

A STUDY OF NURSE TUTORS' OPINION
ON SOME ISSUES RELATED TO NURSING EDUCATION

by

A. Lancaster.

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SUMMARY

1. Objectives

This study was initiated in order to find out the opinion of qualified nurse teachers on a number of issues relating to nursing education; in particular, their views regarding the preparation of nurse teachers.

Much has been written recently about the changing role of the nurse, but little thought seems to have been given to the preparation of the nurse teachers who are responsible for planning and implementing nurse training programmes.

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This is to certify that:
 (a) this thesis has been composed by me and
 (b) the research on which it was based is my own work.
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 shows in the organisation of the nursing administrative structure, together with changes in general education and in the social environment of nursing, were not given sufficient consideration when statutory approval was given for reducing the length of teacher training.

Nurse teachers have at no time been asked to express their views on this issue. The present survey was an attempt to obtain their opinions, not only about the education of nurse teachers, but about some of the issues which must be taken into consideration

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Much has been written recently about the changing role of the nurse, but little thought seems to have been given to the preparation of the nurse teachers who are responsible for planning and implementing nurse training programmes.

Since 1965, nurses have been able to qualify for Registration as Nurse Teachers by the General Nursing Councils by taking courses of one year's duration. These shortened courses have been established alongside existing two-year courses in an effort to increase the number of qualified teachers. Some nurses feel, however, that the complexity of present day clinical practice, changes in the organisation of the nursing administrative structure, together with changes in general education and in the social environment of nursing, were not given sufficient consideration when statutory approval was given for reducing the length of teacher training.

Nurse teachers have at no time been asked to express their views on this issue. The present survey was an attempt to obtain their opinions, not only about the education of nurse teachers, but about some of the issues which must be taken into consideration

when a policy for nurse teacher training is being decided.

2. Method

(a) Sampling

The Scottish sample consisted of all qualified nurse tutors employed full-time in Scotland on May 1st, 1970:

registered nurse tutors (N = 123),

midwife teachers (N = 36),

health visitor and district nurse tutors (N = 13).

The English sample consisted of all registered nurse tutors who successfully completed a tutors' course in Britain in 1968 and were employed in England on May 1st, 1970 (N = 67).

(b) Data collection and response rate

Information was obtained by postal questionnaire with an overall response rate of 84.7 per cent from the Scottish sample and 66.3 per cent for the English sample.

(c) Data analysis

Comparison was made between the opinions of the respondents according to (1) their professional category, (2) sex, (3) the institution at which they took the tutors' course.

Statistical analysis was based on the chi-square test, $P < .05$ being taken as the level of significance.

3. Findings

The majority of respondents, in all categories, were in favour of raising the educational requirements for student nurses and of establishing an entry requirement for pupil nurses. Nearly 80 per cent of the respondents in the Scottish sample thought that students for the register should be required to have passes at Higher or Advanced level.

As regards compulsory subjects, those mentioned most frequently for students were English, a foreign language, human biology, mathematics and science. Over 75 per cent of respondents said that English at Ordinary level should be compulsory for pupils.

On the whole, respondents were optimistic about effects of raising the school leaving age, assuming that this would attract more and better qualified school leavers.

The implementation of the Salmon structure was seen by about one third of the respondents as providing the principal of a school of nursing with greater administrative opportunity; about the same number were doubtful whether structural reorganisation would, in practice, change traditional professional relationships.

Approximately 80 per cent of the respondents believed that the grouping of nursing schools would provide more autonomy for educational administrators.

More than a third of the respondents said that they did not know whether, or how, the reorganisation of the National Health

Service would affect nursing education. Some suggested that all nurses would in future have to learn about nursing in the community as well as about the care of patients in hospital.

There was significant difference of opinion between registered nurse teachers and midwife teachers regarding the advisability of establishing one statutory body responsible for all nursing education. Over 80 per cent of the registered nurse teachers were in favour of the idea, over 50 per cent of the midwife teachers were against it.

Regarding the preparation of nurse teachers two-year courses were favoured by the majority of respondents in the Scottish sample.

A high percentage of the respondents said that a tutors' course should be in a university, preferably providing an opportunity to combine teacher training with a degree programme.

The Report of the Committee on Nursing was presented to Parliament in October 1972, after this study was completed. The Committee did not recommend any minimum educational entry requirements for nursing. It proposed that there should be one statutory body responsible for all nursing and midwifery education, and that all tutors' courses should be of one year's duration. These, and the other proposals contained in the Report, are at present being discussed by the nursing and midwifery professions, and it is not known to what extent the recommendations will be implemented.

ACKNOWLEDGEMENTS

I would like to thank all the people who helped to make this study possible. I am particularly grateful to:

Dr. A.E.G. Pilliner, Director of the Godfrey Thomson Unit for Academic Assessment, University of Edinburgh, for his advice and supervision during the later stages of the work;

The main findings of this survey, and a review

of their possible implications, were published

Miss J.G.M. Main, Registrar of the General Nursing Council for Scotland, for her interest and encouragement;

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in the University of Edinburgh Department of

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Nursing Studies Monograph Series,

the staff of the educational institutions visited prior to the survey, who provided information about the curricula of nurse tutors' courses, and helped to obtain samples of former students;

the nurse teachers who completed the questionnaires.

CONTENTS

Acknowledgements

	<u>SECTION A : OBJECTIVES, BACKGROUND</u>	
	AND METHODOLOGY OF THE STUDY	
Chapter 1	Introduction	1
Chapter 2	Preliminary investigations	10
Chapter 3	The main findings of this survey, and a review of their possible implications, were published in 1972 by Churchill Livingstone under the title: <u>OF OPINION SURVEY FINDINGS</u>	19
	<u>Nurse teachers: the report of an opinion survey,</u>	
Chapter 4	Educational entry requirements in the University of Edinburgh Department of	31
Chapter 5	Administration of nursing education, Nursing Studies Monograph Series.	53
Chapter 6	Entry to the Common Market	79
Chapter 7	The preparation of nurse tutors	108
Chapter 8	Summary and conclusions.	119
Chapter 9	The Report of the Committee on Nursing	127
	<u>SECTION C : APPENDICES</u>	
1.	Statistical data (Tables).	135
2.	Diagrammatic comparison of opinions expressed by registered nurse tutors and midwife teachers in the Scottish sample.	154
3.	Addresses from which information about entry requirements and syllabuses of tutors' courses was obtained	161
4.	Opinion survey: questionnaire and correspondence.	163

Acknowledgements	v
5. General Nursing Council for Scotland: Statistics.	173

SECTION A : OBJECTIVES, BACKGROUND

7. Careers in nursing	180
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AND METHODOLOGY OF THE STUDY

Chapter 1	Introduction relating to the registration of nurse teachers	1
Chapter 2	Preliminary investigations	10
Chapter 3	The opinion survey : method	19

SECTION B : DESCRIPTION AND DISCUSSION

OF OPINION SURVEY FINDINGS

Chapter 4	Educational entry requirements	31
Chapter 5	Administration of nursing education.	53
Chapter 6	Entry to the Common Market	79
Chapter 7	The preparation of nurse tutors	88
Chapter 8	Summary and conclusions.	119
Chapter 9	The Report of the Committee on Nursing	127

SECTION C : APPENDICES

1.	Statistical data (Tables).	135
2.	Diagrammatic comparison of opinions expressed by registered nurse tutors and midwife teachers in the Scottish sample	154
3.	Addresses from which information about entry requirements and syllabuses of tutors' courses was obtained	161
4.	Opinion survey: questionnaire and correspondence.	163

Contents (continued)

5. General Nursing Council for Scotland: Statistics. 173

6. Scottish Educational Statistics 175

7. Careers information 180

8. Statutory regulations relating to the registration of nurse teachers 194

9. Statistical techniques used in the analysis of data 196

SECTION A

References. 198

OBJECTIVES, BACKGROUND AND METHODOLOGY

OF THE STUDY.

CHAPTER 1

INTRODUCTION

The purpose of this study was:

(1) to find out the opinions of Scottish nurse teachers about some current changes which seem likely to affect their work and, in particular, about how they thought nurse teachers should be trained;

SECTION A

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OBJECTIVES, BACKGROUND AND METHODOLOGY of the responses of the respondents OF THE STUDY.

The shortage of qualified teachers has been responsible for the recent setting up of shortened nurse tutor courses, that is, courses of one year's duration instead of two. Some nurses feel that the implications of these new courses have not been carefully considered by the statutory bodies responsible for approving them, especially in view of changes taking place in nursing service and in general education.

As the demands of nursing service change, so also do the educational needs of the people who provide that service, and the needs of those who are responsible for organising their education. Yet nurse-tutors are still seen mainly as classroom teachers in basic nursing programmes, rather than educators in a broad sense, or as administrators of educational institutions.

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INTRODUCTION

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- (1) to find out the opinions of Scottish nurse teachers about some current changes which seem likely to affect their work and, in particular, about how they thought nurse teachers should be trained;
- (2) to review some of the implications of these changes in the light of opinions expressed by the respondents.

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In the mass of material published about the changing role of

the nurse, and about the changing pattern of nursing education at basic, at post-basic clinical and at administrative level, there is little mention of tutors - the people whose responsibility is not only to teach but to initiate new educational thinking, and to play a central part in formulating and implementing educational policies in an increasingly complex environment.

Concern about the need to improve the quality of nursing care is frequently expressed. New buildings, more staff and a more efficient administrative structure may help to achieve it, but an effective system of nursing education seems to be an essential requirement for the development and maintenance of an effective nursing service. To plan, organise and maintain such a system, utilising all the resources available for teaching and learning, is the primary responsibility of nurse tutors.

The decision to carry out the present study was precipitated by the announcement in Parliament in March, 1970 that a Committee was being set up with the following terms of reference:

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 Committee was established under the chairmanship of Professor Asa Briggs and met for the first time in June 1970.

In considering such a vast and complex subject, it seemed possible that the Committee might give relatively little attention to the question of how nurse teachers should be prepared,

and that the recommendations of the Committee regarding the education of nurse teachers would be made without taking into account the views of the nurse teachers themselves.

It was hoped that the findings of this present study would be available to the Committee on Nursing and that it could, although only a very small part of the evidence submitted, help to draw attention to an area of professional responsibility which in the past seems to have been somewhat neglected.

1.1 SOME CHANGES LIKELY TO AFFECT THE ROLE OF NURSE TEACHERS

As would be expected in an occupation so closely dependent on its social environment, changes which affect nursing have their origins outside the profession. It would seem to be the task of the nurse educator to be aware of these changes, to understand how they can affect the attitudes of both patients and nurses, and to provide the kind of educational programmes which will enable nurses to develop the attitudes and skills which will be required of them as professional practitioners.

Such changes can be found in association with many facets of nursing and in each case their effects on nursing education are discernible. The following are some examples.

1.1.1 Changes in the physical and social environment

Technological developments have in some areas made basic

nursing tasks physically less strenuous, for example, in the care of the elderly. On the other hand, the dependence of very ill patients on the correct use of technologically sophisticated hardware may increase the stress on nurses in areas such as intensive care units.

Tissue transplants and other surgical procedures made possible by technological and bio-chemical research have raised ethical issues which for some nurses are an integral part of their work; so also are the professional implications of social factors such as the population explosion, and the controversial issues of legalised abortion and sterilization.

It seems very doubtful whether all nurse tutors are willing or able to cope with the demands of their students for support in such situations. They must first face up to the situations themselves, be genuinely concerned about their students' needs, and have both the emotional stability and the intellectual understanding to discuss them in ways which will help the students to work out their own values and attitudes.

1.1.2 Changes in the demands for nursing service

The increasing demand for large numbers of nurses is to some extent the result of increasing demands upon the health and social services. But plans for a more unified National Health Service require a reappraisal and redefinition of nursing responsibility in both hospital and community. The need for a more integrated nursing service seems to be reflected in current proposals for a

comprehensive system of basic nursing education.

The demand for specialised nursing care resulting from the development of specialised medical units may be partly responsible for the proliferation of clinical nursing courses at post-basic level, outwith the control of the statutory bodies. The educational standard of these courses varies a good deal and in some cases it would seem that their purpose is simply to recruit pairs of hands. The need for the planning and control of post-registration nursing education has already been recognised at government level by the setting up of a Joint Board of Clinical Nursing Studies in England and Wales. A similar body is being established in Scotland.

Curriculum reorganisation at basic and post-basic level raises the question of who should teach the students in specialised areas. Many tutors seem to have accepted the idea that more tutors will in future be required to specialise, but how they should acquire specialist teaching qualifications has not been worked out, nor has 'specialisation' been satisfactorily defined.

1.1.3 Changes in the nursing administration structure

The Committee on Senior Nursing Staff Structure recognised the complex nature of nursing administration and emphasised the need for careful selection and preparation of nurses for senior positions. This would seem to apply to nurse tutors as much as to administrators of nursing service. Whether the implementation of a 'Salmon' type structure will give tutors educational and

administrative autonomy, and whether they are prepared and willing to accept it, are debateable issues. The establishment of larger educational units will require a new concept of the tutor as an educational administrator. Principal and Senior Nursing Officers in Teaching Divisions will be on the same administrative level as administrators of nursing service in hospital and, eventually, as nursing staff in comparable administrative positions in the community services. It is to be expected that in this capacity tutors will have a more direct responsibility for educational policy than was the case when the matron of a hospital was also head of the nurse training school. Nurse teachers will be responsible for liaison between nursing schools and other educational institutions (schools, technical colleges, universities) as well as with all areas of the health service which provide learning facilities for students.

Management preparation is itself an educational process requiring just as much careful curriculum planning and organisation, just as many well qualified teachers, as do other programmes of nursing education. At present, one rarely hears administration mentioned as a subject in which registered nurse tutors should or could specialise, and the organisation of management courses remains the responsibility of the national nursing staff committees which are not educational bodies. However, it seems reasonable to expect that nurse educators should eventually be required to take some responsibility for administration courses,

as part of their overall responsibility for nursing education.

1.1.4 Educational and career opportunities

There still exists among some nurses the idea that the main purpose of nurse training is simply to produce a 'good practical nurse' in terms of technical efficiency, that such practical ability is incompatible with administrative ability, and that academic qualifications are not of vital importance.

This attitude seems to be slowly changing. Over the past 10 years, attempts have been made to attract better educated recruits by offering programmes which provide an opportunity to work simultaneously for a university degree and a basic nursing qualification. There are also basic nursing programmes adapted to the needs of university graduates.

It is difficult to predict the effect of raising the school leaving age to 16 years. Although it is likely to produce more school leavers with more certificates at Ordinary and Higher grade in the SCE examinations, this may not result in more entrants to nursing. Many teachers, parents and pupils seem to judge the attractiveness of a career by its intellectual prestige. On this basis, nursing, with its low educational entry requirements, has little to recommend it.

Apart from these social considerations, there is the question of how far the present minimum educational entry standard is appropriate to the work which nurses are required to do. The demands made upon nurses in a reorganised health

service using all the facilities provided by modern medical and social research may well be beyond the capabilities of the kind of nurse who functioned effectively at the bedside twenty years ago. colleagues, it would seem that the views of tutors about

These educational trends present a complicated picture. At one end of the scale, nursing education must be geared to an increasing number of nurses who have chosen to acquire a university degree; at the other end will be entrants who, in spite of having stayed at school until the age of 16 years, have only managed to acquire two or three certificates at Ordinary level. Nursing can no longer depend, as it has done in the past, on the fortuitous recruitment of intelligent school leavers who have been barred from higher education solely on financial grounds.

These are a few of the issues associated with the responsibilities of a nurse tutor. The question which seems to require urgent consideration is whether the present tutors' courses give the kind of preparation which will enable future nurse teachers to cope effectively with the professional demands made upon them. The kind of work done in the past by sister tutors in the traditional type of nursing school hardly seems to be a realistic basis for decisions regarding the preparation and qualifications appropriate to nurse tutors in the future.

The answer to this question depends on the definition of the tutor's role. Since such a role can be shaped by the occupant, as well as by the expectations of professional clients and colleagues, it would seem that the views of tutors about

current and proposed changes in nursing administration, nursing education and general education could help to identify their own educational requirements, and also determine the future pattern of educational thinking in the nursing profession.

It has been stated that one of the reasons for undertaking the present study was the apparent lack of published material, based on either fact or opinion, regarding the way in which the tutor's role was being affected by present changes in the role of the nurse. It seemed that the need for well-prepared nurses was widely recognised, but the need for well prepared nurse teachers was rarely discussed.

Further study of the professional literature tended to confirm this impression. Two fairly recent reports dealt with the attitudes of tutors and other nurses toward teaching in schools of nursing (Royal College of Nursing, Scottish Board, 1965; Dutton, 1968). They were mainly concerned with recruitment, trying to discover why more nurses did not become tutors or why, having become tutors, they did not continue in teaching.

In 1968 a working party was set up by the Ministry of Health, the General Nursing Council for England and Wales, and the Royal College of Nursing and National Council of Nurses of the United Kingdom:

To identify the current and foreseeable educational and training needs of student and pupil nurses and the role of teaching staff in meeting these needs, and to examine the resultant staffing pattern.

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CHAPTER 2

PRELIMINARY INVESTIGATIONS

2.1 THE LITERATURE

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The Report of the Nurse Tutor Working Party was published by

the Department of Health and Social Security in April 1970. With regard to the preparation of teachers of nursing, it suggested that there should be:

a variety of courses for suitable experienced nurses to progress to registered nurse tutor, but a longer course should be retained for the present so that nurses with ability but without background knowledge may have an opportunity of preparing themselves as tutors. In the long run it may be preferable to develop further day release facilities to enable those interested in teaching to bring themselves up to the required standard of entry for the shorter course by taking the Diploma of Nursing Part A or some other appropriate course of study. (Paragraph 26)

The working party approved of the establishment of one-year courses at Bolton and Wolverhampton but made no mention of any educational policies underlying the linking of tutor training with colleges of education. The development was welcomed on the grounds that two-year courses deterred some nurses from undertaking training.

The Report does not concern itself with the objectives of tutors' courses nor with the large-scale educational planning which will be needed if the nursing services are to fulfil the demands made upon them in the future. The only mention of the nurse teacher as an administrator is the suggestion that the work load of a Teaching Division in a 'Salmon' structure will be increased by the amount of administrative work which it takes over from the service side, and that principal tutors will have little time for the direct instruction of students.

Although the value of this Report is limited, because it

refers only to England and does not claim to be based on systematic investigation, it presumably reflects to some extent the thinking of the bodies represented on the working party.

In January 1971, the Nursing Times published two Occasional Papers by Dame Kathleen Raven, Chairman of the above working party and Chief Nursing Officer at the Department of Health and Social Security. The writer reviews the many changes taking place in the health service and the educational needs of nurses in relation to preparation for management, basic and post-basic training and in-service programmes. There is no mention of the educational needs of nurse teachers.

A broad view of the educational context of nursing was presented by McFarlane (1970). The writer discussed recent developments in both nursing and general education and commented on a number of issues relevant to the present study, for example, the possible effects of potential nurses obtaining higher basic educational qualifications, the need for nurses to be associated with nurse management courses, and the fragmentation of nursing education due to the duplication of statutory bodies. Although Miss McFarlane did not make specific recommendations for the preparation of nurse teachers, her articles emphasise the urgent need for far-seeing and competent educational administrators in the nursing profession:

Nurse education reflects the state of the profession, and the future of the profession will depend upon it. The education given today will affect patient care tomorrow. This is the true goal of nursing education at any level and in any place.

There is essentially no conflict between service and education. We are dedicated to give better service through better education. Education is a tool with which to achieve better service. Substandard tools are false economy. The hidden costs of inefficient service are the rightful capital of educational reform.

There has so far been no planned national policy regarding the education of the people responsible for the professional education of nurses.

both College and the Borough Polytechnic are controlled by the Extra Mural Department of the University of London means that the curricula of these courses conform to

In the present study, literature relevant to particular aspects of the survey findings are reviewed immediately following the section in which each set of findings is described. No attempt has been made to review material published before 1968.

expressed himself strongly against the idea of a two-year tutors' course. He believed that tutor students could not hope to reach a standard of

2.2 EXISTING TUTORS' COURSES

England and Wales

Before planning the content or method of this study in detail, an attempt was made to find out the views of some of the people responsible for planning and organising tutors' courses.

During March 1970, visits were paid to the Extra Mural Department of the University of London, to the Royal College of Nursing and to Queen Elizabeth College.

The purpose of these visits was to discover whether any major changes had been made recently in the curricula and/or

whether any such changes were anticipated in the near future. At the same time, it was hoped to gain some idea of the importance attached to the various subjects and learning experiences in each curriculum, such information being difficult to deduce from a printed syllabus.

The fact that the tutors' courses at the Royal College of Nursing, Queen Elizabeth College and the Borough Polytechnic are controlled by the Extra Mural Department of the University of London means that the curricula of these courses conform to regulations laid down by the University. An Advisory Committee for the Sister-Tutor's Diploma reports to the Council for Extra Mural Studies, and this in turn reports to the University Senate.

The Assistant Director of the Extra Mural Department expressed himself strongly against the idea of a one-year tutors' course. He believed that tutor students could not hope to reach a standard of work commensurate with that of a university diploma in less than two years. He did, however, suggest that the Diploma might serve as a basis for further academic work, one or two subjects in the Diploma being accepted as 'A' levels for entrance to a degree programme for those students who did not have the normal university entrance requirements.

At Queen Elizabeth College, where the course is weighted heavily toward the biological sciences, much emphasis is placed on the need to relate the teaching of these subjects to the clinical situation. Efforts have been made to reorganise the curriculum with this in mind.

At the Royal College of Nursing, a member of the staff has been studying the content of present tutors' courses with a view to establishing a one-year programme for students who possess either the Diploma in Nursing Part I or the Clinical Instructor's Certificate. Some consideration is also being given to the possibility of a two year part-time diploma programme for intending tutors in association with the University of Surrey, for nurses who are university graduates. The tutor in charge of the present course at the Royal College of Nursing expressed concern about the need to prepare tutors for their administrative as well as for their teaching responsibilities, but said that no satisfactory conclusions had been reached about how this could best be achieved.

In April 1970, a visit was paid to Bolton College of Education (Technical). The purpose of the one-year Teachers' Certificate course at this College is:

to give professional training for teaching and not instruction in the subject-matter of the various technologies. Some subject-matter teaching may, however, be incidental to the development of teaching methods.¹

To compensate for lack of time in which to improve their knowledge of subjects which provide a basis for nurse teaching, tutor students are required to have had a 'minimum of three years' post-registration nursing or similar experience.² The lecturer in charge of the course considered it desirable that

1 Prospectus of the Bolton College of Education (Technical) 1969/70, p.9.

2 University of Manchester School of Education Courses and Syllabuses 1969, p.15.

they should also have an educational or post-basic professional qualification: science subjects at Advanced level, the Clinical Instructor's Certificate, or the Diploma in Nursing. Since none of these has proved to be a satisfactory substitute for the study of biological sciences during the course, some attempt has recently been made to provide for this in the curriculum. The course is controlled by the University of Manchester.

Facilities at Bolton for developing effective teaching methods appear to be excellent. However, there could be danger in training teachers to be proficient in 'putting over their subject' if their knowledge of that subject is inadequate; the reverse could be less harmful.¹

Teaching staff at both the Royal College of Nursing and the Bolton College of Education expressed the strong belief that tutor students needed to 'learn how to think', and that this took time. In spite of the difficulty of defining and evaluating such an objective, they felt that this was an essential ingredient in the preparation of nurse teachers.

The Borough Polytechnic was not visited, owing to changes taking place at that time, but a request for information produced the following reply from the Course Co-ordinator:

In my own study (from enquiry and not questionnaire) it would appear that a clarification of the function of the tutor is overdue and that as it now stands, in some essentials, the emphases in our present syllabus are in non-functional areas.

¹ See also Roberts, M.E. and Dixon, K. 'A Course in a College of Education for nurses preparing to become Nurse Tutors in England and Wales', International Journal of Nursing Studies, Aug., 1971, pp.163-178.

With regard to changes in the future, the University of London has now set up a Working Party from the Advisory Committee for the Nurse-Tutor's Diploma, to consider the re-organisation of the syllabus. I think one of the major changes likely to be effected will be in creating a Human Biological approach, in the broadest sense, in place of the more fragmented aspect of the existing course.

The writer stated that she believed the principles expressed in the Malleon report (Institute for Social Research, 1967) should form a basis for the preparation of tutors.

The information collected on these visits did not result in any major changes being made in the plans for the present study.

Scotland

In the Department of Nursing Studies in the University of Edinburgh, Registered General Nurses who successfully complete the two-year programme for a Certificate in Nursing Studies (Education) are accepted for registration as nurse tutors by the General Nursing Council for Scotland. Three of the courses in this programme are approved by the University as graduating courses, equivalent to one year of work toward the degree of B.Sc. (Social Science). Tutor students who have the necessary educational qualifications may complete this degree, if they wish to do so, in a further two years, that is, they may become registered nurse tutors and acquire a degree within four years.

In the spring of 1971, a visit was paid to Jordanhill College of Education, Glasgow, where a one-year course for nurse teachers was being established. No one had at that time been

appointed to plan the curriculum and little information was available.

The sources of information about these tutors' courses are listed in Appendix 3, p. 161. It includes all qualified practising nurse tutors in Scotland. Clinical instructors were excluded.

3.1 PILOT STUDY

Because of the relatively small number of potential respondents, the total population was needed for the main study - none could be 'wasted' in a pilot. A questionnaire was therefore tried out on 23 people who did not fully qualify as respondents: tutor students in the final term of their two-year programme in the Department of Nursing Studies, and some qualified tutors temporarily seconded as research students. The disadvantages of using such an atypical pilot sample are obvious, but there was little choice.

Analysis of the pilot study findings resulted in two questions being omitted. Respondents had been asked to state whether they thought tutors should be 'specialist' teachers and, if so, how 'specialist' teaching qualifications should be acquired. The replies to these questions defied all attempts at useful classification. To have constituted a set of questions which would provide both a framework for analysis and the necessary scope for as potentially wide a range of opinion would have enlarged this

CHAPTER 3THE OPINION SURVEY : METHOD

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These are referred to as the English sample.

topic out of proportion to the rest of the questionnaire. It was therefore decided to omit the subject except in relation to specialist options in a common tutors' course. Similarly, a question asking for opinions about the way in which tutors should be prepared for administrative positions was interpreted by the respondents so widely that it was subsequently omitted.

When constructing the questionnaire, the overall objective had to be kept firmly in mind: to review the broad pattern of change, and not to get bogged down in specific areas where the questions themselves had not been defined.

3.2 SAMPLING

The sample used in the main study consisted of:

1. All qualified nurse tutors employed full-time in Scotland on May 1st 1970: registered nurse tutors, midwife teachers, health visitor tutors, district nurse tutors.

These are referred to collectively as the Scottish sample.

2. All registered nurse tutors who successfully completed a tutors' course in Britain in 1968 and were employed in England on May 1st 1970.

These are referred to as the English sample.

It seemed possible that the respondents' views about how nurse tutors should be prepared might bear some relationship to their own professional education, particularly to the type of institution in which they received their teacher training. Using only tutors employed in Scotland, it would have been necessary to include all respondents who completed training from 1950 onwards in order to obtain a sample large enough to permit useful statistical analysis. This idea was discarded because it was difficult to justify an assumption that influences which may have operated so long ago were responsible for opinions held in 1970. It was therefore decided to use data collected from recently qualified tutors in the Scottish sample: those who completed tutors' courses in 1967, 1968 and 1969 and, in addition, to include some tutors employed in England: those who completed tutors' courses in 1968.

This second group (the English sample) was selected because it was hoped that they could be traced without too much difficulty through the institutions at which they trained. It would obviously have been desirable to use a sample comparable to the Scottish group, that is, representing the years 1967, 1968 and 1969. But the difficulty of obtaining the names and addresses of former students, and the considerable trouble to which the staff in some of the colleges had to go in order to supply these, resulted in the decision to include respondents from one year only.

Category	sent	completed	%
Midwife Teachers	49	36	73.5
District Nurse Tutors	13	13	100.0
Total	203	172	84.7

The General Nursing Council for England and Wales raised no objections to some tutors on their register being included in the survey.

The names and addresses of potential respondents were obtained with the assistance of the Scottish Home and Health Department, the Scottish Regional Nursing Officers, the General Nursing Council for Scotland, the Central Midwives Board for Scotland, the Royal College of Nursing, the Royal College of Midwives, Queen Elizabeth College, the Borough Polytechnic, the Bolton College of Education (Technical) and Directors and Principals of Schools of Nursing and Pre-nursing Colleges in Scotland.

The Council for the Training of Health Visitors and the Tutors' Section of the Royal College of Nursing (Scottish Board) were informed of the proposed study.

3.3 RESPONSE RATES

The response from the Scottish sample was as follows:

Category	Questionnaires sent	Questionnaires completed	Response %
Registered Nurse Tutors	141	123	87.2
Midwife Teachers	49	36	73.5
Health Visitor and District Nurse Tutors	13	13	100.0
Total	203	172	84.7

The last of the above sub-samples included three district nurse tutors, one of whom held the Health Visitor Tutor Certificate. The two categories are subsequently referred to under the heading of 'health visitor tutors'.

The response from the English sample was as follows:

Institution	Questionnaires sent	Questionnaires completed	Response %
Bolton College of Education	16	16	100.0
University of Edinburgh	3	3	100.0
Queen Elizabeth College	21	13	61.9
Royal College of Nursing	23	14	60.9
Borough Polytechnic	17	7	38.9
Total	80	53	66.3

The course now at the Borough Polytechnic was previously at the Battersea Polytechnic and the University of Surrey. In recording where respondents trained, no distinction was made between these institutions.

It is difficult to suggest an explanation for the widely differing response rates from tutors who trained at the different institutions. The high response from former Edinburgh students, in both the Scottish and English samples, may be due to the fact that the study was being carried out from the University where they had received their own preparation for teaching.

All respondents who returned completed questionnaires signed their names on the documents. After three weeks, follow-up

letters were sent to all those who had not replied. In September, a further letter/questionnaire was sent to 24 tutors in Scotland from whom there had still been no response, asking them if they would give their reasons for not replying. Seventeen did so.

Reasons given for not completing the questionnaire were as follows:¹

too busy (7)

away from home (7)

did not feel qualified to answer the questions (6)

illness (5)

the questions were too long to answer within the scope of the questionnaire (2).

One respondent replied that she did not wish to give a reason for her non-reply. Altogether, 23 respondents who did not complete the questionnaire gave reasons for not doing so, either voluntarily or on request.

Only seven (4.1%) out of 172 tutors in Scotland replied neither to the questionnaire nor to follow-up letters. One of these was known to have left the country. Of the others two were principal tutors, two were registered nurse tutors in hospital schools of nursing, one a tutor in a pre-nursing college and one a midwife teacher.

1.3.2 Information recorded about each respondent

(a) Category, i.e. registered nurse tutor, midwife teacher,

¹ 'Reasons' include those previously received by letter, as well as those given on the follow-up questionnaire.

3.4 THE QUESTIONNAIRE

3.4.1 Topics on which respondents were asked to express opinion

The preparation of nurse tutors:

- the optimum age at which to become a qualified tutor,
- the type of institution in which tutors should be prepared,
- the content of the curriculum,
- joint courses for all tutor students,
- degree courses.

Administrative changes - the possible effects of:

- the implementation of a Salmon type administrative structure,
- the grouping of nursing schools,
- the reorganisation of the National Health Service.

The desirability of establishing:

- one statutory body responsible for all nursing education,
- the control of nursing education by an education authority.

Educational entry standards:

- minimum requirements for student and pupil nurses,
- the possible effects of raising the school leaving age.

Entry to the Common Market:

- possible effects on nursing education in this country.

3.4.2 Information recorded about each respondent

- (a) Category, i.e. registered nurse tutor, midwife teacher, health visitor tutor or district nurse tutor.

- (b) Institution at which tutors' course was taken (registered nurse tutors only).
- (c) Year of registration as tutor (registered nurse tutors only).
- (d) Sex.

The survey was geared primarily to registered nurse tutors employed in Scotland. Limitation of time prevented the major additions and adjustments to the questionnaire which would have been necessary if midwife teachers and tutors in the public health field were to have been given full scope to express their views. Adaptation of Question 5 on page 2 of the questionnaire was the only opportunity provided for midwives and health visitors to express separate opinions, although ample space was provided for comment.

See Appendix 4, p.163 for copies of letters and questionnaires sent to potential respondents in the opinion survey.

3.5 CLASSIFICATION OF DATA

Results of the survey were classified as follows:

A. Total Scottish Sample, compared according to the category of the respondents:

registered nurse tutors (123)

midwife teachers (36)

health visitor tutors (13).

Statistical comparison is made between the first two groups only.

The findings from the third group are described and discussed,

but the sample size was too small to justify more detailed statistical analysis.

B. Scottish Sample: registered nurse tutors, compared according to the sex of the respondents:

males (40)

females (83)

C. Registered Nurse Tutors: recently qualified, compared according to the institution at which they took the tutors' course:

Scottish sample: tutors who qualified in 1967, 1968 and 1969 (22)

English sample: tutors who qualified in 1968 (45)

The Battersea/University of Surrey sample is omitted from this analysis owing to the low response rate (38.9%).

All analysable data are discussed in relation to Sample A.

Selected data are discussed in relation to Samples B and C.

See Appendix I, Table I, for the distribution of registered nurse tutors in the Scottish and English samples according to:

(a) the place where they took the tutors' course, (p. 135)

(b) sex. (p. 135)

3.6 STATISTICAL ANALYSIS

Data obtained from the questionnaires were analysed and compared according to three variables: the respondents'

professional category (registered nurse tutor, midwife teacher and health visitor tutor), their sex, and the place where they took the tutors' course.

The Chi-square test was used to compare differences between sub-samples and $P < .05$ is taken as the level of significance.

For details of procedure used, see Appendix 9, p.196.

Terminology

The main part of the work was completed between April 1970

3.7 METHOD OF PRESENTATION

The results of the study are presented under four main headings:

Educational entry requirements (Chapter 4)

Administration of nursing education (Chapter 5)

Entry to the Common Market (Chapter 6)

The preparation of nurse tutors (Chapter 7).

The main findings of the opinion survey are summarised under the above headings, or under sub-headings which indicate the question which respondents were required to answer. Full statistical details are set out in Appendix 1, pp. 135 - 153.

Following a statement and brief comments on the main findings, the topic is reviewed in the light of any factual information which was available at the time. The comments of the respondents are used as a basis for formulating further questions and, in some cases, for considering related issues.

These reviews are by no means intended to present a total picture of every topic on which respondents were asked to express

their opinions. To have attempted this would obviously have been beyond the scope of the present study and the limited resources available. Their purpose is simply to extend discussion of points raised by the respondents, and to draw attention to areas where reliable information is not readily available.

Terminology

The main part of the work was completed between April 1970 and April 1971. The Nurses (Scotland) Rules 1970, published in December of that year, stated that nurse tutors were in future to be known as nurse teachers and clinical instructors as clinical teachers. In the present study, the term 'tutor' has been used, generally speaking, when referring to the registered nurse tutor, pre-1970; the term 'nurse teacher' has been used in a wider sense to denote any qualified teacher of nurses, particularly when referring to the future. The terms 'tutors' course' and 'tutor student' have been retained because they were appropriate when the study was being carried out and there are as yet no convenient alternatives.

Abbreviations

The following abbreviations are used in some parts of the text and in tables:

RNT(s) : registered nurse tutor(s)

MT(s) : midwife teacher(s)

HVT(s) : health visitor tutor(s).

Interpretation of findings

Although the Scottish sample of respondents represented nearly 85 per cent of all practising tutors in Scotland, the aspects of nursing education on which they were asked to express their views were stated in very broad terms. In order to obtain a more precise indication of tutors' opinion, studies in greater depth would have to be carried out, within a narrower framework. The present findings may suggest areas where such studies could be useful.

Comparisons between the opinions of tutors trained in different educational institutions should be viewed with special caution; observations were made from small samples and it would obviously be unjustifiable to generalise from the results. They have been included in the analysis because it was felt that they could provide some indication of whether such institutions influence the attitudes of nurse tutors and of whether further studies along similar lines, using larger samples, would be worthwhile.

CHAPTER 4

EDUCATIONAL ENTRY REQUIREMENTS FOR NURSES

4.1 OPINION SURVEY FINDINGS

4.1.1 Educational entry requirements for student nurses: how many passes should be required at Ordinary level?¹

	Four	Five
<u>A. Total Scottish Sample</u>	%	%
<u>SECTION B</u>		
registered nurse tutors	22.8	58.5
midwife teachers	25.0	52.0
health visitor tutors	7.7	84.6

OPINION SURVEY FINDINGS:
DESCRIPTION AND DISCUSSION.

B. Scottish Sample:

Registered Nurse Tutors

male	30.0	47.5
female	19.3	63.9

C. Registered Nurse Tutors:

recently qualified

London	10.3	72.4
Edinburgh	23.8	47.6
Bolton	29.4	64.7

See Table III, p. 137.

¹ In the questionnaire, the English term 'O level' was used because to most people it is more familiar than the Scottish 'O grade':

Scots who talk about "O levels" are legion - even high ranking officials of the SCEES have been known to slip up on occasion... Maybe if people ever referred to "H grade" the distinction would be better established, but the term "Highers" has continued. Nobody has seriously tried to replace the old "Lowers" with "Ordinaries". (Times Educational Supplement, 23.10.70)

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4.1.1 Educational entry requirements for student nurses: how many passes should be required at Ordinary level?¹

	Four	Five		
<u>A. Total Scottish Sample</u>	%	%		
registered nurse tutors	22.8	58.5		
midwife teachers	25.0	52.8		
health visitor tutors	7.7	84.6		
<u>B. Scottish Sample:</u>	Yes	No	Don't know	No reply
<u>Registered Nurse Tutors</u>	%	%	%	%
male	76.1	30.0	47.5	5.7
female	83.3	19.3	63.9	2.8
<u>C. Registered Nurse Tutors:</u>				
<u>recently qualified</u>				
London	10.3	72.4		
Edinburgh	23.8	47.6		
Bolton	29.4	64.7		

See Table III, p. 137.

¹ In the questionnaire, the English term 'O level' was used because to most people it is more familiar than the Scottish 'O grade':

Scots who talk about "O levels" are legion - even high ranking officials of the SCEEB have been known to slip up on occasion.... Maybe if people ever referred to "H grade" the distinction would be better established, but the term "Highers" has continued. Nobody has seriously tried to replace the old "Lowers" with "Ordinaries". (Times Educational Supplement, 23.10.70)

Five passes at Ordinary level was the educational entry standard favoured by the largest percentage of respondents in each of the groups. The groups with the highest percentage of respondents in favour of five 'O' levels were health visitor tutors employed in Scotland, and recently qualified tutors who trained in London. Groups with the smallest percentage in favour were male tutors employed or trained in Scotland.

4.1.2 Should student nurses be required to have passes at Higher or Advanced level as well as at Ordinary level?

	Yes %	No %	Don't know %	No reply %
<u>A. Total Scottish Sample</u>				
registered nurse tutors	76.4	14.6	3.3	5.7
midwife teachers	83.3	8.3	5.6	2.8
health visitor tutors	76.9	7.7	-	15.4
<u>B. Scottish Sample:</u>				
<u>Registered Nurse Tutors</u>				
male	55.0	32.5	5.0	7.5
female	88.0	6.0	2.4	3.6
<u>C. Registered Nurse Tutors:</u>				
<u>recently qualified</u>				
London	48.3	34.5	6.9	10.3
Edinburgh	66.7	9.5	9.5	14.3
Bolton	41.2	58.8	-	-

See Table IV, p.138.

A relatively high percentage of respondents in the Scottish sample were in favour of at least one subject at Higher or Advanced level being required for entry to nursing.

There is a significant difference between the percentage of male and female registered tutors who were in favour of the higher entry qualification ($X^2 = 14.72$, $df = 1$, $P = < .001$).

The groups with the smallest percentage of respondents in favour were recently qualified tutors who trained in London and Bolton; more than a third of the latter group expressed themselves 'strongly' against the idea.

A relatively high proportion of the total number of respondents either replied 'don't know' or did not answer this question.

4.1.3 Should there be an educational entry requirement for pupil nurses?

	Yes %	No %
<u>A. Total Scottish Sample</u>		
registered nurse tutors	88.6	6.5
midwife teachers	97.2	2.8
health visitor tutors	84.6	-
<u>B. Scottish Sample:</u>		
<u>Registered Nurse Tutors</u>		
male	90.0	2.5
female	87.9	8.4

The majority of respondents said that two subjects at

C. Registered Nurse Tutors:

recently qualified

	Number of subjects at level 1	Number of subjects at level 2
London	89.7	10.3
Edinburgh	80.9	9.5
Bolton	82.3	17.6

See Table V, p. 139.

The most outstanding feature of these findings is the high percentage of respondents, in each group, who were in favour of an educational entry requirement for pupil nurses. From Table V it can also be seen that in each case the majority of these expressed themselves 'strongly' in favour of such a requirement.

Out of the total number of respondents, 4.0 per cent either replied 'don't know' or gave no answer.

Some respondents stated that they were against an entry requirement for pupil nurses because it would in effect create a third grade of nurse. It was felt that there was definitely a place in nursing for people who did not have any formal educational qualifications, and that such people should have a recognised training. Unless a third grade was instituted, raising the standard for pupil nurses would inevitably enlarge the number of nursing auxiliaries, many of whom are expected to take nursing responsibilities without the benefit of a planned course of training.

4.1.4 Educational entry requirements for pupil nurses

The majority of respondents said that two subjects at

Ordinary level should be required:

Number of subjects at 'O' level:

	Two	Three
	%	%
<u>A. Total Scottish Sample</u>		
registered nurse tutors	59.3	13.0
midwife teachers	58.3	27.8
health visitor tutors	69.2	15.4

B. Scottish Sample:

Registered Nurse Tutors

male	65.0	5.0
female	56.0	16.9

C. Registered Nurse Tutors:

recently qualified

London	37.9	6.9
Edinburgh	57.1	4.8
Bolton	41.2	5.9

Although respondents were only asked to say how many certificates at Ordinary level they thought pupils should have, some replied that there should be some kind of 'test' either instead of, or as an alternative to, 'O' levels. See Table VI, p.140.

4.1.5.2 Pupil nurses. More than 75 per cent of the respondents
4.1.5 Compulsory subjects as part of educational entry requirements

4.1.5.1 Student nurses. The subjects mentioned by the highest percentage of respondents in the Scottish sample were:

English
 Foreign Language
 Human Biology (Anatomy and Physiology)
 Mathematics
 Science (including Chemistry and Physics)

At Ordinary level: science and mathematics were the subjects mentioned most frequently by registered nurse tutors and midwife teachers.

Mathematics and foreign language were the two subjects mentioned most frequently by health visitor tutors.

The subject mentioned by the smallest percentage of respondents, in each of the three groups, was human biology (see Table VII(a)(i), p. 141).

At Higher/Advanced level: English was the subject mentioned most frequently by each group of respondents.

The subject mentioned second in order of frequency by registered nurse tutors was science, by midwife teachers mathematics. Health visitor tutors rated science and a foreign language second equal (see Table VII(a)(ii), p. 141).

4.1.5.2 Pupil nurses. More than 75 per cent of the respondents in each group said that English at 'O' level should be compulsory for pupil nurses. Arithmetic was second in order of frequency (see Table VII(b), p. 141).

English at Higher Advanced level was mentioned by a higher percentage of respondents than was English at Ordinary level.

Comments suggested that many tutors were concerned about the need for nurses to be able to 'express themselves', but whether studying English in this way would in fact provide a solution is doubtful; what does seem interesting is the value which so many respondents placed upon proficiency in the English language.

4.1.6 Effects of raising the school leaving age to 16 years

4.1.6.1 What will be the effect on the number of applicants for nurse training?

<u>Total Scottish Sample</u>	Number of applicants will:		There will	
	increase	decrease	be no change	Don't know
	%	%	%	%
registered nurse tutors	26.0	7.3	46.3	19.5
midwife teachers	22.2	19.4	41.7	16.7
health visitor tutors	53.9	-	38.5	7.7

4.1.6.2 What will be the effect on applicants to nursing, as regards educational qualifications?

<u>Total Scottish Sample</u>	Applicants will be:		There will	
	better qualified	less well qualified	be no change	Don't know
	%	%	%	%
registered nurse tutors	63.4	0.8	18.7	13.2
midwife teachers	47.2	2.8	33.3	13.2
health visitor tutors	69.2	15.4	7.7	7.7

On the whole, respondents were optimistic about the effects of raising the school leaving age. Many seemed to assume that

nursing would attract more and better qualified school leavers.

Solicited comment about educational entry standards:

The standard of nursing education should be raised before the standard of entry is raised.

Students will require a higher standard of general education in order to cope with the comprehensive syllabus.

Raising the entry standard would not reduce recruitment because 'the others could become SENs'.

Raising the entry standard would open up a new field of recruitment - school leavers who at present are put off by the low entry requirements.

Subjects studied at Higher or Advanced level are required by nurses who will become leaders in the profession.

For entry to training for the Roll, no educational qualifications are required.

4.2 REVIEW

SOME FACTORS TO BE CONSIDERED WHEN SETTING MINIMUM STANDARDS OF

EDUCATION FOR ENTRY TO NURSING

4.2.1 Statutory regulations

In Scotland, new regulations came into effect on December 1st, 1970. These are set out in the Nurses (Scotland) Rules 1970, Approval Instrument 1970. The regulations state that for entry to training for the Register a person must comply with one of the following educational requirements:

(i) A minimum of two passes on the Ordinary Grade of the Scottish Certificate of Education, one of which must be English, and has completed a full-time course of not less than four years in a secondary school or schools, or in a secondary school and an establishment for further education during which time she has studied at least five additional subjects of general education;

(ii) a minimum of three passes on the Ordinary Grade of the Scottish Certificate of Education, one of which must be English;

(iii) an overseas educational certificate acceptable to the Council, as equivalent to the educational examinations specified in the immediately preceding subparagraphs (i) or (ii), and has completed a full-time course of not less than five years in a secondary school or an establishment for further education during which time she has studied at least five additional subjects of general education;

(iv) such other educational qualifications as may be acceptable to the Council;

or

(v) for an interim period, until a date to be determined by the Council with the consent of the Secretary of State, a pass in an educational examination set by the Council. (Paragraph 26-(1)(b).)

For entry to training for the Roll, no educational qualifications are required.

The nursing profession as a whole is possibly not fully aware of the efforts made by the General Nursing Councils, over a period of many years, to achieve an improvement in educational entry standards. The Annual Report 1969-70 of the General Nursing Council for England and Wales describes how their most recent recommendations were turned down by the Secretary of State. In July 1968 the Council submitted a proposal that the Council's test should be discontinued by December 31st 1971, and that by

January 1972 the minimum requirement for entry should be raised to three subjects at 'O' level in the General Certificate of Education or Grade I of the Certificate of Secondary Education. It was also hoped that by this date a minimum educational standard for entry to training for the Roll would be in operation.

A reply was eventually received in April 1969, stating that the proposals could not be accepted because they would cause a drop in the number of recruits to psychiatric nursing. A request was sent to the Department of Education and Science asking for information regarding the numbers of school leavers with suitable educational qualifications and about the possible effect of raising the school leaving age. The reply 'supported the view of the Department of Health that the proportion of candidates with three or more 'O' levels would be insufficient to meet the increasing numbers of students required by hospitals for training'.

taking up nursing decide against it because they feel that an occupation which apparently requires so little formal education

4.2.2 Entry standards and recruitment

The assumption that to raise educational entry requirements would be detrimental to recruitment fails to take a number of factors into consideration.

Firstly the range of abilities required in nursing is as wide as the range of patients' needs. It is possible that the profession may require only a relatively small proportion of recruits who have achieved a high level of attainment at school,

or have had the experience of university education. Raising the entry standard for the registered grade would widen the field of recruitment in this direction without necessarily restricting it elsewhere. Training for the Roll is virtually open to anyone who has the time and motivation to take it - which is possibly one reason why it fails to attract as many recruits as some people hoped it would.

Secondly, a large number of young people at present enter nursing with educational qualifications well above the statutory minimum. In 1969, out of a total of 2,205 student nurses indexed by the General Nursing Council for Scotland, 47.3 per cent (1,044) had three or more certificates at Ordinary level, with or without Highers, and 22.3 per cent (491) had at least one certificate at Higher level (see Appendix 5, pp. 173-174).

Thirdly, it is not known how many young people who consider taking up nursing decide against it because they feel that an occupation which apparently requires so little formal education would provide insufficient intellectual stimulus and career opportunity. Whether the recruitment of nurses with more Ordinary or Higher grade certificates would result in better nursing care is not the point. If a girl does not want to be a nurse, general educational certificates are unlikely to make her a good one, but a low entry requirement may actively discourage potential recruits who have already acquired them.

Fourthly, it is not known how many people who make up their minds at the basic educational needs of entry to nursing. The Nursing

minds to nurse while still at school are in fact capable of reaching a higher level of education, but make no effort to acquire more than the minimum needed for nursing simply because it is not asked for. The only incentive to do so, apart from personal interest, would seem to be a desire to train in a school of nursing which demands a higher standard. At least one case is known of a girl who was accepted for training and then, having acquired more 'O' levels before reaching the age for entry, transferred to another nursing school where the educational requirements were higher.

Under present circumstances it is difficult for nurses who are responsible for recruitment to convince anyone - school-leavers, teachers or parents - that a level of education above the statutory minimum is desirable, or that an occupation which makes such low educational demands could be a satisfactory career.

Many school teachers see nursing as a job into which to channel their less bright pupils, not only because of the low entry requirements, but because the teachers themselves know little about it.

At a conference in London (Hospital Centre, 1970), some nurses and teachers met to discuss nursing as a career. Although the nurses felt that grammar school heads 'actively deterred' girls from taking up nursing, the teachers thought that this attitude was becoming less common. However, some statements made at the conference suggested that little consideration had been given to the basic educational needs of entrants to nursing. The Nursing

Times reported that:

Educationally, nurses were able to reassure teachers that a good general education was preferable to a course geared to specific subjects where would-be nurses were unlikely to gain many O-levels. Human Biology was not a necessary subject.... When it comes to the A-level entrant it would appear that there is no particular advantage in either an arts or a science background.

Criteria of a 'good general education' were not discussed; the term could be interpreted differently by nurses and teachers, and by different individuals, depending on their own educational experiences. The nurses produced no evidence to support the view that the study of specific subjects at school was of no particular advantage in nursing.

4.2.3 Entry standards and withdrawal during training

MacGuire (1969a), reviewing studies which have been carried out into correlates of success and reasons for withdrawal among student nurses, came to the conclusion that although both educational and non-educational factors appear to be associated with withdrawal, students with a higher level of educational attainment, or with any formal educational certificate, were more likely to complete their training than were students with a lower level of attainment, or those with no certificates at all. Her conclusions were based on studies by the General Nursing Council for England and Wales (1966) and by Scott Wright (1968).

As regards the relationship between general education and success in nursing examinations, MacGuire (1969b) found that:

formal educational attainment certificates predict examination success at both the preliminary and the final examination stage. Not only are more bright students left to take the final examination but they have a higher pass rate than the survivors from among the less bright entrants. Moreover, they need fewer attempts to pass the final examination... and get better grades.

4.2.4 Entry standards in relation to the needs of nursing service

The standard of nursing education, and the kind of qualifications required for entry to nursing, must presumably depend on the kind of nursing service which the profession is required to provide. Apart from the basic difficulty of defining selection criteria and of measuring standards of service, there are a number of questions which have not so far been satisfactorily answered.

(a) Registered nurses constitute the highest professional grade, and are therefore responsible for setting and maintaining standards throughout the nursing service as a whole. Is the level of knowledge and skill required for registration by the General Nursing Councils compatible with a safe and satisfactory level of nursing practice?

(b) Shortage of staff is one factor which can contribute to poor nursing care. But how many 'practical' nursing problems are caused, not by a shortage of nurses, but by lack of an effective system of professional preparation for all grades of nursing personnel, or by managerial failure to make effective use of available resources?

(c) If all the people who were potentially capable of contributing to patient care were selected according to their

various abilities, were given preparation according to those abilities, and then deployed where they were of most value, would there be a reduction in the number of recruits needed for the registered grade?

(d) In the past, nursing has benefited from the fact that many women, lacking only the financial requirements for higher education, were attracted into nursing and found scope for their abilities in administration or teaching. To what extent do low educational standards now discourage those applicants who have the intelligence, energy and motivation to become able administrators and teachers? What will be the long-term effects on nursing services?

(e) Is it realistic to set a low educational standard for all entrants and expect that, by chance, some of them will have a level of education which is desirable for people in positions of considerable professional responsibility? The standard of general education at present required for some post-registration courses, for example, health visiting and teaching, is higher than the standard required for entry to basic training. If nurse recruits do not know this, they may find themselves excluded from promotion soon after registration. This is unfortunate for the nurses themselves; it is equally unfortunate that a nursing service must either risk being deprived of potential teachers and administrators, or else provide opportunities for nurses to improve their general education at a stage in their careers when they should be providing professional leadership.

(f) If students for the registered grade had a higher standard of general education on entry, could more be achieved during the basic nursing programme? Would there be less need for further courses so soon after registration, for example, in first line management and clinical specialities?

Sir John Biggart, in an address to the Association of Hospital Matrons in Belfast in 1968, summarised the complex needs of nursing service and nursing education:

Here ... is the problem of nurse education. Its duty to furnish a large number of competent nurses with general training - and this demands a much wider training than in the past - a smaller number of technologically able nurses, nursing administrators and nurse educators - within its limits a reflection of our complex civilization...

The very varied quality of nurses necessary to run a comprehensive health service demands that nursing education must accept a great range of ability and educational attainment on intake.

It would seem that nursing cannot afford to discourage applicants with good educational qualifications.

4.2.5 Trends in general education

The trend toward certificate courses, was described by the Scottish Education Department (1967):

The Scottish Certificate of Education has two grades, Ordinary and Higher, and the examinations of the Ordinary grade are normally taken by pupils in the fourth year of their secondary course, i.e. at age 16. They can also be taken in subsequent years. The Higher grade examinations are normally taken in the fifth or sixth years of the secondary course.

The Ordinary grade was introduced in 1962 to replace the old Lower grade which was taken in the fifth year as an alternative to the Higher grade. Since the introduction

of the Ordinary grade, the number of pupils following certificate courses in some subjects at least has increased nearly four times (from 18,500 in 1961 to about 74,000 in 1966), and as schools are reorganised on comprehensive lines, it is expected that it will be increasingly common for pupils to take non-certificate courses in some subjects and certificate courses in others.

This trend has become more marked since 1967. To assume that

raising the educational entry requirement for nursing would cause a drop in the number of recruits is becoming increasingly unrealistic.

In fact, the pool of non-certificated school-leavers from which many nursing personnel are recruited is steadily shrinking. Between 1965 and 1969 there was nearly an 8 per cent decline in the number of school leavers who had no certificates at Ordinary or Higher grade. The figures at the beginning and end of this period were as follows:

	1964-65	1968-69
	%	%
Boys	70.8	63.5
Girls	69.7	61.5
TOTAL	70.2	62.5

(See Appendix 6, p.175).

The Government's decision to raise the school leaving age from 15 to 16 years in 1972 is likely to accelerate this trend, and teachers and education authorities have given a good deal of thought to changes in school curricula. A pamphlet, Raising the School leaving Age, issued by the Scottish Education Department (1970a), describes some of these changes and the reasons for

making them: be rewarding, especially when other careers and

One important factor which has influenced the reassessment of courses has been the trend, noticeable all over the country and particularly marked in certain areas, for an increasing number of people to prepare for Scottish Certificate of Education examinations ... in many areas the overall figure is already 50% or higher, and it may be expected that ... this proportion will increase further.

Many pupils whose level of ability prevented their taking certificates before leaving school at the age of 15 may be expected to do so in the extra year:

It is common practice for pupils who show promise in non-certificate courses to be asked to repeat a year in an academic stream.

A report by Dunbartonshire Education Authority (Times Educational Supplement, Scotland, 18.9.70), advocates that pupils should be allowed to sit even one or two 'O' grades 'because of the strong psychological boost' although, according to the SED pamphlet:

It is still a widely held opinion among pupils, parents, teachers - and employers - that passes in fewer than three or four subjects on the Ordinary grade are of little use vocationally or educationally.

Although one effect of raising the school leaving age may be to enable more school leavers to acquire the three subjects at Ordinary grade which would make them eligible to enter nursing and train for the Register, there seems to be no reason why more of them should wish to do so - the enrolled grade has always been open to them. It is quite possible that many school leavers will feel as they do now: that a job requiring so little education is

unlikely to be rewarding, especially when other careers and educational opportunities are open to them.

In March, 1970, at a conference in Moray House College of Education (Times Educational Supplement, Scotland, 3.4.70), it was stated that over the past four years the proportion of fourth year pupils obtaining three or more 'O' grades had risen steadily from 24 per cent to 32 per cent - that is, beyond the 30 per cent proposed when the examination was introduced. One speaker, considering how the 'O' grade could be extended to include 70 per cent of the age group, suggested that this would result in the 'O' grade being by-passed by the top quartile aiming at higher education. Other members of the audience expressed doubts about the extended 'O' grade which, it was suggested, would be considered a junior secondary examination.

In view of such possible changes, it seems likely that all occupations requiring 'O' grades for entry may in future have to review their entry regulations, if their educational standards are to be maintained at their present level.

Another effect of young people staying at school longer is a change in the relationship between pupils and staff:

The increasingly "open" relationship and frankness existing between teachers and older pupils, the extension of group and individual activity based on pupils' declared interests, and the tendency to invite end-of-term and end-of-course comments from pupils point to a growing awareness that pupils should have some say in the planning of work and of courses.

(Scottish Education Department (1970), Raising the school leaving age (b).

The attitudes encouraged by this situation are already being carried into nursing schools by students. Some nurse teachers may have difficulty understanding the change and in deciding how far to adapt their own attitudes.

4.2.6 Educational entry requirements of other occupations

Discussion so far has been concerned mainly with recruitment to the registered grade - that is, nurses who might be expected to become teachers or administrators at various levels in the professional hierarchy. But many people with few formal educational qualifications are also needed in nursing. What competition is there from other occupations for those with relatively few 'O' levels?

In May 1970 the Edinburgh Careers Advice Bureau was asked to supply information about entry regulations and salaries of careers which might be considered as rivals to nursing. The list which the Bureau supplied is given in Appendix 7, p. 180. All these occupations require between three and five 'O' levels.

Educational qualifications and financial rewards can obviously be important factors in the choice of a career. But the nature of the work, and the way in which it is described, must also have a strong influence on school leavers. An attempt was therefore made to see how other occupations presented themselves. Information was obtained, mainly from the Careers Guide 1970-71 (Central Youth Employment Executive, 1970), about occupations which, like nursing, involve 'doing things for people' either directly or

indirectly. Some occupations, although less involved with 'people', seem to require the kind of qualities traditionally associated with nursing:

The Animal Nursing Auxiliary carries out similar work for the veterinary surgeon as a nurse does for the doctor in human medicine ... must have the basic educational qualifications sufficient to understand the technical aspects of her work and at the same time a willingness to undertake relatively menial tasks which are part and parcel of the care of animals. Patience, willingness to work long hours and a degree of dedication are mentioned as being essential.

Forest Officers and Foresters often have personal responsibility for large areas of woodland and therefore need to be self-reliant; a good standard of intelligence is required for such posts.

The Journalist must have a keen interest in people and events ... good health and stamina are required for much of the work and the hours are frequently irregular A strong sense of vocation is ... required, and this is one of the qualities assessed by editors when they are selecting new entrants.

Radiographer: a sympathetic personality and the ability to understand and get on with all kinds of people. These powers must be combined with a scientific outlook, accuracy and good powers of observation. Good health and physique are essential, as the work involves a good deal of standing and occasionally giving support to patients.

Further information about these and other such occupations is given in Appendix 7, pp. 182 - 193.

To decide the standard of general education appropriate for entry to any occupation is difficult because so many factors have to be taken into account: the type and quality of the work to be performed, the appropriate level of theoretical knowledge and technical skill, the career structure, financial rewards and



social status, the professional and personal relationships, the availability of suitable school leavers and competition from other occupations.

5.1 OPINION SURVEY FINDINGS

In selection for nursing little emphasis is placed on the need for the kind of intelligence measurable by formal examinations, even for recruitment to training for the registered grade. Nursing has traditionally been seen as a 'practical' job, requiring manual skills needed to make people physically comfortable, rather than as one involving 'practical' decision-making about how, why or when these things should be done.

The personal experience of some nurses suggests that in the past educational certificates were looked upon with suspicion by nurse administrators, and that indication of 'academic' ability could mitigate against acceptance for training. However, there is no evidence to suggest that the percentage of 'good' nurses among those with low educational qualifications is any higher than the percentage of 'good' nurses with high educational qualifications. The reluctance of nurses to utilise all the human resources available to them may well have contributed to the need for two government enquiries within the past seven years, one into the senior administrative structure and the other into the role and education of the nurse.

¹ This does not apply to nursing in other countries, where university entrance standard is in some cases the minimum requirement.

Compared with the response to other questions, there was a

CHAPTER 5 High percentage of 'don't know' replies; from all

ADMINISTRATION OF NURSING EDUCATION

The high percentage of health visitor tutors who were in

5.1 OPINION SURVEY FINDINGS

favoured of nursing education being organised through an education

5.1.1 Should nursing education be organised through an education

authority corresponds with the view expressed by the Council for

authority instead of through the National Health Service?

The Training of Health Visitors in their evidence to the (Briggs)

Committee on Nursing:

	Yes	No	Don't know
--	-----	----	------------

A. Total Scottish Sample

education system of the country. Nurses should not be

registered nurse tutors 39.0 36.6 22.0

people who aim to take up a career; nurse education

midwife teachers 16.7 66.7 13.8

opportunity for shared teaching with students from related

health visitor tutors 61.5 15.4 23.1

Health visitor training courses.

B. Scottish Sample:

The Nursing Times (11.2.71) suggests that the recommendations

Registered Nurse Tutors

of the Council carry weight because 'the Council has built up a

	Yes	No	Don't know
male	42.5	45.0	10.0
female	37.3	32.5	27.7

considerable amount of knowledge and experience about the resources

available in the field of further education'.

Comment by the Scottish sample on nursing education being

organised through an education authority.

recently qualified

	Yes	No	Don't know
London	65.5	20.7	13.8
Edinburgh	52.4	9.5	33.3
Bolton	52.9	35.3	11.8

be less conflict between nursing education and

(See Table VIII, p. 142).

nursing service 19.7

There is a significant difference between the percentage of

student nurses would be better off financially

registered nurse tutors and the percentage of midwife teachers who

said 'yes' to this question ($X^2 = 5.26$, df. = 1, $P < .05$). There

Education authorities are 'specialists' in

was no significant difference between the opinions of other groups.

education 5.6

Compared with the response to other questions, there was a

relatively high percentage of 'don't know' replies, from all groups.

The high percentage of health visitor tutors who were in favour of nursing education being organised through an education authority corresponds with the view expressed by the Council for the Training of Health Visitors in their evidence to the (Briggs) Committee on Nursing:

all nurse training must be established within the further education system of the country. Nurses should not be denied the educational advantage available to other young people who aim to take up a career; nurse education should not be conducted in isolation and there should be opportunity for shared teaching with students from related occupations, a pattern already practised in setting up health visitor training courses.

The Nursing Times (11.2.71) suggests that the recommendations of the Council carry weight because 'the Council has built up a considerable amount of knowledge and experience about the resources available in the field of further education'.

Comment by the Scottish sample on nursing education being organised through an education authority.

For:

Students would have student status and there would be less conflict between nursing education and nursing service	19.7
Student nurses would be better off financially with SED grants	7.6
Education authorities are 'specialists' in education	5.8

<u>Against:</u>	
Nursing education and nursing service should not be separated (comment made by 13.8% of the registered nurse tutors and by 33.3% of the midwife teachers)	17.4
An education authority would not understand the needs of nurses	4.7
Nurses want to 'give service' not to 'get education'	3.5

5.2 REVIEW

SOME QUESTIONS RAISED BY THE SUGGESTION THAT NURSING EDUCATION SHOULD BE ORGANISED BY AN EDUCATION AUTHORITY

There are a number of ways in which nursing education could be organised by an education authority, either in the relative isolation of a nursing school or in association with some other kind of educational institution. The limited scope of the present survey could not, unfortunately, give respondents the opportunity to specify the kind of organisation which they had in mind.

The whole subject is obviously a very large one and many factors would have to be considered before deciding whether, and by what means, nursing education could be organised more effectively within a broader educational context. Some of the issues involved were commented upon by respondents in other sections of the survey, for example, the suggestion that the qualifications of

nurse teachers should be 'recognised' by the teaching profession and that nurse teachers should have contact with teachers in other fields. Under the present heading, two questions arising directly from respondents' comments have been selected for further consideration, the first a relatively factual one, the second involving wider issues.

5.2.1 How do student nurses' training allowances compare with grants from the Scottish Education Department?

It is difficult to make comparison between basic payments. The regulations, particularly those governing SED grants, are complicated. Deductions made at source from the student nurses' allowance emphasise her status as an employee. Unlike the student with an SED grant, she is unable to supplement her income by taking paid employment during long vacations. These and other differences between the two systems reflect the different concepts on which they are based. Some extracts from the respective regulations are given below.

5.2.1.1 Student Nurses' Training Allowances. NMC Circular No.158

(Whitley Councils) states that as from April 1st 1971 student nurses in general hospitals receive the following payment:

	Age under 21 on entry £ p.a.	Hospital lodging £ p.a.
on entry (17½ years)	570	28.80
at 19 years	639	57.60
at 20 years	678	57.60

	Age 21 or over on entry £ p.a.	Hospital lodging £ p.a.
First year	774	117
Second year	807	117
Third year	840	117

Allowances are higher for students in psychiatric hospitals.

Dependants' allowances are available to student nurses under the age of 21.

Deductions are made from gross training allowances to cover contributions to national insurance, superannuation and graduated pension.

5.2.1.2 Students' allowances.

Information is contained in the Guide to Students' Allowances issued annually by the Scottish Education Department.

In 1970-71, the standard maintenance allowances per annum for a student at an institution other than Oxford or Cambridge and outside the London Area were as follows:

	In lodgings or hall of residence £ p.a.	Living at home £ p.a.
Board and lodging	193	123
Books, equipment, materials, stationery	38	38
Maintenance during vacation	36	36
Travel	12	12
Pocket money	41	41
Clothing, laundry	<u>40</u>	<u>40</u>
	£ 360	£ 290

Allowances are reduced by the amount of the contribution which the student's parents are considered to be able to make toward his expenses. (Paragraph 31.)

Students who are required to take a course of study during vacations, and who are unable to do so without financial hardship, are eligible for an additional allowance. (Paragraphs 22 and 26.)

Dependents' allowances are available (Paragraph 28.)
Mature students' allowance is granted to students aged over 26 who suffer a reduction in income on leaving employment to enter higher education. (Paragraph 29.)

Earnings for work done by students and a personal income of up to £100 do not reduce the students' allowances. (Paragraph 30.)

Under the Teachers' Special Recruitment (Scotland) Scheme, slightly higher allowances are available for student teachers.

A suggestion was recently put forward by members of the National Union of Students (with whom student nurses are affiliated through the Royal College of Nursing) that the whole grants system should be replaced by £10 a week 'wages' out of which students would pay income tax and national insurance contributions. Such a system would apparently make it easier for the NUS to apply for affiliation with the TUC. It is also a matter of status: at a conference reported in the Times Educational Supplement, Scotland (27.11.70), one speaker said that:

A system of wages is designed to give us all the status we want.... We do not want the status of being the objects of charity.

and the General Teaching Council has agreed to look into the

In a previous article in the Times Educational Supplement, Inglis (1970) criticised the proposal contained in the Scottish Education Department's Memorandum on the Training of Graduates for Secondary Teaching (1970b) that graduates should be paid a salary during part of their teacher training, and drew attention to some of the good points in the present system:

Within limits, schools are chosen for students (on the best information available) as ones in which some good training is being done. Students are sent to more than one kind of school. If they come a cropper in one, they are transferred to another, and special care is exercised in the choice of a third.

He suggested that the proposals in the Memorandum would eliminate these controls, which were in the interests of students:

Students would go to the schools where teachers were most needed; these might well be those least equipped to help them; they would certainly not be chosen with the students' needs in mind. There the chief influence and direction over their training would undoubtedly be that of the school from which their salary was derived....

If students are to go into schools and to be told by their colleagues to do what they are doing and have been doing for 30 years, what is the likelihood of change and growth?

The writer proposed an alternative system whereby teacher students would receive a student grant while in a college of education, then enter employment as provisionally registered teachers. They would not become eligible for full registration until two years later, following a final term at the college, seconded on salary.

The proposals in the above Memorandum have now been dropped and the General Teaching Council has agreed to look into the

question of teacher training. It would seem that the weaknesses in the SED proposals were sufficiently obvious to prevent teachers adopting a system very similar to that which exists in basic nurse training.

5.2.2 What is meant by 'student status' in nursing education and how could it be achieved?

To some people, the term seems to imply that nurses in training would spend a large part of their time in the school of nursing, and have very little practical experience. To others it is synonymous with 'supernumerary', suggesting that student nurses would not be relied upon to provide nursing service.

A more useful concept would seem to be that student nurses should only undertake duties for which they have been prepared, and which are appropriate to their learning needs at a particular stage of their professional education; that they should carry out these duties until they have acquired proficiency and confidence, but should not perform repetitive tasks simply because there is no one else to do them. The term 'duties' in this context is intended to include all the skills required in preventive and curative nursing care: the social and technical skills needed to help people who cannot help themselves, teaching and managerial skills which are needed to make effective use of all available resources in a particular situation.

In whichever way the term 'student status' is interpreted,

it seems unlikely that the employee status of student nurses would change simply as a result of nursing education becoming part of a system of further education. If student nurses are going to learn how to nurse, they must gain experience in the clinical situation during their basic programme. While they are there they are likely to be relied upon to provide nursing service, whether or not it is intended to be a planned learning experience and whether or not they are paid for it. To plan a system of training in which the learning of theory and the learning of nursing skills are co-ordinated is primarily the responsibility of the nurse teaching staff; to provide the clinical environment in which such learning can take place is the responsibility of those concerned with providing nursing service. These responsibilities can never be off-loaded onto any other 'authority', educational or otherwise, regardless of the institution in which nurses receive their education, or the authority through which the money for their education is channelled.

It seems important to appreciate the role of any institution of further or higher education with which nursing may in future become associated. Such institutions may provide teaching and environmental facilities which are of value to student nurses but the present staff of such institutions, however willing they are to assist with nursing education, cannot be expected to appreciate all its needs. This may sound obvious, but the apparent awe with which some nurses view 'educationalists' can lead to unrealistic expectations. As one (non-nursing) university staff member

put it:

We have always been willing to do anything we can to help the nurses but the nurses have got to tell us what they want us to do.

That it seems, is the first thing to be decided.

If nursing education were to become the responsibility of a college of further education, or of any other kind of educational institution, it would not mean 'handing over' to an educational authority unfamiliar with nursing needs. There would have to be qualified nurse teachers on the staff of the institution, and their professional and teaching qualifications would have to be accepted (or not accepted) on the same terms as those of other teachers of vocational and technical subjects.

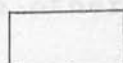
As regards the student status of student nurses, this is surely a matter which must be worked out by the nursing profession. The way in which students are at present used as 'pairs of hands', and the difficulty of providing effective teaching and supervision in the clinical situation, are perennial sources of dissatisfaction.

Perhaps because of the ambiguity of the term 'student status' and because of its implication for nursing service, some people seem reluctant to accept the idea as a practical proposition. However, student and employee status need not be mutually exclusive. Under supervision, student nurses could be allowed to contribute increasingly to nursing service throughout their training until, as registered nurses, they become fully responsible

members of the nursing team. There seems to be no reason why they should not be paid for the work they do, their employee status increasing as their student status decreases. This would be reflected in the sources from which they receive their training allowance and could be proportionate to their year of training:

sources of student nurses' training allowance, adjusted to represent the students' increasing 'service value'

1st year	2nd year	3rd year



Scottish Education Department



National Health Service

Before such a scheme could be implemented, it would be necessary for nurse teachers to define the nature and extent of the students' contribution to nursing service. Nurses responsible for providing nursing service would have to estimate the students' service contribution, as it is at present, and the cost of its partial replacement, in terms of money and skill.

5.3 OPINION SURVEY FINDINGS

CHANGES IN THE ADMINISTRATION OF NURSING EDUCATION WITHIN THE
NATIONAL HEALTH SERVICE

5.3.1 Where the Matron has traditionally been head of the nurse training school, some Principal Tutors felt that they had insufficient opportunity to function as educational administrators. How will this situation be affected by the implementation of 'Salmon' type administration?

This was an 'open' question, respondents being free to answer in any way they chose. Replies were classified according to whether they stated that Principal Tutors¹ would have more, or less, administrative opportunity. 'More' administrative opportunity was classified as an 'improvement'.

Health visitor tutors are omitted from this analysis because they are not within the hospital administrative structure. The opinions of the other respondents in the Scottish sample were as follows:

	Yes	No	Don't know
<u>A. Total Scottish Sample</u>			
registered nurse tutors	RNTs	MTs	%
	52.2%	10.0%	37.8%
The situation will improve	35.0	13.3	13.9
The situation could/should improve	22.8	27.8	15.4
There will be no change	13.8	8.3	
The situation will be worse	4.1	11.1	
	59.0	12.5	28.5

¹ The term 'Principal Tutor' is intended in this context to mean 'the tutor in charge of a nursing school'. The varied terminology now in use made it difficult to find an equivalent for this somewhat obsolete title.

Reasons why the situation will, or could, improve: 'Yes' to this

The Principal Tutor will be in direct communication with GNC/RNTC/School Council 45.5 2.8

The Principal Tutor will be responsible for administering the school - less interference from hospital administrators 33.3 27.8

Reasons why the situation may not improve:

The old system could be perpetuated, with the Chief Nursing Officer in the place of the Matron 13.0 2.8

The situation will depend on:

The attitudes of the people involved 4.9 13.9

Effective co-ordination/communication between nursing education and nursing service 4.9 5.2.8

The educational qualifications and interests of the Chief Nursing Officer 4.1 20.3 -

Whether there is effective delegation 4.1 -

5.3.2 Will the grouping of nursing schools affect the administrative responsibilities of registered nurse tutors? If 'Yes', how?

	Yes	No	Don't know
	%	%	%
<u>A. Total Scottish Sample</u>			
registered nurse tutors	82.1	10.6	6.5
midwife teachers	75.0	11.1	13.9
health visitor tutors	81.2	-	15.4

B. Scottish Sample:Registered Nurse Tutors

male	80.0	12.5	5.0
female	83.1	9.6	7.2

(See Table IX, p. (43.)

A high percentage of all respondents answered 'yes' to this question, and the differences between the groups were not statistically significant.

Because the question may have been interpreted differently by midwife teachers and health visitor tutors, further analysis has been limited to the replies of registered nurse tutors.

Ways in which the grouping of schools is likely to affect the tutors' administrating responsibilities.

Comment by registered nurse tutors in the Scottish sample:

	%
Generally speaking, teaching staff will have more autonomy	43.1
Smaller schools will be less autonomous	5.7
There will be better control/co-ordination of theory with practical experience	20.3
Links with clinical areas could be more difficult, particularly where the school is geographically separate	8.9
Centralised administration will free more tutors to teach	8.1
There will be fewer top jobs	4.9
Tutors will have more job-satisfaction	3.3

5.3.3 Will the establishment of Area Health Boards affect nursing education? If 'Yes', how?

	If 'Yes', how?		
	Yes	No	Don't know
	%	%	%
<u>A. Total Scottish Sample</u>			
registered nurse tutors	49.6	16.3	34.2
midwife teachers	36.1	27.8	36.1
health visitor tutors	92.3	-	7.7

B. Scottish Sample:Registered Nurse Tutors

male	70.0	17.5	12.5
female	39.8	15.7	44.6

(See Table X, p. 144).

A high percentage of registered nurse tutors, as compared with midwife teachers, felt 'strongly' that nursing education would be affected by the establishment of Area Health Boards. This may be because midwifery training has always been more closely linked with the community than has general nurse training.

Among registered nurse tutors, a significantly higher percentage of males said that nursing education would be affected ($X^2 = 8.76$, d.f. = 1, $P = < .01$). A significantly higher percentage of females replied 'don't know' ($X^2 = 10.96$, d.f. = 1, $P_2 < .001$).

The high 'don't know' response for all groups 'except health visitor tutors may partly account for the fact that there have been relatively few indications as to how Area Health Boards will affect nursing education.

Comment from respondents in the Scottish sample

%

Students will have to be taught more about nursing in the community	15.7
It will be possible to achieve better co-ordination between different parts of the students' programme	14.5
A comprehensive nursing service will necessitate a comprehensive programme of nursing education	8.1
Nursing education will have to change because the nurse's role will change	5.2
Nursing schools will be forced to group	4.7

5.4 REVIEW

SOME CURRENT DEVELOPMENTS AFFECTING THE ADMINISTRATION OF NURSING
EDUCATION

In the Report of the Committee on Senior Nursing Staff Structure (Ministry of Health, Scottish Home and Health Department, 1966), the Committee's terms of reference are stated as follows:

To advise on the senior nursing 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.

Criticisms have been levelled at the Salmon Committee for including in its Report recommendations for nursing education. However, it did make an attempt within the limitations of its constitution and terms of reference to identify and to examine the problems of nurse tutors, nearly all of whom were (and still are) functioning within the hospital administrative structure.

The Committee listed some reasons given by tutors for their dissatisfaction:

1. subordination of tutors to nurse administrators whose formal post-registration qualifications may be inferior;
2. non-acceptance of the tutor as the person responsible for the education of the student nurse;
3. incomplete control of their own departments.

(Paragraph 7.38)

The Report mentioned resentment sometimes caused by the way in which Matrons carried out their function of reconciling the conflicting demands of nursing service and nurse training, and the useful work done by some Nurse Education Committees in smoothing over difficulties which arise in reconciling the needs of training

and service in a situation where students and pupil nurses are employees of a Hospital Board of Management. (Paragraph 7.40.)

The Committee suggested that the uncertainty of the tutor's proper role made for insecurity. They expressed interest in the views of the Platt committee (Royal College of Nursing, 1964) that each (nursing school) should function as an educational institution 'with an identity separate from that of the hospitals which provide practical experience indispensable to nursing education'. Within their limited terms of reference, the Salmon Committee attempted to incorporate this principle into their own recommendations by suggesting that Principals of Schools of Nursing be appointed 'with a proper sphere of authority'. (Paragraph 7.42.)

Regarding the possible effects of these proposals, the views of the General Nursing Council for England and Wales were presented by Fawkes (1969), in one of several articles published in the Nursing Times under the title The Salmon Teaching Division:¹

The Teaching Division is seen by the GNC for England and Wales as a development which will allow a greater degree of autonomy to the school of nursing yet provide increased communication horizontally with those in charge of service....

It must be emphasised that a structure based primarily on administration of the nursing services cannot be equated at all levels with the structure of the Teaching Division where managerial functions have a different emphasis and where the preparation for teaching requires specialised training.

The fact that hospital groupings tend to be homogeneous, while

¹ This article, entitled GNC's Views, only represented the views of the General Nursing Council for England and Wales. It did not necessarily represent the views of the General Nursing Council for Scotland.

nursing schools must have easy access to a wide and varied clinical field in order to provide practical experience for their students and pupils, may produce further administrative complications.

Following the publication of the Salmon Report, many articles and letters appeared in the nursing press criticising its recommendations for teaching staff. Although some of these criticisms have been by-passed by recent events, the same kind of apprehension caused by proposals for large teaching divisions may be caused by proposals for the establishment of large group schools. In such cases, the recommendations of the Salmon Committee may be equally valid, for example, regarding the need for delegation by the Principal Nursing Officer of some administrative functions to other tutorial staff. (Paragraph 7.43.)

The size of a teaching establishment must presumably be decided on both educational and administrative grounds. But it would seem that, on economic grounds alone, larger institutions are inevitable. The possibility of students from several different para-medical disciplines being brought together in a college of education for the health service professions has already been envisaged by the Malleson committee and described in A Comprehensive Medical School (Institute of Social Research, 1967). In the meantime, the General Nursing Council for Scotland seems prepared to consider proposals for grouping nursing schools on a larger scale than that of a Salmon Teaching Division.

A Working Party on Group Schools of Nursing set up by the Scottish Home and Health Department stated in its Second Interim Report (1969) that it was in favour of 'multi-group' schools where circumstances were suitable, and suggested that such schools should be administered by a School Council responsible to the constituent Boards of Management.

With regard to the position of the School Principal and Chief Nursing Officer, the Working Party made the following observations:

We have during our deliberations been conscious of the need to clarify the manner in which we should expect Chief Nursing Officers to exercise their responsibility for nurse training in the context of multi-group schools. Whereas in the simple case of a group school serving only the hospitals under the control of a single Board of Management the School Principal will be responsible over the whole range of her duties to the Chief Nursing Officer, where a multi-group school is established we think that the School Principal must be made responsible to the School Council as regards the functions delegated to it. In these circumstances the Chief Nursing Officers will exercise their responsibility for nurse training by attendance at Council meetings. (Paragraph 7.)

The working out of a satisfactory organisational relationship between group nursing schools and the hierarchical structure of the hospital and community nursing services will no doubt require a high degree of managerial skill on the part of nurses in both nursing education and nursing service.

The establishment of Area Health Boards will introduce a new pattern of geographical grouping. If the function of a nursing education system is to prepare practitioners in relation to the

needs of nursing service, then the clinical areas required for students' practical experience might be expected to correspond, generally speaking, to clinical areas of nursing service.

This idea is suggested by early thinking about the policy underlying the new administrative areas. The Green Paper, Administrative Re-organisation of the Scottish Health Services (Scottish Home and Health Department, 1968) stated that:

If the area boards are to provide a comprehensive integrated service for their areas they must be able to provide all or nearly all the services required by the people resident in these areas. This is not to say that all area boards must be able to provide even the most highly specialised forms of hospital investigation or treatment. If that were so there would be no more than four area boards in Scotland - since only in the four cities are all or nearly all hospital services available. But any area board ought to be able to provide for the population of its area the general run of acute medical and surgical care. (Paragraph 41.)

Although it would obviously be unrealistic to attempt geographical conformity for the sake of administrative tidiness, there would appear to be some advantage in co-ordinating education and service areas, if such an arrangement were feasible.

Although the Scottish Green Paper did not mention the implications which reorganisation of the Health Services could have for nursing education, it included two paragraphs on medical education, from which the following extracts are taken:

The responsibility of these boards for the full range of health services, should make a useful new contribution to medical education. It would make it easier to arrange for the introduction of students to the practice of medicine outside the hospital environment

and help to associate representatives of the universities more directly with the provision of health services in the community. (Paragraph 46.)

An area health board structure should also offer similar advantages in relation to post-graduate medical education. All boards would be involved since a district general hospital provides a natural base for the creation of a post-graduate medical centre for the continuing education of all doctors in the surrounding area. (Paragraph 47.)

In the first of these statements, the point about associating representatives of universities with community health services could be equally well applied to teaching staff in nursing schools. In the second, the advantages in relation to post-basic medical education could apply to post-registration nursing programmes.

In October 1972, the Scottish Home and Health Department issued the report of a working group set up with the following terms of reference:

To consider the organisation of the nursing work in the National Health Service in Scotland in the context of the proposed reorganisation of the administrative structure of the Service.

Although the group was concerned primarily with organisational structure, the report, entitled Nurses in an integrated health Service, states that 'the whole system of nursing education needs review' in order to prepare nurses for their role in a broadly based health team. This, it suggests, would involve not only experience in community nursing with clarified learning objectives, but also an understanding of the roles of nurses in specialised areas and of members of other professions.

The fact that the National Health Service (Scotland) Bill

is before Parliament at a time when the Committee on Nursing has been considering 'the role of the nurse and the midwife in the hospital and the community and the education and training required for that role' provides the nursing profession with waste opportunities for re-planning and re-organisation. It also provides waste opportunities for confusion.

5.5 OPINION SURVEY FINDINGS

SHOULD THERE BE ONE STATUTORY BODY RESPONSIBLE FOR ALL LEVELS AND TYPES OF NURSING EDUCATION?

	Yes %	No %	Don't know %
<u>A. Total Scottish Sample</u>			
registered nurse tutors	82.9	9.8	7.3
midwife teachers	38.9	52.8	8.3
health visitor tutors	61.5	7.7	30.8

B. Scottish Sample:

<u>Registered Nurse Tutors</u>			
male	82.5	10.0	7.5
female	83.1	9.6	7.2

C. Registered Nurse Tutor:

<u>recently qualified</u>			
London	72.4	24.1	3.4
Edinburgh	80.9	4.8	14.3
Bolton	76.5	11.8	5.9

(See Table XI, p.145).

There is a significant difference between the percentage of

registered nurse tutors and the percentage of midwife teachers who were in favour of one statutory body ($X^2 = 26.16$, d.f. = 1, $P = < .001$). There is no statistical difference between the opinions of the other groups.

Respondents were not specifically asked to give reasons for their opinion, but each of the following comments was made by a small number of respondents (less than 3%) in the Scottish sample:

A joint body is desirable in view of the proposed comprehensive syllabus, and should be responsible for basic and post-basic nursing education.

More weight would be given to the educational needs of students.

Co-ordination of statutory control is the next step to the co-ordination of nursing service.

5.6 REVIEW:

ONE STATUTORY BODY?

Attempts to plan a comprehensive programme of basic nursing education which would prepare nurses for their role in an integrated health service are perhaps partly responsible for the way in which the idea of a single statutory body seems to have gained support over the past few years.

In October 1970, at the Annual General Meeting of the Royal College of Nursing and National Council of Nurses of the United Kingdom, the first resolution presented to the Representative Body was that:

a joint Training Authority should be responsible for all basic nursing education, as well as the training of midwives, district nurses and health visitors.

The resolution had been submitted by the Tutor Section of the Royal College of Nursing. In a report of the meeting, the Rcn Nursing Standard stated briefly that the resolution 'was carried, the advantages of a single independent body being apparent'.

The advantages are not equally 'apparent' to everyone. Some of the tutors in the present survey suggested that the new body would simply be the General Nursing Council 'taking over' midwives and health visitors and that the special needs of these minority groups would be overlooked.

But the idea on which respondents in the survey were asked to express an opinion was rather wider than the resolution passed at the Rcn Annual General Meeting. The question whether there should be 'a new statutory body, responsible for all levels and types of nursing education' was intended to find out whether tutors wanted a fully co-ordinated system of nursing education, under statutory control. At present, basic nurse registration, the certification of midwives and health visitors, together with the preparation of teachers in each of these areas, are the responsibility of statutory bodies. Post-basic clinical and management preparation are not.

The need to control the plethora of courses which purport to prepare registered nurses for nursing in specialised clinical areas has been recognised at government level. A Joint Board of Clinical Nursing Studies for England and Wales was set up in 1969,

with the King Edward's Hospital Fund for London and the Nuffield Provincial Hospitals Trust:

each prepared to bear about one third of the cost over the first three years, provided the Government meets the remainder.... The Department of Health and Social Security has declared its willingness to take over full financial responsibility for the Board's work after the completion of a three year experimental period if, as expected, it is found to be soundly based.

(Rcn Nursing Standard, 1969)

In Scotland, no decision regarding the organisation and control of post-basic clinical courses had been made at the time of this survey.

As regards management preparation, the Scottish Nursing Staffs Committee in its First Report (1970), stated one of its terms of reference to be:

to organise, co-ordinate and advise on training in management for nurses and midwives...

The Committee felt that the 'pattern and content of management training must, of course, be a continuing commitment', but did not give any indication about the kind of commitment which was envisaged. This is at present under consideration by a working party.

It would seem that nurse teachers are going to become large-scale administrators in a large-scale educational system, whether they like the idea or not.

In a symposium on The Teacher as Manager, Taylor (1970a) suggests that, although possibly few teachers see themselves as managers, their decisions are no less influential than those taken by politicians, surgeons, captains of ships and aircraft,

the main difference being 'that their wrong decisions are more easily concealed'.

Taylor (1970b) defines three aspects of management relevant to the achievement of effective learning:

1. definition of objectives: 'the most difficult and yet most important task';

2. deployment of resources, 'resources' being defined as all teaching and non-teaching staff, all accommodation, equipment and teaching materials (including, one would assume, the students);

3. assessment of results in terms of realisation of objectives and cost effectiveness: 'a neglected but essential element of good management'.

He believes that teachers need to develop these skills, and that continuing in-service education should provide opportunities for

the re-interpretation of the teacher's role as an organizer and manager of learning resources, rather than a solo performer on the classroom stage.

(Taylor, 1970c)

In the present survey, only about one-third of the registered nurse tutors and midwife teachers ranked administration among the five 'most important' subjects in a tutors' course.

There was an unusually high 'don't know' response. There is a significant difference between the number of male and female tutors who gave this reply ($\chi^2 = 3.97$, d.f. = 1, $P < .05$).

Comment from respondents in the Scottish sample

There could be difficulties due to differences between Britain and the other countries with regard to

CHAPTER 6

ENTRY TO THE COMMON MARKET

6.1. OPINION SURVEY FINDINGS

Would entry to the Common Market affect nursing education in this country?

	Yes %	No %	Don't know %
<u>A. Total Scottish Sample</u>			
registered nurse tutors	61.8	18.7	18.7
midwife teachers	52.8	16.7	30.5
health visitor tutors	69.2	-	30.8

B. Scottish Sample:Registered Nurse Tutors

male	70.0	22.5	7.5
female	57.8	16.9	24.1

C. Registered Nurse Tutors:recently qualified

London	51.7	20.7	27.6
Edinburgh	57.1	19.0	23.8
Bolton	52.9	17.6	29.4

(See Table XII, p. 146).

From all groups except male tutors in the Scottish sample, there was an unusually high 'don't know' response. There is a significant difference between the number of male and female tutors who gave this reply ($X^2 = 3.97$, d.f. = 1, $P = < .05$).

Comment from respondents in the Scottish sample

There could be difficulties due to differences between Britain and the other countries with regard to:

	%
The system/standard of nursing education	32.6
The standard of nursing service	7.6
The professional status of nurses	7.6
Nurses will have to be more proficient in foreign languages	19.2
There will be more movement of nurses between Common Market countries	18.0

Since respondents seemed to assume that nursing standards in this country were higher than in Common Market countries, it is perhaps understandable that there should be apprehension about a possible 'levelling down' effect. Educational qualifications are difficult to equate and satisfactory criteria for evaluating nursing services have not so far been established.

However, no respondent made any reference to the attempts which have already been made by European nurses to set basic standards for nursing education. Only one respondent, a male tutor in the English sample, saw any connection between entry to the Common Market and proposals for a comprehensive basic nursing syllabus in Scotland:

If Scottish GNC introduce Comprehensive Training to produce a 'Registered Nurse' such RNs would easily obtain reciprocal registration in almost all Common Market countries. Unfortunately the England and Wales GNC are not enlightened enough on this matter and would undoubtedly refuse reciprocal registration.

The high 'don't know' response to this question, and the limited amount of comment from the respondents, could be due partly to the obvious difficulty of predicting the effects of entry before the terms have been fully worked out. It could also be due to the fact that respondents were not well-informed. One respondent said that it was extremely difficult to get

information on this whole topic and suggested that there should be some way by which nurses could be kept up to date.

6.2 REVIEW

NURSING AND THE COMMON MARKET

In the Treaty setting up the European Economic Community 1957 (commonly known as the Treaty of Rome), certain sections are particularly relevant to the nursing services.

Article 48 states that 'freedom of movement for workers entails the abolition of any discrimination based on nationality between workers of the Member States, as regards employment, remuneration and other conditions of work and employment'.

With regard to self employment, the council shall 'issue directives for the mutual recognition of diplomas, certificates, and other evidence of qualifications' (Article 57). Restrictions on freedom to provide services will be progressively abolished but, in the meantime, a person wishing to carry on his profession must 'conform to the same conditions as are imposed by the State on its own nationals' (Article 60).

Keesing's (1968) Treaties and Alliances of the World describes the changes which would be effected during the transitional period: 'the free circulation of labour, services and capital as well as the right to settle, work and trade anywhere in the Community, would be fully established.... Where specific qualifications were required for certain occupations the host

country would only be able to require that the applicant had passed a supplementary examination if the practice of a profession was subject to certain conditions', i.e. the host country would not be permitted to discriminate on the basis of nationality.

Of more immediate interest in the present context are the attempts by nurses representing 17 European countries and the six Common Market countries to agree on some basic standards for nursing education. The results of their discussions are set out in the European Agreement on the Instruction and Education of Nurses... (1967). This document states that:

...the aim of the Council of Europe is to achieve a greater unity between its Members for the purpose, among others, of facilitating their social progress and promoting the social well-being of their populations by means of appropriate actions.

The terms of the Agreement only apply to general trained nurses, male or female. 'Those nurses whose training is solely within the field of public health, infants' and sick children's nursing, obstetrics or mental health are excluded.'

In conformity with the national legislation, the essential functions of general trained nurses are defined as:

- (a) giving skilled nursing care to persons as required in accordance with the physical, emotional and spiritual needs of the patient, whether that care is given in health institutions, homes, schools, places of work;
- (b) observing physical and emotional situations and conditions which have significant bearing on health and communicating those observations to other members of the health team;
- (c) training and giving guidance to auxiliary personnel who are required to fulfil the nursing service needs of

all health agencies. This also involves an evaluation of the nursing needs of a particular patient and assigning personnel in accordance with the needs of that patient at a particular time.

The Agreement recommends that candidates for admission to schools of nursing should have reached 'a cultural and intellectual standard equivalent to at least that of the 10th year of general education' and should either possess a recognised school certificate signifying the completion of such general education, or have passed an official entrance examination of an equivalent standard.

As regards the length of training, nurses 'shall have a minimum of 4,600 hours' basic nursing education. At least half the total time shall be devoted to clinical instruction and formal instruction should not be less than one-third of the total educational programme'.

Under the heading of Clinical Instruction (Practical Experience) it is stated that all departments or units to which student nurses are assigned during the practical experience should at all times have at least one qualified nurse to provide supervision and 'sufficient additional staff to ensure that the student does not undertake tasks which have no nursing educational value'.

The teaching in schools of nursing 'shall be given by qualified teachers: doctors, nurses and specialists in various disciplines. Each school should have on its staff at least one qualified nurse who has received training of at least one year's duration which qualified her in the teaching of nursing'.

It is recommended that there should be no hard and fast rule regarding a minimum age for admission to schools of nursing. In countries where general education is included in the programme, the age of entry may be considerably lower than when such general education is regarded as a pre-requisite. In general, students should not come in contact with patients and with the hospital atmosphere until an age varying from 17 to 19 according to the country.

It is recommended that the ratio of students to tutors should be 15 to 1, 'tutors' being described simply as 'nurses prepared to give theoretical and practical instruction'.

Apart from official documents, there have been few sources of information regarding the implications which entry to the EEC could have for nursing in this country. An article by Nicolas provided a useful summary of events up to 1967 and included the following observations:

1. All discussions so far are concerned with one level of nurse, the registered nurse.
2. It has been emphasised by the EEC authorities that no country will be required to lower its standards if these are higher than the accepted minimum.
3. No employer is or will be forced to accept any applicant who does not appear for any reason to be a suitable candidate.
4. ...in 1966 migrant workers formed little more than one per cent of the total EEC work force and, of these, two-thirds were from non-European Economic Community countries.

Ferguson (1969), in A Look at Nursing in the Common Market, outlined the different systems of general education within the

Six and compared their patterns of nursing education. He also compared nursing in the EEC with nursing in Scotland and discussed the European Agreement. (q.v.)

Griffith (1970), in Doctors and the Common Market, described three draft directives concerning doctors. The directives were issued by the Commission of the EEC in March 1969 and may come into force in 1972. They deal with the establishment of doctors who wish to practice in another country, the acceptance of equivalent titles and qualifications and the length of medical training. Not dissimilar provisions are proposed within the Six to deal with other health professions such as dentists, nurses, physiotherapists and others.' The writer suggests that the uneven distribution of doctors relative to the population in different countries is unlikely to cause large-scale immigration due to a number of factors: the language barrier, the required period of adaptation and, where Britain is concerned, the competitive nature of medical practice in the National Health Service.

An informative and up-to-date account of developments relating to nursing eventually appeared in the British nursing press in July, 1971. The official bulletin of the Royal College of Nursing and National Council of Nurses of the United Kingdom, the Rcn Nursing Standard, published a 'Guide to the EEC', described events which had taken place since 1969, and stated the views of the Rcn about the implications for nursing if Britain joined the Common Market. It expressed concern that the three

directives relating to nursing which were issued by the Commission of the European Countries in October, 1969 would seriously dilute the standards of nursing education recommended in the European Agreement of 1967. These directives deal with educational entry requirements, the minimum length of general nurse training (3,800 hours compared with 4,600 hours recommended in the European Agreement), and the need to 'recognise' nurses from other countries 'with possibly lower standards of training'. Although a permanent liaison committee for nurses is to be set up within the framework of the EEC,

It is a matter of particular concern that the present draft directives were drawn up with the approval of medical committees only, since there is at present no representation of nurses at the level of the European Economic Community.

The article describes the efforts of the International Council of Nurses and other national nursing groups to obtain consultation between the EEC Commission and nurses in the member countries, and the setting up of a Working Group by the Rcn to keep developments in the EEC under constant review.

The Rcn Nursing Standard has continued to keep its readers informed about the progress of EEC negotiations. In the July/August 1972 issue, there is a report of a meeting of the Health Professions Forum on the European Economic Community at which Sir Keith Joseph, Secretary of State for the Social Services, was questioned regarding the scope of professional directives. The Royal College of Nursing, through its Standing Committee on the

EEC, set up in January 1972, has stated its misgivings about the directives relating to nursing education, but it would seem that the way in which these will be implemented will not be clear until Britain becomes a full member of the Community.

7.1 OPINION SURVEY FINDINGS

7.1.1 What is the optimum age at which to become a qualified tutor?

	25-29 years	30-34 years	35-39 years
<u>a. Total Scottish Sample</u>	%	%	%
registered nurse tutors	27.7	52.0	8.9
midwife teachers	19.4	72.2	5.6
health visitor tutors	30.8	53.8	15.4

b. Scottish Sample:

Registered Nurse Tutors

	25-29 years	30-34 years	35-39 years
male	17.5	60.0	7.5
female	32.5	48.2	9.5

c. Registered Nurse Tutors:

recently qualified

	25-29 years	30-34 years	35-39 years
London	41.3	48.3	-
Edinburgh	28.6	47.6	9.5
Bolton	35.3	41.2	11.8

(See Table XIII, p. 147.)

The largest percentage of respondents in each group were in favour of qualifying between the ages of 30 and 34. A relatively high proportion of recently qualified tutors who trained in London were in favour of qualifying before the age of 30.

All the respondents answered this question and only one replied 'don't know'.

Comment by respondents in the Scottish sample, in favour of

CHAPTER 7

THE PREPARATION OF NURSE TUTORS

7.1 OPINION SURVEY FINDINGS

7.1.1 What is the optimum age at which to become a qualified tutor?

	25-29 years	30-34 years	35-39 years
<u>A. Total Scottish Sample</u>	%	%	%
registered nurse tutors	27.7	52.0	8.9
midwife teachers	19.4	72.2	5.6
health visitor tutors	30.8	53.8	15.4

B. Scottish Sample:Registered Nurse Tutors

male	17.5	60.0	7.5
female	32.5	48.2	9.6

C. Registered Nurse Tutors:recently qualified

London	41.4	48.3	-
Edinburgh	28.6	47.6	9.5
Bolton	35.3	41.2	11.8

(See Table XIII, p. 147.)

The largest percentage of respondents in each group were in favour of qualifying between the ages of 30 and 34. A relatively high proportion of recently qualified tutors who trained in London were in favour of qualifying before the age of 30.

All the respondents answered this question and only one replied 'don't know'.

Comment by respondents in the Scottish sample, in favour of

the younger age groups:

	One year	Two years	Three years	%
The tutors will be nearer the age of their students				57.6
It is easier to learn when young		46.3		25.0
One is less 'rigid'	25.0	15.0		7.6

The fact that more than half the respondents thought it an advantage for teachers to be 'nearer the age of their students' perhaps indicates a change in student nurse/tutor relationships. It would be interesting to know whether the mean age of tutor students has changed over the last 10 years, throughout the country as a whole.

Since a relatively small percentage of respondents were in favour of qualifying as tutors over the age of 35, there were fewer comments in favour of older age groups: 5.8 per cent mentioned the need for tutors to have 'experience' and 'maturity'. These things were apparently seen to be associated with chronological age.

Two registered nurse tutors said that any age could be 'optimum' - it depended on the individual.

7.1.2 How long should tutors' courses be?

Of respondents in the Scottish sample, 21.6 per cent gave more than one response to this question, suggesting that there should be courses of different lengths to cater for different needs. The following figures represent the replies to those who only gave one response to this question.

	One year	Two years	Three years
<u>A. Total Scottish Sample</u>			
registered nurse tutors	6.5	46.3	20.3
midwife teachers	25.0	55.6	11.1
health visitor tutors	38.5	38.5	-

B. Scottish Sample: available for nurses with higher

Registered Nurse Tutors

male	7.5	47.5	30.0
female	6.0	45.8	15.7

C. Registered Nurse Tutors:

recently qualified

London	-	48.3	31.0
Edinburgh	9.5	42.9	14.3
Bolton	58.8	11.8	-

(See Table XIV, p. 148).

Two-year courses were favoured by the largest percentage of respondents in all groups except recently qualified tutors trained at Bolton.

The group with the highest percentage in favour of two-year courses were the midwife teachers.

The highest percentages of respondents in favour of one-year courses were found in groups who had themselves taken a one-year course: health visitor tutors in the Scottish sample, and registered nurse tutors recently trained at Bolton. This might be expected in the case of tutors from the Bolton course, since they had chosen to go there when two-year courses were also available, but the same choice has not been available to health visitors.

Comment by registered nurse tutors in the Scottish sample regarding the length of tutors' courses. (There were no comments by midwife teachers or health visitor tutors.)

In favour of one-year courses: % findings

They should be available for nurses with higher educational qualifications 2.8

They should be available for nurses who are unable to be away from home or work for a longer period 2.8

In favour of two-year courses: Professional training college University

Nurses need time 'to think', to become 'educated' 4.9

The syllabus could not be covered in a shorter time 2.8

As regards three-year courses, some respondents appeared, understandably, to be associating these with university degree programmes. Since it was in most cases difficult to know to which they were referring, all comments associated with university education are dealt with under that heading.

7.1.3 In what type(s) of institution should tutors be trained?

Of respondents in the Scottish sample, 34.8 per cent gave more than one response to this question, suggesting that different types of institution could offer educational facilities appropriate to different needs. Some respondents did not make it clear whether they thought that tutors should take one part of their course in one institution and the remainder in a different one, or whether

they were in favour of different types of course, offered as alternatives, in different types of institution. In some cases the respondents themselves may not have been sure which they meant. The idea which does seem to be reflected in these findings is that tutors' courses should cater for a wide range of needs.

The percentage of respondents who mentioned each institution, either alone or in combination with one or more of the others, was as follows:

Institution in which tutor received their training	Teacher training college		University	
	%	%	%	%
A. Total Scottish Sample				
registered nurse tutors	14.6	30.9	23.8	86.2
midwife teachers	38.9	44.4		63.9
health visitor tutors	30.8	84.6		46.2
B. Scottish Sample:				
<u>Registered Nurse Tutors</u>				
male	15.0	32.5	20.9	80.0
female	14.5	30.1	14.5	89.2
C. Registered Nurse Tutors:				
<u>recently qualified</u>				
London	48.3	13.8	4.7	75.9
Edinburgh	4.8	33.3		90.5
Bolton	5.9	94.1		70.6

(See Table XV, pp. 149-150).

The highest percentage of tutors favouring each type of institution was found among respondents who had themselves trained at that type of institution.

A significantly higher percentage of registered nurse tutors,

as compared with midwife teachers, were in favour of nurses being prepared for teaching in a university ($X^2 = 7.65$, d.f. = 1, $P = < .01$).

Universities were mentioned by the highest percentage of respondents in each group, except that of health visitor tutors and registered nurse tutors trained at Bolton.

Recently qualified tutors generally tended to favour the type of institution in which they themselves received their training.
Comment by respondents in the Scottish sample, regarding the type of institution in which tutors should be trained.

<u>University</u>	%
Gives nursing and nursing education higher status, would put nursing 'on a level' with other professions	23.8
University education has a 'broadening' effect, is more 'liberal'	20.9
Provides opportunity to meet people from other professions, people with different interests	14.5
Nurses who missed the opportunity to go to university earlier should have the chance to do so as part of a tutors' course	6.4
University courses would attract better candidates	4.7
A degree is/will be necessary for promotion to higher positions in nursing	4.7
<u>Teacher Training College</u>	
Nurse teachers should have the same training and qualifications as other teachers	9.3
Students would have good training in teaching method	7.0

Professional Institution

There is more contact with nursing, better understanding of a nurse's needs 4.1

7.1.4 Should there be an opportunity for nurses to take a tutors' course as part of a degree?

	Yes %	No %	Don't know %
<u>A. Total Scottish Sample</u>			
registered nurse tutors	77.2	16.3	5.7
midwife teachers	75.0	16.6	8.3
health visitor tutors	69.0	23.1	7.7

B. Scottish Sample:Registered Nurse Tutors

male	72.5	25.0	-
female	79.5	12.0	8.4

C. Registered Nurse Tutors:recently qualified

London	72.4	27.6	-
Edinburgh	95.2	4.8	-
Bolton	47.1	47.1	5.9

(See Table XVI, p. 151.)

The majority of respondents in all groups, except that of recently qualified tutors trained at Bolton, were in favour of nurses being given the opportunity to combine teacher training with study for a degree. The group with the highest percentage in favour of the idea were recently qualified tutors who took the course at the University of Edinburgh, where three subjects in the tutors' programme are accepted as the equivalent to one year of

undergraduate study toward a BSc (Social Science) degree. There was a significant difference between the replies of the Edinburgh and Bolton groups ($X^2 = 8.91$, d.f. = 1, $P = < .01$).

Of the 29 respondents in the total Scottish sample who were not in favour of combining a tutors' course with a degree programme, 41.3 per cent said that university education could not make up for 'practice' and 'experience'. It was not clear whether these terms were intended to refer to nursing or to teaching, and no reasons were given to support the implication that a university course and 'practical experience' were mutually exclusive.

7.1.5 The 'most important' subjects in a tutors' course

The only part of the questionnaire worded differently for registered nurse tutors, midwife teachers and health visitor tutors was the question asking them to state which subjects were 'most important' in a programme preparing tutors for their own particular specialty.

In this question, and in the following one about subjects suitable for joint study, it was difficult to know precisely how respondents were defining such terms as 'education', 'science', 'social sciences'. Respondents possibly interpreted them differently, according to the terminology used in the institution where they themselves took the tutors' course. All references to 'education' have been included under the one heading except where educational psychology was specifically mentioned, although teaching methods and psychological theories of learning could refer to the same course.

Percentages of registered nurse tutors, midwife teachers and health visitor tutors in the Scottish sample who mentioned the following subjects as the 'most important' for tutor students in their own particular field:

	RNTs %	MTs %	HVTs %
General Science(s), chemistry, physics	21.1	8.3	-
Biology, human biology, anatomy and physiology	74.8	58.3	7.7
Micro-biology, bacteriology, infection	13.8	16.6	-
Pathology	10.6	-	-
Psychology: general (i.e. unspecified)	61.0	33.3	53.8
Psychology: educational	53.7	8.3	61.5
Psychology: social	6.5	2.8	30.8
Education: history, philosophy, theory, method, practice	72.4	77.8	61.5
Administration	34.1	30.6	53.8
Social sciences/studies/history	30.1	5.6	61.5
Sociology, social anthropology	30.8	5.6	69.2
Research methods, statistics	7.3	-	15.4
Community nursing, public health, social medicine, health education	30.1	69.4	61.5

The classification of subjects under this heading presented the same problems as the classification of 'most important' subjects and was dealt with in the same way.

7.1.6 Are there any subjects which could be studied jointly by all tutor students?

	Yes %	No %	Don't know %
<u>A. Total Scottish Sample</u>			
registered nurse tutors	95.9	50.8	53.3
midwife teachers	97.2	2.8	-
health visitor tutors	100.0	57.7	27.8
<u>B. Scottish Sample:</u>			
<u>Registered Nurse Tutors</u>		4.1	-
male	97.5	-	2.5
female	95.2	1.2	3.6
<u>C. Registered Nurse Tutors:</u>			
<u>recently qualified</u>		25.2	25.0
London	96.5	-	3.4
Edinburgh	100.0	15.4	-
Bolton	100.0	-	-
(See Table XVII, p. 152.)			
social medicine, health education	27.6	72.2	23.1

Although only a very few respondents replied 'no' or 'don't know' to this question, it will be seen from Table XVII that a relatively high percentage of respondents in some groups gave only a weak 'yes'. Subjects suggested by respondents in the Scottish sample as suitable for study by all tutor students.

The classification of subjects under this heading presented the same problems as the classification of 'most important' subjects and was dealt with in the same way.

7.1.7 Should there be one tutors' course instead of three courses which exist at present?	RNTs %	MTs %	HVTs %
General Science(s), chemistry, physics	Yes 17.1	No -	Don't know -
Biology, human biology, anatomy and physiology	59.3	50.0	6.5 -
Psychology: general (i.e. unspecified)	57.7	27.8	53.8
Psychology: education	29.3	13.9	61.5
Psychology: social	4.1	-	15.4
Education: history, philosophy, theory, method, practice	63.4	77.8	53.8
Administration	25.2	25.0	46.2
Sociology, social anthropology	29.3	5.6	69.2
Research method, statistics	15.4	-	7.7
Community nursing, public health, social medicine, health education	27.6	72.2	23.1

Subjects mentioned by over 25 per cent of respondents in each of the three groups were:

Education (all aspects)

Psychology (general)

Administration.

Of the 24 midwife teachers who favoured one tutors' course:

12.5 per cent wanted a one-year course,

66.6 per cent wanted a two-year course,

16.6 per cent wanted a three-year course,

and one said there should be both one-year and two-year courses.

7.1.7 Should there be one tutors' course instead of the three courses which exist at present?

	Yes	No	Don't know
<u>A. Total Scottish Sample</u>	44.7%	63.9%	53.0%
registered nurse tutors	86.2	61.7.3	69.6.5
midwife teachers	66.7	30.6	2.7
health visitor tutors	76.9	25.7.7	15.7.7
<u>B. Scottish Sample:</u>	9.8	16.7	13.4
<u>Registered Nurse Tutors</u>	8.9	5.6	-
male	90.0	5.5.0	-5.0
female	84.3	8.4	7.2
<u>C. Registered Nurse Tutors:</u>			
<u>recently qualified</u>			
London	62.1	31.0	3.4
Edinburgh	90.5	9.5	9.5
Bolton	76.5	17.6	5.9

(See Table XVIII, p. 153.)

The difference between the percentage of registered nurse tutors and the percentage of midwife teachers who were in favour of one tutors' course is statistically significant ($X^2 = 5.85$, d.f. = 1, $P = < .02$); so also is the difference between the opinion of recently qualified tutors who trained in Edinburgh, compared with those who trained in London ($X^2 = 4.97$, d.f. = 1, $P = < .05$) and Bolton ($X^2 = 8.92$, d.f. = 1, $P = < .01$).

Of the 24 midwife teachers who favoured one tutors' course: 12.5 per cent wanted a one-year course, 66.6 per cent wanted a two-year course, 16.6 per cent wanted a three-year course, and one said there should be both one-year and two-year courses.

Specialist options mentioned by respondents in the Scottish sample:

	RNTs	MTs	HVTs
	%	%	%
Midwifery	44.7	63.9	53.0
Public health	43.1	61.1	69.2
Psychiatry	30.9	25.0	15.4
Medical/Surgical nursing	9.8	16.7	15.4
Mentally subnormal	8.9	5.6	-
Paediatrics	7.3	5.6	-
Geriatrics	1.6	-	-

The statement that there should be no specialist options was made by 15.5 per cent of the registered nurse tutors in the Scottish sample, by one midwife teacher, and by no health visitor tutors.

7.2 REVIEW

SOME ASPECTS OF THE PREPARATION OF NURSE TEACHERS

The preparation of a nurse teacher does not, of course, mean simply proficiency as a nurse and proficiency in the use of teaching methods. In its widest sense, it is the total development and education of the person who decides to become a nurse and a teacher, her values and attitudes, as well as the development of technical, managerial and social skills.

The problem of how to prepare people to function effectively in a rapidly changing social or professional environment is one

which to some extent faces all educational planners. It is a particularly difficult problem for nurses who for the first time are trying to view their professional educational needs in a wider educational context. Because nursing schools have been isolated from the general educational system, relatively few nurses have had any experience of further or higher education. Yet the decisions which they are making now with regard to the education of future nurse teachers could set the pattern of nursing education and the standard for nursing service for many years to come.

Any decision regarding the type of institution most appropriate to the education of nurse teachers must take account of three factors: (a) the role which nurses are expected to fulfil once they become qualified teachers, (b) the kind of educational experience which nurses require in order to fulfil that role competently and (c) the kind of facilities which different types of institution can provide. Unfortunately, it has become necessary to give consideration to the third factor before the first two have been clarified.

7.2.1 Professional institutions

In the present survey, the Royal College of Nursing was probably the institution which the majority of registered nurse tutors had in mind when they answered this question. Article III of the Royal Charter of the College states one of its aims to be:

To promote the science and art of nursing and the better education and training of nurses and their efficiency in the profession of nursing.

The College took the responsibility of actually providing advisory courses for registered nurses at a time when there were few other opportunities for them to continue their professional education, and it still maintains an active Education Division.

The fact that only 15 per cent of registered nurse tutors in Scotland considered a professional institution an appropriate place for a tutors' course suggests perhaps that in the educational field, as in other areas of professional practice, nurses are becoming more aware of the opportunities available to them outside the profession itself. In administration, the idea that nurses can benefit from interdisciplinary courses, and learn from the experience of managers in the service industries, is slowly becoming accepted. Similarly, in education, the idea that nurses can benefit from contact with other teachers, and from the experience of study within a university environment, has the support of the majority of nurse tutors in Scotland.

The Royal College of Nursing appears to be aware of this trend. The Rcn Annual Report 1970(a), in announcing the discontinuation of the Integrated Nurse/Health Visitor Training Scheme, states that although the Rcn regrets having to discontinue a course which it pioneered, this is

in line with the recommendations of the Department of Education and Science that where a national need is being met in other educational establishments the Rcn should discontinue their course and liberate their resources to pioneer new courses and courses at senior level.

The Report (b) also mentions the discussions of the Rcn Advisory Panel on Education regarding the future role of the Education Division, and talks which have been held with the universities, the Glasgow, and the course preparing midwives to become clinical Department of Education and Science and the Department of Health and Social Security. It was felt that:

in order to meet national needs the Rcn would need to continue to offer courses at diploma and certificate level at least during the next five years and that, in particular, the plan for Progressive Professional Preparation should be developed in its second and third stages. It also recommended that the division should continue in its work of pioneering courses to meet developing professional needs and that in the future this could include the promotion of degree-level courses for registered nurses and that this possibility should be explored. The approving and examining function of the Rcn continues to expand and a number of colleges of further education hold courses that prepare for the Rcn Certificate.

It is hoped that the policies of the Education Division will become clearer when they have been implemented.

When the midwife teacher respondents gave their views on whether tutors should be trained in a professional institution they possibly had in mind the Royal College of Midwives. The College has until now been responsible for courses leading to the Midwife Teachers' Diploma and to registration as a clinical instructor. It has also been responsible for midwifery refresher courses. These programmes have been 'recognised' by the Central Midwives' Board for Scotland.

In future, the course preparing midwife teachers will be under the auspices of the Jordanhill College of Education in Glasgow, and the course preparing midwives to become clinical instructors will be combined with the clinical nurse teachers' course at the Scottish Board of the Royal College of Nursing in Edinburgh. The Royal College of Midwives will continue to be responsible for organising statutory refresher courses in midwifery.

Whether a professional nursing organisation should, or can effectively, fulfil an educational as well as a trade-union role is a question on which there is some disagreement. As regards the education of nurse teachers, the present trend seems to be for statutory nursing bodies to approve courses in institutions which are part of the general educational system, and to grant registration on the basis of the certificates which they award.

7.2.2 Colleges of education

The findings of the present survey show that a relatively small percentage of registered nurse tutors and midwife teachers in Scotland were in favour of the preparation of tutors being entirely within a teacher training college, or of such programmes

being of one year's duration. Since all the existing one-year programmes are within teacher training colleges, and since all the tutors' courses in teacher training colleges are of one year's duration, it is difficult to separate the two issues.

By the end of 1971, there will be three such courses in Britain, recognised by the appropriate statutory nursing bodies.

In England, there is the course at Bolton College of Education (Technical). Successful candidates are awarded the Teacher's Certificate of the University of Manchester, and 'are recommended by the university to the Secretary of State for Education for the status of qualified teacher'.

A similar course is being established this year at the Wolverhampton Technical Teachers' College. Successful students will be awarded the Certificate in Education for Nurse Tutors and Teachers of Nursing Subjects of the University of Birmingham.

In Scotland, a one-session course was started at Jordanhill College of Education, Glasgow, in October 1971. Successful students will be eligible for registration as nurse teachers by the General Nursing Council for Scotland or for recognition as midwife teachers by the Central Midwives' Board for Scotland. They will be awarded a college certificate.

The idea that nurses with higher education qualifications should be able to complete their preparation for teaching in a shorter time than those with lower qualifications seems reasonable in theory. In Scotland, there are anomalies due to the different types of institution with which the courses are associated.

Entrants to the proposed one-year course at Jordanhill College of Education are required to have Higher English and three 'O' levels; applicants for the two-year course in the University of Edinburgh are recommended to take three approved subjects at Higher or two subjects at Advanced level, that is, they are expected to have the full university entrance standard of education required for mature students in the Faculty of Social Sciences.

As regards the kind or preparation provided by teacher training colleges, there are obvious differences between the educational needs of students who are being prepared to teach in primary and secondary schools and the needs of qualified technicians (or nurses) being prepared to teach vocational subjects (such as nursing) in colleges of further education or in industry. In England, the differences seem to have been recognised by the setting up of four separate establishments for training teachers of technical subjects. In Scotland such training is centralised at Jordanhill College of Education - there are no separate colleges similar to those at Bolton and Wolverhampton. Any extension of nurse teacher training within the general teacher training system in Scotland would therefore, at present, have to be within ordinary teacher training colleges.

In attempting to present a balanced view of such colleges, one is inevitably aware of the dissatisfaction expressed by teachers in general education about their own training. Criticisms seem to be equally prevalent in England and Scotland, and do not apply to particular colleges.

Britton (1969), speaking at a symposium in the University of Bristol on the education of teachers, stated that:

the outstanding fact about teacher education at the present time is undoubtedly that it is held in very low regard by the teaching profession itself.... There is no doubt about this critical attitude. It exists both among experienced teachers and young teachers fresh from college. The young teachers almost to a man and woman feel that their teaching has not prepared them for the job that they find they have to do....

He also criticised colleges of education on the grounds that they do not pay sufficient attention to the intending teacher's knowledge of the subject that he will be required to teach ...for in the last analysis the teachers who become failures or who turn into permanently indifferent teachers do so... because of a lack of subject knowledge.

Teachers in general education are required to have studied their subjects for several years beyond the level reached by their pupils. This is not so in nursing. One of the criticisms of a one-year tutors' course is that there is no time to study subject matter; the Bolton College of Education states specifically that this is not its purpose. This means that nurse teachers are expected to teach students up to the standard which they themselves attained while in training, without having had the opportunity for more advanced study. Although in most cases the three years' nursing experience required by the General Nursing Council will have added to their knowledge and skill, the level of such knowledge is not necessarily sufficient to enable them to cope either with the needs of questioning students, or with the kind of independent study which every teacher must undertake in order to keep up with current theory and practice.

This is not the fault of nurse teachers or colleges of education. The Nurses (Scotland) Rules 1970 simply state that courses leading to Registration as a Teacher of Nurses should be of at least one year's duration and include 'training in teaching methods, with particular application to the teaching of nursing'. There is no mention of subject content (see Appendix 8, p. 194).

An article by Reid (1970) reports a discussion with seven (graduate) secondary school teachers, representative of the four Scottish colleges of education. The teachers complained that methods teaching was directed toward how to teach the top of the ability range: 'no one told us what to do with kids who were not very bright'.

The main reason, most of the learner-teachers were convinced, was that most of their college teachers had no experience with less able pupils or of the methods needed to teach a mixed-ability class.

The effect on the student, as one pointed out, was that he lost confidence in his own ability to cope.

With regard to mixed-ability groups, the needs of nurse teachers are not very different from those of other teachers. They may not have the discipline problems encountered in primary and secondary schools, but unless the educational entry standards for students are raised they will continue to be faced with large mixed-ability classes, probably with even larger classes, when nursing schools are grouped. How to teach such classes without

neglecting the two extremes - the very bright and the not very bright - is a problem with which many nurse teachers are already familiar.

The two main sources of discontent associated with teacher training colleges - inadequate preparation for teaching in the practical situation and poor academic standards - may not be of equal importance in all types of teaching. It would seem that the colleges could play a very useful part in the preparation of nurses who will be teaching in the clinical situation. The qualified nurse teachers who would be on the staff of the colleges would presumably be proficient in clinical teaching methods, and the students themselves would be proficient and experienced in carrying out technical nursing skills. As regards theoretical subject content, clinical teachers are not expected to have as much theoretical knowledge as are registered nurse teachers.

Whatever the contribution which teacher training colleges can make toward the preparation of nurse teachers, the nature of that contribution requires to be more clearly defined before further developments are considered.

7.2.3 Universities

Over 86 per cent of the registered nurse tutors in Scotland believed that at least some part of a nurse teacher's education should be within a university; nearly 60 per cent of them believed that a university was the only type of educational institution in which nurses should receive preparation for teaching.

The kind of facilities and opportunities offered by different kinds of institution are related to their different functions. The function of a university is larger and more complex than the

function of a teacher training college. Ottaway (1962), in his Education and Society, describes the way in which the traditional idea of a university has changed over the past century:

The modern university not only continues its traditional functions as a community of scholars and a centre for the advancement of knowledge and research, but has also become a source of recruitment for the leading positions of power and influence in society. With the continuing and large increase in the professional and managerial classes the universities come to have more and more sociological significance. They are finding themselves more closely linked with specialized occupational interests, and are called upon to examine their place and change the direction of their influence in a world becoming more geared to material production. In fact, along with the newer institutions of higher learning, they are now becoming a crucial factor in the development of our national economy.

Since entrance to a university depends on educational qualifications, the value of university education for nurses, at any level, cannot be discussed in isolation from basic entry requirements. If nursing does not attract entrants with the necessary ability, then the question of university education becomes irrelevant.

Nelson (1969) suggests that unless the functions of a nurse are clearly defined, and entry qualifications raised so that nursing is seen as an occupation which requires different kinds of abilities, many intelligent girls will think that it does not offer them sufficient scope. Jobs now carried out by nurses would be taken over by other people - technicians, social workers, lay administrators - and nurses would be left to do the menial tasks. Would these nurses be the kind of people who could not make a living in any other sphere? To teach such nurses would not require a university education.

D.E. James (1970), Director of the Centre for Adult Education at the University of Surrey, suggests that controlled investigation of the importance of academic qualifications as criteria for the selection of nurses is essential, and that many proposals put forward for upgrading entrance requirements may have been made by 'academics who have never been in the situation of needing a sympathetic human being to comfort them'. In spite of this, he believes that the 'large body of senior nurses who are able their persons keenly interested in broadening their horizons and keeping up to date in fields relevant to their work' should be brought into a university.

If links of any kind are to be established between nursing schools and universities, it seems desirable that at least one grade of nurse teacher should have had experience of university education. If they have not, it is difficult to see how they can fully appreciate, or make the most effective use of, the opportunities which a university can offer. Two years as a tutor student in a university will not, of course, ensure that all nursing/ of university programmes subsequently organised by those tutors will be beyond criticism, but it could make them more aware of the intellectual standards required for university work and introduce them to ways of thinking and communicating with which, as nurses, they may not be familiar.

Every year, an increasing number of nurses are acquiring university degrees along with their basic nursing qualifications.

It is possible that some of these nurses will eventually be attracted to teaching in schools of nursing, but there is no guarantee of this. The effects would not, in any case, be felt for a considerable time and the career structure may have to be adjusted to cater for graduate and non-graduate nurse teachers, as it is in the teaching profession itself.

The idea that qualified nurses who do not possess a university degree should have the opportunity to acquire one as part of their preparation as tutors was favoured by more than three-quarters of the registered nurse tutors and midwife teachers in the survey.

At the present time, it would seem that this could be of particular value to tutors in their late 20's and early 30's who 'missed out' on higher education because they decided to take up nursing. Basic nursing courses designed for university graduates are bringing nurse teachers into contact with student nurses whose general education is in most cases different from their own and from that of other student nurses. It would seem that the needs of these students could be better understood if at least some of their nurse teachers had a similar educational background.

It is also probable that the increasing administrative responsibilities of nurse teachers will bring them into more direct contact with administrators in other professions who are university graduates. Again, a similar educational background could be an advantage to everyone concerned.

However, problems often arise when 'mature students' decide

education is the way in which it can help to put educational

to enter university undergraduate programmes. There are possibly few people who can do this successfully without a period in which to adapt and re-organise their study habits in order to cope with university work and ways. The problems are not peculiar to nurses:

There is already a strong demand among teachers... sociological for opportunities to take a first degree.... For candidates with no recent experience of systematic academic work at degree level it will be necessary to establish bridging courses. (Taylor, 1970d)

In Edinburgh, the first year of the two-year tutors' programme fulfils this purpose for students who are considering taking a degree, and who are educationally eligible for transfer. During this time they are able to assess their own abilities, and to be assessed, before committing themselves to a further three years of study. Should they decide not to take a degree, they can complete the second year of the tutors' programme and, if successful, apply to the General Nursing Council for Scotland for registration as a nurse teacher.

A 'bridging' period is particularly necessary when a student has not done any recent organised study, regardless of the number of certificates obtained at school. There is a tendency for nurses to under-rate the concentrated effort which is required to achieve a satisfactory standard of work at university level, particularly if they found it easy to obtain good marks in nursing examinations.

Perhaps not the least benefit to be derived from a university education is the way in which it can help to put educational

values and attainments into perspective. To be one of thousands of other university students, in an environment where a university degree is considered to be as basic a qualification as RGN is to a nurse, is an interesting and salutary experience. But education is a two-way process - it is not simply a matter of nurses 'getting something from' a university. If universities have a sociological significance, as Ottaway suggests, then nurses should be able to make some contribution to the university experience of which they are a part, even in their capacity as students.

Evidence of educational ability is essential in a technological and highly competitive society. Nursing requires many different kinds of ability, some of them involving criteria less measurable than educational attainment and yet no less important. There could be at least five types of nurse teacher, depending on the type of institution in which they received their education and on the length of the course:

1. registered nurses who have taken a two-year tutors' course as part of the 'specialized occupational interests' with which universities have become linked. It may be that the association between nursing and universities could help nurses to identify some of the more elusive aims of nursing and nursing education and, at the same time, contribute to the 'sociological significance' of nursing on the basis of having taken a one-year course in a university.

Although many factors seem to support the idea that nurse teachers - or at least some nurse teachers - should have a university education, the establishment of satisfactory relationships between nursing and institutions of further or higher education requires give-and-take on both sides, based on mutual understanding of the other's objectives. The first requirement

is to establish objectives for the education of nurse teachers, based on the work which they will be required to carry out as teachers and as educational administrators.

7.2.4 Professional issues

Apart from the educational aspects of a nurse's preparation for teaching, there are professional aspects affecting the relationship between the various members of the nurse teaching staff, and the relationship between nursing education and nursing service. According to present regulations (see Appendix 8, p.194) and current trends, there could be at least five types of nurse teacher, depending on the type of institution in which they received their education and on the length of the course:

1. registered nurses who have taken a two-year tutors' course in either (a) a university or (b) an institution where the curriculum is controlled by a university;

2. registered nurses who are also university graduates and are recognised as nurse teachers by the General Nursing Council for Scotland on the basis of having taken a one-year course in a teacher training college;

3. registered nurses who are recognised as qualified teachers by the Secretary of State, i.e. have taken a three-year course in a teacher training college and obtained a Teacher's Primary or Secondary Certificate (possibly before taking up nursing);

4. registered nurses who have taken a one-year tutors' course in a teacher training college which may or may not be associated

with a university; not been clearly identified. However, if nurse teachers 5, registered nurses who have taken a clinical instructors' course in a professional or educational institution and are registered as clinical nurse teachers by a General Nursing Council.

All these would have had the nursing experience specified in the Nurses (Scotland) Rules 1970.

At present there is no distinction between the first four of the above groups in terms of salary, status or professional responsibility, but there is a distinction between these and the clinical teachers (5) who may, in fact, have studied their subject content in greater depth than have groups (2), (3) or (4).

Unless steps are taken to clarify the responsibilities of university level, but who do not want to 'waste' three or four years at a university before taking up nursing. The Diploma would provide a basis for their continuing education if, at a

The association of nursing education with further and higher education also raises inter-professional issues: the comparability of the professional qualifications and salaries of nurse teachers with those of teachers in educational institutions.

It would be difficult to equate the different categories of nurse teachers and at the same time work for a degree. The General Nursing Council for England and Wales is already considering such a proposal with a view to establishing a GNM degree of nurse, representing a wide range of educational ability and attainment. The education of the teacher must presumably be related to the educational needs of the learners, and in nursing completed a two-year tutors' course, then apply for a further two

these have so far not been clearly identified. However, if nurse teachers were to become employees of an education authority, then their status relative to other teaching staff would need to be defined.

The serious shortage of nurse teachers has been the main factor in establishing one-year programmes. Very little con-

7.2.5 Some recent developments

A number of nurses have suggested that proposals contained in consideration status to have been given to the question of whether the James Report (Department of Education and Science, 1972) such programmes provide adequate preparation for teaching. could, if implemented, offer at least one solution to the question of how nurse teachers should be trained, by providing an alternative profession, as well as many nurse teachers themselves, are becoming :native to the present choice between one and two year courses. concerned about the qualitative, as well as the quantitative,

The Diploma in Higher Education could well be appropriate to aspect of the nurse teacher shortage, the needs of young people who have the academic ability to work at university level, but who do not want to 'waste' three or four years at a university before taking up nursing. The Diploma would provide a basis for their continuing education if, at a later date, they decided they wanted to teach and/or to acquire a degree.

As regards the idea that there should be a university programme enabling qualified nurses to prepare for registration as nurse teachers and at the same time work for a degree, the General Nursing Council for England and Wales is already considering such a proposal with a view to establishing a CNAA degree of this type. According to the Education Officer to the Council, there has been some concern about the number of nurses who, having completed a two-year tutors' course, then apply for a further two

or three years' leave of absence in order to graduate. Since qualified nurse teachers are in very short supply, there would obviously be an advantage in their being able to work for the two qualifications concurrently.

2.1 OPINION SURVEY FINDINGS

The main findings from the Scottish sample: combined results from registered nurse tutors, midwife teachers and health visitor tutors.

The serious shortage of nurse teachers has been the main factor in establishing one-year programmes. Very little consideration seems to have been given to the question of whether

such programmes provide adequate preparation for teaching. The following opinions were those expressed most frequently, and by over 50 per cent, of all qualified nurse tutors employed

and by over 50 per cent, of all qualified nurse tutors employed full-time in Scotland on May 1st 1970. However, it would now seem that some senior members of the nursing profession, as well as many nurse teachers themselves, are becoming

(a) The educational entry requirement for student nurse training should be raised to five 'O' levels and at least one subject at Higher or Advanced level.

(b) Compulsory subjects for entry to student nurse training should include science(s) at Ordinary level and English at Higher or Advanced level.

(c) The educational entry requirement for pupil nurse training should be two 'O' levels.

(d) Compulsory subjects for entry to pupil nurse training should include English and arithmetic.

(e) There should be one statutory body responsible for all types and levels of nurse education.

(f) The optimum age for a nurse to become qualified as a teacher is between the ages of 30 and 34.

(g) There should be one (tutors') course for all registered nurse tutors, midwife teachers and health visitor tutors.

CHAPTER 8 The preparation of nurse tutors should take place within
 SUMMARY AND CONCLUSIONS opportunities to take a degree.

(i) Tutors' courses should be longer than one year, i.e. they

8.1 OPINION SURVEY FINDINGS

The main findings from the Scottish sample: combined results

On the question of whether nursing education should be
from registered nurse tutors, midwife teachers and health visitor
tutors.

National Health Service, opinion was almost equally divided, with
 The following opinions were those expressed most frequently,
 a high percentage of 'don't know' replies.
 and by over 50 per cent, of all qualified nurse tutors employed
 registered nurse tutors and midwife teachers felt that the
 full-time in Scotland on May 1st 1970.

implementation of the 'Salmon' type administrative structure would,
 (a) The educational entry requirement for student nurse
 or could, give principal tutors more opportunity to function as
 training should be raised to five 'O' levels and at least one
 educational administrators independent of nursing service (hospital)
 subject at Higher or Advanced level.

(b) Compulsory subjects for entry to student nurse training
 On some of these issues there was a significant difference of
 should include science(s) at Ordinary level and English at Higher
 opinion between registered nurse tutors, midwife teachers and
 or Advanced level.

health visitor tutors. These have been described in chapters 4,
 (c) The educational entry requirement for pupil nurse training
 5 and 7.
 should be two 'O' levels.

(d) Compulsory subjects for entry to pupil nurse training
 should include English and arithmetic.

(e) There should be one statutory body responsible for all
 SOME IMPLICATIONS OF CHANGE AND
 types and levels of nurse education.

POINTS FOR FURTHER DISCUSSION
 (f) The optimum age for a nurse to become qualified as a
 6.2.1 wider range of educational ability among student nurses
 teacher is between the ages of 30 and 34.

There could in future be a wider range of ability among
 (g) There should be one (tutors') course for all registered
 students in schools of nursing, in terms of general educational
 nurse tutors, midwife teachers and health visitor tutors.

(h) The preparation of nurse tutors should take place within a university, and provide opportunities to take a degree.

(i) Tutors' courses should be longer than one year, i.e. they should be of either two or three years' duration.

On the question of whether nursing education should be organised through an education authority instead of through the National Health Service, opinion was almost equally divided, with a high percentage of 'don't know' replies.

Registered nurse tutors and midwife teachers felt that the implementation of the 'Salmon' type administrative structure would, or could, give principal tutors more opportunity to function as educational administrators independent of nursing service (hospital)

8.2.2 Streaming administration.

In the past, the two extremes of the educational range among student nurses have to some extent been segregated by the different opinion between registered nurse tutors, midwife teachers and entry standards of different nursing schools. When schools are health visitor tutors. These have been described in chapters 4, 5 and 7.

Teachers will need special preparation in ways of dealing with large mixed-ability classes, allowing students to work at their own pace and reach their own levels of achievement. Many tutors are

8.2 REVIEW

SOME IMPLICATIONS OF CHANGE AND

POINTS FOR FURTHER DISCUSSION

8.2.1 Wider range of educational ability among student nurses

There could in future be a wider range of ability among students in schools of nursing, in terms of general educational

If an educational qualification were required for entry to

attainment. At the upper end of the scale there may be more entrants with certificates at a higher level. All candidates with university entrance qualifications may not wish to enter university nursing programmes. If there continues to be a relatively high unemployment rate among new graduates with non-vocational degrees, this may assist recruitment to nursing. On the other hand, raising the school leaving age could increase the number of entrants at the other end of the scale, that is, school leavers with neither the ability nor the motivation to obtain the qualifications required for other careers, and who would not have stayed on at school unless compelled to do so.

8.2.2 Streaming

In the past, the two extremes of the educational range among student nurses have to some extent been segregated by the different entry standards of different nursing schools. When schools are grouped, will some form of streaming be necessary? If not, nurse teachers will need special preparation in ways of dealing with large mixed-ability classes, allowing students to work at their own pace and reach their own levels of achievement. Many tutors are already familiar with this type of situation, but the problem is likely to become worse. It also seems desirable that nurse teachers should have the kind of education which will enable them to cope with the brightest students without feeling, justifiably or unjustifiably, that they themselves are educationally inferior.

If an educational qualification were required for entry to

pupil nurse training, as was favoured by a high percentage of the respondents in the present study, there would probably be an increase in the number of nursing auxiliaries. To provide a more standardised programme of training for this grade and to define their limits of responsibility would become matters of urgency.

8.2.3 Involvement of qualified nurse teachers in in-service education

There seems to be a need for planned programmes of in-service education, not only for auxiliaries, but as part of the continuing education of clinical nurse specialists, community nurses, nurse administrators and nurse teachers, many of whom feel that they are fighting a losing battle in trying to keep up with current changes and developments. In some hospitals in-service programmes are well-developed, in others they are not.

It is not clear whether the non-involvement of tutors in in-service programmes is due to the fact that they do not have time to take on this extra commitment, or to the belief that nursing service administrators are more aware of service needs than are tutors and are therefore better qualified to plan appropriate in-service education programmes. If the latter argument is valid, then there is little justification for qualified teachers in any area of nursing education. New 'Salmon' groupings provide increased opportunities for centralised organisation, and for links with nursing schools bringing together the experience and expertise of nursing service and nurse teaching staff. Even wider opportunities for co-operation could be available under a reorganised National Health Service.

8.2.4 Two categories of nurse teacher

The difficulty of relating theory to practice in basic nursing programmes seems to be accentuated by the distinction between classroom and clinical teaching represented respectively by the two grades of nurse teacher, the registered nurse teacher and the clinical teacher. If all teachers were involved in both classroom and ward teaching, they would be in a better position to assess the needs of nurses in training, and to select the practical experiences and theoretical background most appropriate to the nurse's future role in a rapidly changing environment.

Should there be one category of teacher for students in training for the Register, and another category for pupils in training for the Roll? Potential tutors could then choose which type of teaching they preferred, in the same way as students in colleges of education choose whether they take a Primary or Secondary Teacher's Certificate. Teachers of pupils are not required to teach the scientific background to nursing in as great a depth as do teachers of student nurses, and may therefore not require so long a training. But there seems to be no reason why they should not be proficient as teachers and administrators, responsible for the total organisation of the pupil nurses' programme and taking their share of the administrative responsibility in a group school of nursing. This could provide them with a more satisfying career structure than that of the present clinical instructors, many of whom feel that ward teaching is a 'dead-end' job.

8.2.5 Specialist teaching on which to build inter-professional

The extent to which tutors should become 'specialist' teachers at basic and post-basic level, the definition of a 'specialist'

teaching area, and the kind of experience which would be required implementation of a 'Salmon' type administrative structure is in order to teach effectively in such an area, are matters still likely to increase the administrative responsibility of the staff to be decided. The appointment of nursing officers with teaching in teaching divisions vis-a-vis the staff of nursing service qualifications, with a joint responsibility for service and divisions. The grouping of nursing schools could have a similar education in specialised 'Salmon' units, could go some way towards effect, giving educational administrators a span of control solving the problem. Such appointments would be similar to joint extending across the administrative boundaries of Hospital Boards clinical/teaching medical appointments.

Are different types of tutors' courses necessary? A common arguments for establishing nursing school with the same clinical course bringing together, for example, nurses and midwives pre- areas as the catchment areas of the new Area Health Boards. :paring to become teachers in different clinical areas, could

To cope with the policy making and organisational complexity provide a basis for team teaching at basic and post-basic level of a co-ordinated (but not necessarily uniform) system of nursing and would appear to have particular advantages in relation to a education, nurse teachers will require preparation for their comprehensive syllabus. It could also provide opportunity for administrative role at different stages of their careers. They development of the mutual understanding of each other's interests will presumably have had preparation for, and experience in, first which would be essential for the establishment of one statutory line management before becoming qualified teachers. Further body.

management preparation should ideally be incorporated into courses It seems possible that in future there will be closer for all nurse teachers, but in the shorter programmes this could co-operation between nursing education and the general system of be severely restricted by the time available in the syllabus. In education in this country, thus bringing nurse teachers into such cases nurse teachers will require management preparation closer working relationship with teachers and educational admini- onwith their teacher training. :strators in further and higher education. Co-ordination of educational objectives within the nursing profession itself could

It would seem that opportunities to continue and to extend

provide a stronger basis on which to build inter-professional relationships.

8.2.6 Administrative responsibilities of nurse teachers

Implementation of a 'Salmon' type administrative structure is likely to increase the administrative responsibility of the staff in teaching divisions vis-à-vis the staff of nursing service divisions. The grouping of nursing schools could have a similar effect, giving educational administrators a span of control extending across the administrative boundaries of Hospital Boards of Management and 'Salmon' groups. There would seem to be some arguments for establishing nursing schools with the same clinical areas as the catchment areas of the new Area Health Boards.

To cope with the policy making and organisational complexity of a co-ordinated (but not necessarily uniform) system of nursing education, nurse teachers will require preparation for their administrative role at different stages of their careers. They will presumably have had preparation for, and experience in, first line management before becoming qualified teachers. Further management preparation should ideally be incorporated into courses for all nurse teachers, but in the shorter programmes this could be severely restricted by the time available in the syllabus. In such cases nurse teachers will require management preparation outwith their teacher training.

8.2.7 The continuing education of nurse teachers

It would seem that opportunities to continue and to extend

their professional education is as important for nurse teachers as for other grades of nursing staff. Subject content, teaching methods and curriculum development are areas in which all teachers require periodic refreshment, but the value of short 'refresher courses' is doubtful. Should teaching certificates require to be renewed like a driving licence, say every 5 or 10 years? Unless educational standards are maintained at a high level it would seem that there must inevitably be a decline in the standards of nursing service.

The role of a teacher depends on many things: on the type of students who come to learn, the type of subjects to be taught, the values and attitudes which are inherent in the educational system, and on the environment in which teaching and learning take place. The preparation of nurse teachers is of primary importance in the development and maintenance of effective nursing practice but, until their role has been more clearly defined, there are no adequate objectives on which to base policy regarding teacher training and no satisfactory criteria by which to assess the programmes which exist.

It would be necessary to recruit from applicants with a wide range of academic qualifications (paragraph 259), but made no recommendations regarding a minimum educational entry requirement. It suggests that selection procedures at the point of entry should include:

CHAPTER 9. scrutiny of school performance and other related records;

REPORT OF THE COMMITTEE ON NURSING

Since the previous chapters were written, the Report of the Committee on Nursing has been presented to Parliament by the Secretary of State for the Social Services, the Secretary of State for Scotland and the Secretary of State for Wales (October, 1972). The Committee was set up 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.

It is proposed here to discuss briefly some of the Committee's recommendations on topics which were the main subject of the present study. Although the Report as a whole has been welcomed by many nurses and midwives, on a number of issues its recommendations are not in accordance with the views expressed by nurse teachers in the opinion survey.

Most nurses would agree with the statement that 'Suitability should not be determined by O levels alone'. However, since

9.1 EDUCATIONAL ENTRY REQUIREMENTS FOR NURSES

The Committee believed that it would be necessary to recruit from applicants with a wide range of academic qualifications. The opinion of over 85% of the respondents in the present survey, that even enrolled nurses should have demonstrated their ability to pass a few 'O' levels, seems reasonable. At present (Paragraph 259), but made no recommendations regarding a minimum educational entry requirement. It suggests that selection procedures at the point of entry should include:

'should promote and encourage further research on selection

- (i) a scrutiny of school performance and other related records;
- (ii) a consideration of the applicant's special interests bearing in mind service to other people and ability to establish personal relationships;
- (iii) a study of the reports of referees based on headings provided by the nursing authorities;
- (iv) a planned interview in which consideration would be given to all aspects of the applicant's qualifications relevant to nursing;
- (v) evidence provided by standard tests of intelligence, such as Raven's Progressive Matrices, or the use of some acceptable indicator of ability such as a series of basic scholastic tests.

No evidence is presented to show that these procedures are valid predictors of 'success' in nursing, and it is not clear how it is intended that they should be applied. For example, in Clause (i), the statement that there should be 'a scrutiny of school performance' does not indicate the kind of 'performance' which should be scrutinised; in Clause (iv), the qualifications 'relevant to nursing' are not specified.

Most nurses would agree with the statement that 'Suitability should not be determined by O levels alone'. However, since becoming a qualified nurse does depend on passing examinations, the opinion of over 85% of the respondents in the present survey, that even enrolled nurses should have demonstrated their ability to pass a few 'O' levels, seems reasonable. At present we do not know what other criteria are 'relevant'. The Report suggests that the new Central Nursing and Midwifery Council 'should promote and encourage further research on selection

procedures involving a battery of aptitude and motivation tests'.

The proposal that all entrants to nursing should take a basic course lasting a minimum of 18 months, regardless of their academic ability, is one which, rather surprisingly, has produced little comment. (Paragraphs 270-281.) The Committee's suggestion that 'Colleges should be free...to experiment with "groupings" of students' leaves it open to nursing schools to stream on entry, if they wish to do so, by setting different educational standards for each intake in the year. Without some such grouping the brighter students, particularly university graduates, may well become bored during their first period of training and give up nursing altogether.

Another criticism of the 18 month course is that it does not seem to provide time for teaching the basic biological and social sciences to a level which would enable students to perform intelligently in the clinical situation. To include the teaching of theory in greater depth at a later date (during the second 18 months, in preparation for Registration) does not appear to be in accordance with theories of learning which emphasise the importance of relating theory to practice.

The recommendations of the Briggs Committee appear to give little support to those who have been trying for so long to raise the standard of nursing education, and the level of professional decision making of which registered nurses are capable. It recommends

9.2 ADMINISTRATION OF NURSING EDUCATION

The view that there should be one statutory body to control all nursing education was the one which was expressed by over 80% of the registered nurse tutors in the survey. It was not so popular among the midwife teachers, of whom over half expressed themselves definitely against the idea. The Briggs Committee recommends the creation 'of a Central Nursing and Midwifery Council for Great Britain' (paragraph 623), with 'three distinct Nursing and Midwifery Education Boards for England, Scotland and Wales'. (Paragraph 625.)

The special kind of clinical responsibilities traditionally associated with midwifery practice was appreciated by the Committee, and they recommended that there should be a Standing Committee on Midwifery. (Paragraph 628.)

The establishment of one statutory body is one point on which the Committee expressed itself in definite terms, and there is already a feeling among nurses that such a move is inevitable, particularly in view of the re-organisation of the National Health Service. It is suggested in the Report that the organisation of nursing and midwifery education at area and district level should be designed to assist the health services integration. (Paragraph 640.)

With regard to the term 'student status', the Committee found that it was used in different ways by different people, but did not express its own views on the matter. It recommends

that training allowances should continue to be paid by the National Health Service, but 'out of Area Education Committee funds and not out of Service Funds as at present...' (Paragraph 361.) It was felt that student nurses should continue to receive a training allowance, instead of a student grant, so that they could be covered by superannuation and national insurance. (Paragraph 360.)

The Report suggests that teachers of nursing and midwifery must be given adequate preparation:

9.3 NURSING EDUCATION AND THE EUROPEAN ECONOMIC COMMUNITY

The Briggs report states that a period of three years from original entry to the nursing profession to Registration is essential for compatibility with present draft EEC requirements for general nurses (paragraph 293), and that the post-Registration Midwifery Course may have to last for two years. (Paragraph 307.)

No reference is given for the source of this information.

The 'directives' reported in the nursing press mentioned 3,800 hours as being the minimum length for general nurse training, and the General Nursing Councils have already approved experimental courses lasting less than three years.

It would appear that a good deal of confusion still exists regarding the effect which entry to the EEC will have upon nursing education in this country. that, 'during the transitional period formal entrance requirements would have to be waived', in order to obtain more nurse teachers (Paragraph 397).

9.4 NURSE TEACHERS

The Briggs Committee recommends that there should be a major drive for more teachers of nursing and midwifery and that there should be a 'new look at their education'. (Paragraph 379.)

We wish to get completely away from what has become the traditional conception of the nurse tutor...

We believe that this conception is inapplicable in present and future circumstances. (Paragraph 383.)

The Report suggests that teachers of nursing and midwifery must be given adequate preparation:

(a) for the acquisition of professional clinical structure based on qualifications,

skills;

(b) for teaching;

(c) for administration;

(d) for their role in research.

It is recognised that formal educational qualifications will

(Paragraph 392.)

It is disappointing, after such comments, to find the Committee recommending that:

The basic educational qualification for full-time

teachers of nursing and midwifery should be the Diploma in Nursing and Midwifery Education...

The diploma course, like some courses already in existence, would last one year....

(Paragraph 394.)

The Committee expressed the hope that some nurse graduates would take a post-graduate certificate in education, but also stated that, 'during the transitional period formal entrance requirements would have to be waived', in order to obtain more nurse teachers

(Paragraph 397).

These proposals seem to show little appreciation of the need for well prepared nurse teachers as an essential, basic requirement for effective nursing education and nursing service. Once again, as so often in the past, there is a demand for quantity rather than quality.

There does indeed seem to be an urgent need for qualified teachers, and even a one-year course is better than none. But there is an assumption that this is sufficient, rather than merely expedient, and no provision is made for a teaching career structure based on qualifications.

In the present survey, only 6.5% of the registered nurse tutors and 25% of the midwife teachers were in favour of one-year course for teachers.

It is recognised that formal educational qualifications will produce neither good nurses nor good teachers if the courses themselves, and the assessment procedures, are not valid. However, with the increase of educational opportunities, and the vast increase in the medical knowledge now used in clinical decision-making, this hardly seems the time to reduce either educational entry requirements or the length of training courses.

The Report of the Committee on Nursing is now being discussed by nursing organisations and other groups of nurses

throughout the country, and the press has already published a wide range of views.

The extent to which the government will advise the implementation of the Committee's suggestions is not at present known.

SECTION C

APPENDICES

REFERENCES

APPENDIX 1STATISTICAL DATA

TABLE I

Respondents: Registered Nurse TutorsSECTION C(a) Institution at which tutors' course was taken

Percentage of respondents in the Scottish and English Samples respectively who trained at the following institution.

REFERENCES

	Scottish Sample (123) %	English Sample (53) %
Royal College of Nursing	36.5	26.4
Queen Elizabeth College	2.4	24.5
Battersea/University of Surrey	13.8	13.2
University of Edinburgh	39.8	5.7
Bolton College of Education (Technical)	0.8	30.2
University of Hull	2.4	-
Other	4.1	-

(b) Sex

	Scottish Sample (123) %	English Sample (53) %
Male	32.5	34.0
Female	67.5	66.0

APPENDIX 1STATISTICAL DATARespondents: Registered Nurse Tutors Employed in Scotland

Year of Registration as Nurse Tutor

TABLE I

Respondents: Registered Nurse Tutors(a) Institution at which tutors' course was taken

Percentage of respondents in the Scottish and English Samples respectively who trained at each institution.

	Scottish Sample (123) %	English Sample (53) %
Royal College of Nursing	36.6	26.4
Queen Elizabeth College	2.4	24.5
Battersea/University of Surrey	13.8	13.2
University of Edinburgh	39.8	5.7
Bolton College of Education (Technical)	0.8	30.2
University of Hull	2.4	-
Other	4.1	-

(b) Sex

	Scottish Sample (123) %	English Sample (53) %
Male	32.5	34.0
Female	67.5	66.0

TABLE II

Respondents: Registered Nurse Tutors Employed In Scotland

How many years at Ordinary level should be required of a candidate?

Year of Registration as Nurse Tutor

SAMPLE	Year of Registration as Nurse Tutor		TWO %	THREE %	FOUR %	FIVE %	SIX %
	Before 1945	1945 - 1949					
		1950					
A. <u>Total Scottish</u> (172)		51					6
		52					4
SWT (123)	0.6	53	1.9	9.7	22.8	4	38.3
MT (24)	-	54	8	19.4	25.0	6	32.4
MVT (13)	-	55	-	7.7	7.7	4	54.6
		56					5
B. <u>Scottish Registered Nurse Tutors</u> (123)		57					1
		58					8
		59					1
Male (40)	2.3	60	5.3	10.0	30.0	5	47.3
Female (83)	-	61	1.6	9.6	19.3	3	53.7
		62					4
C. <u>Registered Nurse Tutors; regional qualifed</u> (67)		63					10
		64					4
		65					2
London (28)	-	66	6.9	10.3	10.3	6	72.4
Edinburgh (21)	4.8	67	4.8	4.8	23.8	6	47.5
Bolton (17)	-	68	3.7	-	29.4	5	64.7
		69					<u>10</u>

No reply: Sample A. Total 123

Sample B. Female 123

Sample C. Edinburgh 17

The above figures are derived from classified data only, and do not represent 100 per cent of the response from each sub-sample.

TABLE III

Educational Entry Requirements For Student Nurses

How many passes at Ordinary level should be required as a minimum?

SAMPLE	ONE %	TWO %	THREE %	FOUR %	FIVE+ %	DON'T KNOW %
A. Total Scottish (172)						
RNT (123)	0.8	4.9	9.7	22.8	58.5	0.8
MT (36)	-	2.8	19.4	25.0	52.8	-
HVT (13)	-	-	7.7	7.7	84.6	-
B. Scottish: Registered Nurse Tutors (123)						
Male (40)	2.5	7.5	10.0	30.0	47.5	2.5
Female (83)	-	3.6	9.6	19.3	63.9	-
C. Registered Nurse Tutors: recently qualified (67)						
London (29)	-	6.9	10.3	10.3	72.4	-
Edinburgh (21)	4.8	4.8	4.8	23.8	47.6	4.8
Bolton (17)	-	5.9	-	29.4	64.7	-

No reply: Sample A. RNT 2.4%

No reply: Sample B. Female 3.6%

Sample C. Edinburgh 9.5%

The above figures are derived from classified data only; they do not represent 100 per cent of the response from each sub-sample.

Sample C. London 10.3%
Edinburgh 14.3%

TABLE IV

Educational Entry Requirements For Student Nurses

Should passes at Higher or Advanced level be required as well as passes at Ordinary level?

SAMPLE	TOTAL YES %	YES		DON'T KNOW %	NO		TOTAL NO %
		Strong %	Weak %		Weak %	Strong %	
A. <u>Total Scottish</u> (172)							
RNT (123)	76.4	40.7	35.8	3.3	9.6	4.9	14.6
MT (36)	83.3	44.4	38.9	5.6	8.3	-	8.3
HVT (13)	76.9	30.8	46.2	-	7.7	-	7.7
B. <u>Scottish:</u> <u>Registered Nurse</u> <u>Tutors</u> (123)							
Male (40)	55.0	17.5	37.5	5.0	22.5	10.0	32.5
Female (83)	88.0	53.0	34.9	2.4	3.6	2.4	6.0
C. <u>Registered Nurse</u> <u>Tutors: recently</u> <u>qualified</u> (67)							
London (29)	48.3	13.9	34.5	6.9	17.2	17.2	34.5
Edinburgh (21)	66.7	28.6	38.1	9.5	4.8	4.8	9.5
Bolton (17)	41.2	5.9	35.3	-	23.5	35.3	58.8

No reply: Sample A. RNT 5.7%
HVT 15.4%
MT 2.8%
Sample B. Male 7.5%
Female 3.6%
Sample C. London 10.3%
Edinburgh 14.3%

TABLE V

Educational Entry Requirements For Pupil Nurses

Should there be an educational entry requirement for pupil nurses?

SAMPLE	TOTAL YES %	YES		DON'T KNOW %	NO		TOTAL NO %
		Strong %	Weak %		Weak %	Strong %	
A. <u>Total Scottish</u> (172)							
RNT (123)	88.6	64.2	24.4	2.4	4.9	1.6	6.5
MT (36)	97.2	77.8	19.4	-	2.8	-	2.8
HVT (13)	84.6	61.5	23.1	7.7	-	-	-
B. <u>Scottish: Registered Nurse Tutors</u> (123)							
Male (40)	90.0	57.5	32.5	2.5	2.5	-	2.5
Female (83)	87.9	67.5	20.5	2.4	6.0	2.4	8.4
C. <u>Registered Nurse Tutors: recently qualified</u> (67)							
London (29)	89.7	72.4	17.2	-	6.9	3.4	10.3
Edinburgh (21)	80.9	47.6	33.3	4.8	9.5	-	9.5
Bolton (17)	82.3	58.8	23.5	-	11.8	5.9	17.6

No reply: Sample A. RNT 2.4%
HVT 7.7%

Sample B. Male 5.0%
Female 1.2%

Sample C. Edinburgh 4.8%

TABLE VI

Educational Entry Requirements For Pupil Nurses

How many passes at Ordinary level should be required as a minimum?

SAMPLE	ONE %	TWO %	THREE %	FOUR+ %	'A TEST' %
A. <u>Total Scottish</u> (172)					
RNT (123)	7.3	59.3	13.0	2.4	17.9
MT (36)	7.7	58.3	27.8	8.3	7.7
HVT (13)	-	69.2	15.4	-	-
B. <u>Scottish:</u> <u>Registered Nurse</u> <u>Tutors</u> (123)					
Male (40)	12.5	65.0	5.0	-	20.0
Female (83)	4.8	56.0	16.9	3.6	16.9
C. <u>Registered Nurse</u> <u>Tutors: recently</u> <u>qualified</u> (67)					
London (29)	24.1	37.9	6.9	-	20.7
Edinburgh (21)	9.5	57.1	4.8	-	23.8
Bolton (17)	17.6	41.2	5.9	-	29.4

The above figures are derived from classified data only; they do not represent 100 per cent of the response from each sub-sample.

TABLE VII

(a) Compulsory Subjects For Entry To Student Nurse Training

SAMPLE	ENGLISH %	MATHS. %	SCIENCE/ CHEMISTRY PHYSICS %	ANATOMY & PHYSIOLOGY/ BIOLOGY %	FOREIGN LANGUAGE %
(i) <u>Ordinary level</u>					
A. <u>Total Scottish</u> (172)					
RNT (123)	39.8	62.6	69.9	17.1	31.7
MT (36)	25.0	50.0	72.2	8.3	27.8
HVT (13)	30.8	61.5	30.8	23.1	38.5
(ii) <u>Higher/Advanced level</u>					
A. <u>Total Scottish</u> (172)					
RNT (123)	55.3	8.9	26.0	5.7	6.5
MT (36)	75.0	36.0	25.0	-	2.8
HVT (13)	69.2	7.7	30.8	23.1	30.8

(b) Compulsory Subjects For Entry To Pupil Nurse Training At Ordinary Level

SAMPLE	ENGLISH %	ARITHMETIC %	SCIENCE %	FOREIGN LANGUAGE %
A. <u>Total Scottish</u> (172)				
RNT (123)	77.2	40.7	4.1	3.3
MT (36)	94.4	69.4	2.7	5.6
HVT (13)	84.6	53.8	-	-

TABLE VIII

Should Nursing Education Be Administered Through An Education Authority?

SAMPLE	TOTAL	YES		DON'T	NO		TOTAL
	YES %	Strong %	Weak %	KNOW %	Weak %	Strong %	NO %
A. <u>Total Scottish</u> (172)							
RNT (123)	39.0	21.1	17.9	22.0	17.1	19.5	36.6
MT (36)	16.7	5.6	11.1	13.8	33.3	33.3	66.7
HVT (13)	61.5	30.8	30.8	23.1	-	15.4	15.4
B. <u>Scottish:</u> <u>Registered Nurse</u> <u>Tutors</u> (123)	42.1	25.3	26.8	6.5	7.3	3.3	10.6
Male (40)	42.5	22.5	20.0	10.0	22.5	22.5	45.0
Female (83)	37.3	20.5	16.9	27.7	14.5	18.1	32.5
C. <u>Registered Nurse</u> <u>Tutors: recently</u> <u>qualified</u> (67)							
London (29)	65.5	48.3	17.2	13.8	6.9	13.8	20.7
Edinburgh (21)	52.4	28.6	23.8	33.3	4.8	4.8	9.5
Bolton (17)	52.9	35.3	17.6	11.8	17.6	17.6	35.3

No reply: Sample A. RNT 2.4%
 MT 2.8%
 Sample B. Male 2.5%
 Female 2.4%
 Sample C. Edinburgh 4.8%

TABLE IX

Will The Grouping Of Nursing Schools Affect The Administrative
Responsibilities Of Registered Nurse Tutors?

SAMPLE	TOTAL YES %	YES		DON'T KNOW %	NO		TOTAL NO %
		Strong %	Weak %		Weak %	Strong %	
A. <u>Total Scottish</u> (172)							
RNT (123)	82.1	55.3	26.8	6.5	7.3	3.3	10.6
MT (36)	75.0	27.8	47.2	13.9	8.3	2.8	11.1
HVT (13)	81.2	53.9	30.8	15.4	-	-	-
B. <u>Scottish: Registered Nurse Tutors</u> (123)							
Male (40)	80.0	42.5	37.5	5.0	7.5	5.0	12.5
Female (83)	83.1	61.4	21.7	7.2	7.2	2.4	9.6

No reply: Sample A. RNT 0.8%
Sample B. Male 2.5%

TABLE XI

Should There Be One Statutory Body Responsible For All Levels And Types
Of Nursing Education, Instead Of The Three Bodies Set At Present?

TABLE X

Will The Establishment Of Area Health Boards Affect Nursing Education?

SAMPLE	TOTAL YES %	YES		DON'T KNOW %	NO		TOTAL NO %
		Strong %	Weak %		Weak %	Strong %	
A. <u>Total Scottish</u> (172)	61.5	30.8	30.8	30.8	-	1.7	1.7
B. <u>Scottish:</u> <u>Registered Nurse</u> <u>Tutors</u> (123)	49.6	26.0	23.6	34.2	8.1	8.1	16.3
RNT (123)	36.1	5.6	30.6	36.1	19.4	8.3	27.8
MT (36)	92.3	46.2	46.2	7.7	-	-	-
HVT (13)	82.5	50.0	32.5	7.5	7.5	2.5	10.0
C. <u>Male</u> (40)	83.1	42.8	20.5	7.2	2.4	7.2	9.6
Female (83)	70.0	37.5	32.5	12.5	12.5	5.0	17.5
Edinburgh (21)	39.8	20.5	19.3	44.6	6.0	9.6	15.7
Bolton (17)	80.9	61.9	19.0	14.3	4.8	-	4.8
Edinburgh (21)	76.5	52.9	23.5	5.9	11.8	-	11.8

No reply: Sample D. Bolton 5.3%

TABLE XI

Should There Be One Statutory Body Responsible For All Levels And Types Of Nursing Education, Instead Of The Three Which Exist At Present?

SAMPLE	TOTAL YES %	YES		DON'T KNOW %	NO		TOTAL NO %
		Strong %	Weak %		Weak %	Strong %	
A. <u>Total Scottish</u> (172)	61.8	30.1	31.7	18.7	11.4	7.3	16.7
RNT (123)	82.9	58.5	24.4	7.3	4.1	5.7	9.8
MT (36)	38.9	25.0	13.9	8.3	13.9	38.9	52.8
HVT (13)	61.5	30.8	30.8	30.8	-	7.7	7.7
B. <u>Scottish: Registered Nurse Tutors</u> (123)	70.0	27.5	42.5	7.5	15.0	7.5	22.5
Male (40)	82.5	50.0	32.5	7.5	7.5	2.5	10.0
Female (83)	83.1	62.6	20.5	7.2	2.4	7.2	9.6
C. <u>Registered Nurse Tutors: recently qualified</u> (67)	61.7	24.1	27.6	27.6	13.8	6.9	20.7
London (29)	72.4	37.9	34.5	3.4	17.2	6.9	24.1
Edinburgh (21)	80.9	61.9	19.0	14.3	4.8	-	4.8
Bolton (17)	76.5	52.9	23.5	5.9	11.8	-	11.8

No reply: Sample A. MT 0.6%

No reply: Sample C. Bolton 5.9%

TABLE XII

Would Entry To The Common Market Affect Nursing Education In This Country?

SAMPLE	TOTAL	YES		DON'T	NO		TOTAL
	YES %	Strong %	Weak %	KNOW %	Weak %	Strong %	NO %
A. <u>Total Scottish</u> (172)							
RNT (123)	61.8	30.1	31.7	18.7	11.4	7.3	18.7
MT (36)	52.8	16.7	44.4	30.5	5.6	11.1	16.7
HVT (13)	69.2	30.8	38.5	30.8	-	-	-
B. <u>Scottish:</u> <u>Registered Nurse</u> <u>Tutors</u> (123)							
Male (40)	70.0	27.5	42.5	7.5	15.0	7.5	22.5
Female (83)	57.8	31.3	26.5	24.1	9.6	7.2	16.9
C. <u>Registered Nurse</u> <u>Tutors: recently</u> <u>qualified</u> (67)							
London (29)	51.7	24.1	27.6	27.6	13.8	6.9	20.7
Edinburgh (21)	57.1	33.3	23.8	23.8	19.0	-	19.0
Bolton (17)	52.9	23.5	29.4	29.4	11.8	5.9	17.6

No reply: Sample A. RNT 0.8%

Sample B. Female 1.2%

TABLE XIII

What Is The Optimum Age At Which To Become A Qualified Nurse Tutor?

SAMPLE	25-29 YEARS %	30-34 YEARS %	35-39 YEARS %	40+ YEARS %	25-34 YEARS %	'ANY AGE' %	DON'T KNOW %
A. <u>Total Scottish</u> (172)							
RNT (123)	27.7	52.0	8.9	1.6	6.5	2.4	0.8
MT (36)	19.4	72.2	5.6	-	2.8	-	-
HVT (13)	30.8	53.8	15.4	-	-	-	-
B. <u>Scottish: Registered Nurse Tutors</u> (123)							
Male (40)	17.5	60.0	7.5	2.5	5.0	5.0	2.5
Female (83)	32.5	48.2	9.6	1.2	7.2	1.2	-
C. <u>Registered Nurse Tutors: recently qualified</u> (67)							
London (29)	41.4	48.3	-	-	6.9	3.5	-
Edinburgh (21)	28.6	47.6	9.5	4.8	-	4.8	4.8
Bolton (17)	35.3	41.2	11.8	-	5.9	-	-

One Bolton respondent (5.9%) said 30-39 years.

TABLE XIV

How Long Should Tutors' Courses Be?

SAMPLE	ONE	TWO	THREE	1 & 2	1 & 3	2 & 3	1,2 & 3
	YEAR	YEARS	YEARS	YEARS	YEARS	YEARS	YEARS
	%	%	%	%	%	%	%
A. <u>Total Scottish</u> (172)							
RNT (123)	6.5	46.3	20.3	8.1	4.9	10.6	2.4
MT (36)	25.0	55.6	11.1	5.6	-	-	-
HVT (13)	38.5	38.5	-	7.7	-	15.4	-
B. <u>Scottish:</u> <u>Registered Nurse</u> <u>Tutors</u> (123)							
Male (40)	7.5	47.5	30.0	-	2.5	7.5	2.5
Female (83)	6.0	45.8	15.7	12.0	6.0	12.0	2.4
C. <u>Registered Nurse</u> <u>Tutors: recently</u> <u>qualified</u> (67)							
London (29)	-	48.3	31.0	-	6.9	13.8	-
Edinburgh (21)	9.5	42.9	14.3	-	-	28.6	-
Bolton (17)	58.8	11.8	-	17.6	11.8	-	-

No reply: Sample A. RNT 0.8%
MT 2.8%

Sample B. Male 2.5%

Sample C. Edinburgh 4.8%

(1) For (a) University, ...
(2) 'Combined' represents the percentage of respondents who give more than one reply to this question, one of the institutions being of the type referred to in this section of the table.

TABLE XV (1)

Where Should Tutors Be Trained?(a) Professional
Institution(b) Teacher Training
College

SAMPLE	ALONE %	COM- ⁽²⁾ BINED		TOTAL %	ALONE %	COM- ⁽²⁾ BINED		TOTAL %
		%	%			%	%	
A. <u>Total Scottish</u> (172)								
RNT (123)	2.4	12.2	14.6	7.3	23.6	30.9		
MT (36)	13.9	25.0	38.9	8.3	36.1	44.4		
HVT (13)	-	30.8	30.8	30.8	53.9	84.6		
B. <u>Scottish: Registered Nurse Tutors</u> (123)								
Male (40)	2.5	12.5	15.0	10.0	22.5	32.5		
Female (83)	2.4	12.0	14.5	6.0	24.1	30.1		
C. <u>Registered Nurse Tutors: recently qualified</u> (67)								
London (29)	13.8	34.5	48.3	3.4	10.3	13.8		
Edinburgh (21)	-	4.8	4.8	9.5	23.8	33.3		
Bolton (17)	-	5.9	5.9	23.5	70.6	94.1		

(1) For (c) University, see overleaf

(2) 'Combined' represents the percentage of respondents who gave more than one reply to this question, one of the institutions being of the type referred to in this section of the table.

TABLE XV (continued) (1)

Where Should Tutors Be Trained?

(c) University

SAMPLE		ALONE	COM- ⁽²⁾ BINED	TOTAL
		%	%	%
A. <u>Total Scottish</u> (172)				
RNT	(123)	59.3	26.8	86.2
MT	(36)	30.6	33.3	63.9
HVT	(13)	7.7	38.5	46.2
B. <u>Scottish: Registered Nurse Tutors</u> (123)				
Male	(40)	57.5	22.5	80.0
Female	(83)	50.2	28.9	89.2
C. <u>Registered Nurse Tutors: recently qualified</u> (67)				
London	(29)	37.9	37.9	75.9
Edinburgh	(21)	66.7	23.8	90.5
Bolton	(17)	5.9	64.7	70.6

(1) For (a) Professional Institution and (b) Teacher Training College, see previous page.

(2) 'Combined' represents the percentage of respondents who gave more than one reply to this question, one of the institutions being of the type referred to in this section of the table.

TABLE XVI

Should There Be An Opportunity To Take A Tutors' Course
Combined With A Degree?

SAMPLE	TOTAL YES %	YES		DON'T KNOW %	NO		TOTAL NO %
		Strong %	Weak %		Weak %	Strong %	
A. <u>Total Scottish</u> (172)							
RNT (123)	77.2	54.5	22.8	5.7	10.6	5.7	16.3
MT (36)	75.0	47.2	27.8	8.3	8.3	8.3	16.6
HVT (13)	69.2	30.8	38.5	7.7	15.4	7.7	23.1
B. <u>Scottish:</u> <u>Registered Nurse</u> <u>Tutors</u> (123)							
Male (40)	72.5	42.5	30.0	-	5.0	20.0	25.0
Female (83)	79.5	60.2	19.3	8.4	6.0	6.0	12.0
C. <u>Registered Nurse</u> <u>Tutors: recently</u> <u>qualified</u> (67)							
London (29)	72.4	51.7	20.7	-	20.7	6.9	27.6
Edinburgh (21)	95.2	71.4	23.8	-	-	4.8	4.8
Bolton (17)	47.1	23.5	23.5	5.9	17.6	29.4	47.1

No reply: Sample A. RNT 0.8%
Sample B. Male 2.5%

TABLE XVII

Are There Any Subjects Which Could Be Studied Jointly
By All Tutor Students?

SAMPLE	TOTAL YES %	YES		DON'T KNOW %	NO		TOTAL NO %
		Strong %	Weak %		Weak %	Strong %	
A. <u>Total Scottish</u> (172)							
RNT (123)	95.9	73.2	22.8	3.3	-	0.8	0.8
MT (36)	97.2	52.8	44.4	-	2.8	-	2.8
HVT (13)	100.0	53.8	46.2	-	-	-	-
B. <u>Scottish: Registered Nurse Tutors</u> (123)							
Male (40)	97.5	67.5	30.0	2.5	-	-	-
Female (83)	95.2	75.9	19.3	3.6	-	1.2	1.2
C. <u>Registered Nurse Tutors: recently qualified</u> (67)							
London (29)	96.5	65.5	31.0	3.4	-	-	-
Edinburgh (21)	100.0	61.9	38.1	-	-	-	-
Bolton (17)	100.0	82.4	17.6	-	-	-	-

No reply: Sample A. RNT 7.7%
Sample C. London 3.4%

TABLE XVIII

Should There Be One Tutors' Course Instead Of The Three Courses
Which Exist At Present?

SAMPLE	TOTAL	YES		DON'T	NO		TOTAL
	YES %	Strong %	Weak %	KNOW %	Weak %	Strong %	NO %
A. <u>Total Scottish</u> (172)							
RNT (123)	86.2	63.4	22.8	6.5	6.5	0.8	7.3
MT (36)	66.7	50.0	16.7	2.7	5.6	25.0	30.6
HVT (13)	76.9	30.8	46.2	7.7	-	7.7	7.7
B. <u>Scottish: Registered Nurse Tutors</u> (123)							
Male (40)	90.0	60.0	30.0	5.0	5.0	-	5.0
Female (83)	84.3	65.1	19.3	7.2	7.2	1.2	8.4
C. <u>Registered Nurse Tutors: recently qualified</u> (67)							
London (29)	62.1	34.5	27.6	3.4	27.6	3.4	31.0
Edinburgh (21)	90.5	66.7	23.8	9.5	-	-	-
Bolton (17)	76.5	76.5	-	5.9	11.8	5.9	17.6

No reply: Sample A. HVT 7.7%

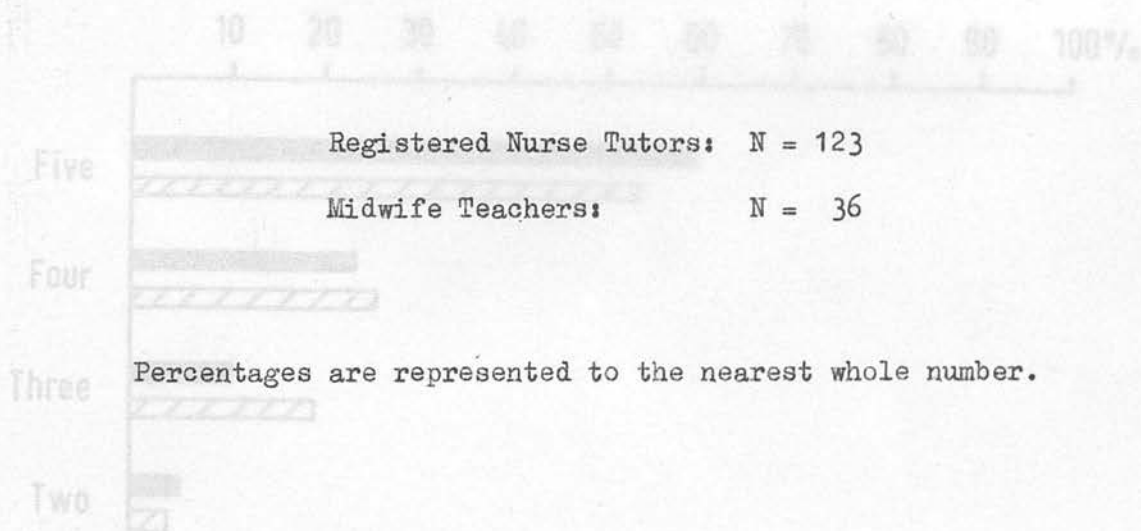
Sample C. London 3.4%

APPENDIX 2

EDUCATIONAL ENTRY REQUIREMENTS, STUDENT NURSES



1. How many 'O' Levels? (Table 3)

DIAGRAMMATIC COMPARISON OF OPINIONS EXPRESSED BY REGISTERED NURSE TUTORS AND MIDWIFE TEACHERS IN THE SCOTTISH SAMPLE



2. Should Higher/Advanced level positions be required? (Table 4)

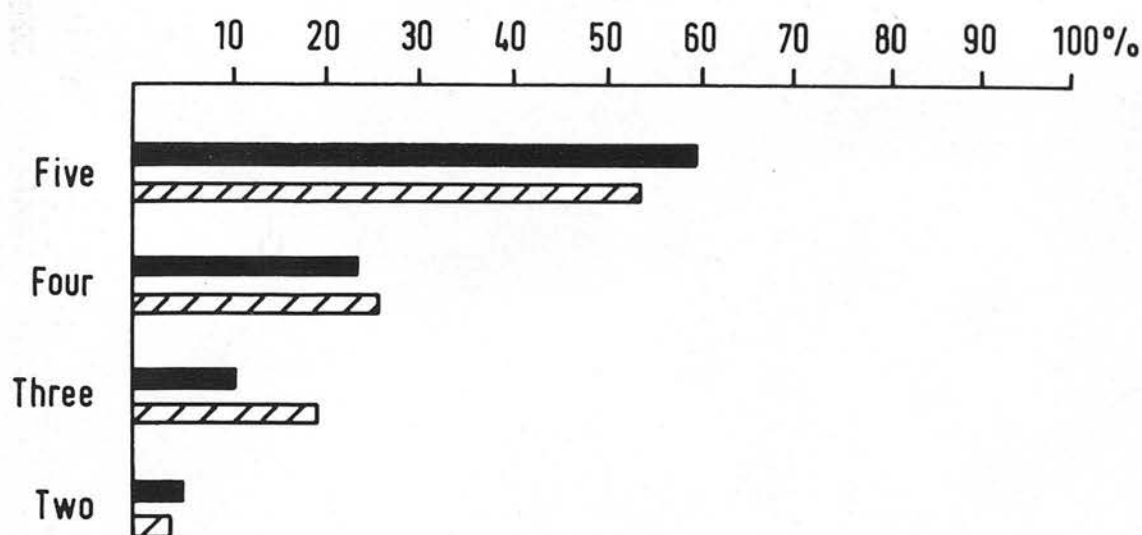


RNTs MTs 

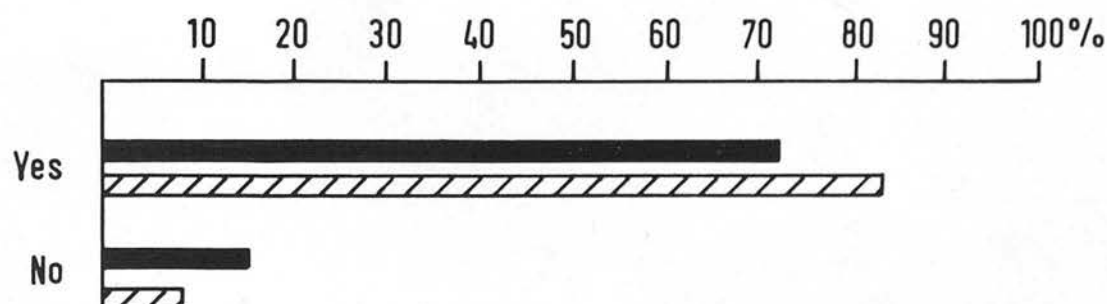
I

EDUCATIONAL ENTRY REQUIREMENTS: STUDENT NURSES



1. How many 'O' Levels? (Table 3)

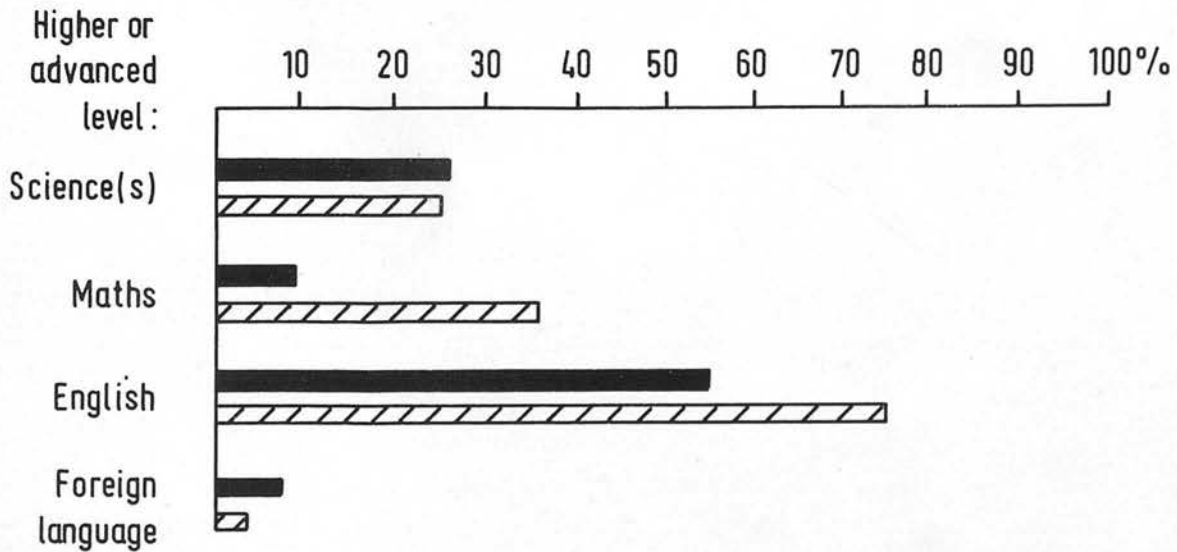
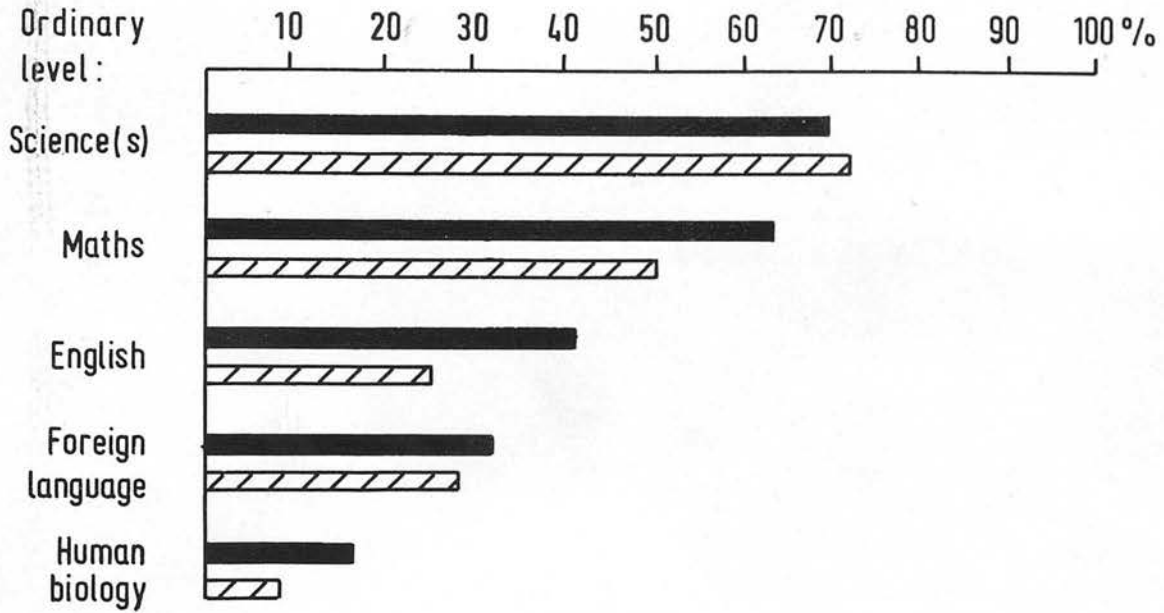




2. Should Higher/Advanced level passes also be required? (Table 4)



3. Compulsory subjects (Table 7a)

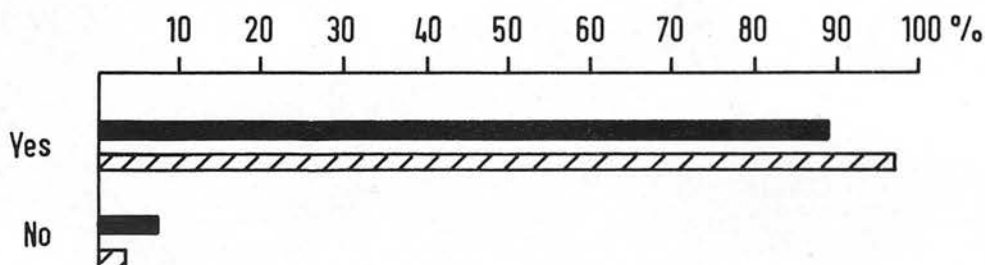
RNTs 
 MTs 



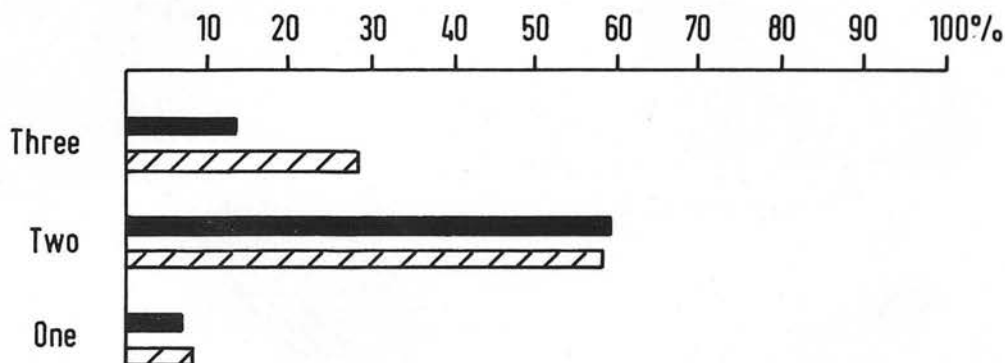
RNTs 
 MTs 

EDUCATIONAL ENTRY REQUIREMENTS : PUPIL NURSES

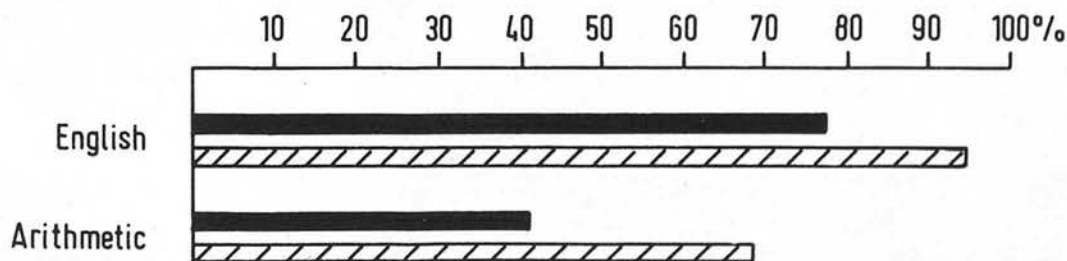
1. Should there be an entry requirement for pupils? (Table 5)



2. If 'Yes,' how many 'O' levels? (Table 6)



3. Compulsory subjects (Table 7b)

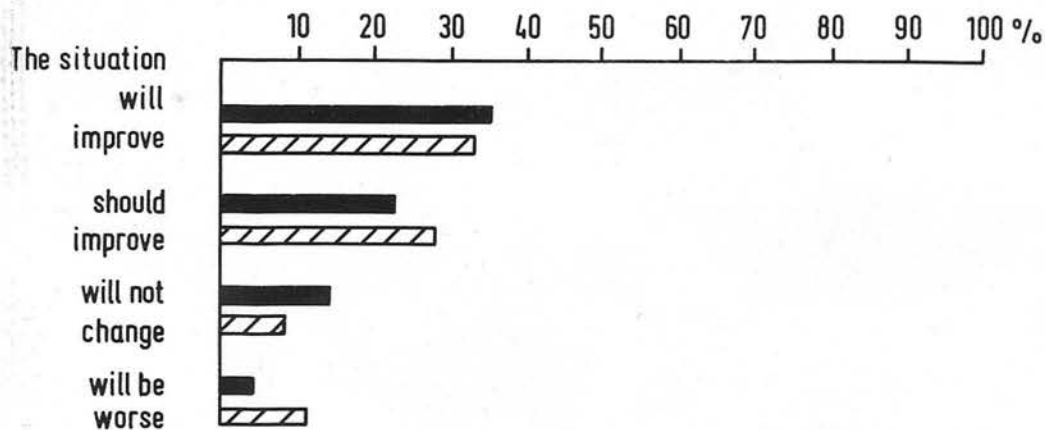


II

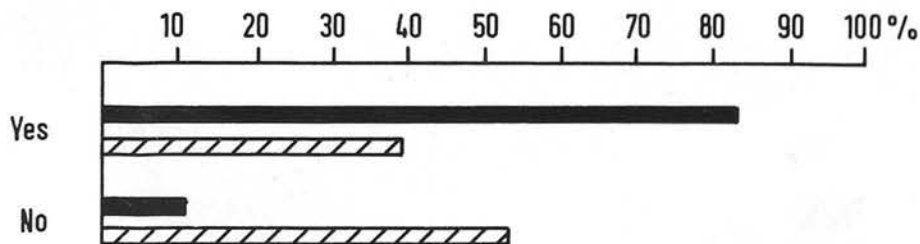
RNTs 
MTs 

ADMINISTRATION OF NURSING EDUCATION

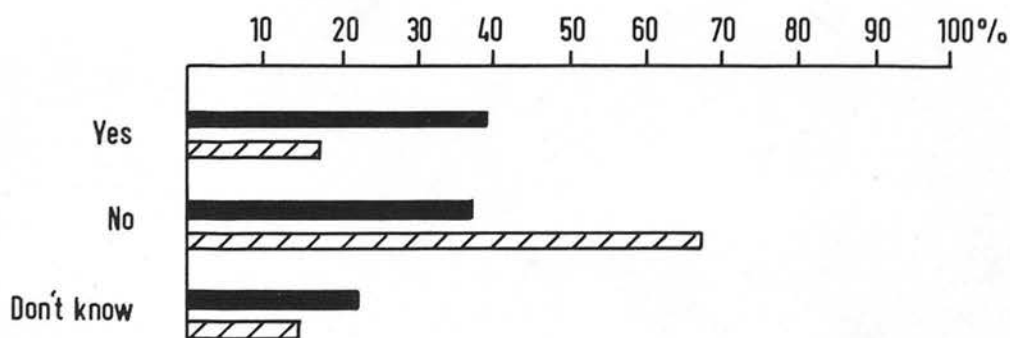
1. Effect of 'Salmon' on administrative position of principal tutor





2. Should there be one statutory body responsible for all nursing education? (Table 11)



3. Should nursing education be organised through an Education Authority? (Table 8)

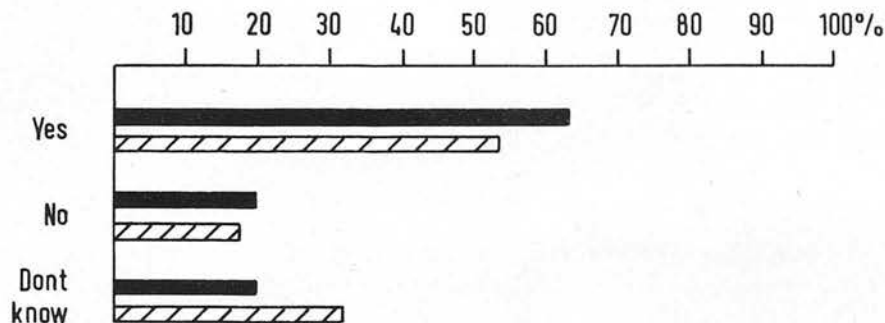


III

RNTs 
 MTs 

ENTRY TO COMMON MARKET

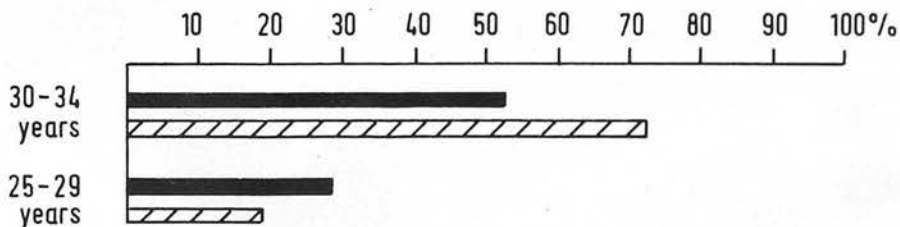
1. Would it affect nursing education in this country?
 (Table 12)



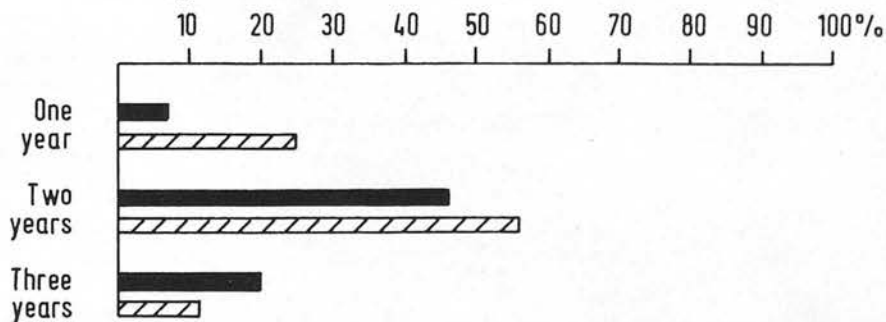
IV

THE PREPARATION OF NURSE TEACHERS

1. Optimum age to qualify as nurse teacher? (Table 13)

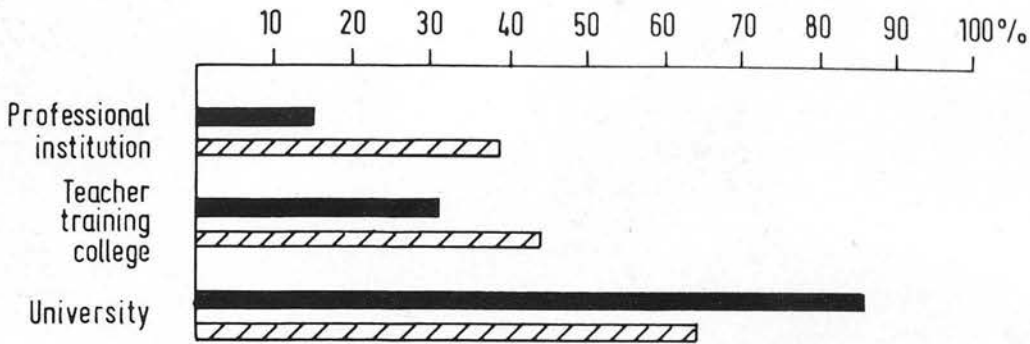


2. How long should tutors' courses be? (Table 14)

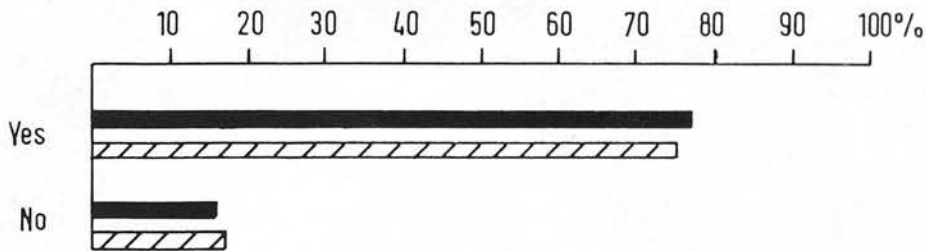


RNTs 
 MTs 

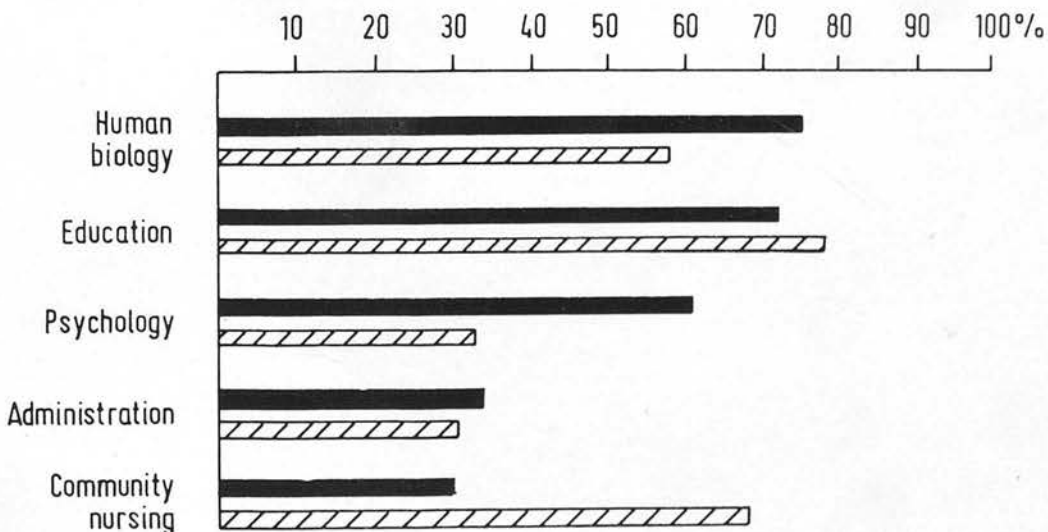
3. Where should tutors be trained? (Table 15)



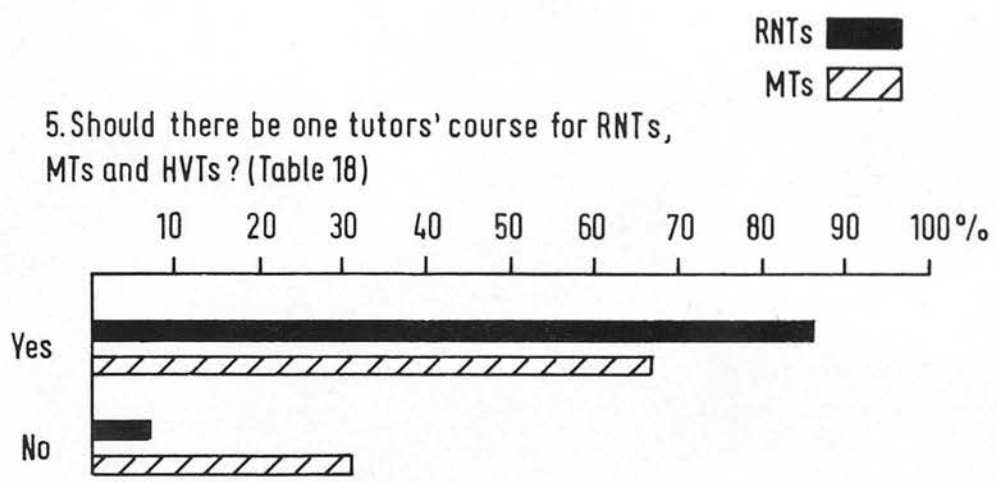
4. Should a tutors' course be combined with a degree? (Table 16)



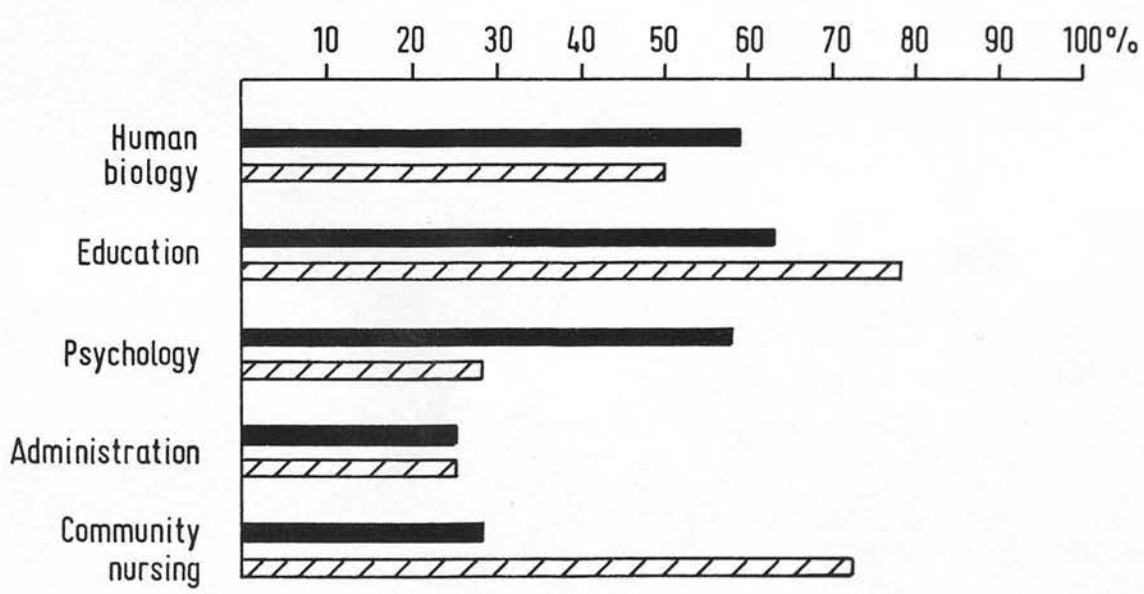
Most important' subjects in tutors' courses (mentioned by over 30% of both groups)



5. Should there be one tutors' course for RNTs, MTs and HVTs? (Table 18)



6. Subjects suitable for joint study (mentioned by over 25% of both groups)



APPENDIX 3ADDRESSES FROM WHICH INFORMATION ABOUT ENTRY REQUIREMENTS
AND SYLLABUSES OF TUTORS' COURSES WAS OBTAINED

- (1) The Director,
Department of Extra-Mural Studies,
University of London,
7 Ridgmont Street,
LONDON, WC1.
- (2) Regulations for Sister-Tutors' Diploma.
- * (2) The Education Officer,
Royal College of Nursing and National Council of Nurses
of the United Kingdom,
Henrietta Place,
Cavendish Square,
LONDON, W1M OAB.
- * (3) The Secretary,
Queen Elizabeth College,
Campden Hill Road,
LONDON, W8.
- * (4) The Course Co-ordinator,
Sister-Tutor Diploma Course,
Borough Polytechnic,
Borough Road,
LONDON, SE1.
- (5) The Secretary,
The School of Education of the University of Manchester,
Oxford Road,
MANCHESTER.

Prospectus for the University of Manchester School of Education.
- (6) The Director,
Bolton College of Education (Technical),
Chadwick Street,
BOLTON, Lancs.

Prospectus for the Bolton College of Education (Technical).
- (7) The Director,
Department of Nursing Studies,
University of Edinburgh,
Adam Ferguson Building,
George Square,
EDINBURGH, EH8 9LL.

* Curricula for these courses conform to the 'Regulations for the Sister-Tutor's Diploma' of the University of London in (1) above.

MEMORANDUM

OFFICE OF THE SECRETARY OF STATE FOR SCOTLAND

LETTER TO THE PRINCIPALS OF COLLEGES

(8) The Principal,
Wolverhampton Technical Teachers' College,
Compton Road West,
WOLVERHAMPTON, WV3 9DX.

(9) The Principal,
Jordanhill College of Education,
76 Southbrae Drive,
GLASGOW, W3.

The University of Edinburgh,
Department of Nursing Studies,
John Ferguson Building,
George Square,
EDINBURGH, EH8 9LL.

Telephone: 031 667 1011 Ext. 6466

21st May 1970

Dear

At the present time rapid changes are taking place in many areas of nursing service and administration; nurse training programmes are being reviewed and in many cases reorganised. But the question of who will teach in these new programmes, and what qualifications will be required by those responsible for planning and administering educational policies, also requires consideration.

The General Nursing Council for Scotland is anxious to collect information which could provide a basis on which to plan the future preparation of nurse teachers and educators, and I have been asked to carry out this work in the Department of Nursing Studies. Since a major part of the study is to obtain the opinions of practising tutors, I am writing to ask whether you would be willing to take part. The views of people who are in a position to influence the pattern of nursing education are, as you will appreciate, of very great importance.

A questionnaire similar to the one enclosed is being sent to Registered Nurse Tutors, Midwife Teachers and Health Visitor Tutors. Some of the questions are possibly of more immediate interest to tutors engaged in preparing students for basic Registration, but it is felt that the views of all nurse teachers about all the questions included in this survey are relevant to future planning.

I know that filling up questionnaires is very time consuming, but this matter is an urgent one and I shall be most grateful for your help. Could you please return the completed questionnaire to us by June 15th 1970. A stamped addressed envelope is enclosed.

I look forward to hearing from you.

Yours sincerely,

A. Lancaster (signed)

Lancaster

APPENDIX 4

OPINION SURVEY: QUESTIONNAIRE AND CORRESPONDENCE

Letter Accompanying Questionnaire

The University of Edinburgh,
Department of Nursing Studies,
Adam Ferguson Building,
George Square,
EDINBURGH, EH8 9LL.

Telephone: 031 667 1011 Ext. 6466

21st May 1970

Dear

At the present time rapid changes are taking place in many areas of nursing service and administration; nurse training programmes are being reviewed and in many cases reorganised. But the question of who will teach in these new programmes, and what qualifications will be required by those responsible for planning and administering educational policies, also requires consideration.

The General Nursing Council for Scotland is anxious to collect information which could provide a basis on which to plan the future preparation of nurse teachers and educators, and I have been asked to carry out this work in the Department of Nursing Studies. Since a major part of the study is to obtain the opinions of practising tutors, I am writing to ask whether you would be willing to take part. The views of people who are in a position to influence the pattern of nursing education are, as you will appreciate, of very great importance.

A questionnaire similar to the one enclosed is being sent to Registered Nurse Tutors, Midwife Teachers and Health Visitor Tutors. Some of the questions are possibly of more immediate interest to Tutors engaged in preparing students for basic Registration, but it is felt that the views of all nurse teachers about all the questions included in this survey are relevant to future planning.

I know that filling up questionnaires is very time consuming, but this matter is an urgent one and I shall be most grateful for your help. Could you please return the completed questionnaire to me by June 15th 1970? A stamped addressed envelope is enclosed.

I look forward to hearing from you.

Yours sincerely,

A. Lancaster (signed)

Lecturer.

HOW TO FILL UP THIS QUESTIONNAIRE

1. PLEASE - READ THROUGH THE WHOLE QUESTIONNAIRE BEFORE STARTING TO ANSWER ANY QUESTIONS. Some of the questions relate to each other, and it will be easier for you if you realise this at the beginning.

2. Where a 'Yes' or 'No' answer is required, you are provided with a graded choice:

1	2	3	4	5
Strongly 'Yes'		Don't know		Strongly 'No'

2 and 4 represent, respectively, a less strong 'Yes' or 'No'. Tick ONE of these, whichever most closely represents your opinion.

3. Always use the space after each question to comment or give reasons for your answers, even where reasons are not specifically asked for.

4. PLEASE - append your name and address at the foot of page six, unless you have strong reasons for not doing so. Without this information, it will not be possible for us to locate any questionnaires which go astray in the post. Your name will NOT be mentioned in any report of the findings of this survey, and your personal views will be treated with complete confidentiality.

QUESTIONNAIRE

(1) What is the optimum age at which to become a qualified Nurse Tutor?

- 25 - 29 years
- 30 - 34 "
- 35 - 39 "
- 40 - 44 "
- 45 + "

(2) In what type(s) of institution should tutors be prepared? If you tick more than one answer, explain why.

- Professional (e.g. Royal College of Nursing)
- Teacher Training College
- University
- Other - specify:

(3) How long do you think tutors' courses should be? If you tick more than one answer, explain why.

- One year
- Two years
- Three years

If you prefer a completely different pattern of tutor preparation, describe it briefly:

(4) Do you think nurses who have university entrance qualifications should have the opportunity to take a tutors' course as part of a degree?

1 2 3 4 5

Why?

Questionnaire
page 2.
*RNT's only

- (5) Name not more than five subjects of study which you consider to be among the most important in the curriculum of a course which prepares nurses to become Registered Nurse Tutors. Please explain how and why each subject is 'important'.

1

2

3

4

5

- (6) Are there ANY subjects which could usefully be studied jointly by all tutor students, whether they are preparing to become Registered Nurse Tutors, Midwife Teachers or Health Visitor Tutors?

1 2 3 4 5

If 'Yes', list the subjects:

- (7) Should there eventually be one tutors' course, perhaps containing a number of specialist options, instead of the three courses which exist at present?

1 2 3 4 5

If 'Yes', list the specialist areas in which there should be options; include Midwifery and Health Visiting if you think these should continue to exist.

* In the original questionnaire, this question was worded differently for midwife teachers and health visitor tutors, relating it to their own specialties.

- (8) Where the Matron has traditionally been head of the nurse training school, some Principal Tutors felt that they had insufficient opportunity to function as educational administrators. How do you think this situation will be affected by the implementation of 'Salmon' type administration?

the question of whether any subjects should be compulsory, and whether concessions should be made for older entrants.

To obtain all opinions in detail would require a separate study. For the present survey, would you please try to answer what are, admittedly, over-simplified questions? If the choice of answers is no way represents your views, cross them through, and write in the space at the foot of the page.

- (9) Will the grouping of nursing schools affect the administrative responsibilities of Registered Nurse Tutors?

1 2 3 4 5

If 'Yes', how?

One
Two
Three
Four
Five
More than five - specify:

- (10) Do you think the establishment of Area Health Boards will affect nursing education?

1 2 3 4 5

If 'Yes', how?

At BASIC level
OR at ADVANCED level

(c) Should any subject be compulsory?

- (11) Should there be a new statutory body, responsible for all levels and types of nursing education, instead of the three which exist at present, i.e. General Nursing Council, Central Midwives Board, Council for the Training of Health Visitors?

1 2 3 4 5

English
Mathematics or Arithmetic
Science (specify a particular science if you wish to do so)
A Foreign language
Other(s) - specify:

(12) What educational entrance standards should be required for STUDENT NURSES?

There are many possibilities: SCE or GCE passes at Ordinary level, SCE passes at Higher level, GCE passes at Advanced level, in various combinations, with or without alternatives, at different levels; there is the question of whether any subjects should be compulsory, and whether concessions should be made for older entrants.

To obtain all opinions in detail would require a separate study. For the present survey, would you please try to answer what are, admittedly, oversimplified questions? If the choice of answers in no way represents your views, cross them through, and write in the space at the foot of the page.

(a) How many passes at ORDINARY level should student nurses have as a minimum?

One

Two

Three

Four

Five

More than Five - specify:

(b) Should student nurses ALSO have passes at HIGHER or ADVANCED level?

1 2 3 4 5

If 'Yes', how many:

(14) What level? EITHER at HIGHER level

OR at ADVANCED level

(c) Should any subject be compulsory?

1 2 3 4 5

If 'Yes', tick any of the following subjects which should be compulsory and add any you think should have been included. State at what level they should be taken.

Subject

At what level (O, H or A)?

English

Mathematics or Arithmetic

Science (specify a particular science if you wish to do so)

A Foreign Language

Other(s) - specify:

.....

.....

(13) Should there be an educational entrance standard for PUPIL NURSES?

1 2 3 4 5

If 'Yes', what should the standard be?

Number of subjects at ORDINARY level:

One

Two

Three

Four

Five

Other - specify:

Should any subjects be compulsory for pupil nurses?

1 2 3 4 5

If 'Yes', tick any of the following which you think should be compulsory, and add any which have been omitted:

English

Mathematics or Arithmetic

Other(s) - specify:

(14) What effect, if any, do you think the raising of the school leaving age to 16 years will have:

(a) on the number of applicants for nurse training?

the number will increase

the number will decrease

there will be no change

don't know

other - specify:

(b) on the educational qualifications of applicants for nurse training?

applicants will be better qualified

applicants will be less well qualified

there will be no change

don't know

other - specify:

1st Follow-up Letter:

(15) Would you like to see nursing education organised through an Education Authority instead of through the National Health Service?

1 2 3 4 5

Why - or why not?

(16) Would entry to the Common Market affect nursing education in this country?

1 2 3 4 5

If 'Yes', how?

Any further comments about changes affecting nurse tutors?

If you are a REGISTERED NURSE TUTOR, would you please write the YEAR in which you became Registered opposite the name of the PLACE where you took the tutors' course:

Royal College of Nursing 19....

Queen Elizabeth College 19....

University of Surrey 19....

University of Edinburgh 19....

Bolton College of Education 19....

Other - specify:

..... 19....

Sex: Male Female

Name

Address

.....

.....

2nd Follow-up Letter/Questionnaire:

1st Follow-up Letter:

The University of Edinburgh,
Department of Nursing Studies,
Adam Ferguson Building,
George Square,
EDINBURGH, EH8 9LL.
Telephone: 031 667 1011 Ext. 6466

12th June 1970

Dear
In May/June this year you should have received letters and a questionnaire asking for your views about various aspects of nursing education and, in particular, the work and preparation of nurse-tutors.

At the end of last month we sent you a letter asking you if you would let us have your views on various aspects of nursing education. I am wondering whether it has reached you? If you were away, or perhaps particularly busy at the time, you may feel that it is now too late to complete the questionnaire. However, I should still be very pleased to hear from you.

I appreciate that some of the questions are not easy to answer quickly, but it does seem important to get the opinions of as many tutors as possible on subjects which appear to be so pertinent to the future development of nursing education.

Yours sincerely,

If you have already sent us your questionnaire, please ignore this letter. If you have not completed it, I do hope you will do so as soon as possible.

Yours sincerely,

A. Lancaster (signed)

Tick where appropriate

- 1. I did not receive a copy of the questionnaire
- 2. It was not sufficiently Lecturer.
- 3. The questions were too big to answer in a short time/space
- 4. I did not feel qualified to answer the questions
- 5. I was too busy
- 6. I was ill
- 7. I was away from home
- Any other reason?
- I do not wish to give a reason for not taking part in the survey.

2nd Follow-up Letter/Questionnaire:

The University of Edinburgh,
Department of Nursing Studies,
Adam Ferguson Building,
George Square,
EDINBURGH, EH8 9LL.

Telephone: 031 667 1011 Ext. 6466

18th September 1970

Dear

In May/June this year you should have received letters and a questionnaire from me, asking for your views about various aspects of nursing education and, in particular, the work and preparation of nurse tutors.

The response to this request was very good (over 80% of all Registered Nurse Tutors) and it is assumed that those who did not reply had a very good reason. It would therefore be a big help in planning future surveys if you would tell me why you were unable to take part. Would you please tick the appropriate space below and return this letter in the enclosed stamped addressed envelope?

I look forward to hearing from you.

Yours sincerely,

A. Lancaster (signed)

Lecturer.

Tick where appropriate

- 1. I did not receive a copy of the questionnaire
 - 2. It was not sufficiently important
 - 3. The questions were too big to answer in a short time/space
 - 4. I did not feel qualified to answer the questions
 - 5. I was too busy
 - 6. I was ill
 - 7. I was away from home
- Any other reason?
- I do not wish to give a reason for not taking part in the survey.

APPENDIX 5GENERAL NURSING COUNCIL FOR SCOTLAND: STATISTICS(a) Educational qualifications of student nurses indexed in 1968 and 1969

	1968		1969	
	Number	Percentage	Number	Percentage
Total entry	2372	100.0	2205	100.0
<u>Qualifications:</u>				
Highers (with or without 'O' levels)	482	20.3	491	22.3
'O' levels only	825	34.8	762	34.6
Test: grade A.	136	5.7	162	7.3
grade B.	380	16.0	410	18.6
grade C.	537	22.6	377	17.1
Overseas test	12	0.5	3	0.1
University degree	4	0.2	-	-

*Total number of entrants with three or more 'O' levels:
1,044 (47.3%).

(b) 'O' level qualifications of student nurses indexed by the General Nursing Council for Scotland in 1969

	Number	Total entry %
Total entry	2205	100.0
<u>Qualifications</u>		
'O' levels, with or without Highers:		
One	7	0.3
Two	190	8.6
*Three	245	11.1
Four	261	11.8
Five	204	9.3
Six	157	7.1
Seven	101	4.6
Eight	61	2.8
Nine or more	15	0.7

*Total number of entrants with three or more 'O' levels:
1,044 (47.3%).

SCOTTISH EDUCATIONAL STATISTICS
SCHOOL LEAVERS 1964-65 TO 1968-69⁽¹⁾

	1964-65		1965-66		1966-67		1967-68		1968-69	
	Number	%	Number	%	Number	%	Number	%	Number	%
All Leavers										
Boys	41,899	100.0	40,282	100.0	38,361	100.0	39,146	100.0	39,707	100.0
Girls	39,423	100.0	38,371	100.0	36,652	100.0	37,317	100.0	37,631	100.0
Total	81,322	100.0	78,653	100.0	75,013	100.0	76,463	100.0	77,338	100.0
Leavers with no Ordinary or Higher Grades										
Boys	29,652	70.8	28,143	69.9	26,217	68.3	25,923	66.2	25,217	63.5
Girls	27,472	69.7	26,116	68.1	24,301	66.3	24,002	64.2	23,129	61.5
Total	57,124	70.2	54,259	69.0	50,518	67.3	49,925	65.3	48,346	62.5

(1) Scottish Education Department (1970). Scottish Educational Statistics, 1969. Table 18(16/17) p.57.
London: HMSO.

CERTIFICATES HELD BY PUPILS WHO FINALLY LEFT SCHOOL IN
THE YEAR ENDED 31ST JANUARY, 1969*

Age: 15 years on 1st January, 1969

	'O' level passes	Higher grade passes								TOTAL
		0	1	2	3	4	5	6	7+	
Girls	0	-	2	-	-	1	-	-	-	3
	1	701	1	1	1	-	1	1	-	706
	2	793	7	1	4	5	1	-	-	811
	3	789	6	-	5	8	4	-	-	812
	4	626	9	8	1	3	-	-	-	647
	5	472	5	-	2	2	-	-	-	481
	6	260	3	1	-	-	-	-	-	264
	7	121	1	-	-	-	-	-	-	122
	8	19	-	-	-	-	-	-	-	19
	9 or more	2	-	-	-	1	-	-	-	3
TOTAL		3,783	34	11	13	20	6	1	0	3,868
Boys	0	-	-	1	-	-	-	-	-	1
	1	587	-	-	-	-	-	1	-	588
	2	603	-	2	1	3	1	4	1	614
	3	591	-	-	1	2	2	1	-	597
	4	457	3	2	2	1	2	-	-	467
	5	355	7	3	1	2	-	1	-	369
	6	233	6	1	2	-	-	1	-	243
	7	156	2	2	-	-	-	-	-	160
	8	88	-	-	-	-	-	-	-	88
	9 or more	21	1	-	-	-	-	-	-	22
TOTAL		3,091	19	11	7	8	5	8	0	3,149

* Scottish Education Department (1970). Scottish Educational Statistics, 1969.
 Table 16(15), p.54. London: HMSO.

CERTIFICATES HELD BY PUPILS WHO FINALLY LEFT SCHOOL IN
THE YEAR ENDED 31ST JULY, 1969*

Age: 16 years on 1st January, 1969

	'O' level passes	Higher grade passes							TOTAL	
		0	1	2	3	4	5	6		7+
Girls	0	-	9	3	9	10	3	1	-	35
	1	207	22	15	14	27	42	27	10	364
	2	362	58	52	83	151	120	54	5	885
	3	327	130	152	218	185	84	18	3	1,117
	4	329	156	243	250	91	18	5	2	1,094
	5	261	143	138	96	27	1	-	-	666
	6	151	68	52	24	1	2	-	-	298
	7	68	24	9	3	3	-	1	-	108
	8	18	4	-	2	1	2	1	-	28
	9 or more	1	-	-	2	-	-	1	-	4
TOTAL		1,724	614	664	701	496	272	108	20	4,599
Boys	0	-	10	2	-	7	2	3	-	24
	1	206	8	4	6	9	22	28	10	293
	2	282	35	22	19	50	72	42	8	530
	3	316	68	51	50	73	68	19	3	648
	4	336	111	76	71	61	44	8	3	710
	5	264	127	65	47	22	11	1	2	539
	6	234	88	37	20	7	1	-	-	387
	7	150	37	23	5	3	2	-	-	220
	8	62	15	4	2	2	-	-	-	85
	9 or more	14	2	1	-	1	1	-	-	19
TOTAL		1,864	501	285	220	235	223	101	26	3,455

* Scottish Education Department (1970). Scottish Educational Statistics, 1969.
Table 16(15), p.54. London: HMSO.

CERTIFICATES HELD BY PUPILS WHO FINALLY LEFT SCHOOL IN
THE YEAR ENDED 31ST JULY, 1969*

Age: 17 years on 1st January, 1969

	'O' level passes	Higher grade passes								TOTAL
		0	1	2	3	4	5	6	7+	
Girls	0	-	9	12	2	9	10	5	-	47
	1	39	16	19	39	32	78	117	42	382
	2	45	49	66	149	226	376	185	45	1,141
	3	53	83	187	325	357	277	97	19	1,398
	4	60	113	274	317	239	126	32	8	1,169
	5	72	129	199	169	96	37	4	-	706
	6	48	65	85	58	27	7	-	-	290
	7	14	23	23	18	3	2	2	-	85
	8	5	4	6	2	1	-	1	-	19
	9 or more	-	-	3	1	2	1	-	-	7
TOTAL		336	491	874	1,080	992	914	443	114	5,244
Boys	0	-	21	6	12	12	8	12	2	73
	1	34	12	18	20	48	86	142	75	435
	2	61	33	52	89	221	402	261	95	1,214
	3	79	63	104	203	370	391	188	56	1,454
	4	91	133	191	250	242	249	101	19	1,276
	5	115	133	206	160	148	84	38	5	889
	6	84	124	127	79	54	24	8	-	500
	7	59	62	52	22	15	4	3	-	217
	8	23	18	13	6	4	7	2	-	73
	9 or more	7	4	1	2	2	1	-	-	17
TOTAL		553	603	770	843	1,116	1,256	755	252	6,148

* Scottish Education Department (1970). Scottish Educational Statistics, 1969.
Table 16(15), p.54. London: HMSO.

NUMBER OF HIGHER GRADE CERTIFICATES, WITH OR WITHOUT
'O' GRADES, HELD BY PUPILS LEAVING SCHOOL IN 1964-65
AND 1968-69: PERCENTAGES OF ALL SCHOOL LEAVERS*

All leavers	1964-65		1968-69	
	Number	%	Number	%
Boys	41,899	100.0	39,707	100.0
Girls	39,423	100.0	37,631	100.0
Total	81,322	100.0	77,338	100.0
<u>1 'H' grade only</u>				
Boys	1,145	2.7	1,315	3.3
Girls	1,069	2.7	1,244	3.3
Total	2,214	2.7	2,559	3.3
<u>2 'H' grades only</u>				
Boys	1,234	2.9	1,360	3.4
Girls	1,622	4.1	1,695	4.5
Total	2,856	3.5	3,055	4.0
<u>3 'H' grades only</u>				
Boys	1,315	3.1	1,384	3.5
Girls	1,714	4.3	1,966	5.2
Total	3,029	3.7	3,350	4.3
<u>4 'H' grades only</u>				
Boys	1,554	3.7	1,714	4.3
Girls	1,309	3.3	1,672	4.4
Total	2,863	3.5	3,386	4.4
<u>5 or more 'H' grades</u>				
Boys	2,196	5.2	3,090	7.8
Girls	1,372	3.5	2,041	5.4
Total	3,568	4.4	5,131	6.6

* Scottish Education Department (1970) Scottish Educational Statistics, 1969. Table 18, p.57. London: HMSO.

(1) Information supplied by the Edinburgh Careers Advice Service, May 1970.

APPENDIX 7

CAREERS INFORMATION

- (a) Some occupations requiring three, four or five 'O' levels as a minimum entry qualification. (1)

Occupations arranged in descending order of number of certificates required.

<u>Occupation</u>	<u>Minimum entry requirement</u>
Speech Therapy	5 Ordinary grade GCE, Physics or Biology or 2 Higher grade and 3 Ordinary grade SCE
Dietitian	5 Ordinary grade GCE, SCE or CSE I English, Chemistry and preferably Mathematics
Apprentice Brewer	5 Ordinary grade GCE, SCE or CSE I English, Mathematics and preferably one or more Science subjects
Occupational Therapy	5 Ordinary grade English, Science and an Art subject
Physiotherapy	5 Ordinary grade GCE or SCE English and one Science
Radiography	4 or 5 Ordinary grade English, Mathematics or Physics and 2 other Sciences
Chiropody	4 Ordinary grade GCE or SCE English, Mathematics and Science, or English and 2 Science

- (1) Information supplied by the Edinburgh Careers Advice Bureau, May 1970.

<u>Occupation</u>	<u>Minimum entry requirement</u>
Poultry Husbandry	4 Ordinary grade GCE or SCE English, Mathematics and Chemistry
Dental Auxiliary	4 Ordinary grade GCE or SCE English and Science subjects
Dispensing Optician	4 Ordinary grade Mathematics and English
Medical Laboratory Technician	3 Ordinary grade SCE Mathematics, Chemistry, Physics or Biology or 4 Ordinary grade GCE in relevant subjects
Household Management	3 Ordinary grade GCE or SCE English and one Science
Animal Nursing Auxiliary	3 Ordinary grade GCE, SCE or CSE I English, Science and Mathematics
Hairdressing	3 Ordinary grade for a two year full time course at a College of Technology (no entrance requirements for apprenticeship in a shop)
Hotel Receptionist	3 Ordinary grade GCE or SCE English, Arithmetic and a Foreign Language for entry to a College of the Hotel Catering Institute

Extracts from the Careers Guide 1970-71, prepared by the Central Youth
Employment Executive.

- (b) Entry requirements, work, and career prospects of some occupations comparable to nursing. (1)

ANIMAL NURSING AUXILIARY

Minimum entry requirement: 3 'O' levels GCE or SCE.

Summary of work: 'The Animal Nursing Auxiliary carries out similar work for the veterinary surgeon as a nurse does for the doctor in human medicine.' Under the direction of a veterinary surgeon the Animal Nursing Auxiliary assists in the treatment of animals' ailments. The work of an Animal Nursing Auxiliary provides a satisfying and worthwhile career for young people who are interested in animal care and in animal health.

Training: Largely practical, students themselves being responsible for acquiring theoretical knowledge. A candidate for enrolment must have obtained full-time gainful employment of not less than 35 hours per week, or the promise in writing of such employment, at a training centre approved by the Royal College of Veterinary Surgeons under the Animal Nursing Auxiliaries training scheme. Length of training: 2 years. Successful candidates are registered as R.A.N.A.

Opportunities and Prospects: Auxiliaries concerned with small animals only, not with farm animals.

Salaries: £520 - £936 in some cases with accommodation provided. No national scale. Salaries are negotiated with the employer.

Qualities required: 'The Animal Nursing Auxiliary must have the basic educational qualifications sufficient to understand the technical aspects of her work and at the same time a willingness to undertake relatively menial tasks which are part and parcel of the care of animals.' Patience, willingness to work long hours and a degree of dedication are mentioned as being essential.

- (1) Extracts from the Careers Guide 1970-71, prepared by the Central Youth Employment Executive.

DENTAL ANCILLARY OCCUPATIONS

- (a) Dental Auxiliaries (women only): Dental auxiliaries work in local authority clinics and hospital dental departments to give urgently needed treatment to children. They carry out simple fillings, extract deciduous (milk) teeth and clean, scale and polish teeth. They visit schools and talk to classes about oral hygiene.

Minimum entry requirement: 4 'O' levels. Two year training.

Prospects and salaries: £340 p.a., a maintenance grant while training. After qualification, £723 - £1,187. Opportunities for posts as tutors.

- (b) Dental Hygienists: Work similar to above.

Minimum entry requirement: 4 'O' levels required to secure a place in a hospital training course but because there is competition for places many candidates have higher qualifications. There is a nine-month training course.

Prospects and Salaries: £615 p.a. at the age of 21, rising by annual increments to £900. Opportunities for posts as tutors.

- (c) Dental Surgery Assistants: Good general education required; full-time training courses of one or two years are held in hospitals and technical colleges. Evening classes are also available.

Prospects and Salaries: In private practice, £286 - £750; in the health service, £290 - £700 p.a.

Qualities required: For dental ancillary occupations: 'a pleasant personality, a sympathetic manner manual dexterity.'

FORESTRY ADMINISTRATION

Minimum entry requirement: Forest Officer: 2 'A' levels or
 3 'O' levels in GCE or GSE, or 4 'O' level
 or Higher level. 3 Highers (University)
 Forester: 4 'O' levels.

Summary of work: Organisation and supervision of planting, nursery work, pruning, thinning, felling and the preparation and marketing of timber. Women have recently been given the opportunity to apply for posts as Forest Officers, but none have been appointed to date.

Qualities required: 'Forest Officers and Foresters often have personal responsibility for large areas of woodlands and therefore need to be self-reliant; a good standard of intelligence is required for such posts.'

Training: 4 years. Administrative responsibility for education in Forestry below the Graduate level has recently been transferred from the Forestry Commission to the Education Departments. Forestry Commission's schools are to close down and training courses will be centralised.

Forest Officers require a degree in Forestry. Boards and Boards of Governors reach £7,300 p.a.

Salaries/Career prospects: Constant demand for qualified Foresters, but the number of Forest Officers required annually in this country is not large.

Forester: £943 for a trainee, £2,469 for a Chief Forester plus rent-free house or cash allowance in lieu.

Forest Officer: £1,475 (age 25) to over £4,620 (national scale).

HOSPITAL ADMINISTRATION

Minimum entry requirements: Institute of Hospital Administration:
5 'O' levels in GCE or SCE, or 4 'O' level passes and one at Advanced
or Higher level.

Summary of work: No educational requirements laid down for entry to
the clerical grade but advancement to higher posts depends on the
possession of qualifications, experience and ability.

Training: Combination of practical experience on the job and study
for appropriate professional qualifications.

Salaries and prospects range from lower clerical grades to a position
in the Hospital Management Committees in England and Wales and Boards
of Management in Scotland.

Clerical grades: £368 - £1,250 p.a.

Administrative grades: £1,250 - £2,042 p.a.

The highest administrative posts with Regional Boards and Boards of
Governors reach £5,320 p.a.

Summary of work: To provide facilities for hospital and specialist
services, including nursing for the people of the area served.

JOURNALISM

Minimum entry requirement: 5 'O' levels.

Summary of work: Journalists obtain and present news and information of all kinds in newspapers and periodicals and broadcasting services.

Qualities required: 'The journalist must have a keen interest in people and events in addition to first rate ability in expressing himself clearly..... Good health and stamina are required for much of the work is mentally and physically exacting and the hours are frequently irregular. The reporter must be able to mix easily with all sorts of people and have acute powers of observation.'

Training: Normally training is by planned experience in employment on a newspaper, combined with study in blocks or by day release; 6-month probationary period, followed by three years' indentures.

Salaries and Prospects: Entry into journalism is very competitive and is limited by a relatively small annual intake. 'A strong sense of vocation is therefore required, and this is one of the qualities assessed by editors when they are selecting new entrants.'

The minimum starting rate for trainees of 17 years of age ranges from £8 to £10 per week. The agreed scales give all seniors on provincial newspapers £1,200 - £1,500 p.a. There are merit payments for performance, responsibility, special qualifications and executive rank.

MEDICAL SOCIAL WORKER (Almoner)

See page 38 of this report.

Minimum entry requirement: As for university.

Summary of work: Medical social workers (men and women) undertake social work in hospitals and in the health and welfare services of local authorities. 'They help sick and disabled people and their families to deal with personal and social problems related to their illness or handicap, in order that they may return to normal life or cope with their changed circumstances as satisfactorily as possible.'

Qualities required: 'Personal qualities for working effectively with distressed individuals and families belonging to all sections of the community, with professional colleagues, and as members of public services and institutions.'

Training: Degree in social studies followed by one year of professional studies, or degree in another subject followed by two years of social studies and professional studies.

Salaries: £1,130 - £1,575 p.a.

Graded structure in the hospital service with senior posts up to £2,015.

<u>Grade</u>	<u>Training allowance or Salary Scale</u>	<u>Salaries for board and lodging where appropriate</u>
Pupil Nurse in General Training	£ p.a.	£ p.a.
Under 21 on entry	575 - 624	27 - 54
Over 21 on entry	714 - 744	108
Student Nurse in General Training		
Under 21 on entry	524 - 624	27 - 54
Over 21 on entry	714 - 774	108
Enrolled Nurse	801 - 959	147
Senior Enrolled Nurse	966 - 1209	171
Staff Nurse	930 - 1162	171
Ward Sister/Charge Nurse	1089 - 1431	174

Salaries in senior posts in the Hospital Service rise to over £2,000 p.a. dependent on duties and responsibilities.

NURSING

Minimum entry requirement - Scotland: See page 38 of this report.

England: 2 'O' levels or a pass in the General Nursing Council's own test.

Registered nurses wishing to take a Health Visitor's course are required to have a minimum of 5 'O' levels.

Summary of work: 'Nurses are engaged in caring for the sick both in hospitals and in the community. They also take part in the rehabilitation of the sick and injured and in the prevention of ill-health and disease ...'

Qualities required: 'Nurses should have a genuine desire to serve humanity. They should have practical ability which, with training, will enable them to develop efficiency in nursing and technical skills. At the same time they should be kind, patient and sympathetic. Nurses also need a sense of humour, tact and an understanding of people.'

Opportunities and Prospects: Registered nurses may undertake post registration training and courses to qualify as midwives, health visitors, home nurses, nurse tutors, clinical teachers, nurse administrators or occupational health nurses. There are also post-registration courses in nursing specialties.

<u>Grade</u>	<u>Training allowance or Salary Scale</u>	<u>Deductions for board and lodging where appropriate</u>
Pupil Nurse in General Training	£ p.a.	£ p.a.
Under 21 on entry	575 - 624	27 - 54
Over 21 on entry	714 - 744	108
Student Nurse in General Training		
Under 21 on entry	524 - 624	27 - 54
Over 21 on entry	714 - 774	108
Enrolled Nurse	801 - 969	147
Senior Enrolled Nurse	966 - 1206	171
Staff Nurse	930 - 1182	171
Ward Sister/Charge Nurse	1089 - 1431	174

Salaries in senior posts in the Hospital Service rise to over £2,000 p.a. dependent on duties and responsibilities.

PHYSIOTHERAPY

Minimum entry requirement: 5 'O' levels are the minimum, but many training schools require more.

Summary of work: Physiotherapy is the treatment under medical direction of disease and injury by means of massage, exercises, heat or other electrical methods (electrotherapy) and exercises in water (hydrotherapy). The work is varied and usually strenuous.

Qualities required: 'A genuine liking for people and a real interest in the rehabilitation of the sick and injured. Patience and good powers of observation are also important. Good health and stamina are needed'

Prospects: There is a growing demand for physiotherapists. The great majority of openings are in the National Health Service where there are prospects of promotion to posts as superintendents of hospital departments. There are also openings in schools, municipal or industrial clinics and in rehabilitation centres. Some experienced physiotherapists are required in private practice. Experienced physiotherapists may train to become teachers of physiotherapy.

Salaries (National Health Service);

Newly qualified:	£942 - £1,203 p.a.
Superintendents:	up to £2,205 p.a.
Student teachers:	£1,038 - £1,203 p.a.
Principals of large schools:	up to £2,502 p.a.

POLICE

Entry requirements: A fair standard of general education is required. All forces set an entrance examination in Arithmetic, General Knowledge and English.

For cadet entry (15 - 18): Many forces prefer one or more passes at 'O' level.

Summary of work: To enforce the law and serve and advise the public.

Qualities required: 'an alert mind and good powers of observation and memory are necessary qualities together with a courteous manner and a good temper. A good character is essential and a high standard of integrity and honesty is expected of policemen and policewomen.'

Training: Probationary period, 2 years with 'blocks' at the Scottish Police College.

Salaries: £830 - £1,235 after nine years for a constable; more senior officers, £1,385 - £3,035 p.a.

Rates for women are lower.

TEACHERS (Scotland)Minimum entry requirements:

(1) For the Teacher's Certificate (Primary Education):

RADIOGRAPHER4 Highers or 3 Highers and 2 'O' levels (specified); or
2 Highers and 4 'O' levels.Minimum entry requirement: 4 or 5 'O' levels.

(2) For the Teacher's Certificate (Secondary Education):

Qualities required: 'A sympathetic personality and the ability to understand and get on with all kinds of people. These powers must be combined with a scientific outlook, accuracy and good powers of observation. Good health and physique are essential, as the work involves a good deal of standing and occasionally giving support to patients.'Training in Medical Colleges and Further Education Centres:Training: 2 years at hospital training school.Salaries:

Newly qualified: £942 - £1,203 p.a.

Superintendents: up to £2,205 p.a.

Salaries: All teachers in primary and secondary schools receive a basic salary which is calculated according to their qualifications and length of service.

Non-graduates: £700 - £1,515 p.a. (Primary).

Graduates: £1,915 - £1,795 p.a. (Secondary).

TEACHING (Scotland)Educational entry requirements:

(1) For the Teacher's Certificate (Primary Education):

4 Highers or 3 Highers and 2 'O' levels (specified); or
2 Highers and 4 'O' levels.

(2) For the Teacher's Certificate (Secondary Education):

university degree.

Training: Non-graduates must complete a three-year course, and graduates a one-year course, at a College of Education.

Teaching in Technical Colleges and Further Education Centres:

Professional training as a teacher is not essential; generally such teachers are recruited from those whose previous experience and training fit them to teach particular technical subjects, but a special course leading to the award of a Teacher's Certificate (Further Education) is now available to teachers who hold or who have been offered an appointment in a further education establishment.

Salaries: All teachers in primary and secondary schools receive a basic salary which is calculated according to their qualifications and length of service.

Non-graduates: £780 - £1,515 p.a. (Primary).

Graduates: £1,015 - £1,795 p.a. (Secondary).

TEACHING (England and Wales)

Minimum entry requirement (non-graduates): 5 'O' levels (or 3 'O' levels and 1 'A' level or 2 'O' levels and 2 'A' levels).

Training: Three year training course at a College of Education for non-graduates. Only 9.9 per cent of men and 8.6 per cent of women entered with minimum qualifications in 1969.

Teaching in Technical Colleges and Colleges of Further Education: Teachers in Technical Colleges are generally persons whose previous experience and training fit them to teach particular technical subjects. At present there are four Colleges of Education (Technical), at Bolton, Huddersfield, London and Wolverhampton, offering one-year professional courses for those aged 25 and over who have appropriate qualifications and wish to teach technical subjects.

Qualities required: 'Teaching is much more than imparting information or instruction. Interest and ability in a particular subject are not enough but need to be matched with a lively concern for children or young people and a genuine desire to help them in growing up, through the discipline of learning and the community life of a school or college, to the full responsibility of manhood or womanhood. Teachers need vitality and patience and should be alert, observant and adaptable.'

Salaries: For non-graduate teachers in maintained schools in England and Wales: £800 - £1,500 p.a., over 14 years. Separate scales for graduates.

- (1) not less than one year has been spent in other clinical nursing acceptable to the Council for the purposes of this paragraph, and
- (11) not less than one year has been spent in the teaching of nursing at an approved training institution under the supervision of a person holding the Council's certificate; or
3. The applicant's name is included on any roll of teachers for the time being maintained by the Council for the Training of Health Visitors and she has had not less than two years' experience in nursing since registration, of which
- (4) At least one year shall have been as a health visitor, and
- (11) At least one year shall have been as a person in charge of a ward or department of an approved training institution in which pupil or student nurses are regularly trained; or

APPENDIX 8

STATUTORY REGULATIONS RELATING TO THE
REGISTRATION OF NURSE TEACHERS

Extracts from the Nurses (Scotland) Rules 1970, Statutory Instruments (1970).

Certificate as Teacher of Nurses

67. The Council shall grant a Certificate of Registration as a Teacher of Nurses to any person registered in the General Part of the Register who makes application in writing to the Registrar for such Certificate and who satisfies the following requirements:

1. She has undergone a course of training (for the time being approved by the Council) conducted under the auspices of a University or an institution which course was of at least one year's duration and included training in teaching methods, with particular application to the teaching of nursing, which will entitle her to the award of a diploma or a certificate, as the case may be, of that University or institution; or

2. The applicant must have successfully completed a course of training which is for the time being recognised by the Secretary of State as entitling her to be a qualified teacher for the purpose of regulations made, or having effect as if made, under the Teaching Council (Scotland) Act 1965 and the Education (Scotland) Act 1962 and 1969, and has had since registration not less than three years' experience in nursing of which:

- (i) not less than one year has been spent as a person in charge of a ward or department of an approved training institution in which pupil or student nurses are regularly trained, and
- (ii) not less than one year has been spent in other clinical nursing acceptable to the Council for the purposes of this paragraph, and
- (iii) not less than one year has been spent in the teaching of nursing at an approved training institution under the supervision of a person holding the Council's certificate; or

3. The applicant's name is included on any roll of teachers for the time being maintained by the Council for the Training of Health Visitors and she has had not less than two years' experience in nursing since registration, of which:

- (i) At least one year shall have been as a health visitor, and
- (ii) At least one year shall have been as a person in charge of a ward or department of an approved training institution in which pupil or student nurses are regularly trained; or

4. In any particular case the applicant appears to the Council and the Secretary of State to be qualified in the teaching of nursing otherwise than as mentioned in the preceding provision of this Rule.

Notwithstanding what is hereinbefore provided in paragraphs (1), (2) and (3) of this Rule, the Council may at their discretion waive compliance with any of the requirements specified in these paragraphs to such extent as they think fit in any particular case.

Certificate as Clinical Teacher

72. The Council shall grant a Certificate of Registration as a Clinical Teacher to any person who makes application in writing to the Registrar for such Certificate and who satisfies the following requirements:

1(a). The applicant shall be registered in the General Part of the Register and have completed not less than two years' post-registration experience in a post of responsibility in an approved training institution in which pupil or student nurses are regularly trained, and

(b). She has undergone a course of training (for the time being approved by the Council) conducted by an institution which course included training in teaching methods, with particular application to the teaching of nursing which will entitle her to the award of a Certificate as a Clinical Teacher; or

2. She possesses the qualification of a Midwifery Tutors' Diploma:

Provided that the Council may in their discretion waive compliance with any of the requirements specified in this Rule to such extent as they think fit in any particular case.

There is reciprocal recognition of the certificates issued by the General Nursing Council for Scotland, the General Nursing Council for England and Wales, and the Joint Nursing and Midwives' Council for Northern Ireland.

	In favour	Not in favour	No reply
Male (N = 40)	22	15	3
Female (N = 83)	73	7	3

APPENDIX 9

STATISTICAL TECHNIQUE USED IN THE ANALYSIS OF DATA

The χ^2 formula:

$$(\chi^2 = \sum \frac{O^2}{E}) - N$$

was used to test for significant differences between sub-samples.

To correct for discontinuous data, observed frequencies were reduced by 0.5 when $O > E$, and increased by 0.5 when $O < E$.

Differences were taken to be significant when $P < .05$.

Example (see p. 32)

Comparison between the number of male and female tutors who were in favour of Higher/Advanced level passes in GCE/SCE examinations as an entry qualification for nursing.

In the following calculations:

N = the sample number,

O = the number of observed frequencies,

E = the number of expected frequencies.

Respondents who replied "no" or "don't know" are grouped together as "not in favour"; those who gave no reply are omitted.

males 55.0 per cent,
females 86.8 per cent.

These percentages differ from those in the text. The latter represent a proportion of the total sample; the χ^2 calculation omits respondents who gave no reply.

REFERENCES

	In favour	Not in favour	No reply
Male (N = 40)	22	15	3
Female (N = 83)	73	7	3

	In favour	Not in favour	N
Male (N = 40 - 3)	$O = 22$ $E = \frac{95 \times 37}{117}$ $= 30.5$ Corrected $O = 22.5$	$O = 15$ $E = \frac{22 \times 37}{117}$ $= 6.96$ Corrected $O = 14.5$	37
Female (N = 83 - 3)	$O = 73$ $E = \frac{95 \times 80}{117}$ $= 64.96$ Corrected $O = 72.5$	$O = 7$ $E = \frac{22 \times 80}{117}$ $= 15.04$ Corrected $O = 7.5$	80

$$\begin{aligned}
 X^2 &= \sum \left(\frac{O^2}{E} \right) - N \\
 &= 16.85 + 80.92 + 30.21 + 3.74 - N \\
 &= 131.72 - 117 \\
 &= 14.72 \\
 df &= 1 \\
 P &= <.001
 \end{aligned}$$

A significant X^2 indicates that the proportion of males in favour of a higher educational qualification differed significantly from the corresponding proportion of females. The percentages were:

males 59.5 per cent,
 females 91.3 per cent.

These percentages differ from those in the text. The latter represent a proportion of the total sample; the X^2 calculation omits respondents who gave no reply.

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