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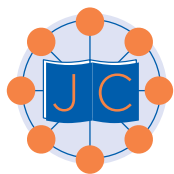
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In this article...

- The history of the nursing register
- What registration means today
- Ongoing challenges of the image of nursing

A century of professional regulation: what does it mean for nurses today?



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Key points

The campaign to establish the nursing register was long fought and is linked to the fight for women's suffrage

An appreciation of the history of nursing can improve professional identity and professional values for students

Outdated and nostalgic stereotypes of nurses can undermine public confidence in the profession

Despite some challenges being similar to those of the original registrants, with proper investment and support, the opportunities for nursing have never been greater

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Abstract On 30 September 1921, the General Nursing Council for England and Wales officially opened the nursing register. The first registrant was Ethel Gordon Fenwick (also known as Ethel Bedford Fenwick), a leading campaigner for the registration of nurses and a strong supporter of women's suffrage. The campaign for registration was long fought and encountered challenges from prominent nurses in the London teaching hospitals, the renowned hospital administrator, Henry Burdett, and some of the medical profession, despite doctors having established their own register in 1858. This article explores the issues in the movement for the regulation of nurses and midwives, and how they link to contemporary practice and the professional image of nurses. It also considers the current role of the Nursing and Midwifery Council and what being a registrant means to today's nurses, midwives and nursing associates. Although challenges to registration still exist, there is much to celebrate about the current position of nursing and the range and scope of the profession.

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In 1890, many years before the regulation of nurses, the forerunners of mental health nurses – so-called 'lunatic attendants' – were registered by the Royal Medico-Psychological Society after two years' training. Subsequently, midwives achieved registration with the introduction of the Midwives Act 1902, a sign perhaps of their relative autonomy and their community base away from the power of hospitals.

The campaign for the registration of nursing was more protracted and is often referred to as a battle or struggle. It began in 1874, when Sir Henry Acland, professor of medicine at the University of Oxford, suggested that something like medical registration could be appropriate for trained nurses (Rafferty, 1996). Florence Nightingale, however, asserted that practical skills and moral character were of greater importance – and not examinable

– than theoretical knowledge. She did not have a prominent role in opposing registration, preferring to have confidential conversations about it.

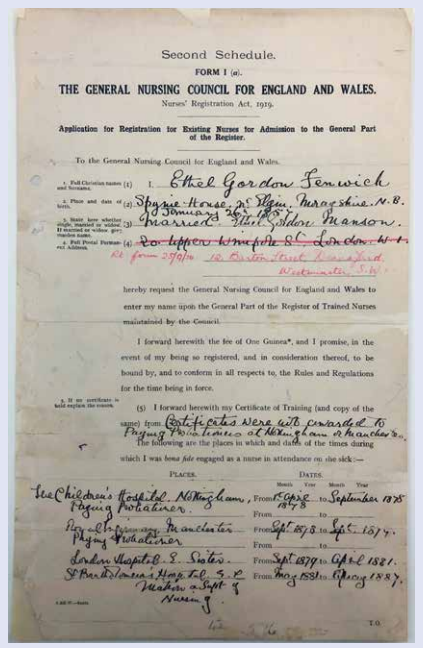
Rafferty (1996) reported that hospitals such as St Thomas' and the London Hospital opposed registration because they perceived that creating a common register would break the tie with the original training school, potentially devaluing the name of the hospital and the reputation of its staff. Opposition also came from hospital administrators such as Henry Burdett, who was instrumental in setting up the Royal National Pension Fund for Nurses. To benefit from the fund, nurses needed to be trained and were then entered onto a register, but Burdett opposed a national state-run register for all nurses.

In 1887, the British Nurses Association (BNA) – which became the Royal British Nurses' Association (RBNA) in 1892,



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Fig 1. Ethel Gordon Fenwick's nursing register application



following receipt of its Royal Charter – was established, with matrons from the London teaching hospitals on its council. Two years later in 1889, and coinciding with support for the registration of nurses from the British Medical Association, the BNA opened a non-legally binding register, which Ethel Gordon Fenwick applied to join. Five years later, Ethel Gordon Fenwick formed the Matron's Council of Great Britain and Ireland to continue the campaign for comprehensive and compulsory state registration across all fields of nursing and, in 1902, the Society for the State Registration of Trained Nurses (SSRTN) was established.

In 1903 and 1904 two bills for the introduction of a nurse register were presented to parliament. Neither bill was successful but, in 1904, a House of Commons select committee was established to discuss the registration of nurses. In 1905, the select committee recommended the introduction of registration through the state registration of nurses.

In the following five years, several bills were presented to parliament, all of which were defeated. The 1909 Nurses Registration Bill, for example, was defeated by the proposal of a separate Scottish register that would not require equivalency for the rest of the UK (Martz, 2020). Finally, in 1919, the Nurses Registration Act was passed and in 1920 the General Nursing Council was created to oversee the registration of nurses aged over 21, with a minimum training of

one year; this was despite the recommendation by three separate House of Lords' select committees in the 1890s, and one in 1905, that nurse education programmes should comprise three years' coursework (Martz, 2020). There was a general section of the register and supplementary parts for male nurses, mental health nurses, fever nurses and sick children's nurses. The register opened on 30 September 1921; Ethel Gordon Fenwick applied (Fig 1) and became registered nurse number one.

Box 1 shows a timeline of the history of registration.

Triggers for regulatory change

In a systematic review of nurses' professional regulation through history, Stievano et al (2019) identified two themes underpinning current challenges to regulation:

- Education, migration and internationalisation policy and regulation;
- The historical and contextual triggers for regulation, encompassing demographics, economics, history of registration, and wars and historical changes in nursing practice.

The review predates the Covid-19 global pandemic, which has had an impact on regulation, with the introduction of a temporary register and emergency standards for students responding to the crisis and the need for additional clinical staff.

Importantly, as suggested by Martz (2020), the historical campaign for regulation is linked closely to the battle for

women's suffrage in the UK. Nurses and midwives were used in the suffrage campaign as examples of the ludicrous position in which women were denied the vote, despite holding responsible and important roles in society. Furthermore, nurses such as Catherine Pine played an important role in caring for suffragettes after they were released from HMP Holloway – often seriously ill, having endured forced feeding (Attenborough et al, 2019).

The importance of nursing history

Although the history of women's suffrage in the UK has been well documented, there are fewer reports about the campaign for nurse registration. There is no requirement for the history of nursing and midwifery to be included in pre-registration curricula, so many registrants are not aware of the history of their profession.

Through an integrative literature review of the teaching of the history of nursing, Kelly and Watson (2015) established support for its inclusion in nursing programmes, leading to stronger professional identity, critical thinking skills and assisting with socialisation into the profession. Furthermore, the inclusion of history in the curriculum helps students appreciate how nursing knowledge and values were established and developed over time, leading to a stronger appreciation of professional values.

Nelson and Gordon (2004) suggested nursing is presented as a profession that does not have a history and, instead, must

Box 1. Key milestones in the history of registration

- 1860** – First secular nurse training school established at St Thomas' Hospital, London
- 1887** – Ethel Gordon Fenwick founded the British Nurses Association
- 1890** – 'Lunatic attendants' registered with the Royal Medico-Psychological Society after two years of training
- 1902** – Ethel Gordon Fenwick acquired *The Nursing Record*, which went on to become the *British Journal of Nursing*, to lobby for the registration of nurses; midwifery was legally recognised in the UK
- 1916** – The College of Nursing (later the Royal College of Nursing) was founded
- 1919** – Nurses Registration Bill receives royal assent with a directive to create a General Nursing Council (GNC) for England and Wales
- 1921** – Ethel Gordon Fenwick becomes the first nurse on the register
- 1979** – Nurses, Midwives and Health Visitors Act provides a new statutory framework for education; GNC replaced by the UK Central Council (UKCC). The UKCC was established in 1983 when the act came into force
- 2002** – UKCC replaced by the Nursing and Midwifery Council (NMC)
- 2009** – Nursing becomes a degree-only profession
- 2016** – NMC introduces revalidation for registrants
- 2019** – NMC directed to open the register to nursing associates
- 2020** – In response to the global coronavirus pandemic, the NMC opens a Covid-19 temporary register

Source: Adapted from Shepherd (2019)

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reinvent itself and constantly seek legitimacy. They cited how nursing has lower social status than other professions and is more poorly paid as evidence of the achievements of nursing not amounting to progress for the profession. They called for more education about the past achievements of nursing and nursing practices.

The crowded curriculum makes a separate module unlikely, but educators could consider integrating history into professional practice teaching, to foster and reinforce a strong sense of professionalism and highlight the importance of regulation.

Being a registrant today

The Nursing and Midwifery Council is the professional regulator for nurses and midwives in the UK and nursing associates (NAs) in England (Box 2). It identifies its vision as “safe, effective and kind nursing and midwifery that improves everyone’s health and wellbeing” (NMC, 2021a).

By regulating the curricula that underpin educational standards and professionalism, the NMC supports the development of the future workforce and is the anchor for professional standards. Through its register, the public can be assured of the professional standards and safety of nurses.

The NMC’s fitness-to-practise (FTP) processes are followed to investigate and decide on the suitability of individuals to remain on the register by promoting an open, candid culture founded on public safety, values of equality and diversity, and learning to promote patient safety. Several different sanctions can be applied:

- No further action;
- A caution order of one to five years;
- A conditions-of-practice order of up to three years;
- A suspension order of up to 12 months;
- A striking-off order (NMC, 2021b).

More recently, the NMC has committed to providing person-centred support for those affected by FTP investigations – both registrants and the public. In a blog, the NMC’s chief executive, Andrea Sutcliffe, said: “I do want to focus on one aspect of information we shared for the first time in this report – that ‘since April 2018, we have recorded four instances in which a registrant has taken their own life while our proceedings are going on’. This does not mean that being involved in our fitness-to-practise process caused people to die by suicide, but it does mean we recognise the impact that being under our scrutiny can have on someone” (Sutcliffe, 2019).

In the blog, she shared her own experience of suicide, showing empathy with

Box 2. The role of the Nursing and Midwifery Council in 2021

- Promote high educational and professional standards for nurses and midwives in the UK, and nursing associates in England
- Maintain the register of professionals eligible to practise (732,000 in March 2021)
- Investigate concerns about nurses, midwives and nursing associates (<1% of the register each year)
- Support professionals and the public, including those involved in investigations, with increased visibility to help people to become involved with the work and mission
- Influence health and social care by sharing information from regulatory work and supporting the development of the workforce
- Advocate a healthy, inclusive working environment for registrants

Source: Nursing and Midwifery Council (2021)

registrants and the ongoing commitment of the regulator to support the public who have concerns. This approach to addressing challenging issues relating to regulation is more personal and open; other examples of this include congratulatory responses posted on social media by the regulator to newly qualified registrants, personal congratulatory messages to registrants receiving public honours and acknowledgment through many channels of the work that nurses do. Additionally, the NMC has included kindness, fairness and being collaborative in its values.

The code

The NMC’s (2018) code contains the professional standards that nurses, midwives and NAs must uphold to be registered. This is arranged around four themes:

- Prioritise people;
- Practise effectively;
- Preserve safety;
- Promote professionalism and trust.

Each section contains a series of statements that illustrate and guide good standards of practice. Additionally, there is supplementary guidance for contemporary issues: the NMC provides guidance to registrants about working with specific issues such as female genital mutilation and the use of social media. As a resource for registrants, it has produced a series of animations about registrants’ roles and how the code can support practice.

Revalidation

In 2016, the NMC introduced revalidation, encouraging reflection and continuing professional development within the code’s parameters. Importantly, revalidation is not considered to be an assessment of FTP for individual registrants. In a descriptive exploratory study, Fisher et al (2019) looked at registrants’ experiences of revalidation and the preparation of pre-registration students for revalidation in the future; most

experiences were positive, and reflective discussions were helpful. Registrants welcomed the scrutiny the process provided. There was also evidence that students were being prepared for future revalidation.

Outdated, nostalgic images

Although much work has been done to promote a modern image of nursing, the public image and reputation of nurses is influenced by fictional nurses in novels and films, images of sexualised nurses and hostility towards degree-educated nurses, who have been considered “too posh to wash, too clever to care” (Gillett, 2012). This can devalue the work nurses do, and impacts on recruitment to nursing, professional identity and public confidence in the profession (Summers and Summers, 2014).

References to fictional nurses are still made by politicians when debating health policy or nursing roles, with nostalgic hints to the past. In 1959, Hattie Jacques played a matron in the film *Carry on Nurse*. The character was portrayed as controlling and masochistic, yet even Hansard reports of government debates contain numerous references to Hattie Jacques as a model of nursing. In a debate about the Health and Social Care (Community Health and Standards) Bill, Steve Pound, then Labour MP for Ealing North, said: “I make no bones about admitting that I have a sentimental attachment to a health service run by Hattie Jacques and would be happy if that were the case now” (UK Parliament, 2003).

The most recent reference to Hattie Jacques as a model matron was in 2017 in a debate about the NHS (Attenborough, 2021); it referred to *Carry On Doctor*, in which actor Barbara Windsor portrayed a sexualised nurse. As Summers and Summers (2014) noted: “Naughty nurse images add to the chronic underfunding of nursing research, education and clinical practice. Healthcare decision makers – many of whom are sadly uninformed about what nursing really is

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Fig 2. Jessica Anderson on finishing the London marathon in her nurses uniform in 2019



– are less likely to devote scarce resources to a profession that has become so degraded in the public mind.” Such images are used less often, which shows progress, but there is still an image of nursing that does not reflect contemporary practice.

In 2019, Jessica Anderson, a senior sister at the Royal London Hospital, sought to beat the record for running a marathon in a nurses’ uniform. Wearing her own uniform (Fig 2), she beat the record by 22 seconds but was told by Guinness World Records (GWR) that she did not meet the criteria as she was not wearing “a blue or white nurse dress, a white pinafore apron, a traditional white nurse’s cap. Tights are optional”. After an outpouring of anger from nurses from all over the world, GWR was called to account on social media. The protests focused on the sexist, sexualised and dated images of nursing and GWR was quickly forced to reverse its decision (Ford, 2019). This was an encouraging sign of changing attitudes and the collective voice of modern nurses.

Protecting the title of nurse

Although the registered nurse is a protected title, more recently a campaign has been launched to protect the title ‘nurse’. Ethel Gordon Fenwick was campaigning at the turn of the 20th century to prevent use of the title by anyone, regardless of qualifications and experience, but, in reality, this is still possible.

The problematic nature of this was highlighted in 2021 by a high-profile case in which a nurse who was removed from the NMC register declared she would continue to use the title and, in 2019, when a

newly elected Tory MP described himself as a nurse, despite never qualifying or being on the nursing register – he had worked as a healthcare support worker.

The campaign highlights the public safety issues and the importance of public confidence in the title of nurse – very similar to the issues highlighted by those early campaigns for registration. Led by Professor Alison Leary, a nursing workforce academic, the campaign is supported by the Queen’s Nursing Institute and other leading nurse academics (Mitchell, 2021). In its response to a Department of Health and Social Care [DHSC] consultation about regulatory reform, the NMC (2021c) stated: “Recent high-profile cases have underlined the limitations of ‘nurse’ not being a protected title. It is essential that we have the right protected titles and associated enforcement powers to be able to take effective action to protect the public and maintain confidence in the professions. We would welcome a further discussion with DHSC to ensure that our protected titles and enforcement powers are fit for purpose under the new legislation.”

Conclusion

The campaign for professional regulation goes on but, despite some similar challenges, nursing is not in the same place as it was 100 years ago. The global coronavirus pandemic has highlighted the role of nurses, and shown the range and scope of the profession. Hospital matrons took to the streets in 1913 to highlight the risks of not having a register of nurses but it was eight more years before the register

opened, and five years before some women had the right to vote.

Nurses today subscribe to a code that champions diversity, equality, learning, reflection and openness. They are prepared to challenge the stereotypes that have held nurses back and undermined confidence. Nurses also have public support for more investment and fair remuneration. The opportunities for development in clinical practice, management, policy, education and research have never been greater. Now is the time to grasp these opportunities, celebrate the profession and support each other to succeed, nurture and value our students and newly qualified colleagues, as well as sharing our work to promote the future of nursing. **NT**

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