat and is more or less housebound. Describe her medical and social care.

Reserve

Describe the management of a patient with diabetes after discharge from hospital to her own home.
APPENDIX 4.10

EXAMINATION FOR THE MINISTRY OF HEALTH
CERTIFICATE IN DISTRICT NURSING, held
in NEWCASTLE UPON TYNE on
WEDNESDAY, 20th JANUARY 1965

------------------------------------------

PAPER I (TWO questions to be answered)

HEALTH, WELFARE AND SOCIAL SERVICES

1. Write a short account of the School Health Service mentioning the personnel involved.

2. Write short notes on three of the following:
   (a) Sheltered Workshops
   (b) Day Nursery
   (c) Infant mortality rate
   (d) Speech Therapist

3. What services are provided for the elderly under the National Assistance Act, 1948?

--------------------

PAPER II (FOUR questions to be answered)

NURSING IN THE HOME

4. The district nurse is attending an old lady who suffers from chronic bronchitis with cardiac failure and requires nursing care and injections. State the nursing procedure which should be adopted in looking after this patient.

5. What Voluntary Organisations are available to help the district nurse in her work? Describe the work of one in detail.

6. A 2-year old is awaiting admission to hospital for tonsillectomy. What advice is likely to be given beforehand by the authorities concerned in the interests of both parents and child? Add any comments of your own.

7. How may a district nurse suffer industrial injury and what measures can be taken to minimise the risk?

8. An elderly person has been discharged home from hospital and is suffering from anaemia. She lives alone in a two-roomed flat and is more or less housebound. Describe her medical and social care.
CONFIDENTIAL

Sir,

Training of District Nurses

I am directed by the Minister of Health to say that on the recommendation of his Panel of Assessors who have considered your draft question paper for the National Certificate examination to be held on the January 1965 he is prepared to approve the paper subject to your acceptance within a week of the amendments indicated.

I am, Sir,
Your obedient Servant,

[Signature]

The Medical Officer of Health,
Health Department,
Town Hall,
Newcastle upon Tyne.

9/7/64.
QUESTION 1. "What advice should the district nurse give to an unmarried girl of 17 years of age who desires her child when born to be adopted and what services are available to her?"

Suggested Answers:

Advise girl:-

(a) To seek ante natal care immediately.

(b) To think seriously about all the aspects of adoption both in relation to her own emotional and social welfare and the upbringing of the child.

(c) To get in touch with Health Visitor, Children's Officer or Moral Welfare Officer who will help her with her application for adoption.

(d) That adoption must be through a registered adoption society or children's committee of the Local Authority. If third party adoption - notice must be given to the Local Authority Children's Officer. All adoption orders made by Court Order High Court, County or Juvenile.

(e) That she cannot sign consent for adoption until child is 6 weeks old and that this is revocable until the adoption order is made. Child cannot be adopted until he has been in the continuous care of the would-be adopters for three consecutive months.

(f) That if child is placed for adoption the court ensures everything possible is done for his welfare.

(g) That she will lose all natural rights to the child and these will be vested in the adopting parents.

Services available are as for any expectant mother, under National Health Service Act. In addition Local Health Authority is responsible for providing residential accommodation for the unmarried mother before and after confinement. A voluntary agency is often used. Referral to Moral Welfare Officer.

Affiliation Order & Arrangements

Subsequent legitimisation if parents marry.

Maternity benefits under National Insurance Act. If employed for requisite period.

National Assistance for financial help or help in kind, if required.

The National Council for the unmarried mother and child.
ADVISORY COMMITTEE ON THE TRAINING OF DISTRICT NURSES

DISTRICT NURSES' EXAMINATION

5th September, 1968

Time allowed for the examination: three hours

IMPORTANT: Candidates must answer question 1 and one other question in Part 1, and must answer four questions in Part 2.

Part 1

Answer question 1 and either question 2 or 3.

The following multiple choice question (Question 1) consists of five initial statements, identified by the letters A, B, C, D, and E, followed by a number of possible completions. In the case of each statement you are required to select the completion which you consider to be correct.

One mark will be awarded for each correct completion and one mark deducted for each incorrect completion.

Your answer should be given by writing down the statement letter and indicating after each the numbers of the completions which you select as correct, for example:

Z. The Children's Officer is:

(1) An employee of a major Local Authority implementing the Children Acts 1948 - 1950 under the central authority of the Home Office.
(2) Responsible for children who have been placed for adoption.
(3) Responsible for children who are subject to the Mental Health Act, 1959.
(4) Empowered to provide assistance in kind or exceptionally in cash to diminish the need to take children into care.
(5) In charge of Child Guidance Clinics.
(6) Responsible for maintaining a register of children "at risk".
(7) Required to collect parental contributions towards the cost of maintaining children in care.
(8) Unless arrangements can be made for it to return to its parents or relatives, responsible for a child placed "in care" until it attains the age of 16 years.
(9) Responsible for the inspection of children's homes run by voluntary societies.

(10) Responsible for the approval of foster parents and the visiting of foster homes.

The correct answer should be:

"Statement Z: (1), (2), (4), (7), (10)."

Question 1

A. Mr. Brown, aged 62, is both mentally and physically frail and has recently been widowed, he has no available relatives. Which of the following are statutory services by which he could be assisted?

(1) The Executive Council General Medical Practitioner Service.
(2) The National Assistance Board.
(3) The Women's Royal Voluntary Service.
(4) The hospital service.
(5) Local authority general and/or mental welfare service.
(8) Domestic help.
(9) District nursing.
(10) Executive Council pharmaceutical service at a charge of 2s. 6d. per prescribed item.

B. The Medical Officer of Health is:

(1) Appointed by the Ministry of Health.
(2) Required to advise his authority on questions relating to housing conditions in his area.
(3) Responsible for co-ordinating the practitioner's services.
(4) Responsible for allocating practices in the area to general practitioners.
(5) In charge of local arrangements for Mass Radiography.
(6) The officer to whom births must be notified.
(7) Required to inquire into and advise his authority on the adequacy of the arrangements in his district for the isolation and treatment of infectious disease.
(8) Responsible for the provision of adequate lighting, accident precautions, first aid facilities, protection of workers, and welfare.
(9) Responsible for arranging sampling and analysis of foods and drink.
(10) Required to report annually to his authority on the sanitary conditions in the area.
C. In the United Kingdom the Hospital Service is:

1. Controlled by 30 Regional Hospital Boards.
2. Responsible for mental health hostels.
3. Responsible for the Domiciliary Consultant Service.
4. Locally administered by Local Authorities.
5. Inclusive of facilities for medical teaching.
7. Responsible for 40 per cent of the expenditure on the National Health Service.
8. Inclusive of the provision of geriatric beds.
10. Responsible for the provision of chest clinics.

D. The Practitioner Services:

1. Are administered by Local Medical Committees.
2. Are composed of the medical practitioner, dental practitioner, pharmaceutical and supplementary ophthalmic services.
3. Include visiting massage and physiotherapy services.
4. Require patients to register with doctors and dentists.
5. Confer the right on patients to change doctors and on doctors to refuse or to remove patients from their lists.
6. Exempt from prescription charges persons under 5 or over 60 years of age, except those suffering from certain specific diseases.
7. Permit doctors to charge patients on their lists for prescribing or fitting family planning drugs or appliances on social grounds.
9. Provide free eye testing and spectacles for old age pensioners.
10. Provide for complaints by patients about the services of general practitioners to be investigated by Executive Councils.

E. Local Authorities:

1. Include 175 local health authorities.
2. Are not responsible for making arrangements for immunisation against diphtheria, tetanus, typhoid and poliomyelitis.
3. Provides vitamin preparations free of charge for all children under 5 years of age.
4. Provide district nurses at a charge related to the income of the beneficiary.

5. Accept day nursery admissions on a priority basis, top priority being given according to the age of the child.
6. Employ health visitors whose primary function is health education and social advice.
7. May provide hostel accommodation for drug addicts.
8. Have duties which include the supervision of private day nurseries.
9. Are empowered to provide advice on family planning for the unmarried free of charge.
10. Charge liable relatives for the maintenance of members of their families under the age of 21 in local authority institutions.

Question 2 What are the functions of the Health Visitor? Suggest ways in which the work of the Health Visitor and the District Nurse may complement one another.

Question 3 Many family doctors are now working in group practice. What in your opinion are the advantages of district nurse attachment to a group practice for:
(a) the patient;
(b) the district nurse; and
(c) the family doctor

Part 2

Answer FOUR questions only in this section

Question 4 What help and advice would the district nurse give to the relatives of a 50 year old man suffering from a partial left sided hemiplegia as a result of a cerebro-vascular accident?

Question 5 A district nurse is attached to a group practice of four doctors and has the assistance of a State Enrolled Nurse. No surgery duties are undertaken. Describe how she should plan the work. What duties could she allocate to the State Enrolled Nurse and how would she exercise the necessary supervision?

Question 6 A doctor asks the district nurse to attend a patient with advanced carcinoma of the breast who has had radiotherapy. What special points should she look for when nursing the patient? How could she 'fit the patient and the relatives and what advice should she give?

Question 7 When visiting a newly diagnosed diabetic patient of 22 years to teach him to give his own insulin injections, what additional advice should the district nurse give to him on the management of his condition and the care of his equipment?

Question 8 A district nurse is visiting an elderly couple; the husband is very frail and has an ulcerated leg and the wife is a diabetic whose sight is failing. What advice might the district nurse give to the patients and to a newly appointed home help.
ADVISORY COMMITTEE ON THE TRAINING OF DISTRICT NURSES

District Nurses Examination: 5th September 1968

Instructions to Examiners

1. Candidates should have answered question 1 and one other question in Part 1, and four questions in Part 2 of the examination.

2. Marks awarded for each answer should be out of a maximum of 25 (a total of 50 marks for Part 1 and 100 marks for Part 2).

3. No credit should be allowed for additional answers provided and where candidates have answered more than the required number of questions in a Part, the last one should be disregarded.

4. The multiple-choice question (question 1) has been introduced as an experiment. This requires the candidate to look at five initial statements, or stems, and, for each one, to indicate which of the completions are correct.

   For each correct completion 1 mark should be awarded and for each incorrect completion indicated 1 mark should be deducted from the total. There are five correct completions in each stem and the maximum marks for a fully correct answer to the whole question are therefore 25.

   The correct completions are:

   Stem A: (1), (4), (5), (8) and (9)
   Stem B: (2), (6), (7), (9) and (10)
   Stem C: (3), (5), (6), (8) and (10)
   Stem D: (2), (5), (7), (8) and (10)
   Stem E: (1), (6), (7), (8) and (9)

5. Please indicate at the foot of each question the number of marks awarded out of 25 and then, in the boxes provided on the front of the answer book, the total marks awarded for Part 1 and Part 2.

6. The multiple-choice question is intended to provide an accurate assessment of the candidates' knowledge, a basis for uniform marking, and a possible pointer to training requirements. If you wish to make any comments on this experiment, perhaps you would address these to the Secretary of the Panel of Assessors, Ministry of Health, Alexander Fleming House, London, S.E.1.
Dear Sir,

District Nurse Training - Practical Assessment

In Circular 23/67 certain modifications to the model syllabus were set out which included the recommendation that "assessment of the student's performance throughout the course should in general be substituted for the practical examination". Most authorities have adopted this recommendation but there has been some doubt, expressed at the conferences with senior nurses and in personal discussions with nursing staff at training centres, about the form of the assessment and the criteria to be adopted in deciding what mark should be awarded for a student's practical work.

The Panel of Assessors have considered this question with a view to issuing advice to training authorities. In doing so they have been able to see the assessment forms in use in a number of training areas and have drawn on their own continuing experience. They have concluded that it would be useful for some general advice to be issued on guiding principles, but that the provision of a standard assessment form would not be appropriate. The way in which a student's ability is assessed is essentially for the training authority to decide and the Panel would not wish their views to be substituted for the many excellent forms of assessment which are currently in use. The following paragraphs are therefore provided for guidance only.

General principles

Assessment should be a continuing process of evaluation of the student's progress throughout the course, the final assessment, and marks, reflecting her progress as well as her ability.

There should be regular and continuing discussion between the Nursing Officer, theoretical tutor, the practical work instructor and the student herself in order to ensure that the latter is developing along the right lines. A proper evaluation requires regular observation of the student's work.

Basic criteria to be employed in assessment

(i) Within the family situation. Approach to the family: gaining the confidence of relatives and obtaining their co-operation; approach to the patient: understanding and consideration; concept of the job and performance; teaching skills in the household: advice on prevention of accidents, hygiene, etc; effectiveness of the visit to the patient; follow up action.

(ii) Relationship with colleagues and others. Co-operation with colleagues and other local health authority staff; relations with the general practitioner.
(iii) **Organisation.** District organisation and planning, including record keeping and reporting; knowledge of statutory and voluntary services available in the area and application of this knowledge.

**Form of assessment**

The Panel have seen a number of different assessment forms, all of which appear to be wholly satisfactory, and they do not propose that a standard assessment form should be introduced. The reporting and assessment forms should be capable of reflecting the important points listed above, and any other points on which the training authority wish to be satisfied. One method which the Panel have seen used a five-point scale for each item to be covered, categorising the student's ability in this particular respect in divisions ranging from outstanding to unsatisfactory. This seemed to offer a ready method of uniform marking.

The Panel of Assessors have asked me to emphasise that their recommendations should not be regarded as binding on a training authority and the criteria which they suggest may be amended or extended to suit the needs of any particular authority. If your authority wish to offer any comments on this matter I am sure the Panel would be glad to have these.

Copies of this letter are enclosed for the Medical Officer of Health and for the Nursing Officer.

Yours faithfully,

(L. G. Weir)
Secretary, Panel of Assessors
Queen's Institute of District Nursing Training fees as from April 1963

As from April 1963 the fees paid to training authorities for district nurses training will be £60 for the four months course and £45 for the three months course, in accordance with the recommendations of the associations of local authorities.

The Institute will no longer make a per capita charge in respect of students from member and affiliated authorities taking Queen's training, since the advantages of membership now include the use of the Institute's training facilities.

For students from non-member authorities, however, the Institute will make a per capita charge of £20. This represents the cost per student to the Institute of its work in connection with district nurse training. The same fee will be charged by the Institute for students training independently.

This means that the total cost of training for students who are not trained on behalf of member and affiliated authorities will be £80 for the four months course and £65 for the three months course.

The following is a summary of the revised arrangements regarding membership and training fees.

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<tr>
<th>Existing Fees.</th>
<th>Revised Fees.</th>
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<td>1. Membership and affiliation fee paid to Queen's Institute by member local authorities and affiliated nursing assns.</td>
<td>Per Queen's nurse 3. 15. 0</td>
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<tr>
<td>2. Training fee paid to training authority</td>
<td>Four month course 50. 0. 0</td>
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<tr>
<td>Three month course 35. 6. 8</td>
<td>Three month course 45. 0. 0</td>
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<tr>
<td>3. Per capita fee paid to the Institute towards headquarters training costs</td>
<td>For all students *6. 0. 0</td>
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<tr>
<td>For students from non-member authorities and independent students</td>
<td>+20. 0. 0</td>
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* Included in the training fee of £50 or £35. 6. 8d. quoted above.
+ To be paid in addition to training fee of £60 or £45 quoted above.
Dear Sir

TRAINING OF DISTRICT NURSES

1. Circular 23/67, dated 8 December 1967, announced details of the temporary arrangements for the training of general state registered nurses in district nursing following the decision of the Queen's Institute of District Nursing to cease awarding their Certificate after the May 1968 examinations. Under these arrangements local health authorities themselves became responsible for district nurse training and examination for a single National Certificate in district nursing and the Secretary of State's Panel of Assessors assumed responsibility for the surveillance of the training and examination arrangements and for setting the examination papers. Almost all local health authorities have now made arrangements, either on their own or in collaboration with neighbouring authorities, for such training and examination.

2. Training is carried out in accordance with the model syllabus recommended by the Advisory Committee on the Training of District Nurses which reported in 1959. The syllabus was reproduced as Appendix II to Circular 23/67. The purpose of the syllabus was to enable the nurse to become proficient in district nursing and its aim was the teaching of essential principles which would serve as a foundation for subsequent experience in the field. The syllabus by intention was not detailed since it was based on the assumption that full use would be made of modern teaching methods and that the number of formal lectures would be kept to a minimum. It was also assumed that both practical and theoretical training would be adapted to meet the needs of the individual nurse. This syllabus has, by and large, fulfilled its purpose but in recent years it has become apparent that training authorities are finding some difficulty in adapting it to meet changes in legislation and rapid developments in the organisation of the community nursing service and in nursing techniques. Family health care is increasingly being provided by community health teams based on general medical practice and health centres. The district nurse is increasingly being deployed in these health teams and, as a result, her functions are changing and the scope of her work is widening. Team work has underlined the need for liaison and collaboration with colleagues in other disciplines, such as health visitors and social workers, caring for families in the community. The Government's proposals for unifying the administration of the National Health Service from April 1974 under area and regional health authorities emphasise the need for collaboration between all the various professions providing patient care, whether based in hospital or the community, if the objective of a comprehensive health service is to be achieved.
3. The Secretary of State expects to receive the report of the Briggs Committee on Nursing during 1972 but consideration and implementation of the Committee's recommendations may take some considerable time in view of the comprehensive nature of their remit. Meanwhile, however, the existing syllabus in district nursing has been overtaken by events and is now out of date.

4. Without prejudice to the eventual recommendations of the Committee on Nursing, there seems little doubt that there will continue to be an important role for the clinical nurse in the community similar to that performed by the existing district nurse. The Secretary of State has therefore asked his Panel of Assessors to review the content of the existing syllabus in the light of recent developments and to recommend any changes necessary to meet the existing needs of the community nursing service. The Panel's recommendations for a revised syllabus, together with notes of guidance, are attached as an Appendix to this Circular and training authorities are asked to adopt this for courses of training leading to the examination for the National Certificate on 3 May 1973.

5. The Secretary of State has also accepted the recommendation of the Panel that the written examination should no longer be divided into 2 parts. Consequently the paper for the examination on 3 May 1973 will consist of 8 questions from which the candidate will be required to answer 6.

6. Apart from this, the arrangements for the district training and examination of State Registered nurses employed in the community nursing service will continue for the time being under the arrangements set out in Circular 23/67.

7. Copies of this circular have been sent to the Medical Officer of Health (with a copy for the Director of Nursing Services), to the Director of Social Services and to Clerks and Medical Officers of Health of authorities exercising delegated health functions.

Yours faithfully

E L MAYSTON
1. INTRODUCTION TO THE COURSE

By Director of Nursing Services and tutor in charge of the course.

2. STATUTORY AND VOLUNTARY SERVICES

Statutory and voluntary services available for the care of persons of all ages suffering from physical disability and mental disorder. Responsibilities of and the need for collaboration between the local health services and personal social services in the care of children, the elderly, and the mentally and physically handicapped.

Outline of central and local government with special reference to the National Health Service and personal social services. Existing legislation on the health and social services and official proposals for change.

Services provided by local health authorities:

- Health services and the role of the Medical Officer of Health
- School health services
- Personal social services
- Other related local authority services (including housing)

Other statutory health services:

- General medical services
- The hospital service in relation to the community
- Social Security
- Services provided by voluntary organisations

3. SPECIAL RESPONSIBILITIES OF THE DISTRICT NURSE

CARE OF PATIENTS AND FAMILY

Awareness of the needs of the patient and the family and planning of the programme of care:

a. The needs of the whole patient
b. The immediate physical environment
c. The immediate social environment.
d. Assessment of nursing support required (number of visits, type and extent of nursing care, use of supporting staff).
e. Rehabilitation.

Knowledge and implications of conditions commonly met in the community, e.g. arthritis, diseases of the central nervous system, congenital defects, diabetes.

Recognition of early or recurring symptoms of mental illness and the special needs of the mentally handicapped patient.

Special needs of sick children and their parents, care of the chronic sick and disabled of all ages, care of the elderly.

Care of the dying and support of the bereaved.
PROMOTION OF HEALTH AND PREVENTION OF ILL HEALTH

Advising patients and their families on the principles of the maintenance of health and prevention of ill health, in liaison with the health visitor.

Family planning - a knowledge of advice to give to patients and their families when requested.

Advice to the patient and his family on the value of nutrition, proper family budgeting and food storage.

Advice to patient and family on prevention of accidents in the home.

NURSING PROCEDURES

A knowledge of those technical procedures which a district nurse may be expected by her employing authority to carry out in the home, general practice surgery, or health centre as appropriate, for example:

- Blood tests, including haemoglobin estimation and venepuncture
- Ear syringing and auroscope examinations
- Postural draining in chest diseases
- Catheterisation and bladder washouts
- Diagnostic tests
- Immunisations
- Treatment of eye conditions

Posture and lifting

First aid and resuscitation.

Knowledge of availability, provision, use and care of equipment for patients being nursed in the community.

Use and custody of drugs:

- Ethical and legal consideration
- Supply, storage and disposal
- Drugs in common use
- Misuse and addiction

EMERGENCY MIDWIFERY

TEACHING AND MANAGEMENT FUNCTION

Introduction to basic principles of learning and teaching, with special reference to the teaching of skills and techniques required for nursing patients in the community.

Ability to determine priority needs in order to delegate efficiently.

Report writing and record keeping.

Use of library facilities and importance of keeping up-to-date with professional developments.
ROLE IN THE COMMUNITY HEALTH TEAM

Knowledge of role and function of other members of the health team and relationships with other workers.

Responsibilities within group medical practice, communication and importance of reporting.

Legal responsibilities of the nurse working in the community.
APPENDIX 5.2

PANEL OF ASSESSORS FOR DISTRICT NURSE TRAINING

DISTRICT NURSES EXAMINATION (SRN)
3rd May 1973

Time allowed for the examination: 3 hours

IMPORTANT Candidates must answer six questions only. All questions carry equal marks.

Question 1
List:

a. the statutory services
b. the main Acts providing such services;
   to help old people living alone to continue to live at home

Question 2
You are responsible for a team of nurses which includes an SEN and a nursing aide. The team is attached to a health or group practice centre. What factors would you take into account when arranging their day's work?

Question 3
What are the aims in the treatment of a patient with congestive cardiac failure?

How can the general practitioner and the district nurse work as a team in achieving these aims?

Question 4
You have supported Mrs Brown, aged 48, while she cared for her husband in his terminal illness. She has no family or immediate relatives in the area. What continued support and help would you give her in the period after his death?

Question 5
Mrs Jones, aged 78, has been discharged from hospital 5 days after undergoing a pinning operation for her fractured femur. She lives with her married daughter. Describe the nursing care that you would give and the observations that you would make.

[TURN OVER
Question 6

What are the complications that the district nurse should look for in the following situations:

a. a patient on oral diuretics;
b. a patient taking Glyceryl Trinitrate (Trinitrin) for the first time;
c. a patient on a Phenothiazine drug?

Question 7

As a district nurse you are called in to a patient in advanced labour; the midwife and doctor are not available. How would you deal with this situation?

Question 8

Good nutrition is important in the care of the elderly. What factors in the process of ageing must be remembered when giving advice on the subject?

Source: PADNT 1973:Examination Bulletin No 15, July
APPENDIX 5.3

PANEL OF ASSESSORS FOR DISTRICT NURSE TRAINING

LIST OF APPROVED CENTRES

LONDON AREA

CROYDON
Department of Applied Social Studies,
Croydon College of Design and Technology,
Fairfield, Croydon CR9 3XX
Tel: 01-688 9274

THE POLYTECHNIC OF NORTH LONDON
Department of Applied Social Studies,
Latchmere House,
Highbury Grove, London N5 2AD
Tel: 01-5072795 Ext 26

NORTH EAST LONDON POLYTECHNIC
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Livingstone House,
Livingstone Road, London E15 2LL
Tel: 01-554 6571

NOWHAM HEALTH DISTRICT
School of Community Nursing,
Ravenhill Road, London E13
Tel: 01-552 1001

WEST LONDON INSTITUTE OF HIGHER EDUCATION
Maria Grey College, 300 St Margaret's Road,
Twickenham, Middlesex
Tel: 01-891 0121 Ext 203

OTHER AREAS

REGION 1 NORTHERN
CLEVELAND
The School of Nursing, St Luke's Hospital,
Warton Road, Middlesborough,
Cleveland Tel: 0642 87791 Ext 118

CUMBRIA
Nursing Department, Caldecote,
Cal sede gate, Carlisle CA2 5TT
Tel: 0228 34341 Ext 31

NEWCASTLE
Newcastle upon Tyne Polytechnic,
Department of Health Studies,
FACULTY OF COMMUNITY AND SOCIAL STUDIES,
Northern Counties: Precinct, Coach Lane,
Newcastle upon Tyne NE1 7LA
Tel: 0532 662641 Ext 62

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Bradford School of Nursing,
St Luke's Hospital, Little Horton Lane,
Bradford BD5 OJU
Tel: 0274-22396-7

HUMBERSIDE
Department of Community Nursing,
Victoria House, Park Street,
 Hull HU2 8DJ
Tel: 0482 223921 Ext 42

LEEDS
Community Health Offices, Provincal
Insurance House, Bond Court, Leeds LS1 2FZ
Tel: 0532-30664 Ext 48

WAKEFIELD
Wood Street, Wakefield, WF1 3FN
Tel: 0924 70011 Ext 253

REGION 3 TRENTH

DERBYSHIRE
WILLOWS
242 Corporation Road, Derby DE1 2XJ
Tel: 0352 303231 Ext 240

LEICESTERSHIRE
The Charles Prears School of Nursing,
266 London Road, Leicester LE2 5JL
Tel: 0533 700664

LINCOLNSHIRE
Moor House School of Nursing,
Lincoln Terrace, Lincoln LN2 5JS
Tel: 0522 223241 Ext 460

NOTTINGHAM
Department of Social Studies, Trent Polytechnic,
Barton Street, Nottingham NG1 4BU
Tel: 0602 44248

SHEFFIELD
District Nurse Training School
4 Endcliffe Crescent, Sheffield S10 3ED
Tel: 0742 669770

REGION 4 E ANGLIA

CAMBRIDGESHIRE
Parker House, Parker Road, Cambridge CB2 2EE
Tel: 0233 42841

NORFOLK
Norwich City College, Department of
Humanities and Social Studies,
Ipswich Road,
Norwich NR2 2LJ
Tel: 0603 60011

SUFFOLK
Health Department, PO Box 55,
Ipswich IP3 9NN
Tel: 0473 722222 Ext 4

REGION 5 NW THAMES

HERTFORDSHIRE
AHA EAST DISTRICT
4 Parliament Square, Harford GB 4TW
Tel: 32 34 29

REGION 6 NE THAMES

ESSEX
Black Notley Hospital, Black Notley,
Braintree, Essex
Tel: 0376 24565 Ext 326

REGION 7 SE THAMES

KENT
Teaching Centre, Teaching Unit, Preston
Hall Hospital, British Legion Village, Maidstone
Kent ME20 9RN
Tel: 0622 79829

EAST SUSSEX
District Nurse Training School,
14 Wellington Road, Brighton BN2 3EB
Tel: 0273 695242

REGION 8 SW THAMES

SURREY
Department of Adult Education, University of
Surrey, Guildford, Surrey
Tel: 0483 71264 Ext 768

REGION 9 WESSEX

DORSET
AHA EAST DISTRICT
14 Parliament Square, Hertford SG14 1HB
Tel: 0225 724242

HAMPSHIRE
The Community Nurse Training School,
Knowle Hospital, Fareham, Hants
Tel: 0529 552727

REGION 10 OXFORD

BERKSHIRE
Windsor School of Nursing, Wexham Park
Hospital, Slough, Berkshire SL2 4LJ
Tel: 0753 24567 Ext 370

BUCKINGHAMSHIRE
The Lovelock-Jones Nurse Education
Department, Wycombe General Hospital, High Wycombe,
Bucks HP10 6QX
Tel: 0494 223961 Ext 403

NORTHAMPTONSHIRE
Northampton Education Centre,
Incebrook Hospital, Irthlingborough Road,
Wellingborough, Northants NN8
Tel: 0933 22 3053 Ext 225

OXFORDSHIRE
East Oxford Health Centre, Cowley Road
Oxford OX4 1XG
Tel: 0865 40453

REGION 11 S WESTERN

AVON
Community Nurse Training Centre
21 Prince Street, Bristol BS1 4HY
Tel: 0272 239499

CORNWALL AND ISLE OF SCILLY
4 St Clements Vene, Tregolls, Truro TR1 4NR
Tel: 0872 4433
DEVON District Nurse Training Centre,  
11 Elm Grove, Exeter EX4 4LL Tel: 0392 75352

GLOUCESTER Department of Pure Applied Science and Social Studies, North Gloucester College of Technology, The Park, Cheltenham GL50 7NR Tel: 0242 29024

SOMERSET Teaching Unit, Bridgwater and District General Hospital, Salom Parade, Bridgwater Somerset Tel: 0278 54001 Ext 38

REGION 12 W MIDLANDS

BIRMINGHAM The School of Community Nursing, 6th Floor, Trafalgar House, Paradise Circus, Greenway, Birmingham 1 2BG Tel: 021 235 4024

HEREFORD AND WORCESTER School of Community Nursing, Craft Road, Worcester WR1 3NY Tel: 0905 27462 Ext 338

SALOP Child Health Care Centre, Bridgnorth, Salop Tel: 09432 3325

STAFFORDSHIRE The Inservice Training School, The City General Hospital, Newcastle Road, Newcastle, Stoke-On-Trent, Staffs Tel: 0782 616275 Ext 2200

WARRINGTON District Nurse Teaching Centre, County Area Offices, Aloester Road, Stratford Upon Avon Tel: 0789 5551

WOLVERHAMPTON West Midlands Post Registration, Nurse Training Centre, Brierley Lane Training Centre, Brierley Lane, Bilston, Staffs WV4 8TU Tel: 0902 43273 Ext 2

REGION 13 MERSEY

CHESHIRE Nurse Training Unit, County Offices, Watling Street, Northwich CW9 5PZ Tel: 0606 41421

LIVERPOOL Community Nursing Education Centre, 1 Church Road, Walton, Liverpool 4 Tel: 051 525 8661

REGION 14 N WESTERN

LANCASHIRE Community Nurse Education Centre, East Cliff Offices, Preston PR1 3JN Tel: 0772 59344 Ext 269

MANCHESTER Community Nursing Education Centre, Beech Mount, Rochdale Road, Manchester M9 0GU Tel: 061 235 4925

WALES

SOUTH Glamorgan The Combined Training Institute, Room 6-9, University Hospital of Wales, Heath Park Cardiff Tel: 0222 755914 Ext 3343

Dyfed Ammanford Technical College, Ammanford, Dyfed SA18 3TA Tel: 0269 2743

GWYNN Community Nursing Division, Neath General Hospital, Crossways Road, Wrexham LL11 1BU Tel: 0978 59153

GWYNEDD Gwynedd School of Nursing, St David's Drive, Bangor Tel: 0495 2535 Ext 788

GLASGOW Glasgow College of Technology, North Hanover Place, Glasgow G40 0A Tel: 041-332 7090 Ext 458 (RGN)

District Office, 3rd Floor, 43 Bath Street, Glasgow G2 4JF Tel: 041-334 811 Ext 34 (EN)

GRAMPIAN Foresterhill College, Westburn Road, Aberdeen AB1 2X5 Tel: 0224 23423 Ext 2552 (RGN and EN)

LOTHIAN Edinburgh Training Centre, District Nurse Training, Carlton House, 45-17 Carlton Terrace, Edinburgh EH7 5BD Tel: 031-556 7046 (RGN and EN)

LANARKSHIRE Bell College of Technology, Almada Street, Hamilton ML3 0JB Tel: 0698 292921 (RGN)

School of Nursing, Strathclyde Hospital, Motherwell ML1 3BN Tel: 0698 691108 (EN)

DUNDEE Dundee College of Technology, Bell Street Dundee DD1 4EZ Tel: 0382 27225

NORTHERN IRELAND

Northern Ireland Council for Nurses and Midwives, 4-2 College Park East, University Avenue, Belfast BT7 1Q Tel: 0232 3206

JERSEY

Jersey District Nursing Association, Gloucester Lodge, St Saviour, Jersey Tel: CENTRAL 31559

Source: PADNT 1977:Handbook June, Appendix 7 901
MEMBERS OF WORKING PARTY ON THE EDUCATION AND TRAINING OF DISTRICT NURSES (SRN/RGN)

Chairman - Mr A J Carr SRN NDN Cert QN FHA
FRSH MBIM

Miss R M Brooks* RSCN RGN SCM
QN HV CHNT

Dr C B Floyd MB BS MRCPG

Mr P Freeman SRN QN Cert Ed

Miss U J Haslam* SRN SCM HV QN

Dr Charlotte Kratz PhD BSc(Soc)
SRN SCM QN HV DN Tutors Cert

Dr J Leiper* MBE TD MB ChB DPH
QHP FFCM

Miss M E Lindars SRN SCM HV QN

Miss R M Lovett* BA SRN SCM HV
QN DN Tutors Cert

Dr J H Owen* MB BS MRCP LRCP
FRCPG

Miss B M Robottom* SRN RSCN QN
RNT CHNT

Miss G A Shadek SRN SCM QN HV
DHE (Univ of London)

Area Nursing Officer
Newcastle AHA(T)

Lecturer in District Nursing
Glasgow College of Technology

General Medical Practitioner
Thornton Heath
Surrey

Senior Tutor
West Midlands Post Registration
Nurse Training School

Divisional Nursing Officer
Berkshire AHA

Senior Research Fellow and
Head of Nursing Research Group
Department of Nursing
University of Manchester

Area Medical Officer
Cumbria AHA

Area Nursing Officer
Buckinghamshire AHA

Senior Lecturer in District
Nursing
Newcastle Polytechnic

General Medical Practitioner
Porthcawl, Glamorgan

Principal Community Nurse Tutor
Birmingham AHA

Senior Lecturer
Polytechnic of North London

* member of Panel of Assessors

Source: PADNT Report 1976:Appendix 6
902
## Outline Curriculum

### Course Content

<table>
<thead>
<tr>
<th>SKILLS</th>
<th>KNOWLEDGE</th>
<th>ATTITUDES</th>
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<tbody>
<tr>
<td>1. Information gathering</td>
<td>Principles and practice of district nursing techniques.</td>
<td>Awareness of the need to preserve confidentiality.</td>
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<td></td>
<td>Development of social policy.</td>
<td>Respect for the values held by all persons with whom she comes into contact.</td>
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<tr>
<td>2. Observation</td>
<td>Interviewing methods.</td>
<td>Demonstration of an enquiring mind.</td>
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<td></td>
<td>Principles and problems of confidentiality.</td>
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<td>3. Assessment of physical,</td>
<td>Effect of the environment on the individual.</td>
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<td>social and emotional needs</td>
<td>Sociological concepts and their significance in health and disease.</td>
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<td></td>
<td>Criteria for assessment of total needs of individual and groups of patients.</td>
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<td></td>
<td>Normal and disordered body functions.</td>
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<td>Psychological concepts and their significance in health and disease.</td>
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<td>Needs of crisis groups.</td>
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<td>Programmes of care to meet assessed needs.</td>
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<td>Referral techniques.</td>
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<tr>
<td>5. Implementing care</td>
<td>Organisation of the nursing environment.</td>
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<td>Dietetc</td>
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<td></td>
<td>Drugs and other therapeutic measures for conditions commonly met in the community.</td>
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<td></td>
<td>Rehabilitation.</td>
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</tbody>
</table>
SKILLS

6. Evaluation
Methods of evaluating care.
Prevention of further ill health.
Promotion of health.

7. Supportive care
Determinants of stress in the family situation.

8. Imparting skill and knowledge
Introduction to principles of learning and teaching.
Skills analysis.
Demonstration and teaching techniques.
Self analysis.
Assessment of performance of others.
Programmes of nurse education and training.

9. Communication
The basic principles of written and verbal communication.
Record keeping.
Report writing.

10. Establishment and maintenance of effective relationships.
The dynamics of individual and group relationships.
The psychological and social needs of families.
The role and function of the primary health care team.

KNOWLEDGE

ATTITUDES

Awareness of the need for continual reassessment of care provided and willingness to modify previously made plans.

Acceptance of professional responsibility for the welfare of people other than patients.

Understanding of the importance of teaching and willingness to accept this responsibility.

Appreciation of the value of health education in its widest sense and the need to develop an individual approach as necessary.

Willingness to learn and relearn.

Awareness of communication as an important part of total patient care.

Acceptance of her responsibility as clinical nursing expert within the primary health care team.
<table>
<thead>
<tr>
<th>SKILLS</th>
<th>KNOWLEDGE</th>
<th>ATTITUDES</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. (continued)</td>
<td>The management structure of the National Health Service. An outline of central and local government.</td>
<td>The policies, structure and contribution of other health, social and voluntary services.</td>
</tr>
<tr>
<td>11. Co-ordination of services.</td>
<td></td>
<td>The principles of management as adapted to the needs of community care. Basic understanding of the principles of motivation.</td>
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<tr>
<td>12. Organisation and supervision of the nursing team.</td>
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</tbody>
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Source: PADNT Report 1976: Appendix 1
APPENDIX 5.6

Members of New Curriculum Planning Committee

Chairman: Miss M'Leaster RGN RNT QN CHNT DNT
Senior District Nurse Tutor
District Nurse Training School
Belfast

Miss R M Brooks RGN RSCN SCM HV QN CHNT Cert
Senior Lecturer in District Nursing
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Mrs M Damant SRN CMB Pt 1 QN NDN HV HV Tut Cert DNT
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Miss U J Haslam SRN SCM HV QN
Divisional Nursing Officer (Retired)

Miss R M Lovett OBE RGN SCM HV QN DNT RNT
Lecturer in District Nursing
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Newcastle-upon-Tyne Polytechnic

Miss E B McKerrow SRN RSCN HV PN NDN DNT
Senior Lecturer in District Nursing
Bolton College of Education (Technical)

Mrs K McManus SRN RNN QN NDN
Divisional Nursing Officer
Community Nursing Services
Redbridge and Waltham Forest AHA

Miss B M Robottom BA SRN RSCN QN RNT CHNT DNT
Lecturer in Nursing
Department of Nursing
University of Manchester

Source: PADNT 1979:Bulletin No 15, August
APPENDIX 6.1

COPY FROM: THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES


Dear Sir/Madam,

Community Nursing Experience in the Training of Nurses for the part of the Register for Sick Children's Nurses and the part of the Register for General Nurses.

Following publication of the Council's 1969 Syllabus of Training for admission to the general part of the Register and the 1969 Syllabus of Training for admission to the part of the Register for sick children's nurses, concern was expressed by training schools and Local Health Authorities of problems which might arise in planning an elective period of experience in community care or for the National Certificate in District Nursing.

During 1970 an explanatory letter was sent to Medical Officers of Health, and subsequently a meeting was held between the Council and the Department of Health and Social Security, followed by further meetings with representatives of the Council for the Training of Health Visitors, the Panel of Assessors on the Training of District Nurses, the Society of Chief Nursing Officers of the Local Authorities, the Health Visitors Association, the Association of Hospital Matrons, the Public Health Section of the Ren, the Tutor Section of the Ren, the Regional Hospital Boards - Nursing Officers, the Department of Health and Social Security and the Welsh Office.

It was agreed that it would be helpful if the Council, together with the Health Visitors Training Council and the Panel of Assessors on the Training of District Nurses, prepared a joint memorandum giving guidance on a programme for experience in community care with additional optional experience in district nursing. This document has now been approved by the three bodies and I am enclosing copies for your information. The Council wish to stress that the memorandum is only for guidance and other similar programmes would be considered.

It is appreciated that the financial implications of this experience, in replacement of nursing staff and in meeting the cost of travelling, lectures and provision of uniform, will vary between one scheme and another. The Department of Health and Social Security have recently issued a memorandum Circular 18/70 to County and County Borough Councils (England), London Borough Councils, Common Council of the City of London and to the Greater London Council for information; copies have also been sent to Medical Officers of Health with one for the Chief Nursing Officer and to Clerks and Medical Officers of Health with authority exercising, delegated health and welfare functions. The memorandum states that "In view of the considerable variation possible in local arrangements under the new syllabus of training it would seem to the Department that financial arrangements should be subject to local agreement to fit the circumstances of each individual case".

Yours faithfully,

M. Henry, Registrar.
Community Care

Design of Programme for a 6-week period with an additional optional 4 weeks for those candidates for whom district nursing experience can be arranged locally.

The programme should provide a theoretical background as well as some practical work and observation and should give the student an appreciation of the type of care to be provided in the community and the factors which will influence the provision of services.

Subjects of study

1) Revision on nature and causes of disease, the National Health Service.

2) Groups of patients who will be cared for at home:—

   a) Acute episodes;
   b) Discharge from hospital;
   c) Long-term illness or handicap;
   d) Terminal care

   Grounds for deciding whether patients shall be cared for by:—

   a) The G.P. at home;
   b) Admission to hospital.

3) The maternity services and family planning (this may have been dealt with by the tutorial staff already).

4) Prevention of disease:—

   a) Environmental control;
   b) Screening for specific conditions or of specific groups, e.g. school children;
   c) Health education.

5) Nursing in the community, the 3 aspects:—

   a) The promotion of health;
   b) The prevention of disease or its containment;
   c) Clinical care.

   The nursing staff concerned in community care:—

   a) The aims and objectives of health visitor and district nurse, their post-certificate preparation;
   b) The working day of each;
   c) Their relationship to other professions, e.g. attachment to general practice, relationships with Social Work departments;
   d) The development of occupational health services and the work of the occupational health nurse.

6) Future Developments in the Health Services.
Contd........

**Design of the Period**

2 days weekly or 1½ days should be allowed for the provision of theoretical instruction. For the specific work on the community it will be necessary to bring in other lecturers, e.g. general practitioners. Where the nursing school is in a university city and there is a general practice teaching unit within the medical school, it may be possible to have assistance from that unit. For the nursing in the community it is desirable that a series should be covered by one person, if possible, and where a health visitor training school which has associated district is in being in the local polytechnic or technical college, the tutorial staff could participate in the teaching. The tutorial staff of the school may assist in some aspects of teaching.

The period should allow for 3 - 3½ days weekly in the field.

This might be designed from a total of not less than 18 days, as:

- 5 days accompanying the district nurse and giving practical assistance;
- 3-5 days in out-patients departments;
- 8-10 days observation to be organised by the health visiting service in the local health authority. This could provide a considerable variety.

Some examples which might be included are:

- An actual day with a health visitor or domiciliary midwife;
- Visits to day centres or special provision for the elderly;
- Visits to centres providing for the day care of children, either residential or day nursery;
- Visits to the health education department of a local authority, where available;
- The observation of methods of environmental control, such as food handling;
- There should also be an opportunity for observing ante-natal or post-natal clinics and mothercraft classes.
- Welfare services;
- Voluntary services;
- Schools for the blind or deaf;
- Occupational health centres.

Not all students will see every one of these examples, but a selection may be made which will provide a useful discussion later. If it is possible to organise that students should follow up by a home visit, patients seen in the out-patients department; this will also provide a valuable example of the observation of the care which may be provided in the community.

For those students for whom opportunities exist locally to proceed to more concentrated experience in district nursing, an addition of 4 weeks whole-time district nurse practice would be considered for some remission of eventual district nurse training, if the student contemplates this after registration.

Some other students could have an additional 4 weeks experience in the out-patients department.
4 weeks additional optional experience in District Nursing

Design of 4 week District Nursing programme as an extension of the 6 week community care option, (proposed) the whole giving a remission of 4 weeks from the National District Nurse Training Course (Post-Registration).

Design of the Period

Relating theory to practice, this period should be spent entirely with the District Nursing Sister, preferably attached to General Practitioner. Emphasis should be on:

a) Nursing of patients in their own homes.
b) Diagnostic and treatments sessions within Group Practice or Health Centre.

One half day per week for case discussion with Local Authority's Nurse Training Officer.

On-going assessment of students' practical progress with two written reports.

Test papers and case studies, which would be used as a guide to students theoretical ability and could be used as reference in application for remission of 4 weeks N.D.N. Training.

Participation and responsibility is essential. Student should be involved in actual nursing care following a short period of observation. She should be placed with an experienced Nursing Sister to whom she would be responsible.

Conclusion.

The five days spent with the District Nursing Sisters during the community care period would be spent observing and participating.

This should enable the student during this 4 weeks extension to have actual responsibility for a group of patients in close consultation with the Practical Work Instructor/Experienced District Nursing Sister.

Assessment rounds by a Senior Nursing Officer (Local Authority) are recommended.

a) during 1st week.
b) during 4th week.

For inclusion in 4 weeks practical experience.

The student should be taught:

1. The practice and principles of district nursing.
2. A concept of Total Patient Care.
   a) Treatments at home, in the surgery or clinics.
   b) Diagnostic screening and prophylactic or procedures.
   c) Rehabilitation — in terms of the whole patient progressive and supportive (chronic sick and terminal cases).
   d) Opportunities for Health Teaching whilst participating in nursing care of patients.
To County and County Borough Councils (England)
London Borough Councils
Common Council of the City of London
Greater London Council (for information)

Sir

GENERAL NURSING COUNCIL - 1969 SYLLABUS

1. In April 1969 the General Nursing Council informed hospital authorities and nurse teaching schools that following their review of the 1962 Syllabus for the training of nurses for the General Register, a revised Syllabus (1969 Syllabus) had been prepared which would be compulsory for all student nurses entering training on and after 1 January 1971, but could be used by training schools before that date. There would be no change in the content of the Final Examination before February 1974.

2. The revised syllabus provided that student nurses entering training on or after 1 January 1971 would be required to include in their training one of the following subjects: psychiatric, geriatric, community or obstetric nursing. Students entering training on or after 1 January 1975 would be required to include two of these: (i) either psychiatric or geriatric, and (ii) either community or obstetric nursing. The Council's intention was that the period allocated for each type of nursing experience should normally fall between a minimum of 8 weeks and a maximum of 12 weeks. The syllabus envisaged that for community nursing (Aspects of Community Care), a 12 weeks course leading to the National Certificate of District Nursing would be arranged where possible; alternatively this option would comprise experience in out-patient clinics combined with allocation to health centres and/or group practice and observation of the various community care services.

3. Some uncertainty has been expressed by local health authorities and training schools about the implications of the proposals contained in the GNC 1969 Syllabus for the community nursing services especially in relation to the existing arrangements for district nurse training introduced by circular 23/67, and consultations between

The Clerk of the Council
The Town Clerk
the General Nursing Council, Department of Health and Social Security, Welsh Office, and local authority and professional associations have indicated a need for clarification of the GNC's intentions. The guidance in the following paragraphs has been agreed by the General Nursing Council and the two Government Departments.

4. The ability of individual local health authorities to accept student nurses for community experience will vary according to their resources, including for example the availability of nurse teaching and supervisory staff. No local health authority will be expected to take students on request from hospital nurse training schools unless they have the necessary facilities and wish to do so. Provision of community experience in any particular case would be a matter for negotiation between the local authority and training school concerned. London presents special problems and the General Nursing Council intend to consult the training schools and local health authorities concerned.

5. The short period of up to 5 days community observation required by all students under the 1962 Syllabus will be continued.

6. The Secretaries of State for Social Services and for Wales have sought the views of the Panel of Assessors for district nurse training on the proposal that a course of training leading to the award of the National Certificate for District Nursing should be provided during basic nurse training. In order to determine whether those courses already in existence are providing adequate training for district nurses, the Panel are currently reviewing the experimental integrated SN/District Nurse training courses of 12 weeks duration which have been approved from time to time. Their advice, which the Secretaries of State have accepted, is that such courses should remain subject to individual approval by the Secretaries of State. Accordingly no general reduction from 16 weeks to 12 weeks in the duration of district nurse training which is undertaken during training for the Register will be approved. Particular courses may be submitted to the Panel of Assessors in the usual way, but it should be borne in mind that consideration of approval may be deferred until the review mentioned above is completed.

7. In those teaching schools which provide training in aspects of community care, the students concerned will undertake a six weeks period of experience in the community. The programme should provide theoretical instruction as well as some practical work and observation and should give the student an appreciation
of the type of care to be provided in the community and the factors which influence the provision of services. For those students for whom opportunities exist locally to proceed to more concentrated experience in district nursing there would be an additional 4 weeks wholetime district nursing experience, and the whole period of 10 weeks would count for remission of 4 weeks from the standard 16 weeks training course leading to the award of a National Certificate in district nursing. Some other students could have an additional 4 weeks experience in out-patients departments. The programme of training has been agreed by the General Nursing Council, the Council for the Training of Health Visitors and on the recommendation of the Panel of Assessors, by the Secretary of State. Training schemes leading to remission of district nurse training will be subject to the approval of the Secretary of State.

8. Some elaboration of the explanatory memorandum (69/4/3 Details explaining Paper B dated April 1969) issued by the General Nursing Council will be necessary, and the Council propose to issue a document giving further guidance as soon as possible.

9. In view of the considerable variation possible in local arrangements under the new syllabus of training it would seem to the Department that financial arrangements should be subject to local agreement to fit the circumstances of each individual case.

10. A copy of this circular has been sent separately to the Medical Officer of Health with one for the Chief Nursing Officer. Copies have also been sent to the Clerks and Medical Officers of Health of authorities exercising delegated health and welfare functions.

I am Sir
Your obedient Servant

E L Mayston
Assistant Secretary
APPENDIX 6.3

WEST MIDLAND POST REGISTRATION NURSE TRAINING
COMMUNITY CARE COMMITMENT, 1969 SYLLABUS
SIX WEEK OPTION

WEEK ONE, 5TH JUNE, 1972

Central & Local Health Service Administration, Inc. Future Dev.

1st. Day
Spent at Training Centre:

OUTLINE OF COURSE

Introduction to:-
Superintendents Home Nursing
Practical Work Instructors

Theory:
Structure Central and Local Government Finance, Costing etc.

Three days with P.W.I.'s
To meet Medical Officer of Health
Chief Nursing Officer
and talk with:-
Chief Admin. Officer
Group Accountant
Supplies Officer

Relationships with other services
Assessment of nursing need

Day at Training Centre
Theory:
Executive Council

Typical cases nursed on the district

WEEK TWO, 12TH JUNE, 1972

Patient's cared for at home
Assessment of type of care

Two Days with P.W.I.'s
Minimum of one day in group practice

Attend case discussions with Group Practice team.

Introduction to:-
Diabetic Visitor
Geriatric Visitor
Tuberculosis
Supt. Health Visitor

One day with Diabetic
or
Tuberculosis
or
Geriatric Visitor

See counselling and consultation, where possible.

Two days at Training Centre
Theory:
Assessment for home or hospital care and return to work

Geriatrician
Chest Physician
Director Social Services

Social Services Dept.
Medico Social Worker
Social Security

Visit Aged persons accommodation

WEEK THREE, 19TH JUNE, 1972

Maternity Services
Family Planning

Four days

Introduction to:-
Supervisor Midwives
Assistant Supervisor Midwifery Tutor
Teaching Midwives
Health Visitor
School Nurse.

Mother and Baby in the Home
Ante Natal visits in the home

Mothercraft
Relaxation
Early discharges
Mother and baby clinics
C.F. Maternity Unit

Wherever possible the student should be present at Examination, counselling, and group teaching sessions

One day at Training Centre

Theory:
Development of the F.P.A.
Local Authorities Commitucn

Visit
Family Planning Clinic

Based on 5 day week, presuming off duty taken at weekends and 11 study days

914
WEEK FOUR, 26TH JUNE, 1972

The Nursing Staff Involved in Community Care
Prevention of Disease

Two days with the Health Visitor "on the beat"

Overall responsibility for the family

Toddler assessments

Her work in Health Education within the family setting

Mobilisation of Services

Two days

Introduction to:

Senior School Nurse and staff

School medicals

Defect clinics

Physiotherapy

Hearing Testing

Special Schools

One day in Training Centre

Theory:

The School Health Service
The Public Health Inspectors
Vaccination and Immunisation

Visit:

Health Education Department

WEEK FIVE, 3RD JULY, 1972

Prevention of Disease Supportive Services

Two days

Introduction to:

Chief Public Health Inspector and staff

Each student to see a different speciality

Emphasis on:

Multiple occupancy Housing
Food handling

WEEK SIX, 10TH JULY, 1972

Occupational Health

Two days

Occupational Health

Either at:

Factory Medical Centres

or

with West Midlands Occupational Health Service

Three days in Training Centre

The Role of:

The Health Visitor

The District Nurse

The Management of:

Local Authority Nursing Services

(inc. revision of week one)

Recapitulation of the course and its application to various cases and problems seen

Visit:

Day Nursery

PHF/IB/8/71

915
WEST MIDLAND POST-REGISTRATION NURSE TRAINING

COMMUNITY CARE COMMITMENT. 1969 SYLLABUS

FOUR WEEK EXTENDED OPTION

This four week option will be treated as an extension of the six-week option, with natural emphasis on the time spent with the Home Nursing Team.

There will be FOUR study days, and Theoretical teaching will be given on:-

17 JULY 1972 WEEK ONE: The Practice and Principles of District Nursing

(a) District Organisation

The Days Work - Q. & A. Discussion - Problem solving
Priorities - " " " " session
Adaptation of the Household - Demonstration - problem set

(b) Nursing of Specific Diseases

Children - Childrens Nursing Unit - Discussion
Carcinoma-Chests - Case Study - Discussion - Demonstration
Disability - Discussion - Case Study
The terminally ill

(c) Preventative Measures

Safety in the Home - Film - display - demonstration - Fire Officer
Dietetics, aged, Long term sick
linked with financial problems
- Discussion - fact finding
Effects of long term sickness on
patient and family - Discussion - case study

(d) Relationships and Responsibilities

Within the team
G.P., Colleagues, Relatives and
friends of the patient
The Patient himself - Role Playing - Discussion - Case study

24 JULY 1972 WEEK TWO: Concepts of total Patient Care

That illness commences in the Community
(link with "c" above) - Discussion - slides - statistics

The patient, home to hospital, hospital
to home, patient follow up, Continuous
assessment of need - Problem solving
The support of relatives and voluntary helpers - Case studies

Emphasis on physical mental and social well being of the patient related to part one of the programme and section 2 (principles) above - Discussion, problem solving

31 JULY 1972 WEEK THREE: Rehabilitation

The home sitation for the disabled Methods of rehabilitation Teaching relatives these methods Cases: Strokes - Arthritics - Amputtees Role of the Social Services Department

) Casualties Union ) Physiotherapist ) Role Playing ) Limb & Appliance Centre

7 AUGUST 1972 WEEK FOUR: Health Teaching

How to exploit a situation to carry this out. Counselling. Example - Discussion - fact finding - role playing

Each student will deal with a small group of patients, supervised closely by a Practical Work Instructor.

During week one an assessment will be made of the students work by the Senior Nursing Officer Home Nursing, of the Borough in which the student is accommodated. The Student will already have been assessed as suitable to do the 4 weeks option by the Practical Work Instructor - it is felt that an assessment by the Nursing Officer responsible would be of great value.

A second assessment will be made by the Teaching staff, from the centre, the results of these and theoretical assessments will be kept at the training centre for future reference along with written comment from involved nursing officers during the six weeks original option.

Most of the subject matter will be taught by the Principal Tutor using specialists in various fields for factual discussion.

Participation methods of teaching, such as discussion case studies, problem solving, and fact finding will be used. Audio-visual techniques will also be used. The students will not, in the first course anyway, be involved with postregistration students; to make a logical progressive programme to fit both groups would be difficult, as has been found with the new State Enrolled Nurse Course.

| NB Students participating in the final course will be 2-2 3/4 years into their training for the Register. |

Source: Panel Paper PA(71)46 (amended)
QUEEN'S INSTITUTE OF DISTRICT NURSING

IN-SERVICE COURSE OF INSTRUCTION.
IN DISTRICT NURSING FOR STATE ENROLLED NURSES

1. The course is spread over a period of ten weeks and consists of practical and theoretical instruction covering the syllabus below.

2. State Enrolled Nurses who have followed the course may enter for the Institute's assessment.

3. Such nurses must be on the Rolls of the General Nursing Council for England and Wales, the General Nursing Council for Scotland or the Joint Nurses and Midwives Council for Northern Ireland.

4. Written and practical assessments are carried out twice yearly; the written assessments on the first Tuesday of June and November.

5. An assessment fee of three guineas is payable by the candidate.

6. A certificate is awarded by the Queen's Institute to successful candidates.

PRACTICAL INSTRUCTION

Throughout the course emphasis is placed on the practical nursing of patients in their own homes. Instruction is given in the classroom and on the district on the adaptation of hospital nursing methods and techniques to the home and, according to the needs of the individual nurse, should include the following:

(i) Responsibility of the nurse to the family, care of the patient between her visits, including nursing care, diet and general hygiene.
(ii) Sterilisation of equipment in patients' homes, improvisation and use of domestic resources, use and care of nursing bags.
(iii) Injection technique, sterilisation of syringes and needles, and possible dangers.
(iv) Surgical dressings, methods used to achieve asepsis.
(v) Barrier nursing of communicable diseases.
(vi) Responsibility to disabled patients in regard to rehabilitation, use of available services, and the acceptance of their own limitations.
(vii) Need for good human relationships with colleagues and all health, welfare and social workers.
(viii) Prevention of accidents in the home, including use and storage of patients' drugs.
(ix) Care of loans—district nursing equipment, cleanliness and storage.
(x) Correct methods of lifting.
(xi) Practice in planning the order of visits and the keeping of records.
THEORETICAL INSTRUCTION

(a) **Introduction**
   The value of nursing patients in their own homes.
   Ethics of nursing at home.
   
(b) Development of local health services and the National Health Service.
   
(c) Outline of welfare and social services and the place of voluntary organisations.
   
(d) Co-operation of nurse with general practitioner and other colleagues.
   Planning a day's work.
   Approach to patients, relatives and friends.
   Value of observation, reporting and keeping records.
   
(e) Nursing care of patients with prolonged and terminal illness and effect on family, covering cardiac disease; cancer; chronic bronchitis and other chest conditions; diabetes; diseases of the central nervous system.
   Rehabilitation, including aids for the disabled.
   
(f) Care of the aged—statutory and voluntary services. Senility, diet, prevention of loneliness.
   
(g) Nutrition, family budgeting and costs, food values and storage, special diets.
   
(h) Prevention of accidents.
   
(i) Emergency midwifery.

It is expected that teaching sessions will be conducted mainly by superintendents of district nursing, although where appropriate it is hoped medical officers, general practitioners or specialist lecturers may be invited to conduct the session.

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SUGGESTED VISITS OF OBSERVATION
(At least 6 to be made)

*Old People's Homes or Day Hospitals.*
*Rehabilitation or Occupational Therapy Centre.*
*Psychiatric Hospital.*
*Aids for disabled—gadgets—kitchens.*
*Day Nursery.*
*Local Health Authority Clinics.*

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September 1963.
QUEEN’S INSTITUTE OF DISTRICT NURSING

NOTES ON THE EMPLOYMENT
OF STATE ENROLLED NURSES ON THE DISTRICT

1. Provided she works under the supervision of a Registered Nurse, and her duties are defined, the Queen's Institute is of opinion that there is an important place for the State Enrolled Nurse in the domiciliary field of nursing.

2. The Registered Nurse in charge of her area is responsible for the arrangement of work and the allocation of patients to the Enrolled Nurse.

3. The State Enrolled Nurse should be given responsibility to carry out to the full the duties for which she has been trained.

4. The condition of the patient to whom the treatment is to be given should be the deciding factor as to whether a State Enrolled Nurse or a Registered Nurse should attend.

5. The Registered Nurse should make the first visit to new patients, and should be responsible for the discharge of all patients. She should see all patients at least fortnightly. (It is suggested that this might be done when relieving the S.E.N. for her off duty.)

6. The Registered Nurse and the State Enrolled Nurse should meet daily if possible. If this is not possible for any reason, contact should be made by telephone.

7. In any district nursing service the proportion of State Registered Nurses to State Enrolled Nurses should be such as to ensure adequate supervision.

September 1963.
STATE ENROLLED NURSES ON THE DISTRICT
Queen's Institute of District Nursing

TRAINING

A. POST-CERTIFICATE COURSE OF INSTRUCTION

The course is open to nurses whose names appear on the Rolls 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.

In-service practical and theoretical instruction covers a period of ten weeks.

State enrolled nurses are frequently recruited for training and employed in the area in which they live, but where a course of instruction is not available in the vicinity they may be sponsored by their employing authority, i.e., a county or county borough council or a district nursing association, to take the course at the nearest approved training centre.

The training fee and cost of uniform are paid by the employing authority, or by the sending authority if training is undertaken by another authority (see page 8).

During the course State enrolled nurses continue to receive full salary in accordance with the Whitley Council recommendations.

During training, State enrolled nurses may be resident or non-resident. When resident in the training centre, a deduction from salary is made in respect of board and lodging.

SYLLABUS

Practical Instruction

Throughout the course emphasis is placed on the practical nursing of patients in their own homes. Instruction is given in the classroom and on the district regarding the adaptation of hospital nursing methods and techniques to domiciliary practice.

Instruction includes:

(i) Responsibility of the nurse to the family; care of the patient between her visits, including nursing care, diet and general hygiene.
(ii) Preparation of equipment in patients' homes; improvisation and use of domestic resources; use and care of nursing bags.

(iii) Injection technique, and possible dangers; sterilisation of syringes and needles.
(iv) Surgical dressings; methods used to achieve asepsis.
(v) Barrier nursing of patients with communicable diseases.
(vi) Responsibility to disabled patients in regard to rehabilitation, and the acceptance of their own limitations; use of available services.
(vii) Correct methods of lifting patients.
(viii) Prevention of accidents in the home.
(ix) Use and storage of patients' drugs.
(x) Co-operation with other workers.
(xi) Care of district nursing equipment and loans, cleanliness and storage.

Theoretical Instruction

Lectures and tutorials:

(i) The value of nursing patients in their own homes. Ethics of nursing at home.
(ii) Development of the National Health Service and local health services.
(iii) Outline of welfare and social services and the place of voluntary organisations.
(iv) Co-operation of nurse with general practitioner and other colleagues.
(v) Planning the day's work.
(vi) Approach to patients, relatives and friends.
(vii) Value of observation, reporting and record keeping.
(v) Nursing care of patients with prolonged and terminal illness, and effect of illness on the family. This will cover cardiac disease; cancer; chronic bronchitis and other chest conditions; diabetes; diseases of the central nervous system; rehabilitation, including aids for the disabled.
(viii) Care of the aged—statutory and voluntary services. Senility, diet, prevention of loneliness.
(ix) Nutrition, family budgeting, food values and storage, special diets.
(x) Prevention of accidents.
(xi) Emergency midwifery.
It is expected that teaching sessions will be conducted mainly by superintendents of district nursing, although, where appropriate, it is hoped that medical officers, general practitioners or specialist lecturers may be invited to conduct sessions.

Visits of Observation
Visits of observation are included in the training according to individual needs as follows:
- Old people's homes or day hospitals
- Radiotherapy centre
- Rehabilitation or occupational therapy centre
- Psychiatric hospital
- Aids for disabled—gadgets—kitchens
- Day nursery
- Local health authority clinics

B. INTEGRATED COURSE OF INSTRUCTION
A number of hospitals with pupil nurse training schools (see page 8) are co-operating with district nurse training centres to include district nursing experience and instruction within the basic training for the Roll. Unnecessary duplication of tuition and practical instruction is avoided, but adequate experience is given in district nursing practice. As a number of the lectures are covered in the hospital syllabus, the period actually spent in district nursing instruction and experience is eight weeks. The district nursing syllabus for State enrolled nurses (see page 4) is covered in its entirety, but is adapted to meet the needs of the pupil nurses and is integrated with the hospital training, as follows:

(i) Introduction to district nursing
At the beginning of the two years' course of training, the pupil nurse is given one or two days' introduction to district nursing.

(ii) Practical instruction
During the first year in hospital two weeks are spent on the district. A further six weeks of district nursing experience and instruction are given either immediately before or immediately after the hospital assessment.

(iii) Theoretical instruction
The lectures and visits of observation not covered in the hospital syllabus are given during the six week period of district nursing instruction.

During the two periods spent on the district the pupil nurses may be resident at either the hospital or the district nurse training centre, whichever is more convenient. Non-residents are accepted.

ASSESSMENT
State enrolled nurses who have completed the course may enter for the Institute's written and practical assessment. Integrated pupils must have completed eighteen months' basic training before taking the district nursing assessment.

The practical assessment is conducted by one of the District Nursing Officers on the staff of the Queen's Institute.

An assessment fee of three guineas is payable by the candidate.

An Enrolled Nurse Certificate in District Nursing is awarded to successful candidates by the Queen's Institute.
TRAINING CENTRES

Barrow
House Nursing Centre, New Street, Barrow

Birmingham
Public Health Department, Trafalgar House, Paradise Street, Birmingham 1

Bolton (in conjunction with Manchester)
Health Department, Civic Centre, Bolton, Lancashire

Bradford
Bradford D.N.C., 93 Little Horton Lane, Bradford 5

Derbyshire
County Health Office, 16 Grosvenor Road, Wrexham, Denbighshire

Exeter
District Nursing Association, 11 Elm Grove Road, Exeter

 Flintshire
County Health Offices, Mold, Flintshire

Halifax
District Nursing Association, Kirby Lane, Savile Road, Halifax

Lancashire
East Cliff County Offices, P.O. Box 88, Preston, Lancashire

Liverpool
Room 36, Health Department, Ashton Garden, Liverpool 3

Hucknall
Public Health Department, 380 Old Street, London E.C.1

Hillingdon
Public Health Department, 139 Upper Street, London N.7

Leeds
District Nursing Association, 3 Holmsholt Road, London E.2.5

Newham
99 The Grove, Stratford, London E.15

City of Westminster
City Hall, 67-74 Victoria Street, London S.W.1

Manchester
Health Department, G.P.O. Box 399, Town Hall, Manchester 2

Portsmouth
Victoria District Nursing Association, Radnor House, 3 St. Andrew's Road, Southsea

Sheffield
Public Health Department, Broomhill Memorial Home, Endcliffe Crescent, Sheffield 10

Somerset
Health Department, County Hall, Taunton, Somerset

Suffolk (West)
Public Health Department, County Hall, Ipswich

Surrey (West)
County Health Department, County Hall, Chichester

Warwickshire
County Health Department, Leamington Road, Warwick

York
Health Services Centre, Duncombe Place, York

SCOTLAND
Aberdeen
Inglebrooke House, 7 Castle Hill, Aberdeen

Edinburgh
Central Training House, 29 Castle Terrace, Edinburgh 1

HOSPITALS

Blackburn Hospital, Lancaster
Charley and District Hospital, Charley

Exmouth Hospital, Exmouth
Redhill Hospital, Exeter

Aldridge Hospital, Hamilton
St Matthew's Hospital, London N.1

In conjunction with
Lancashire County Council

In conjunction with
Exeter District Nursing Association

In conjunction with the London Boroughs of Islington and Hounslow

Source: Queen's Institute of District Nursing Brochure - undated
APPENDIX 7.3
Panel of Assessors Recommendations on the Training of Enrolled Nurses May 1968

Syllabus of Training for the Enrolled Nurse
Practical and theoretical instruction should, as for the S.R.N., be varied according to the experience and needs of the individual nurse but should include the following:-

A. Practical Instruction
(a) Responsibility of the nurse to the family, care of the patient between her visits, including nursing care, diet and general hygiene.
(b) Improvisation and use of domestic resources, use and care of disposable and other nursing equipment.
(c) Injection technique (including sub-cutaneous and intra-muscular injections).
(d) Surgical dressings, methods used to achieve asepsis.
(e) Responsibility to disabled patients in regard to rehabilitation and use of available services.
(f) Communications with colleagues and all health, welfare and social workers.
(g) Prevention of accidents in the home, use and storage of patients drugs.
(h) Correct methods of lifting.

B. Theoretical Instruction

1. Health, Welfare and Social Services
   (a) Development of Local Health Services and the National Health Service 1
   (b) Outline of Welfare and Social Services and the place of voluntary organisations. 1
   (c) Responsibilities in relation to:
       (i) General practitioners and other colleagues 1
       (ii) Planning a day's work
       (iii) Reporting and keeping records

2. Nursing in the Home
   (a) Responsibility to patient and family
       Total care of the patient: approach to patients, relatives and friends; value of observation. 1
   (b) General principles
       Nursing care of patients with prolonged and terminal illness and effect on family, covering cardiac disease, cancer, chronic bronchitis and other chest conditions, diabetes, diseases of the central nervous systems. Rehabilitation, including aids for the disabled. Statutory and voluntary services for the disabled. Senility, diet, prevention of loneliness. 5
Number of Teaching Sessions

(c) Nutrition, family budgeting and costs, food values and storage, special diets.  1
(d) Prevention of accidents  1
(e) Emergency midwifery  1

C. Visits of Observation
These would be for local decision but should include a visit to a health centre.
JOB DESCRIPTION OF THE STATE ENROLLED NURSE

When considering the actual job description of an enrolled nurse, it was thought necessary to first consider the following:

(i) The needs of the community in 1966 and future trends.
(ii) The meaning of "nursing in the community".
(iii) The concept of the nursing team.
(iv) The functions that can be undertaken by the enrolled nurse.

1. Needs of the Community in 1966 and Future Trends

(a) Increased emphasis is at present being placed on community care services. For this to be undertaken, nurses, including state enrolled nurses and auxiliary nurses, will need to be attached to doctors' group practices.

(b) When full community care services are provided, it will be possible to have better liaison with the hospital services.

(c) Earlier discharge of patients from hospital care.

(d) The concept of progressive patient care involves both the hospital and local authority nursing services.

(e) There is an increasing number of elderly people now living. It is necessary for the nursing team to know how to maintain the health of the old people in the community, and then to provide care when necessary. It is important that the nurse understands the meaning of rehabilitation in its widest sense. This will include knowledge of the health teaching required, knowledge of simple physiotherapy including passive and active exercises, and advice to the family.

(f) Children with handicapping conditions are now living longer, and there is thus an increase in the number of handicapped and chronic sick in the community.

(g) The Platt Report on Care of Children in Hospital recommended that children should be nursed in their own homes wherever possible.

(h) With the concept of the district general hospital, it is not expected that they will treat emergencies except a severe accident. Minor emergencies will be dealt with by the family doctor and a nursing team, the patients not being expected to attend at cottage hospitals as previously. It is most important that all nurses know how to deal with any emergency situation.
2. What is meant by "Nursing in the Community"

(a) The provision of a skilled nursing care service, and to demonstrate, teach, and supervise the nursing care that families, nursing auxiliaries, or other workers may safely assume.

(b) To guide the family to recognition of their medical, nursing and health needs and to give counsel appropriate to the situation and to the family's ability to recognize their needs.

(c) To interpret for individuals and families the implications of the medical diagnosis and to guide them in carrying out the treatment recommended by the doctor.

(d) To guide individuals with social and emotional problems to appropriate community agencies, when indicated.

(e) To perform, under the direction of a doctor, diagnostic tests and to interpret the findings of these tests to individuals and families.

(f) To help the patient to identify those things which he can do for himself and then assist him towards self-care.

(g) To work with the family in order to secure and maintain satisfactory environmental conditions that will prevent disease and accidents.

The functions indicated above point to the necessity for there to be a nursing team. Such a team will ensure that the individual patient and his problems are the central focus and that nursing functions appropriate to "care" in a given situation can be appropriately distributed among nursing personnel with varying kinds of preparation to the best advantage of the patient.

3. The Nursing Team

Such a team is described in the Fifth Report of the W.H.O. Experts Committee. References in the Fifth Report are also made to a seminar on the Training and Use of Auxiliary Personnel held in Copenhagen and organized by the W.H.O. in 1962.

The nursing team would consist of the S.R.N. who would have the overall responsibility, the enrolled nurse and, it is recommended, an increasing use made of nursing auxiliaries. It is suggested in this report that the method of work of such a team would be by means of "job assignment" and "patient assignment".

(a) Job Assignment

This is a method of work based on the allocation of specific tasks and responsibilities. Any task would then be allocated to the enrolled nurse by the S.R.N. who would accept full responsibility.

(b) Patient Assignment

It is hoped that the S.R.N., as the leader of the team, will allocate certain patients to the enrolled nurse. If the S.R.N. retains the ultimate responsibility and is responsible for the patient assignment, the enrolled nurse should carry out any nursing procedures for which she has been trained.
The Function of the Enrolled Nurse within the Team Described Above

In looking at the definition of the nurse in the community, it would seem that the enrolled nurse could be expected to carry out the following:

(a) To provide skilled nursing care, and to demonstrate, teach and supervise the nursing care that families can assume in her absence.

(b) To help the patient identify those things which he can do for himself and then assist him towards self-care.

(c) In her work with the family, to secure and maintain satisfactory environmental conditions that will prevent disease and accidents.

5. Conclusion

(a) The enrolled nurse is capable of carrying out all nursing functions under the supervision of the S.R.N.

(b) There are certain responsibilities expected of the S.R.N. which we consider beyond the province of the enrolled nurse. These include:

(i) The guidance of the family to recognition of their medical, nursing and health needs, the giving of counsel appropriate to the situation, and the family's ability to recognise their needs.

(ii) The interpretation for individuals and families of the implications of the medical diagnosis and to guide them in carrying out the treatment recommended by the physician.

(iii) The guidance of individuals with social and emotional difficulties to appropriate community agencies, when indicated.

(iv) The performance of certain diagnostic tests and interpretation of the findings of the tests to individuals and families.

It is, of course, essential for the enrolled nurse to receive training for work in the community and for there to be an on-going in-service training. This will ensure that the work of the enrolled nurse, the S.R.N., and others can be changed according to the needs of the community.

Source: Panel Paper ACTDN/PA(68)7 Appendices I and II
APPENDIX 7.4

CIRCULAR 8/70

To County Councils { County Borough Councils } England
Common Council of the City of London
London Borough Councils
Authorities exercising delegated health and welfare functions
Greater London Council - for information

Your reference: E/D172/2
Date: 4 June 1970

Dear Sir,

TRAINING OF STATE ENROLLED NURSES IN DISTRICT NURSING

1. On 2 March 1970 the Secretary of State announced his decision to set up an independent committee on nursing, under the chairmanship of Professor Asa Briggs, "to review the role of the nurse and the midwife in the hospital and the community and the education and training required for that role, so that the best use is made of available manpower to meet present needs and the needs of an integrated health service." The question of district nurse training is one of a number of matters on which the Secretary of State will look to this Committee for advice. He has however concluded, in consultation with the local authority and professional bodies concerned, that there is an urgency about organising the training of state enrolled nurses in district nursing which makes it necessary to introduce temporary arrangements as a holding measure to bridge the interval until the recommendations of the new Committee on nursing are available and can be considered.

2. Guidance was given in Circular 23/67, dated 8 December 1967, about temporary arrangements for training state registered district nurses; and almost all local health authorities have now made successful arrangements, either on their own or in co-operation with neighbouring authorities, for such training. In consultation with representatives of the profession and the local authorities, the Secretary of State has decided to extend these training arrangements, also on a temporary basis, to include state enrolled nurses employed in the home nursing service and to provide as part of the arrangements for the award of a national certificate.

3. After consulting the Standing Nursing Advisory Committee (who are at present considering the future selection, function, training and deployment of state enrolled nurses), the Secretary of State has approved the proposed model syllabus of training for state enrolled nurses reproduced as Appendix I to this Circular. The provisions of the syllabus are sufficiently flexible to take account of future developments and local needs. The intention is that the suitability of the nurse should be established by continuing assessment throughout the course of training and by examination at its conclusion.

The Clerk of the Council
The Town Clerk
clusion and that a state enrolled nurse who satisfied the examiners in both respects should be awarded a certificate to this effect.

4. The Secretary of State hopes that existing training arrangements set up for state registered nurses under Circular 23/67 will generally be able to meet also the training needs of state enrolled nurses.

5. Local health authorities who wish to carry out training on the basis of the syllabus set out in Appendix I of this Circular, and to use the arrangements already approved under Circular 23/67, will not need to seek formal approval to do so. The panel of assessors should, however, be notified. Where, exceptionally, existing arrangements do not meet the need, the Secretary of State is prepared to consider alternative proposals. Full details of what is proposed should be submitted to the panel of assessors.

6. Notification that existing facilities are to be used and proposals for other schemes of training should reach the panel of assessors by 31 July 1970.

7. A local health authority which proposes, in conjunction with a hospital authority, to carry out district training integrated with training for the Roll should submit details of the district nurse training content of the course to the panel of assessors for approval.

8. Detailed rules of procedure for the training and examination of state enrolled nurses for a national certificate are set out in Appendix II to this Circular. It will be noted that these are similar to the rules of procedure now operating in respect of the training of state registered district nurses.

9. It is proposed that the first examination under these arrangements should take place on the morning of 14 January 1971 (the date set for the 32nd state registered district nurses examination), and thereafter in January, May and September each year.

10. Local health authorities who intend to undertake the training of state enrolled nurses are invited to submit suggested examination questions, related to the syllabus outlined in Appendix I, to the panel of assessors by 31 July 1970. The panel will prepare a single examination paper selecting from the questions submitted.

11. The Secretary of State has consulted the Queen's Institute of District Nurses who have indicated their support for the new temporary arrangements outlined above. Many state enrolled nurses have already undertaken a course in district nursing and have been awarded the certificate of the Queen's Institute. The Secretary of State would regard this as equivalent to the proposed national certificate. Other state enrolled nurses may have undergone training for the district under local arrangements and have been awarded certificates by their employing authorities. Any authority seeking recognition of such certificates as the equivalent of the proposed new national certificate should submit full details of the course of training and examination to the panel of assessors.

12. A copy of this Circular has been sent separately to the Medical Officer of Health, with one for the Chief Nursing Officer. Copies have also been sent to the Clerks and Medical Officers of Health of authorities exercising delegated health and welfare functions.

Yours faithfully,

( E L Hayston)
RECOMMENDED SYLLABUS OF TRAINING FOR THE STATE ENROLLED NURSE IN DISTRICT NURSING

The state enrolled nurse should undergo a 10-week period of training on the district which should include 20 sessions of theoretical training arranged in 10 study days.

Practical and theoretical instruction may require minor variation according to the experience and needs of the individual nurse but should broadly follow a standard pattern. The basic syllabus set out below is by intention not detailed since it is based on the assumption that full use will be made of modern teaching methods and the number of formal lectures kept to a minimum. It is emphasised that this should be in-service training.

Wherever possible the opportunity should be taken for lectures to be shared by the enrolled nurse and the registered nurse in training for district nursing but their different roles will demand preparation through separate tutorials.

The examination of the capabilities of the nurse should be by practical assessment throughout the course of training and by written examination at the conclusion of the course.

SYLLABUS

A Practical Instruction

a. Responsibility of the nurse to the family, care of the patient between her visits, including nursing care, diet and general hygiene.

b. Improvisation and use of domestic resources, use and care of disposable and other nursing equipment.

c. Injection technique (including sub-cutaneous and intra-muscular injections).

d. Surgical dressings, methods used to achieve asepsis.

e. Responsibility to disabled patients in regard to rehabilitation and use of available services.

f. Communications with colleagues and all health, welfare and social workers.

g. Prevention of accidents in the home, use and storage of patient's drugs

B Theoretical Instruction

1. Health, Welfare and Social Services

   a. Development of local health services and the National Health Service. 2

   b. Outline of welfare and social services and the place of voluntary organisations. 1

   c. Responsibilities in relation to

      i. General practitioners and other colleagues.)

      ii. Planning a day's work ) 1

      iii. Reporting and keeping records )

931
2. Nursing in the Home

a. Responsibility to patient and family; approach to patients, relatives and friends; value of observation. 1

b. General principles;

Nursing care of patients with prolonged and terminal illness and effect on family, covering cardiac disease, cancer, chronic bronchitis and other chest conditions, diabetes, diseases of the central nervous system. Rehabilitation, including aids for the disabled. Statutory and voluntary services for the disabled. Senility, diet, prevention of loneliness.

c. Nursing of sick children. 1

d. Psychiatry, with particular reference to early manifestations of abnormality, stress, etc. 1

e. Nutrition, family budgeting and costs, food values, and storage, special diets. 1

f. Prevention of accidents. 1

g. Emergency/midwifery. 1

C. Visits of Observation

These would be for local arrangement but should include a visit to a health centre.
APPENDIX II

TRAINING AND EXAMINATION OF STATE ENROLLED NURSES
RULES OF PROCEDURE

1. Formal approval of schemes of training

   i. Where it is proposed to provide state enrolled nurse training through the
      facilities approved under Circular 23/67, formal approval is not required. The
      training authority should, however, notify the Secretary of State by 31 July 1970
      that they intend to undertake training.

   ii. Where it is proposed to provide training other than through the approved
       facilities, formal approval will be required and application should be made on
       Form TDN1, which should be suitably noted to indicate that it relates to state
       enrolled nurse training.

   iii. At paragraph 8 of Form TDN1 authorities are invited to nominate 2 or 3
        suitably qualified persons (doctors and nurses) in their area for inclusion in
        the Secretary of State's panel of examiners. Examiners already included in
        the approved list for state registered district nurse examination need not,
        assuming they are willing, be re-nominated for state enrolled nurse examination.

2. Examination Dates

   National examinations for state enrolled nurses will be held 3 times each year on
   the morning of the day set for the district nurse (SRN) examinations. A schedule is
   circulated to training authorities in December of each year giving the dates set for
   the latter for the following 2 years. Dates set for 1971 are: 14 January, 6 May
   and 2 September. The first national examination for state enrolled nurses will be
   held on 14 January 1971.

3. Training Courses

   Arrangements should be made for training courses to commence 10 weeks before the
   examination is to take place.

4. National Examination Paper

   A national examination paper will be set by the panel of assessors based on questions
   submitted by training authorities. Paragraph 9 of Form TDN1 invites authorities to
   submit questions for inclusion. Those authorities not requiring further approval
   are also invited to submit questions, under cover, to the Secretary, Panel of Assessors
   on District Nurse Training, Alexander Fleming House, Elephant and Castle, London SEI.
   These should be submitted by 31 July 1970. The examination will require candidates
   to answer 3 questions in 1½ hours. There will be no separation between health,
   welfare and social services and nursing in the home.

5. Marking of Question Papers and Pass Marks

   i. Twenty-five marks will be allocated to each question - a maximum of 75
      marks for the written examination.

   ii. The practical assessment should be similarly marked out of 75.

   iii. Candidates will be declared successful if, after assessment by the panel
        (see 8 below), they obtain at least 40 per cent in the written examination, at
        least 50 per cent in the practical assessment and at least 50 per cent taking the
        written and practical marks together.
Registration of Candidates

The list of candidates who intend to sit the examination should be forwarded on Form TDN3 to the secretary of the panel of assessors before each examination; the form should indicate clearly that these are SEN candidates. A detailed schedule of arrangements for each examination is already sent to training authorities concerned with SRN training; the schedules for the examinations on 14 January 1971 and subsequent examinations will also cover arrangements for SEN training.

7. Selection of Examiners

i. The training authority should select examiners from the Secretary of State's approved list, which will be augmented by any nominations approved under 1(iii) above.

ii. Not less than 50 per cent of the examiners selected should be persons holding an appointment other than in the training authority's area.

8. Submission of Marks and Scripts

After the examination the results should be submitted, not later than the date indicated in the schedule, to the panel of assessors on Form TDN2(SEN) in duplicate. The scripts for candidates who have failed to achieve the pass mark (see paragraph 5(iii) above) or whose marks are borderline* should be submitted with the results. If there are no failure or borderline cases the scripts for candidates achieving the two lowest marks overall should be submitted. The Panel will also need to see the practical assessment. The secretary of the panel of assessors may call for further scripts if required.

9. Return of Assessed Scripts and Announcement of Results

When the panel has completed its scrutiny, one of the forms TDN2(SEN) will be returned to the training authority with the addition of further columns indicating revised marking and whether the candidate is deemed to have passed or have failed. Candidates' scripts will be returned at the same time.

10. Representations against Assessment

A period of one week is allowed in which training authorities may make representations against revised marking.

11. Issue of National Certificate for SEN Training

On the recommendation of the panel of assessors the Secretary of State will approve the list of successful candidates. Certificates bearing the names and serial numbers of successful candidates will be prepared and forwarded to training authorities for signature by the nursing officer responsible for training, and issue to the nurse.

12. The Secretary of State as Ultimate Authority

The Secretary of State is the ultimate authority on marking and his decision is final.

*A "borderline" case is one in which the candidate, although achieving the pass mark, has no more than 35 marks in the written examination, or 45 marks in the practical assessment.
ADVISORY COMMITTEE ON THE TRAINING OF DISTRICT NURSES

PANEL OF ASSESSORS

DISTRICT NURSES EXAMINATION (SEN)

14th January 1971

Time allowed for examination: 1¼ hours

IMPORTANT Candidates must answer three questions. All questions carry equal marks.

Question 1. Describe your nursing care of a patient suffering from a terminal illness.

Question 2. In what way can statutory and voluntary services help an old lady of 82 years who lives alone and is suffering from malnutrition?

Question 3. You are visiting a middle aged man suffering from right sided hemiplegia due to a stroke. Describe how you would:

(a) care for his skin
(b) help him to communicate
(c) assist with his rehabilitation.

Question 4. Describe the correct technique for giving 1 gram of streptomycin. What precautions are required?

1. Candidates should have answered three questions.

2. Marks awarded for each answer should be out of a maximum of 25 (a total of 75 marks altogether).

3. No credit should be allowed for additional answers provided and where candidates have answered more than the required number of questions, the last one should be disregarded.

4. Please indicate at the foot of each question the number of marks awarded out of 25 and then, in the boxes provided on the front of the answer book, the total number of marks.

5. If you have any comments to make on the examination paper, these should be forwarded to the Secretary of the Panel of Assessors, Department of Health and Social Security, Alexander Fleming House, London SE1. It would be helpful if any comments could reach the Secretary by 28th January 1971 for consideration at the next meeting of the Panel of Assessors.
MEMBERS OF THE WORKING PARTY ON THE EDUCATION AND TRAINING OF DISTRICT NURSES (ENROLLED NURSE)

Chairman - Mr A J Carr SRN NDN Cert QN FHA FRSH MBIM
Area Nursing Officer
Newcastle AHA(T)

Miss R M Brooks* RSCN RGN SCM QN HV CHNT DNT
Senior Lecturer in District Nursing
Glasgow College of Technology

Mrs M Cole SRN SCM QN NDN Cert
Senior Nursing Officer (Community)
Doncaster AHA

Mrs M Damant* SRN CMB PT 1 QN HV HV Tut Cert DNT
Senior Tutor (Community)
Leicestershire AHA(T)

Mr P Freeman SRN QN Cert Ed DNT (From 14.9.77 to 20.3.78)
Senior Tutor
Wolverhampton AHA

Miss A A Hogg SRN QN NDN Cert Dip N(Lon) CHNT RNT DNT (From 25.4.78 to 10.1.79)
Community Health Nurse Tutor
Liverpool AHA

Dr C Kratz PhD BSc(Soc) SRN RNT SCM QN HV DNT
Editorial Adviser, Nursing Times
Community Outlook
Free-lance Journalist

Miss M E Lindars* OBE SRN SCM HV QN
Area Nursing Officer
Buckinghamshire

Dr J H Owen* MB BS MRCS LRCP FRCGP
General Medical Practitioner
Porthcawl, Mid-Glamorgan

Mr G Rumbold SRN NDN Cert RNT CHNT DNT
District Nurse Tutor
Hampshire AHA

Miss Avril Thomas SRN SCM QN HV
Area Nurse (Community and Child Health)
Gwynedd HA

*Member of Panel of Assessors

Source: Carr Report 1980:33
### SUMMARY OF RECOMMENDATIONS

#### Part 2 of the Report

#### Para No's in Report

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<th>Para No.</th>
<th>Recommendation</th>
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<tr>
<td>3.2</td>
<td>a. Definition of role and function</td>
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<td>3.3</td>
<td>b. Position of district nurse (SRN/RGN) in supervision</td>
</tr>
<tr>
<td>3.3</td>
<td>c. SEN not an independent practitioner</td>
</tr>
<tr>
<td>6.1</td>
<td>a. It is proposed to replace existing syllabus with an outline curriculum</td>
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<td>6.2.6.5</td>
<td>a. Four major objectives proposed</td>
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<tr>
<td>7.1</td>
<td>a. All students to have name on Roll of Nurses</td>
</tr>
<tr>
<td>7.2</td>
<td>b. No requirements for O' levels or CSE's</td>
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<tr>
<td>7.3</td>
<td>c. Must possess two years' experience of general nursing since qualification</td>
</tr>
<tr>
<td>7.4</td>
<td>d. Written, verbal and numeracy skills to be tested</td>
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<tr>
<td>8.1</td>
<td>a. Course to be of 16 weeks' duration excluding holidays</td>
</tr>
<tr>
<td>10.2 and 11.1</td>
<td>a. Training Centre to submit detailed programme to Panel for approval</td>
</tr>
<tr>
<td>11.3</td>
<td>b. Approval by Panel to be for five years subject to resubmission of present programme after seven courses or three years whichever occurs first</td>
</tr>
<tr>
<td>9.1</td>
<td>a. Extra to establishment</td>
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<tr>
<td>9.2</td>
<td>b. Seconded by AHA on a full time basis</td>
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<tr>
<td>9.2</td>
<td>c. District Nurse Tutor to assume overall responsibility</td>
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</table>
9.2 d. Delegation to practical work teachers

TEACHING RATIOS

5.2 a. Ratio of one practical work teacher to not more than two students to be established

EXAMINATION PROCEDURE

10.1 a. Written work
   At the end of 16 weeks, a 2-hour paper set by the Panel to be taken covering the principles and practice of district nursing

10.2 b. Assessment of practical work
   Each student to be examined by the district nurse tutor following production of a case study or project.

10.3-10.4 c. Continuous assessment
   Centre to give report on each student based on
   i. Continuous assessment of course work
   ii. Supervised practical work

AWARD OF NATIONAL DISTRICT ENROLLED NURSE CERTIFICATE

10.5 a. To be dependent on student obtaining passes in all parts of the examination

UPDATING COURSES

12.1 a. District nurse tutors and practical work teachers.
   It is recommended that all teaching staff are introduced to the new curriculum before implementation commences

12.2 b. District nurses (SRN/RGN)
   All district nurses should be introduced to the content of the new course

12.3 c. State enrolled nurses holding NDN Cert (E)
   All such qualified nurses will need introducing to the new course of study

REVIEW OF CURRICULUM

13.1 a. It is recommended that a review of all proposals made in the Report be commenced at the end of three years.

### APPENDIX 7.8

Outline Curriculum Course Content for the Education and Training in District Nursing for the State Enrolled Nurse 1980

<table>
<thead>
<tr>
<th>SKILLS</th>
<th>KNOWLEDGE</th>
<th>ATTITUDES</th>
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<tbody>
<tr>
<td>1. Collection of Information</td>
<td>Principles of practice of district nursing</td>
<td>Appreciates the importance of accurate and relevant information</td>
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<tr>
<td></td>
<td>Methods of obtaining and using information</td>
<td>Respects the need for confidentiality</td>
</tr>
<tr>
<td></td>
<td>Principles of documentation</td>
<td>Understands the concept of total patient care</td>
</tr>
<tr>
<td>2. Recognition of fundamental nursing needs</td>
<td>Basic principles of nursing care</td>
<td>Willingness to accept professional responsibility</td>
</tr>
<tr>
<td></td>
<td>Normal and disordered body function</td>
<td>Displays an orderly approach to her work</td>
</tr>
<tr>
<td></td>
<td>Physiology underlying nursing care</td>
<td>Appreciates the challenge and frustrations in long term nursing care</td>
</tr>
<tr>
<td></td>
<td>Elementary dietetics</td>
<td>Respect for the values of the patient and those who care for him</td>
</tr>
<tr>
<td>3. Organising own work within agreed care plan</td>
<td>Selection of priorities</td>
<td>Alertness to verbal and non-verbal cues</td>
</tr>
<tr>
<td></td>
<td>Use of the nursing process in relation to care within the home</td>
<td>Respect for patients property</td>
</tr>
<tr>
<td>4. Giving nursing care</td>
<td>Methods of adapting nursing skills to care within the home</td>
<td>Awareness of need to appraise own performance</td>
</tr>
<tr>
<td></td>
<td>Psychological and social needs of patients and families</td>
<td>Willingness to adjust to changing needs</td>
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<tr>
<td></td>
<td>First aid and other forms of crisis intervention</td>
<td>Recognition of the limitations of own personal and professional knowledge</td>
</tr>
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<td></td>
<td>Signs and effects of stress</td>
<td>Displays willingness to work as part of a team</td>
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<td></td>
<td>Drugs and therapeutic measures for conditions commonly met in the home</td>
<td>Awareness of the importance of communication in total patient care</td>
</tr>
<tr>
<td></td>
<td>Rehabilitation measures</td>
<td>Understanding of the importance of records in patient care</td>
</tr>
<tr>
<td></td>
<td>Correct use of aids and equipment</td>
<td>Understanding the importance of accuracy and confidentiality</td>
</tr>
<tr>
<td>5. Monitoring patient care</td>
<td>Expected result of prescribed care and treatment</td>
<td>Appreciation of the value of positive health</td>
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<tr>
<td></td>
<td>Procedure for monitoring patient’s response to nursing care</td>
<td>Recognition and appreciation of own role in health teaching</td>
</tr>
<tr>
<td>6. Interpersonal relationships</td>
<td>Role and function of the primary health care team members</td>
<td>Awareness of the skilled help and care available to patients from the statutory and voluntary services.</td>
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<tr>
<td></td>
<td>Psychology of interpersonal behaviour and family dynamics</td>
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</tr>
<tr>
<td>7. Communication</td>
<td>Basic principles of verbal and written communication</td>
<td></td>
</tr>
<tr>
<td>8. Reporting and recording</td>
<td>Techniques of record keeping and report writing</td>
<td></td>
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<tr>
<td></td>
<td>Use of records in establishing continuity of patient care</td>
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<tr>
<td></td>
<td>Legal implications in the use of records</td>
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</tr>
<tr>
<td></td>
<td>Maintenance of care plans</td>
<td></td>
</tr>
<tr>
<td>9. Health Teaching</td>
<td>Methods of health promotion</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Preventive measures</td>
<td></td>
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<tr>
<td></td>
<td>Health hazards</td>
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<td></td>
<td>Environmental health</td>
<td></td>
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<tr>
<td></td>
<td>Instructional techniques</td>
<td></td>
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<tr>
<td>10. Use of Social provisions</td>
<td>Relevant legislation</td>
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<tr>
<td></td>
<td>Structure of the health and social services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Organisation of services</td>
<td></td>
</tr>
</tbody>
</table>

Source: Carr Report 1980:16-18

To:- Official Correspondents to Courses in District Nursing;
District Nurse Tutors;
District Nursing Officers;
Regional Nursing Officers;
Chief Area Nursing Officers.

EDUCATION AND TRAINING OF THE DISTRICT ENROLLED NURSE

Circular PAC/82/4 issued by the Panel on 8th June 1982 indicated that with few exceptions, courses of education and training for the district enrolled nurse are sited alongside those for district nurses in colleges of further and higher education.

The colleges are now seeking guidance from the Panel on these courses and, in particular, on ways of introducing a local system of examinations.

It is encouraging to note these developments and teaching centres wishing to change to an internal examination system are invited to submit for consideration by the Panel proposals for courses incorporating an internal examination system.

For teaching centres who wish to submit proposals the following action should be taken:-

1. Guidelines for submission (DEN/1) should be obtained from the Panel.
2. Notice of intent to submit a proposal should be given to the Panel six months prior to the intended commencement of a course.
3. The submission will be required at least three months before the commencement of a course.
4. Professional staff will be available for consultation.

This invitation to submit proposals is made without prejudice to those teaching centres desiring to continue with external national examinations which will continue to be arranged three times a year as at present.

Barbara M. Robottom (Miss),
Principal Professional Officer.
To: Medical Officers of Health, Member County Councils
   " " " " Member Training Areas
Superintendents, Training Areas, Member and Affiliated County
Nursing Officers, Affiliated County Nursing Associations

The King Edward's Hospital Fund for London maintains a Staff
College for the further education of senior grades of nursing staff.
Some of these courses have been organised for Senior Ward Sisters or
potential Ward Sisters.

After discussion with the Nursing Director of the Fund, an offer
has been made to adapt the Senior Ward Sisters' Course so that it
will be helpful also to Queen's Assistant Superintendents or
potential Assistant Superintendents, and would include such Queen's
Nurses next year.

The Senior course, which is of four weeks duration, is planned
with the following objects in view:

(a) **Methods of Teaching**, both theoretical and practical.

(b) **Personal Relationships** and acceptance of responsibility.
   Principles of administration and leadership.

(c) **Total Patient Care** as provided by the national Health
   Services, including discussions with other members of the
   National Health and Social Services.

This course should be of value to Assistant Superintendents and
Queen's Nursing Sisters who have ability and are suitable for
promotion, either for work in Training Centres or in Counties.
Students must have had at least five years' experience in district
nursing and hold the full midwifery and the health visitor's
certificates. They must be recommended by their medical officers of
Health and/or Superintendents as capable of benefiting from the
course.

The King Edward's Hospital Fund have offered to give free
tuition, but students will be asked to pay four guineas a week to
cover board and lodging. The Fund hopes that, as for all their
hospital students, these selected students will also be given four
weeks' leave of absence on full salary and that the student will pay
the board and lodging charge herself.

The course will be held at the Residential Staff College, 147,
Cromwell Road, London, S.W.7., from 17th June to 13th July, 1957.
The Nursing Director of the Fund would like to know within two or three weeks if we wish to accept vacancies. Therefore Medical Officers of Health and/or Superintendents are asked to send names of applicants who would be suitable for this course to the Education Officer of the Queen's Institute as soon as possible, even though they may not yet have been able to ascertain from the employing authority that leave of absence with salary will be granted.

We are gratified that the King Edward's Fund wish to include Queen's Nurses in their senior courses and hope this will be a means of recruiting suitable people for promotion.

A. BLACK.

Education Officer.

AB/JH
2/11/56
APPENDIX 8.2

Abstract from Teachers of Nursing Act 1967

1 The following section shall be substituted for section 17 of the Nurses Act 1957—

"Teachers of Nurses

17 - (1) The Council may make rules providing for the giving of certificates by or under the authority of the Council to persons of such classes or descriptions as may be prescribed—

(a) 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; or

(b) who have such other qualifications for the teaching of nursing as may be prescribed; or

(c) who appear to the Council and the Minister, in any particular case, to be qualified for the teaching of nursing otherwise than as mentioned in paragraph (a) or (b) above.

(2) A certificate given in accordance with rules made under this section shall be known as a certificate as a teacher of nurses.

(3) In this section 'qualifications' includes qualifications as to experience and 'qualified' shall be construed accordingly."

2 Subsection (1) of section 6 of the Nurses (Scotland) Act 1951 (which requires the General Nursing Council for Scotland to make rules for certain purposes) shall have effect with the substitution of the following paragraph for paragraph (f) thereof:—

"(f) for the giving of certificates by or under the authority of the Council to persons of such classes or descriptions as may be prescribed—

(i) 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; or

(ii) who have such other qualifications for the teaching of nursing as may be prescribed: or

(iii) who appear to the Council and the Secretary of State, in any particular case, to be qualified for the teaching of nursing otherwise than as mentioned in sub-paragraph (i) or (ii) above."

and with the addition at the end of the said subsection of the words: "and in paragraph (f) of this subsection 'qualifications' includes qualifications as to experience, and 'qualified' shall be construed accordingly"

(Source: Teachers of Nursing Act 1967)
This course which extends over an academic year, is intended for District Nurses who are preparing to become tutors to District Nurse students. It includes formal lectures, group discussions and practice teaching classes. Organised visits to illustrate the work studied and practical work are arranged.

Candidates must:-

(1) be general trained nurses holding an approved District Nurse certificate.

(2) be a State Certified midwife.

(3) have held a post as a district nurse for at least three years after qualification.

A certificate will be awarded by the Council of the College on the results of an examination and the reports on the work undertaken by the student throughout the course.

FEES:

50 guineas

42 " for College members of at least one year's standing.

Examination Fee 4 guineas.
By arrangement with the London School of Hygiene and Tropical Medicine, students will be admitted to certain classes for post-graduate students taking the course for the Diploma in Public Health and will participate in group work.

**SUBJECTS OF STUDY.**

Inherited and environmental factors contributing to physical and mental health.

The development of services to meet the needs of various age groups, environmental conditions, specific problems, e.g., tuberculosis, handicapped persons, the aged and children deprived of a normal home life.

The relationship of social and cultural factors in the development of services in a community.

The administrative provisions concerned with the above services.

The role of the Public Health Nurse in the community.

Means of assessing problems, survey methods and the use of vital statistics.

Health Education, its scope and methods.

International Health - growth and present organisation.

Background to social policy:-

Changes in social structure and social conditions from about 1850; the growth and distribution of the population; the size of family; occupational structure; the rise of the professions; the employment and status of women; growth of towns, physical conditions of income and standard of living.

The growth of the social services:-

The factors influencing social reform and the development of the social services; the effects of industrialisation and urbanisation; the growth of democracy; the development of central and local government; the rise of trade unions; the role of voluntary associations and philanthropic bodies.

The functions of the social services; the recognition of need and the evolution of policy in the main fields; social security, health and housing, education and child care; regulation of working conditions.

Development of Public Health Nursing in the above context.

General and Social Psychology - the nature of human motivation, sentiments and attitudes, skills, perception, personality, characterists, needs and developments of different age groups, intelligence, group integration, leadership, suggestion and prejudice.

Practice of Education, the aims of education with some reference to the training of district nurse students, the teacher in the classroom, teaching methods, internal and external factors in effective learning, individual study its importance and place, development of observational powers, use and training of memory.

**Administration of Training Courses for District Nurse Students**

Organisation of different types of training, student selection, planning and correlation of theoretical and practical work; assessment of progress, obligations and responsibilities of the tutor.

Participation in other training basic and post-basic, in service training.
COMMUNITY HEALTH NURSE TEACHER COURSE

Options  
1) Health Visiting  
2) District Nursing

One academic year in preparation for the Community Health Nurse Teacher Certificate of the Rcn.

Number of places: 15

Entry requirements:

Candidates are normally required to hold the General Certificate of Education (or certificates) in five subjects at Ordinary level and must:

1) Hold a qualifying certificate in Health Visiting or District Nursing.

2) Have not less than three years full-time experience in the option of choice.

3) Show evidence of further study in Community Health or Social Sciences.

Candidates are required to attend for personal interview; professional references are obtained and an educational test is taken by all applicants.

COURSE PLAN

The course extends over three terms of approximately ten weeks. There are two leave periods of three weeks between the terms.

The theoretical content is planned throughout the year with a six week block of practical work at the end of the Spring Term.

SYLLABUS:

SECTION 1 - EDUCATION

a) Principles and Practice of Education

b) Training School Administration
SECTION 2 - BEHAVIOURAL SCIENCES

a) General and Social Psychology
b) Sociology
c) General Ethical Principles

SECTION 3 - COMMUNITY HEALTH AND SOCIAL SERVICES

a) Development of Social Policy
b) Community Health Services
c) Professional Developments

SECTION 1

PRINCIPLES and PRACTICE OF EDUCATION

Educational system of England and Wales
Development of Educational Ideas
Educational Psychology
Audio Visual Aids and Programmed Learning
Curriculum Planning and Teaching Practice
Research Method
Research in Education
Speaking in Public

Department of Education and Science

Teaching Hours

Approximately 18 days at the University of Surrey

plus individual sessions

Mr D E James  BSc, MEd, Director, Centre for Adult Education, University of Surrey
Miss N B Batley  HM Inspector, Department of Education and Science
Miss M Green  Tutor - Rcn Institute of Advanced Nursing Education
Miss H M Simpson  BA, Nursing Officer (Research), Department of Health and Social Security
Miss C Brooks  Tutor, Rcn Institute of Advanced Nursing Education
Mrs J Carter  Tutor, Abbey School for Speakers
Miss J K McFarlane  MA, BSc(Soc), SRN, Director of Education –
Rcn Institute of Advanced Nursing Education

TRAINING SCHOOL ADMINISTRATION

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</tr>
<tr>
<td>Training School Administration</td>
<td>20</td>
</tr>
<tr>
<td>Integrated and Degree Courses</td>
<td>8</td>
</tr>
<tr>
<td>Training for Social Work</td>
<td>2</td>
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<tr>
<td>Committee Procedure</td>
<td>4</td>
</tr>
<tr>
<td>Aspects of Management</td>
<td>6</td>
</tr>
<tr>
<td>Selection and Interviewing Procedures</td>
<td>6</td>
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LECTURERS

<table>
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<tr>
<td>Miss E E Wilkie</td>
<td>BA, and Professional Staff of the Council for the Training of Health Visitors</td>
</tr>
<tr>
<td>Miss C Brooks</td>
<td>Tutor, Rcn Institute of Advanced Nursing Education and Tutors to the Integrated and Degree Courses in London and the Provinces</td>
</tr>
<tr>
<td>Mrs H A Lash</td>
<td>Voluntary County Organiser, Federation of Women's Institutes</td>
</tr>
<tr>
<td>Mrs W Raphael</td>
<td>BSc, formerly Assistant Director, National Institute of Industrial Psychology</td>
</tr>
<tr>
<td>Miss E Brie</td>
<td>Tutor to Management Courses, Rcn</td>
</tr>
<tr>
<td>Mr P Limb</td>
<td>BA, The Polytechnic School of Management Studies</td>
</tr>
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</table>

SECTION 2

BEHAVIOURAL SCIENCES

<table>
<thead>
<tr>
<th>Subject</th>
<th>Teaching Hours</th>
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<tbody>
<tr>
<td>General and Social Psychology</td>
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</tr>
<tr>
<td>Sociology (including the Sociology of Education)</td>
<td>20</td>
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<td>General Ethical Principles</td>
<td>12</td>
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LECTURERS

<table>
<thead>
<tr>
<th>Lecturer</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr R Maliphant</td>
<td>BA(Hons), Dip Ed, Dip Psych ABPsS, Lecturer in Developmental Psychology, University College, University of London</td>
</tr>
<tr>
<td>Lecturer</td>
<td>Title</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Miss E Ann Dutton</td>
<td>BA, Staff Lecturer in Sociology, Extra-Mural Department, University of London</td>
</tr>
<tr>
<td>Mr E Baker</td>
<td>MA, BEd, Head, Department of Social Sciences, North East London Polytechnic</td>
</tr>
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</table>

### SECTION 3

**COMMUNITY HEALTH AND SOCIAL SERVICES**

<table>
<thead>
<tr>
<th>Topic</th>
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<tbody>
<tr>
<td>Development of Social Policy</td>
<td>12 (plus 6 Seminars)</td>
</tr>
<tr>
<td>Social Administration and Social Services</td>
<td>12</td>
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<tr>
<td>Current Topics in Community Health</td>
<td>18 (Seminars)</td>
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<tr>
<td>Medical Statistics</td>
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</table>

**LECTURERS**

- Public Health Medical, Nursing and Local Authority Officers (Seminars)
  - Mr W Stern  
    BSc(Econ), Lecturer, London School of Economics and Political Science
  - Mr B P Davies  
    MA(Cantab), Dip Public Administration(Oxon), Lecturer in Social Administration, London School of Economics and Political Science
  - Miss J Cooper  
    Department of Social Medicine, The London School of Hygiene and Tropical Medicine

**PROFESSIONAL DEVELOPMENTS**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Teaching Hours</th>
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<tr>
<td>Development of Public Health Nursing</td>
<td>8</td>
</tr>
<tr>
<td>Developments in Basic and Post-basic Nursing Service</td>
<td>8</td>
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<tr>
<td>Nursing Research Projects</td>
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<tr>
<td>Regional Planning and Staff Development</td>
<td>6</td>
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<tr>
<td>Professional Reading</td>
<td>1 (plus consultations)</td>
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<tr>
<td>Professional Organisation and Negotiating Machinery}</td>
<td>3</td>
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<tr>
<td>Legal Responsibilities</td>
<td></td>
</tr>
<tr>
<td>International Nursing</td>
<td>2</td>
</tr>
</tbody>
</table>
LECTURERS

Tutorial Staff, Rcn Institute of Advanced Nursing Education
Professional Staff, Rcn and other Nurse Teachers from various
education establishments

Miss B N Fawkes  BSc, Education Officer, General Nursing
Council for England and Wales

Miss L Hockey  Research Officer, Queen's Institute of
District Nursing

Miss N C Daniells  Organising Tutor, London Boroughs' Training
Committee

Group and individual visits of observation, films, tutorials and
special television series support and extend the theoretical content
and meet individual needs.

GROUP VISITS OF OBSERVATION

FIRST TERM

Council for the Training of Health Visitors, General Nursing Council,
Royal College of Midwives, Visits to Health Visitor and District
Nursing Centres in small groups, Three days with Public Health
Nursing Administrators.

SECOND TERM

Department of Health Nursing Officers.

THIRD TERM

Royal Society of Health Congress (1 or 2 sessions), A Health
Education Department, Audio Visual Aids Centre.

PRACTICAL WORK

A six weeks period of practical work is arranged at the end of the
Spring Term. Students are placed in a training school to observe and
as far as possible participate in tutorial activities both
administrative and teaching. During this time further teaching
practice assessments are made.

TEACHING PRACTICE

With health visitor and district nursing students during first term -
2 sessions.

During practical work with health visitor and district nurse students
- 4 assessment sessions (minimum).

Plus other supervised teaching as available.
GROUP WORK

Students participate in seminars throughout the year with tutors and specialist lecturers and join other groups of senior tutor and administration Rcn students to present Group Reports on ethical and psychological topics.

THE EXAMINATION

Three written papers of three hours.

1) Development of Social Policy, including the Growth of Public Health Nursing

2) Psychology

3) Practice of Education (and Oral, as required)

Students are required to offer a dissertation on a Community Health topic.

Source: Appended to Panel Paper (72)57 Notes of Meeting of Sub-Committee on the Training of Tutors and Practical Work Instructors held on 15.11.72.
APPENDIX 8.5

Membership of Sub-Committee on the Training of District Nurse Tutors and Practical Work Teachers

Panel of Assessors:

Dr Leiper - Panel Member (Chairman of Sub-Committee)
Miss McTrusty - Panel Member
Miss Lovett - Panel Member
Miss Johnston - DHSS Public Health Nursing Officer
Mr Matthew - Panel's Secretary
Miss Payne - Panel's Clerical Officer

Royal College of Nursing:
Miss Rule - Director of Education
Miss Brooks - Tutor

General Nursing Council for England and Wales:
Miss Fawkes - Chief Education Officer

Council for the Education and Training of Health Visitors:
Miss Wilkie - Director of Education

Source: Panel Paper (72)57 Notes of Meeting of Sub-Committee on the Training of Tutors and Practical Work Instructors held on 15.11.72
Dear Sir

DISTRICT NURSE TRAINING: TUTOR GRADE

1. Since 1968 local health authorities have assumed direct responsibility, under the provisions of Circular 23/67, for the district training and examination of State Registered Nurses employed in the local authority nursing service. Since January 1971 these arrangements have been extended, under the provisions of Circular 8/70, to include State Enrolled Nurses. Theoretical instruction is provided largely by nursing officers, suitably experienced and qualified in district nursing, of local authorities which are approved by the Panel of Assessors as theoretical training centres. In addition a small number of tutors are employed by educational institutions which provide training on behalf of certain local authorities. There is at present no recognised form of qualification or training for the district nurse tutors nor is there a separate Whitley grade for them.

2. District nurse training has expanded steadily since 1968. In 1969 890 local authority nurses (SRN) in England were successful in the district nursing examination; in 1972 the total of successful candidates was 1588 (SRN and SEN) - an increase of 78%. Since 1968 the proportion of home nurses (SRN) who are district trained has risen from 50% to just over 70% and is still increasing. The majority of theoretical training centres undertake training for other authorities as well as for their own, and this requires competent staff to ensure effective coordination between theoretical and practical training centres. In addition several centres provide the district training element in schemes of integrated training for the Register and the Roll. Moreover, schemes of community care experience under the General Nursing Council 1969 Syllabus are now getting under way and the task of organising and supervising the schemes of community care under the provisions of Circular 18/70 will fall mainly on the district nurse tutors. The increasing complexity of nursing organisation and development in the community and the widening range of nursing techniques expected of district nurses highlight the present need for formal schemes of in-service training by local health authorities. Here again the district nurse tutor is often closely involved in their organisation and supervision. These trends are likely to continue and will not be affected, for the next few years at any rate, by the reorganisation of the National Health Services and the decisions on the Briggs Report on Nursing.

3. In consultation with the local authority associations and appropriate professional organisations, and on the advice of his Panel of Assessors, the Secretary of State has concluded that the time is opportune to institute formal arrangements for the training and qualification of local authority nursing officers charged with the above functions, and the introduction of a new grade...
of District Nurse Tutor. Future entrants to the grade will be required to undertake an approved course of education and training in an approved institution for one academic year or to possess other approved qualifications and experience. A nurse who successfully completes the course will be presented with an appropriate certificate by the institution and will also become acceptable for registration as a Nurse Tutor by the General Nursing Council for England and Wales under Rule 36 of the Nurses Rules 1969 (SI 1969 No. 1675). Nurses already in post as district nurse tutors who satisfy the criteria set out in the Appendix to the circular will be eligible for the grade without the need for further education or training. These arrangements are considered to be a necessary interim reform of existing provisions and are made without prejudice to the outcome of consideration of the Briggs Report.

4. Pay and conditions of service for the new grade will be for discussion on the Nurses and Midwives Whitley Council and will be promulgated separately.

5. A summary of the functions and qualifications of the new grades is set out in the Appendix. A district nurse tutor must have responsibility for the theoretical instruction of nurses undertaking a course of training leading to the award of the National Certificate in District Nursing and will normally have the responsibility for in-service education and training as described. Where appropriate she will also have a responsibility for the planning of community care experience of student nurses under the provisions of the GNC 1969 Syllabus. Courses of study for future entrants to the grade will be provided initially by the Royal College of Nursing and will be based on their existing Community Health Nurse Teacher Course with the District Nursing option. Local health authorities which are approved as theoretical training centres are requested to consider the sponsorship of suitable candidates for the first course commencing in September 1973.

6. The Panel of Assessors will maintain a Roll of District Nurse Tutors. This will contain initially the names of those tutors notified as being in post since before 31 July 1975 and fulfilling the criteria laid down in the Appendix to the circular. All future entrants to the grade who qualify by virtue of paragraph 3a or 3b of the Appendix will also be eligible for entry in the Roll on production of appropriate evidence in support of their application. The Panel intend to issue a suitable form of certificate to each nurse whose name is included in the Roll.

7. Circular 49/72, which was issued to local health authorities on 15 December 1972, described the financial arrangements which would apply to health visitor and health visitor tutor training during the academic year 1973/74. In particular it made clear that on the assumption that reorganisation of the National Health Service would take effect from 1 April 1974, authorities would retain financial responsibility for health visitor training until that date. In view of the need to maintain the expansion of the community health services authorities were asked to continue to sponsor health visitor students. While it was recognised that the staff who qualified would not be employed directly by the authority, they would be employed by the new health authorities and would work in collaboration with local authority officers in providing coordinated services for the local community. This advice, in general, applies with equal force to district nurse training and the Secretary of State hopes that the appropriate local authorities will bear it in mind when considering training requirements.

8. Copies of this circular have been sent to the Medical Officer of Health (with a copy to the Director of Nursing Services), to the Director of Social Services and to Clerks and Medical Officers of Health of authorities exercising delegated health functions.

Yours faithfully

R B Mayoh
LOCAL AUTHORITY COMMUNITY NURSING SERVICE

PROPOSED WHITLEY GRADE OF DISTRICT NURSE TUTOR

FUNCTIONS

1. Theoretical instruction of nurses undertaking a course of training, under the provisions of Circulars 23/67 and 8/70, leading to the award of the National Certificate in District Nursing. Organisation and supervision of the training courses in consultation with nurse management and practical work instructors.

2. Responsibility for the planning of the community care experience and supervision and instruction of student nurses seconded to local health authorities under the GNC 1969 Syllabus and in accordance with the provisions of Circular 18/70.

3. Organisation and supervision of the inservice education and training of district nurses, practical work instructors, and ancillary workers.

QUALIFICATIONS FOR THE GRADE

Future entrants to the grade

The requirement for future entrants to the grade will be, either:

a. Successful completion of a course of study of one academic year in an approved institution.

   Entry requirements: SRN, NDN Certificate or equivalent, and at least 3 years post-Registration experience in nursing of which 2 years have been spent in full-time district nursing since certification as a district nurse.

   Candidates will normally be required to hold the General Certificate of Education (or equivalent) in 5 subjects at Ordinary Level.

or

b. Possession of one or more of the following qualifications in addition to SRN, NDN Certificate or equivalent:

   RCN Community Health Nurse Teacher Certificate (District Nursing)
   Health Visitor Tutor
   Registered Nurse Tutor
   Qualified Teacher (as defined in Rule 36(1)(b) of the Nurses Rules 1969 - SI 1969 No. 1675),

   and at least 3 years post-Registration experience in nursing of which 2 years have been spent in full-time district nursing since certification as a district nurse.

Teaching staff already in post as tutors

All tutors in post since before 31 July 1975 would qualify for the grade provided they had devoted not less than 50% of their time to teaching for not less than 2 years before that date, and possessed the minimum qualifications of SRN, NDN Certificate or equivalent.
BOLTON COLLEGE OF EDUCATION (TECHNICAL)  
UNIVERSITY OF MANCHESTER TEACHER'S CERTIFICATE  

Course V. One-year (or equivalent) Course at Bolton College of Education (Technical)  

GENERAL REGULATIONS  

1. The Teacher's Certificate shall be awarded by Senate to candidates who have satisfactorily completed prescribed courses in:  

   (i) the Principles and Practice of Education  

   (ii) English  

Note - candidates who hold an approved university degree may, by special permission, be exempted from examination in English. Such candidates must submit an essay in Education.  

2. The qualifications for entry upon Course V are as follows:  

A candidate must  

(a) satisfy the College authorities as to his age (normally an applicant should be 24 years or over), character, probable suitability for the teaching profession, and health and physical capacity for teaching;  

(b) satisfy the College authorities that he has had appropriate experience in industry or elsewhere;  

(c) satisfy Senate that he has obtained by examination qualifications approved by Senate (See list of approved qualifications).
SYLLABUSES AND EXAMINATION ARRANGEMENTS - (All categories)

1. PRINCIPLES AND PRACTICE OF EDUCATION

Aims

The general aims of the course are:

(a) to foster an appreciation of the aims and problems of education;

(b) to provide a necessarily limited but none-the-less systematic body of knowledge of human development, methods of learning, techniques of teaching and the development of educational thought;

(c) to demonstrate the interconnections between the organisation and methods of education and the developing social background against which they are set.

Syllabus

The syllabus is intended to indicate the general lines on which the study of the Principles of Education may be carried on; equal importance is not necessarily attached to all sections of the syllabus. Students will study the general principles of education as outlined in the syllabus, and will, in addition, make a special study of education at the further stage in relation to the teaching for which they are being prepared.

PRINCIPLES I (GENERAL)

(a) Philosophy of Education

Nature and purposes of education: different conceptions of education. The interconnection between the aims and the organisation of education.

(b) Sociology of Education

Social bases of human development and behaviour. Educational institutions in the social structure. The teacher's role and responsibilities.

(c) Educational and Developmental Psychology


(d) Educational Institutions

History of English education from 1800-1944; the structure of English education since 1944; political, social and economic factors underlying contemporary educational institutions.
(e) **Curriculum Development and Methods**

The curriculum and its bases; selection of learning experiences; the process of evaluation. Methods of teaching and their bases. Implications and uses of various learning media.

**PRINCIPLES II**

The aims, curricula, methods, organisation and administration of further education in relation to a particular field eg business studies, construction, engineering, health visiting, nursing, science, social studies etc. (see separate sheets for details).

**PRACTICAL WORK IN TEACHING**

Teaching Practice should involve not less than 50 days, over the duration of the course, including time taken for observation.

**Examination Arrangements**

A combination of written papers and assignments together with a practical examination.

A candidate may be considered for the award of Distinction or Commendation in the Principles of Education or for the award of Distinction or Commendation in the Practice of Education on the results of his examination.

Distinction or Commendation in Principles of Education will be awarded separately from Distinction or Commendation in Practice of Education always provided that:

(i) all candidates recommended for the award of a mark of merit in Principles of Education must also have reached a minimum prescribed mark in Practice of Education;

(ii) all candidates recommended for the award of a mark of merit in Practice of Education must also have reached a minimum prescribed mark in Principles of Education.

(2) **ENGLISH LANGUAGE (ORDINARY)**

**Introductory Note**

The attainment of a satisfactory standard in English is a pre-requisite for the award of a Teacher's Certificate.

A course in English Language in accordance with the syllabus which follows, and examination in the subject, are compulsory for all candidates following Course V leading to the Teacher's Certificate except such candidates who are exempted from examination in English under the appropriate regulations.

**Syllabus**

This course in English should develop the student's understanding and use of the spoken and written language. No books will be prescribed, nor will knowledge of the history of English Literature be tested, but all students should read as widely as they can and should not confine their readings to books dealing directly with their own occupational or professional interests. The course should include practice in comprehension and precis and in the writing of essays. Students should learn to exercise their powers of perception, reflection and judgment upon all that they read, and to develop their understanding of the English language as an effective means of communication.

**Examination Arrangements**

One written paper.

Work done by a candidate during the course may be taken into account.

**Note:** Successful candidates in English Language (Ordinary) will not be eligible for the award of a pass with Commendation.
Candidates for admission to the District Nursing option must:

(a) satisfy the College authorities as to their age (normally 24-45), character, probable suitability for teaching, and health and physical capacity for teaching;

(b) satisfy the College authorities that they have had not less than 3 years appropriate post-Registration experience in nursing of which at least 2 years have been spent in full-time district nursing since certification as a district nurse;

(c) satisfy Senate that they have obtained by examination the following qualifications:

(i) SRN, NDN Certificate or equivalent.

(ii) General Certificate of Education with passes in 5 subjects at Ordinary Level, or equivalent.

Notes:

The qualifications listed at (c) (i) and (ii) are minimum requirements.

Candidates should normally be able to submit evidence of further study in relevant fields.

Candidates who do not hold the General Certificate of Education (or equivalent) may, exceptionally, take a special test set by the University of Manchester.

2. SYLLABUS: PRINCIPLES OF EDUCATION II (DISTRICT NURSING)

(For syllabuses and examination arrangements for all categories see general regulations).

2.1 Curriculum and Method Studies

A study of the application of the general principles of education to the education and training of district nurses, with special reference to:

defining educational and training needs,

designing programmes of education and training,

selecting students,

selecting learning experiences, strategies and methods of teaching, and resources for learning and teaching,
planning practical work,
integrating theory and practice,
assessing the progress of students,
evaluating programmes of education and training,
developing the curriculum.

2.2 Organisation and Administration of District Nurse Education

A study of those aspects of the organisational and administrative frameworks within which district nurse education and training is conducted and which have immediate implications for the design, conduct and evaluation of programmes, eg

- functions and requirements of central bodies,
- patterns of provision,
- organisation and administration of training centres,
- staff development.

2.3 Developments in nurse education and training, and in the health and social services

A study of recent and current developments, with immediate implications for the design, conduct and evaluation of programmes, with special reference to:

- major developments,
- major reports,
- research findings,
- current problems.

3. PROGRAMME ARRANGEMENTS

3.1 Pattern of attendance

| Formal timetable in College | 20 weeks |
| Directed private study     | 2 weeks  |
| Supervised teaching practice in District Nurse Training Centres (2 blocks) | 11 weeks |
|                            | 33 weeks |
3.2 Study groups

Intending district nurse tutors will be grouped with other categories of intending teachers for certain purposes, eg.

**Principles of Education I (General)**
- Lecture programme
- Group tutorials
- Seminars

With intending teachers of a wide variety of subjects, including business studies, management, health visiting, social sciences, etc.

**Principles of Education II**

Curriculum and Method Studies

Separate arrangements when necessary but mainly with health visiting and nursing groups. Also with science and liberal studies groups when desirable

Organisation and Administration of District Nurse Education and Training

Separate arrangements or with health visiting and nursing groups depending where balance of advantage lies.

Development in nurse education and training and in health and welfare services

Source: Panel Paper PA(74)56 Appendix I and II
Dear Sir/Madam

ROLL OF DISTRICT NURSE TUTORS

1. In 1973 the Health Departments for England, Wales and Scotland issued local authority circulars England - Circular 11/73; Wales - Circular 82/73; Scotland - LHAS 7/1973 which established the grade of District Nurse Tutor and described arrangements for their training and recognition by admission to the Roll of District Nurse Tutors maintained by the Panel. The Circulars also set out the Panel's requirements for entry on the Roll.

2. The Panel considers that, now that the grade of District Nurse Tutor has become well established, the requirements for entry to the Roll should be brought up-to-date and has therefore introduced revised rules for entry which are set out in the Appendix, to take effect from the date of this letter. The new rules are designed to ensure that persons qualified as District Nurse Tutors are professionally and educationally equipped for the duties expected of them.

3. The Nurses and Midwives Whitley Council is considering a revision to Part I, paragraph 15, and Part II, paragraph 29j, of the Nurses and Midwives Whitley Council Handbook dated 1 April 1978, with a view to amending the interpretation and definition of District Nurse Tutor (in Scotland, District Nurse Teacher).

4. Area Nursing Officers and Chief Area Nursing Officers in Areas without a district nurse teaching centre will wish to note these changes in case staff in their Area are eligible to apply for admission to the Panel's Roll of District Nurse Tutors.

5. Requests for application forms for admission to the Roll and any queries about the interpretation of the revised Panel rules should be addressed to me at the above address.

6. I am sending a copy of this letter to District Nurse Tutors.

Yours faithfully

L W GODFREY
Secretary
QUALIFICATION FOR ENTRY ON THE ROLL OF DISTRICT NURSE TUTORS

The requirements for entry on the Roll of District Nurse Tutors maintained by the Panel of Assessors for District Nurse Training are as follows:

1. a. Successful completion of an approved course of study in teaching methods with particular application to the teaching of district nursing, conducted within an approved educational institution, and

   b. Since qualification as a district nurse, not less than 2 years* have been spent in district nursing during the 5 years prior to enrolling for the above course of study; or

2. a. Possession of one of the following qualifications: Health Visitor Tutor, Registered Nurse Tutor, Qualified Teacher, and

   b. Since qualification as a district nurse, not less than 2 years* have been spent in district nursing during the 5 years prior to applying for entry on the Roll of District Nurse Tutors, and

   c. Not less than one year has been spent, since obtaining the above qualification, in the teaching of district nursing under the guidance of a qualified district nurse tutor+; or

3. In any particular case where the applicant appears to the Panel to be qualified for entry on the Roll otherwise than as mentioned in the preceding provisions.

* Two years' full-time or 3 years' part-time/combined duties.

+ In Scotland District Nurse Teacher.
PANEL OF ASSESSORS FOR DISTRICT NURSE TRAINING

THE DISTRICT NURSE TUTOR

Increasing emphasis upon care in the community is contributing to a demand for more district nurses, whose role continues to develop as they work together with their health visitor and general practitioner colleagues in primary health care teams. These developments in the district nurse's role have led to the acceptance by Health Departments of a new curriculum in district nursing which is to be introduced in 1981. In order that the district nurses of the future can be properly prepared and trained, qualified district nurse tutors* are needed.

RESPONSIBILITIES

The job combines teaching and organisation and full use is made of previous knowledge and skills. The tutor is responsible for interpreting the curriculum and teaching district nursing and allied subjects to student district nurses, also for selecting and advising specialist lecturers to the course.

The district nurse tutor has overall responsibility for the co-ordination of theory with practice during the course and must be able to liaise satisfactorily between the teaching centre and the practical work areas. This requires at all times, a good working relationship with nurse managers and practical work teachers. District nurse tutors also have responsibility for developing and organising other courses, including practical work teacher courses, refresher courses and further training courses for district nurses.

A number of posts are now becoming available in schools of nursing for district nurse tutors interested in teaching community subjects to nurse learners during basic training. A tutor whose name is entered on the Roll of District Nurse Tutors may apply to the General Nursing Council for reciprocal registration as a Registered Nurse Tutor.

* In Scotland they are known as district nurse teachers.
QUALIFICATIONS

To qualify as a district nurse tutor applicants must meet the requirements of the Panel of Assessors which maintains a Role of District Nurse Tutors. Regulations for admission to the Rol1 are as follows:

1. a. Successful completion of an approved course of study in teaching methods with particular application to the teaching of district nursing, conducted within an approved educational institution, and

   b. since qualification as a district nurse, not less than 2 years* have been spent in district nursing during the 5 years prior to enrolling for the above course of study; or

2. a. possession of one of the following qualifications: Health Visitor Tutor, Registered Nurse Tutor, Qualified Teacher, and

   b. since qualification as a district nurse, not less than 2 years* have been spent in district nursing during the 5 years prior to apply for entry on the Roll of District Nurse Tutors, and

   c. not less than one year has been spent, since obtaining the above qualification, in the teaching of district nursing under the guidance of a qualified district nurse tutor* (in Scotland, district nurse teacher).

   * Two years full-time or 3 years part-time/combined duties.

TRAINING COURSES FOR DISTRICT NURSE TUTORS

There are 3 approved centres which offer preparatory courses for district nurse tutors:

- Bolton College of Education
  Chadwick Street
  BOLTON BL2 1JW

- University of Surrey
  Guildford
  GU2 5XH

- Jordanhill College of Education
  Southbrae Drive
  GLASGOW G13 1PP

Details of these courses may be obtained from the respective Centres.

FINANCIAL ASSISTANCE

Financial assistance for potential district nurse tutors is available:

1. at the discretion of Area Health Authorities or, in Scotland, Health Boards, who may second suitable candidates for training;

2. secondment in Scotland, by a College of Further Education;

3. from Local Education Authorities who may award a discretionary grant;

4. scholarships: a number of scholarships are awarded annually by the Hospital Savings Association. They are competitive scholarships and details may be obtained from the Royal College of Nursing.

District nurses who are interested in tutor training should consult their Nursing Officer and may also obtain information about entry requirements from the individual college principals.

General enquiries may be addressed to The Secretary, Panel of Assessors for District Nurse Training, Hannibal House, Elephant and Castle, LONDON SE1 6TE.
HEALTH VISITOR AND HEALTH VISITOR TUTOR TRAINING; DISTRICT NURSE AND DISTRICT NURSE TUTOR TRAINING

1. This memorandum contains the further guidance promised in paragraph 3 of LHAL 51/73 (issued to local authorities on 26 November 1973). It sets out the arrangements for the pay and leave and related expenses of those members of staff who are studying to be either health visitors or health visitor tutors. It also contains similar guidance on district nurse and district nurse tutor training.

Health Visitor Courses

2. LHAL 51/73 suggested that sponsorship of students would continue. Further consideration has revealed several disadvantages inherent in this method, especially when related to the post-reorganisation situation: problems of superannuation and income tax and the difficulty of deciding exactly which allowances would be payable to such students whose status was not clearly defined as members of staff. It has been decided therefore that for the academic year 1975/76 onwards health visitor students will be paid on secondment terms, selected applicants being required to give a written undertaking that on successful completion of the course they would serve with their seconding authority or elsewhere within the National Health Service as a health visitor. A person not employed within the NHS who makes successful application to an AHA for secondment should be paid at the rate equivalent to the special training allowances payable to post registration student nurses, i.e. they will be paid at the incremental point on the salary scale for a staff nurse in a general hospital which is appropriate to their service in an equivalent or higher grade to that of staff nurse. They should be regarded as salaried staff for the purposes of income tax, superannuation and national insurance.

3. Allowances are payable in respect of the following items. These allowances should be paid with effect from the current (le 74/75) academic year.

   (a) course and examination fees, including the cost of typing case studies;

   (b) travelling expenses to and from the place of employment and the course centre at the beginning and end of each term. To those living away from their home for the duration of the course, weekend travelling expenses should be allowed in accordance with STM(74)18;

   (c) any travelling expenses incurred in connection with the course and not reimbursed by the training institution;

   (d) the cost of text books up to a maximum of £15;

December 1974

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Arrangements for providing accommodation and meals should be considered in the light of advice contained in item 1 of STM 3/69. If payment of night subsistence is necessary it should be paid at the rate for the 31st and subsequent nights as prescribed in Section XVIII of the General Council Handbook; OR if living at home and travelling daily, excess travelling expenses at second class rail fare rates or the public transport rate of mileage allowance up to the long term night subsistence level. The payment of day subsistence allowances should not normally be necessary (see paragraph 1.8 of STM 3/69).

Health Visitor and District Nurse Tutor Courses

4. Health visitor and district nurse tutor students will be granted study leave with full pay for the duration of the course. In this context “full pay” means the pay actually received by the student immediately prior to the period of study leave, i.e. the amount of basic pay plus London Weighting where appropriate. The allowances payable are those detailed in paragraph 3 above.

District Nurse Courses

5. For the purpose of pay district nurse training is regarded as inservice training. Students should therefore be seconded by the employing authority on full pay to registered nurses should be paid at the appropriate point on the salary scale of a District Nurse less an abatement of £66, and enrolled nurses should continue to receive their normal pay during the period of training. The allowances payable are those detailed in paragraph 3 above.

Undertakings

6. Health visitor and health visitor tutor students should be required to sign an undertaking in respect of employment on successful completion of training. The form of undertaking is shown at Appendix A (for HV tutors) and Appendix B (for HVs) to this Circular.

Leave

7. Arrangements for annual leave for health visitor, health visitor tutor and district nurse tutor students both before and after courses should be the same basis as laid down for those seconded to nurse tutor courses in paras 2.3 to 2.5 of STM(74)12.

Approval of Study Leave and Finance for Courses

8. There is no need for authorities to seek Departmental approval before granting study leave to applicants for the above categories of training. Indeed, the Department encourages authorities to continue the expansion of training in these fields which have been built up in recent years and which must continue, at least at the same rate, if the needs of the community for the services of health visitors and district nurses are to be met in the future.

Enquiries

9. Enquiries should be addressed as follows:-

To

Mr F Stockwell or Mrs W G Burgess, P3E, Department of Health and Social Security, Friars House (01-407 5522 Ext 7082 or 7867).

From: DHSS
Division P3E

STM INDEX AMENDMENT

On Page 6 against heading “Health Visitor and Health Visitor Tutor Training” add (74)44. On page 13 against heading “Training of District Nurses and District Nurse Tutors” add (74)44.

Stocks of STM’s are now held at Central Store, DHSS Depot, Primrose Mill, Clitheroe, Lancashire BB7 1BP (Tel: 020-21-2187) to which requests for additional copies of this or previous STM’s should be directed. Authorities are asked to limit requests to essential needs.

STM CORRECTIONS - STM(74) 12

Para 4.1 should be deleted and replaced with the following:

4.1

“e. London Weighting; for the period of study leave including vacations of the training institutions, only if the nurse was in receipt of London Weighting before commencing the course;”

The first two lines of para 4.1 f should be deleted and replaced with the following:

“f. night subsistence allowances at the rate for the 31st and subsequent nights as prescribed in Section XVIII of the General Council Handbook. “London” rate of subsistence only applies where the course is within a four mile radius of Charing Cross;”

Para 5.1 should be deleted and replaced with the following:

5.1. “Midwives accepted for training for the Midwife Teacher Diploma should be seconded on the same terms as those applying to nurses accepted for nurse tutor training, including the requirement to give a written undertaking that in the event of their qualifying as a midwife teacher they would serve in that capacity in the National Health Service for a period of at least 2 years. Course fees and allowances for midwives taking the Midwife Teacher Diploma are payable from Health Authority funds.”

On Appendix 1 to the STM, the phrase “clinical teacher” should be deleted from the explanatory notes (3) in the right hand column.
HEALTH VISITOR STUDENTS

UNDER-TAKING

1. In consideration of the ............................................................
granting me leave of absence with full pay from ..................................

(1) ........................................................................ day of .................................

(2) to .................................................................  to enable me to attend a
whole time Health Visitor course at 

..............................................................................................................

I hereby undertake as follows:

(a) I will, unless prevented by circumstances beyond my control at
the conclusion of the said period, remain in the service of
.................. or be employed appropriately to my qualifications
in the service of a body constituted under the National Health Service
Act 1946 to 1973 or any other body approved by the Secretary of
State for a period of at least 2 years from the end of the same period of
my leave of absence.

(b) If I fail to fulfill my obligation under clause (a) hereof I will at the
request of my present employing authority repay to them the whole or
such proportion as they may determine of the monies paid to me by
them.

2. I acknowledge that my successfully completing the course under these
arrangements shall not of itself place any obligation on my present employing
authority to continue my present employment nor on my present or any
other employing authority, nor on the Department of Health and Social
Security or Welsh Office to offer or secure other employment for me
although I expect to receive guidance should I require it.

.................................................................

.................................................................

.................................................................

Signature ........................................
Witness ........................................
Date ........................................
APPENDIX 8.11

Panel of Assessors for District Nurse Training: Guidelines for the supervision of Teachers seeking enrolment as District Nurse Tutors

GUIDELINES FOR THE SUPERVISION OF TEACHERS SEEKING ENROLMENT AS DISTRICT NURSE TUTORS

1 Aim of the period of supervision

(a) To enable the teacher to gain knowledge, skills and attitudes which relate specifically to the range of educational activities in which district nurse tutors are engaged;

(b) to provide opportunity for the assessment of the teacher's suitability to practise as a district nurse tutor/teacher.

2 Organisation of the Period of Supervision

(a) The period of supervision should be undertaken in an approved institution which offers a comprehensive on-going programme of education and training in district nursing, including courses for practical work teachers; if necessary, experience may be gained in institutions other than the one in which the teacher is employed.

The educational establishment where the teacher is placed will be required to allow him/her study time and to meet any necessary expenses incurred in the completion of the study programme and the assessment procedure.

(b) The programme for the period of supervision and assessment should be prepared by the supervisor and assessor in conjunction with the teacher. This will usually span three academic terms but the time may be altered at the discretion of the Panel on the recommendation of the supervisor and assessor.

A copy of the programme planned for the teacher should be submitted to the Panel for approval. This should include the plans for assessment and the name and designation of the selected assessor.

3 The Supervisor

The supervisor should be an experienced district nurse tutor in charge of a district nursing course whose role will be:

(a) To plan and facilitate a programme for the teacher;

(b) to provide him/her with support and feedback about progress throughout the period of supervision.
4 The Assessor

The assessor should be

either a tutor in charge of a tutors' course approved for the preparation of district nurse tutors/teachers;
or a senior district nurse tutor/teacher with experience in supervising tutor students.

The role of the assessor will be to monitor and assess the programme and progress of the teacher throughout the period of supervision and provide support and feedback to both the supervisor and the teacher.

5 Content of the Period of Supervision

The supervisor, assessor and teacher will plan a programme to meet the individual needs of the teacher which ensures that all aspects listed below are covered.

6 By the end of the period of supervision the teacher should be able to demonstrate:

- knowledge of the organisation and administration of district nurse education at national and local level;
- an understanding of curriculum development in district nurse education and the inter-relationship between theory and practice;
- an appreciation of the relationship of district nurse education with adult, further, higher and nursing education and health authorities;
- an understanding of the role and function of the district nurse tutor/teacher including relationships with staff at the teaching centre and in the service areas;
- an understanding of the educational needs of mature and post-registration students;
- an ability to seek and utilise resources appropriate to district nurses education;
- evidence of research appreciation;
- ability to educate others to teach the practical skills of district nursing;
- knowledge of the educational preparation of other health care and social service personnel involved in the provision of primary health care services;
- awareness of the opportunities for furthering shared learning;
- ability to give careers advice and educational counselling as appropriate to the role of the district nurse tutor;
- awareness of the need for his/her own continuing professional development.

Source: PADNT Regulations and Guidelines (1983:48 Appendix 1g)
APPENDIX 8.12

THE HEALTH EDUCATION SEMINAR FOR DISTRICT NURSE TUTORS:
SIDNEY SUSSEX COLLEGE, CAMBRIDGE
6th - 8th July 1976

SPEAKERS

Miss J Eva                      Area Health Education Officer
                                Norfolk Area Health Authority
Miss E Few                      Area Nursing Officer
                                Berkshire Area Health Authority
Mrs P Hobbs                    Principal Research Officer
                                Christie Hospital and Holt Radium Institute,
                                Manchester
Dr M Jones                     Resources Officer
                                Health Education Council
Mr A C L Mackie                Director General
                                Health Education Council
Dr A R K Mitchell              Consultant Psychiatrist
                                Fulbourn Hospital, Cambridge
Miss J Randell                 Assistant Director (Training)
                                Health Education Council
Mr I Sutherland                Director, Education and Training Division
                                Health Education Council
Miss J Thomas                  Research Assistant
                                Health Education Council

In attendance from the Department of Health and Social Security:

Mrs D Jones                    Nursing Officer

In attendance from the Health Education Council:

Mrs G Tibbs                    Field Officer (Training)

Aims for the Seminar

A. To provide a forum for the interchange of information and ideas about health education

B. To enable district nurse tutors to talk with experts concerning health education and examine the needs for this in relation to district nurses and their training.
PROGRAMME

Tuesday 6th July

4-6 pm  Arrival, registration and tea
6.15 pm  Reception and welcome
7.00 pm  Dinner
8.00 pm  'The role and function of the Health Education Council' - Mr A C L Mackie

Wednesday 7th July

9.00 am  'Health Education and the District Nursing Sister' - Miss E Few
10.30 am  Coffee
10.45 am  'The Organisation of Health Education at field level' - Miss J Eva
12.00  'Resources for Health Education' - Dr M Jones
1.00 pm  Lunch
2.00 - 3.30 pm  Discussion in groups
4.00 pm  Tea
≈4.45 pm  Briggs Proposals: Discussion
5.30 pm  'Mental Health and Health Education' - Dr A R K Mitchell
7.00 pm  Dinner
8.00 pm  Discussion with Dr Mitchell

Thursday 8th July

9.00 am  'Health Education and Cancer Research' - Mrs P Hobbs
10.30 am  Coffee
10.45 am  'Training Opportunities for Health Education' - Mr I Sutherland and Miss J Randell
11.30 am  'Research in Health Education - some recent reports' - Miss J Thomas
≈12.30 pm  Briggs Proposals: Discussion
1.00 pm  Lunch
2.00 pm  Plenary Session - Chaired by Mrs D Jones
3.15 pm  Tea and departure

* Sessions arranged at request of District Nurse Tutors

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APPENDIX 8.13

DISTRICT NURSE TUTORS CONFERENCE AT NHS TRAINING AND STUDIES CENTRE
HARROGATE - JUNE 25TH - 29TH AND 23RD - 27TH JULY 1979

COURSE OBJECTIVES

OVERALL OBJECTIVE

To give district nurse tutors opportunity to examine new curriculum in depth and consider methods of implementation.

SPECIFIC OBJECTIVES

Through participation in the course members will

1 develop their understanding of
   i) the philosophy underlying the new curriculum
   ii) the curriculum development process
   iii) the necessity to formulate general and specific learning objectives
   iv) the planning required to achieve these objectives
   v) the need for continuing evaluation of the curriculum development process

2 develop their skill in
   i) writing learning objectives expressed in behavioural terms
   ii) selecting and organising subject matter
   iii) selecting appropriate teaching methods
   iv) integrating theory with practice
   v) devising methods of evaluation

COURSE DIRECTORS

Miss Betty McKerrow
SRN, RSCN, QN, HV, RNT, Teachers Cert (Manchester University), Senior Lecturer, Bolton College of Education (Technical)

Miss Barbara Robottom
BA, SRN, RSCN, QN, RNT, CHNT Cert, Lecturer in Nursing, University of Manchester
### SPECIALIST SPEAKERS

<table>
<thead>
<tr>
<th>Name</th>
<th>Qualifications and Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Roy Hallam</td>
<td>PhD, BA, MEd, Graduate Cert Ed, Principal Lecturer, The College of Ripon and York St John</td>
</tr>
<tr>
<td>Mr Roy Smith</td>
<td>BEd, MA, Cert Ed, Senior Lecturer, The College of Ripon and York St John</td>
</tr>
<tr>
<td>Miss Sheila Gibson</td>
<td>SRN, SCM, NDN Cert, HV, CHNT Cert, Lecturer, Department of Adult Education, University of Surrey</td>
</tr>
<tr>
<td>Mrs Irene McVittie</td>
<td>SRN, SCM, HV, FWT, HV Tutor, Teachers Cert (Manchester University), Principal Lecturer, Bolton Institute of Technology</td>
</tr>
</tbody>
</table>

### PROFESSIONAL ADVISERS

<table>
<thead>
<tr>
<th>Name</th>
<th>Qualifications and Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miss Pamela Miller</td>
<td>SRN, SCM, NDN Cert, HV Cert, MTD Cert Education, DNT</td>
</tr>
<tr>
<td>Mrs Margaret Damant</td>
<td>SRN, CMB, PTI, QN, HV, HVT Cert, DNT (secondee)</td>
</tr>
<tr>
<td>Mrs Dorothy Jones</td>
<td>Nursing Officer, DHSS</td>
</tr>
</tbody>
</table>
CORE PROGRAMME FOR BOTH CONFERENCES

Sunday
8.00 pm  Introduction and Preparation for the week - BMck/BR

Monday
9.30 - 10.30 am  The purpose of the Curriculum - DJ
11.00 - 11.40 am  Perspectives on learning and teaching - FS
11.45 - 12.30 pm  Group Work - teams of district nurse education
2.00 - 2.40 pm  Report back. Discussion - educational aims DJ/RH/RS
2.45 - 3.30 pm  The curriculum process - RH
4.00 - 4.45 pm  Group Work - Discussion of participants preparatory work
4.50 - 5.30 pm  Report back - RH/RS/BMcK/BR
7.30 - 8.30 pm  Optional sessions/individual help

Tuesday
9.00 - 9.30 am  The context of the behavioural objectives approach - RS
9.35 - 10.30 am  The use of behavioural objectives in teaching and learning - RH
11.00 - 11.45 am  Group Work - Specifying behavioural objectives in the context of a particular teaching topic
11.50 - 12.30 pm  Report back. Presenters responses - RH/RS/BMcK/BR
2.00 - 2.45 pm  Group Work - Analysis of selected sections of the curriculum in respect of curriculum theory
2.50 - 3.30 pm  Report back - RH/RS/BMcK/BR
4.00 - 5.30 pm  Optional sessions/individual help
*7.30 - 9.00 pm  The role of the district nurse tutor in the professionalisation of district nursing - SG
Wednesday
9.00 - 9.45 am  The cognitive complexity of content - RH/RS
9.50 - 10.30 am  Teaching styles - RH
11.00 - 11.45 am  The management of formal learning: Social interaction aspects - RS
11.50 - 12.30 pm  Group Work - Simulation exercise
2.45 - 3.30 pm  Report back - RH/RS/BMcK/BR
4.00 - 5.30 pm  Optional sessions/individual help
7.30 - 9.30 pm  To be arranged

Thursday
9.00 - 10.00 am  Integration of theory to practice - BR
10.00 - 10.30 am  Group Work - Planning for integration
11.00 - 11.30 am  Group Work (continued)
11.30 - 12.30 pm  Report back - discussion - BR/BMcK
*2.00 - 3.30 pm  Combined learning situations - IMcV
4.00 - 5.30 pm  Evaluation and assessment - RH/RS
6.15 pm  End of course dinner with visiting speaker

Friday
9.00 - 10.30 am  Criteria for approval of courses - PM/BMcK
11.00 - 12.30 pm  Open discussion and evaluation of the week
12.30 pm  End of course

NB  The Core Programme for both weeks was identical apart from the timing of the sessions marked with an asterisk which were reversed for the second conference to accommodate the speakers.

Source: Course Programme, issued by PADNT
APPENDIX 8.14

DISTRICT NURSE TEACHER REPRESENTATIVE BODY (UK)

TERMS OF REFERENCE

1. To act as a forum for discussion and exchange of information and ideas amongst the District Nurse Teaching Centres of the United Kingdom.
2. To co-ordinate the views of the regional District Nurse Tutor groups and disseminate this information.
3. To act as a resource for consultation by the UKCC. and National Boards.
4. To prepare and submit relevant comments and evidence, on matters pertaining to district nursing, to appropriate bodies.
5. To advise upon and actively encourage appropriate enquiry and research in district nursing.

CONSTITUTION

1. Each District Nurse Tutor Group shall be entitled to send up to three representatives. In the event of a representative being unable to attend an alternative is acceptable. Each attending representative is entitled to vote.
2. The Representative Body shall appoint from within its membership a Chairperson, Secretary and a Treasurer. No more than two of these shall be from the same tutor group.
3. The election of these office bearers shall take place every three years. An office bearer may be eligible for re-election for one further term of office.
4. The Representative Body may appoint a Vice-Chairperson from within its membership - the person so appointed shall hold office for one year and may be eligible for re-appointment.
5. The Representative Body shall normally meet three times a year of which one meeting will be the Annual General Meeting. Observers may be invited to attend any of these meetings.
6. A Quorum of the Representative Body shall consist of representation from a minimum of four tutor groups.
7. Each district nurse tutor shall pay an annual subscription to the Representative Body through his/her Tutor Group, the amount of which shall be reviewed from time to time by the Representative Body. Non-subscribing members of tutor groups will have neither representative status nor voting rights. Subscribing members may request Associate Membership on retirement at a reduced subscription. Such members will be eligible to attend the AGM. and Conference but will have no voting rights.
8. Any alterations to the constitution may only be made at the AGM. such alterations to be agreed by a minimum of two thirds of those present. Any proposals for alterations to the constitution must reach the Chairperson of the District Nurse Teacher Representative Body eight weeks prior to the AGM.

June 1985
APPENDIX 9.1

QUEEN'S INSTITUTE OF DISTRICT NURSING

57, Lower Belgrave Street, London, S.W.1.

PRACTICAL WORK INSTRUCTOR'S COURSE

12th - 16th May 1969

PROGRAMME

In Charge of the Course:
Miss E M Bussby  SRN, SCM, HV Cert, DN(Lond), Queen's Nurse, Nursing Officer, Education, Queen's Institute of District Nursing
Miss R A Baker  RSCN, SRN, MTD, HV Cert, Queen's Nurse, Former Deputy Chief Nursing Officer, Queen's Institute of District Nursing

Refresher Course Secretary:
Miss E R Garbutt

MONDAY, 12TH MAY 1969

9.30 am  Registration and Introduction to the Course
          Review of Course Objectives
10.00 am  GROUP EFFECTIVENESS - Miss E M Bussby
10.30 am  Coffee
11.00 am  THE PRACTICAL WORK INSTRUCTOR - Miss E M Bussby
          a) Who is she?
          b) Her function
          c) Equipping the instructor
          Group work and round table discussion
12.30 pm  Lunch
2.00 pm   TRENDS IN NURSING EDUCATION - Miss I C S Brown
3.30 pm   Tea
4.00 pm   THE STUDENT
          Group work and round table discussion
TUESDAY, 13TH MAY 1969

9.30 am  TEACHING PRINCIPLES OF NURSING CARE - Miss R A Baker
10.30 am  Coffee
11.00 am  THE PATIENT AND HIS FAMILY - Miss R A Baker
12.30 pm  Lunch
2.00 pm  THE PRACTICAL TEACHING OF DISTRICT NURSE STUDENTS - Miss M Illing
3.00 pm  Tea
3.30 pm  PRACTICAL TEACHING cont'd - Miss M Illing

WEDNESDAY, 14TH MAY 1969

9.30 am  Film: SUCCESSFUL INSTRUCTION followed by discussion
10.15 am  Coffee
10.30 am  STUDENT COUNSELLING - Mrs M Butler
12.30 pm  Lunch
2.00 pm  MODERN TRENDS IN DISTRICT NURSING EQUIPMENT (disposables) - Miss P L Simon
3.00 pm  Tea
3.30 pm  PRINCIPLES AND PROCEDURES (sterilisation) - Miss P L Simon

THURSDAY, 15TH MAY 1969

9.30 am  TRAINING IN HEALTH EDUCATION
          Round table discussion
10.30 am  Coffee
11.00 am  DISTRICT MANAGEMENT - Miss A Day
          a) Drugs
          b) Records
12.30 pm  Lunch
2.00 pm  PRACTICAL TEACHING
          Presentation of projects and discussion
3.00 pm  Tea
3.30 pm  PRACTICAL TEACHING cont'd
FRIDAY, 16TH MAY 1969

9.30 am  THE WRITTEN EXAMINATION - Miss V M George
10.30 am  Coffee
11.00 am  CONTINUOUS STUDENT ASSESSMENT - Miss V M George
12.30 pm  Lunch
2.00 pm   Group discussion - Course evaluation
2.30 pm   ANY QUESTIONS!

Meet the P.W.I.

Mrs H Ford, NNEB, SRN, Queen's Nurse
Miss J G King, RSCN, SRN, Queen's Nurse
Mrs J M Russell, SRN, Queen's Nurse

Chairman: Miss E M Bussby

4.00 pm   Tea
4.30 pm   Course ends

INFORMATION FOR COURSE PARTICIPANTS

ADDRESS: Council Room
Queen's Institute of District Nursing
57 Lower Belgrave Street
London, S.W.1.

NEAREST STATION: Victoria. Turn left from the Station and left again. Lower Belgrave Street is opposite the main entrance to the Grosvenor Hotel. The Institute is on the left hand side, on the corner of Eaton Square.

PARKING: Parking meters only. (1/-d. per hour). Course Participants are advised not to bring their cars.

REFRESHMENTS: Morning coffee and afternoon tea will be provided.

Lunches can be obtained at restaurants near Victoria.

DRESS: Mufti is worn throughout the course.

NAME BADGES: Will be issued as a means of introduction and members are asked to wear them throughout the course.
**LECTURERS**

<table>
<thead>
<tr>
<th>Lecturer</th>
<th>Qualifications and Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miss R A Baker</td>
<td>RSCN, SRN, MTD, HV Cert, Queen's Nurse, Formerly Deputy Chief Nursing Officer, Queen's Institute of District Nursing</td>
</tr>
<tr>
<td>Miss I C S Brown</td>
<td>SRN, RSCN, RNT, Secretary, Hospitals Department, Royal College of Nursing</td>
</tr>
<tr>
<td><em>Miss E M Bussby</em></td>
<td>SRN, SCM, HV Cert, DN(Lond), Queen's Nurse, Nursing Officer, Education, Queen's Institute of District Nursing</td>
</tr>
<tr>
<td>Mrs M Butler</td>
<td>BSc(Hons), Lecturer in Management Studies, Crawley College of Further Education</td>
</tr>
<tr>
<td>Miss A Day</td>
<td>SRN, RSCN, SCM, HV Cert, Queen's Nurse, Nursing Officer, Queen's Institute of District Nursing</td>
</tr>
<tr>
<td>Miss V M George</td>
<td>SRN, SCM, HV Cert, DNT Cert, Queen's Nurse, Deputy Chief Nursing Officer, City of Westminster</td>
</tr>
<tr>
<td>Miss M Illing</td>
<td>SRN, SCM, HV Cert, DNT(Rcn), Queen's Nurse, Lecturer in charge of Community Nursing Courses, Croydon Technical College</td>
</tr>
<tr>
<td>Miss P L Simon</td>
<td>SRN, SCM, RMN, HV Cert, Queen's Nurse, Deputy County Nursing Officer &amp; Tutor to the District Nurse Training Courses, Hampshire County Council</td>
</tr>
</tbody>
</table>

*Chairman*
APPENDIX 9.2

NORTH-WESTERN POLYTECHNIC

Department of Child Care and Social Studies

Head of Department: K Pickett, B Litt (Oxon) AB Psych S
62/66 Highbury Grove London N5
Tel: 01-359 0941

PROGRAMME

PRACTICAL WORK INSTRUCTOR'S COURSE FOR

SENIOR DISTRICT NURSES

15th - 26th SEPTEMBER 1969

Organising Tutor:
Miss G A Shadek, SRN, SCM, QN, HV, Dip Health Ed (Univ Lond)

MONDAY 15th SEPTEMBER 1969

9.45 am  Registration and coffee
10.30 am  Introduction and discussion on programme ahead. Tour of Department
11.30 am  Welcome to the Course - Mr K Pickett, Head of Department
12.15 pm  Introduction to the library - Miss R Melling, Resident Librarian
2.00 pm   Individual studies - Library
3.00 pm   "Interpersonal perception" - Miss B V Dawson, Senior Lecturer in Psychology, Sidney Webb Training College
3.45 pm   Interpersonal perception

TUESDAY 16th SEPTEMBER 1969

10.00 am  Human behaviour I - Mr K Pickett
11.30 am  The district nursing syllabus. Discussion
2.15 pm   Principles of first line management - Structure - Mr J Southgate, Senior Lecturer, Management Studies Section, North Western Polytechnic
3.30 pm   Principles of first line management
WEDNESDAY 17th SEPTEMBER 1969
10.00 am Introducing students to home nursing practice. Discussion
11.30 am Comprehensive nursing care. Demonstration and discussion
2.00 pm Individual studies. Library
3.30 pm Presentation and discussion of case studies

THURSDAY 18th SEPTEMBER 1969
10.00 am Comprehensive nursing care. Demonstration and discussion
11.00 am Preparation for fieldwork instruction - Miss P Parker, Senior Health Visitor Tutor, North Western Polytechnic
2.15 pm Principles of first line management. "Individual" - Mr J Southgate
3.15 pm Principles of first line management. "Individual"

FRIDAY 19th SEPTEMBER 1969
10.00 am Record keeping and report writing. Discussion
11.30 am Group Interaction - Miss B V Dawson
2.00 pm The nature and treatment of leg ulcers - Dr Stanley Allen, Physician to the Battersea Mission of Varicose Ulcers
3.30 pm Leg ulcers

MONDAY 22nd SEPTEMBER 1969
10.00 am The role of the final assessment and the examination. Discussion
11.30 am More of the case studies. Presentation and discussion
2.15 pm Principles of First Line Management. Job specification - Mr J Southgate
3.30 pm Principles of First Line Management. Job specification

TUESDAY 23rd SEPTEMBER 1969
10.00 am Assessment and Personality - Miss V B Dawson
12.00 pm Individual studies. Library
2.00 pm Modern Drug Therapy - Mr J A Baker, Group Chief Pharmacist, Westminster Teaching Hospital
3.30 pm Modern Drug Therapy
WEDNESDAY 24th SEPTEMBER 1969

10.00 am  Human behaviour II - Mr K Pickett
11.30 am  Comprehensive nursing care. Demonstration and discussion
2.00 pm   Hospital nursing today and tomorrow - Miss C R Kratz, Public Health Tutor, Royal Free Hospital
3.30 pm   Last of the case studies. Presentation and discussion

THURSDAY 25th SEPTEMBER 1969

10.00 am  The role of the practical work instructor. Discussion
11.30 am  Principles of first line management. Communication and delegation - Mr J Southgate
2.00 pm   Writing assessment reports. Discussion
3.30 pm   Research in the service of professional development - Mr K Pickett

FRIDAY 26th SEPTEMBER 1969

10.00 am  Comprehensive nursing care. Discussion
11.30 am  Techniques in Teaching and Learning. Miss V B Dawson
2.00 pm   Preparation for debate
3.30 pm   Course evaluation. Team debate
To: Regional Health Authorities
    Area Health Authorities
    Welsh Health Technical Services Organisation

June 1974

DISTRICT NURSE TRAINING: TRAINING OF PRACTICAL WORK INSTRUCTORS

Summary

This circular announces the introduction of formal arrangements for the training and qualification of Practical Work Instructors, i.e., district nurses who are responsible for the practical work instruction of nurses undertaking district training leading to the award of the National Certificate in District Nursing (SRN and SEN).

General

1. Circular 15/59, dated 2 June 1959, announced the Minister of Health's acceptance of the recommendations of the Advisory Committee on the Training of District Nurses. The report of this Committee, together with subsequent local authority Circulars, form the basis of existing district nurse training arrangements. Among other things the Committee stressed the practical nature of their recommended course and the importance of practical training in the home (and community). In particular paragraph 18 of the report stated that the student district nurse should be introduced to nursing on the district as soon as possible. During the early stages of her training she would be expected to work under the guidance of an experienced district nurse, the degree of supervision being reduced until she was able to take nursing charge of her patients. Over the years the experienced district nurses who perform this teaching function have become known as practical work instructors.

2. No guidance was given by the Advisory Committee as to the training or instruction of practical work instructors; nor has any guidance been issued subsequently by the Department or the Panel of Assessors for District Nurse Training. From 1968 until 31 March 1974 district nurse training became the direct responsibility of local health authorities approved as training centres and they were free to appoint such practical work instructors as they saw fit. Although there was no requirement to provide instruction for these nurses, local authorities themselves felt the need for it and in many cases provided some form of in-service training or seconded suitable staff for a course of instruction provided by various educational establishments, professional organisations and other local authorities. These courses have varied widely in content, form and length.

3. The role of the district nurse is developing. She now works increasingly as a member of the community health team, has a widening range of nursing functions within the community and is usually the leader of a team of nurses and ancillary staff in the provision of nursing care in the home, general practice and health centres. The role of the practical work instructor has developed accordingly; in addition to her traditional teaching on the job she is in communication with the tutor in charge of the course and plays a vital part in the continuing assessment of the student during her district training.

4. As a result of an agreement by the Nurses and Midwives Whitley Council, district nurses who accept full responsibility for the practical work instruction of nurses undertaking district training leading to the award of the National Certificate are eligible for an additional allowance while performing that function.

Proposed Arrangements for Training and Qualification

5. Representations have been received from training authorities, tutors and professional organisations on the need for national and uniform training of practical work instructors. In view of these representations, financial recognition by the Whitley Council and the advice of the Panel of Assessors, the Secretaries of State have concluded that the time is opportune to institute formal interim arrangements for the training and qualification of health authority nursing staff who act as practical work instructors. These arrangements are without prejudice to the outcome of consideration of the Briggs Report on Nursing.
6. A recommended syllabus of training and notes on the selection of students, approval of courses, etc, are set out in the Appendix to this circular. Responsibility for determining who should give the instruction and the allocation of study time to the various subjects will rest with training institutions. Adequate time must, however, be allocated to the principles of teaching and learning mentioned in Item (a) of the syllabus. If necessary individual tuition on the updating of the application of modern procedures should be given prior to the course. It is recommended that the course should last a minimum of 15 days, preferably in a 3 weeks block.

Number of Practical Work Instructors Required

7. Employing authorities may welcome some guidance on the number of practical work instructors required to meet their district nurse training commitments. As these vary so widely it is not possible to lay down any hard and fast rules but provided suitable arrangements can be made for recognition of the teaching role of the practical work instructor, one instructor to 2 students would probably constitute an ideal teaching situation. Recognition of the teaching role might be achieved by reducing the population/home nurse ratio of the area by one quarter for instructors.

Submission of Training Schemes for Approval

8. Training authorities and educational institutions proposing to offer a course of training which commences after 31 December 1974 should submit details of their plans, including the method of student assessment, for approval by the Secretaries of State as advised by the Panel of Assessors.

Issue of Certificates by The Panel of Assessors

9. On the advice of the approved institution the Panel of Assessors will issue a certificate to nurses who successfully complete the course. Some nurses may have already completed under local arrangements a course of instruction for practical work instructors. While they will not be debarred from acting as practical work instructors they will not of course be eligible for the above certificate. However, any authority seeking recognition of instruction provided under local arrangements as being comparable to that proposed under the terms of this Circular should submit full details to the Panel of Assessors by 31 December 1974. If the Panel are satisfied that the instruction is comparable they will be prepared to issue a suitable letter of recognition to the nurses concerned.

Action Required by Authorities

10. Area Health Authorities who are engaged in district nurse training are asked to make interim arrangements for the training of practical work instructors as described in paragraphs 5 and 6. Area authorities should obtain

   a. approval for courses due to start after 31 December 1974 (paragraph 8) and
   b. recognition of instruction provided under local arrangements (paragraph 9)

All authorities are asked to bring this circular to the attention of all persons concerned.

From:

NHS Personnel Division P3E
Friars House
187-168 Blackfriars Road
London SE1 8EU
01-407 5822 Extn 7867

Health and Social Work Department
Pearl Assurance House
Greyfriars Road
Cardiff CF1 3RT

Further copies of this circular may be obtained from Central Store, DHSS Depot, Primrose Mill, Clithoroe, Lancashire BB7 1BP Tel: 0200-2-2187
APPENDIX

DISTRICT NURSE TRAINING

TRAINING OF PRACTICAL WORK INSTRUCTORS

1. FUNCTIONS OF THE PRACTICAL WORK INSTRUCTOR

A practical work instructor is a district nurse who accepts full responsibility for the practical work instruction of nurses undertaking district training leading to the award of the National Certificate in District Nursing (SRN and SEN).

2. SYLLABUS OF TRAINING

The basic requirements for a 15 day course, preferably in a 3 weeks block, are:

a. Principles of teaching
   Psychology of learning

b. Communications
   Interpersonal behaviour and relationships
   Job analysis

c. Use of professional skills and modern procedures in the provision of total nursing care

d. Study of the environment in which the district nurse will work including developments
   in the health and social services

e. Study of community and hospital nurse training syllabuses

f. Methods of practical work assessment

g. Planning of practical work training programmes.

Responsibility for determining who should give the instructions and for allocating study time to the various subjects rests with the training institutions. Adequate time must however be allocated to item (a) of the syllabus which deals with the principles of teaching and learning. If necessary individual tuition on the updating of the application of modern procedures should be given by the employing authority prior to the course.

3. SELECTION OF STUDENTS FOR THE COURSE

The minimum qualifications for entry to the course will be SRN/RGN and NDN Certificate (or equivalent) with not less than two years' district nurse experience after qualification as a district nurse.

Selection of candidates should be by the employer and training centre and should include an evaluation of the candidate's effectiveness as a district nurse.

4. APPROVAL OF COURSES AND ISSUE OF CERTIFICATES

Training authorities and educational institutions proposing to offer a course of training will be required to submit details to the Panel of Assessors for approval including the method of student assessment to be adopted during the course.

On the advice of the approved institution the Panel of Assessors will issue a certificate to nurses who successfully complete the course.
CRITERIA USED TO RECOMMEND APPROVAL OF PRACTICAL WORK INSTRUCTOR COURSES TO COMMENCE AFTER 31 DECEMBER 1974

General

1. Location should be within and educational establishment of other departments associated with a District Nurse Training Course.

2. The course should be planned and organised by or in conjunction with a District Nurse Tutor.

3. Adequate classroom and teaching facilities, including equipment for the teaching of practical skills should be available.

4. In the allocation of time a minimum of 2 weeks should be planned as a block.

5. Information should be submitted regarding:
   a. Method of selection of PWIs for the course
   b. Assessment of proficiency as a PWI at the end of the course.

Course Content

Details should be given of the way in which each section of the syllabus will be interpreted and how it will be taught.

1. Although responsibility for determining who should give the instruction, and for allocating study time to the various subjects rests with the training institutions, it must be shown, that not less than 1/3rd the total course time is allocated to sections a. and b. of the syllabus and that an educationalist/ Psychologist is involved in the teaching.

2. Emphasis should be shown in c. of the importance of practical training and the role of the PWI in setting and maintaining standards of care.

3. A description is required of the way in which district nursing skills will be identified and the methods suggested for relating theory to practice.

4. Time must be allocated for consideration of the content of the DN syllabus and the way in which a PWI would plan a training programme.

5. Methods to be used in teaching skills and modifying attitudes should be described.

6. Adequate time must be shown for instruction and practice in the techniques of student assessment.

Source: Panel Paper PA(74)51
DISTRICT NURSE TRAINING: PRACTICAL WORK TEACHERS

Circulars HO(IS)58 and WHO(IS)3 announced the introduction of formal arrangements in England and Wales for the training and qualification of practical work teachers, ie district nurses who are responsible for the practical work teaching of nurses undertaking district nurse training. Area Health Authorities have made rapid progress in the training of practical work teachers since the scheme commenced in January 1975. Up to the present 30 centres in England and Wales have been approved for training and some 800 nurses have been awarded the Panel of Assessors' certificate.

Since the scheme commenced the Panel have received a small number of enquiries from district nurses about the Further Education Teachers Certificate Ho 750 of the City and Guilds of London Institute and the Diploma in Nursing of the University of London. They wished to know whether possession of either of these certificates could be recognised by the Panel for the issue of their practical work teacher certificate. The Panel have considered the matter and have decided, with the approval of the Health Departments, that a district nurse who holds either the City and Guilds Certificate Ho 750 or the Diploma in Nursing (Domiciliary Nursing) plus Clinical Teaching (Section UC) may be considered for the issue of their practical work teacher certificate.

Details of the arrangements are attached to this letter. They are experimental and will be reviewed after an appropriate period. It is expected that the normal method of qualifying as a practical work teacher will continue to be through an approved training course and that the number of applicants under the terms of this letter will be relatively small. Any enquiries about the operation of these arrangements should be addressed in the first place to Mrs M T Docherty at the above address, extension 3257.

A copy of this letter has been sent to the tutor in charge of the district nurse teaching centre where appropriate and to Regional Nursing Officers in England.

T W Matthews
Secretary
Panel of Assessors for District Nurse Training
Hannibal House Elephant and Castle
LONDON SE1 6TE

TRAINING OF PRACTICAL WORK TEACHERS

A. RECOGNITION OF THE FURTHER EDUCATION TEACHERS CERTIFICATE NO 730 OF THE CITY AND GUILDS OF LONDON INSTITUTE

Subject to the conditions set out below the Panel of Assessors will be prepared to consider the issue of a practical work teacher certificate to district nurses who hold the City and Guilds Further Education Teacher Certificate no 730.

1. PROFESSIONAL QUALIFICATIONS
The minimum qualifications are SRN and NDN Certificate (or equivalent).

2. EXPERIENCE
The applicant should have had not less than 2 years district nursing experience after award of the NDN Certificate (or equivalent) and be currently employed as a district nurse.

3. PROFESSIONAL ASSESSMENT
The local nursing officer and district nurse tutor should jointly assess an applicant's suitability to act as a practical work teacher.

4. APPLICATION PROCEDURE
The nurse should apply to the Secretary of the Panel at the above address, either direct or through the nursing officer. Evidence of possession of the City and Guilds Certificate should be supplied. The Secretary will notify the local district nurse tutor who should arrange a professional assessment as in 3 above. On receipt of this the Panel will consider the applicant for issue of a practical work teacher certificate.

B. RECOGNITION OF THE DIPLOMA IN NURSING OF THE UNIVERSITY OF LONDON

Subject to the conditions set out below the Panel of Assessors will be prepared to consider issue of a Practical Work Teacher Certificate to district nurses who hold the Diploma in Nursing (Domiciliary Nursing) plus the optional additional subject - Clinical Teaching (Section IIIC). Section IIIC was added to the syllabus for clinical teaching in September 1975 to provide for the needs of district nurses who wished to act as practical work teachers.

1. PROFESSIONAL QUALIFICATIONS
The minimum qualifications are SRN and NDN Certificate (or equivalent).

2. EXPERIENCE
The applicant should have had not less than 2 years district nursing experience after award of the NDN Certificate (or equivalent) and be currently employed as a district nurse.

3. PROFESSIONAL ASSESSMENT
The local nursing officer and district nurse tutor should jointly assess an applicant's suitability to act as a practical work teacher.

4. APPLICATION PROCEDURE
The nurse should apply to the Secretary of the Panel at the above address, either direct or through the nursing officer. Evidence of possession of the Diploma in Nursing (Domiciliary Nursing) plus Clinical Teaching (Section IIIC) should be supplied. The Secretary will notify the local district nurse tutor who should arrange a professional assessment as in 3 above. On receipt of this the Panel will consider the applicant for issue of a Practical Work Teacher Certificate.
APPENDIX 9.6

CROWN COPYRIGHT

Scottish Home and Health Department
St Andrew's House Edinburgh EH1 3DE

Telephone 031-553 8301 ext 2253

Secretaries of Health Boards
Principals of College of Technology, Glasgow
Bell College of Technology, Hamilton

Your reference

K J W R O R R I S

Dear Sir

DISTRICT NURSING: THE PRACTICAL WORK TEACHER

In recent months the Department has received a number of enquiries about the role of the practical work teacher in district nurse training. In order to distribute some general information about the requirements and responsibilities for practical work teaching, a compact leaflet has been prepared for the Department by the Scottish Information Office.

Arrangements are being made for 24 copies of the leaflet to be sent to you under separate cover within the next few days for distribution to those concerned. Further copies are available from the Scottish Information Office, Room 2/93, New St Andrew's House, St James Centre, Edinburgh EH1 3TD.

Yours faithfully

MISS A R MORRIS
The Practical Work Teacher

A practical work teacher is an experienced district nursing sister who accepts full responsibility for the practical work teaching of nurses undertaking a course of preparation leading to the award of the NDN Certificate at registration and enrolment levels. She is required to plan programmes of experience appropriate to the learner's progress which meet the needs of the syllabus, and to create learning situations within the provision of the service.

The quality of practical experience in district nursing courses depends entirely on the practical work teacher. In order to combine the care responsibilities and the teaching commitment, it is imperative that she should have a reduced but widely varied caseload when students are allocated to her. It should also be possible for her to delegate some of her duties to an enrolled nurse or a nursing auxiliary.

Current trends indicate that primary health care teams are increasing in popularity and becoming more effective. The practical work teacher and the learner should be members of such teams. An interesting development is that of "training practices." These are group medical practices where GP trainees, HV students and DN students gain practical experience together within one group practice team. This offers unique opportunities for multi-disciplinary discussions and seminars involving teachers and learners.

Requirements for Practical Work Teaching

1. Registration as a nurse and certification as a district nurse with not less than 2 years post certificate experience in district nursing.
2. Professional competence in the practice of district nursing including familiarity with the most recent developments in all aspects of this field of nursing.
3. Aptitude and suitability for teaching individuals and small groups and ability to interpret and apply theoretical learning to the practical situations.
4. Communication skills.
5. Attendance at an approved practical work teacher course.
6. Preferably attendance at a course in first line management.

Responsibilities

1. Maintaining contact with the theoretical centre for the District Nursing programme. This includes attendance at the centre for briefing meetings and discussions relating to current developments in district nursing practice, as well as making arrangements for visits by the course tutor to the practical work area.
2. Ensuring that sufficient time is allocated to educational commitments.
3. Planning suitable programmes of experience appropriate to each learner's progress and the requirements of the syllabus, while ensuring that the learner undertakes the full range of duties.
4. Developing district nursing practice to correspond with changes in the theoretical aspects of the course.
5. Explaining to the learner the policy of the employing authority, and the reasons for adopting that policy.
7. Assessing the learner's progress in conjunction with the course tutor and nurse administrator.
8. Guiding, counselling and supporting the learner throughout the period of practical experience.
9. Demonstrating co-operation with other members of the primary health care team, hospital colleagues and with other services, such as social work and voluntary agencies.
10. Ensuring that practical experience is regarded as an important aspect of education and is not sacrificed to the commitments of the service.
11. Extending and deepening her own professional knowledge and skills.
APPENDIX 9.7

PANEL OF ASSESSORS FOR DISTRICT NURSE TRAINING: UPDATING OF PRACTICAL WORK INSTRUCTORS

GUIDELINES FOR UPDATING COURSES FOR PRACTICAL WORK TEACHERS IN PREPARATION FOR THE IMPLEMENTATION OF THE CURRICULUM IN DISTRICT NURSING FOR STATE REGISTERED NURSES AND REGISTERED GENERAL NURSES

The aim of these courses is to ensure that the Practical Work Teacher is fully conversant with the curriculum and understands her/his role in respect of its implementation.

Objectives

At the end of the period the Practical Work Teacher will be able to:-

i understand the needs of the supernumerary student

ii identify any deficiencies in own learning and be aware of means of rectifying these

iii recognise the practical training as an integral part of the total curriculum

iv set objectives and plan for practical work in conjunction with the tutor in relation to the total curriculum

v demonstrate knowledge of the nursing process and its use in the practice and teaching of district nursing

vi identify appropriate means of assessment of the student's practical work

Content

The curriculum - development
organisation
implications
pre-knowledge of students - changes in nurse education
role of PWT/nursing officer/tutor

Teaching of practical work -
creating opportunities for learning
planning practical work programmes
setting objectives of learning
教学方法
integration of theory and practice

Nursing process - an overview
as a means of practising district nursing
as a teaching tool

Assessment -
continuous practical assessment
course work assessment
total course evaluation

Organisation of courses

A period of at least 10 days is recommended in at least 2 'blocks' to enable some intermediary work to be carried out.

Small groups (10-12 maximum) are suggested to enable informality of teaching and to facilitate identification of specific learning needs.

These are guidelines only and tutors should make appropriate adaptations in view of previous training and experience of Practical Work Teachers.

Source: Panel Paper PA(79)12

March 1979
To:- Official Correspondents to District Nurse Training Courses; 
Area Nursing Officers; 
Chief Area Nursing Officers.

Dear Sir/Madam,

EDUCATION AND TRAINING OF PRACTICAL WORK TEACHERS

Formal arrangements for the training and qualification of practical work teachers were introduced in 1975. Since then, major changes have taken place in the education and training of district nurses and revision of the guidelines on preparation of practical work teachers has become necessary.

In planning courses for practical work teachers, many district nurse tutors have developed and amended the programme in an attempt to provide for the increased teaching demands made upon practical work teachers. Extending the course length to include additional topics and linking certain aspects of practical work teacher courses with those for field work teachers are among the changes introduced.

In commending changes already initiated by district nurse tutors, the Panel of Assessors find these changes conform with recommendations made by a Panel Working Party set up to review the practical work teacher syllabus and agree they should now be formalised.

Details of the revised arrangements for preparation and training of practical work teachers are contained in the enclosed papers 'Course Requirements' and 'Course Content'.

Educational institutions proposing to offer a practical work teacher course which commences after September 1st 1982 will be required to submit details of their plans for approval by the Panel of Assessors. Application forms for this purpose may be obtained from the Senior Administrative Officer.

A copy of this letter and enclosures has been sent to the district nurse tutor in charge of the course.

Yours sincerely,

Barbara M. Robottom (Miss),
Principal Professional Officer.
ROLE AND FUNCTION OF THE PRACTICAL WORK TEACHER

The Practical Work Teacher is an experienced, practising District Nurse, who has successfully completed further training recognised and approved by the Panel of Assessors.

The Practical Work Teacher accepts responsibility for:

- teaching the practice of district nursing;
- planning the students practical work programme;
- allocating the student a selected caseload;
- teaching the skills of district nursing within the context of the Primary Health Care Team;
- assessing the student's progress throughout the course, and evaluating their competence to practice.

AIM OF THE COURSE

To prepare the qualified experienced District Nurse to acquire and apply the knowledge, skills and attitudes necessary to teach and evaluate the practice of district nursing.

ADMISSION REQUIREMENTS

Applicants for admission to the course must:

(a) hold an approved district nursing certificate;
(b) have a minimum of two years recent full or equivalent part-time experience in district nursing at the time of entrance to the course.

SELECTION OF STUDENTS

(a) Applicants for the course must be supported by their Nurse Manager, who should report upon the applicants:

(i) effectiveness as a District Nurse;
(ii) interest in teaching;
(iii) attitudes towards personal and professional development;
(iv) potential for accepting further professional responsibility.

(b) The teaching centre should devise a method of assessment for selecting candidates, who appear to have the potential to practise as Practical Work Teachers.
Length of Course

(a) The course should be a minimum of six weeks duration, preferably arranged in three units each of two weeks, and completed within a period of nine months.

(b) Course participants must be given the opportunity to carry out teaching with a student between the theoretical units.

Assessment of Course Work

(a) Continuous assessment should be based on assignments carried out in both the theoretical and practical work settings.

(b) Examples of assignments may be: teaching plans, individual essays, projects and practical work.

(c) Teaching skills should be assessed in the clinical area, but may also be assessed within small groups in the classroom.

(d) It is for the teaching centre in conjunction with the District Nurse Tutor to recommend whether a student is competent to undertake the duties of a Practical Work Teacher.

Award of Certificate

Students who successfully complete an approved Practical Work Teacher course will be awarded the Practical Work Teacher Certificate issued by the Panel of Assessors for District Nurse Training.

Approval of Courses

Practical work teacher courses should be located within educational establishments responsible for district nurse courses. A district nurse tutor must be responsible for the preparation of Practical Work Teachers. However, whenever possible it is recommended that courses for Practical Work Teachers are planned alongside and in conjunction with those of Field Work Teachers.

The following details must be submitted to the Panel of Assessors for approval:

(a) Arrangements and criteria for selection of candidates;
(b) Interpretation of course content;
(c) Teaching methods/learning experiences;
(d) Designation and experience of lecturers;
(e) Assessment procedures.
COURSE CONTENT

Student Practical Work Teachers are individuals with differing levels of knowledge, skills and attitudes and it is considered undesirable to provide a rigid curriculum since course tutors will be expected to pay attention to the individual learning needs of their students.

The proposed course of training should enable the student Practical Work Teacher to:

1. identify the individual learning needs of the student;
2. plan a programme for a student which shows the application of the theoretical units to the practical work situation;
3. demonstrate an ability to facilitate learning and teach from a planned programme;
4. assess the competence of a student to practice as a district nurse;
5. evaluate his/her own teaching performance.

The next section sets out the knowledge, skills and attitudes which the students need to acquire during the course.

1. Knowledge

The Practical Work Teacher should demonstrate an understanding of:

a. The Education and Training of District Nurses:
   (i) the philosophy underlying district nurse education and training;
   (ii) current developments in district nursing;
   (iii) the role of the practical work teacher, nursing officer and district nurse tutor in the education and training of district nurses.

b. Curriculum theory and planning:
   (i) the nature and purpose of aims and objectives;
   (ii) the use of appropriate resources, teaching methods, and learning experiences;
   (iii) the selection and organisation of content;
(iv) modes of evaluation.

c. The adult student:
   (i) theories of adult learning;
   (ii) factors affecting students learning e.g. personal, social and cultural differences.

d. Assessment:
   (i) nature and purpose;
   (ii) types, methods and techniques.

e. Counselling adult students:
   (i) theories of counselling;
   (ii) techniques of counselling.

2. Skills

   The Practical Work Teacher should be able to:

   a. present reasoned explanations for the learning experiences organised for students;
   b. show relationships between theoretical components of district nurse courses and the practice of district nursing;
   c. write objectives for a specific learning experience;
   d. demonstrate the ability to teach in the practical work situation;
   e. organise appropriate resources and experience;
   f. evaluate own performance and make realistic adjustment to teaching skills or organisation of programmes in order to promote students learning;
   g. apply appropriate assessment criteria for individual students, and justify decisions made;
   h. demonstrate interpersonal skills.

3. Attitudes

   The Practical Work Teacher should be able to:

   a. recognise the importance of a practical work teacher as a role model;
   b. respect the student's knowledge, skills, abilities and experience;
   c. appreciate the fact that learning is a two way process;
   d. accept constructive criticism and the necessity for evaluating own performance;
   e. show awareness of current professional developments, and an open-minded approach to innovation and change.

February 1982

1000
SUMMARY OF QUESTIONS FROM REGIONAL MEETINGS WITH SENIOR NURSING STAFF

1. Panel of Assessors
   There were a number of questions concerning the membership of the Panel, and their terms of appointment, which were factually answered.

2. District Nurse Training Arrangements
   (a) Syllabus and content of courses
       There were eight questions about possible changes in the syllabus, nursing officers suggesting the inclusion of teaching methods, a project or case study, renal dialysis and rural experience. There was one suggestion that the syllabus should be part of basic nurse training.

       The answers given to these questions were that the Panel of Assessors would be considering the necessity for changes in the syllabus, but that it was considered necessary to allow a period for transition to local authority based training free of drastic change. Account would have to be taken of the views of interested bodies when the time for consideration arrived.

   (b) Arrangements for Courses
       There were three questions concerning day release for theoretical training, two about the minimum of 10 students per course, and other questions in this category concerned the use of more than one theoretical centre by a practical training area, whether a candidate on holiday could take the examination at a convenient centre, and whether district nurse students should be treated as students or as members of the staff.

       These were answered generally on the point of flexibility, questioners being told that if particular circumstances dictated a variation from the advice given in Circular 23/67, this would be looked at sympathetically. General agreement was given to the use of more than one theoretical training centre and to the use of a convenient examination centre.

   (c) Practical training
       There were two questions concerning the period of practical training for part-time staff and other questions on the selection of students, training requirements for students coming from hospital and whether practical training was best provided by giving responsibility for a district.

       The period of training for part-time staff should be geared to the number of hours they work; the selection of students and the setting for practical training will be for local decision according to the needs of the authority.
There was considerable support for carrying out the practical assessment throughout the period of the course, though one nursing officer still supported "teaching rounds".

(d) Refresher Courses

In Edinburgh there were two questions about refresher courses and the advice was given that authorities should, for the present, make use of existing resources.

(e) Attachment to general practitioners

One questioner thought that the increase in attachments should have a bearing on the syllabus. She was told that some authorities are already including training in this aspect in their courses and that the provision of on-going in-service training presented an opportunity to cover those nurses already district trained.

(f) General matters relating to training

Advice was given on a number of wide-ranging points:—

that district nurse training was available for all staff, including older nurses who had carried out community nursing for some time;

that a student might sometimes find it necessary, in emergencies, to work on the district on a day designated for the theoretical training; and

that there was a necessity to keep district nurses up to date with developments.

3. Examination Arrangements

(a) Examiners

Information was requested on the qualifications and experience expected of examiners, how many examiners should be used at each examination, and whether external examiners should be used for the practical examination. It was suggested that authorities would only nominate persons they considered suitably qualified and that nominations were vetted by the Panel of Assessors. The number of examiners would depend on the number of candidates but it would seem sensible to have at least two— one nursing and one medical. On the practical question a reminder was given that this should be by way of assessment throughout the course, which indicated that it should be done by the authority's own staff.

(b) Practical assessment

One questioner asked whether a standard assessment form was to be provided or whether a national standard would be set. It was thought to be for the authority to satisfy themselves as to the practical ability of a candidate.

Another questioner suggested that some people responsible for district nurse training were not themselves district trained and inferred from this
that their practical assessment would therefore be unfair. This was rejected, as was a question about the length of a "viva", on the basis that the practical assessment had taken its place.

(c) Marking of papers

Two questioners thought that sympathetic treatment should be given to "Senior" nurses who were not used to examinations. In reply, it was suggested that their experience would offset their lack of examination proficiency. In contrast, one questioner suggested that integrated course students were at a disadvantage with Part 1 of the examination because they had no local authority background; it was pointed out that every question in the examination was covered by the syllabus.

There were two queries on the calculation of percentages and one on the allocation of marks generally. These have subsequently been explained in letters to authorities, and the use of percentages will cease as from the January 1969 examination.

(d) General

There were several questions about the detailed arrangements, all of which were answered by reference to the letters which will precede each examination.

4. The future of District Nurse Training

There were a number of questions about the length of the transitional period, expressing concern about the future, and asking whether the professional bodies would be consulted about changes.

Assurances were given that when the time came to consider changes there would be full consultation. It was stressed, however, that it would be wrong to act prematurely in this matter. The reports of the Local Government Commission and of the R.C.N. Working Party would have some relevance, as would the Seebohm Report. Some nurses suggested the inclusion of district training in basic nurse training.

5. State Enrolled Nurses

There were several questions about district training for the Enrolled Nurse. Reference was made to the consideration of the Standing Nursing Advisory Committee, and to the fact that the Panel of Assessors had made certain recommendations to the Minister which might well result in advice being issued.

Similarly, a question concerning the employment of Senior Enrolled Nurses was answered by reference to the S.N.A.C. considerations.

6. Badges and Uniforms

Two nurses asked whether a national badge would be introduced, and another asked about a national uniform. They were told that opinion generally was against the proliferation of badges and that the Panel had rejected the idea on two separate occasions, the most recent being in the context of the award of the Queen's Badge having ceased. It was also suggested that opinion was moving away from uniforms.

7. Other matters

A number of other matters outside the scope of district nurse training came up in discussion. Where possible, discussion was brought back to the topic of training, although answers were given on these other matters.

Source: Panel Paper ACTDN/PA(68)19

1003
Dear

SEMINAR ON DISTRICT NURSE TRAINING

I understand that you will be attending the above seminar to be held on 11 May 1971 and I enclose for your information a copy of the programme and a list of questions to be considered by the discussion groups. I hope these will be self-explanatory but in case of doubt please do not hesitate to let me know. The composition of the discussion groups and the questions they have been allocated will be announced at the seminar. Your views on question 2 will be particularly welcome.

The nearest tube station to Alexander Fleming House is the "Elephant and Castle" which is served by both the Bakerloo and Northern lines. The most convenient entrance for Room D1004 is that situated in the New Kent Road next to the Odeon cinema. Self-operated lifts are available to take you to the 10th floor.

I should like, on behalf of the Panel of Assessors, to extend to you a warm welcome to the seminar and hope you will find it both stimulating and rewarding.

Yours sincerely

T W Matthews
Secretary
Panel of Assessors

ENC

1004
PANEL OF ASSESSORS ON DISTRICT NURSE TRAINING

SEMINAR ON DISTRICT NURSE TRAINING TUESDAY 11 MAY 1971
IN ROOM D1004, ALEXANDER FLEMING HOUSE, ELEPHANT AND CASTLE,
LONDON SE1

PROGRAMME

10.00 Coffee.
10.30 Opening address by Chairman of the Panel of Assessors,
J S Robson Esq MA.
10.45 Welcome and introduction to the day by Miss A M Lamb,
Deputy Chief Nursing Officer of the Department of
Health and Social Security.
11.00 Discussions groups.
11.45 Report of results of 2 discussion groups.
12.30 Lunch.
13.45 Report of results of 2 discussion groups.
14.15 OPEN FORUM
Panel - Miss Lamb (Chairman), Dr Leiper, Miss Lovett,
Miss McTrusty, Dr Elliott, Dr Taggart, Miss Wardle.
15.30 Summing up by Chairman of the Panel.
15.40 Tea.

QUESTIONS FOR THE DISCUSSION GROUPS

1. Is it necessary for the SRN to undertake district nurse training? Please
give your reasons.

2. Are you satisfied that the present syllabus meets the service needs? If
not, what are your proposals for the necessary changes in the syllabus?

3. Theoretical training is only part of total training and both theoretical
and practical training are designed to improve efficiency on the job and
to meet the needs of the community. It is therefore essential that
those responsible for the theoretical training maintain the closest
liaison with the Chief Nursing Officer or the Superintendent of Home
Nursing of the LHA. Is this being achieved? Can it be improved?

4. What links, if any, are necessary between the theoretical tutors and
practical work instructors. Please discuss reasons for such links and
to what extent they are being achieved.

5. Do you consider seminars on a national basis are useful in improving
standards of district nurse training? If so, please give reasons and
make suggestions for future plans.
PANEL OF ASSESSORS FOR DISTRICT NURSE TRAINING
NEW CURRICULUM PLANNING COMMITTEE.

Updating of Nursing Officers responsible for District Nursing services.

Aim:
To ensure that the Nursing Officer (District Nursing) is fully conversant with the curriculum and understands her role in respect of its implementation, assessment and evaluation.

Objectives:
At the end of the updating period the Nursing Officer (District Nursing) will be

i. conversant with the new curriculum and able to distinguish between her former and future role.

ii. aware of the responsibility in providing favourable conditions for the learner and PWT and in negotiating an appropriate input into practical teaching.

iii. familiar with the special needs of the supernumerary student and have greater insight into the counselling role of the Nursing Officer.

iv. able to relate and adapt former principles of assessment to the new course.

v. familiar with selection procedures and her role in relation to the training contract.

Content:

The Curriculum - Aims and objectives.
- Theoretical content.
- Examination and assessment procedures.
- Selection criteria, anticipated characteristics of the individual and the student group.
- Team approach to curriculum development.

Practical Teaching
- Structure and objectives of the total course and in particular the practical placements.
- The role of the Practical Work Teacher and expected commitment to training in terms of time, facilities and attitude.
- Current teaching methods, with particular emphasis on group work, problem solving approach and multidisciplinary activities.
- Setting and maintaining standards of practical teaching.
Involvement with the Training Contract

- Education and Welfare Counselling.
- Regulations relating to unplanned absences eg sickness, maternity leave etc.
- The disciplinary function of the Nurse Manager and the District Nurse Tutor.
- Communication links with the training school and personnel Department of the Area Health Authority.

Assessment and Evaluation

- Practice and principles of continuous assessment, the Nursing Officers role.
- Collaborative assessment in conjunction with the PWT and student.
- Application of the social and behavioural sciences in relation to student assessment and the assessor.

Format of the Course:

It is recommended that the courses are of at least 5 days duration, preferably arranged according to a time-table that will provide for some intermediary work.

It is seen to be desirable to hold combined updating courses for PWT's and Nursing Officers with opportunities for special methods work as necessary.

Approved by Panel on 14th March 1979 (Panel Minutes 14.3.79/101)
Dear Sir/Madam

CONFERENCES FOR SENIOR NURSE MANAGERS

The Panel of Assessors for District Nurse Training, in conjunction with the Queen's Nursing Institute, is arranging a series of one day conferences for senior nurse managers in the United Kingdom on the implications of the implementation of the Curriculum in District Nursing for State Registered Nurses and Registered General Nurses which is due to be introduced in the autumn of 1981.

A number of changes in the pattern of district nurse training will result from introduction of the new curriculum and the conferences are intended to provide an opportunity for nurse managers to consider these changes and ways in which they can be met. Speakers will include members of the Panel of Assessors and others who have already tackled some of the problems which the changes will inevitably engender. Ample time will be set aside for questions and discussion.

Conferences are planned to last from about 10.30 - 4.00pm. There are no fees and coffee, lunch and tea will be provided free of charge. We hope that you, together with your District Nursing Officers and Divisional Nursing Officers (Community) will be able to attend one of these conferences.

Details of conference locations and dates are given on the enclosed forms which should be completed and returned to this address not later than 1 September.

Yours faithfully

L W GODFREY
Secretary
APPENDIX 10.5

PANEL OF ASSESSORS FOR DISTRICT NURSE TRAINING
in conjunction with
THE QUEEN'S NURSING INSTITUTE

CONFERENCE FOR SENIOR NURSE MANAGERS
IMPLEMENTATION OF THE 1978 DISTRICT NURSING CURRICULUM
THURSDAY 11 SEPTEMBER 1980

SPEAKERS

MISS SHEILA GIBSON SRN SCM QN NDN HV CHNT RMT DNT
LECTURER IN EDUCATION
UNIVERSITY OF SURRY

MISS LAURA HARSTEDT SRN SCM MTD NDN Reg DM Tutor
SENIOR NURSING TUTOR
COMMUNITY TEACHING UNIT
KENT AHA

MISS HEATHER NIGHTINGALE SRN SCM
AREA NURSE/PERSONNEL
KENT AHA

MR RONALD MILLS BEM SRN QN DIP IN SOCIAL STUDIES (LONDON)
DIVISIONAL NURSING OFFICER (COMMUNITY)
CROYDON AHA

CHAIRMAN
MRS. D. JONES
NURSING OFFICER
DEPARTMENT OF HEALTH
AND SOCIAL SECURITY

AT:
THE QUEEN'S NURSING INSTITUTE
57 LOWER BELGRAVE STREET
VICTORIA
LONDON SW1 OLR
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<td>10 00 am</td>
<td>COFFEE AND REGISTRATION</td>
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<td>10 30 am</td>
<td>CHAIRMAN'S OPENING REMARKS</td>
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<tr>
<td>10 45 am</td>
<td>THE PURPOSE OF THE NEW DISTRICT NURSING CURRICULUM</td>
<td>QUESTIONS and DISCUSSION</td>
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<tr>
<td>Speaker</td>
<td>MISS S GIBSON</td>
<td>MISS GIBSON</td>
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<td>11 20 am</td>
<td>THE PRACTICALITIES OF INTRODUCING THE NEW DISTRICT NURSING CURRICULUM.</td>
<td>MISS HARSTEADT</td>
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<td>Speakers</td>
<td>MISS L HARSTEADT MISS H NIGHTINGALE</td>
<td>MISS NIGHTINGALE</td>
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<td>MR MILLS</td>
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<td>THE POSITION IN LONDON</td>
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SUPERVISED PRACTICE IN THE EDUCATION AND TRAINING OF DISTRICT NURSES

As indicated in circular PAC(83)1, 2nd February 1983, guidelines on supervised practice and on courses for supervisors have been prepared by the Panel. Enclosed are copies of:


This may be photocopied at your discretion.

... 2. Guide to Courses for Supervisors of Supervised Practice.

It should be noted that the term 'Nursing Officer (District Nursing)' has been used in these documents; it is recognised this terminology is being changed in the current restructuring of the NHS and the equivalent grading should be substituted as appropriate.

Barbara M. Robottom (Miss),
Principal Professional Officer.
1.0 Aim
To provide opportunity for a student district nurse to practise with a degree of independence but within a framework which provides adequate support and guidance whilst she/he develops fully as a district nurse.

2.0 Objectives
The period of supervised practice should be planned to enable the student to -

(a) gain confidence in applying the knowledge, skills and attitudes required of a district nurse;
(b) assess, plan, implement and evaluate nursing care in a wide range of different work situations;
(c) increase the understanding of the role of a district nurse within any environment;
(d) acquire the ability to manage a nursing team, to determine priorities and to delegate responsibility;
(e) develop in the professional expertise appropriate to a nurse member of the primary health care team.

3.0 Guidelines
The student should be placed in a setting where she/he will -

(i) continue to work on qualification as a district nurse and be a member of a primary health care team;
(ii) the student should be supervised throughout the period by a named person* who has attended a course for Supervisors of Supervised Practice;
(iii) Prior to commencement of supervised practice the supervisor and the district nurse tutor should discuss with the student
    
    (a) the objectives of the forthcoming practice period;
    (b) additional areas of learning/experience required, so that arrangements can be made to meet the student's individual needs;

*It is recommended that wherever possible the supervisor should be a nursing officer (district nursing) preferably the one to whom the student district nurse will be accountable following qualification. However, where such an arrangement is not feasible the supervisor should be an experienced district nurse who has attended a course for Supervisors of Supervised Practice.
(c) the expectations of both the supervisor and the student about the period of supervised practice;
(d) the plan for communication and meetings during the period of practice;
(e) methods and documentation of assessment.

(iv) Following these discussions the supervisor should -
(a) select a suitable placement for the student;
(b) agree with the student a programme for the period of supervised practice;
(c) prepare the primary health care team members for their responsibility to the student during the period of supervised practice.

(v) During the period of supervised practice the supervisor should -
(a) enable the student to develop as a full member of the primary health care team;
(b) allow the student to accept responsibility for a gradually increasing work load;
(c) ensure that the student has opportunities to develop competence and confidence within the practical setting;
(d) assist the student to develop awareness of specific community needs relevant to her/his placement area;
(e) facilitate the student's attendance at study days during the period of supervised practice;
(f) provide readily available contact for guidance, counselling and support for the student;
(g) monitor the student's ability to determine priorities, to plan, implement and evaluate nursing care;
(h) assist the student in the skills of self appraisal and discuss progress with her/him;
(i) liaise with the course tutor on the student's individual needs and progress;
(j) maintain a record of the student's progress throughout the period of supervised practice;
(k) report upon and record the outcome of the student's supervised practice.

January 1983
THE PANEL OF ASSESSORS
FOR
DISTRICT NURSE TRAINING

GUIDE TO COURSES FOR
SUPERVISORS OF SUPERVISED PRACTICE
IN THE
EDUCATION AND TRAINING
OF DISTRICT NURSES

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Victory House
170 Tottenham Court Road
London, W1P 0HA

Telephone: 01-388 3131
Aims of the Course

(a) To prepare the potential supervisor* to act as a supervisor and assessor of district nurse students during the period of supervised practice.

(b) To introduce the potential supervisor to her/his role in supervised practice.

(c) To increase the effectiveness and reliability of supervision and assessment during supervised practice.

*It is recommended that wherever possible the supervisor should be a nursing officer (district nursing) preferably the one to whom the student district nurse will be accountable following qualification. However, where such an arrangement is not feasible the supervisor should be an experienced district nurse who has attended a course for Supervisors of Supervised Practice.

Objectives

At the end of the course the supervisor should be able to:-

(a) demonstrate a clear understanding of the aims and objectives of the period of supervised practice;

(b) plan a suitable programme for the student which will provide an adequate range of experience to enable her/him to demonstrate the skills and practice of district nursing;

(c) suggest the appropriate degree of guidance and support necessary for a student to develop confidence in her/his competence to practise;

(d) identify the criteria for assessment of the professional performance of a student district nurse;

(e) demonstrate by application the knowledge, skills and principles used in assessment;

(f) show an understanding of the role of the district nurse tutor and the practical work teacher;

(g) show an awareness of current developments and trends in district nurse education and practice.
GUIDELINES

(a) A district nurse tutor must be involved in the planning and implementation of the course.

(b) It may be desirable for these courses to be planned in conjunction with courses for assessors of supervised practice in health visiting.

(c) Courses should be a minimum of five days duration.

SUGGESTED OUTLINE OF CONTENT

(a) The curriculum in district nursing.

(b) The aim of supervised practice.

(c) The role of the supervisor.

(d) Styles of supervision.

(e) Programme planning.

(f) Counselling.

(g) Assessment.

January 1983
DEPARTMENT OF HEALTH AND SOCIAL SECURITY

To: Regional Health Authorities
Area Health Authorities
Boards of Governors
Community Health Councils

For action
For information

May 1976

PERSONNEL
STAFF TRAINING

PROPOSALS ON ASPECTS OF THE BRIGGS REPORT ON NURSING

SUMMARY

This circular invites comments by Authorities on the enclosed paper "Briggs Report on Nursing - Relationship between Service and Education". Another paper, "The Statutory Framework", is also enclosed, for information.

INTRODUCTION

1. Following the Government's acceptance of the main recommendations of the Briggs Report on Nursing, a consultative paper setting out the Government's proposals in more detail was issued for comment to nursing service interests, statutory and professional bodies in September 1974. In the light of comments received, further discussions were held, and two further Briggs Papers on
   a. Relationship between Service and Education
   b. The Statutory Framework
were prepared. These are now being issued to health authorities, and to the nursing statutory and professional bodies.

THE RELATIONSHIP BETWEEN SERVICE AND EDUCATION

2. The "Relationship between Service and Education" paper re-affirms the proposals in the September 1974 consultative document for the payment of students and teaching staff, the setting up of independent Area Education Committees and the arrangements for co-ordinating recruitment and manpower planning activities between these Committees and Area Health Authorities. Authorities are invited to comment on this paper. Comments should be sent to P3 Division (Mr D K Smith at the address shown below) before Friday 30 July 1976.

THE STATUTORY FRAMEWORK

3. The further paper "The Statutory Framework" is enclosed for the information of Authorities and for distribution to RNOs, ANOs, DNOs and DNEs. It modifies the proposals in the paper circulated in September 1974, chiefly in giving more powers to the National Boards and in including detailed proposals for the membership of the new statutory bodies.

4. Copies of the 1974 paper may be obtained, if required, from P3 Division as in para 2.
LEGISLATION

5. Although full implementation of the Briggs recommendations will take several years, the then Secretary of State Mrs Castle announced in the House of Commons in November 1975 that she would hope that the enabling legislation would be included in the legislative programme for the next Session - 1976/7. It is therefore necessary to have any comments on the Briggs proposals well before the start of that Session next November.

ACTION

6. Authorities are asked to consider the proposals set out in the paper "The Relationship between Service and Education" and submit any comments on them by 30 July, 1976 (they are asked also to ensure that copies of this circular and enclosed papers are brought to the notice of Regional Nursing Officers, Area Nursing Officers, District Nursing Officers and Directors of Nursing Education).

From:

Department of Health and Social Security
Division P3E
Hannibal House
Elephant and Castle
London SE1 6TE

01-703 6380 Ext 588

Further copies of this document may be obtained (by written request wherever possible please) from: DHSS Store, Scholefield Mill, Brunswick Street, Nelson Lanes BB9 CHU Tel: 0282-62411/2.
1. This paper sets out the conclusions reached by the Government after consultation with both professional bodies and service interests on the change in relationship between nurse education and service which would result from the implementation of the Briggs proposals. There will inevitably seem to be some conflict of interest between those who wish to see complete independence of nurse education and those concerned with the administration of the service. The proposals set out below are seen as the best arrangement in the present circumstances to safeguard both interests.

POSITION OF TEACHING STAFF

2. The effect of implementing the Briggs proposals will be that Area Health Authorities will cease to employ the staff of nurse education divisions, midwifery tutors and district nurse tutors who will be transferred to the new Colleges of Nursing and Midwifery and become the employees of the Area Education Committees.

POSITION OF STUDENTS

3. The students on the other hand will remain in the employment of the AHAs. They will thus have the rights and entitlements of employees and while working in the clinical environment will be subject to the operational control of the nursing officers, charge nurses, sisters or field workers. At the same time their educational programme will be safeguarded and will be under the control of the colleges. There will thus be elements of similarity between their position and that of students in other fields taking ‘sandwich’ courses whose education is fully under the control of an educational institution, but who are paid by their employer - who also undertakes the provision of practical experience. In other respects there are parallels with medical students since there will need to be a close involvement of clinical practitioners in practical training and teaching staff will need access to, and involvement in, the clinical environment. As with medical education there will be scope for joint appointments of individuals with both teaching and clinical roles.

RECRUITMENT OF STUDENTS

4. Both the AHAs and the AECs will have an interest in promoting recruitment and in the appointment of individual students. In order to be appointed an individual must be acceptable to the College as a student and to the AHA as an employee. Selection will therefore be a joint exercise. An AHA, however short of staff it might be, could not require a College to accept as a student a candidate it considered unsuitable; nor could a College require an AHA to take on a student whom the District Nursing Officer did not consider suitable to work with patients.

AREA EDUCATION COMMITTEES

5. The Government’s proposals modify the Briggs Recommendations for the control of Colleges of Nursing and Midwifery by dispensing with separate governing bodies for the Colleges and establishing independent Area Education Committees. These will generally be on the basis of one AEC to each AHA (with however provision for an AEC to match two or more AHAs if after consultation with all concerned this appears the best arrangement).

6. These proposals have been criticised on two grounds; first that there would be too many AECs and that it might be difficult to find sufficient suitable members; secondly that with the AECs being independent rather than statutory committees of the AHAs no one will be in a position to resolve possible disputes. The Government understands the apprehensions which underlie these criticisms but after consideration has decided that it is necessary to adhere to its proposals.

7. If AECs were established as recommended by Briggs to cover from 4 to 8 colleges, or alternatively were to be Regional Education Committees, separate governing bodies for each college would be essential, thus adding an additional administrative tier and requiring more staff and more people to serve as members of educational bodies. Joint planning would be more complicated since in many Areas there would be no educational body co-terminous with the AHA, while where there was such a body, in some cases (ie where there were four colleges within the Area) it would be the Area Education Committee and in others it would be the governing body of an Area College.

8. If AECs were statutory committees of the AHAs this would solve some problems but it would also have the appearance of maintaining the subordination of professional education to service requirements which has been a major source of discontent for decades. It would be quite contrary to the spirit of the Briggs recommendations and would be unlikely to be acceptable to the nursing profession.

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9. Clearly it is of the utmost importance that there should be the closest co-operation between the AHA and the new educational bodies. This was stressed by the Briggs Committee. The fact that it is intended that there shall be interlocking membership between the AHA and the AEC will not in itself be sufficient for this purpose. The two sets of bodies will have to work closely together in nurse-manpower planning and in ensuring that courses developed are related to the clinical facilities available and to the need for qualified nurses with different levels and fields of skill and expertise. There will have to be close liaison arrangements between the Principal and senior staff of the colleges and the district management teams on the provision of clinical experience, programmes for allocation of students and college assistance in the service training needs of the nursing staff. Policy and planning co-ordination will also be needed at Area level and this might best be achieved by the establishment of a joint liaison committee charged with these matters who would seek solutions by consensus to any dispute and recommend them to the parent bodies.

10. It has been suggested that these proposals will leave health authorities with no responsibility for nurse training and with the consequent risk that they may lose interest in the subject. The Government does not accept this. It is quite true that health authorities will cease to control the provision of nurse education and training but their participation will be essential. As the main employer of nurses, midwives and health visitors, the NHS has a vital interest in their education and training and a continuing and inescapable role in providing the clinical facilities within which education and training can take place. Recruitment policy will no longer be determined simply by the need for the work contribution which students can make during training, although that contribution will remain substantial, but recruitment must be influenced by the needs of the service for qualified personnel in the various fields and hence the employment opportunities for students after qualification. NHS authorities will thus have a major interest in co-operating with AECs in developing education and training facilities for nurses, midwives and health visitors, and, since they will have the knowledge of likely needs and opportunities for professional staff in the various parts of the service and different specialties, will be able to make a major contribution to educational planning.

SUPPORTING STAFF FOR AREA EDUCATION COMMITTEES

11. It is envisaged that an AEC will require a secretary and clerical staff. It would however be undesirable to set up a separate staff structure with limited career opportunities and it is proposed that such staff should be seconded from the AHA. It would be costly and wasteful of resources to establish separate finance departments for the AECs and it is proposed to ask AHAs to provide this service on an agency basis. There does not appear to be a need for a professional nurse educator at Area level as professional advice will be supplied by the Principals of the colleges; in Areas where there are several colleges the Principals may act in turn as professional co-ordinator.
INTRODUCTION

1. This paper sets out the conclusions reached by the Government after consultation with existing statutory bodies on the statutory framework required for implementation of the Briggs Report.

2. The Government have also taken into account their proposals announced in the White Paper "Our Changing Democracy: Devolution to Scotland and Wales" (Cmnd 6348). Whilst what is said in this paper in no way pre-judges the outcome of the consultations which the Government are to have on the Devolution proposals they believe that in the interests of the nursing, midwifery and health visitors professions it is desirable to make progress on the Briggs recommendations.

3. NEW STATUTORY BODIES

It has become clear that some modification of the Briggs recommendations on the respective functions of the Central Council and the National Boards is desirable, as a result of which the Boards' functions would not be restricted to education. It is therefore proposed that the titles of the new statutory bodies should be:

i. The Central Council for Nurses, Midwives and Health Visitors for the United Kingdom

ii. The National Board for Nurses, Midwives and Health Visitors for (England) (Scotland) (Wales) (Northern Ireland).

FUNCTIONS

Central Council

4. The functions proposed for the Central Council are

   a. Maintenance and development of professional standards and control of professional discipline.
   b. Making of Rules for regulating the conditions of admission to training for the respective statutory qualifications and for prescribing the duration of such courses and the range of subjects to be covered.
   c. Approval of experimental educational and training schemes which involve departure from any requirement as to length or course content.
   d. International questions including recognition of qualifications gained in other countries and the prescribing of further training or experience necessary to achieve recognition.
   e. Maintenance of relevant records of qualification
   f. Promotion and co-ordination of research.
   g. Making of rules for the control of midwifery practice.
   h. Making of rules governing election procedures for National Boards.
   i. Undertaking activities incidental to the functions specified above.

The powers to make rules would be exercised after consultation with the National Boards and with the approval of the Health Ministers acting jointly.

STATUTORY MIDWIVES COMMITTEE

5. The exercise of delegated powers in relation to any functions of the Central Council in respect of midwifery shown in paragraph 4.

STATUTORY HEALTH VISITORS COMMITTEE

NATIONAL BOARDS

7. It is proposed to establish National Boards for Nurses, Midwives and Health Visitors for England, Northern Ireland, Scotland and Wales respectively. The National Boards would have the following functions:

a. Drawing up educational programmes within the framework of the Central Council's rules for courses leading to statutory qualifications.

b. Approval of experimental education and training programmes not falling within (a) above but within the framework of the Central Council's rules.

c. Approval of educational institutions.

d. Appointment of Area Education Committees.*

e. Administration of nursing, midwifery and health visitor education and training.

f. Allocation of finance for nursing, midwifery and health visitor education and training (for basic and post-basic courses).

g. Promotion of, and participation in, research.

h. Investigation of offences against professional disciplinary rules, reporting those where disciplinary action is recommended to the Central Council for appropriate action.

i. Control of midwifery practice within the rules laid down by the Central Council.

j. Undertaking activities incidental to the functions specified above.

In the exercise of the midwifery or health visiting element of any of the functions mentioned above the National Boards will need to establish statutory midwifery and health visitor committees.

*In Northern Ireland College Education Committees.

CONSTITUTION OF THE CENTRAL COUNCIL AND NATIONAL BOARDS

8. The Briggs Committee recommended that a proportion of the members of the Central Council should be elected and left open the question of election to National Boards. In terms of the recommended division of functions this was obviously logical, since it is in respect of the professional standard setting function and the associate professional disciplinary function that election is most important, while for an educational body it is essential to ensure a membership providing the full range of expertise.

9. The Government, however, propose that elections should be to the National Boards. The reasons for this are:

i. The change in the proposed distribution of functions make an elected element desirable at national level.

ii. It seems likely that members of the professions would feel a closer link with the national body.

iii. It makes possible a larger elected element without unduly swelling the total membership of the Central Council.

10. The Government are well aware of the desirability of avoiding the creation of over large and unwieldy bodies. It is however necessary both to ensure an adequate spread of representation and expertise and also to bear in mind the burden placed on individuals, some of whom would be members both of a National Board and the Central Council and might also serve on a committee.

11. It is inevitable that the initial constitution of the new bodies would need early amendment if only to take account of the new statutory qualifications which would result from the implementation of the Briggs Committee's recommendations. It is also likely that, however carefully the initial proposals are formed, experience would show that some amendment was needed to facilitate the proper working of the new bodies. It is therefore intended to provide for amendment by Statutory Instrument and there would be further full consultation before this power was exercised. The proposals below would thus only necessarily apply to the initial period of office of the new bodies.

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12. It is proposed that the National Boards should consist of a majority of elected members and that the balance should be appointed after consultation by the Secretary of State concerned. The Central Council would consist in part of persons nominated by the National Boards from amongst their elected membership and in part of persons appointed after consultation by the Health Ministers. The detailed proposals for membership are set out below.*

(a) **National Boards**

**Elected Members**

7 Registered Nurses of whom at least one shall be RSCN, one RMN and one RNMS (RNMD).

5 Registered Nurses engaged in teaching and holding an appropriate nurse teaching qualification.

3 Midwives

2 Health Visitors

2 District Nurses

1 Enrolled Nurse

**Appointed Members**

8 Registered Nurses (at least one half to be teachers in one or other field).

2 Medical members - 1 from education, 1 engaged in clinical work.

3 General Educationalists - 1 University, 1 Further Education, 1 Secondary Education.

1 Finance Member.

2 Unspecified.

Total 36

(b) **Central Council**

From each National Board

2 Registered Nurses.

1 Midwife

1 Health Visitor.

**Appointed by Health Ministers**

**9 Registered Nurses**

3 General Educationalists

2 Medical Members

1 Finance Member

2 Unspecified

Total 33

*Excludes Northern Ireland whose National Board will be smaller. Proposals on membership will be put to the Profession by the Northern Ireland Health and Social Services Department.

**It is intended that the selection of nurses to fill these places should be such as to ensure that taken together with those nominated by National Boards each main area of nursing, including, for example, District Nursing and Psychiatric Nursing, should be represented.
CHAIRMANSHIP OF CENTRAL COUNCIL AND NATIONAL BOARDS

13. It is proposed that when the new bodies are constituted the Chairman for the first term should be appointed by Health Ministers acting jointly in the case of the Central Council and the relevant Secretary of State in the case of National Boards but that subsequently each body should elect its own Chairman.

COMMITTEES

14. The Government has considerable sympathy with the view put forward by the Royal College of Nursing that, while both Council and Boards would no doubt need to establish committees to facilitate their work, it would be desirable to leave them unfettered by statute in the number and nature of the committees they establish. There are however compelling reasons why there should be exceptions. Hitherto the Midwives and Health Visitors have had their own separate statutory bodies and it seems reasonable both as an assurance as to their continued identity and to promote continuity in the work carried out by the existing statutory bodies that midwives and health visitors statutory committees should be set up. In the case of Midwives there is an additional reason arising from the function of the Central Midwives Boards of defining and controlling midwifery practice. In discharging a public protection function of this nature it is right that decisions should not only be taken by experts in this field but be seen to be so taken.

15. While the Government has never doubted that the National Boards would also need committees for Midwives and Health Visitors, the original intention was that these should not be statutory. However in the consultations with the existing statutory bodies it became clear that it would be important in these specialised fields, as with the present bodies, to ensure overlapping membership between central and national bodies and it therefore seems necessary to provide for these committees to be statutory.

16. It is not intended to require by statute the establishment of separate committees for specialised categories of nurses but to leave the Central Council and National Boards to establish their own pattern of working. For example, in the field of community clinical nursing the new statutory bodies would have to provide for taking over the work of the Panel of Assessors and for obtaining the appropriate expert advice.

MEMBERSHIP OF STATUTORY COMMITTEES

17. The proposed composition of the statutory committees is as follows:

(a) **Statutory Midwives Committee of the Central Council**

Those practising midwives who are members of the Central Council - this would give at least 4, almost certainly more. One midwife and one obstetrician from the midwives committee of each National Board. One paediatrician and one general practitioner.

(b) **Statutory Health Visitors Committee of the Central Council**

Those Health Visitors, being members of the Central Council who are also elected to represent health visitors on National Boards - 4

One additional Health Visitor appointed by each Board - 4

One Health Visitor appointed by each Health Minister - 4

Medical Members (one from each country) - 4

Members from further and higher education - 5

Total 21

At least 4 of the Health Visitors would be teachers.

(c) **Statutory Midwives Committees of National Boards**

Those members elected to represent midwives on the Board - 3

Additional midwife members - 4

Medical members - 4

Total 11

At least 3 midwife members would be teachers.
(d) Statutory Health Visitors Committees of National Boards

<table>
<thead>
<tr>
<th>Category</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Those members elected to represent health visitors on the Board</td>
<td>2</td>
</tr>
<tr>
<td>The Health Visitor nominated to the Standing Committee</td>
<td>1</td>
</tr>
<tr>
<td>Other Health Visitors</td>
<td>3</td>
</tr>
<tr>
<td>Additional members at the discretion of the Board</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>11</strong></td>
</tr>
</tbody>
</table>

At least 3 Health Visitors would be teachers.

AREA EDUCATION COMMITTEES

18. It is intended that there should be established an Area Education Committee for the area of each Area Health Authority/Board except where after consultation with all concerned it appears desirable that such a Committee should cover the area of 2 or more Area Health Authorities/Boards. These Committees would not be established in Northern Ireland where the National Board would be directly responsible for the Colleges. It is intended to provide for the numbers of the various classes of members by Order after further consultation but the categories from which they would be appointed would be specified in the main legislation and would be as follows:

a. Persons appointed by the Area Health Authority/Board
b. Persons appointed by the local education authority
c. Persons appointed by any University (and in Scotland any Central Institution) within the Area which participates in the professional education of nurses.
d. Persons appointed by the National Board

POST-REGISTRATION SPECIALISED CLINICAL COURSES

19. Provision would be needed for continuing the work at present undertaken by the Joint Board for Clinical Nursing Studies and the Clinical Nursing Studies Committee.

20. In order to avoid duplication of effort and to ensure that the best use is made of expertise from whichever part of the United Kingdom it might come it is intended that a Clinical Nursing Studies Advisory Committee would be appointed by the Central Council in consultation with the National Boards and the appropriate professional organisations. Such a committee would be advisory both to the Central Council and to the National Boards. It would advise on the outline programmes for specialised higher certificates and other specialised courses as required. The approval of individual courses and the adaptation of advice to local needs would be for the National Boards.

DEVOLUTION TO SCOTLAND AND WALES

21. The Government intends to introduce a Bill to give effect to the Devolution proposals in the 1976/77 session of Parliament. That Bill will take account not only of the consultations on this paper but also of the wider consultations the Government have already entered into on their proposals for devolution to elected Assemblies in Scotland and Wales.

UK Health Departments
May 1976
NATIONAL DISTRICT NURSES ACTION CAMPAIGN COMMITTEE

CONSTITUTION

I. TITLE

1. The title of the Committee shall be 'The National District Nurses Action Campaign Committee'.

II. DEFINITION AND FUNCTION

2. A Committee shall be established in the United Kingdom to be known as the 'National District Nurses Action Campaign Committee'. This Committee shall continue in being until the objectives are achieved.

III. OBJECTIVES

3. The particular objects of the Committee shall be to promote and co-ordinate a National Campaign to:-

i) achieve statutory recognition for district nurse training;

ii) to ensure that this training be made mandatory for practice;

iii) to ensure that provision be made for a statutory committee for district nurse education and training;

iv) to advise on and promote the objectives of the Campaign.

IV. MEETINGS OF THE COMMITTEE

4. Committee meetings shall be convened as required.

V. COMMITTEE MEMBERSHIP

5. a) The Committee shall elect from amongst their membership, a Chairman, a Deputy Chairman, a Secretary and a Treasurer.

b) The Committee shall comprise the Officers and upto 15 additional members; the latter being nominated by district nurses throughout the United Kingdom and elected by the Committee. The person elected shall serve as a representative of the area or country in which he/she is elected.

c) Any vacancy occurring amongst the Committee for any reason, shall be filled by the Committee.

d) Five members of the Committee including the officers shall form a quorum.
VI. LOCAL ACTIVITIES

6. Committee members shall promote the interests of the Campaign by active involvement in local activity. They shall act as the 'local link' to the National Committee.

VII. FINANCES OF THE COMMITTEE

7. i) Any moneys received by voluntary donation shall be held in the name of the Committee within the Royal College of Nursing. They may be used only to finance the Committee members and any other representatives in their aims to further the objects of the Campaign.

ii) Any moneys remaining at the disbandment of the Committee shall be disposed of at the discretion of the Committee.
To:-
Regional Nursing Officers
Area Nursing Officers
District Nursing Officers
District Nurse Tutors
Matrons of Postgraduate Teaching Hospitals
Panel of Assessors for District Nurse Training
Health Visitor Tutors
Professional Organisations

Dear Nursing Officer

NURSES, MIDWIVES AND HEALTH VISITORS BILL

By now you will have heard that the Queen's speech included a reference to the Nurses, Midwives and Health Visitors Bill. You will be pleased to hear that the Bill was given the first reading in the House of Commons today, and its further Parliamentary stages will continue later this month. The attached Press Notice gives a brief summary of its contents.

We have waited for some years for this piece of legislation which will establish a strong and united statutory basis for the professions of nursing, midwifery and health visiting. I am sure that this is needed and that the Bill will be the first step towards the development of the professions in the future and their contribution to health care.

A further explanatory paper is being prepared.

It would be helpful if you would ensure that copies of this letter and press statement are made available to Directors of Nurse Education and heads of district nurse and midwifery training schools.

Yours sincerely,

miss P M Friend CBE

From the Chief Nursing Officer

Further copies of this letter and the attached Press Notice may be obtained (by written request wherever possible please) from DHSS Store, Scholefield Mill, Brunswick Street, Nelson, Lancs B89 OHU Tel: Nelson (0282) 62411/2 Ext. 17.
PUBLICATION OF NURSES MIDWIVES AND HEALTH VISITORS BILL

A Bill* to deal with the regulation and training of the nursing, midwifery and health visiting professions was given a first reading today (Thursday).

The main purpose of the Bill is to establish a new unified structure for setting standards of education and training, and professional conduct for nurses, midwives and health visitors. There will be a UK Central Council for Nursing, Midwifery and Health Visiting, four National Boards, and specialist standing committees.

The Bill also provides for a new central register for all qualified nurses, midwives and health visitors. The existing statutory bodies responsible for the supervision of training and the regulation of the professions will be replaced by the new bodies.

The new Central Council will be responsible for registration, professional discipline and determining the broad principles of educational policy. The Boards will have mainly executive functions, ensuring in each country that the standards of training set by the Council are met. The supporting specialist committees will advise Council and Boards and assist them in carrying out their functions.

NOTES FOR EDITORS

1. The Bill is based on some of the proposals recommended in the Report of the (Briggs) Committee on Nursing (Cmd 5115). A unified statutory structure for all three professions was seen as a pre-requisite for re-appraisal of the future education and training needs of the professions. Bringing all the specialist interests together into one structure would make it possible to look at needs across the board and to examine the inter-relationship between basic and specialist training in such a way as to produce a more effective pattern of training.

The Bill does not, of itself, implement any of the detailed Briggs recommendations on nurse education and training, but establishes the framework in

*Nurses, Midwives and Health Visitors Bill

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which it will be possible to make changes in the future without the need for further major legislation. The new Council will be able to put proposals for changes in training to Ministers for their agreement - though this will depend on the availability of resources to implement any new proposals.

2. The Bill is the result of extensive consultation with the nursing, midwifery and health visiting professions culminating in the work of the Briggs Co-ordinating Committee, under the Chairmanship of Roland Moyle MP, the Minister of State for Health.

3. Second Reading is expected to take place on Monday 13 November.
Dear Mr Godfrey

NURSES, MIDWIVES AND HEALTH VISITORS ACT 1979

PROPOSALS FOR THE CONSTITUTION OF THE CENTRAL COUNCIL AND NATIONAL BOARDS

The Nurses, Midwives and Health Visitors Act 1979 provides for the establishment of a UK Central Council and four National Boards for nursing, midwifery and health visiting. After a transitional period these bodies will replace the existing statutory and non-statutory training and regulation bodies for nurses, midwives and health visitors.

The purpose of this letter is to seek on behalf of the United Kingdom Health Departments, the views of your organisation on the attached paper and its proposals for the constitution of the Boards and the Council respectively. This is only the first stage in a series of consultations with interested bodies on a range of issues on which it may be necessary to consult before the new bodies are set up.

The provisions of the Act do not come into force until dates to be specified in Orders which will need to be laid in Parliament. The first provisions to come into force will require the establishment of the National Boards for England, Scotland, Wales and Northern Ireland. The Government’s intention is that the bodies should be set up by the end of the summer of next year. The provisions establishing the Central Council will come into force on a later date after members of the Boards have been nominated by them to serve on the Council. The gap might be about three months.

Although views submitted on the proposals for the constitution of the different National Boards will be considered by the relevant Health Department, all comments on the attached paper should be sent by 31 December 1979 to:

Mr R L Cunningham
Department of Health and Social Security
Room 702, Hannibal House
Elephant and Castle
LONDON
SE1 6TE
If your organisation has a separate 'national' structure; we would ask you to seek the views of any Scottish, Welsh or Northern Ireland components and to include these in your reply. As soon as the constitution of the new bodies has been decided each Health Department will be writing again, separately, to the relevant bodies and organisations to seek nominations for membership of the National Board and the Central Council from them. We hope such nominations would have been received by the early Spring.

Yours sincerely

R B MAYOH
IMPLEMENTATION OF THE NURSES, MIDWIVES AND HEALTH VISITORS ACT 1979:

THE FIRST STEPS

1. Section 5(10) of the Act lays down a maximum period of three years from the coming into operation of the provisions setting up the National Boards to the appointed day for the full handover of functions to the National Boards. Therefore, for a period which is likely to be up to two or three years, the new Council and Boards will co-exist with the present training bodies, using the early part of this period to prepare the groundwork for the hand-over of responsibilities e.g., arranging accommodation and appointing senior staff. The following is not an exhaustive list but we expect that the main tasks of the Council and the Boards during that period will include:

- preparing an electoral scheme and submitting it to Ministers for approval;
- the preparing of a single professional register of all nurses, midwives and health visitors;
- devising rules for admission to the register and of the circumstances in which a person's name may be removed;
- devising rules about the provision of training after the handover;
- considering how they will handle their business after the handover.

In the meantime, until they are dissolved, the existing training bodies will continue their present training and registration functions. No major change in the existing arrangements is therefore likely to take place as a direct consequence of the setting up of the new bodies until the end of the handover period, say, towards the end of 1982. Because of this it would seem unnecessary set up the various standing and joint committees during the early stages of the transitional period since the National Boards and Central Council can look to the existing bodies for specialist advice and there would be no specific functions for the committees to perform. As there is not at present a national training body in Wales the pattern of change there may well be different.

MEMBERSHIP ARRANGEMENTS

2. Under Section 5(2) of the Act, the Secretary of State has to prescribe the size of the National Boards up to a maximum of 45 for the three Great Britain Boards and 35 for the Northern Ireland Board and, under Section 1(2), up to a maximum of 45 for the Central Council. The majority of members of the Central Council have to be drawn in equal numbers from the four National Boards and, under paragraph 1(2), of Schedule 1, the Boards' nominees must include at least:

- 2 practising nurses;
- 1 practising midwife;
- 1 practising health visitor; and
- 1 person engaged in the teaching of nursing, midwifery or health visiting.

3. Initially, therefore, health Ministers will in practice appoint all the members of the National Boards and the Central Council. The Government proposes to appoint a smaller number of members to the Boards than may eventually be required once the new bodies are fully operational and need to be able to appoint some of their members to the various committees. The orders constituting the
Boards and the Council may provide for additional members to be appointed if the initial membership proves too small. During the transitional period, however, the Central Council is charged, amongst other things, with submitting a scheme for the election of members for the National Boards within 2 years of the order bringing Section 1(1) of the Act into force. When the scheme has been approved and elections have taken place the membership of the Central Council will be reconstituted to reflect the presence on it of members elected to the Boards.

FACTORS AFFECTING CONSTITUTION OF THE NEW BODIES

4. In the Government's view a number of factors will be important in determining the size of the new bodies and the categories of membership from which they will be drawn. These include:

   a. the need for the bodies to be adequately representative of the nursing professions;

   b. the need for the new bodies also to have an element of representation of relevant outside interests, for example, education, finance, medicine, administration;

   c. the bodies must be of sufficient size to enable them to discharge their functions effectively within the limits of reasonable economy.

The Act specifies that the majority of the members of the Central Council must be practicing nurses, midwives or health visitors or those engaged in the teaching of these groups and we expect the non-nursing members of the Council and National Boards will also be active in their particular field. The size of the bodies must have regard to this factor.

5. During the initial period, ie before elections have been held, Ministers will appoint the chairmen of the Central Council and National Boards. Thereafter the new bodies will choose their own Chairmen. In considering the first appointments as chairmen of the new bodies Ministers will be seeking the most appropriate and best qualified people; it is not proposed to specify at this stage whether they will be nurses or come from other groups likely to be represented on the new bodies.

6. The Government's proposals for the initial size of the four National Boards are set out at Appendix A and for the Central Council at Appendix B.
## APPENDIX A

### PROPOSED INITIAL CONSTITUTION OF EACH OF THE FOUR NATIONAL BOARDS

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered General Nurse (RGN/SRN)</td>
<td>2</td>
</tr>
<tr>
<td>Registered Mental Nurse (RMN)</td>
<td>1</td>
</tr>
<tr>
<td>Registered Nurse of the Mentally Subnormal (RNMS)</td>
<td>1</td>
</tr>
<tr>
<td>Registered Sick Children's Nurse (RSCN)</td>
<td>1</td>
</tr>
<tr>
<td>Enrolled Nurse (SEN)</td>
<td>1</td>
</tr>
<tr>
<td>Registered Teachers of Nursing (RNT)</td>
<td>2</td>
</tr>
<tr>
<td>Certified Midwives (including 1 Teacher of Midwifery)</td>
<td>2</td>
</tr>
<tr>
<td>Health Visitors (including 1 Teacher of Health Visiting)</td>
<td>2</td>
</tr>
<tr>
<td>District Nurses (including 1 District Nurse Tutor)</td>
<td>2</td>
</tr>
<tr>
<td>Nurses with experience in Health Service Management</td>
<td>1</td>
</tr>
<tr>
<td>Registered medical practitioners</td>
<td>1</td>
</tr>
<tr>
<td>Educationalists</td>
<td>1</td>
</tr>
<tr>
<td>Finance</td>
<td>2</td>
</tr>
<tr>
<td>General (for example, an NHS administrator)</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>19 + Chairman</strong></td>
</tr>
</tbody>
</table>

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APPENDIX B

PROPOSED INITIAL CONSTITUTION OF THE CENTRAL COUNCIL

The Council should have a total membership of 33 comprising 20 nurses, midwives and health visitors to be nominated by the four National Boards, each Board nominating five members and 13 members to be appointed by the Secretaries of State.

Of the five members to be nominated by each Board, there has to be:

Practising nurses 2
Practising midwife 1
Practising health visitor 1
Teacher of Nurses, Midwifery or Health Visiting 1

Of the 13 members appointed by the Secretary of State, there might be:

Nurses, Midwives or Health Visitors (2 SENs) 6
Educationalists 2
Registered medical practitioners 2
Finance 2
General 1

TOTAL 32 + Chairman