**Letters**

**Different ways to study for PREP**

In response to Carmel Edwards (Letters February 25) and Gina Robinson (Letters March 4), I wish to point out that the UKCC is keen to emphasise that the content and nature of the study component of the PREP requirements is completely at the discretion of the individual practitioner.

The UKCC’s PREP and You booklet, which was sent to all registered nurses, midwives and health visitors in January, explains that this requirement ‘does not mean five days of study leave or a five-day course or even a course at all’.

It then lists different ways in which study activity can be undertaken without incurring any cost at all to the individual registrant.

While many employers do provide practical assistance with continuing professional development, it is ultimately the responsibility of the individual accountable practitioner to ensure that his or her practice meets the needs of the patients and clients.

Further information is available from the UKCC’s professional advice line on 0171 333 6541/6553/6692.

John Knape
Communications Manager
UKCC

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**Health visiting role IS different**

Colleen Wedderburn Tate’s views (Features February 22) on rampant tribalism are challenging. I agree with the need to review the register. However, I take issue with her views on health visiting.

When I trained as a health visitor, nothing prepared me for the role transition. Health visiting encompasses health and social care to a degree that goes beyond most other nursing disciplines. Health visitors have autonomy and the ability to develop services unimpeded by hierarchical structures, and this autonomy means corresponding levels of responsibility. Collaborative care/networking is second nature to us. We have much to share with our colleagues in other branches of nursing, who are beginning to practise in this way.

There needs to be greater debate and understanding about the true differences between the disciplines and how each can complement the other. I still can’t make up my mind as to whether health visiting should remain a separate profession. We are used to change and are open to scrutiny. We need support from our nursing colleagues, not judgmental remarks which reveal ignorance of our role and achievements.

Amanda Lund-Lack
Ipswich

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**On my bike – with a commode**

Should I laugh or cry at Karla Partridge’s vision of district nurses on bikes? (Opinion February 25) How sad it is that we are so ignorant about the roles of our colleagues.

But it gave me food for thought – would an ultrasound scanner fit in the rucksack she suggests? Would it be easier to tow a pressure relieving mattress on a trailer, or settle for a motorbike and sidecar? If travelling on public transport would I be charged half fare for a commode? Even in the urban seaside town that I work in I regularly drive 30 miles a day and attend case conferences at hospitals many miles apart.

Sue McEwen
West Sussex

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**Theatre nurses deserve respect**

I was happy for theatre sister Andrea Sefion when she won an out-of-court settlement of £7,500 (News February 4) after a consultant anaesthetist assaulted her. But how sad that nurses must turn to the law to gain protection.

The RCN has many such cases of harassment and intimidation of nurses by doctors, but many nurses feel powerless to do anything.

Twice in my career, I have been intimidated and humiliated by anaesthetists in two different hospitals. I nearly gave up nursing through the stress and misery of it all.

Consultants take heed. We can and want to be your strongest allies, but only if you respect, help and trust us.

Name and address withheld

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**I’m happy on gynaecology ward**

I would like to reply to Russel Bond (Letters February 4), who makes various points about male nursing students and the restrictions placed upon them. I am currently training at Rotherham Hospital under Sheffield University. I thoroughly agree with Russel that the term ‘male nurse’ is outdated, but I cannot agree with his comments about gynaecological wards.

I am currently on a placement on a gynaecology ward, and I am finding it most beneficial. The ward already has one staff nurse who is male, and all of the staff have been helpful.

The learning opportunities are good, and the patients seem to appreciate me being here. If Mr Bond feels so strongly, perhaps he ought to talk to his school of nursing about their allocation of placements.

Philip Ware
South Yorkshire

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