

SUGGESTED SCHEME for EMPLOYMENT of RURAL NURSES.

1. Such nurses should receive salary and uniform from the Department of Public Health, and this Department should provide medicines and dressings.
2. The local authority should provide board, quarters, dispensary, nursing home accomodation, if this is reaquired, and transport.
3. Any fees collected by the nurse to be paid into a local fund which could in part meet these local expenses.
4. Where possible the nurse should be placed under the direction of a mission doctor or matron; if this is not possible of a suitable missionary; otherwise of the District Surgeon.
5. Nurses should keep careful record and cash books, and a monthly report should be submitted to the Department of Public Health through the Magistrate.
6. Salaries.

- A. For Registered Nurses and Midwives.
- B. For Non-Registered Nurse-Aids.

In all cases - plus Board, Lodging and Uniform.

It is suggested that uniform should vary between classes A and B, a different colour of uniform being worn, and the Nurses' veil for Class A, and the doek or closed cap for Class B.

- A. 1. Registered General Certificate, plus Registered Midwifery Certificate, plus Mothercraft or District Nursing qualification... £10. per month - yearly increment 10/- per month - £12. 10.0. per month.
- 2. Registered General Certificate plus Registered Midwifery Certificate .. £9 per month, yearly increment 10/- per month - £11. 10. 0. per month.
- 3. Registered General Certificate only...£8. 0. 0. per month. Yearly increment of 10/- per month £10.10. 0. " "
- 4. Registered Midwifery Certificate only..£6. 0. 0. " " Yearly increment of 10/- per month -£9. 0. 0. " "

B. All such Nurse Aids to be recommended and trained in some recognised Hospital or Nursing Home.

1. 3 Years training.

£4.0.0. per month - annual increment 5/- p.m. - £8 p.m.

2. 2 Years training.

£3.0.0. per month - annual increment 5/- p.m. - £5 p.m.

3. 1 Year training.

£2.0.0. per month - annual increment 5/- p.m. - £4 p.m.

It is recommended that in both classes A and B the annual increment be given only if recommended by the supervising officer, who may at any time require a "refresher" course to be taken.

In seeing Sir E. Thornton re grants it seems to me three things are possible:

1. The scheme we roughly outlined i.e. that Mission Bodies and other responsible bodies (i.e. Nursing Associations etc) should on presentation of a scheme for initiation or/and development of rural services embodying the employment of Native nurses or nurse-aids should receive grants accordingly and be expected to report on the scheme annually as the Director may determine.

(In advice to mission bodies I would suggest that they budget for

- a) Salary of a nurse or nurse-aid.
- b) Equipment, drugs, bandages etc.
- c) Transport for nurse etc.
- d) Uniform of nurse etc.
- e) Transport etc. of supervising Doctor or nurse, themselves providing
- f) Accomodation
- g) Food
- h) Clinic and dispensary accomodation and if possible nursing accomodation, very simple, for one or two patients if the nurse is to be stationed at an out station. If she is to be stationed at the Hospital station to do District work, this would fall away. )

2. The scheme outlined in my memorandum (not considered yet by the Committee) of payment of salary etc. on a Government scale, the nurse to be a Government servant under the new scheme but seconded to the mission hospital nursing association etc. for control and reporting through them to the superior medical officer.

(The mission etc. would have to put up the scheme in the same way but there would be a difference technically in control.

The only difficulty about this is that the Government scale might be higher than the mission was paying for other nurses etc.)

3. The scheme Dr. Simpson Wells wanted of nurses and midwives (only qualified ones) being given grants to enable them to settle and undertake ordinary practice in an area. Sir E. Thornton said that if such a scheme were devised for general rural services, Non-European qualified nurses would not be excluded, so that I do not think we need press for this. The number available would not make a major issue.

(I certainly would not oppose any such arrangement but I am not greatly in favour of it for three reasons:-

1. There would be no effective supervision of the work and I fear that since Non-European nurses could probably manage to subsist on less than European and presumably the grant could not be smaller to one qualified nurse than another, there would be a temptation to sit down on the grant.
2. In such cases, there is little incentive to constructive propoganda - the nurse simply nurses sick and maternity cases.
3. The real problem of the reserve Native and more ignorant Coloured would not be touched. They simply would not call in a nurse in the ordinary way.

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