challenge, but need new legislation to underpin what is already happening in practice. Legislation is needed now to allow us to become fully accountable for managing our patient's care openly instead of by stealth – the dubious practice of the doctor signing for treatment selected by the nurse according to her/his clinical assessment. The nursing formulary as proposed by the consultation document falls far short of meeting the needs of nurses in primary care. There is no perception that it is nurses who provide much of the chronic disease management. The current consultation document on the extension of nurse prescribing fails to demonstrate any clear or accurate understanding of what nursing practice in primary care is all about, and will not enable us to deliver the new NHS agenda.

Ghislaine Young
Bingley

I think – therefore I am not doing it properly
Daniel Allen is absolutely right to poke fun at the way academic nurses insist on using the most obscure language possible. I successfully completed a degree in philosophy in 1990 – and if anybody could describe a spade as a long shafted sod inverter, then it should be a philosopher, without ever hearing about the so-called 'academic style' of writing. I freely wrote 'I read that...' or even (God forbid) 'I think...', without receiving a word of comment from my tutors. My work was judged on the quality of the ideas and arguments that I put forward; in other words, on whether I knew what I was talking about. When I subsequently started a diploma in nursing studies, I heard for the first time that it was unacceptable to say what 'I thought'. My work would not be judged on the quality of my ideas, because any original idea would be marked down for not being properly referenced.

On the other hand, it was acceptable to write any old rubbish at all, so long as somebody else had succeeded in getting it into print first. Every graduate, from any discipline, whom I have met as a nurse, has shared the same dispiriting experiences of nursing academia. Why is this? Is it the search for the mythical 'professional status' of nursing? I hope not, for I suspect that other academics are sniggering behind their hands at our attempts to gain academic credibility.

Academic nurses should only write when they have something valuable and new to say, and then they should say it clearly.

Chris McLean
Isle of Wight

Star rating system will damage staff morale
Like many nurses, I read the reports about the new star rating system for hospital trusts (news September 26). This report from the government could be classed as a damaging statement, not only to prospective patients in low scoring hospitals, but to clinical staff who are struggling with understaffing and low morale. Surely Alan Milburn should be encouraging us, not damaging our self-esteem.

Leslie Aldridge
Hampshire