my original field into ophthalmology in 2000 and have since worked in that field as a grade G sister.

Agenda for Change has left me at the top of band six and I have nowhere else to go from here – I will stay at this level until I retire.

Patricia Arrowsmith, Newbury

PATIENT DEMANDS REQUIRE ALL NURSES TO BE GRADUATES

It is high time that nurses stopped perpetuating the outdated myth that nursing is a vocation. While bedside nursing is an essential element of the job, being kind and caring alone will not help an acutely ill patient.

We work in a society that demands and expects the best level of health care. Nurses need to regularly update their skills and knowledge to meet such demand. Studying at degree level will ensure that nurses have the necessary aptitude and skills for this.

Nurses in Canada and Jamaica, for example, now study at degree level. Most of the nurses we recruit from overseas are graduates.

The only benefit of perpetuating the diploma/degree divide is to keep nurses below that of other members of the healthcare profession and maintain the wage divide.

Jacqueline Ricketts, London

I APPRECIATE HEALTHCARE ASSISTANTS MORE THAN EVER

I am a newly qualified nurse. Before I obtained my nurse registration, I was carrying out the full range of staff nurse duties except for administering medication.

Working in the field of neurological rehabilitation, I am often involved in time-consuming meetings and phone calls, limiting the time I have to provide hands-on care. Now that I am also administering drugs there are times when I feel more like a secretary than a nurse.

This transition from student to nurse has helped me recognise the vital role of healthcare assistants on the ward, and how well they support me. I have no qualms at all in delegating tasks to these highly efficient and caring colleagues.

Caroline Perrot, Worthing

DRIVE THE CONSULTANCY ‘GRAVY TRAIN’ INTO THE BUFFERS

The government seems unable to grasp that throwing billions of pounds of taxpayers’ money at an army of highly paid consultants is not the best way of providing services in the public sector.

The National Audit Office report revealing a record £3bn expenditure on consultants, particularly in the NHS, is in stark contrast to the job cuts and recruitment freezes being experienced by our members. Health professionals and other front line staff are paying with their jobs for mistakes at the strategic level.

Enough is enough – the consultancy gravy train needs to hit the buffers now.

Gail Cartmail, assistant general secretary, Amicus Public Sector

STUDENTS’ QUESTIONING SHOULD KEEP STAFF ON THEIR TOES

I was astonished by student Sally LeStrange’s Starting Out piece, recounting her experience of a placement in a rural nursing home (reflections November 29).

Ms LeStrange should not have to apologise for asking questions or make excuses for the mentor who complained about her because she felt her status was threatened.

If staff feel intimidated by questions, it is because they are dinosaurs who cannot explain or justify their own practice, which is all too often based on the old chestnut: ‘We have always done it this way.’

If nurses do not evaluate their own practice, they can feel threatened by questioning and perceive eagerness as criticism. So I say to Sally to carry on asking questions. Yes, be sensitive, and expect the odd ‘not now’ in a difficult situation. Too many staff have worked in the same place for too long and have become closed to new ideas.

Hilary Sudlow, Northolt, Middlesex

Obituary

Muriel Skeet, who died on November 22 aged 80, was a British nurse with a global outlook. She was perhaps more widely known abroad than in the UK, thanks to her international work and many publications.

Ms Skeet was an early advocate for the development of the evidence base for nursing, becoming honorary secretary of the nascent RCN Research Society in 1966-67. She pursued her belief in the educated practitioner by producing handbooks still used in many countries, including a 1975 manual on disaster relief work.

Her breadth of vision and internationalism led her to work overseas, often for the Red Cross and the World Health Organization. Her career followed an unorthodox, sometimes nomadic pattern. Driven by a sharp intellect, wide reading and hardworking commitment, she saw herself as a ‘backroom’ worker rather than a leader.

She could appear sardonic, even acerbic, seemingly reluctant to reveal her warmth and compassion. She took a keen interest in history, reflecting on nursing’s past and present in a companion volume to Nightingale’s Notes on Nursing. ‘We have to maintain Miss Nightingale’s firm sense of purpose, allied to contemporary scientific knowledge, and pass this on to people selectively chosen to bear the burden and savour the happiness and joy of professional service,’ she concluded. Ms Skeet’s description of Nightingale as ‘a woman of vision and drive’ was one that could equally have applied to herself.

Typically, she did not want the fuss of a memorial service, but her pioneering work was acknowledged in 1977 when she was made a fellow of the RCN.

Jane Salvage is a freelance writer