organization and control, particularly regarding the respective responsibilities of Hospital Boards and of the Department, have necessitated this review in order to ensure that the utmost efficiency is attained. The general policy as approved by the Hon. the Minister of Health is therefore forwarded for your information and guidance. It is desired, however, to state that it is not intended that existing arrangements should be interfered with.

It will be appreciated that the following three types of service are at present provided by District Nurses throughout the Dominion :—

(1) *Bedside care only,* provided by District Nurses, some having the general nurses' qualification only, but the majority having double qualifications—*i.e.*, general plus obstetric qualifications.
(2) *Generalized nursing care,* consisting of a combination of bedside care and public health nursing care. These services can only be provided by nurses with double qualifications, plus the Plunket qualification, with, in addition, either post-graduate training in public health nursing or a short course in that subject.
(3) *Public health nursing only.*—The qualifications of this group are the same as those in the preceding paragraph.

It will also be appreciated that there are three types of districts served by District Nurses :—

(*a*) *In Cities and Urban Areas with a Population of at Least 6,000.*—In these areas, bedside service only will be provided by District Nurses, who will be employed by Hospital Boards ; in addition, in certain suburban areas with concentrated populations such as occur in close proximity to the four main centres, bedside care may also be provided by District Nurses employed by Hospital Boards.

In the following types of district, public health nursing services will be provided by nurses employed by the Department :—

(*b*) *In rural areas* with long distances between houses it is decidedly uneconomical to employ nurses providing bedside care only, and here the generalized nurse with dual duties has been found to provide the most satisfactory service.

These nurses will be employed by the Department, and may, where considered advisable, be seconded to Hospital Boards to ensure efficiency and mobility. The benefit of this system is that a large departmental service offers a career to young nurses and attracts nurses of a suitable type. Further, it ensures that nurses are not left in isolated areas too long, and can be placed according to suitability for the type of work being undertaken.

(*c*) *In the smaller urban areas* it is considered that services should be provided by generalized nurses on the same terms and conditions as in scattered rural areas, as bedside care would not provide full-time employment—*i.e.*, generalized nurses in these areas should be employed by the Department, or may be seconded to Hospital Boards.

Control

1. Where bedside care is provided by District Nurses employed by Hospital Boards, the nurses will be under the control of the Medical Superintendent and matron, but will be subject to supervision by the Department of Health.

2. (*a*) Where generalized nurses are seconded to Hospital Boards, full and complete liaison between the Medical Superintendent and the Medical Officer of Health will be essential to ensure that an even balance of duties is maintained by each nurse.

(*b*) Where generalized nurses are employed by the Department and are undertaking bedside care, they will be guided by the Medical Superintendent of the hospital in regard to the treatment of patients discharged from hospital or by the private practitioner under whose care the patients are.

(*c*) Where public health nurses are employed by the Department, they will be under the control of the Department.

Supervision

Hospital Boards employing a number of District Nurses for bedside care only may appoint their senior District Nurse in a supervisory capacity. If the service is large enough, a special nurse prepared for and experienced in district work may be appointed to combine supervising duties with those of medical social work, thus linking the hospital with outside district nursing services.

In rural areas where generalized nurses are employed, whether by the Department or by a Hospital Board, to prevent overlapping, the supervision will be exercised by the Department's Nurse Inspector, who will also exercise a general supervision over all district nursing services.

It is desired that as soon as possible the district nursing services should be organized on the lines laid down herein, and in this connection the Medical Officers of Health will be prepared to advise and assist Hospital Boards to organize and provide the best type of nursing service for their respective districts.