

CONFERENCE BETWEEN REPRESENTATIVES OF THE VICTORIAN NURSING COUNCIL, NORTHERN DISTRICT SCHOOL OF NURSING AND ASSOCIATED HOSPITALS, HELD AT LISTER HOUSE, BENDIGO, ON FRIDAY, AUGUST 17TH 1962, AT 2 P.M.

PRESENT:From Victorian Nursing Council -

Sir Alan Ramsay, Chairman
Miss L. M. Avery Chief Nursing Executive Officer.

From Associated Hospitals -Bendigo Base Hospital:

Mr. J. R. Hyett President
Mr. J. E. McClelland Manager/Secretary
Miss A. R. Baker Matron.

Mildura Base Hospital:

Mr. R. E. Rohde President
Mr. H. Rogers Manager/Secretary
Miss R. Willson Matron.

Castlemaine District Hospital:

Mr. W. R. Arblaster Treasurer
Mr. A. Bumford Manager/Secretary
Miss E. Wilson Acting Matron.

Echuca District Hospital:

Mr. H. Baird President
Mr. W. M. Coulson Manager/Secretary
Miss R. Baker Matron.

Kyneton District Hospital:

Mr. Penna President
Mr. S. Calsafferri Manager/Secretary
Miss Morgan Acting Matron.

St. Arnaud District Hospital:

Mr. J. A. McLaren Manager/Secretary
Miss Wright Acting Matron.

Swan Hill District Hospital:

Mr. K. H. Dunoon Treasurer
Mr. R. V. Stone Manager/Secretary
Miss M. Fishlock Matron.

From the Northern District School of Nursing:

Miss D. Steel Deputy Chairman
Miss C. S. Kirk Hospitals & Charities Commission representative
Miss N. W. Long Dean
Miss M. A. Scott Assistant Dean Education
Miss M. A. Turner Assistant Dean Administration
Miss E. M. Tredinnick Secretary.

Miss D. Steel occupied the Chair.

APOLOGIES:

Apologies were received from School Committee members Mr. S. H. Walters, Chairman of the School and Dr. H. M. Pannifex.

The Chairman extended a welcome to Sir Alan Ramsay and Miss Avery from the Victorian Nursing Council and to all Hospital representatives attending the meeting.

BUSINESS:

The Chairman then directed attention to the Agenda for the day which was to discuss the position of the associated hospitals, matters affecting the nursing education programme in this region in relation to the Bendigo Base Hospital's request to withdraw from the "Circular" scheme of training and questions arising therefrom.

Bendigo representatives were then asked to reply to questions set out on the agenda.

Mr. McClelland: As we have not previously seen this Agenda we cannot give the Hospital Committee's views without first discussing the matter in committee. Our replies are subject to this.

Mr. McClelland: (a) Reasons for withdrawal from circular training: We feel that the present system is not in the best interests of students training at Bendigo. The Hospital loses contact with its students for up to twelve months and we do not see any compensatory advantages.

(b) Is the Hospital prepared to continue its association with the School of Nursing and if so for what period of time? Yes. We have no reason to believe that any set time would be necessary but this would depend on future developments.

(c) Is the Hospital prepared to accept students from the District Hospitals for twelve months practical experience - such transfer to be made after completion of the first year of training and the First Professional examination? We are prepared to accept such numbers as we are able to give practical experience to. The exact number has not been discussed.

(d) Is it the intention of the Hospital to limit the intake of students from the district hospitals? There must be a limit to the number we can take although that number has not been determined.

(e) Will the Hospital undertake to provide nursing experience for these students in surgical and specialist departments as directed by the School of Nursing? If not, why not? There is no real problem here provided there is no medical reason why a student should not get that experience.

(f) If the principle of student status is accepted, which Hospital will be responsible for payment of students' salaries? This has not been discussed by the Committee.

(g) Will the Base Hospital provide medical care (as required) for students on exchange duty? The Hospital will be very happy to supply medical care to students while on exchange duty. We must again point out that we are not in a position to commit the Hospital Committee, not having had prior notice of the points.

Miss Kirk: With regard to (f) the financial angle would not be involved as the Hospitals and Charities Commission is liable to pay all salaries.

Miss Long: The information which was forwarded to all hospitals explained what was going on and the problems involved.

With regard to reasons for withdrawal we would like to know if Bendigo's only reason is the difficulty of recruitment. The only official reason given to the School Committee and the Nursing Council was this difficulty. Are there any other reasons? If so these should be stated. Is the Hospital prepared to continue its association with the School and if so for what period of time? We have on record a letter from Bendigo Hospital stating that the Committee only wished to withdraw from circular training and not the School. If we are going to plan an educational programme in this region we must be assured of some continuity of operation and a reasonable agreement in some legal form should be instituted, otherwise the whole situation is most unsatisfactory.

With regard to (c) - Bendigo has stated that it does not wish to take these students as staff "pairs of hands."

The School is anxious to protect the interests of the District Hospitals' nurses and perturbed that students may not gain experience which is desirable. Nurses are sent to wards and departments similar to those available in their own hospitals, but in the first instance the reason for transferring students was that they should receive surgical and specialist experience not available in smaller hospitals. If the Base Hospitals are prepared to take nurses from the District Hospitals we must have some guarantee that they will have this experience. It has been stated that the Base Hospitals will have difficulty in assimilating all numbers of District Hospital nurses. When the students transfer they should be super numerary, transferred for the sole purpose of gaining the right experience. They are not "Base Hospital staff" but students on transfer and would be expected to have experience as laid down by the School. If this could not be done the District nurses would not be able to move and it may well mean the end of some of the district hospitals as training schools.

Miss Long: We are here as an educational body to make sure that the nurses
(continued) in this region get a balanced training which they are not always
getting at the present time. The Base Hospitals must answer
these questions before we know where we are going.

Mr. Hyett: We can quite definitely state that the board of the Bendigo Base
(Bendigo) Hospital would be prepared to enter into a firm undertaking with
regard to (b). That is reasonable and we would co-operate with
the problem of absorbing second year nurses. We feel at the
present time it can be done, but we don't know what is ahead of
us; what the position will be in the future is hard to say.
We agree in principle and are prepared to co-operate in any other
way we can having regard to the interests of the patients we have
the task of serving.

Mr. Baird: Questions (c) and (d) are surely the crux of this whole problem.
(Echuca) It is apparent that Bendigo is in a position to withdraw and we
feel that (c) and (d) are the important questions. From Echuca
six to eight girls a year go to Bendigo for training. As Miss
Long pointed out the object of this transfer is to see that they
get adequate clinical experience. This is the wish of all
District Hospitals' Committees that have limited facilities for
the training of nurses. If this can be provided by other services
that operate in the Bendigo Hospital we are very happy to have our
girls go there. Naturally trainee nurses are more than just
receiving training in a hospital, they are in fact "pairs of hands"
and there is a problem in every hospital for staff so that the
withdrawal of Bendigo creates a problem for staff numbers. We
would like to suggest that as it may be necessary for Bendigo to
limit the intake, perhaps the School could give consideration to
a somewhat shorter period for the girls to be transferred to a
Base Hospital with a view to seeing that they gain a more
intensive clinical experience. It would ease the position
considerably for the District Hospitals if this period of twelve
months could be shortened. This would solve the problem for
District Hospitals and the embarrassing problem of the Base
Hospitals of too many pairs of hands to cope with at the same time.

Miss Avery: I have visited Echuca and Swan Hill Hospitals with regard to their
training and to the clinical facilities provided there and it would
be difficult at this stage to say that the period spent by the nurses
at the Base Hospitals could be less. From the records seen there
I would say that the students are definitely not getting a well
balanced training as it appears that they go to the departments of
the hospitals where the need is greatest and not according to their
needs. It would be necessary to come to some definite agreement
regarding the clinical experience the nurse is required to receive
at her own hospital and at the Base Hospital and this would depend
on what is available at each of these hospitals. It was very
noticeable that there is also a need for supervision by the School
of the nurses' training programme in hospital in order to see that
she is receiving what has been planned for her.

Mildura Hospital representatives were then asked to reply to
the previous questions.

Mr. Rogers: (a) So far as our reasons are concerned we feel that it serves no
useful purpose.
(b) Yes. The period has not been defined. We renew our affiliation
from time to time for five year periods.
(c) Yes. We believe that is most important - that the District
Hospital nurses should come to the Base Hospitals.

Mr. Rogers: (d) No.
(e) Yes.
(f) If the District nurses come to us they will relieve some of our nurses therefore it should be reasonable to assume that Mildura will bear part of the salaries possibly on a 50-50 basis.
(g) Yes.

Sir Alan Ramsay: (Victorian Nursing Council): When this matter came to the Council first our only consideration was to help in solving the problem. Most of us realised that Bendigo having faithfully kept its contract for five years was at liberty to seek variation. Whether we like or dislike the reasons which prompted the two Base Hospitals they are within their rights and they are acting reasonably in withdrawing. The important point to me is that the Base Hospitals are prepared to continue to back the School and that the District Hospitals are prepared to accept the School as their method of training. The other minor details as to the length of time etc. are matters which have to be worked out in detail. The main thing is that the School system of training remains the method of training for the northern district. If we don't do that I am sure we do a great disservice to nurse training. I have heard a lot said here in Bendigo about decentralisation. If we are going to depart in any way from this system of training we are forcing people to centralise because it is very doubtful whether some of the district hospitals would be accepted as training schools in their own right, but would have to be affiliated with some other hospital. I think that Bendigo and Mildura both have got to realise that they can force the district hospitals into having all their girls trained somewhere else. Girls who come to the city for part of their training are likely to stay there. We must train these girls in this area in their own home town if possible, if we are to keep them in their own hospitals. The other point which we must consider is this. It is the School that is responsible to the Victorian Nursing Council for the training given. Therefore the Dean has to work out the balance that is to be in each girls training and ensure that she gets the correct experience. It is the Dean that has to certify that this has been done and the girl has had the proper experience. It is only reasonable that she should be able to advise the Matrons of the hospitals as to what type of experience is required by this girl. Without that she cannot satisfy the Council that the girl has had the full training required. The Council is responsible to see that girls who qualify in this region are fit to nurse anywhere in Australia and to some extent overseas. We must keep these things in mind. We must keep the system of training going otherwise the district hospitals will be left out on a limb. Girls will either have to train in Bendigo or go to Melbourne for training. The normal thing is for the smaller hospitals to affiliate with some other hospital. You would be very wise to keep this training in your own hands in the region here.

Miss Avery: It might perhaps be as well to mention here that other than the Schools of Nursing there are only two types of hospital training schools - those which are approved as independent training schools and those which are approved as affiliated training schools. If a hospital is approved as an affiliated training school it is necessary for its students to spend a certain period of their training at another hospital. However, this hospital in return does not send any replacements.

The District Hospitals were then asked to reply to the questions directed to them.

- Mr. Bumford:
(Castlemaine) These questions have not been considered by our Committee, but we feel sure that these would be the answers.
(a) Are the District Hospitals prepared to continue their association with the School of Nursing? Yes we are prepared.
(b) Are the District Hospitals prepared to accept the amended form of agreement in respect of circular training? If not what are the alternative proposals? There are two alternatives.
1. Trainees go to larger hospitals as a working trainee nurse or
2. as a student. In the first case we would be quite happy. In the second case, probably, but we cannot be certain of these views.
(c) Have any of the District Hospitals considered withdrawing from the field of "general" nurse training to concentrate on Nursing Aide training? This has not been considered at any stage.
- Mr. McLaren:
(St. Arnaud) (a) We feel sure our Committee is prepared to continue its association with the School.
(b) We feel sure our Committee will accept this.
(c) I have my own opinion regarding this, but it has not been considered by my Committee. We have concentrated on Nursing Aide training for some years, but I feel that our Committee may still want to train nurses too. That has been their decision over the years, but I don't know if they will continue to feel the same way.
- Mr. Stone:
(Swan Hill) These matters have not been discussed by our Committee but we feel sure we can reply -
(a) Yes.
(b) We would prefer not to. We would like to ask Mr. Rogers with regard to Mildura's reasons for withdrawal if whereas no useful purpose is served is there any harmful purpose to Mildura?
(c) No, we would not be going into Nurse Aide training.
- Mr. Rogers: All I can say is that I believe it is most important that a girl from a District Hospital should have one year at a Base Hospital also I believe that if a girl can have three years at a Base Hospital this is even better. Therefore that is why I say they gain nothing useful from transfer.
- Miss Steel: You would not think they would gain anything at all from going to a new environment?
- Mr. Rogers: I would not think so.
- Sir Alan Ramsay: I have found in my association with nurse training that there is a time, for some girls only, when a small hospital is a better place for training. The bigger places do sometimes get too fast and too hectic for some trainees. Sending them to a quieter atmosphere does help to put them on their feet. There may be a time where a smaller hospital can serve a very useful purpose to some trainees.
- Miss Scott:
(School) I would like to support these remarks as there have been girls in the School who have derived great benefit from transferring to a smaller hospital.
- Mr. McClelland: I feel that the Hospital committee would raise no objection to students from Bendigo being transferred to a District Hospital if it was to a girl's advantage. If the evidence is produced that it is to the advantage of the girl to transfer to a smaller hospital I feel sure Bendigo would accept this.
- Miss Avery: That is often done and proves most successful.
- Miss Wright:
(St. Arnaud) I have had very favourable success from a girl who has been transferred to a smaller hospital finding that she gains more experience and knowledge and a personal contact with her patients.

Miss Steel: The position is that Bendigo and Mildura will take students from District Hospitals, but are not prepared to send out their own students. What is now the position of the District Hospitals? What can they do to make up for the loss of their students?

Mr. Baird: We have been told that we can employ Nurses Aides if we can get them or more trained staff if we can get them. If that can be done it will prove to the advantage of the hospitals to have a higher standard in their hospitals. Our Hospital is not considering abandoning general nurse training unless forced to, but will resist it as far as possible. We wholeheartedly support the School. Our support is based on the full understanding that the Victorian Nursing Council is perfectly satisfied that the School is fulfilling and can fulfil its purpose and that the clinical and surgical training available to the girls in this district is adequate. The alternative is that the District Hospital affiliates with a major Melbourne hospital. We would be no worse off, but would ultimately lose the advantage of having a regional school. We don't want this to happen, but I do sincerely urge that the Nursing Council, the School and the Base Hospitals give full and urgent consideration to our proposal to reduce, if possible without damage to the nurse training, the actual time spent away from the district hospital; also that the time spent is concentrated on gaining clinical and surgical experience.

Mr. Dunoon:
(Swan Hill) We are in the unfortunate position that when our girls are sent to Mildura and not replaced, we are at a loss to replace them for the time being. How can we overcome this difficulty? We realise finance is not the point. Another point to consider is that when our girls return for their third year to the District Hospital we could be over staffed.

The Chairman then asked Kyneton Hospital to state their views on the future status of the Hospital in view of the fact that at the present time this Hospital is only approved as a first year training school and for the last three years there has been no intake of students for the general certificate course of training.

Mr. Calsafferri: As you may know at the present time we are affiliated with the Nursing Aide School, Toorak, as a training school for Nursing Aides and there has been considerable concentration on training Nursing Aides. We are particularly keen to continue in the scheme of training girls for the first twelve months of general nurse training even if we only get one occasionally. We do hope we will be able to continue. We have an average of eight to ten per year of Nursing Aides from the Kyneton district trained at the Hospital. If there is any means of being able to get the girls back after completion of three years nurse training that would spur us on to greater efforts.

Miss Steel: The situation is that Bendigo and Mildura are prepared to continue with the School and take students from District Hospitals. The smaller hospitals are prepared to continue and send their students to the Base Hospitals for a shorter time if possible. Each Hospital should be able to advise after consultation with their committees what is agreed to.

Mr. McClelland: I feel that if practicable some definite clear statement of agreement should be prepared and hospitals should be required to sign same. The School is very much at the mercy of the larger hospitals. Rather than asking us to take this back to our committees the School, on the basis of this discussion should prepare some form of agreement clearly setting out the terms and each hospital should be asked to sign for a definite period. Some specific proposition should be put to hospitals and they should be asked to complete an agreement to remain in the School for the next five years.

Miss Steel: Miss Long pointed out in her letter to hospitals what was going on. The recommendations which were submitted to the Council were there and the Council's reply asking for the decision of the participating hospitals. Miss Long feels that in view of the Council's request we do need to find out whether you agree with these amendments and then the School must have your agreement in writing so that something definite can be gone ahead with.

Miss Long: This has been a perennial problem since March 1950 when the School was established under a "gentleman's agreement." In 1951 a letter was received from the Nurses Board of Victoria granting the School permission to act as the training authority in this region and setting out the terms of approval. Included in this letter was the question of transfer of nurses. Owing to political repercussions and numerous objections to the agreement the School Committee felt very insecure and did not implement the transfer programme. Subsequently the School asked the Nurses Board for some definite agreement to be completed. In February 1957 there was a conference at this School as a result of which a letter was forwarded to all participating hospitals by the Nurses Board. The Board set out the terms of approval and instructed the School to implement the "exchange" system of circular training as from July 1957. The Nursing Council succeeded the Nurses Board as the statutory body and is now responsible for the approval of training schools. The School has operated under the agreement since July 1957, the first five year period being completed in July of this year. It is therefore necessary to review the existing agreement. The actual regulations or authority of the School are set out in this document and they have not been questioned as yet. If the School is to continue to operate it must have some such agreement. I have stated on numerous occasions that we should have a legal binding agreement (whether it would be possible I don't know) it would stop this business of every couple of years someone producing a different argument. We must have a firm agreement or else a firm direction from the Nursing Council and a guarantee that this document will be carried through. During my absence the School Committee met on many occasions and has had much correspondence on this matter. Recommendations from the Committees were sent to the Nursing Council as per letter forwarded to all hospitals. Therefore if you agree to these amendments we can take it from there and advise the Nursing Council that all participating hospitals are prepared to accept these amended proposals and we can then obtain some form of agreement.

Mr. Hyett: Bendigo's view on the five points submitted to the Council by the School Committee for amending the plan of training are -

1. Students commencing training before July 1962 will complete their course of training under the present scheme. We fully agree.
2. Students from Group B hospitals (Castlemaine, Echuca, St. Arnaud and Swan Hill) commencing after July 1962 will transfer to a Base Hospital for twelve months as soon as possible after the first year of training. We agree in principle - there could be a problem with numbers.
3. Students from Base Hospitals (Bendigo and Mildura) will complete three years training without exchange to Group B hospitals except in special cases where it is considered by the School Education Committee to be an advantage to the student to be transferred to a Group B. hospital for a minimum period of three months and not exceeding a period of twelve months. We fully agree.
4. The Dean will direct the Base Hospitals as to the practical experience required and length of time to be spent in each department by students transferring from Group B hospitals. We agree subject to medical fitness.
5. The Dean of the School is to inform herself upon the standards of training within the associated hospitals, inspect all training in progress, the teaching departments and interview student nurses on educational matters. The Dean shall forward to the Victorian Nursing Council a confidential report following official visits to the associated hospitals.

- Mr. Hyett: This is an excellent suggestion and we look forward to the School being fully informed on the work of the Base Hospital. Regular inspections are fully supported, but as a Hospital we do object to confidential reports being supplied to the Nursing Council. We feel that the Hospital should be supplied with a copy of this. We agree as to a five year period.
- Mr. Rogers: We agree with all the amendments, but we agree with Mr. Hyett that a copy of the Dean's report should be forwarded to the Hospital concerned. If we are at fault we should know so that we can put our house in order. Twice this afternoon reference has been made that a situation may arise whereby Bendigo may not be able to accept all second year trainees from Echuca and Castlemaine. Would Echuca and Castlemaine state how many they are likely to have for transfer?
- Mr. Baird: Echuca would have six to eight, ideally 14.
- Mr. Bumford: In the near future our recruitment rate will be much better. Assuming this to be so the number would be 9 per year.
- Mr. Rogers: The position could be there are 23 each year (14 Echuca 9 Castlemaine). If this scheme goes through the position could arise whereby district hospitals could alter the standard pattern by increasing recruitment to cover their staffing losses which could increase the number to be transferred. The district hospitals before agreeing to this would need to know quite certainly that their trainees will be accepted by the Base Hospitals. The position could arise that there would be a breakdown in the transfer of students. This needs to be ironed out.
- Sir Alan Ramsay: It is something the Council could help with if it came to a position where they could not be taken in. The Council could re-examine the matter and make other arrangements. Neither the hospitals nor the School nor the Nursing Council want to see girls lost to nursing because we cannot fit them in. The Northern District School has been approved as the training school, not the individual hospitals, therefore all our contact is with the School. Concerning the problem you have raised and which could possibly arise, because we have to keep close contact with the School, the first thing is we would be informed by the Dean that this situation has arisen and seeing that the students must get the required training as laid down, arrangements would have to be made.
- Mr. Hyett: Bendigo will accept the amendments following this explanation.
- Mr. Bumford: We of Castlemaine approve.
- Mr. Baird: We of Echuca suggest the Council undertakes to see the girls training is not interfered with and the above point should be incorporated in any form of agreement. Echuca would not support item 2 as we feel that full consideration should be given to reducing this period of 12 months. This also has some bearing on the other problem of having too many girls at a time. At this stage my Committee would not completely endorse this amended scheme subject to further discussions with the Nursing Council, Bendigo Base Hospital and the School of Nursing on the reasons and manners of shortening the period. If it is known that this is the only way, we will come to the party, but we feel that further consideration should be given to this shortening of the 12 months period.
- Mr. McLaren: St. Arnaud agrees with recommendations submitted to the Nursing Council.
- Mr. Stone: (Swan Hill): Item 2 - we support Echuca on this point. We feel that 12 months could be reduced considerably for girls going to Mildura, but if it is proved that it is in their best interests to go for 12 months we would say let the girls stay with us for 18 months and do part of their second and third year at Mildura instead of all their second year.

- Mr. Stone: That is an alternative, but we would prefer the shorter period.
(Swan Hill)
(Continued) We agree with the other points subject to the Dean's report being shown to the Hospital.
- Miss Long: In the early discussions as to what stage girls should be transferred, the Hospitals were keen to have their own trainees for their senior year, therefore it was agreed that we would try and get them through the transfer in the second year. The actual wording was "in the second or third year." Owing to the necessity for students to complete the First Professional examination and the first year of training it is quite often eighteen months before they are transferred. In the beginning the clause stating that girls from Base Hospitals "should be drafted to District Hospitals as required by the School Education Committee" was included in the regulations because it was anticipated that the intake into Base Hospitals would exceed the intake into the District Hospitals and that not all Base Hospital nurses would be required to transfer. The transfer is on a nurse for nurse basis and owing to low recruitment at Bendigo recently all Bendigo nurses have had to transfer and some had to transfer for the maximum period of twelve months. In the majority of cases Bendigo nurses are only away for six months. Mildura has been in a better position and some of their students have not had to transfer at all.
- Miss Avery: It might be interesting for members here to know that some time ago when the Council required a certain hospital to become affiliated with another hospital, it asked particularly for the transfer of the nurse not to be in the second year. The Council thought that in the best interests of the nurse it should be the last part of the second year and the first part of the third year. However, both hospitals later asked for the transfer to be made earlier in the second year as it proved to be the most satisfactory training period for the nurse.
- Mr. Calsafferri: I think it is a great pity that there is such a difference in wages of trained nurses and trained nursing aides.
- Miss Steel: Could Echuca and Swan Hill tell us why they consider twelve months is too long, apart from the difficulties of getting replacements?
- Mr. Baird: Echuca's main point is simply the availability of staff. We merely asked was it possible to re-examine the training programme to provide relief in this way. A lot of time is spent in girls doing what they would be doing in their own hospitals. Could the clinical and surgical experience not be more concentrated to get them back to their hospitals to continue to gain basic training in ward experience? We would like the School to investigate this.
- Mr. Stone: I feel personally that the Swan Hill trainee would not require a full twelve months to gain the additional knowledge that the girls require.
- Miss Steel: We have arrived at the decision that all hospitals agree with these recommendations except that there is a reservation in the case of two. Miss Long, could an agreement for training now be drawn up?
- Miss Long: As this has been referred to us by the Nursing Council we now send a report of this conference to the Council expressing the opinions of the various hospitals and then take it from there.
- Mr. Coulson: I believe that certain hospitals with the same daily average as Echuca and Swan Hill are still full time training schools. If they are on the same basis and their training has been accepted I would like to ask the Nursing Council why is it so essential that girls must be sent to a Base Hospital?

Miss Avery: These are hospitals which were approved as such by the Nurses Registration Board many years ago. However, no hospital is being approved as a general nurse training school at the present time unless it can meet the standard required by the Council.

Mr. Coulson: Might it follow that six months at a Base Hospital and six months at their own Hospital should be equal to experience received at these other hospitals?

Miss Avery: Individual hospitals have approached the Council concerning this matter, but the Council deals only with the Northern District School of Nursing and these hospitals were advised accordingly. It would be up to the School to bring any variation it considers advisable before the Council. As long as the School can prove that nurses can obtain their training in a certain period of time then it is for the School to put it to the Council for approval. The School is the body recognised by the Council as the approved training School.

Miss Steel: You are all going back to your hospitals and you are going to let Miss Long have your views on these recommendations. I feel sure that something can be done to iron out the difficulties. It seems obvious to me that you are willing to support the School which was one of the things which worried the Committee. I feel happy that you have shown your confidence in it and desire it to continue. Every effort will have to be made to make something workable out of the situation.

Mr. Coulson then asked Sir Alan Ramsay to give a brief outline of the history of the other School of Nursing. Sir Alan replied stating that the Royal Melbourne Hospital and associated Hospitals School of Nursing had made a tremendous contribution to the training of nurses. It was started perhaps ten to fifteen years too soon. Sir Alan said "the School of Nursing idea with its block training and its interchange of students going out to gain experience is a good thing. Your situation is different. You are here in a region of Northern Victoria and the School offers the only hope of getting a decent standard of training for all nurses and keeping these nurses in the country. It is vital that you keep this School going. It gives you an opportunity to collect together a teaching staff of a high level. Your problem is different from that of the Melbourne School. If you have a nurse in Swan Hill and have to send her to Melbourne you will very likely say goodbye to her."

Mr. Coulson: We should realise that we should all work together and appeal to Mildura and Bendigo to think it over very carefully.

Sir Alan Ramsay: I am very pleased with this afternoon's discussion. You still have some details to work out but it is good to have all these points coming out.

Mr. Bumford: I do feel that we should express our thanks to you Miss Steel for chairing this meeting which we approached with a certain amount of trepidation - things could have got out of hand. You were aware of it and you have taken a very difficult task and handled it very well. We know of your interest in the School and thank you very much for a job well done.

Miss Long: I would like to endorse Mr. Bumford's remarks and also thank Sir Alan, Miss Avery and Miss Kirk together with all representatives of hospitals for attending.

With regard to problems affecting the School. The matter of "selling" the School to the nursing staff and medical staff is a problem, not all staff are sold on the idea. Hospitals repeatedly have changes in Committee personnel, medical and nursing staff, which creates one of the biggest problems in the region.

Miss Long:
(continued)

We have in this region so many divergences of medical opinion it is very difficult to establish standards which are acceptable to all areas, the same thing with ward experience. The School is responsible to see that its students are adequately supervised. Shortage of staff in hospitals makes it very difficult. We speak in terms of nursing education but in actual fact come up against this problem of "pairs of hands" not only with students but also with trained staff. This area is sadly deficient in adequately trained staff nurses and sisters.

So far as the School itself is concerned one of our problems is to get suitable tutors, not only for teaching purposes but also for hospital supervision. The tutor sent out to the hospitals must be a person with the right professional and personal qualifications and she must be aware of all the implications associated with the job. It was one of the School's first policies that we should employ staff and send them out to the hospitals to ensure that adequate teaching and supervision was given, but so far we have not been able to carry this through. We will do our utmost to overcome these problems, but know that not always will we be able to meet the requirements.

Miss Steel thanked all for coming and urged hospitals to forward letters to the Dean as soon as possible.

The meeting then closed.

E. M. TREDINNICK
Secretary.